

Partnerships, Population Health & Planning Committee Meeting


Tue 28 January 2025, 13:00 - 16:00

Microsoft Teams



Agenda

1. PRELIMINARY MATTERS

 PPHPC Agenda 280125 (003).pdf (2 pages)

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the last Meeting held on 30th September 2024

Attached *Chair*

 Agenda Item 1.4 PPHPC 30.09.24 Minutes.pdf (11 pages)

1.5. Committee Action Log

Attached *Chair*

 Agenda Item 1.5 PPHPC Action Log January 2025.pdf (3 pages)

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION


There are no items for inclusion in this section.


3. ITEMS FOR DISCUSSION

3.1. Update on the development of a Long-Term Strategy

Attached *Director of Strategy, Planning & Partnerships*

 Agenda Item 3.1 PPHP Jan 25 Developing Strategy First Draft DRAFT v1.pdf (8 pages)

 Agenda Item 3.1 Appendix A Engagement Report Draft PPHP Jan 25.pdf (8 pages)

 Agenda Item 3.1 Appendix B Draft Strategic Framework and Aims PPHP Jan 25.pdf (6 pages)

3.2. Update on the development of the Annual Plan 2025/26, including NCN Plans

Attached *Director of Strategy, Planning & Partnerships*

 Agenda Item 3.2 202526 Emerging Plan PPHP Jan V1.pdf (10 pages)

 Agenda Item 3.2 Appendix 1a Letter to Chairs - NHS Planning Framework.pdf (4 pages)

 Agenda Item 3.2 Appendix 1b Judith Paget letter to NHS CEOs - NHS Wales Planning Framework 2025-28 - Supporting

Governance Arrangements - 20th December 2024.pdf (4 pages)

📄 Agenda Item 3.2 Appendix 1c Annex 1 - Key Metrics.pdf (2 pages)

📄 Agenda Item 3.2 Appendix 1d Annex 2 - Enabling Actions.pdf (4 pages)

📄 Agenda Item 3.2 Appendix 1e NHS Wales Technical Planning Guidance 2025-28.pdf (34 pages)

📄 Agenda Item 3.2 Appendix 2 Emerging Annual Plan 2526.pdf (14 pages)

3.3. Update on the development of Capital Programmes

Attached *Director of Strategy, Planning & Partnerships*

📄 Agenda Item 3.3 Capital Programme Update Jan 25.pdf (7 pages)

📄 Agenda Item 3.3 Appendix A Copy of Appendix 1 AWC Projects Update January 2025.pdf (18 pages)

3.4. Update on the development of a Digital, Data and Technology Strategy

Attached *Director of Digital*

📄 Agenda Item 3.4 PPHPC_DigitalStrategy.pdf (10 pages)

3.5. Health Protection & Vaccination Programme Update

Attached *Director of Public Health and Strategic Partnerships*

📄 Agenda Item 3.5 PPHPC Q3 Vaccination update January 2025.pdf (10 pages)

3.6. Regional Partnership Board Update

Attached *Director of Strategy, Planning & Partnerships*

📄 Agenda Item 3.6 ABUHB Board - RPB Update January 2025 FINAL.pdf (9 pages)

3.7. Regional Planning Update

Attached *Director of Strategy, Planning & Partnerships*

📄 Agenda Item 3.7 PPHP Regional Planning Update Jan 2025 (latest 140125).pdf (13 pages)

3.8. Public Services Board Update

Oral *Director of Public Health and Strategic Partnerships*

4. ITEMS FOR INFORMATION

4.1. Review of Committee Programme of Business

Attached *Director of Corporate Governance*

📄 Agenda Item 4.1 PPHPC FWP cover report January.pdf (3 pages)

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: 2nd April 2025, 09.30-12.30

**CYFARFOD BWRDD IECHYD PRIFYSGOL
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
PARTNERSHIPS, POPULATION HEALTH AND
PLANNING COMMITTEE MEETING.**

AGENDA

Date and Time 28th January 2025, 13.00 – 16.00

Venue Microsoft Teams

Item	Title	Format	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence	Oral	Chair
1.3	Declarations of Interest	Oral	Chair
1.4	Draft Minutes of the last Meeting held on 30 th September 2024	Attached	Chair
1.5	Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
	There are no items for inclusion in this section		
3	ITEMS FOR DISCUSSION		
	Strategic Planning		
3.1	Update on the development of a Long-Term Strategy	Attached	Director of Strategy, Planning & Partnerships
3.2	Update on the development of the Annual Plan 2025/26, including NCN Plans	Attached	
3.3	Update on the development of Capital Programmes	Attached	
3.4	Update on the development of a Digital, Data and Technology Strategy	Attached	Director of Digital
	Population Health		
3.5	Health Protection & Vaccination Programme Update	Attached	Director of Public Health
	Strategic Partnerships		
3.6	Regional Partnership Board Update	Attached	Director of Strategy, Planning & Partnerships
3.7	Regional Planning Update	Attached	
3.8	Public Services Board Update	Oral	Director of Public Health
4	ITEMS FOR INFORMATION		
4.1	Review of Committee Programme of Business	Attached	Director of Corporate Governance
5	OTHER MATTERS		



5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: <ul style="list-style-type: none"> • 2nd April 2025, 09.30-12.30 		

Motion to Exclude Members of the Public and the Press

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

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

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





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

**MINUTES OF THE PARTNERSHIP, POPULATION
HEALTH & PLANNING COMMITTEE**

DATE OF MEETING	30 th September 2024
VENUE	Microsoft Teams

PRESENT	Ann Lloyd, Chair
	Penny Jones, Independent Member
	Helen Sweetland, Independent Member
IN ATTENDANCE	Tracy Daszkiewicz, Director of Public Health
	Rani Dash, Director of Corporate Governance
	Chris Dawson Morris Deputy Director of Planning – representing Hannah Evans
	Trish Chalk, Assistant - Director of ABCi & Interim Assistant Director of Planning (to support items 3.3 and 3.5)
	Lloyd Hambridge, Divisional Director of Primary Care and Community (to support item 3.6)
	Leanne Watkins, Assistant Head of Service, Monmouthshire (to support item 3.6)
	Philip Robson, Specialist Advisor
	Megan Frampton, Governance Support Officer
	Dafydd Vaughan, Vice Chair
APOLOGIES	Richard Clarke, Independent Member
	Hannah Evans, Director of Strategy, Planning and Partnerships.

PPHPC/3009/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PPHPC/3009/02	Apologies for Absence Apologies for absence were noted.
PPHPC/3009/03	Declarations of Interest There were no Declarations of Interest raised relating to items on the agenda.
PPHPC/3009/04	Draft Minutes of the meeting held on 1ST July 2024 The minutes of the meeting held on the 1 st July 2024 were agreed as a true and accurate record.



PPHPC/3009/05 Committee Action Log

The Committee discussed the action log, noting that updates were included on the agenda for the current meeting.

It was requested that an accurate timeframe be given for log entry, **PPHPC 1604/01.5**, Major Trauma Centre (MTC) Review. Assurance was given that there was a Board Session scheduled with the Joint Commissioning Committee (JCC) in October 2024 for further discussion.

PPHPC/3009/06 Committee Risk Report

Rani Dash (RD), Director of Corporate Governance, updated the Committee on the 4 high level risks and 7 sub-level risks being reported to the Committee for assurance.

The Committee sought assurance that work was being undertaken to reduce the risk around emergency planning. Assurance was provided that there was a recent exercise into the investigations of more effective systems for the separation of major incident planning from business continuity planning. This would result in a reduction in risks presented to the committee following the approval of the separation at the next Board meeting.

The Committee highlighted the need to broaden the risk in relation to integrated healthcare delivery, as it only focussed on acute activity at present.

The Committee **NOTED** the delegated Committee risks as outlined in Committee Strategic Risk Register and the proposal to split SRR 004 into two separate risk.

PPHPC/3009/07 Long Term Strategy Development

Chris Dawson Morris (CDM), Deputy Director of Planning, updated the Committee on the progress made in relation to the 10-year plan. Highlights of the report included public engagement of over 5000 public contacts. It was highlighted that this number was only in relation to online responses, as paper responses were being transcribed, and would be included in the final count at the end of the engagement period.

It was highlighted that there were gaps in data collection, mostly within the male population. A plan had been



developed in order to address this, which included attendance at golf clubs, barber shops and male community groups such as, men's sheds and father support groups.

The Committee questioned how the Health Board would respond to issues raised by the public, and how they would handle issues which fell outside of the Health Board's control.

It was noted that the Board would determine the priority of actions following completion of the engagement period, and that partnerships had been developed with other public sector organisations, such as ambulance and fire services, in order to address issues raised that fell outside of the Health Board's accountability.

There was a need for assurance that the outcome of the engagement exercise would not have been different had a different question been posed.

The Committee discussed how the engagement strategy had provided a strong evidence base for work going forward, which would aid the production of a powerful mandate for change within the region. It was also noted that mental health and wellbeing were the most prominent factors raised by the public.

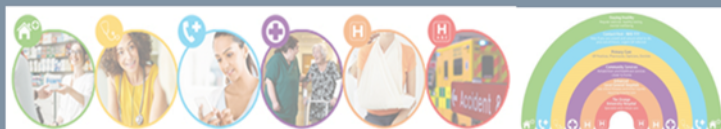
The Committee requested assurance that the plan would utilise the public response in order to make active impact and communication following the communication period, due to a risk of public disillusion.

CDM assured the committee that there were plans in place for a robust outcomes and assurance framework so that the Board and community groups could see any progress being made. Goals must be made clear.

Research into alternative models of care had included a look into models of best practice, from NHS Trusts in England as well as Danish, Swedish and North American practice.

It was highlighted that the report would return to Board Briefing in December 2024, and that papers would be circulated in advance to aid scrutiny.

The Committee **NOTED** the findings of the Midpoint Review and the working draft of the strategic themes and actions.



PPHPC/3009/08 IMTP/Annual Plan development 2025/26

Trish Chalk (TC), Assistant Director of ABCi & Interim Assistant Director of Planning, provided an update in regard to the priorities and system change under the priority areas of the annual plan.

The Integrated framework would be issued to divisions the following week.

The committee discussed the challenges involved with regard to the operational aspects of implementation of the three-year plan. The committee was assured that a list of priorities had been set by the Executive Team, including:

- Patient safety; any service change would be required to go through the QIA process;
- Delivering a balanced budget;
- Demonstrating optimum efficiencies; and,
- Demonstrating progress all Ministerial targets.

The committee questioned whether or not there had been evidence of any conflict between the Ministerial priorities and the priorities of the Health Board.

It was highlighted that Ministerial requirements had been addressed, including demonstrating progress toward a target, if actual achievement was not possible.

Conversations had been undertaken with WG to demonstrate how additional resources were needed in order to meet the targets, especially within the planned care division. A final decision was awaited from Welsh Government.

The committee raised the need to prioritise evidence of productivity.

The Committee **NOTED** the development of the Annual Plan for 2024/25.

PPHPC/3009/09 Strategic Estates Update

Chris Dawson Morris (CDM), Deputy Director of Planning, updated the committee on progress against the Health Board's 2019 Estates Strategy, and provided updates in relation to:

- Nevil Hall Reconfiguration, and;
- St Woolos Reconfiguration.



It was noted that a timeline had been established for the development of a new overall organisational Estates Strategy. Over the next 12 months, numerous estates priorities, such as, completion of the Bevan Project, the 19 Hills Project, and, £4m backlog of maintenance work, would be completed.

There were potential opportunities for the procurement of capital towards the North Gwent area based on the existence of RAAC at Nevil Hall Hospital. It was noted that this would be a good opportunity for remodelling North Gwent Services.

The reconfiguration proposals for St Woolos Hospital were ready to be submitted to Welsh Government.

Penny Jones (PJ), Independent Member, requested a series of site visits to be arranged for Independent Members.

Rani Dash (RD), Director of Corporate Governance, agreed to develop site visits as well as quality walk rounds for independent members.

ACTION: Director of Corporate Governance.

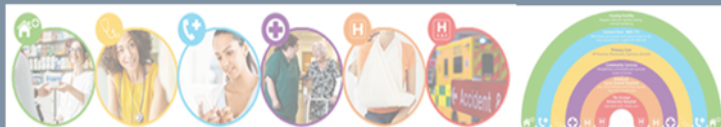
The Committee noted that review of the work by both the Committee and the Board needed to be included in the timescale detailed within the report. It was emphasised that both the Committee and the Board would need to be provided with as much detail as possible prior to the end of December, in order to not cause delay to the predetermined timeframe for completion.

The Committee **NOTED** the progress against the extant Estates Strategy and the intent to formally refresh it once the organisational strategy has been finalised.

PPHPC/3009/10

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

Trish Chalk (TC), Assistant Director of ABCi & Interim Assistant Director of Planning, updated the Committee of the Health Board's level of escalation under Welsh Government's Oversight and Escalation Framework, which escalated the Health Board to level 4 – Targeted Intervention in February 2024 for Planning and Finance.



It was noted that there were 8 domains listed as areas for improvement within the report. 4 of these had been met, pending confirmation from Welsh Government, whilst the remaining 4 required further support.

The Committee questioned the level of support and guidance had been provided by Welsh Government for aiding the improvement of all domains. It was confirmed that the Health Board had regular touchpoints with their assigned planning lead within Welsh Government, and that it had not seen a need to request further support at this stage as they had reached out to other Welsh Health Boards that had implemented similar change, utilising a peer support system.

The Committee sought clarification on the impact this work had on staff working within the divisions and was assured that requests of staff were kept to a minimum. They were only asked for information and data plans when necessary. This meant that the planning team were able to create a service map without any additional processes being imposed.

The Committee **NOTED** the update.

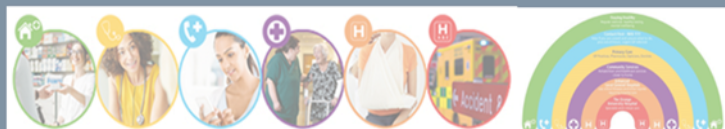
PPHPC/3009/11 **Monnow Vale Update**

Lloyd Hambridge (LH), Divisional Director of Primary Care and Community, and Leanne Watkins (LW), Assistant Head of Service, Monmouthshire, presented the proposed developments to the Dixton Health Centre, and how the site will function in conjunction with services at Monnow Vale Hospital and the Bridges Centre.

It was noted that the Monmouthshire region of Gwent was predicted to witness large population growth in the coming years, with a portion of this population being those aged 85 years and older.

LH outlined the plans to develop the Dixton Health Centre into a Type C health and wellbeing centre, with a focus mainly on GP services, with the increased element of health and social care, such as, Mental Health Services and school nurses.

The Committee discussed how the Monnow Vale site could further support the development of a new health centre in the region, by providing increased service provision shared between the Monnow Vale and neighbouring health sites.



The Committee noted that the frailty unit located within Monnow Vale was being expanded, and that management of the unit were now taking a focused look into health care provision to be provided from the site.

The Committee would require written progress reports on these developments during this period of change.

The Committee **NOTED** the update.

PPHPC/3009/12 Health Protection & Vaccination Programme Update

Tracy Daszkiewicz (TD), Director of Public Health, provided an update on the organisational change programme, which included moving the vaccination programme from Public Health into Primary Care. TD highlighted that the transfer had been completed on the 1st of September 2024.

The Committee noted the introduction of a new respiratory vaccination which had been rolled out as a priority by the 28th of September 2024. It was noted that there was particular significance to have the vaccine distributed through maternity services, in order to safeguard women and their unborn babies. Winter flu vaccinations were beginning to be distributed, and there was continuing work for catch up vaccinations in regards to HPV with school aged teenagers.

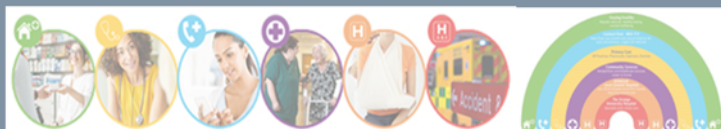
The Committee was assured that the new system was working well, and that benefit had been witnessed due to strategic planning and assurance being held under one service.

The Committee queried the support being provided from Public Health Wales.

Public Health had developed a new Health Protection Framework. It was noted that there was further work needed within the service in order to clarify roles and responsibilities, and accountability for specific actions.

The Committee requested feedback in relation to the result of the infected blood scandal. It was assured that the service had prepared for a high level of demand, however, the demand was not as high as in other parts of the country.

The Committee **NOTED** the update.



PPHPC/3009/13 Population Health Management Strategy Update

Tracy Daszkiewicz (TD), Director of Public Health, provided an update which included;

- The joint strategic needs assessment was now live;
- Work had started on a targeted joint strategic needs assessment.

This data base would help in providing information on how and why people accessed services. It would be implemented in stages, beginning with maternity and the best start in life.

Accessibility of the latest data through one point of access was proving to be a handicap at present. This data would include, numbers, next of kin information, and engagements. It would enable the creation of a better understanding of population risk and help to implement preventative measures.

The Committee sought assurance that the education and care sectors were involved in this work through the Partnership Board. It was noted that Public Health was engaging with directors from both education and the care sector, through the Partnership Board and community engagement spaces. The collaborations had included data on early jobs for young people and ecommerce pathways.

Further work was being undertaken in collaboration with universities, looking to reintroduce university visits for children within the care system, in order to show them that university was for everyone.

Helen Sweetland (HS), Independent Member, noted that Cardiff university also offered a scheme in line with this strategy. This would be followed up by the Director of Public Health.

The committee discussed whether or not the Population Health Management Framework would repeat any of the work undertaken by Welsh Government.

The Committee was assured that the Framework was based upon the Health Board's own findings and demand needs.

The Committee **DISCUSSED** the Joint Strategic Assessment and **APPROVED** the Population Health Management Strategy.



PPHPC/3009/14 Regional Partnership Board Update

Chris Dawson Morris (CDM), Deputy Director of Planning, updated the committee on the work of the Regional Partnership Board.

The update included a review of the system resilience plan, which detailed the 18-month scheme deployed in order to recognise the pressures and work during the winter season. It was highlighted that new legislation from Welsh Government prioritised the responsibility of RPB's annual reporting.

Another important priority for the RBP was the elimination of profit from the children's sector. The main obstacles to the competition of this agenda were a lack of capital, resources, and capacity within the sector to move services away from the private sector.

The Committee **NOTED** the update.

PPHPC/3009/15 Public Services Board Update

Tracy Daszkiewicz (TD), Director of Public Health, provided an update of the work of the Public Service Board (PSB).

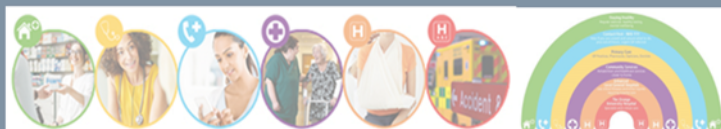
It was noted that the PSB had determined four key areas of prioritisation, those being;

- The best start in life.
- Everybody has a place to live that feels safe,
- Economic changes, and;
- Climate and the environment being valued parts of our communities.

TD highlighted that there was significant crossover between these four subject areas, and that priority leads had been recruited to lead each section.

It was noted that an area for improvement was the development of a database for the collection of qualitative evidence, in order to retain constant touch-points with communities when checking ongoing work.

The Committee **NOTED** the update.



<p>PPHPC/3009/16</p>	<p>Regional Planning Update</p> <p>Chris Dawson Morris (CDM), Deputy Director of Planning, updated the Committee of the ongoing work involving Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg Health Boards, focused on developing a regional acute clinical strategy. The Directors of Planning across the three Health Boards had been meeting to discuss future models of care.</p> <p>The development of an Ophthalmology joint booking and scheduling team between Aneurin Bevan University Health Board and Cardiff and Vale Health Board had proceeded as a result of this collaboration.</p> <p>The Committee discussed whether or not the redesign of stroke services into a regionalised hyper acute stroke unit would be sustainable and advantageous to the population. The committee was assured that ABUHB was leading the redesign exhibiting best practice.</p> <p>The Committee sought further assurance of the progress within other service areas, such as, Orthopaedics and thoracic surgery.</p> <p>The Committee was assured that there was a meeting scheduled for the three Health Boards at which these issues would be addressed. It was also noted that there was an upcoming Joint Commissioning Committee in which thoracic services would also be raised for discussion.</p> <p>The Committee NOTED the updated report.</p>
<p>PPHPC/3009/17</p>	<p>Review of Committee Programme of Business 2024/25</p> <p>The Committee received the Review of Committee Programme of Business 2024/25 for information.</p> <p>The Committee discussed the need to reinstate mental health updates as part of the estate’s strategy for assurance.</p> <p>ACTION: Director of Corporate Governance.</p> <p>The Committee NOTED the report.</p>
<p>PPHPC/3009/18</p>	<p>Welsh Government Emergency Planning Return</p> <p>The Committee received the Welsh Government Emergency Planning Return for information.</p> <p>The Committee NOTED the report.</p>



PPHPC/3009/19	<p>Armed Forces Covenant</p> <p>The Committee received the Armed Forces Covenant for information.</p> <p>The Committee NOTED the report.</p>
PPHPC/3009/20	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>The Committee noted the following to be brought to the attention of the Board:</p> <ul style="list-style-type: none"> • IMPT/Annual Plan development 2025/26 • Long Term Strategy • Update on Estates Strategy for noting.
PPHPC/3009/21	<p>Any Other Urgent Business</p> <p>Nothing raised.</p>
PPHPC/3009/22	<p>Date of the Next Meeting:</p> <ul style="list-style-type: none"> • 28th of January 2025 at 13.00pm





Outstanding

In Progress

Not Due

Completed

Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
April 2024	PPHPC 1604/01.5	<p>Committee Action Log</p> <p>The Director of Strategy, Planning and Partnerships to seek an update from WHSSC on the Major Trauma Centre (MTC) Review.</p>	Director of Strategy, Planning and Partnerships	July 2024	<p>Complete</p> <p><u>January 2025 Update.</u> Update from the JCC to be circulated to the committee by email</p> <p><u>September 2024 Update.</u> There was a Board session scheduled with the Joint Commissioning Committee in October 2024 for further discussion.</p> <p><u>July 2024 Update.</u> The Chief Executive confirmed that she would seek a</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					timeframe from the Joint Commissioning Committee on the MTC Review.
July 2024	PPHPC/0107/3.3	<p>Regional Planning Update</p> <p>The Chair requested a note be sent to her in respect of the concerns she raised relating to the lack of regional developments within Thoracic Services, Interventional Radiology and Orthopaedics.</p>	Director of Strategy, Planning and Partnerships	September 2024	<p>Complete</p> <p><u>January 2025</u> Further update is provided in the report at Agenda Item 3.7</p> <p><u>September 2024 update.</u> There was a meeting scheduled for Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg Health Boards at which these issues would be addressed. There was also a Joint Commissioning Committee meeting</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					scheduled at which thoracic services would be raised for discussion.
September 2024	PPHPC/3009/09	Strategic Estates Update Development of site visits and quality walk rounds of ABUHB sites for Independent Members.	Director of Corporate Governance.	January 2025	Complete This action is being picked up outside of the meeting between the Chair, Director of Corporate Governance and Clinical Executives
September 2024	PPHPC/3009/17	Review of Committee Programme of Business 2024/25 Reinstate Mental Health updates as part of the estate's strategy updates.	Director of Corporate Governance.	January 2025	Complete This will be included in the ongoing estate strategy updates and will also be a focus of the Mental Health and Learning Disabilities Committee.

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategy 2035: Developing Strategic Framework & Aims
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning & Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson-Morris, Deputy Director of Strategy, Planning & Partnerships Marie-Claire Griffiths, Head of Strategic Planning Amy Dolben, Senior Planning & Service Development Manager

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

1. Sefyllfa / Situation

The Health Board is developing a new strategy to build upon the success of Clinical Futures with a ten-year plan from 2025 to 2035. A Midpoint Review of the first ten weeks of engagement was undertaken in July 2024 and then subsequently an engagement summary report was produced following the completion of the 20-week engagement period. On 18th December a dedicated Board development session was held on the strategy to shape the draft strategic framework and aims.

The Committee is asked to;

- Note and discuss the Engagement Report
- Note and discuss the current draft strategic framework and aims

2. Cefndir / Background

Clinical Futures

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



A new strategy

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

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

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

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

- **People at the heart of everything we do.**

We will take time to learn about the whole person and design based on need. People, Patients, carers, families and staff.

- **Design with data.**

We will let data and evidence drive decisions, learning from what has come before.

- **Prevention is best.**

Start with prevention. Everyone to make the most of their capabilities and control their own lives.

- **Make use of what we have**

Use just the resources available within our financial means to best effect so the NHS can have a long future.

- **Act with focus to improve outcomes.**

Do what only the Health Board can do and create the conditions for success.

- **Do the hard work to make it simple.**

Make it simple and easy to use even if complex behind the scenes.

- **Make things open, it makes things better.**

Absolute transparency about challenges, opportunities and decisions. Regularly share learning and share our work.

- **Continuous Feedback.**

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

- **Be consistent not uniform.**

Use the same models but apply them to the context promoting equity across Gwent.

- **This is just the start.**

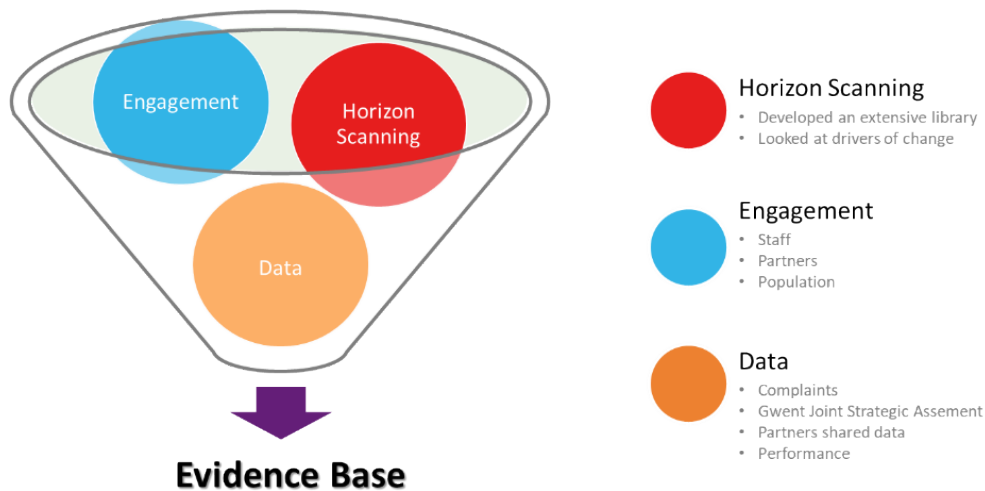
We are not done, this does not finish.



3. Aseiad / Assessment

3.1. Strategy Development

The development of the Strategy from 2025 to 2035 for the Health Board has ensured a comprehensive evidence base that has included an extensive horizon scanning library, engagement with staff, partners and population and significant data analysis from a range of sources including the [Gwent Joint Strategic Assessment](#).



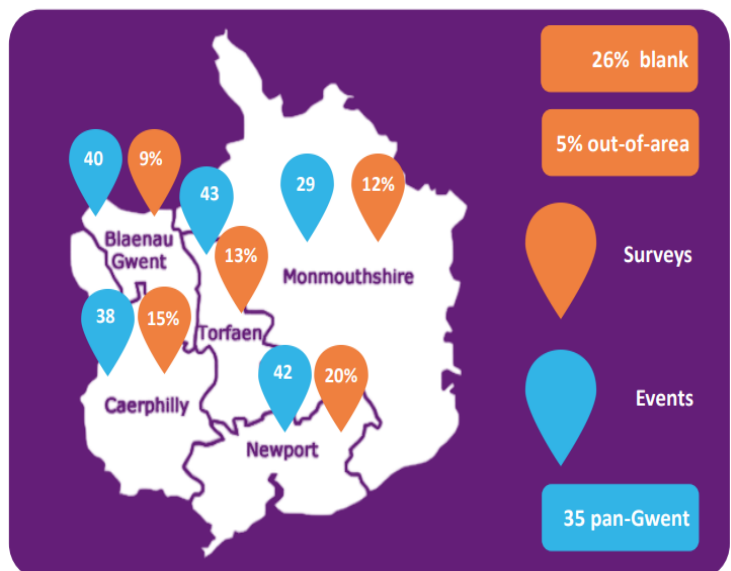
Engagement Activity

As a Health Board we believe that we need to design our future together with the people of Gwent. Through A conversation for a healthy future, we wanted to speak to as many people as possible from as many different backgrounds as possible. A full summary of the engagement activity and its findings are included in Engagement Report (Appendix 1). We spoke to 6,830 people which is over 1% of the total population of Gwent. This means that A conversation for a healthy future is among the largest public engagement exercises undertaken by the NHS in Wales.

4,690 people at 225 events



2,140 people via surveys

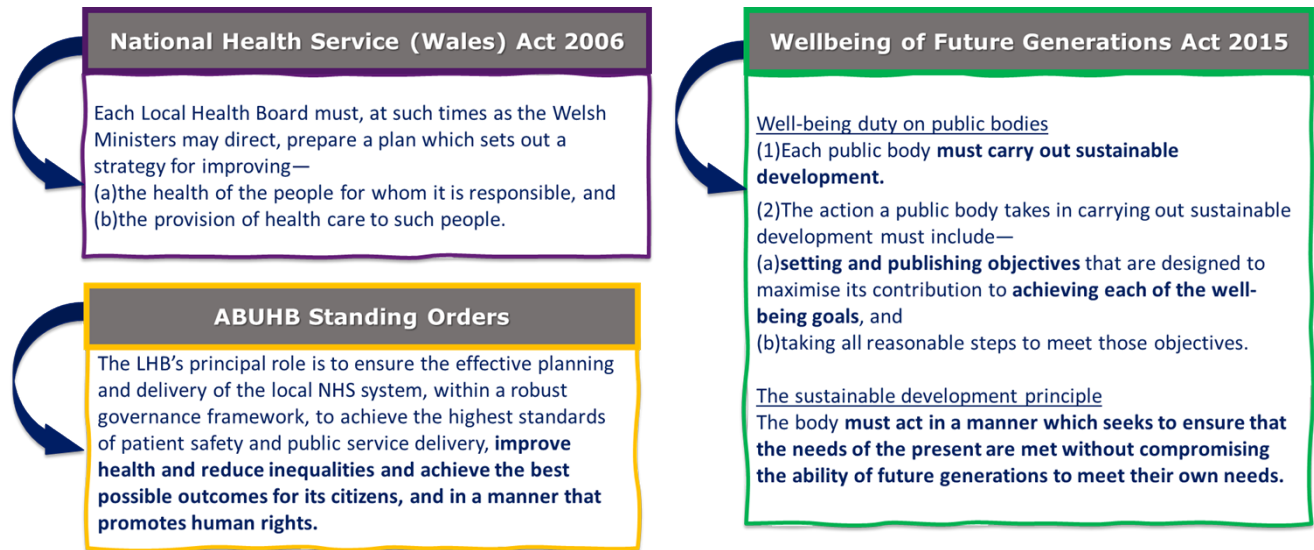


The Engagement report (Appendix 1) includes further details on the themes captured during our conversations. Through thousands of rich and meaningful conversations, we have developed a better understanding of what is important for our population to feel healthy, and we will use the themes from this public engagement as an important part of our evidence base for our new 10-year plan



Guiding Legislation & Standing Orders

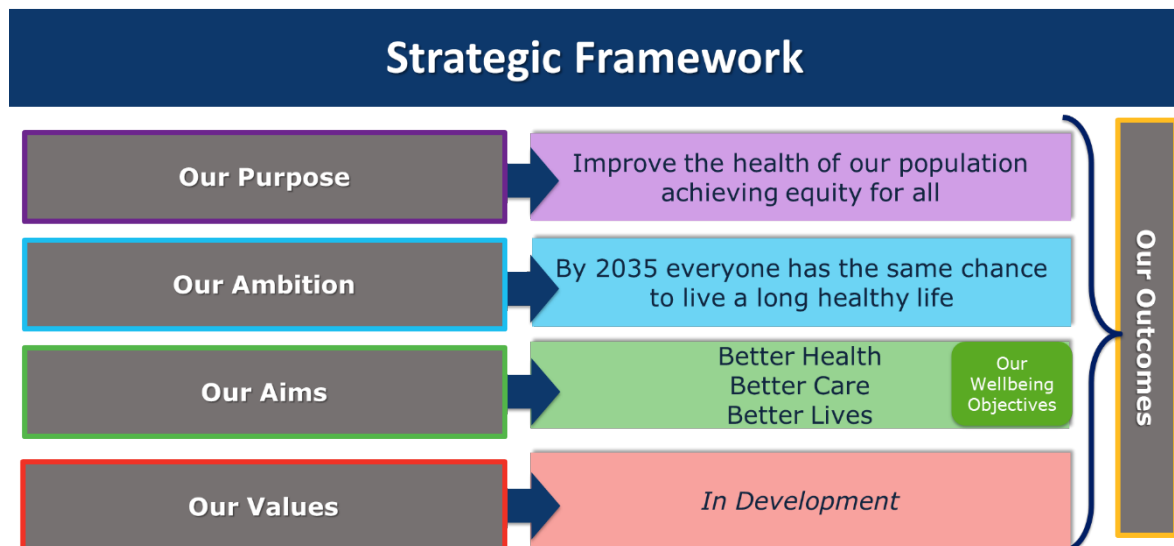
The below diagram summarises the key pieces of guiding legislation and the standing orders our Board need to reflect when shaping the future strategic direction of the Health Board.



Consideration of the evidence base coupled with the guiding legislation and standing orders has been pivotal to the development of the draft strategic framework and aims.

3.2. Developing the First Draft of the Strategy

In the dedicated Board Development session, the below strategic framework was discussed. The strategic framework is intentionally avoiding jargon and uses plain English to support understanding across the population.



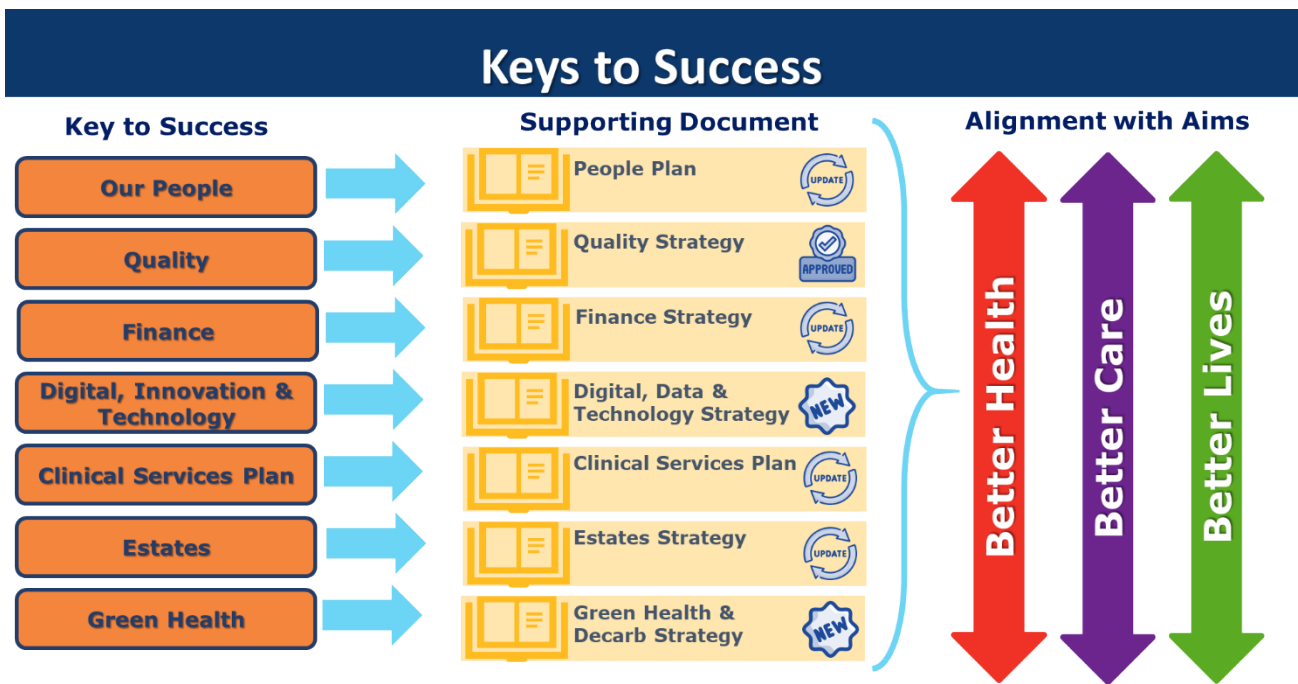
Under the Wellbeing of Future Generations Act (2015) the Health Board has a statutory responsibility to set and publish wellbeing objectives these are proposed to be our aims as set out below;



Our Aims	
Better Health	Together we will support people to be healthy, active and happy.
Better Care	Together we will deliver what matters to people, supporting our staff to thrive and achieving quality, kind and sustainable care.
Better Lives	Together we will create strong, safe and connected communities.

Further detail on each of the aims and the corresponding actions underneath them are set out in appendix 2. Learning has been taken from the Wigan Deal in its presentation to build a social contract outlining our part and your part under each of the aims.

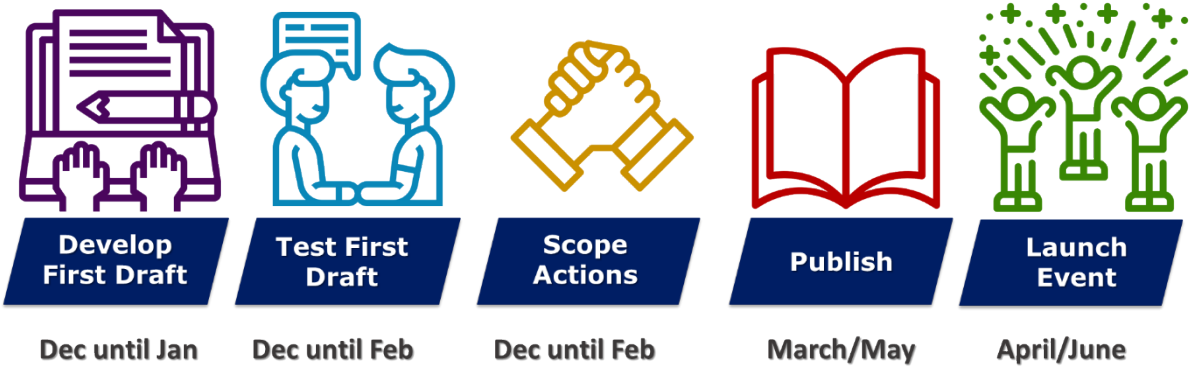
Each aim will be underpinned by seven keys to success that will have their own supporting documents setting their direction; some of these documents are in existence, some require development and some are being refreshed. These elements will be developed in partnership with the organisational leads for these areas.



3.3. Next Steps

The below diagram provides a high-level summary of the remaining steps to develop, publish and launch the strategy. Broad timelines have been applied to the final steps to recognise the significant amount of staff, partners and Board engagement required to ensure the strategy is meaningful and includes commitments that are deliverable.





Key next steps include;

- Workshops held with internal and external stakeholders on each of the aims to scope and agree actions
- Testing of the working first draft with staff, partners and population groups

A further update on strategy development will be provided to the Committee at their next meeting.

4. Argymhelliad / Recommendation

The Committee is asked to;

- Note and discuss the Engagement Report
- Note and discuss the working draft of the strategic framework and aims

Appendices

Appendix 1	Engagement Report
Appendix 2	Draft Strategic Framework and Aims

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

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	<ul style="list-style-type: none"> • Every Child has the best start in life • Getting it right for children and young adults • Adults in Gwent live healthily and age well • Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	<ul style="list-style-type: none"> • Experience Quality and Safety • Partnership First • Research, Innovation, Improvement, Value



<p>Amcanion cydraddoldeb strategol Strategic Equality Objectives</p> <p>Strategic Equality Objectives 2020-24</p>	<ul style="list-style-type: none"> • Work in partnership to reduce all hate crime • Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers • Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers • Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse • Improve the access, experience and outcomes of those who require mental health and learning disability services • Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff
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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:	

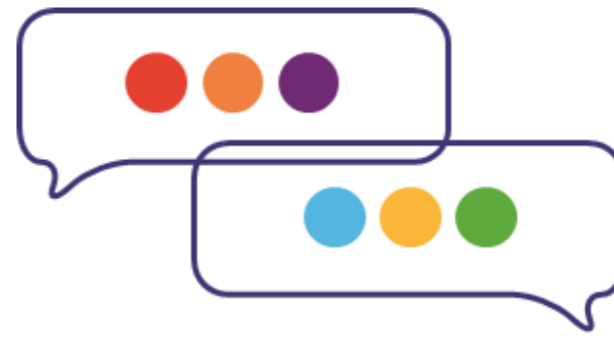
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>Is EIA Required and included with this paper Yes not yet available</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or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



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

3. Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves
4. Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives
5. Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives





A conversation *for a* healthy future

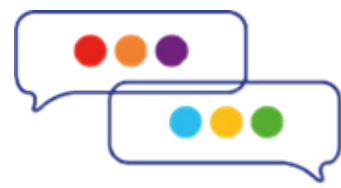
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THE NEXT 10 YEARS



Engagement Report





sgwrs er mwyn
dyfodol iach

a conversation for a
healthy future



Between May and October 2024, we spoke to our population, our staff and our partners to help us to develop a **10-year plan** for healthcare in Gwent.

We know that we do not have all the solutions to improve our healthcare system – and we wanted to speak to as many people as possible to understand what areas we need to focus on.

So, we began *A conversation for a health future* to help us understand where we should focus over the next ten years. We asked people ‘**What’s important for you to feel healthy?**’. We asked this question to:

4,690 people at 225 events



2,140 people via surveys



We are committed to listening and acting on what our population, our staff and our partners have told us is important for them to feel healthy. People described to us what they need to feel healthy and the actions required to meet these needs.

We have grouped the needs and actions into key themes to help us develop our strategy.

Our Approach



We believe that we need to design our future together with the people of Gwent. Through *A conversation for a healthy future*, we wanted to speak to as many people as possible from as many different backgrounds as possible.

We deliberately focussed on ‘**going to**’ the people of Gwent, rather than asking the population to ‘come to’ us. We attended large-scale events with lots of attendees, as well as smaller groups which were made up of people with specific interests and needs. It was important for us to speak to a **representative sample** of the Gwent population, and we used the data from the 2021 Census to help us identify who we should speak to.



We developed a range of activities for people to take part in during these events. For example:

- Completing a paper survey
- Writing an idea on a post-it note
- Drawing ideas on a ‘gingerbread’ person
- Creating a healthy business idea for Dragon’s Den
- Designing a landmark for a healthy local community.

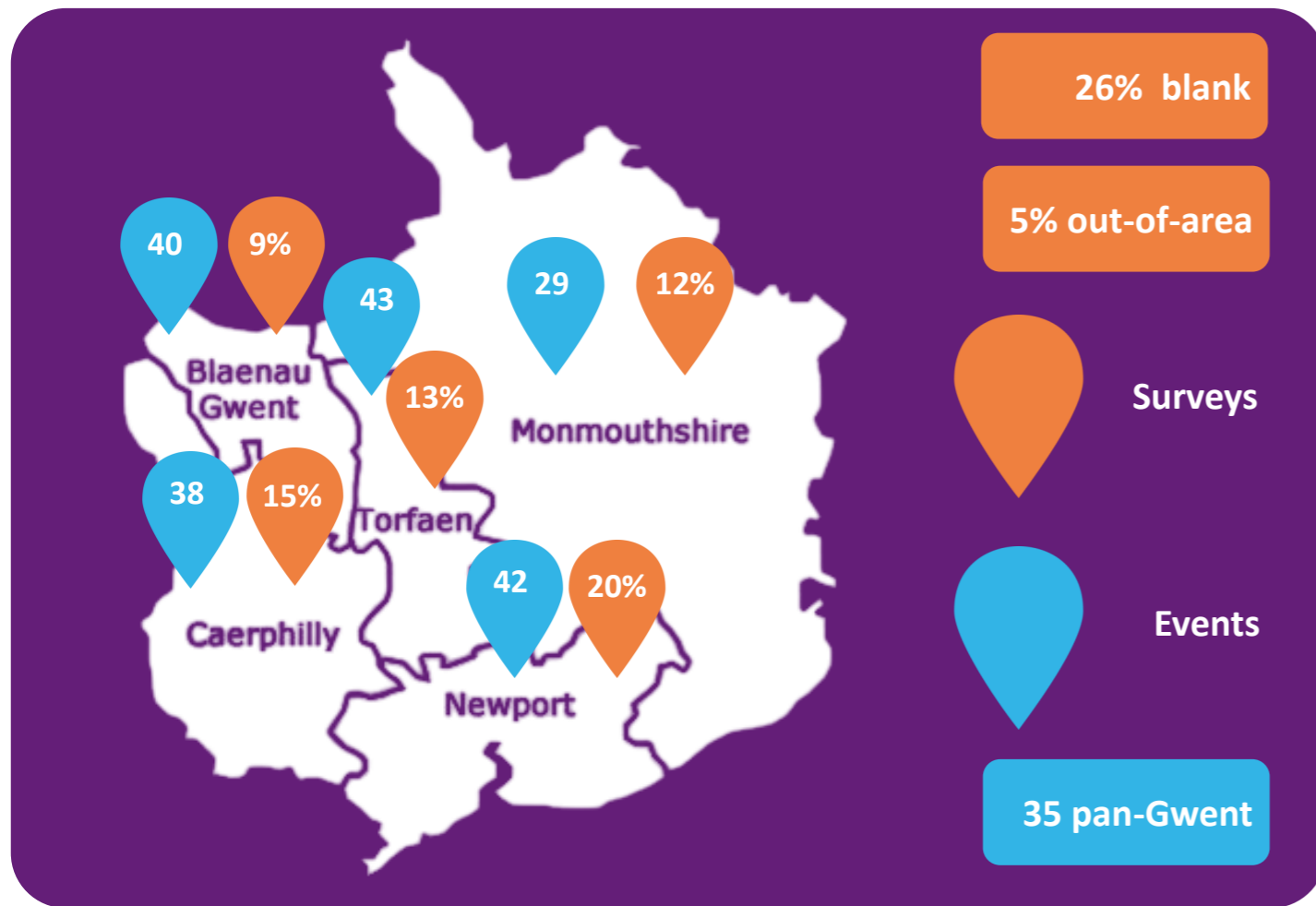
We also developed an online survey – with both short and long options – for people to complete in their own time.

Our Conversations



We had rich and engaging conversations with our population, our staff and our partners.

We spoke to **6,830 people** which is **over 1%** of the total population of Gwent. This means that *A conversation for a healthy future* is among the largest public engagement exercises undertaken by the NHS in Wales – we have spoken to more people in developing our 10-year plan than any other health board has done before.

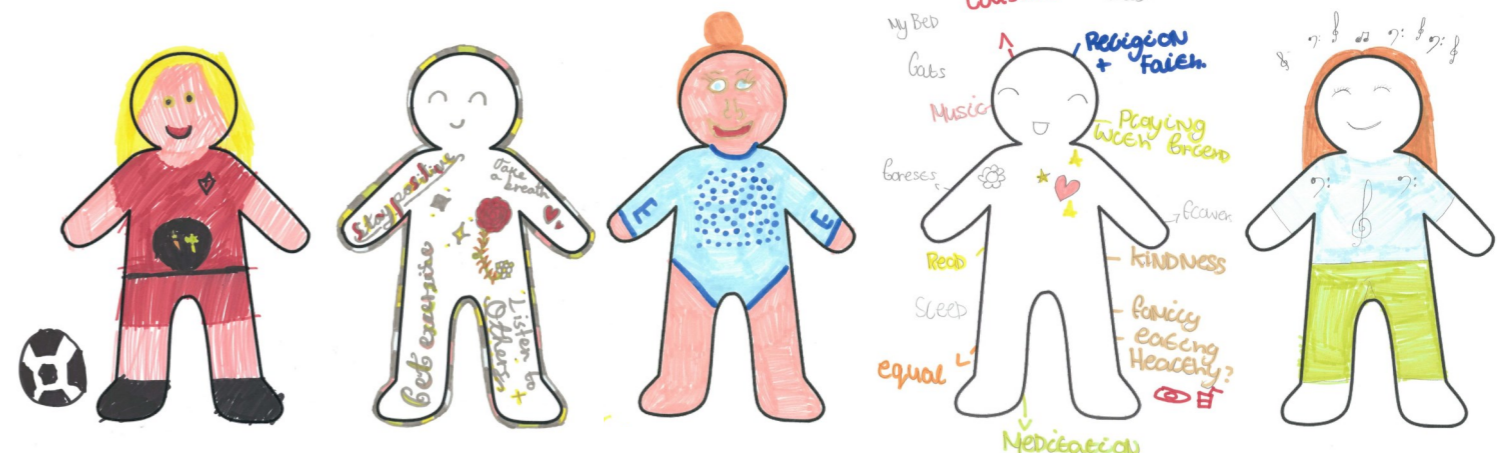


We engaged with people from all across Gwent, attending at least **29 events in each local authority area**. We received many survey responses from each locality too. We also spoke with people who do not live in Gwent, but who are likely to be affected by service developments — for example, people who live in south Powys or close to the English border.

We undertook a **Midpoint Review** in July 2024 which showed that we had engaged with significantly more women than men. Following this, we decided to focus on speaking to more men in order to ensure that the people we spoke to were **representative** of the whole population of Gwent. As a result, the number of men we engaged with via events and surveys **more than tripled** from 580 at the Midpoint Review to 2,060 by the end of *A conversation for a healthy future*.

We spoke to people from a **wide range of backgrounds and communities**, including population groups such as:

- Children and young people
- Older people
- Lesbian, gay, bisexual, transgender and queer groups
- Carers
- People with learning disabilities
- People With physical disabilities
- People with mental ill-health
- People who speak Welsh
- Black, Asian and minority ethnic groups
- Refugees
- Men’s groups
- Women’s groups.



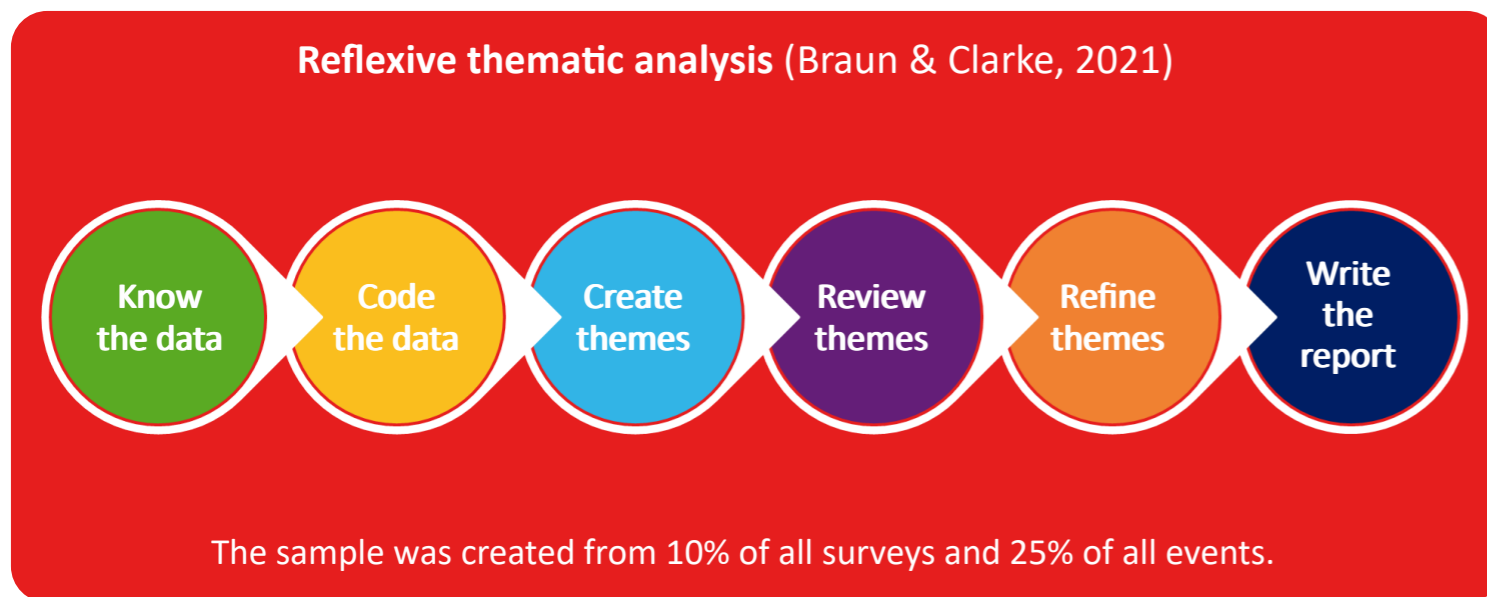
Our Analysis



We developed a rigorous framework to analyse the data we collected during *A conversation for a healthy future*.

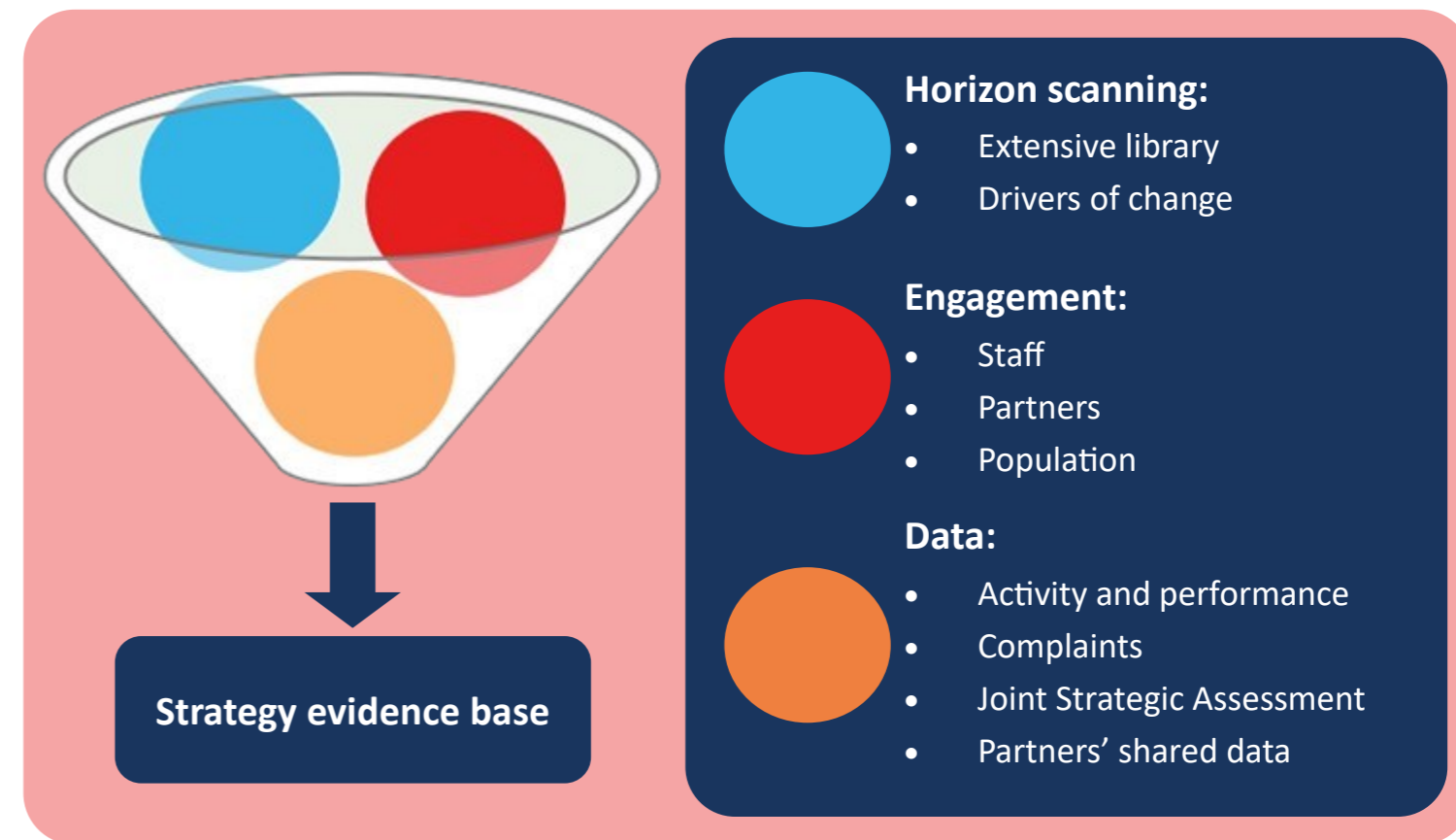
We collected **numerical data** about the number of people we spoke to at events, as well as data about people’s backgrounds from the surveys. We collected **non-numerical data** from our conversations at events, as well as the written responses to the surveys.

We used a methodology called **Mixed Methods Triangulation** which involved bringing together the findings from our numerical and non-numerical data. We developed our findings around our numerical data using **Regression Techniques**; these techniques allowed us to identify the relationship between people’s backgrounds and what is important for people to feel healthy. We developed our findings around our non-numerical data using a methodology called **Reflexive Thematic Analysis**; this methodology provided a step-by-step process to creating themes around what is important for people to feel healthy.



In our commitment to speaking and listening to **as many people as possible from as many different backgrounds as possible**, we made sure to read every piece of data. We then decided to analyse a sample of this data which **reflected the Gwent population**. We used a technique called **Maximum Variation Sampling** to create our sample; this technique is used to create a sample from the widest possible range of perspectives.

We made sure that our sample was **representative of the proportion of people living in each local authority** so that we could understand the needs of people from every area of Gwent. We also ensured that our sample included data from **people from seldom-heard backgrounds and communities** so that our strategy reflects the needs of the widest possible group of people living in Gwent.



We will use the **themes** identified during our analysis to form a comprehensive **evidence base**, alongside extensive **horizon-scanning** and **data**. We will use this evidence base to create our 10-year strategy.

Our Themes



We noticed that people talked about their health and wellbeing **needs** and the **actions** required to meet those needs. People’s needs could be broken down into three key areas:

Basic human needs	Community needs	Personal needs
<ul style="list-style-type: none"> • Physiological, such as diet and exercise, sleep and clean air • Safety, such as safety at home and in the community, and financial security • Love and belonging, such as friends and family, and a sense of connection with the community • Self-esteem and mental wellbeing 	<ul style="list-style-type: none"> • Third spaces, such as green spaces, sports and exercise spaces and other community spaces • Travel and access, such as public transport, environmentally-friendly transport options and ways to connect remote communities • Health provision, such as prevention-focussed care, GP and dental care, and urgent care and emergency care 	<ul style="list-style-type: none"> • Personal background, such as age, gender, and financial circumstances • Lifestyle, such as alcohol consumption, smoking, and weight management • Lived experience, such as carers, physical disability, sensory disability, learning disability, chronic disease, chronic pain, neurodivergence, and mental ill-health

The actions required to meet these needs involve input from **not only** the **Health Board** — they also involve input from **people** themselves and our **partner organisations**.



We have heard people describe the idea of a **social contract** between the Health Board, our partners and our population. People understand the importance of looking after their own health and wellbeing, and in return, expect high-quality public services when they need them most.

The key themes around action can be broken down into three core areas:



These themes were associated with key areas of focus. The key areas of focus to **make healthy choices easier** for the **individual** were:

- **Enabling coaching to improve health outcomes** as people described the importance of health education in supporting positive health outcomes
- **Enabling affordable and accessible exercise** as people discussed the challenges they currently experience around the cost and accessibility of gyms and leisure facilities
- **Enabling affordable and accessible good food** as people talked about the difficulties they face in buying high-quality food during the Cost of Living Crisis.



The key areas of focus for the **Health Board** to **listen and take action** were:

- **Developing a culture of listening, recognising people are experts in their own health** as people described wanting to have meaningful conversations with their healthcare provider where they are treated with dignity
- **Making our services accessible for all** as people discussed the importance of ensuring that everyone of all needs and abilities can easily access Health Board sites and services
- **Supporting our staff to make the best choices and respect each individual's needs** as people talked about wanting their healthcare provider to understand and respect their personal background and circumstances.

My part of the bargain is to stay fit and healthy so that I can be a productive member of our society. The NHS's part of the bargain is to provide care when I need it to ensure I stay fit, healthy and productive

Think about accessibility of hospitals and Health Board sites, and possibly look into how services could be better provided closer to communities (perhaps in partnership with local authorities and others who have suitable buildings in good locations)

The key areas of focus for the **Health Board** to **improve care** were:

- **Improving access to deliver care at the point of need** as people described the importance of accessing care as soon as possible in order to prevent further problems
- **Giving people the information they need to proactively manage their own health** as people discussed the importance of taking responsibility for their wellbeing in partnership with their healthcare provider
- **Delivering care closer to home in community locations** as people talked about wanting to access care within their local area, potentially in buildings which have not typically been used for healthcare in the past.

The key areas of focus for the **wider environment** to **build healthy places** were:

- **Enabling a better transport infrastructure** as people described the difficulties they currently encounter when travelling across Gwent
- **Enabling access to pleasant green spaces** as people discussed the positive impact that being in nature had on their physical and mental health
- **Enabling homes that keep us healthy** as people talked about wanting safe, warm and affordable housing in their area.

The Health Board cannot do this alone, as this is a societal issue due to pressures such as work, lack of childcare support and the Cost of Living Crisis

The key areas of focus for the **wider environment** to **grow healthy communities** were:

- **Supporting communities to feel connected** as people described the importance of good social networks and a strong sense of community
- **Working with others so people feel safe in their communities and their homes** as people discussed how they would like their communities to look and feel in the future with cleaner streets, less crime and reduced anti-social behaviour
- **Growing our local economy by creating opportunities for local people and businesses** as people talked about the importance of developing opportunities for fairly-paid work and vibrant high-streets in their area.



We found that people from different localities and with different backgrounds were more concerned with some themes than others. For example:

People of all ages wanted good **GP services** in their community — however, this became more important to people as they got **older**



Carers tended to place more importance on **mental health and wellbeing services** than non-carers



People living in **rural areas** often reported feeling **isolated** and wanted **better transport options** to help them travel across Gwent



People aged between **25 and 44** placed more importance on **family support** than any other age group — as people got older, they placed less importance on this type of support



Our Next Steps



We started *A conversation for a healthy future* with the understanding that we don't have all the answers to improve healthcare in Gwent. Through thousands of rich and meaningful conversations, we have developed a better understanding of **what is important for our population to feel healthy**, and we will use the **themes** from this public engagement as an important part of our **evidence base** for our new 10-year plan.

Although our formal engagement period has ended, we want to **carry on the conversation** with the people of Gwent over the coming decade. Indeed, this engagement period marks the start of an ongoing dialogue between the Health Board and the people it serves in order to ensure that we consistently focus on **what matters most**.

We would like to **thank everyone** we spoke with during *A conversation for a healthy future*. We are committed to listening and acting on what we have heard so that our new plan delivers for **our population, our staff and our partners**.





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THE NEXT 10 YEARS



GWENT 2035

Better Health

Better Care

Better Lives

A Strategy for Aneurin Bevan University Health Board

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THE NEXT 10 YEARS



Strategic Framework

Our Purpose

Improve the health of our population achieving equity for all

Our Ambition

By 2035 everyone has the same chance to live a long healthy life

Our Aims

Better Health
Better Care
Better Lives

Our Wellbeing Objectives

Our Values

TBC

Our Outcomes

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THE NEXT 10 YEARS



Keys to Success

Key to Success

Our People

Quality

Finance

Digital, Innovation & Technology

Clinical Services Plan

Estates

Green Health

Supporting Document

People Plan

Quality Strategy

Finance Strategy

Digital, Data & Technology Strategy

Clinical Services Plan

Estates Strategy

Green Health & Decarb Strategy

Alignment with Aims

Better Health

Better Care

Better Lives

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THE NEXT 10 YEARS



Better Health

Together we will support people to be healthy, active and happy.

Our Part

- ☀️ Ensure services are in place to support mental health and wellbeing
- ☀️ Ensure every child has the best start in life, focusing on supporting families and carers
- ☀️ Focus on mental health and wellbeing for our children and young people
- ☀️ Reduce health inequalities through population health management
- ☀️ Implement health protection through health screenings and vaccinations
- ☀️ Deliver proactive health information that reduces exacerbation of chronic conditions
- ☀️ Take action to support individuals to quit smoking
- ☀️ Embed make every contact count, so we take every opportunity to give you advice on a healthy lifestyle
- ☀️ With others, enable accessible ways to keep active
- ☀️ Champion access to affordable healthy food
- ☀️ Educate our communities on what's important for them to feel healthy

Your Part

- ☀️ Be responsible for your own health and wellbeing
- ☀️ Talk to your children about their wellbeing and their emotions
- ☀️ Encourage your children to build healthy habits and do healthy activities together as a family
- ☀️ Access and support your family to access the health screenings and vaccinations that are available
- ☀️ Increase the fruit and vegetables you have in your diet, every little helps
- ☀️ Take actions to stop smoking
- ☀️ Support your children to avoid vaping
- ☀️ Take steps to support being a healthy weight
- ☀️ Support each other to have healthy relationships at home
- ☀️ Seek out opportunities to be active and don't be afraid to try new places, hobbies and activities that will support your health
- ☀️ Attend health events to learn more about how you can prevent illness

Keys to Success

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THE NEXT 10 YEARS



Better Care

Together we will deliver what matters to people, supporting our staff to thrive and achieving quality, kind and sustainable care.

Our Part

- 🌈 Deliver what matters to individuals
- 🌈 Embed a culture of listening and recognise people are experts in their own health
- 🌈 Deliver high quality care to the best of our ability
- 🌈 Make sure that our services can be accessed by the people who need them
- 🌈 Equip and empower our staff to continually improve themselves and our services
- 🌈 Focus on providing interventions that keep people well in their local community as far as is possible
- 🌈 Support our staff with awareness of cultural values and behaviours so we respect each individual's needs
- 🌈 Organise our services to deliver best value and deliver care that is sustainable for the future
- 🌈 Help staff experience their work as meaningful and rewarding
- 🌈 Reduce our waiting times for appointments and care
- 🌈 Communicate clearly and effectively with you about your healthcare
- 🌈 Ensure we are act on and are adding to evidence based changes in medical technology and science
- 🌈 With others, deliver regional services where one organisation cannot meet population demand

Your Part

- 🌈 Think about what matters to you and let us know when we are discussing future care options with you
- 🌈 Tell us how we can best communicate with you
- 🌈 If you need our services, be honest about the things you love and tell us if anything is concerning you
- 🌈 Tell us if you provide care for a family member and make sure you prioritise your own wellbeing as well as the person you care for
- 🌈 Support your loved ones home when they need to be discharged from hospital
- 🌈 If you cant make an appointment for any reason please let us know so we can use it for others
- 🌈 If you are receiving medicines you no longer require tell your pharmacist so we don't waste money
- 🌈 Be respectful and kind to our staff when they are supporting you
- 🌈 Be proactive when you need support with your health and choose the right healthcare for your needs
- 🌈 Be prepared to travel where we have needed to consolidate services for sustainability

Keys to Success

THE NEXT 10 YEARS



Better Lives

Together we will create strong, safe and connected communities.

Our Part

- Act as an Anchor Institution supporting our local economy
- With others, inspire our people to have careers in care
- With others, support local community groups to thrive and publicise them
- With others, support better housing so we don't return people to the conditions that made them sick
- With others, ensure better transport connections and organise our services so its easier to travel to them
- With others, make our communities and homes safe places that support healthy lives
- Promote a thriving Welsh Language and ensure there is an active offer
- With others, enable access to pleasant green spaces
- Influence planning applications that support healthy choices and environments
- We will care for everyone equally

Your Part

- Access the opportunities in your community to stay connected and share with others when you find something good
- Be our eyes and ears in your community if you are concerned about someone tell us so we can help
- Look out for those that don't have a family support network around them or those who might be vulnerable and afraid to speak up
- Take pride in your community and keep them clean and tidy
- Get involved in initiatives that make our communities nicer places to live
- Take up opportunities to learn new things or skills
- Take up opportunities to volunteer within your local area
- Be respectful in your communication to others

Keys to Success

Y 10 MLYNEDD NESAF

THE NEXT 10 YEARS



DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Emerging Plan for 25/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant Director of Planning and Performance Marie-Claire Griffiths, Head of Strategic Planning

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This paper sets out the emerging plan for 2025/26, including the priorities and system change required under the five priority areas:

1. Embedding prevention and population health in all that we do
2. Progressing place-based models of care and sustainability in primary and community services
3. Improving our urgent and emergency care system focusing on experience, access and discharge pathways
4. Continuing to prioritise cancer, urgent and the longest waiting patients for planned care
5. Improving our mental health services

This paper includes the Neighbourhood Care Network Annual Plans which have their own guidance issued directly and require submission to Welsh Government on 31st January.

Cefndir / Background

The NHS Wales Finance Act (2014) requires the Health Board to annually submit an Integrated Medium-Term Plan (IMTP) that can financially balance over a three period to Welsh Government for approval. This is a statutory duty. Each year Welsh Government issues an NHS Wales Planning Framework that sets out the requirements for Health Boards to plan against, including the national policy context, priorities, statutory obligations and a Minimum Data Set (MDS) adopted as the mechanism that provides assurance on delivery of core services. Welsh Government issued the Planning Framework on 20th December 2024 which confirmed a submission date of 31st March 2024. The requirements for MDS and Ministerial

Templates were confirmed on 24th December. This correspondence confirms that if organisations are unable to develop a balanced plan then this is to be communicated to Welsh Government via an Accountable Officer letter by 14th February 2025.

The financial allocation was received on 20th December which specifies the initial funding for the Health Board for 2024-25. An allocation letter briefing is being separately presented which will contain further details.

Within Primary Care there is specific Welsh Government guidance and expectations for the development of local annual plans at cluster or neighbourhood care network (NCN) level which require submission to Welsh Government on 31st January. Each Local Authority area within the Aneurin Bevan Health Board area consists of 2 to 3 NCNs. These are supported by Integrated Service Partnership Boards (ISPBs) that ensure joined up delivery, commissioning and partnership working for each Local Authority area.

ABUHB is currently in 'Targeted Intervention' status under the NHS Wales escalation status for planning and finance which included the following de-escalation criteria;

- Demonstrate a clear strategy to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery;
- Evidence clear improvement in the planned financial trajectory for 2024/25 including significant progress towards delivery of the Target Control Total
- Improved integrated planning evident across the organisation to develop an approvable IMTP for 2024-26, providing a route map towards the UHB's longer-term ambition

As part of the Annual Plan outlook for the next three years, a three-year route map to sustainability has been developed to provide greater granularity and detail on how this could be achieved based on known opportunities and a pragmatic assessment of funding and cost outlook for the next two years. This will form part of the health board planning process, assurance process with Welsh Government and the Board around financial recovery and sustainability.

The NHS Wales Planning process is currently being independently reviewed nationally in response to a volatile planning environment that stems from Covid, clinical demand and inflationary cost pressures. It has been ten years since the statutory arrangements were first introduced and the review will take stock of the purpose, approach and process to ensure that the planning functions are fit for purpose and sufficiently adaptable for the future with a view to implementing any changes in the 26/27 planning cycle.

There is also the work of the Performance and Productivity Ministerial Advisory Group which is providing an independent review of the arrangements to support improvements in NHS Wales, with a particular focus on planned care, cancer performance as well as looking at urgent and emergency care. It is not expected to fully report before planning for 25/26 concludes.

The approach for 2025/26 has previously been supported by the Board and provided a clear steer into the organisation and operational teams on the priorities for 2024/25 and the agreed planning parameters. The plan for 2025/26 will have quality and safety at its heart but underpinned by a move towards sustainable models with an unequivocal focus on maximising use of core and existing resources. To maintain continuity with the Annual Plan for 2024/25 the same five system change themes have been retained;

1. Embedding prevention and population health in all that we do
2. Progressing place-based models of care and sustainability in primary and community services
3. Improving our urgent and emergency care system focusing on experience, access and discharge pathways
4. Continuing to prioritise cancer, urgent and the longest waiting patients for planned care
5. Improving our mental health services

Asesiad / Assessment

The Planning Framework issued in December (Appendix 1 enclosed) has provided the Health Board with the following delivery expectations, enabling actions and considerations to develop its Plan for 25/26.

NHS Wales Planning Framework

The [NHS Wales Planning Framework 2025-2028](#) sets out the strategic priorities and areas of focus required by the Cabinet Secretary for Health and Social Care:

- **Timely Access to Care**
[Key Delivery expectations \(Metrics\):](#)
 - Ambulance handovers
 - Time spent in Emergency Care
 - Referral to treatment (104 weeks)
 - First definitive cancer treatment
 - Diagnostics (8 weeks)
- **Population Health and Prevention**
[Key Delivery expectations \(Metrics\)](#)
 - Diabetes (8 NICE processes)
 - Vaccinations targets
- **Building Community Capacity**
[Key Delivery expectations \(Metrics\)](#)
 - Delayed Pathways of Care
 - GMS National Access Standards
 - Access to Pharmacist Independent Prescribing
 - Access to Dental Care
 - Community / Palliative Nursing (Weekend)
 - Enhanced Community Care capacity
- **Mental Health access**
[Key Delivery expectations \(Metrics\)](#)
 - Assessments (28 days)
 - Therapeutic Interventions (28 days)
- **Women's Health**
Key Delivery Expectation -Women's Health Hub

The Framework also set out 'Enabling Actions' to 'adopt or justify', for Operational Productivity and Efficiency:

- Urgent and Emergency Care
 - 6 Goals Programme Falls, Remote Clinical Assessment, Acute Frailty at Front Door, Ambulance Handovers Guidance, Optimum Hospital Flow Framework
 - 50 Day Challenge consistent delivery at minimal additional resource
- Planned Care National Guidelines/ Thresholds by Clinical Implementation Network inc. Outpatients PIFU, SO, DNA/CNA and overbooking, Follow Up criteria; Cataract direct listing, protection and utilisation of inpatient/daycase/theatre capacity, High Volume Low Capacity and day surgery increases, validation and reporting
- Workforce Variable Pay and Agency Control Framework and Targets; Job Planning Policy; Sickness Absence reduction
- Value for Money Value and Sustainability Board recommendations for Non Pay, Medicines, Continuing Healthcare; Estate utilisation
- Outcomes and Variation Cancer Recovery pathways, Straight to Test, Value & Sustainability Board pathways (Diabetes, Bone Health, Arthroplasty), National digital Priorities (Maternity, NHS Wales App, systems and devices, cyber response); Interventions Not Normally Undertaken Phase 1; referral management and rapid adoption of 282 Health Pathways

NHS Wales Planning Framework

Continued

The [NHS Wales Planning Framework 2025-2028](#)

The Cabinet Secretary's letter also notes:

- Health boards will need to make choices in other areas, to improve the health of their populations and meet strategic objectives of A Healthier Wales, within available resources, with greater flexibility
- Dialogue to continue on areas for de-prioritisation or stoppage if there is evidence of waste, harm or variation with no/ low clinical value or effectiveness
- Quality, Safety and improvement of outcomes must be at the forefront of all the choices and decisions
- Delivery needs to draw on innovative, as well as familiar, approaches
- Further exploration to take place on streamlining data reporting, accountability and other systems
- Delivering financial improvement and sustainable financial positions, maximising use of resources and increasing productivity and efficiency, is critical
- Further work will be required to respond to Ministerial Advisory Group on Performance and Productivity
- Principle of Adapt, Adopt or Justify to be applied, including rapid digital innovation and transformation
- Regional opportunities to be grasped to deliver what cannot be done by one organisation alone
- Enabling plans for capital, digital, collaborative working and NHS workforce expected
- Social Partnership, Compassionate Leadership and a Safe, Inclusive Culture continue to be a focus
- Balance long term with here and now issues

A Letter from Director General, Health, Social Care and Early Years Group/ NHS Wales Chief Executive provides the [Supporting Governance Arrangements](#):

- Actions from 'A Healthier Wales' to be reflected
- Wellbeing of Future Generations Act sets the context
- Statutory Duty to produce IMTP with compliance against break-even duty over rolling three years
- Also plan for longer term including clinical services / organisational plans and strategies
- Firm, Indicative, Outline approach over 3 Years
- Set out what delivered/ progressed / not delivered
- Year 1 milestones, actions, projections for delivery with financial sustainability, risks and mitigations
- Submissions to include: Narrative Plan, Ministerial Templates, Minimum Data Set (MDS)
- Cabinet Secretary priorities do not exclude wider range of services for population
- Also noted are Quality, Safety, health inequalities, Anti-Racism Plans, Health and Care Standards
- Cluster / Regional delivery commitments expected
- Financial improvements and sustainability is a priority, with scrutiny and risk management, and maximising transformation and efficiency
- Accountable Officer letter by 14 February (if required)
- Escalation status and criteria to be reflected in plans

[Additional technical guidance](#) also issued, setting out the full range of legislative and policy requirements.

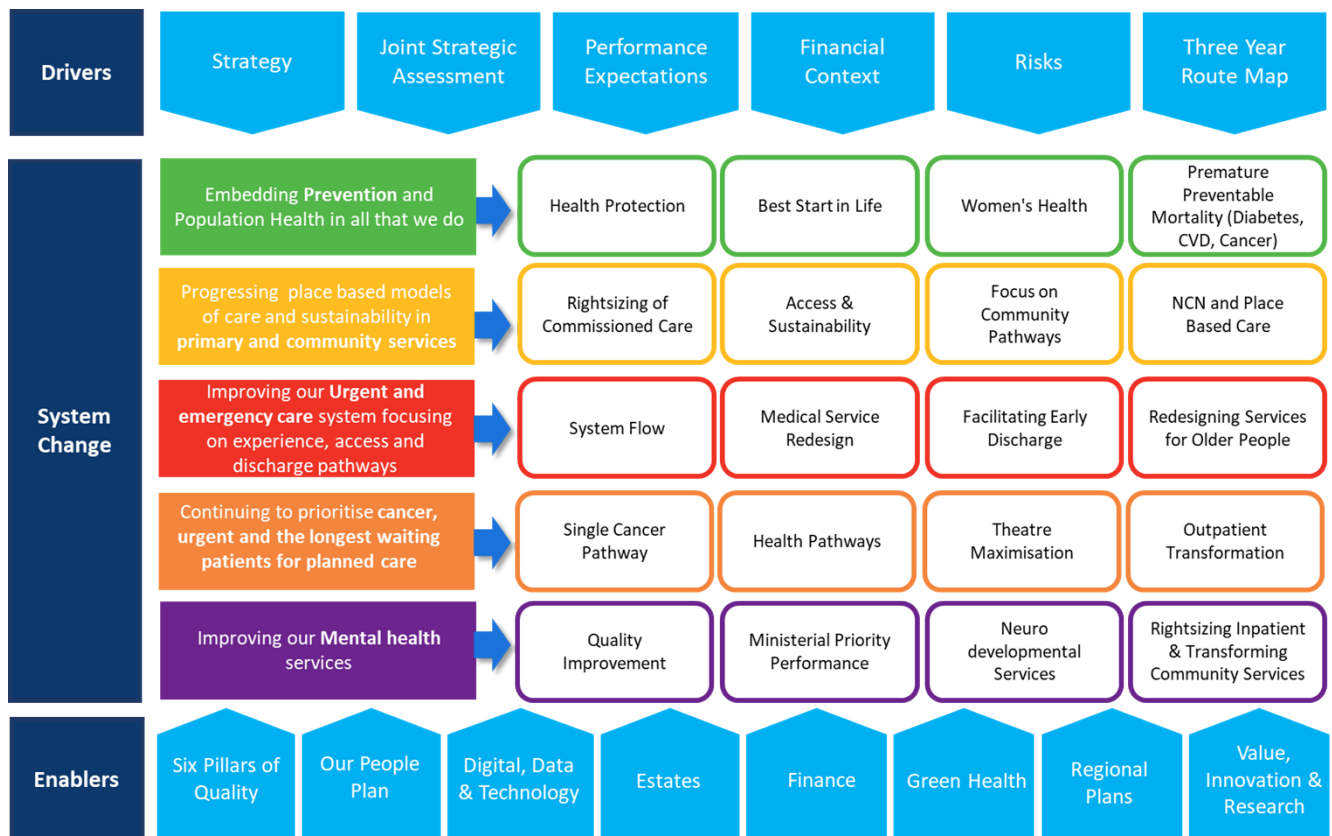
To date the following work has been undertaken to develop the emerging plan:

- ✓ Service level planning across all clinical divisions with a focus on maximisation of existing resources;
- ✓ Neighbourhood Care Network (NCN) and Integrated Services Partnership Board (ISPB) plans are being developed and aligned;
- ✓ First cut priorities aligned to the five themes through the established programmes (e.g. Six Goals for urgent care, Planned Care and Enhanced Local General Hospital Reconfiguration);
- ✓ Completion of initial financial and workforce assessment;
- ✓ Development of emerging priorities for enablers aligned to organisational system and service change;
- ✓ Initial engagement with Llais and Trade Union Partnership Forum (TUPF);
- ✓ Sharing of strategic changes across NHS Wales to ensure and test alignment.

1. Emerging Plan

Plan on a Page

The below diagram is the current working draft of the plan on a page which illustrates the drivers, system change and enablers.



Priority Areas

The table below outlines each of the priority areas and the emerging system changes that will feature in the 25/26 plan. Further detail has been provided in Appendix 2 below.

Prevention and Population Health:	<ul style="list-style-type: none"> • Implement seasonal respiratory vaccinations campaign • Respond to further priorities in the National Immunisation Framework
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	<ul style="list-style-type: none"> • Taking action to ensure we give every child the best start in life • Address health inequalities for women and deliver recommendations in the Women's Health Plan • Implement Diabetes Prevention and CVD Risk Factor Programme • Contribute to the Marmot region recommendations to deliver a Fairer Gwent • Advancing population health management
<p>Improving patient experience and timeliness of care in our urgent and emergency care system focusing on access and discharge pathways:</p>	<ul style="list-style-type: none"> • Continue to embed the WG Optimal Hospital Flow Framework across all sites • Completion of ED main wait extension development • Implement a short stay unit in ED • Implement a new navigation hub model • Implement the Stroke GIRFT recommendations • Further develop SDEC pathways • Define the potential integrated front door model • Roll out of optimal ward model across sites • Delivery of 10 high impact actions continuing momentum from 50-day challenge • Proactive care planning for high-risk adults to keep them well at home • Continue the partnership Pathway of Care delay review and progress trusted assessor model working with Local Authorities • Introduce wider access to community hospitals from the community to avoid an acute admission • Delivery of Medical Model (following Board approval)
<p>Continuing to prioritise cancer, urgent and the longest waiting patients for planned care:</p>	<ul style="list-style-type: none"> • Opening of the Satellite Radiotherapy Centre • Development of SACT Outreach services in Gwent • Implement effective planned care recommendations • Further develop the Health Pathway platform and achieve additional 50 localised health pathways • Maximise day surgery and deliver GIRFT focusing on NHH as centre of excellence • Newly tested HVLC lists embedded into service delivery • Outpatient Treatment Unit, monitoring of activity and opportunities for one-stop treatment pathways • Ongoing focus on reduction of DNA, CNA, delayed follow ups and total follow ups • The Keeping Well Service is embedded as Single Point of Contact for advice on Health and Wellbeing
<p>Progressing our place-based models of care in primary and community services:</p>	<ul style="list-style-type: none"> • Progressing models of Place Based Care through our NCNs and their action plans • Management of the reduction of commissioned enhanced 1:1 care in care homes • Review of all CHC placements & rightsizing of additional support

	<ul style="list-style-type: none"> • Develop improvement plans against areas identified through monitoring of access standards and contribute to the national development programme • Increase number of pharmacies providing the PIPS and CAS • Build on the Eye Care Plan for 2024-26 • Implement the Diabetes Prevention and Weight Management Programme • Delivering regional integrated partnerships programmes
<p>Improving our Mental Health services:</p>	<ul style="list-style-type: none"> • Embed and sustain the delivery of quality and safety improvement plan • Improve the adult mental health measures ministerial priority performance based on 24/25 baseline • Implement single neurodevelopmental pathway for adults • Implement children's neurodevelopmental transformation programme • Ensuring effective management of recovered Mental Health Measure Part 1 for children • Implement the Mental Health Strategy through service transformation in inpatient, community, crisis and commissioned services, ensuring a fit for purpose estate • Deliver Gwent Strategy for Children with Disabilities (within Children's Centres) 2024 - 2027: Delivering children's centre services

The current risks for the plan are summarised below;

- Delivery of a plan within allocation that continues to reduce the longest waits and deliver key targets.
- Investment requirement in areas that will provide sustainability for the future e.g. digital and data transformation, population health management and shifting care closer to home.
- Change fatigue from our staff impacting on wellbeing and ability to deliver significant service transformation
- Availability of capital as an enabler
- Regional working - regional, south Wales, national clinical blueprint for fragile services
- Public sector financial challenge constraining partnership development

With each Service area we have further developed the process for activity planning and demand and capacity. The outputs from this process will accompany the development of the delivery expectations for this year's plan, which will be based on the extensive insight from the submissions. This will continue to be developed over the forthcoming weeks including updated information from divisional submissions to gain further granularity on the forecasted position against our performance ambitions. A paper that summarises our performance ambitions and ability to meet the Welsh Government delivery expectations will be discussed on 17th February at Finance and Performance Committee.

2. Neighbourhood Care Network Plans

Within Primary Care there is specific Welsh Government guidance and expectations for the development of local annual plans at cluster or neighbourhood care network level. Each Local Authority area within the Aneurin Bevan Health Board area consists of 2 to 3 NCNs. These are supported by Integrated Service Partnership Boards (ISPBs) that ensure joined up delivery, commissioning and partnership working for each Local Authority area. The RPB which is established to cover Gwent provides oversight and sets the strategic direction through the regional population needs assessment and area plan.



In June 2023 the 5 ISPBs across the Health Board's region published their 3-year plan (2023-2026) reflecting the strategic drivers, aims and objectives of the refreshed RPB area plan.

For 2025/26, NCN plans have been developed on a local authority basis with any differences at an NCN level highlighted within their plans. A standardised format was also agreed across all five localities to support consistency this includes a plan on a page within each. Each plan for the local authority area which includes multiple NCNs have been provided in Appendix 3.

Each of the NCN areas face different challenges in providing the right support for their citizens based on population need, these are detailed in the needs assessment and specific requirements for their population included in their action plans.

This year a step change was taken in NCN plan development where shared areas of focus were agreed at the outset these were;

- To align the work of NCNs and Integrated Wellbeing Networks to develop a more community orientated model for primary care through a deeper understanding of the community assets and local needs within the population, particularly for socially vulnerable or marginalised groups.
- To ensure NCNs have a good understanding of Integrated Wellbeing Networks in order to utilise community assets such as community groups and voluntary organisations that help people maintain or develop social support networks.
- To establish MDT working for people who have greater complexity and are most at risk of deterioration and adverse events such as hospitalisation. This MDT approach will require care coordination and committed involvement of reablement

workers, specialist nursing teams, clinical pharmacists, CMHT, social workers, occupational therapists, housing and third sector organisations.

- To facilitate a collaborative approach in the delivery of diabetes prevention and CVD risk factor management to ensure that these programmes can be delivered systematically and at scale across NCNs, in line with organisational priority
- To lead collaborative models for improving uptake of routine immunisations and the winter respiratory vaccination programme.
- To co-produce a 'social prescribing' model that connects people to activities, groups, and services in their community which can address their practical, social and emotional needs.

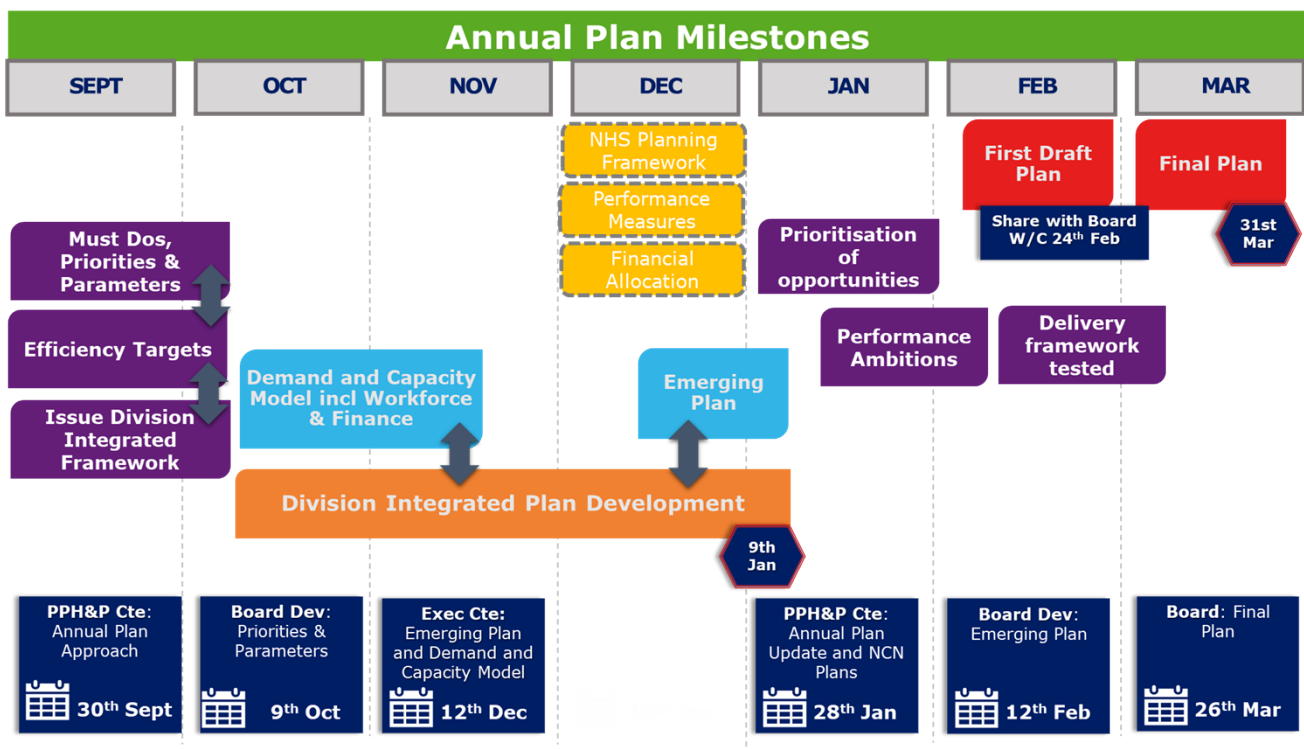
The NCN plans have also reflected and demonstrated alignment to the aims and objectives of the refreshed RPB area plan.

Collaborative working will continue over the next twelve months to ensure NCN plan development continues to reflect local population need balanced with meeting the national strategic and local Health Board priorities.

All five plans will be submitted to Welsh Government on 31st January as per the planning guidance.

3. Next Steps

The below diagram summarises the key milestones in the Health Board plan development until the submission to Welsh Government on 31st March.



Key next steps include;

- Executive Committee prioritisation of bottom-up budget holder plans received
- An assessment of the Health Boards ability to meet the Welsh Government delivery expectations within the financial allocation
- Accountable Officer letter to be sent by 14th February
- Board Development Session on 12th February to discuss Emerging plan in more detail

- Finance and Performance Committee on 17th February discussion on performance ambitions
- First draft issued to Board week commencing 24th February for review and comments
- Board discussion of final draft plan on 26th March

Argymhelliad / Recommendation

The Committee to **discuss** and **note** the emerging Plan for 2025/26.

Appendices

Appendix 1 (A-E)	NHS Wales Planning Framework and Supporting Guidance
Appendix 2	Emerging Plan
Appendix 3	a) Blaenau Gwent NCN Annual Plan b) Caerphilly NCN Annual Plan c) Monmouthshire NCN Annual Plan d) Newport NCN Annual Plan e) Torfaen NCN Annual Plan

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.



Ein cyf/Our ref: MA/JMHSC/10881/24

NHS Chairs

20 December 2024

Dear colleagues,

Working together to transform services - NHS Wales Planning Framework 2025-2028

As we work together to transform health and care services in Wales, I am delighted to be presenting my first NHS Wales Planning Framework. It is an opportunity for me to set out my high-level ambition for our health and care system that I know you will share.

There has been a period of considerable uncertainty since the onset of the pandemic in 2020 and recovery of health and care services is clearly still not where it needs to be for patients in Wales. I want to see a speeding up of improvements in delivery, drawing on innovative as well as familiar approaches. Quality, safety and the improvement of outcomes must be at the forefront of all the choices and decisions we make in all parts of our NHS.

Delivery and Performance

This Framework sets out the strategic priorities that must be delivered by all health boards, and (where relevant) other NHS organisations over the next three years. They are in areas which have been consistently raised through the First Minister's conversations and engagement with the public and staff since the summer. They are important to Welsh citizens. The areas of focus are broadly:

- Timely Access to Care
- Population Health and Prevention
- Building Community Capacity
- Mental Health Access
- Women's Health

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

More specifically, the delivery expectations which are required in each of these strategic priority areas are set out in Annex 1.

I want to see a concerted focus on these in your plans in order to make early and sustainable gains for the population of Wales. Delivering these should be at the centre of how you plan resources and capacity in order to see greater pace and purpose. Progress in some of these areas will require you to prioritise partnerships with social care. Delivering on these expectations will help achieve the improvements in performance and outcomes that we would all wish to see in year 1 of your plans (2025-26). I expect to see continual and consistent improvement towards delivery across all the strategic priority areas over the three years.

To support you to deliver against these expectations, we are setting out a number of enabling actions (attached as Annex 2) which we are mandating on the basis of “adopt or justify”. Each has an evidence base to demonstrate improved efficiency and/or outcomes, without driving additional cost. They are the product of work underway through the National Strategic Programmes, the Strategic Clinical Networks and the Value and Sustainability Board. They are already required, but implementation across Wales is inconsistent. We need to see more consistent application and implementation – this is good for patients and good for value and sustainability. Progress against the mandated enabling actions, along with an assessment of the associated productivity, efficiency and/or financial gains must also be reflected in your plans.

Although this Framework is clear about the national priorities that your plans need to most focus on, NHS organisations need of course to commission and/or provide a wide range of services to improve the health of their populations and to meet the strategic objectives of A Healthier Wales, within the resources available to them. I trust that your Boards will keep this balance in mind when making decisions and choices in other areas.

Local health boards are best placed to identify the needs of their local populations, so whilst setting out my expectations for delivery against the 3-year national strategic priorities, Year 1 delivery expectations and enabling actions, I recognise that this means greater flexibility in delivering on other areas.

I look forward to an ongoing dialogue with you on this – your suggestions about how we can identify areas to consider for de-prioritisation would be welcome. In fact, several of the enabling actions relate to activity which *must* be deprioritised and stopped where there is evidence of waste, harm or variation resulting in no (or low) clinical value or effectiveness.

I also want to explore with you how we can streamline the working relationship between the Welsh Government and NHS health boards and organisations, so that we can ensure that our data reporting, accountability and other systems are always proportionate, not over-complicated and reduce duplication. As a tangible example of this in the coming months, I expect that this will be the last year in which our planning framework is published separately and I have set an objective for the Welsh Government to integrate the quality, planning and performance frameworks to streamline our requirements in future.

To begin this process of alignment, this year’s NHS Wales Planning Framework is being issued at the same time as the NHS allocation framework for 2025/26 to ensure absolute clarity about the parameters within which your plans must be developed. Delivering financial improvement and sustainable financial positions, maximising the use of our resources, and increasing our productivity and efficiency, continue to be critical in delivering this agenda.

To support delivery and performance across our NHS, the Ministerial Advisory Group on Performance and Productivity will provide me with its findings and recommendations by the end of March. I will want to work collaboratively with you in responding to those recommendations to ensure that we can reap the benefits of the improvements that we wish to see across the system.

I am keen to ensure all parts of our NHS seek continuously to learn from best practice both from within the NHS in Wales and beyond, proactively working together to identify successful innovation – applying a principle of “adapt, adopt or justify”. This includes rapid progress on digital innovation and transformation, to strengthen the delivery of services.

I also want to understand how organisations are collaborating to create new regional ways of working to deliver quality, access and levels of care that often cannot be delivered by one organisation alone. It is imperative that health boards grasp the opportunities this can bring, in the interests of better patient outcomes and sustainable services.

All organisational planning and delivery must be built upon the domains of improving quality, safety, outcomes and value, supported in turn by robust enabling plans for capital, digital, collaborative working and the NHS workforce.

Workforce and Leadership

I am grateful for the dedication and commitment of our workforce across the NHS in Wales, who are at the heart of the experience and quality of services we deliver for our patients. Investment in building our workforce has increased year on year, and we must continue to focus, in social partnership, on ways to engage and empower our people to deliver safely, effectively and flexibly across the NHS in Wales.

Leading with compassion at all levels across the NHS in Wales will mean we properly listen to, understand, and empathise with our workforce so that we can help to remove the challenges and barriers they are experiencing which are getting in the way of delivering improved services for the people of Wales. Creating a safe and inclusive culture and collaborative leadership across the NHS is key to empowering people to deliver their best. This will value individuals' contributions and develop more effective teams who are confident to make effective decisions, for example about care, treatment and discharge. Effective leadership - regardless of hierarchy - is also crucial to fostering team, organisational, regional and system-level innovation by seizing opportunities to adapt and improve service delivery.

I expect to hear how organisations are developing their leadership and culture to ensure the safety, health and well-being of their workforce to enable them to deliver, optimise their team effectiveness and improve their services.

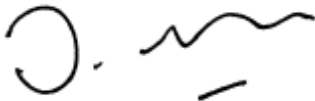
Outcomes that matter to people

In the coming months I intend to continue to talk with the public and the NHS workforce across Wales to hear about the challenges and opportunities across the health and care system. Some of the key issues which we are working on together, such as long waits for treatment, and discharge from hospital are of course already high on the agenda for the public, patients and health and care staff. It is imperative that we are clear about what must be done in the short term and what we need to do in the longer term, to live healthier lives through preventative approaches and avoid the need for hospital care where we can. There

are no simple solutions so I want to explore with the public what reforms and service developments can be set in train to support the NHS to adapt for the future.

We must act to balance better long-term outcomes with addressing the here and now issues that face our communities, our patients, our workforce and our health and social care system. I know that all of your staff working on the front line and delivering care in our communities, day in and day out, are at the heart of everything that needs to be done. With your support I am confident that we can together make the improvements we all want to see.

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a wavy line and a short horizontal stroke.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS
Wales Chief Executive



Llywodraeth Cymru
Welsh Government

NHS Wales Chief Executives

20th December 2024

Dear Colleagues

NHS Wales Planning Framework 2025-28: Supporting Governance Arrangements

You will be aware that the Cabinet Secretary for Health and Social Care has written to your organisation's Chair setting out the NHS Wales Planning Framework for 2025-28: *Working together to transform services*. I am now writing to confirm the supporting process and governance arrangements. I am also pleased to be able to write to you following the recent publication of the refreshed 'A Healthier Wales' actions, as it is important these are reflected in your planning going forward, as well as the need to demonstrate prevention throughout organisations' plans. The Well-being of Future Generations (Wales) Act 2015 continues to set the context and requirements, including prevention, in which organisations operate.

All health boards and NHS trusts have a statutory duty to produce an Integrated Medium-Term Plan (IMTP), which sets out how they will secure compliance with their break-even duty over a rolling three-year accounting period, while improving the health of the people for whom they are responsible and the provision of healthcare to such people. You must also continue to plan for the longer term and to support delivery in line with your strategic objectives and clinical services/ organisational strategies.

IMTPs will need to follow the familiar formula for the three-year plans with 'Firm, Indicative and Outline' levels of detail and a clear progression over time. Submissions should therefore include a narrative three-year plan, and completion of the Ministerial templates. This must align to the Minimum Data Set (MDS) which also underpins the development of plans. The narrative three-year plan should set out what has been delivered, what has been progressed and what was unable to be delivered from the previous submission. Year one of your plans must contain a level of detail that provides clarity on milestones, actions and projections that set the ambition for operational delivery and management of risk for the year ahead, along with financial sustainability. For clarity, I expect Boards to ensure all opportunities are fully explored to enable organisations to deliver the priorities in line with allocated resources and in a sustainable way going forward. Boards must fully understand and set out any risks to delivery of the plans and have mitigations identified prior to

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submission of plans. This will help us with the assessment of plans, together with supporting the Cabinet Secretary in making early decisions about plan approvals.

You will have seen the key strategic priorities set out by the Cabinet Secretary for Health and Social Care, which are supported by a number of delivery expectations and mandated enabling actions for year 1 of your plans. These priorities, expectations and actions must be central to year one plans with resources clearly identified and committed. The Framework is clear that these are the top priorities plans need to focus on, but do not exclude the wider range of services NHS organisations still need to commission and/or provide to improve the health of their populations within the resources available. The HSCEY Planning Team will share technical guidance on the development of plans with NHS planners in due course and will engage with your organisations as you finalise your plans.

As in previous years, quality, safety and the reduction of health inequalities within and across communities must continue to underpin NHS planning. Evidencing the approaches being taken across these areas need to be set out in the narrative three-year plans. Quality and equity are important threads running through all service and care provision that organisations will want to demonstrate. Your Anti Racism Action Plans should continue to address employment and service delivery as a specific part of your wider approach to equality, inclusion and diversity. The Duty of Quality in particular places a requirement on all of us, as individuals and organisations, and we must take into account the 12 Health and Care Quality Standards when making decisions and planning services. This framing will also be used in the assessment of plans.

Financial Planning

You will recognise that since the Welsh Government mid-year budget in 2023/24 and initial setting of target control totals for health boards, along with the significant investment made in the NHS in 2024/25, that delivering improvements in financial terms, and delivering sustainable financial positions is a priority for NHS bodies.

I want to see greater progress towards delivery and efficiency of services within available resources. We need to see greater financial improvement at pace, alongside other priorities, as you work to achieving financial balance. We will provide further detail of the allocation and budgetary framework for the NHS for 2025/26 alongside this letter.

Continued scrutiny, nationally and locally, on financial management is central to ensuring that progress continues to be made by organisations in driving down financial risk. Please ensure that there are mechanisms in place to consistently align and understand the impact of any financial or workforce decisions on the delivery of plans.

The continued challenges of the financial environment are well understood and therefore maximising all opportunities for transformation, utilising new technologies that create efficiency, productivity and improved patient experience and outcomes must be delivered. The priority focus areas are captured as the enabling actions that must be implemented as outlined in the planning framework. The rollout of digital solutions continues to be a part of our future service provision and must be accelerated where it is possible to do so within available resources. I will be ensuring the Value & Sustainability Board agenda nationally continues with the good progress we are making and focusses on the key priorities and expectations set out by the Cabinet Secretary. Organisations must develop plans locally that deliver on these requirements.

Integrated arrangements

The new Performance Framework will be issued shortly and will reflect the range of key performance information that complements the Minimum Data Set (MDS), that you will provide alongside your narrative three-year plans.

The Cabinet Secretary will require Ministerial templates setting out the delivery of year 1 commitments against each of the key strategic priorities, aligned to your plans to accompany the submission.

NHS plans must continue to be underpinned by collaboration across health board and public sector boundaries and for example ensure they are aligned to Cluster, Pan Cluster Planning Group (PCPG) and Regional Partnership Board (RPB) plans. Regional planning between health boards is also a key requirement. I expect to see tangible commitments to regional delivery in your plans.

There are legislative requirements that need to be considered in your planning. These being:

The Well-being of Future Generations (Wales) Act 2015 provides Wales with groundbreaking legislation that places a statutory duty on public services to ensure that we make the best decisions that address the here and now as well as the future. It provides the overarching context for *A Healthier Wales* (including the refreshed actions) and the driver for better health outcomes going forward. To give current and future generations a good quality of life we need to think about the long-term impact of the decisions we make. While this provides clear challenges, the opportunities are immense. Using the sustainable development principle and the five ways of working, as part of our governance and decision making, we can create the environment in which populations can thrive.

Social Partnership and Public Procurement (Wales) Act 2023 – complements the Wellbeing of Future Generations (Wales) Act 2015 and will require NHS bodies to consider the new social partnership requirements when taking specified actions, including the setting or revising of their wellbeing objectives in light of the new requirements. The NHS is already a leader in social partnership and procurement and much of the legislation will already be familiar. The link to key information is attached [Social Partnership and Public Procurement \(Wales\) Act | GOV.WALES](#)

The [Health Service Procurement \(Wales\) Act](#) gained royal assent in February 2024 and the regulations to introduce the [Provider Selection Regime Wales](#), or PSR Wales, will give the NHS Wales and local authorities in Wales the ability to implement more flexible procurement practices when sourcing services provided as part of the health service in Wales. Subject to the Senedd's agreement of draft regulations, it is proposed that the PSR Wales will commence on the 24 February 2025.

The Duty of Quality and Duty of Candour came into effect in April 2023. It is incumbent on all of us to ensure we are delivering safe quality services. We need to keep in mind the 12 'Health and Care Quality Standards'. Similarly, the series of Quality Statements that have been issued by Welsh Government, offer strong guiding principles on what 'good services' should aspire to, and boards must satisfy themselves that they have achieved the right balance in their planning.

Timetable for submission

The plan submission is due by 31st March 2025. Welsh Government will support early assessment and decisions on plans to help ensure that there is no pause in the delivery of key priority areas. Accountability conditions and escalation status already in place will remain extant until any further communication is made.

You will be required to submit an Accountable Officer letter to me by 14 February 2025 if your organisation is unable to produce a balanced IMTP. It will be clear at this point whether the organisation will have breached its statutory duty which may lead to further required actions and potentially escalation.

The escalation status of your organisation, that has been confirmed recently, and specifically alignment with any de-escalation criteria (where applicable) will need to be reflected in your plans. Colleagues within the NHS Executive should support your actions where appropriate.

By 14 February 2025 - Accountable Officer letter (if appropriate)

By 31 March 2025 – Plan, Ministerial templates and MDS submission, including the financial templates. Earlier submissions will be welcomed.

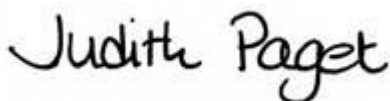
Please note the Ministerial template and MDS template will be circulated to your Directors of Planning in due course.

In addition to publishing your Board approved plans, each organisation is asked to develop a short video summarising what your plan will deliver, which can be shared with your stakeholders on your websites and social media channels.

Thank you for your leadership and support for these crucial strategic and operational planning arrangements. A secure and planned system is essential to deliver the improvements we all want to see, and I look forward to receiving your plans in March.

If you have any questions, please contact Samia Edmonds, Director of Strategic Planning who will provide further details if required and will continue to liaise with NHS Directors of Planning.

Yours sincerely



Judith Paget CBE

cc: Nick Wood, Deputy Chief Executive, NHS Wales
Samia Edmonds, Director of Strategic Planning
Hywel Jones, Director of Finance
Jeremy Griffith, Director of Operations

Annex 1 – Key Delivery Expectations

Strategic Priorities for 2025-28	Ministerial Delivery Expectations for 2025-26 (where applicable)
Timely Access to Care	<ul style="list-style-type: none"> • Reduce the number of ambulance patient handovers over 1 hour – national target - zero • Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero • No patients waiting more than 104 weeks for referral to treatment. • 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward a national target of 80% by 31 March 2026. • Number of patients waiting more than 8 weeks for a specified diagnostic – target zero
Population Health & Prevention	<ul style="list-style-type: none"> • Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes • Achievement of vaccinations targets in the performance framework
Building Community Capacity	<ul style="list-style-type: none"> • Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard • 100% of GP practices achieving all National Access Standards for In-hours GMS

	<ul style="list-style-type: none"> • Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP • Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period • Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible • Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible.
<p>Mental Health Access</p> <p>(For both adults and CAMHS – to be reported against separately)</p>	<ul style="list-style-type: none"> • 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral • 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS
<p>Women’s Health</p>	<ul style="list-style-type: none"> • Establishment of one Women’s Health Hub in each health board area by March 2026 (aligned to the Women’s Health Plan)

Annex 2 - 2025/26 Cabinet Secretary's Enabling Actions

Thematic Area	Objective	Enabling Actions
Operational Productivity & Efficiency - Urgent and Emergency Care	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation	Implementation of the Community Based Falls Response - 6 Goals Programme
		Implementation of the remote clinical assessment services framework - 6 Goals Programme
		Implementation of acute frailty model at the Front Door - 6 Goals Programme
		Implementation of the Welsh Health Circular - Ambulance Handover Guidance - 6 Goals Programme
		Implement the Optimum Hospital Flow Framework - 6 Goals Programme
		Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements. Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme.
Operational Productivity - Planned Care	Improving timely access to care, reducing unwarranted variation in clinical productivity	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.
		All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.
		Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.
		Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.

		<p>On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.</p> <p>Ensure effective utilisation of theatre capacity through:</p> <ul style="list-style-type: none"> - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026. <p>Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on:</p> <ul style="list-style-type: none"> - Anthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per list by end of Q2 - 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2. <p>Deliver improvements in day surgery rates, with an expectation to achieving a BACDS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025</p> <p>Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.</p>
Workforce Productivity	Maximise workforce productivity and efficiency, strengthening value and	<p>Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular</p> <p>Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.</p>

	effective deployment of the workforce.	<p>Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.</p> <p>Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.</p> <p>Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.</p>
Maximising Value for Money	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness	<p>Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.</p> <p>Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)</p> <p>CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.</p> <p>Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.</p>
Improving Value, Optimising Outcomes, & Minimising Variation	Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised,	<p>Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme</p> <p>Ensuring full compliance with straight to test guidance</p> <p>Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes</p>

and focus on improving outcomes	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health
	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)
	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.
	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.
	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26
	Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.

NHS Wales Technical Planning Guidance 2025-28



“Rydym yn tyfu
gwell yfory pan
fyddwn yn plannu
hadau da heddiw”

“We Grow Better
Tomorrows When We
Plant Good Seeds
Today”



At Ty Hafod, with courtesy of Cardiff & Vale University Health Board

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Turning Strategies into Action

Foreword by the Welsh Government Director for Strategic Planning

I am pleased to confirm that the Cabinet Secretary for Health and Social Care issued the NHS Planning Framework on 20 December. The Cabinet Secretary set out his strategic priorities alongside the delivery expectations for each priority. The strategic priorities will be familiar to planners and are:

- Timely access to care
- Population health and prevention
- Building community capacity
- Mental health access
- Women's health

Also supporting these priorities and delivery expectations are evidenced based enabling actions that have previously been issued. The expectation is that organisations 'adopt or justify' these actions to reduce the inconsistency that currently exists across organisations.

The NHS Planning Framework, Ministerial Templates and the MDS continue to provide a suite of documents to help organisations produce coherent plans that deliver safe, equitable services for their populations and to meet the requirements of Welsh Ministers.

I recognise that this has been another challenging year for the NHS in Wales as organisations continue to strive to provide the best care and treatment for patients. The outlook for 2025/26 is equally challenging, but there are opportunities through this Planning Framework and via the recent Independent Review of Planning to make material improvements to how we deliver integrated planning across Wales.

Over the coming months we will share and digest the findings and recommendations from the review. I look forward to working with you on this and to build on the work of the planning community.

This technical document is intended to help planners by providing supplementary policy information alongside the statutory NHS Wales Planning Framework 2025-28.

The policy areas covered are not new and this document is not exhaustive but is intended to provide further supporting guidance on the areas set out in the Planning Framework.

Thank you for your ongoing support to further develop both planning and the planning profession. I look forward to seeing your plan submissions in March.

Samia Edmonds MBE

Director for Strategic Planning

Health, Social Care & Early Years, Welsh Government/ NHS Wales

NHS WALES TECHNICAL PLANNING GUIDANCE

CONTEXT

The Welsh strategic landscape has built strongly on the world leading Well-being of Future Generations (Wales) Act 2015 and the complementary A Healthier Wales plan and National Clinical Framework. These and their core emphasis on quality, reducing health inequalities and delivering value in health set the overarching context that must shape how the Welsh NHS operates and delivers.

Well-being of Future Generations

The Well-being of Future Generations Act provides Wales with groundbreaking legislation that places a statutory duty on public services to ensure that we make the best decisions that address both the here and now and the future. It provides the overarching template for A Healthier Wales (including the recently published refreshed actions) and the driver for better health outcomes going forward. To give current and future generations a good quality of life we need to think about the long-term impact of all the decisions we make. While this provides clear challenges, the opportunities are immense. Using the sustainable development principle and the five ways of working, as part of our governance and decision making, we can create the environment in which populations can thrive.

Wales faces wider challenges now, and in the future, such as climate change, poverty, health and well-being, the legacy of Covid-19, access to good quality housing, education, jobs and economic activity. Our citizens and the NHS are impacted by all these factors and to tackle these we need to work together.

The specific challenges facing the NHS are complex and many of them will only be addressed by embracing integrated, collective and engaging approaches that focus on prevention and create sustainable foundations in the long term. **Therefore, plans must include evidence of how your work is further embedding the principles and actions consistent with the Wellbeing Act. This is closely linked to Value in Health.**

Plans this year must include a review of the organisations' Wellbeing objectives in line with the Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act). Ideally these will be the same as the organisation's overarching Strategic Objectives and align to the organisation's Value in Health work, organisational strategies, delivery plans and be embedded in your governance structures.



The SPPP Act places a duty on the NHS and other listed public bodies in Wales, in so far as is reasonable, to seek compromise or consensus with their recognised trade unions when setting well-being objectives under the Well-being of Future Generations (Wales) Act 2015, and when making decisions of a strategic nature about the reasonable steps they intend to take to deliver those objectives.

Public bodies listed in section 6(1) of the Well-being of Future Generations (Wales) Act 2015 organisations are subject to the social partnership duty which commenced on 1 April 2024, and will need to be satisfied as to how those requirements will be met. The social partnership duty and reporting requirements are set out in sections 15, 16 and 18 of the SPPP Act¹. Under section 18, public bodies must prepare a social partnership report in respect of each financial year on what they have done to comply with the social partnership duty. The report must be agreed with the public body's recognised trade unions or contain a statement explaining why it was not agreed. The report must also be published and submitted to the Social Partnership Council (SPC) as soon as reasonably practicable after the end of the financial year.

¹ <https://www.legislation.gov.uk/asc/2023/1/contents/enacted>

A Healthier Wales

A Healthier Wales² (AHW) remains the strategic plan for health and social care in Wales. It sets out the long-term future vision of a ‘whole system approach’ which is focused on health, wellbeing, care and support and on preventing illness.

AHW has an emphasis on prevention, on supporting people to manage their own health and wellbeing, and on enabling people to live independently for as long as they can, supported by new technologies and by seamless models of health and social care services which are delivered closer to home.

This has been a consistent approach since AHW was published in 2018. Now, at the halfway point in the plan, on 4th December, the Cabinet Secretary for Health and Social Care announced 35 refreshed actions to support the further implementation of AHW until 2028. These actions have been designed to reflect the challenges our health and care system is facing. The actions have also considered the latest evidence such as the Chief Scientific Officer’s report “NHS in 10+ years: An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales”, published in 2023.

Our focus on prevention and early intervention will remain – this theme is central to enabling a sustainable and equitable approach to developing effective health and care services and an overarching principle of AHW. We will continue to take a person-centred approach to our health and care services to ensure they are tailored to individual needs and preferences including language, whilst ensuring people are involved in the decisions about their care and treatment. This will help our health and care services support everyone to take responsibility for their own care and for those that they care for. It will also ensure we develop high-quality services with a focus on safety at the heart of everything we do.

To help deliver an effective health and care system, we must ensure we adopt the right enablers. A focus on research, innovation and digital will be important to drive transformational change and maximise use of new technologies and Artificial Intelligence to enhance patient safety. This includes making use of digital systems such as the NHS App to support enhanced access to community care.

A key element will be enhancing our workforce to support building and growing a flexible and multi professional health and care workforce; as will our continued focus on partnership and integration in recognition of delivering on the “Once for Wales” commitment.

Delivery of the AHW refreshed actions must be reflected in organisational plans.

National Clinical Framework

In line with the commitments in AHW, the National Clinical Framework published in 2021, sets out how clinical services should develop to ensure sustainable and preventative pathways and a successful outcome for patients, streamlining the processes. “It seeks to unleash the revolution from within that is needed to deliver prudent and value-based healthcare.”³

² [A healthier Wales: long term plan for health and social care | GOV.WALES](#)

³ [Written Statement: National Clinical Framework and Quality Statements \(22 March 2021\) | GOV.WALES](#)

This National Clinical Framework sets a coherent vision for the strategic and local development of NHS clinical services. It is grounded in the life course approach to service delivery and aligned to the burden of disease facing the population. Its intent is to improve patient outcomes and support the planning and delivery of resilient clinical services. It builds upon the findings of the Parliamentary Review and the direction set in A Healthier Wales and has benefited from looking at international experience and engagement with NHS colleagues.

The National Clinical Framework sits at the centre of our system of planning and makes the direct links to the quality statements and strategic NHS plans clinical networks now part of the NHS Wales Executive functions. **Quality must be the essential requirement that underpins and drives this work and must be evidenced in plans.**

Quality Statements set out the Welsh Government's policy and delivery plan expectations. They set commissioning expectations for health boards and trusts to plan towards. NHS organisations should be able to demonstrate how they expect to implement the delivery of their services in line with the quality statements through their IMTPs. Health boards and trusts should compare service provision against the commissioning expectations and develop service planning and quality improvement actions to address gaps. In some areas national service specifications may have been developed according to clinical standards to help health boards plan and deliver consistent high-quality services. **Evidencing the implementation of quality statements will help health boards and NHS trusts to demonstrate delivery of the Duty of Quality.**

The NHS Executive has an important role in enabling the delivery of the Quality Statements by facilitating clinical consensus through the development of pathways and specifications and developing datasets on variation. They support the delivery of the strategic national programmes for planned care, urgent & emergency care, mental health and primary & community care to support service transformation in line with the policy requirements. The NHS Executive will also provide quality and performance assurance support to the Welsh Government as part of accountability and performance arrangements.

Together, the Wellbeing of Future Generations Act, A Healthier Wales and the National Clinical Framework combine to offer a clear strategic and operational blueprint for value-based healthcare and improvement of care and treatment outcomes for people in Wales.

Quality

The need to reduce health inequalities and improve health outcomes is fundamental in the Welsh system. The Duty of Quality describes the dual aim of improving the quality of our health services and improving the outcomes for our population. Rapid and bold transformation is needed to provide sustainable solutions, to improve efficiency and reduce the harm that patients can suffer from inefficient systems. Quality, safety and outcomes must drive the development of plans and ensure that the patient remains at the heart of service delivery.

Quality and Engagement Act 2020

The **duties of quality and candour** are now statutory obligations for NHS bodies and individuals in Wales. They became effective in April 2023 and provide a framework for delivering quality and transparency in all aspects and all levels of the NHS. [The duty of quality | GOV.WALES](#) and [The NHS Duty of Candour | GOV.WALES](#).

The Planning Framework has been informed by the Duty of Quality which must underpin the way we think, behave and act. The Duty of Quality introduced 12 new Health and Care Quality Standards, that can be described as the operationalisation of the Duty. **Planning and plans need to demonstrate how the actions proposed will address the health and care quality standards, and how the standards are being used to support the planning process and decision making.**

The Duty of Quality requires that strategic and operational decisions are made through the lens of quality. This quality-driven decision-making can be achieved by considering plans and decisions in line with their impact utilising the Health and Care Quality Standards.

- A Quality Impact Assessment tool developed by the Quality and Safety Programme aids NHS organisations in the integration of the standards into all decisions, leading to quality driven decision-making. The tool supports quality planning, reminding planners of the prudent questions and mitigating actions that may be required to achieve quality planning. It is available on: [Duty of Quality - Home \(sharepoint.com\) \(only accessible to NHS Wales colleagues\)](#)

Quality Impact Assessments (QIA) using the standards are essential to understand outcomes impacts and risks throughout the NHS and health and care system. QIAs should routinely inform decisions, efficiency and service management to understand the impact on people as individuals as well as the service more generally. **Boards must assure themselves that there are robust quality assurance arrangements in place and that there has been sufficient scrutiny of quality impacts of any changes on people, their organisation and wider partners such as the third sector. Organisations will need to be able to evidence how they have quality impact assessed operational and strategic plans.**

Quality Statements underpin Welsh Government policy and delivery expectations and provide a clear and coherent link to the health and care quality standards in the Act.

Duty of Quality Health and Care Quality Standards

- **Safe** – minimising harm, learning from when things go wrong.
- **Timely** – provided in the right place, at the right time and in clinical priority.
- **Effective** – evidence-based practice and whole of life pathways
- **Efficient** – avoiding waste and getting the best value for money.
- **Equitable** – providing everyone with the opportunity for a healthy life.
- **Person-centred** – treating people with kindness and respect.
- **Leadership** - Clear, focused and fully matured governance, leadership and accountability at all levels is vital in creating a functional quality management system.

- **Culture and valuing people** - encourage quality and system safety within a supportive, inclusive, and collaborative culture.
- **Data to knowledge** - develop understanding of service quality to inform learning, strategic decisions, and guide quality improvement.
- **Learning, improvement, and research** - create opportunities for system-wide learning to allow for continuous learning and quality improvement innovation.
- **Whole-systems perspective** - learn from quality planning, control, and assurance to improve quality across the healthcare system.
- **Workforce** – recruit, retain, develop, and extend roles to ensure enough confident people with the right knowledge and skills can deliver safe care.



Reducing Health Inequalities

Closely linked to targeting care through the health needs analysis, the health inequalities that have been exposed during the pandemic provide a context for how core services must be delivered. Health boards need to provide and implement equitable care and services in a way that supports individuals and communities as part of normal business.

Health inequalities are the result of systematic inequities between social groups which are often avoidable. The [Wellbeing of Wales: 2024 | GOV.WALES](#) showed that life expectancy fell in the most recent period available (2020-22), which includes the period of the Covid-19 pandemic. Inequalities in life expectancy and mortality remain wide. Analysis based on 2018-20 data shows that the overall gap in healthy life expectancy between the most and least deprived areas has remained relatively stable between 2011-13 and 2018-20. In the most recent time period, this gap seems to have reduced slightly for males (13.3 years) and increased slightly for females (16.9 years). The life expectancy gap is much narrower, at 7.6 years for males and 6.4 years for females. But it has been generally increasing in recent years for males and females, suggestive of growing inequality. Males also spend more of their life in good health compared to females. The most recent data on socioeconomic

inequalities in avoidable mortality is from 2020 where the proportion of total deaths that were avoidable continued to be substantially larger in the most deprived areas compared with the least deprived areas.

It is crucial that NHS organisations play their part in reducing health inequalities within their populations by planning and delivering high-quality equitable services with a focus on prevention and early intervention, as an anchor institution and as an advocate for the building blocks of health and for enhancing community well-being.

How organisations are responding to health inequities must feature in all considerations of service planning and delivery so that resources are properly weighted towards population need. Data from national dashboards and clinical audit can help to identify inequitable provision and guide service change. Health Impact Assessments and Equality Impact Assessments are essential to understanding variation in delivery in terms of who can access, and how people access health and care services is key to ensuring equitable delivery. Vulnerable groups, poverty, areas of deprivation and the level of quality and timeliness of services will all be factors that organisations must take into account while planning services. **Boards will need to be assured that in line with forthcoming regulations, Health Impact Assessments are carried out as part of the strategic decision-making process and that Equality Impact Assessments are informing necessary actions and are set out in the plan to tackle and eliminate inequalities. The actions must be clearly set out in the plan.**

[What are health inequalities? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk)

[Health and wealth: why tackling health inequalities is so important \(senedd.wales\)](https://www.senedd.wales)

[Coronavirus \(COVID-19\) and Health Inequalities \(gov.wales\)](https://www.gov.wales)

Cabinet Secretary's Key Strategic Priorities

The Five Key Strategic Priorities set out in the NHS Wales Planning Framework for 2025-28 are:

- Timely access to care
- Population health and prevention
- Building community capacity
- Mental health access
- Women's health

Plans must be aligned with the Health and Care Quality Standards, National Strategic Programmes, Clinical Networks, Quality Statements and Value in Health, as well as identifying opportunities to build on them such as through digital innovation and transformation.

The Cabinet Secretary's strategic priorities confirm the importance of improving access, reducing waiting times and working with partners in social care to unlock delays in transfers of care and pathways in the community. They are not in isolation from the need to strengthen the focus on prevention and the delivery of the national programmes to enhance efficiency, deliver performance and ensure people are treated in the right place by the right professional. A core part of this is the implementation of the Primary Care Model for Wales.

The National Strategic Programmes set out the operational and delivery expectations for the NHS in Wales. The National Programme Directors lead the programmes from the NHS Wales Executive and provide assurance on progress to Welsh Government as part of the NHS Executive's Remit. **NHS Boards must ensure compliance with the National Strategic Programmes' requirements, methodologies and guidance to optimise the opportunities for improvement and efficiency.** Expert advice, support and challenge are provided through the programmes and organisations must build in programme delivery as part of strategic and operational planning.

TIMELY ACCESS TO CARE

There must be continuous improvements in the safe, efficient and equitable provision across primary and community care, mental health care, planned care, cancer care, urgent & emergency care and treatment to reduce waiting times and improve the quality and timeliness of care that people can expect. The Planning Framework is consistent with the focus on improvement and the requirements that have been communicated. Ministerial priorities, delivery expectations and enabling actions must be central to integrated plan submissions and through the Minimum Data Set and Ministerial Templates.

While it is imperative that waiting times for planned care are reduced urgently, this priority should also be seen as a holistic requirement for health and care, whether that is for an ambulance response, hospital waiting times, mental health support or packages of care in the community. The system must be unlocked to deliver for all patients and based on clinical need. Patients need to receive swift diagnostics, where possible direct access from front line clinicians to speed up the process.

- Ensure implementation of waiting well / prehabilitation (3P's) policy and directing people to the right treatment, including waiting list validation to deliver the care for the multi professional team (as examples from the Bevan Exemplar Planned Care Improvement Programme models demonstrate)
- Reducing waits for a specific diagnostic to a zero target is a key delivery metric
- Planned care closer to home and waiting times for treatment remain a top priority and plans will need to set out detailed actions and profiles that provide assurances to Boards, the public and government. Plans must ensure that they are compliant with the requirements of the national programmes and any remedial actions they need to take to achieve compliance. Maximising the opportunities of pathway redesign and joint working between primary and secondary care. Examples include pathway alliance, advice and guidance and new optometry contract. Explore and maximise all staff groups in pathway redesign, example being Allied Health Professional pathways.

Seeing a reduction in long waiting times and access to safe and timely care remains the top priority for patients in Wales and across the UK. The expectations for each priority have been set out in the Planning Framework.

Supporting this work, the **3Ps policy - Promote, Prevent and Prepare** seeks to Promote healthy behaviours, Prevent deconditioning whilst patients are waiting and to Prepare patients for treatment and recovery. Phase 1 and 2 both seek to work with the third sector to maximise their ability to support patients waiting for treatment and their carers.⁴

Health boards and DHCW are also expected to work with the NHS Executive's strategic clinical networks to re-procure on a once for Wales basis the cardiac PACS and systemic anti-cancer therapy prescribing systems.

Planned Care and Cancer

Planned care and cancer remain some of the core areas for improvement across the health system and impact on so many other areas of people's health wellbeing economic and social lives. Cancer priority is to achieve the access recovery target of 80% reduce the backlog and implement the nationally optimised pathways (<https://www.gov.wales/sites/default/files/publications/2022-08/national-optimal-pathways-for-cancer-2022-update.pdf>). **The current outcomes are not acceptable, and the level of inequity reflected in the variation across Wales must be addressed urgently. This will also need mature commissioning arrangements and prioritisation of support from primary care, community services, third sector and hospital services, to deliver the standards that we all want to see.**

Modernising pathways for outpatients including 'follow ups' 'see on symptoms' and 'patient initiated follow ups' underpin the improvements for planned care. Maximise the use of interventions by the allied health professions to reduce waiting times by implementing and expanding proven models such as Bevan exemplars in the Planned Care Improvement Programme. The Planned Care Programme provides the expert and practical support including resources and guidance.

Health Boards are expected to develop plans demonstrating:

Key areas of focus will be the implementation of:

- Regional models
- Ensuring effective theatre utilisation, - based on GiRFT findings
- Implementation of referral redesign
- Modernise outpatient redesign (new to follow-up care)- including role of SoS and PIFU, and active discharge, virtual reviews, exploring use of high-volume clinic model
- Plans to fully implement the optimal cancer pathways

Urgent and emergency care - six goals policy priorities - 2025-2026

1. **Implement effective Community Based Falls Response Services** (Six Goals Programme Framework) to enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate

⁴ [Extra support for people on waiting lists could prevent some of the 6,000 cancelled NHS treatments | GOV.WALES](#)

2. **Implement a robust ‘Single Point of Access’ (SPOA) for urgent and emergency care** (Six Goals Programme Framework) in each health board area that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present
3. **Implement an Acute Front Door Frailty Service at all acute hospitals** (Six Goals Programme Framework) – integrated with community frailty services - that ensure that older people with frailty are diverted to the most appropriate services within the hospital as quickly as possible and, where possible, discharged home on the same day
4. **Implement the Welsh Health Circular - Ambulance Patient Handover Guidance** to ensure timely transfer of patients from ambulance crews to emergency department staff
5. **Implement actions described in the Optimal Hospital Flow Framework** (Six Goals Programme Framework) to ensure people who possess a clinical need for admission to hospital are discharged home when clinically ready, with the right support and without delay. This should support a reduction in pathways of care delays

Palliative & End of Life Care

Health boards and trusts, along with local authorities and regional partnership boards are responsible for planning services for people facing life shortening illnesses in line with professional standards, clinical guidance and the quality attributes set out in the quality statement. They must work closely with the third sector, charitable hospices, care homes, domiciliary care agencies, local authorities, informal carers/families and friends to deliver and continually strive to improve services for all people across all services in Wales.

All people identified as having palliative care needs should be given the opportunity and support for conversations with someone well placed to discuss their personal needs, wishes and preferences for care at the end of life, through regularly reviewed Advance and Future Care Planning.

Health boards should also ensure that evidenced-based seamless pathways, careful planning and close collaboration is in place between services for transition from paediatric and young persons to adult services.

The vital role that hospices have in supporting health boards to deliver palliative and end of life care to their populations should also be recognised and appropriately supported.

Bereavement

Health boards are expected to work together with local authorities and all relevant partners to implement bereavement pathways being published as part of the National Framework for the Delivery of Bereavement Care in Wales. (<https://www.gov.wales/national-framework-delivery-bereavement-care>). Health boards should also focus on strengthening bereavement co-ordination and improving access to all types of bereavement support in

line with the NICE components of bereavement care. (Universal, Targeted, Indicated). Health boards must also implement the offer to bereaved patients and families identified through investigations following patient safety incidents of nosocomial COVID-19 (Covid response).

POPULATION HEALTH AND PREVENTION

Population Health

As population health organisations, NHS bodies are familiar with planning aligned to their population health needs analysis. A great deal of work is already undertaken to target delivery and **this year, organisations must ensure that this is visible within plans, including evidence of how population health analysis and population health management (segmentation and stratification) are shaping implementation of strategies and delivery of services that wholly embrace place based and preventative approaches.**

To underpin and deliver the desired improvements Value in Health and Population Health Management must be a consistent feature of health planning. There is variation across Wales currently, with organisations at different stages of maturity. Organisations must ensure they have consistent data and information to inform their different plans and focus on delivery of both strategic and local outcomes improvements. **The enabling actions in the Planning Framework mandate ‘adopt or justify’ to improve equity and consistency across Wales.**

All plans will begin to tackle the projected increases in demand identified in the Chief Scientific Adviser for Health report (NHS in ten+ years) and set out how the health of the population will need to be improved to avoid some of the profound implications for people in Wales. The Report identified the likely pressure on the NHS in the next 10-25 years, including:

- Growing and ageing population – multiple long-term conditions including frailty
- Need for more focus on prevention and community-based health and social care capacity
- Tackling inequalities in health and making healthier choices

[Report of projections, health evidence and policy recommendations | GOV.WALES](#)

As well as improvements in supporting people to make health life choices for themselves and their families, **organisations must continue to optimise vaccination opportunities for children, young people and adults - including health and social care staff – to protect themselves and others from a range of illness and conditions throughout their life.** Covid saw a step change in the willingness of people to be vaccinated but that momentum must be built on to keep people well and reduce avoidable demand on hospital services particularly over the winter period. Individuals should be encouraged to adopt health behaviours through a range of contacts with the NHS, this will need a real focus to ensure future trends are mitigated at every opportunity.

However, without focussed and sustained actions the necessary prevention and actions will not materialise. **Therefore, plans must include clear actions and milestones that will begin to turn off the tap of demands across the system and put in place equitable pathways towards improved outcomes for patients.**

Prevention

Prevention, in all its forms, is a crucial means to achieving the stability, which the system needs and importantly in improving outcomes and supporting individuals to look after their own health and wellbeing. There needs to be a relentless focus on prevention to improve the health of the people of Wales, to create a value-based health system and to meet the needs of future generations in order to begin to reduce the burden on the acute system and improve the health and wellbeing of the nation.

Resetting this priority will enable NHS organisations to build on the good work that is underway and accelerate those areas that will create sustainability in the longer term. NHS organisations must be committed to taking action in partnership with Local Authorities and other Regional Partnership Board (RPB) partners to improve health outcomes and reduce inequalities across our communities as also demonstrated in cluster plans. It is an important priority that needs to be exploited at every opportunity. **Plans must set out how organisations are embracing prevention.** Preventing the development of ill health and poor wellbeing, preventing deterioration once people are ill, preventing harm when patients are in hospital care from incidents or delayed pathways.

'Prevention is better than cure', and the health service should be looking to ensure that the health of the population is improving, as well as caring for those that need treatment now. Population health management and improving outcomes for patients, built on prevention and sustainability, remain the solutions for the health and wellbeing of the people of Wales. Prevention in its broadest sense needs to be considered. The focus to enabling the population to have positive health and well-being starts before birth.

Too many people die too early from causes that can be prevented and prevention is now more important than ever in health planning as we face an increasing burden of disease and current and predicted pressures on our services. Shifting investment to prevention through Value in Health is necessary if we are to reverse poor health trends and inequalities and deliver a sustainable health and care system.

The **policy imperative** is set out in *A Healthier Wales* our long-term future vision focussed on health and wellbeing, and on preventing illness. Prevention is an NHS and social care core value and design principle within the strategy, and is one of the five ways of working required by the Well-being of Future Generations (Wales) Act 2015: "how deploying resources to prevent problems occurring or getting worse may contribute to meeting the body's well-being objectives, or another body's objectives." It is also at the heart of the NHS (Wales) Act 2006 and the NHS Wales Finance (Wales) Act 2014, both of which require that health boards focus on the health of their population as well as provision of health services. *The NHS in 10 years+* forecasts increasing long term conditions and increasing NHS staffing needs stating, 'much of what we project in this paper is avoidable if we switch our focus to prevention'.

The redesigning of clinical pathways; projects to understand patients better e.g. PROMs and PREMs and other Value work to ensure the best outcomes for patients, carers and society, using resources well over the whole pathway of care need to continue and gain pace as a priority.

Planning Focus on Prevention

In planning, organisations will need to recognise and cover preventative activity across the following different levels. In setting out the below we have used the 'Prevention Based Health and Care draft definitions':

Primary prevention interventions prevent the onset of development of health-related harms/disease, which would lead to poor mental and physical health outcomes. Plans should cover actions to avoid ill-health occurring in the first place through:

- Acting on the conditions that influence risk factors for ill-health (e.g. environmental, social or economic interventions), including promoting a state of good mental and physical health through assessment of impact and
- intersectoral action
- Reducing risk factors for ill-health (e.g. tobacco control, tackling obesity)
- Promoting wellbeing and healthy communities
- Immunisation against disease

Secondary prevention interventions lead to the early identification of conditions/diseases or the identification of risk factors which can then be addressed, thereby minimising their potential effect on mental and physical health outcomes. Actions can include:

- Systematic data driven approaches to identifying people at risk using population health management and risk segmentation and stratification approaches.
- Detecting disease or disease precursors early and intervening such as clinical detection (glucose intolerance) or high blood pressure
- Developing a strategic approach to Acute physical deterioration through the use of Prevention, Identification, Escalation, and Response pathways and the introduction standardised Early Warning Scores NEWS2, national PEWS, NEWTT2 and MEWS ([Standardising the management of acute deterioration \(WHC/2024/035\) | GOV.WALES](#))
- Adopting a patient and family-initiated escalation approach for immediate help and advice about deteriorating health and ensuring its application to all age groups on all in-patient acute sites ([Adopting a patient and family-initiated escalation approach \(WHC/2024/040\) | GOV.WALES](#))
- Prioritising the reduction of healthcare associated infections (HCAs). HCAs remain a key patient safety issue that result in a significant burden of disease and financial cost.
- Population screening programmes.
- Enabling people to remain well for as long as possible, keeping them active in their communities and roles and managing long term conditions to avoid/ reduce deterioration and complications.

Tertiary prevention interventions aim to prevent poor health outcomes in individuals with established conditions/disease mainly through good long term condition management and disadvantaged population health care needs. For example, high quality education to support self-management and delivery of care processes in the management of diabetes.

For the most vulnerable in our society life expectancy is significantly reduced and many years are lived in poor health. The Welsh Government will issue the Inclusion Health Services Framework shortly as guidance for planning proportionate care to meet the needs of vulnerable population groups.

NHS organisations are expected to develop plans demonstrating:

- Clear and strong board level commitment to prevention and tackling health inequalities based on the 5 ways of working in the Well-being for Future Generations Act (long-term, prevention, collaboration, integration and involvement) and on Value in Health interventions.
- Developing Inclusion Health Services to meet the needs of vulnerable groups
- Greater emphasis on systematically implementing primary and secondary prevention interventions to reduce entrenched health inequities - implementing the national 3 Ps policy and establishing the single points of contact [Promote, prevent and prepare for planned care \[HTML\] | GOV.WALES](#)
- Work to expand provision of pre-diabetes prevention programme to all clusters in the health board.
- Preventive health measures are accessible at all stages across the life course – from prenatal, infancy and childhood, to adolescence, adulthood, and through to older age.
- How they are investing in value-based health and care and thereby moving towards higher investment in prevention to reduce ill-health.
- How they are an exemplar anchor organisation and support and catalyse action with and from partners. Take targeted action as an employer, procurer for services and managing estates to support healthier communities.
- How they are delivering a collective and cohesive effort across the health, social care, housing and education sector to create and enhance the types of environments needed to support individuals to lead healthy lives

BUILDING COMMUNITY CAPACITY

To complement the increased focus on population health and prevention, there must be recognition of the unprecedented challenges and known projected growth in volume of need for local services that can only be solved by the collective action between health, social care and the third sector in partnership.

Now, more than ever, the full implementation of the **Primary Care Model for Wales** is required. The ambition to build resilient communities and deliver care as close to home as possible is long standing and the landscape in Wales for primary and community care is the envy of other nations. However, we are not realising the potential and health boards need to demonstrate plans to fully embed the Primary Care Model for Wales and realise the system-wide benefits.

With a population focus at a place based, neighbourhood care level, Clusters are uniquely placed to work with partners to provide care at home or as close to home as possible. The Pan Cluster Planning Groups (PCPGs) connects Clusters to the wider health and social care system partnerships. PCPGs are well positioned to make decisions based upon

improving population health and can create the environment for collaboration to deliver when supported by health board and Regional Partnership Board system leaders. Developing a solid foundation at the primary and community care level with a place-based approach will enable a more radical approach to reviewing pathways via a 'community by default' lens.

Health boards are expected to develop plans demonstrating actions for:

- Using Cluster, Pan Cluster Planning Group and RPB plans to develop primary and community services in line with assessed population need, and Inclusion Health Services for vulnerable groups.
- Maximising the opportunities provided by the contracts and assurance mechanisms for General Medical Services, Community Pharmacy, Optometry and Dentistry to improve collaboration and the effective use of professional time and expertise.
- Providing any new Supplementary Services, where appropriate, on a cluster or pan cluster population footprint.
- Improving access to the right professional, at the right time in the right place.
- Promoting the use of NHS 111 and 111 [Press 2]

The vision in A Healthier Wales is for people to access the majority of their health and care in the community and only going to a hospital when this is the right thing for their specific needs.

To drive this at scale, all health boards must adopt the 'Community by Default' as a planning principle where services are planned and delivered in the community unless there is evidence that they must be delivered in a hospital setting.

This will also support the intention to reduce the number of people that are delayed in hospital and this will be measured on the Delayed Pathways of Care Dashboard. This must also be done alongside an increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible. Combined these measures will help improve patient experience and support patients in the community whenever possible.

MENTAL HEALTH

Health boards need to demonstrate that there are plans in place to meet performance measures, including waiting time targets, on a sustainable basis. However, these measures only reflect a small part of mental health services and plans need to reflect the wider ambitions set out in the draft Mental Health and Wellbeing Strategy to improve quality and access across all mental health pathways, with an emphasis on person centred and needs led care.

Plans should reflect active engagement with the Strategic Programme for Mental Health and, the Mental Health Patient Safety Programme. Plans should also demonstrate engagement with the Mental Health Digital and Data Group and Finance Planning Group in the NHS Executive.

As part of its planning process health boards will be required to:

- Work with local mental health partners to ensure it has recently reviewed its Part 1 Scheme of the Mental Health (Wales) Measure to ensure it describes the current mental health services provided at a primary care level and reflects local need
- Take any additional actions required in order to implement the Child and Adolescent Mental Health Services NHS Wales Service Specification
- Implement a First Episode Early Intervention Approach for Eating Disorders, where this is not already in place
- Implement the Anti-Ligature standards in inpatient settings
- Roll out person centred safety planning

Health boards will be expected to:

- Routinely measure and report nationally on outcomes and experience, starting with a focus on inpatient care
- Routinely measure and report nationally on 72-hour follow up from inpatient care
- Routinely measure and report nationally on access to and outcomes in Early Intervention in Psychosis Services
- Routinely measure and report on the quality of outcome focussed care and treatment planning
- Routinely measure and report on learning from mortality in line with the All-Wales Learning From Mortality Review Framework and Duty of Quality.

Health boards are expected to work with HEIW on improving the access to and quality of Mental Health Workforce Data and participate in strategic workforce planning for mental health services. As part of this strategic workforce plan health boards are to provide a 3-year plan for integrating Clinical Associate in Applied Psychology (CAAPs) roles into existing service models and teams. This plan is to include:

- 1) The role CAAPs will play, in which service and how the workforce will grow in numbers over three years,
- 2) How the posts will be funded by the health board reviewing the professional skills mix in existing teams across all professionals, and;
- 3) How the CAAPs will be supervised by Clinical Psychologists.

SUICIDE AND SELF-HARM MANAGEMENT AND PREVENTION

Plans should also engagement with the National Programme for Suicide and Self harm Prevention (SSHP) based in the NHS Wales Executive; the regional SSHP multi-agency forum; and the mechanisms through which the Health Board will provide data, intelligence, and systems leadership for the Health Board population and partnerships, guiding suicide prevention, crisis intervention, and response to suicide events.

Health boards to encourage all staff to complete the ESR modules on basic suicide awareness, and basic self-harm awareness, and monitor and report take-up of the learning. Learning and development leads to familiarise themselves with the [learning outcomes relating to suicide and self-harm now available to all health and care undergraduate and pre-registration programmes](#) across Wales to support staff in training

Dementia

Health boards need to demonstrate that there are plans in place to meet waiting time targets on a sustainable basis for memory assessment services. Health boards also need to ensure that their plans reflect the wider ambitions set out in the Dementia Action Plan, to improve the quality of care across all pathways (including adherence to the published dementia care standards), with an emphasis on providing person centred and needs led care.

Substance Misuse and Self Harm

Plans should also include assurance for the planning and delivery of NHS substance misuse services with an emphasis on better integration with mental health pathways.

Neurodivergence

Health boards should demonstrate plans to further develop neurodivergence services for children, young people and adults. Plans should reflect active engagement with the Neurodivergence Improvement Programme and integrated working with partners in Regional Partnership Boards, including Education. Health Boards should take into account the requirements of the [Statutory Code of Practice on the Delivery of Autism Services](#), which is being expanded to include other ND conditions. There should be an emphasis on delivering early help and support, reducing assessment waiting times for children and young people in particular and addressing gaps in provision for adults particularly for ADHD assessment, and on-going prescribing support where required. There should also be a focus on improving workforce knowledge and skills to ensure that reasonable adjustments can be made where required in the delivery of healthcare services.

Learning Disabilities

Health boards should focus on reducing health inequalities and early mortality experienced by people with learning disabilities as reflected in the [Learning Disability Strategic Action Plan](#). They should demonstrate plans to improve outcomes through ensuring annual health checks are offered and taken up by everyone with a learning disability and improve workforce knowledge and skills to ensure reasonable adjustments are made across health services. This includes ensuring the Paul Ridd Learning Disability Training continues to be rolled out for staff. Action should be taken to support people with learning disabilities with mental health needs, providing early intervention and preventing an escalation of need and crisis intervention through a multi professional approach. Urgent action is required to reduce the numbers of individuals who are admitted to specialist inpatient services, and reducing the length of time people spend in an inpatient environment, where some are experiencing significant delays in discharge to suitable community settings.

WOMEN'S HEALTH

Women's services often suffer from lower investment and sadly there is a growing body of evidence about women's symptoms being undervalued, overlooked or dismissed. The recently published Women's Health Plan sets out the priority areas for improvement. This is the beginning of a much longer-term commitment to consistently deliver equitable services for women. Health boards are expected to develop a plan for local implementation of the Women's Health Plan.

Health boards will be required to establish hubs that aim to improve timely access to services making it easier for women to obtain care they need while promoting preventative measures and empowering them to take charge of their health and wellbeing. The aim is to improve equitable access to services, enhance the patient experience, and ensure that women receive holistic care tailored to their individual needs. These hubs facilitate coordinated care and promote preventative health measures, ultimately aiming to improve health outcomes and reduce inequalities for women across different life stages. Health boards will be required to introduce hubs on a pathfinder basis in the first instance. This will signal the beginning of transformation and will be built on over the coming months and years.

The NHS Executive will be working closely with health boards to support the initial stages of the planning and hub development.

To ensure that there is a continuous development of services and implementation of the plan there will be a quarterly session held as part of the Integrated Planning Quality and Delivery meetings. Women's health will also be a feature of JET meetings.

The quality statement for Women and Girls also describes what is expected to ensure good quality health services to support women and girls. The Quality statement and the Women's Health Plan will begin to address the challenges by setting out a range of actions that are required.

[The Quality Statement for women and girls' health | GOV.WALES](#)

ENABLING ACTIONS

To deliver the improvements across health and social care and the reforms that will be needed, Annex 2 of the Planning Framework sets out enabling actions that must underpin the delivery priorities to successfully achieve the core service and changes we want. These include value projects, digital innovations, workforce developments, financial sustainability and ways of working. These will enable confidence in the commitments within the plans and provide assurance of realistic delivery. Plans must be clear about the mechanisms that will be used, and their effectiveness, and demonstrate understanding of what progress is needed to optimise each enabling area.

DIGITAL TECHNOLOGY AND INNOVATION

To deliver transformative change, move towards modern and future-focussed digital capabilities, and create a value-based health system, adequate, sustained investment must be made in technology, associated infrastructure and associated capabilities and capacity. This needs to take into account safety, governance and secure systems including AI and cyber security. To deliver NHS organisations should demonstrate:

Leadership and planning for digital:

- Have in place an organisational wide digital and data strategy that is underpinned by a sustainable financial plan and aligns to:
 - the future national state architecture (once published)
 - digital goals within health board, NHS trust and special health authority IMTP
 - national policy including the Digital and Data Strategy and A Healthier Wales actions
- Have in place plans to phase out unsupported systems over a timely period that takes into consideration safety and the risks of prolonging the use of legacy systems and technologies.
- Undertake regular board development sessions to develop digital and data competence.
- Embed accountable digital leadership across the organisations to improve quality and safety of care including:
 - Promoting a culture of digital-first thinking
 - Adequately involving clinicians in design, decision making and
 - Pathway redesign to reduce variation
 - Involve diverse stakeholders (clinicians, administrators, patients and public) in planning and feedback loops
 - Adopt user centred design principles
- Consider opportunities for convergence with neighbouring health boards and all health boards and health bodies collectively to deliver digital transformation to support sharing of information and standardisation of care pathways.
- Consider investment in digital in the context of future digital strategy – accepting that tactical decisions are required.
- Create digital skills programs for all staff to support technology adoption and patient engagement.

Governance and clinical safety for digital and MedTech including AI

- Ensure that digital clinical safety, cyber security and information governance risks in relation to digital are considered by the board.
- Ensure that robust assessments are made of technologies and that appropriate measures are put in place to mitigate clinical safety, cyber security and information governance risks.

Cyber and infrastructure

- Implement the Cyber Assessment Framework (CAF) profiles and achieve the minimum standard (the baseline profile) and put in place measures to work towards the advanced profile if this cannot currently be achieved.
- Continue collaborative working on electronic health records through the NHS Wales EHR Club and adhere to national policy once published.
- Establish a process for reducing cyber risk and managing incidents in a timely manner with mitigation plans, investment strategies, and progress reviewed regularly.

National Systems

- Work with Digital Health and Care Wales to ensure that plans are in place to flow data into the National Data Resource and make fuller use of APIs associated with NDR.
- Business case to be developed and approved by end March 2025 for digital maternity system deployment during 25/26.
- Plan to be agreed by June 2025 for community care system deployment.
- Establish Local Enterprise Architecture governance to ensure compliance with national standards and alignment with ongoing development of National Architecture
- Clear plan to be developed for technology enabled virtual wards or care, working with NHS Executive, with plan to support 100 individuals or proportionally equivalent by end of 2025/26 remotely.
- Increase use and uptake of appropriate electronic testing referrals in Welsh Clinical Portal in radiology and pathology.

Standards Implementation

- Implement core digital standards published within Welsh Health Circulars
- Develop plans to embed WHC (2015) 049 - Operational standards for use of the NHS Number - [operational-standards-for-use-of-the-nhs-number.pdf \(gov.wales\)](#)
- All boards must be complying with relevant DCSN notices

Improve Clinical Coding

- Health Boards to improve their clinical coding to ensure clinical safety and meet national coding targets
- Clear plans that outline how health boards will explore and adopt the use of AI to improve clinical coding

AI and Automation

- Adoptions of relevant advice, guidance and standards relating to the implementation of AI as reviewed by Welsh Government and sector partners including the AI commission for Health and Social Care
- Clear plans and actions to adopt innovative approaches to improving patient care and reducing waiting lists or improving administrative processes using AI and Automation technology prioritising technologies that have undergone successful health technology

assessments by partners including Health Technology Wales and NICE. Ensuring safe and ethical adoption in a timely manner.

- Exploiting opportunities for digital innovation for administrative areas of work, treatment, prevention, testing, monitoring, systems and patient level devices and tests must be taken to utilise available technology and AI. There are already excellent examples in stroke care, genomics, diabetes etc and where these are proven to be efficacious, they must be scaled across health and care.

Exploiting opportunities for digital innovation for treatment, prevention, testing, monitoring, systems and patient level devices and tests must be taken to utilise available technology and AI. There are already excellent examples in stroke care, genomics, diabetes etc and where these are proven to be efficacious, they must be scaled across health and care.

Leadership and Planning for Innovation

Innovation in the NHS is essential and there are known links to recruitment and retention of talent, achieving incremental or transformational change in services and delivery of care as well as for self-management and population health. In line with the commitments made by university health boards and trusts, *Wales Innovates* published in 2023 and [Ymlaen](#) - the Social Care Wales research, innovation and improvement strategy, it is expected that innovation will be a priority area for providing support to people working in NHS as well as for working with partners including academia, industry, third sector and people using services as well as the public. As well as working on organisational level infrastructure for innovation, this activity in particular works best across organisations in Wales as well as taking into account work in the UK and in other health and care systems.



Key action areas for planning:

- Continued support for strengthening the innovation activities in year including accountability at Board level and tracking of innovation activities in line with the national Innovation Framework from 'define, understand and define' to 'spread and scale'.
- Increasing the focus of innovation for people working in the organisation to contribute to and use including but not limited to using the newly published resources and support on the collaboratively developed website www.hsciw.wales
- Working with an All-Wales approach for an up-to-date IP Policy, enabling routes to commercialisation and leadership and developing a roadmap for how commercial/partnership opportunities with academia, industry and/or third sector for innovation can take place in the organisation. This includes creating the reporting mechanisms and routes to ensuring that opportunities are seized for the benefit of the organisation and the public in a timely manner.

- For value-based healthcare (VBHC) to continue to build momentum, the following are required:
 - Plan and action for raising awareness of VBHC including education, motivation and incentivisation for staff to undertake VBHC projects;
 - Measurement and tracking of resources (clinical staff, administrative staff, budgets, buildings, energy etc) in the best way in order to improve patient outcomes, patient experience and ensure value and patient-centred care;
 - Evidence of integration of early and secondary prevention in line with other priority areas highlighted in this guidance including for early diagnosis.

Leadership and Planning for Innovations Working at Scale

A national evidence-based approach is being applied in 2025/26 for innovation adoption and supporting Innovations Working at Scale (IWS) programme design. This is building on Welsh, UK and globally gathering insights and evidence on how innovations (excluding large scale digital programmes) can be adopted and scaled across the country. Leadership and capacity is required at organisational level for this new programme and planning needs to take into account:

- The first priority area identified which is embedding virtual and remote monitoring as part of home and community-based services. This will mean patients in Wales can benefit from more timely, efficient, and accessible healthcare as remote monitoring will allow clinicians and patients to track health metrics like blood pressure, heart rate, and oxygen levels in real time without patients having to leave their home. A national team approach will be put into place with NHS Executive and key deliverables will be discussed with each organisation and relevant teams.
- The national programme will initiate a process by which a small number of innovations (important for Wales and may include a UK-wide initiative) to take forward. Innovation adoption capacity (with training provided) needs to be made available for implementation requirements with business planning capacity and capabilities to provide support.
- The national programme will initiate a process by which a small number of innovations (important for Wales) will need to stop in order for new solutions and ways of working to be put into place. Leadership and capacity to support innovation de-commissioning or de-adopting legacy practices and solutions will be required.

WORKFORCE PLANNING AND WELLBEING

We currently directly employ historically high levels of workforce across the NHS in Wales with current FTE of 96,800 and a pay bill of £6.1 billion (incl. agency and locum) in 2023/24. We invest a further £283.126 million in education and training for our workforce each year, which is also at a historically high rate.

The NHS workforce cannot simply continue to expand at the historic rate, especially as there is a disconnect between the financial position of NHS organisations and the assertion that there remain some 5600 vacancies across the system.

Delivering a step change will require us to maintain the core business whilst delivering a shift in emphasis to enhanced productivity, effective use of digital technology, robust team redesign to optimise the use of the right skills designed around the service users. It is key that we enhance workforce planning to drive the delivery of new models of care to meet the strategic ambitions of care closer to home and a focus on prevention.

NHS workforce planning must be driven by an understanding of the service redesign needed to meet these ambitions and the related workforce change needed. NHS organisations must demonstrate how they are using robust workforce data, the various national workforce plans for professions and services and population intelligence to plan.

NHS organisations also need to demonstrate how they are listening to and responding to staff voices to improve staff experience which in turn, impacts patient experience and retention. The annual NHS Staff Survey is a key data source that also feeds a better understanding of structural issues at the heart of staff experience and wellbeing. NHS organisations' scrutiny of all their workforce metrics to identify improvement will be key to workforce equality, sustainability and wellbeing and should underpin plans.

Whilst predictors of an individual's health and wellbeing in the workplace are known to be multifactorial, the organisational responsibility to provide people with opportunities for fulfilling and socially valuable work, with secure and attractive terms and conditions of service is clear.

As the largest employer in Wales, NHS Wales must continue to attract a diverse range of individuals into careers in health and care and support the ambitions of Stronger, Fairer, Greener Wales: A Plan for Employability and Skills and enable the NHS to act as a key employer in the foundational economy across Wales.

Whilst there are many enablers to meeting this ambition, physical and psychological safety must be fulfilled to ensure NHS Wales staff meet their potential and provide the best patient care possible.

The National Programme Board for NHS Workforce Safety has been established to prevent and reduce unacceptable behaviour towards NHS staff and to ensure robust processes are in place when incidents occur. Linking in with the NHS Wales Framework for Speaking up Safely, the Board will support the critical focus on system-level prevention of risks to staff mental and physical health and wellbeing. NHS Wales organisations will need to evidence their engagement with this agenda and continue to provide appropriate support to staff who have adverse experiences at work.

Research and Development

The use of the research evidence base in health and social care is as crucial as ever, as research and development continues to play an important role in improving outcomes. A thriving Research and Development culture is vital to transform NHS Wales and is part of the solution to many of the challenges it faces.

The NHS also benefits greatly from delivering research directly, not only in terms of breakthroughs enabling earlier diagnosis, more effective treatments and improved system design, all of which improve patient care and health outcomes, and lower mortality rates,

but also increased workforce development, satisfaction and retention, and drive a quality and safe patient and carer experience.

To support NHS organisations, the '*NHS Framework for R&D: Research Matters – What excellence looks like in NHS Wales*' was published in July 2023, to help embed research into the culture of the NHS. This sets out a set of expected standards required by Welsh Government across 10 pillars that outline the features of a research supportive organisation and has several cross-cutting themes.

Whilst NHS organisations are responsible for facilitating local implementation and monitoring progress against the framework, this will be assessed as part of the Welsh Government Research and Development's annual review meetings with each organisation.

There are also financial and economic benefits for NHS organisations that are research active and during 2025/26, NHS organisations are expected to engage with a series of national plans to strengthen the commercial clinical research environment through the development of Commercial Research Delivery Wales (CRDW). Participation with this initiative provides opportunity for NHS organisations to develop in an all-Wales environment to grow sustainable capacity and capability in research delivery from commercial income whilst also developing their own organisation strengths in supporting the commercial research agenda.

NHS organisations who provide cancer services are also expected to support the Tackling Cancer through Research initiative to increase patient access to cancer research and clinical trials.

Wales is the only country in the UK taking part in the comparative OECD PaRIS Patient Survey along with 18 other countries. The survey looks at the lives and experiences of patients over 45 years old with at least one chronic illness. The Flagship Report will be published in February 2025, and the health sector will need to consider the wealth of data and recommendations carefully as they plan their services.

Infrastructure Estates and Capital Planning

Capital

The health & social care budget has received £175m of additional capital through the draft budget, of which £115m is routine capital, and £60m IFRS 16.

Through the allocation letter and other correspondence, you will receive clarity of an approach that sets out in combination:

- An increase to health bodies discretionary capital allocation
- A Targeted Estates Fund, which has been developed to sit alongside Health bodies discretionary allocation to support investment in key targeted areas such as infrastructure risks, fire safety, and infection prevention control.
- Funding to support equipment and diagnostic replacement

- Digital infrastructure and cyber investment
- A targeted investment fund to support capital enabling productivity schemes that can support delivery of the productivity agenda and expectation set out.

In addition, greater work is required having received baseline recognition of IFRS16 on ensuring that robust plans are in place that maximise the utilisation of IFRS16 as a vehicle to support our delivery agenda.

Our capital investment in the NHS estate covers a range of pressures, including maintenance of the existing infrastructure (including statutory requirements), updating and refurbishing our estate and how healthcare is delivered – for example, maximising decarbonisation opportunities and facilities infrastructure – and investment in infrastructure to enable development of NHS Wales services, including Mental Health Services. The following guidance [NHS Wales infrastructure investment guidance](#) outlines the Welsh Government’s requirements in terms of the planning, management and delivery of NHS infrastructure investment.

A significant piece of work has been undertaken during 2023/24 and 2024/25 in respect of capital prioritisation. Core elements of the capital plan, include an increase to discretionary capital available to NHS organisations, the establishment of a Targeted Estates Fund (guidance published on 17th December 2024, Specialist Estates Services Notification 24/18), a diagnostic equipment programme and additional capital digital funding – common themes across most organisations’ bids. It is hoped that further clarity will be provided early in 2025 in respect of specific prioritised schemes which can be progressed, subject to appropriate business cases.

The prioritisation work will clearly need to form part of ongoing work. There are other strands of work being taken forward, which will be important in framing clinical services strategies and the financial impact (capital and revenue) of delivering these in the future.

Financial Planning, Value and Sustainability

Financial Allocations 2025-26

Allocation letters were issued to NHS organisations on 20 December and are consistent with and support the priorities and actions required in NHS Wales Planning Framework.

The letters emphasise the importance of organisations taking the actions required to support financial improvement and delivering to the agreed parameters set by the Cabinet Secretary. It is essential that organisations continue to deliver actions to mitigate expenditure growth, deliver savings and efficiency, alongside an increase in productivity. This context has informed the approach to the allocations set for NHS bodies. There is recognition from the Cabinet Secretary of difficult choices, de-prioritisation, and flexibility being required to deliver on this agenda, as you set out your plans.

Allocation uplifts

Welsh Government will again retain funding for NHS pay awards in 2025-26 centrally pending recommendations from pay review bodies and any decisions on pay uplifts.

On wider allocation uplifts, Welsh Government has assessed where the impact of inescapable demand growth and inflationary pressure is greatest. This has informed the 1.77% uplift to health boards, (and DHCW), and the 0.5% uplift to PHW, HEIW, and NWSSP.

It is assumed that the 1.77% uplift is passed through unequivocally for healthcare agreements between commissioners and providers. Health boards will not be able to assume this uplift in final plans due to be submitted on 31st March 2025 unless Welsh Government has confirmation in writing by 28th February 2025 that agreements are in place with other health bodies within NHS Wales. This will be seen as a positive indication of the effectiveness and strength with which organisations are working across boundaries with other health bodies.

Policy Funding

Funding aligned to policy commitments is set out in the detail of allocation letters. Clarification has been provided on three issues:

- **Hospices** - £3m has been retained to support the hospice sector in recognition of specific challenges. It is crucial that additional funding is provided within a clear commissioning framework that is implemented by the system. This has been retained in anticipation of the new Hospice commissioning framework being developed for 2025-26 led by the National Joint Commissioning Committee.
- **Waiting Times** - additional funding was issued within this financial year to support eradicating the waiting list backlog. It is vital that organisations undertake robust demand capacity assessments with plans to maintain the 104-week target in line with the enabling productivity and efficiency actions set out in the planning Framework.

Consideration will be given to how existing funding is utilised, future recommendations from the Ministerial Advisory Group, and organisations plans as to what further targeted high impact actions will be required to deliver further progress in 2025/26.

- **Continuing Health Care (CHC)** –There is an expectation that progress is made on this agenda to include a consistent system and baseline intelligence across organisations to support improvement to address variation in quality and efficiency linked to packages of care.

Savings, Productivity & Efficiency

The savings delivery over the last two financial years, and efforts being made across the system in this regard, supported by the Value & Sustainability agenda is notable, with forecast savings delivery in 2024-25 of £267m. These efforts need to be maintained going into next year, and further savings delivered to ensure we achieve sustainable financial positions.

The minimum savings delivery of more than 2% (and greater for some health boards who will need to recover their positions having not delivered on target control totals in 2024-25), will present challenges. Delivering a material level of saving will support moving towards a more sustainable financial position, and you will note the step change in expectation of delivery in addressing unwarranted variation, and improvements in those areas that can increase productivity, value, and outcome with no additional cost. As a package, the combination of additional revenue funding, actions to control workforce expenditure growth, delivering savings, and increasing productivity, with enabling capital investment provides a strong platform for organisations to meet the expectations that have been set.

Value

Value Based Healthcare is a system where we plan for, finance and measure what's important – outcomes for patients, their families, society and the tax-payer. We're moving away from just financing and measuring numbers of patients, numbers of surgeries etc and actually measuring whether patients get what they need from the service.

Transforming our healthcare system into a value-based one includes completely re-designing clinical pathways and putting more emphasis on prevention and early treatment rather than on offering a service mainly targeted towards those already very ill and losing the opportunity to help patients and the general public to avoid becoming so ill.

Value in Health means patient-centred services, and in order to do this well, the sector must know its population and its patients. We need to know exactly what patients need and want and how they feel about their experience of the service they received. This means undertaking digital and data projects and planning how we will respond quickly and effectively to that data and ensure patients get the care that they need. This includes responding to the recommendations of various reports e.g. NHS 10+ and OECD PaRIS Population Survey (due to be published in February 2025) and to what the data says. As well as measuring outcomes e.g. through Patient Reported Outcome Measurements (PROMs), Value Based Healthcare looks to understand and improve the experience of patients through Patient Reported Experience Measurements (PREMs)

Patient Experience

Our strategic approach to delivering healthcare in Wales (A Healthier Wales', along with the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and the National Clinical Framework (2021), "seeks to strengthen the citizens' voice in the ongoing development and we seek to use reported people experience with other quality and safety intelligence to get a more rounded picture of our NHS services.

The Patient Experience Programme has developed the Peoples Experience Framework and Peoples Experience Survey in partnership with NHS health boards and Trusts; Llais and third sector organisations.

Guidance will be issued to NHS Wales and professionals in the Autumn 2024. Organisations will be fully supported with the transition and preparation for the formal Go Live of the Peoples Experience Framework and Peoples Experience Survey April 2025

Regional Planning

While health boards have the statutory responsibility for their population's health, they also routinely commission services from other NHS organisations or provide services to other NHS organisations. Some clinical services delivered by health boards can be considered fragile due to the more specialised nature of the service and challenges in sustaining that service on a health board footprint. There may be a limited number of specialist staff able to deliver certain procedures to the required standard for the required duration of service cover. It is also important NHS services continue to meet evolving clinical standards which may create new expectations such as larger population catchment requirements, specified procedure volume thresholds, and sustainable rota cover requirements. Criteria for service reconfiguration have been set in the National Clinical Framework but there may also be instances of core DGH services that may need to be augmented by some additional pooled capacity held at regional level that will support individual DGHs across the regional to consolidate certain types of list and/or deal with fluctuations in demand.

Requirements:

- Health boards will need to put in place mature and robust arrangements for collaborating via regional planning arrangements.
- Health boards will need to agree which services should be reconfigured or augmented at the regional level, and where those services should be delivered.
- Health boards should proactively identify fragile services for reconfiguration as part of a rolling programme of specialist service development and reform. The emphasis should be on maintaining high quality and sustainable specialist care in line with clinical standards rather than retaining local responsibility for delivery.
- Health boards should in particular, ensure they are collaborating at regional level on the further development and improved sustainability of services
- Health boards should in particular ensure they are collaborating at regional level on opportunities to provide additional pooled and protected capacity for cataracts and orthopaedic procedures.
- Health boards and NHS trusts should ensure they have the capability to rapidly move to regional working and provision of mutual aid in response to public health incidents and emergencies.
- Health boards should ensure that regional services are supported by regional waiting list and vetting arrangements according to common pathway protocols to ensure access is prioritised according to a consistent assessment of clinical need or urgency.

Welsh Language

More than just words Plan 2022-27, was published in August 2022. The five-year plan aims to strengthen Welsh language provision in health and social care. Our aim is for this plan to be embedded across Wales so that individuals receive care that meets their language needs without having to ask for it. It is intended that over the life of the plan the actions will lead to safer and better outcomes.

The workforce is crucial to the successful implementation of *More than just words*. Organisations need not only to ensure that they know who in their organisation speaks Welsh but also to support their staff to use their Welsh language skills and plan to ensure that there are sufficient numbers of staff to provide Welsh language services especially in priority areas. Increasing the number of posts which are identified as Welsh essential, and / or with a level of Welsh speaking defined will help with this.

A mandatory Welsh language awareness course was launched last year which explains how important Cymrgaeg is in service delivery and to meet patient need. Large numbers of staff have completed the course but it is important to ensure that it is completed by all members of staff.

At the core of the *More than just words* plan is the principle of the Active Offer which places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user having to request them.

In order to achieve the Active Offer existing systems and apps and those being developed need to be able to share, record and track language preference between systems. Organisations also need to use data to measure progress towards the Active Offer and identify gaps that would further help measure progress. Doing so will help embed the Active Offer in Health and social care services so that Welsh speaking patients and individuals can easily access the care that they need.

The NHS Wales Planning Framework also highlights the due regard that must be paid to and action that must be taken by NHS organisation in relation to the wider equalities agenda, such as the Anti-Racist Wales Action Plan.

Turning Strategies Into Action

IMTPs should be developed in the context of NHS organisations' longer-term strategic direction.

- *Clinical Services Strategies* set out the longer-term vision and ambition for local health economies to improve health outcomes, indicating the change required over the medium and long term. Strategies do not make commitments to particular actions, or require health entities to undertake specific activities – instead they describe potential choices and issues to be considered, including issues relating to service configuration, workforce and capital planning. These can also inform the decisions that the Government will make on what actions are taken forward, and when. Clinical Services Strategies should be clinically led, informed by the best available evidence and informed by extensive stakeholder engagement (including with staff, patients, carers and the public).

- *Integrated Medium Term Plans* set out Ministerial priorities and delivery expectations for the health system will be achieved over a three-year period. The IMTP is the key document for organisations to deliver against national, regional and local priorities, confirm actions, resources and funding, and to detail how progress and success will be measured. IMTPs reflect the long-term direction of *A Healthier Wales* and local Clinical Services Strategies, including more detailed actions for health organisations in the medium term that work towards the strategic goals. As a statutory requirement, NHS organisations must take national strategies and legislation into account in carrying out their responsibilities, including in commissioning services and allocating resources.
- *Annual operational delivery plans* describe how organisations will deliver their strategic and tactical plans over the coming 12 months. It is good practice for every operational service area to have its own in-house delivery plan.

These documents will work together to set a consistent direction for NHS organisations. This approach provides a clear pathway for translating strategies into action, and monitoring and evaluating the impact of strategies and the performance of NHS organisations.

The role of health strategies is critical to providing the long-term vision and priority areas that inform decisions on the other documents. National, regional and local plans provide the route map for translating that vision into reality.

CONCLUSION

This document is not intended to cover all aspects of plans but to offer additional guidance and clarity on a range of policy requirements. The Planning team will continue to offer advice and support if needed as you finalise your plans. Any queries should be directed to the hss-planningteam@gov.wales .

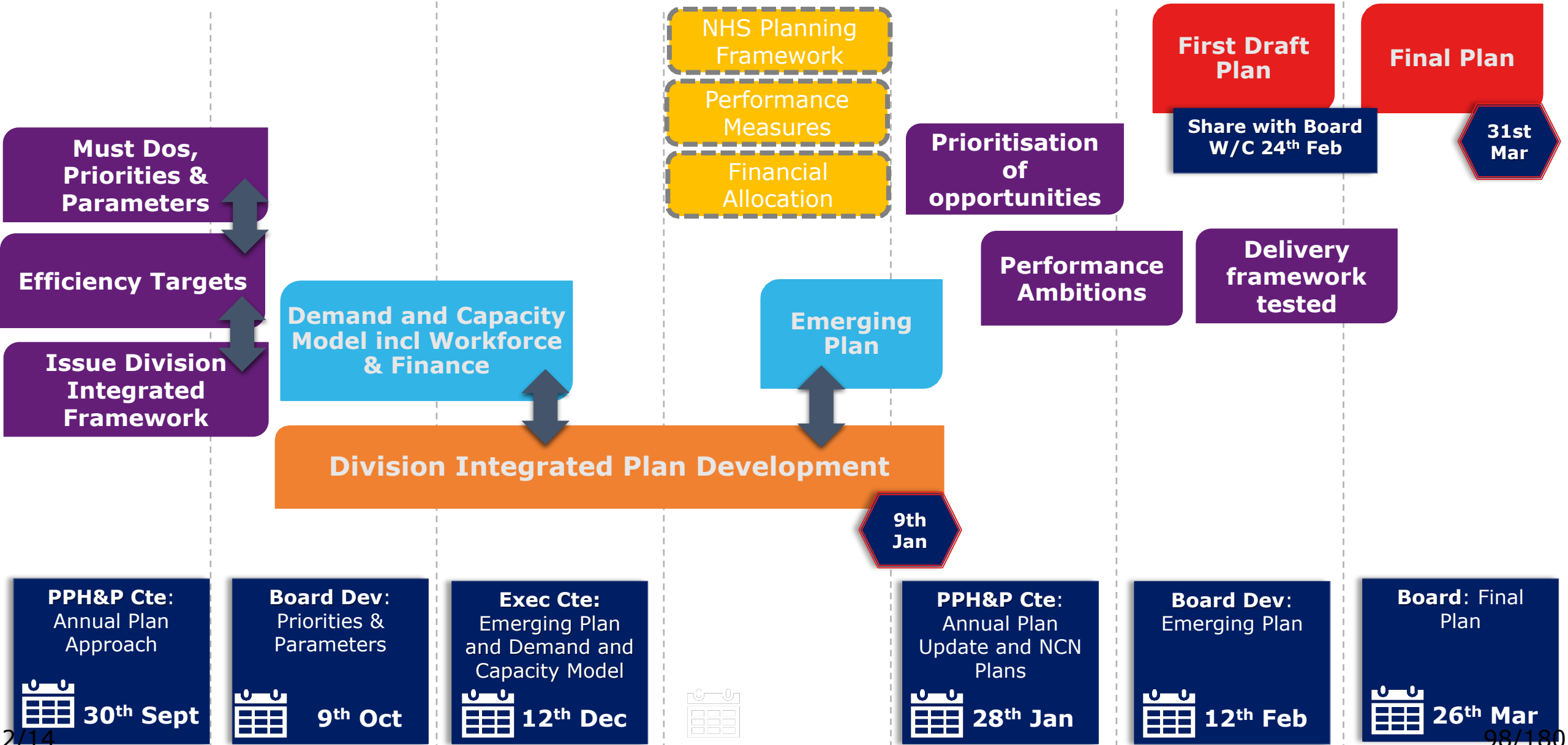


Appendix 2

Emerging Annual Plan 25/26



Annual Plan Milestones



Approach to 25/26 Plan



Executive oversight IMTP Steering Group established
Oversight of plan approach and plan development



Strengthening of planning parameters/expectations/messaging

Strengthening of triangulation
▪ Performance, activity, workforce & finance

Early commencement of demand & capacity

Board approved 3 Year Route map as framework

Bringing forward timelines

Aligned with **Maturity Matrix** Assessment & Action Plan – De-escalation Criteria



Organisational Messaging

Plans must demonstrate.....

1. Prioritisation of Patient Safety, service changes that could affect patient care will need a QIA screening Tool
2. A plan that achieves a balanced budget (Assume 24/25 roll over apart from approved Business Cases)
3. Prioritisation of capacity on treatment of Cancer
4. Delivery and demonstration of optimum efficiency
5. Progress against Ministerial targets, confirming what is deliverable within the available resources and what it would take to fully deliver ministerial and escalation targets

Each division/budget holder is required to submit a plan on 9th January which demonstrates achieving financial balance highlighting any risks associated and impact on ministerial targets

Workforce emerging themes

- 🌈 Employee Experience Framework
- 🌈 Positive overseas and local recruitment campaigns
- 🌈 Variable pay reduction
- 🌈 Stability in turnover
- 🌈 Collaborative working HEIW
- 🌈 Speaking up Safely action plan
- 🌈 Strengthening staff equality and diversity networks
- 🌈 Impact of collective non-pay agreement/Welsh Health Circulars

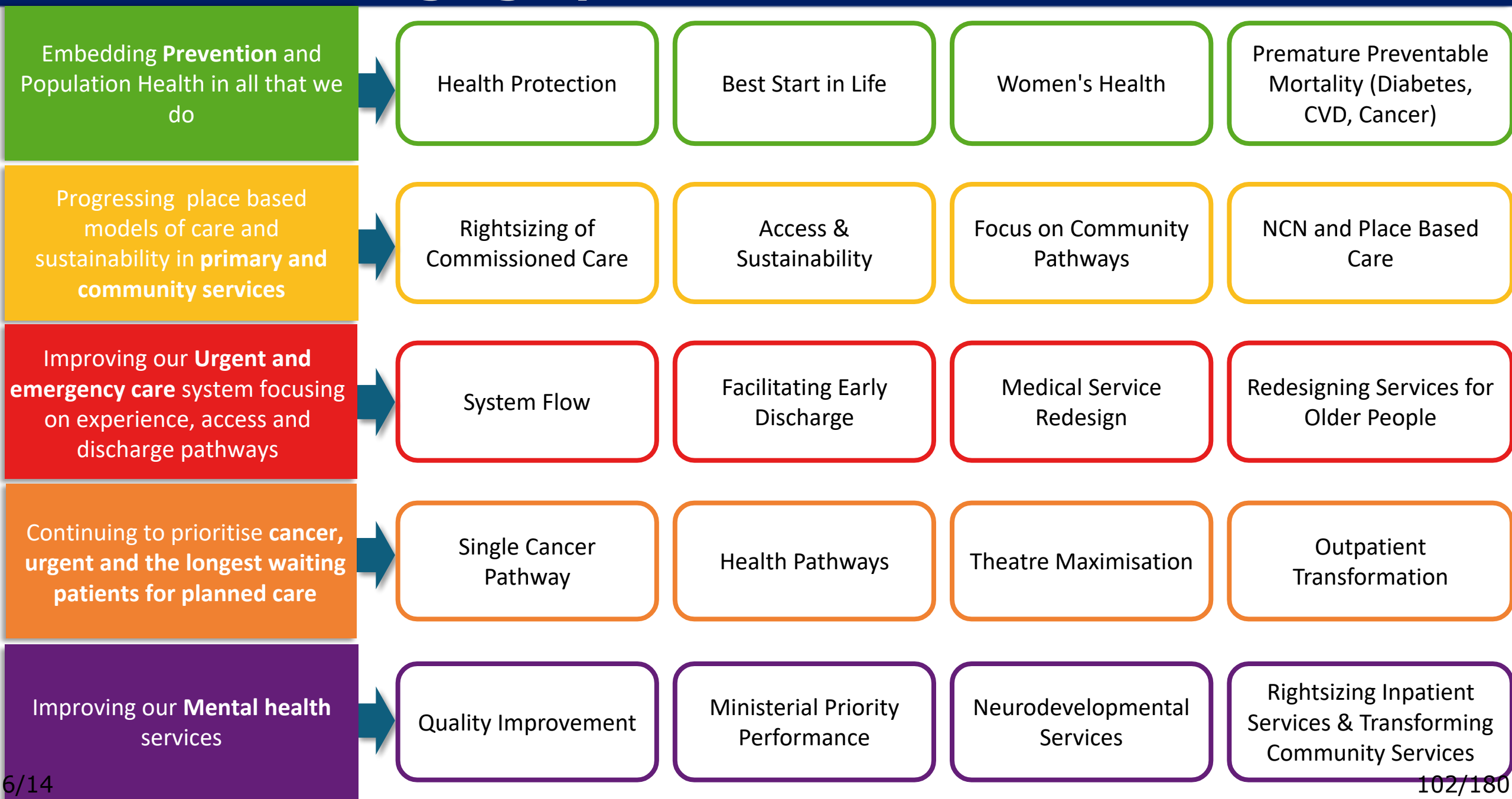


Ongoing challenges:

- Skills shortages in multiple areas in a competitive recruitment market
- High levels of absence and demand for flexible workforce
- Ageing workforce
- Generation expectations
- Reprioritisation of Plan delivery in support of managing national terms and conditions/pay deals



Emerging System Priorities for 25/26



Sustainability of Clinical Services

Medical Model:

- Proposal **under development**, workforce challenges creating inability to sustain deliver across all four site due to workforce challenges, increase in demand. Work is in train to develop a proposed models by March 2025.
- Design **optimal clinical model** for acute emergency admission, whilst maximising local assessment opportunities at eLGH sites
- **Options appraisal** – across sites, YF to remain the same, review model at NHH around development of an integrated front door, series of pilots over the next few months

NHH Clinical Service Model:

- Workstreams are in place to develop a clinical service model to inform the NHH SOC
- The medical model is the key element to informing the future site configuration, this is aligned to the wider medial model work with proposals due to be in place early 2025
- Work is also in place to inform the potential, elective, outpatient, mental health (informed by Mental Health CSP) and support services models.
- Consideration of scope of wider North Gwent services developments is currently underway

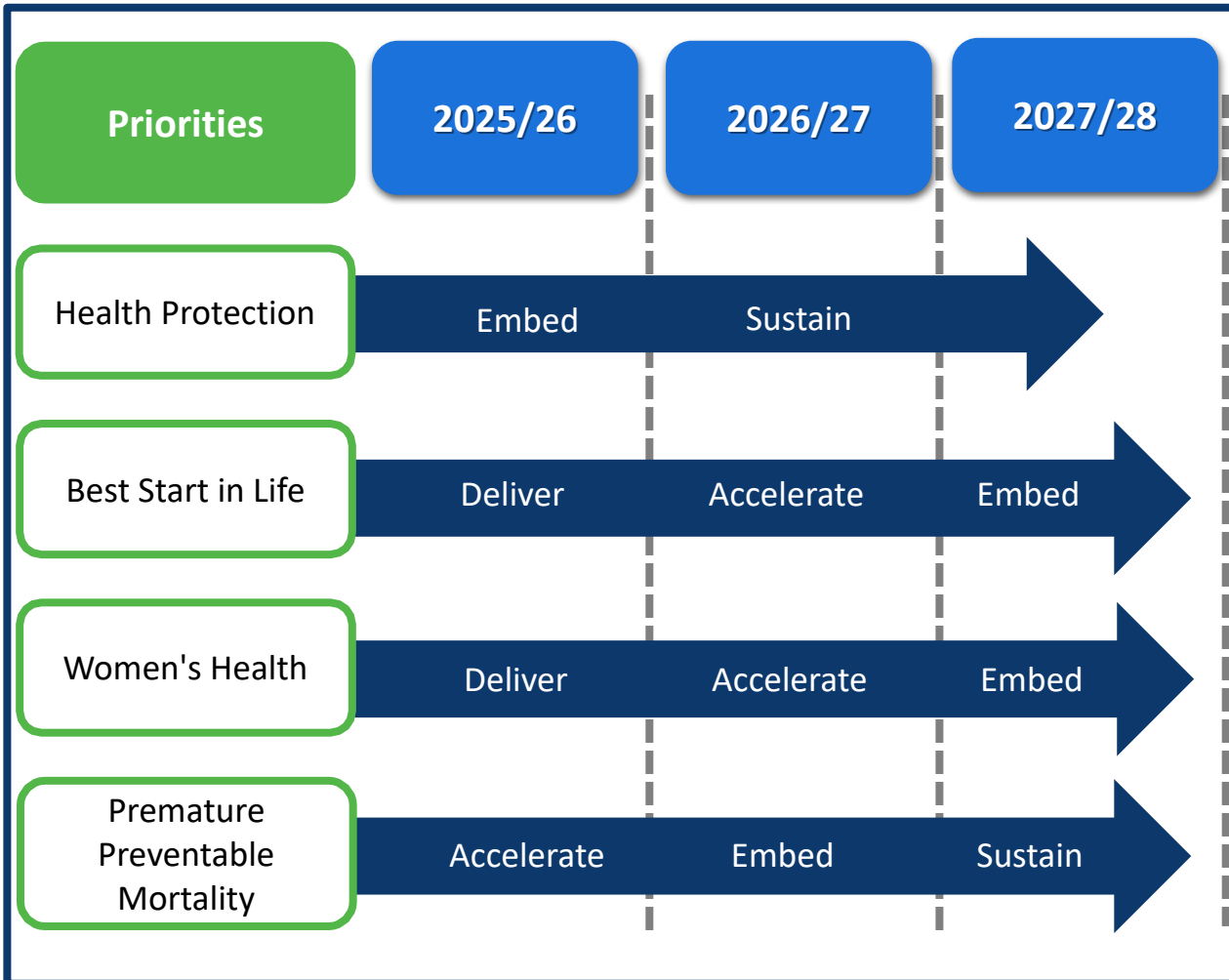
Jan – Jun 25

- Complete Medical Take options appraisal
- Undertake pre-engagement on NHH Principles
- Board approved Medical Take Model
- Development of OBC, finalising service models for NHH
- Delivery of Bed reduction to Clinical Futures Bed Base

Jul – Dec 25

- Define the potential integrated front door
- Implement the service models for NHH
- Phased implementation of integrated front door
- Delivery of Bed reduction to Clinical Futures Bed Base

Embedding Prevention and Population Health in all that we do

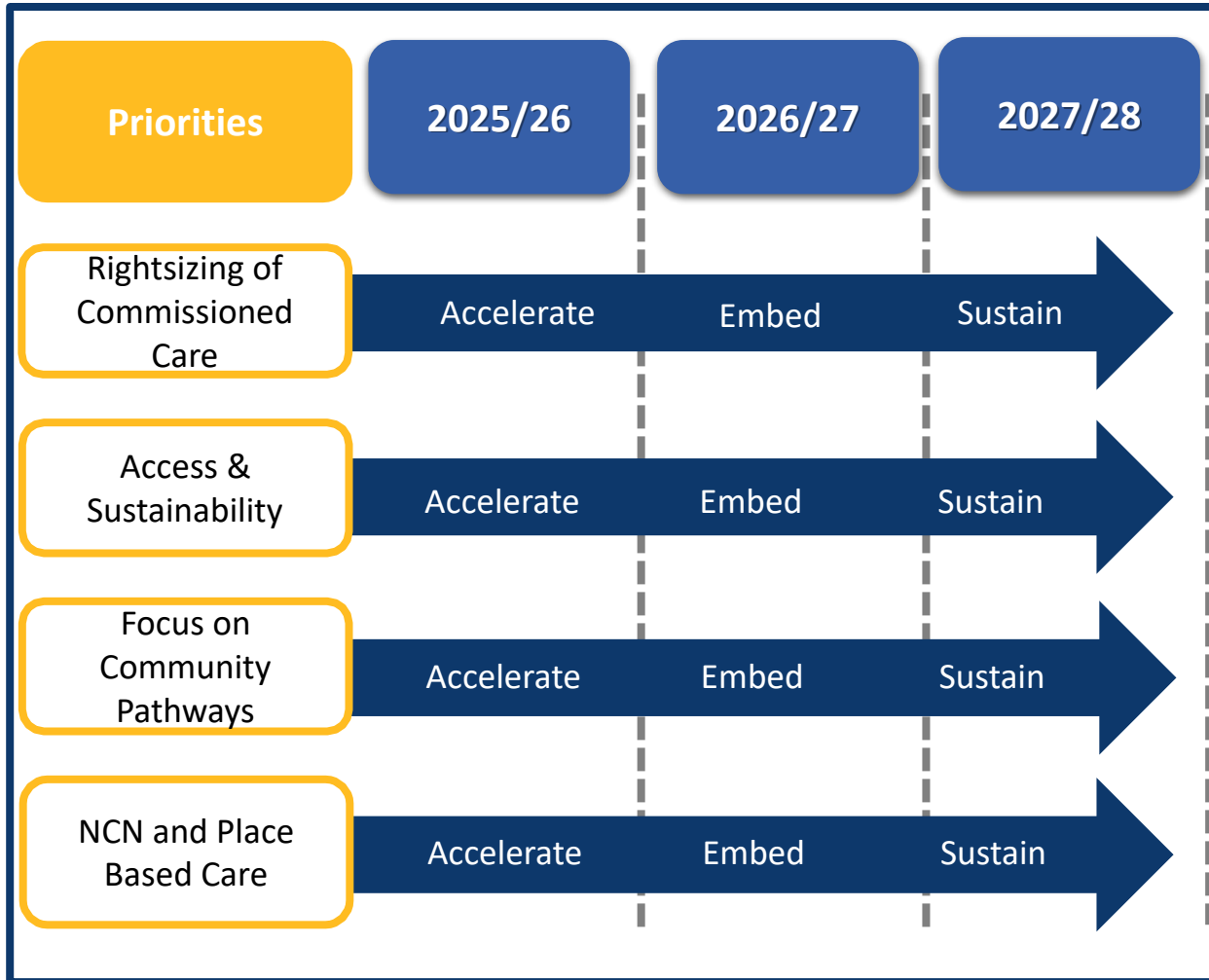


Milestones include;

- 🌈 Implement seasonal respiratory vaccinations campaign
- 🌈 Respond to further priorities in the National Immunisation Framework
- 🌈 Taking action to ensure we give every child the best start in life
- 🌈 Address health inequalities for Women and deliver recommendations in Women's health plan
- 🌈 Implement Diabetes Prevention and CVD Risk Factor Programme
- 🌈 Contribute to the Marmot region Recommendations to deliver a Fairer Gwent
- 🌈 Advancing Population Health Management



Progressing place based models of care and sustainability in **primary and community services**

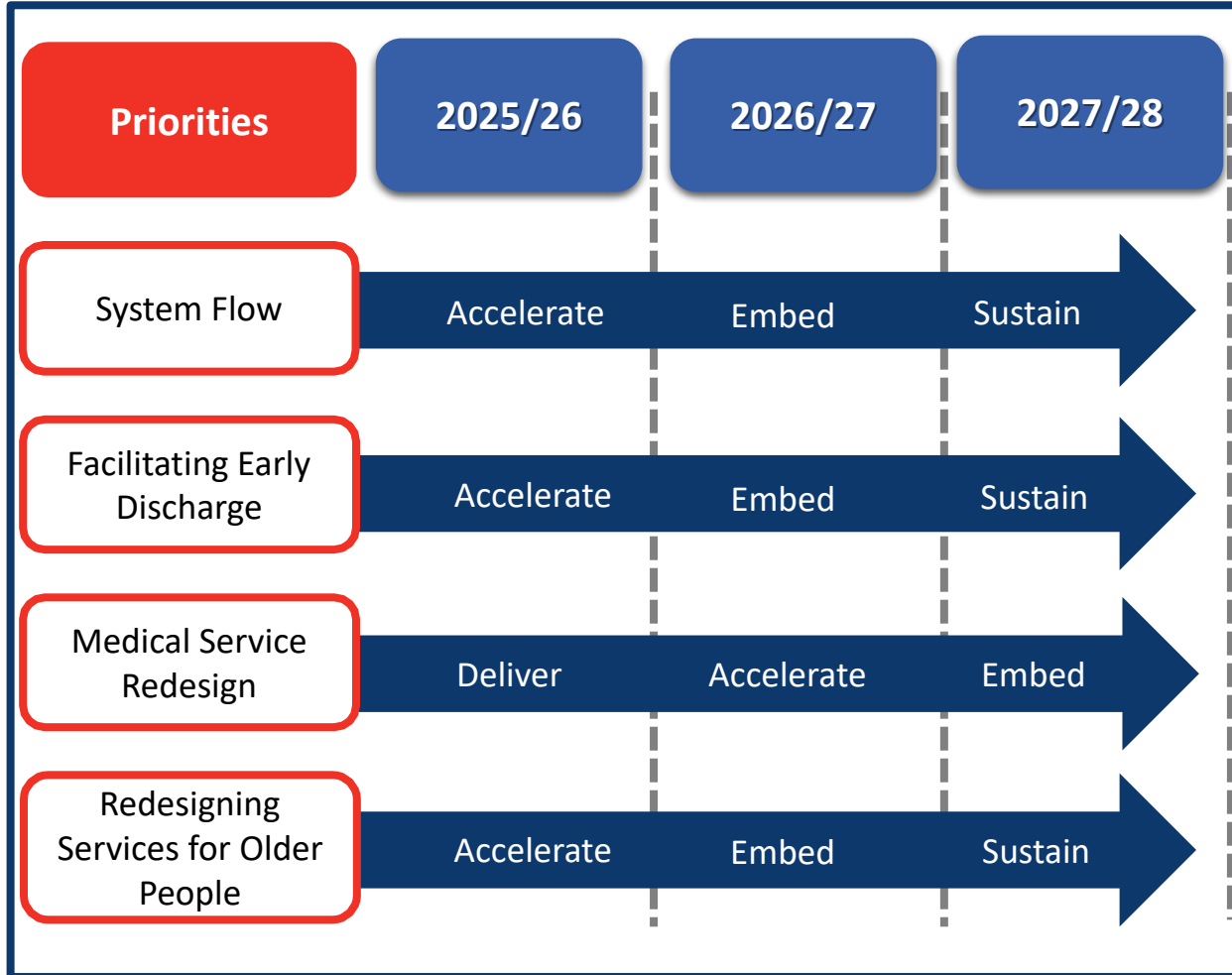


Milestones include;

- Management of the reduction of commissioned enhanced 1:1 care in care homes
- Review of all CHC Placements & rightsizing of additional support
- Develop improvement plans against areas identified through monitoring of access standards and contribute to the national development programme
- Increase number of pharmacies providing the PIPS and CAS
- Build on Eye Care Plan for 2024-26
- Implement Diabetes Prevention and Weight Management Programme
- Progressing models of Place Based Care through our NCNs and their action plans
- Delivering regional integrated partnerships programmes



Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

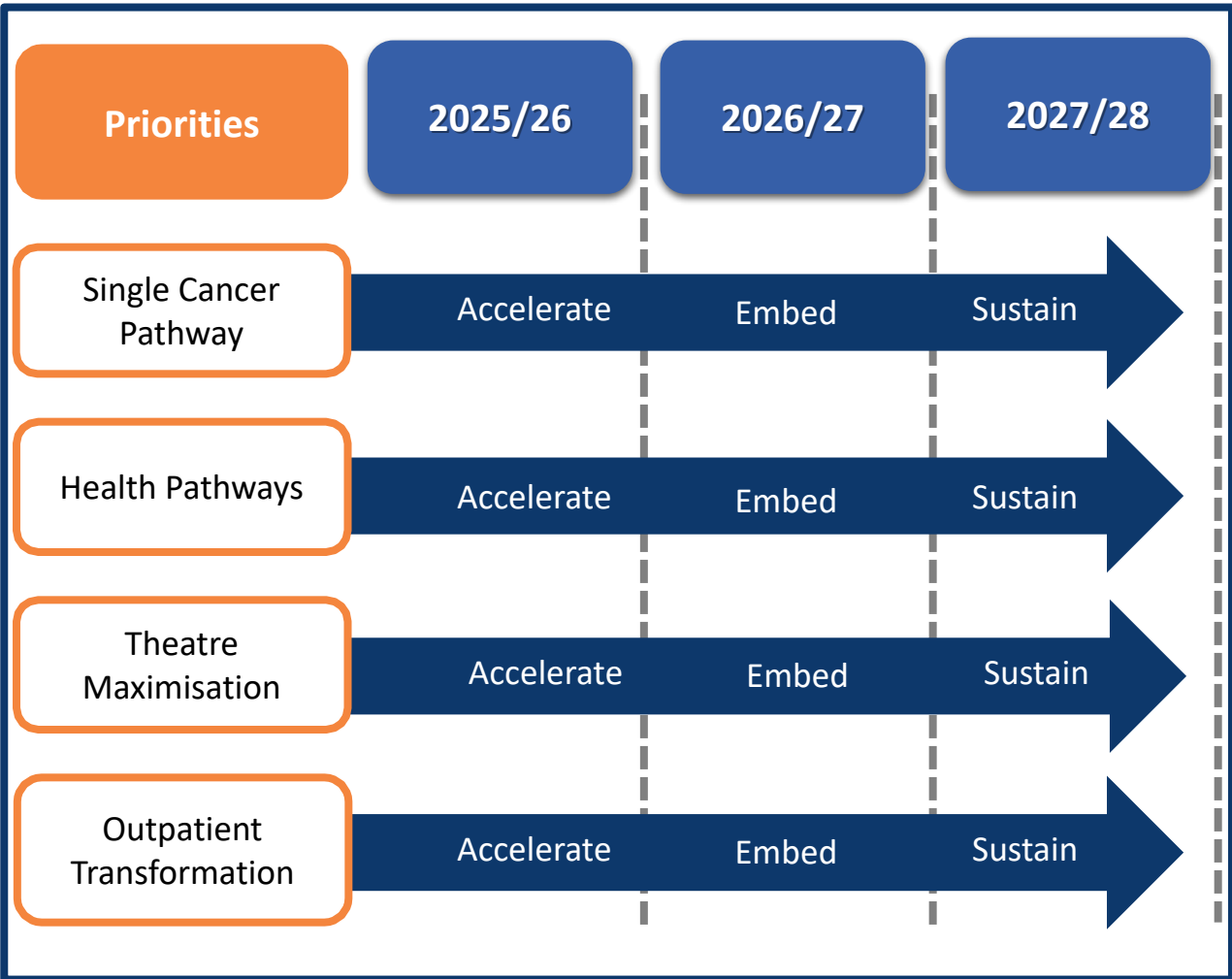


Milestones include;

- ☀️ Continue to embed the WG Optimal Hospital Flow Framework across all sites
- ☀️ Completion of ED Main wait extension
- ☀️ Implement short stay unit in ED
- ☀️ Implement new navigation hub model
- ☀️ Implement Stroke GIRFT recommendations
- ☀️ Further develop SDEC pathways
- ☀️ Define the potential integrated front door model
- ☀️ Roll out of optimal ward model across sites
- ☀️ Delivery of 10 high impact actions continuing momentum from 50 day challenge
- ☀️ Proactive care planning for high risk adults to keep them well at home
- ☀️ Continue partnership Pathway of Care delay review and progress trusted assessor model working with LAs
- ☀️ Introduce wider access to community hospitals from the community to avoid an acute admission
- ☀️ Delivery of Medical Model (following Board approval)



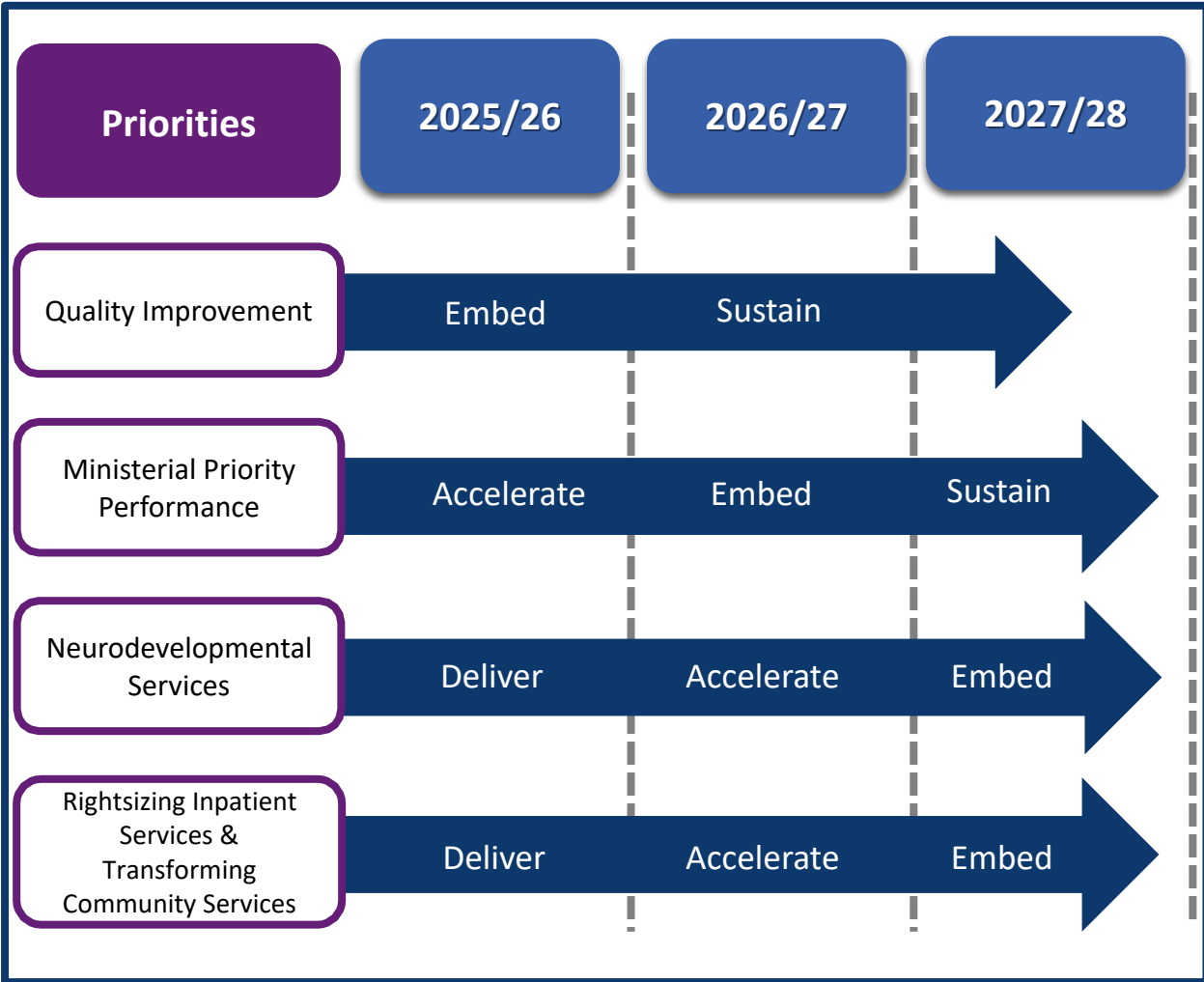
Continuing to prioritise cancer, urgent and the longest waiting patients for planned care



Milestones include;

- 🌈 Opening of the Satellite Radiotherapy Centre
- 🌈 Development of SACT Outreach services in Gwent
- 🌈 Implement effective planned care recommendations
- 🌈 Further develop the healthpathway platform and achieve additional 50 localised health pathways
- 🌈 Maximise Day Surgery and deliver GIRFT focusing on NHH as centre of excellence
- 🌈 Newly tested HVLC lists embedded into service delivery
- 🌈 Outpatient Treatment Unit, monitoring of activity and opportunities for one-stop treatment pathways
- 🌈 Ongoing focus on reduction of DNA, CNA, Delayed follow ups and Total follow ups
- 🌈 Keeping Well Service embedded as Single Point of Contact for advice on Health and Wellbeing

Improving our Mental health services



Milestones include;

- Embed and sustain delivery of quality and safety improvement plan
- Improve adult mental health measures ministerial priority performance based on 24/25 baseline
- Implement single neurodevelopmental pathway for adults
- Implement children's neurodevelopmental transformation programme
- Ensuring effective management of recovered Mental Health Measure Part 1 for children
- Implement mental health strategy through service transformation in inpatient, community, crisis and commissioned services ensuring a fit for purpose estate
- Deliver Gwent Strategy for Children with Disabilities (within Children's Centres) 2024 - 2027: Delivering children's centre services



Risks



- Delivery of a plan within budget that continues to reduce the longest waits and deliver key targets.
- Investment requirement in areas that will provide sustainability for the future e.g. digital and data transformation, population health management and shifting care closer to home.
- Change fatigue from our staff impacting on wellbeing and ability to deliver significant service transformation
- Availability of capital as an enabler
- Regional working - regional, south Wales, national clinical blueprint for fragile services
- Public sector financial challenge constraining partnership development



This plan will deliver



Medical Model Service Redesign

OBC for Nevill Hall Hospital and closure of the older estate at St Woolos Hospital

Opening of the Satellite Radiotherapy Centre

Improve performance against single cancer pathway and reduce over 62 day backlog

Achieve zero patients waiting more than 8 weeks for a specified diagnostic

Maintain zero patients waiting >104 Weeks **

Increase number of pharmacies providing the PIPS and CAS

Improve ministerial priority performance against adult mental health measures

Children's neurodevelopmental transformation programme

Diabetes Prevention and Weight Management Programme



DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Capital Programme
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Hannah Capel, Assistant Director of Capital

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

Er Sicrwydd/For Assurance

This report is provided for update and assurance that the strategic capital projects funded by Welsh Government (WG), as outlined in **Appendix 1**, are being progressed. It also provides an update on the Health Board's Discretionary Capital Programme, including additional funding which has been received from Welsh Government.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

- Current progress of the Health Board's major capital projects, as committed to in the 24/25 Annual plan and the extant Estates strategy
- Additional capital investment secured as part of end of year monies becoming available.

Cefndir / Background

The total opening capital programme for 2024/25 for Aneurin Bevan University Health Board was £54.9m. The All Wales Capital Programme (AWCP) commenced at £43.4m with the Health Board Discretionary Programme being set at £10.814m. Throughout the year the Health Board has been successful in securing additional funding for projects which now totals at £64.827m in order to support the Health Board's strategic and service risk priorities.



All Wales Capital Projects

The Health Board Estate Strategy was approved in January 2019 which included eighteen Strategic Objectives and a summary of a proposed ten-year capital programme. The Estates Strategy was revised in 2021 confirming its 17 priority areas, which were prioritised on a high, medium and low priority basis. Much progress has already been made in delivery of the Estates Strategy, with many projects completed through the All Wales Capital Programme (AWCP) funding route. There are currently 12 live schemes, all at differing stages in the planning process, seven being fully approved by Welsh Government and in the course of construction. The remaining projects are at business case / planning stage.

In the last 12 months the following capital schemes have been delivered:

- ✓ **New Breast Unit in Ysbyty Ystrad Fawr** – Completed January 24
- ✓ **Bevan Health and Well Being Centre, Tredegar Phase 1** – Completed January 24
- ✓ **19 Hills Health and Wellbeing Centre, Newport Phase 1** – Completed January 25
- ✓ **Ty Gwent** (Admin accommodation to support rationalisation of estate and relinquishing of 5 leases) – Completed November 2024

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

- **Acquisition of Chepstow Hospital** – Approval given, completion February 2025
- **Bevan Health and Well Being Centre, Tredegar** –Phase 2 due for completion is January 2025
- **19 Hills Health and Wellbeing Centre, Newport** – Phase 2 completion early 2025
- **Satellite Radiotherapy Unit, Nevill Hall** – Completion May 2025
- **Emergency Department Waiting Room Extension, Grange University Hospital** – Phase 1 completion May 25, Phase 2 completion August 25

Through the Integrated Regional Partnership Board, the Health Board has been successful in securing funding to develop the Outline Business Cases (OBC) for the Aber Valley Health and Wellbeing Centre and also the Monmouth Health and Wellbeing Centre. A Supply Chain Partner has been appointed and work is currently underway on both projects. It is anticipated that the OBC for Monmouth will be completed and submitted for Board approval Quarter 1 of 25/26. The Aber Valley is still currently working to identify an appropriate site for development.

The attached **Appendix 1** provides an overview of the breadth of the capital programme and an update for each capital project including:

- Purpose of project
- Capital cost
- Programme / Timescale for implementation
- Current position and next steps



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

- Outcome of work on Mental Health strategy and models of care,
- The partnership work through RPB on the strategic capital plan including joint projects
- The prevailing risk profile and backlog maintenance for the estate portfolio
- The NHH SOC work
- The update against the detailed estate schedule (previously shared with committee)
- Opportunities to rationalise estate in support of revenue challenges

The actions outlined above are already in train to support the estates strategy refresh which must response to, align and enable the organisation's strategy and service plans.

10 Year Estates Prioritisation

In late 2023 the Welsh Government launched a major capital prioritisation exercise. The Board agreed this prioritisation as part of the plan approval in March 2024, with the outcome shown as follows –



Welsh Government have confirmed ABUHB that they are supportive for the Business Cases to now be developed for –

- **Nevill Hall Hospital Redevelopment including the removal of RAAC**

Strategic Outline Case currently being developed and will be taken to AB Board for consideration in May 2025. An update on Nevill Hall and the emerging models of care were provided at the last Committee meeting.

- **St Woolos, closure of the old estate and relocation of services to Royal Gwent Hospital and Casnewydd Unit.**

An update on Nevill Hall and the emerging models of care were provided at the last Committee meeting. Preparatory work for this rationalisation is making good progress, enabled via the additional backlog maintenance monies for the Royal Gwent which is preparing the site to support the SWH rationalisation. The project is regrouping in February 2025 to undertake the delating options and phasing of plans.

Additional Funding from Welsh Government

Throughout the financial year of 2024/25, ABUHB has been successful in securing an additional £7.873m funding to support organisational and divisional priorities, which include -

- Central Decontamination Unit for RGH
- Over £4m investment into backlog maintenance
- 2nd MRI for the Grange University Hospital
- Discharge Lounge for the Grange University Hospital
- £2.1m Additional Digital funding
- Diagnostic and medical equipment
- Support for the Bevan HWBC overspend (driven by inflationary pressures and the reported dispute) which has enabled the capital buy-out of the lease for Surgical Robot

The Health Board has also made a submission to the WG in relation to procuring a 2nd CT scanner for YYF, which is currently under consideration.

Discretionary Allocation for 2025/26

Welsh Government has increased ABUHB's Discretionary allocation for 2025/26 from £10.817m to £12m. The Discretionary programme for 2025/26 is currently being developed in line with the Divisional and Organisational strategic priorities and will be presented to Board in March 2025 for formal consideration and approval as part of the plan approval.

The Health Board also has opportunity to bid for additional funding from WG under the Targeted Estates Fund. There is £40m available across Wales for the next 2 years, where there will be a 70% contribution from WG and 30% contribution from the Health Board. Applications are to undertake focussed areas of work under the headings of:

- Infrastructure
- Fire Safety
- Mental Health



- Decarbonisation
- Infection Prevention Control
- Decontamination

Key Risks and Issues for End of Year

Whilst the Health Board is actively working to manage its Capital portfolio for this financial year, there are a number of risks with current schemes

- Extension to the ED Extension at the Grange
Escalation meetings have been held between the appointed contractors to address the issues which will impact the delivery of the scheme, with weekly meetings being held to closely manage the project
- Backlog maintenance
Whilst work is actively underway for this, there is a lot of dependency on third parties to achieve the delivery programmes which have been set

Active monitoring of the projects is underway, however the Capital Team are working with the Divisions to develop a contingency list for capital based on Divisional capital risk register, should further slippage become available.

Argymhelliad / Recommendation

The Committee is asked to:
- Note the content of the report

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Each project has or will have a developed capital and service risk register. The former being a contractual requirement.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply 5.1 Timely Access 7.1 Workforce 7. Staff and Resources
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	Enabling Estate
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse




Strategic Equality Objectives 2020-24	Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Each capital project has to go through a rigorous business case process which includes reference to appropriate legislation, health services policy and clinical guidelines.
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Each capital project has a process for the appropriate engagement with key stakeholders during the course of their development from inception through to operational commissioning.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Is EIA Required and included with this paper No does not meet requirements
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs



All Wales Capital P

Pr Ch	 <p data-bbox="526 274 862 367">Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	Capital Cost	Funding Route	SRO
	<p data-bbox="873 327 1254 391">currently leased from Kintra Ltd. due to expire in February 2025</p> <p data-bbox="660 406 1243 470">and it is proposed to acquire the Head Lease via WG capital funding.</p>	£4.525m	AWC	Jamie Marchant
Bevan Health and Well Being Centre	<p data-bbox="660 598 1254 861">This scheme replaces the existing Tredegar Health Centre and the Glan-Yr-Afon Surgery. It is being built on the site of the redundant Tredegar Hospital. The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector.</p>	£20m	AWC	Tracy Daszkiewicz

19 Hills Health and Well Being Centre	This replaces Ringland Health Centre, Park Surgery, Alway Clinic and Community Dental Services provided at Clytha. The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector.	£28m	IRPB	Tracy Daszkiewicz
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NHH Satellite Radiotherapy Unit	This will provide two additional Linear Accelerators. The project has been developed jointly with Velindre NHS Trust as they will operate the Radiotherapy service. ABUHB are responsible for the building construction.	£45m	AWC	Carl James/ Hannah Evans
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GUH ED Extension	This scheme is an extension to the ED waiting areas in GUH and is aimed at improving patient experience and address over-crowding in the current ED waiting area. The scheme proposes more than doubling the waiting room area	£15m	AWC	Richard Morgan-Evan
Ty Gwent	Provision of admin accommodation, achieving consolidation of a number of leases within the HB estate	£1.15m	AWC	Rob Holcombe
RGH Central Decontamination Unit	This scheme will provide a purpose designed unit within RGH for the decontamination of scopes. Current provision is non-compliant and lacks the capacity to support the increase in clinical activity.	£4.5m	AWC	Jamie Marchant
Mental Health and Learning Disabilities Specialist Inpatient Services Unit:	This scheme will provide a new 72 bed unit on the Llanfrechfa Grange site. It will replace an existing Learning Disabilities Unit on the site, PICU and female locked rehab services at SCH and adult acute services at County hospital. It will also provide new Low Secure services currently delivered via the private sector.	£100m	AWC	Leanne Watkins

<p>Aber Valley Health and Well Being Centre</p>	<p>It is proposed to construct a new facility to replace the existing Aber Medical Practice, Senghenydd Health Centre which accommodates Health Board services and the Branch Surgery of the Nantgarw Practice. The proposed new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector.</p>	<p>£15m</p>	<p>IRPB</p>	<p>Lloyd Hambridge</p>
<p>Monmouth Health and Well Being Centre</p>	<p>It is proposed to construct a new facility to replace the existing Dixton Surgery and to provide additional clinical accommodation that can be utilised by Castle gate Medical Practice, the Wye Valley Practice, the Health Board, Local Authority and the 3rd sector.</p>	<p>£15m</p>	<p>IRPB</p>	<p>Lloyd Hambridge</p>

NHH Development Project	In the context of RAAC having to be removed from a significant proportion of NHH the opportunity has to be taken to review services models and the associated future functional requirements of the site. This will inform the development of a SOC for capital investment.	c£100m (v high level)	AWC	Hannah Evans
St Woolos Rationalisation	This scheme is proposed to relocate services from the old estate.	c £15m	AWC	Jamie Marchant

Projects - January 2025

Project Timescales	Stage
Lease Expiry Feb 2025	Delivery
Phase 1 Complete Phase 2 (Car Park) January 2025	Delivery

Phase 1 completion January 2025	Delivery
Phase 2 completion Spring 2025	

Completion May 2025	Delivery

Phase 1 - 27 May 2025 Phase 2 - 13th August 2025	Delivery
November 2024	Delivery
August 2025	Project set up
TBC	SOC*

January 2025 for OBC completion	OBC
January 2025 for OBC completion	OBC

	mai-25	SOC
TBC		PBC

Update

Current Position

- Acquisition offer has been agreed with Kintra on a without prejudice / subject to contract basis at £4.525m
 - BJC approved by Board March 24
 - BJC Approval received in May 24 from WG to proceed
 - lease arrangements have been sorted now and monies paid
 - PFI will hand back to HB on 14th March 2025 at the end of the PFI Operating Agreement
- The project has been delayed due predominantly to issues with the foundation design and the supply of bricks. Both are the subject of compensation events from the Contractor and the Contractor has since invoked the contractual disputes resolution process. This process is being worked through. The total estimated cost of the claims is circa £1.6 million. This has now been agreed between both parties.
- The project is currently forecasting an overspend of circa £800k, excluding the above claims, due primarily to inflation. Discussions are taking place with SS/WG regarding the potential for additional capital to support the above cost pressures.
 - Occupation of the new building and vacation of the old health centre took place over the weekend of 20th/21st January .
 - Existing HC has been demolished. Asbestos has been found which will likely cause a further delay. the time period of delay is yet to be agreed.
 - Grouting uptake is taking more grout than anticipated, therefore there is likely to add 1 to 2 weeks to the Programme to complete these works. Grouting has been completed, the timeperiod of delay is to be agreed.
 - Settlement reached in relation to the outstanding disputes.
 - Currently working to resolve outstanding compensation events which Kier are in disagreement with.
 - Further delay occurred due to inclement weather and delays with building Control Sign-off
 - Completion Expected 20.01.2025

- Project budget under pressure due primarily to issues with asbestos and high utility costs due to inflation.
 - Request has been made for additional ICRF funding; request noted for now subject to ongoing monitoring.
 - Construction is progressing well, the building will be made water tight in the coming weeks. Expected handover late November early December 2024.
 - Works are progressing well, the planned handover is the 29th November 2024.
 - Build is progressing well – National Grid has completed its install and meter install dates have been confirmed.
 - Potential completion of Phase 1 prior to Christmas. Risk meeting taking place on 17th Sept to work through the practicalities of this
 - Currently working to resolve compensation events which Kier are in disagreement with
- Works are progressing on the car park, a further delay is to be reported, completion is pushed to early December, this has yet to be agreed by the PM. Building go live date planned for the 13/th January 2025. The demountable will be removed, completion of the staff car park will commence.

- Project progressing satisfactorily
- RAAC present in an area of the existing hospital which will link into the new unit is due to be removed from early March. The adjacent MAU has been relocated.
- Hollow beams have been identified with the existing structure, the HB have requested Kier to provide a solution.
- Carl James now confirmed at the Velindre SRO. Joint Chairmanship of the Project Board to commence between ABUHB and VCT.

Work actively underway to confirm service model and interdependencies between AB and VCT

- RACC survey in Link Corridor has come back with positive news.
 - “Stocktake” session with both organisations scheduled for 24 June. VCC Commissioning plan has been requested to understand commissioning process.
 - 3 main issues currently impacting on project and programme -
 1. Delay in installation of the PSBA
 2. Stability of temperature in bunkers at practical completion
 3. Asbestos in the undercroft where main services will connect the main building and SRU.
 - Further problems have been incurred in relation to the undercroft, with a pipe burst.
 - October 2024 - Linac machines delivered to site and commissioning now underway
 - The second PSBA route has been agreed and works are planned for the coming weeks.
- The connection in the undercroft has been completed, and water samples have all had negative results.
- System wetting commencing 20.01.25
 - CT deliver confirmed Mach 25

- Work has commenced on site
- Substructure complete, superstructure nearing completion.
- Additional delay to the project now showing completing Phase 1 - 27 May 2025 Phase 2 - 13th August 2025
- Further delay attributed to change in specification of cladding rails and fire protection amendments to steelwork
- Escalation meeting held on 11th Dec with Principals to discuss issues and way forward to deliver the project
- Discussion ongoing between HB and MS in relation to disagreement in entitlement of Compensation Events

Sequence of moves commences 18th December

All teams transferred into building over 3 week period from Mamhilad house and Caerleon house

Caerleon House now handed back to landlord.

Mamhilad House B and C block handed back to landlord. Extension to A block due to data center work ongoing.

- Links with the Endoscopy Unit Project and will be located in existing Endoscopy unit
- Interim decontamination services are being provided via a mobile unit, the lease for which has been extended due to the BJC delay.
- BJC submitted to Board in May 2024 - approved by WG in
- BJC has been submitted to WG for scrutiny
- Feedback awaited from WG. Works on site set up has commence. The contractors are working with the supply chain partners to finalise the M&E design, works will commence later this month.

- The OBC was approved by the Board in March 2023 and a scrutiny gird has been returned for review by the Health Board

- The scope of the OBC has been questioned in the context of the strategic objective of vacating the old Victorian hospital at SCH. The current scope does not achieve that.

- The project on hold whilst new DD completes review of MH strategy and models of care

- SCP and PM now appointed for Project
- £750k approved to complete OBC.
- Issues contacting landowner to confirm if land is for sale, decision made to look into other sites as contingency
- Meeting with Caerphilly Council undertaken to look into feasibility of other sites in the locality for development
- Two sites highlighted, issued to the SCP to explore feasibility.
- Aber Park site preferred following site appraisal issued from planners.
- Meeting with NRW scheduled for 13/01/2025 to discuss Aber Park flooding risk with view to possible remapping
- Design, Progress, Stakeholder meetings on hold
- Initial conversations held with WG in relation to likely increase in overall capital costs
- Overall value of project likely to increase - initial discussion held with WG to flag. Stage 1 cost plan to be shared once known
- Meeting held with National Resource Wales on the 13th Jan to discuss potential site
- Meeting being held with local Cllrs on 28th Jan to agree preferred site

- SCP and PM now appointed for Project
- £750k approved to complete OBC
- Initial set up meeting has taken place
- Currently working through planning and key deliverables to achieve OBC completion
- Pre-Application Consultation to be submitted W/C 21st October 2024, multiple community objections to the proposals received
- Project Board decision made to undertake public engagement session with community on 30th January 2025
- Initial conversations held with WG in relation to likely increase in overall capital costs
- Design, Progress & Stakeholders meetings finished
- Internal layout, external form and landscaping design completed to Stage 2
- Stage 1 plans issued to SES and comments received, Design Team informed and response to be issued following Progress meeting on 18th Dec
- Site surveys ongoing, vacuum excavation to be undertaken to establish unknown underground services
- Overall value of project likely to increase - initial discussion held with WG to flag. Stage 1 cost plan shared with WG. Awaiting feedback.

- Service Review: In progress, aimed at informing a clear understanding of service needs.Service models to be completed by end of February.
- Demand and Capacity analysis underway with expected completion end of January
- Functional Content and Spatial Needs Assessment: These will follow the service review, setting the foundation for detailed functional and spatial planning.
- Feasibility Study & Cost Advice: A team is appointed to explore infrastructure needs
- SOC Development: Work is underway for the Strategic Outline Case, targeting submission by May.

- Project Initiation Document developed
- Project Board being set up from Feb 25
- Some enabling works are underway at RGH in readiness for wider service move from the old STW site

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health & Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on the development of a Digital, Data & Technology Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Solloway, Director of Digital
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Solloway, Director of Digital

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The current digital strategy was approved in 2019 and since that time there have been significant changes to the digital landscape with rapid advancements in cloud technologies, the adoption of Microsoft 365 and the commercialisation of artificial intelligence.

In addition, the Covid-19 pandemic brought seismic shifts in the pace of delivery of digital solutions and the expectations of our staff and patients on how digital transformation can support improvements in healthcare and support our communities to keep well.

Finally, the developing Health Board's 10-year strategy and the refreshed Welsh Government's Digital and data strategy for health and social care in Wales gives the opportunity to refresh the Health Board's Digital, Data & Technology strategy for the next 5 years.

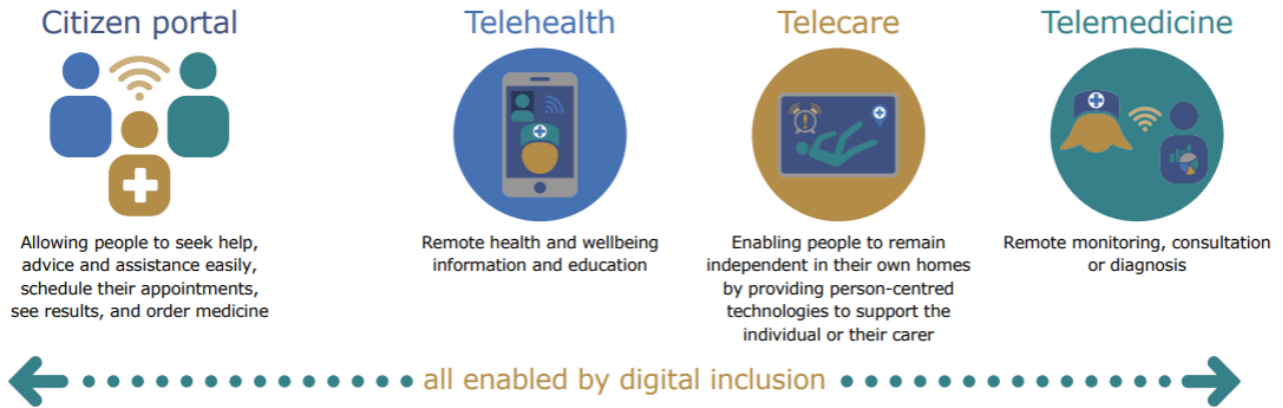
Cefndir / Background

The digital strategy developed in 2019 set out a broad vision to:

“Enable people in our area to manage their health and care needs independently wherever possible, and out staff to deliver holistic care and high-quality services, through the most innovate digital solutions available”

The vision was supported by four core themes:

- Digital community – Enable people to manage their health and care needs independently where possible



The kinds of digital technology we may use
 Electronic Portal technology for citizens | Telehealth | Telecare | Telemedicine

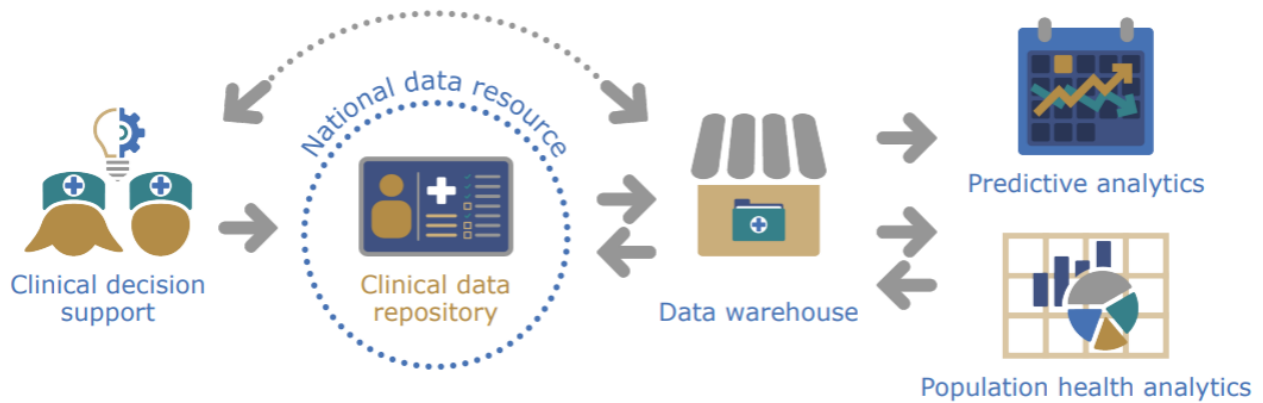
- Digital organisation – Enable staff to be equipped to deliver truly holistic care and high-quality services



- Single electronic health record “view and do” increasing in value and depth to clinicians
- Welsh Community Care Information System (WCCIS) – enabling health and social care integration
- Electronic patient flow needs
- Diagnostics modernisation
- Medicines modernisation including electronic prescribing
- Specialty specific system priorities including critical care, emergency dept., ophthalmology etc
- Agile and mobile workforce

The kinds of digital technology we may use
 Electronic Patient Record (EPR) solutions | Robotic Process Automation | “Internet of Things” Technologies | Workflow

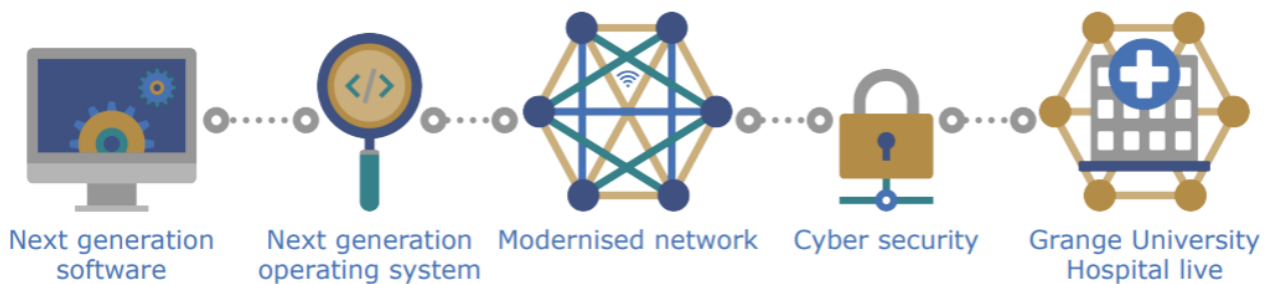
- Digital data, information and intelligence – Getting the maximum we can from our data and information



The kinds of digital technology we may use

Business intelligence | Predictive analytics | Cloud computing | Artificial intelligence

- Digital foundations – Provide fast, highly reliable and secure devices, storage and networks



The kinds of digital technology we may use

Networks | Servers | Computers | Mobile Devices | Wireless | Video conferencing

The pandemic clearly had an impact on the deliverability of the vision of the previous strategy and challenges remain with significant digital and service resources expended on “keeping the lights on”, such as the current replacement projects for Pathology and Radiology.

In addition, there is a need to support tactical developments to address the current service pressures the organisation is under from increased demand at the front door.

However there have been achievements made during this period against each of the four core themes:

Theme	Achievements	RAG
Digital Community	<ul style="list-style-type: none"> 89k virtual consultations between 2020 and 2023 Implementation of patient communications platform Supporting excellent work of Value Based Healthcare My Medical Record supporting Prostate cancer patients to manage their own condition 	Have not achieved the vision in the strategy
Digital Organisation	<ul style="list-style-type: none"> Deployment of Microsoft 365 Adoption of Robotic Process Automation 600,000 Health Records digitised Welsh Nursing Care Record deployed Maternity system implemented E-Triage in Urgent & Emergency Care Radiology Artificial Intelligence (AI) pilot Tactical CWS 2.0 developments - Discharge to Recover then Assess - (D2RA) 	Good progress made in supporting workforce although some gaps
Digital, data, information & intelligence	<ul style="list-style-type: none"> Led all Wales cancer demand and capacity project Significant range of dashboard developments Leading Wales with adoption of the National Data Resource Clinical coding improvement plan Information Governance improvements AI pilots 	Foundations are in place to drive forward the ambition to become a data led organisation
Digital Foundations	<ul style="list-style-type: none"> 97.11% satisfaction with Service Desk Service Desk institute accreditation Network refresh programme Data Centre move Windows 10/11 deployment 	Good progress made although Wi-Fi improvement remain to be completed

Currently the organisation has several active transformation programmes to support the ambition laid out in the strategy:

Theme	Achievements
Digital Community	<ul style="list-style-type: none"> Digital patient letters Telecare pilot with TEC Cymru Mental Health procurement Spread and scale of MyMedical Record Supporting new PROMS/PREMS platform Integrations with NHS Wales App
Digital Organisation	<ul style="list-style-type: none"> Electronic Prescribing & Medicines Administration Electronic Patient Record (EPR) for Ophthalmology (Openeyes) Pathology (Laboratory Information Management System, Digital Cellular Pathology and Blood Transfusion) Radiology (Radiology Information System Procurement) CANISC Replacement

	<ul style="list-style-type: none"> • Microsoft Co-pilot • Patient flow, Complex List and Bed Management • E-Advice • Community directory of service • Intensive Care (although at risk) • Digital dictation • Clinical communications
Digital, data, information & intelligence	<ul style="list-style-type: none"> • Developments in the National Data Resource • Dashboard to support Urgent and Emergency Care • Dashboard to support Quality and Safety • Welsh Patient Administration (WPAS) improvement programme • Digitisation of Mental Health records • Dynamic planning development
Digital Foundations	<ul style="list-style-type: none"> • Cyber security product refresh • Network upgrades • Wi-Fi improvements • Windows 11 deployment • Device replacement programme • Telephony modernisation • Replacement WPAS infrastructure

Asesiad / Assessment

To undertake a refresh of the Digital, Data & Technology Strategy there is a requirement to create a conscious and easy to read document which articulates the strategic ambition of the organisation. To achieve this, five component strategies would be developed to support specific service areas to ensure the teams were clear on the strategic ambitions and how it related to each area.

These five component strategies would be brought together into an overarching Digital, Data & Technology strategy which would align with the Health Board's and Welsh Government strategies.



The core themes of the 2019 strategy are still relevant and these will remain as the thread through the whole document.

National Context

The Welsh Government Digital and data strategy for health and social care in Wales released in July 2023 sets an ambition to improve how health and care is delivered through technology and the use of data.

The core aims of the strategy are to:

- Transform our digital skills and partnerships
- Build digital platforms that meet the needs to Wales
- Focus on making services digital-first

To ensure effective delivery this will be framed around six missions:

- Digital skills – developing workforce to have skills and confidence in digital services
- Digital economy – create added value, accelerate innovation and strengthen economy of Wales
- Data and collaboration – ensure high-quality data is available to inform every part of health and social care delivery
- Digital infrastructure and connectivity – develop a secure, stable and sustainable foundation for seamless sharing of health and social care data
- User-centered services – digital services are designed around the needs of citizens, professionals and services
- Digital inclusion – equip users with the access, skills and confidence to engage with digital health and social care

Key delivery actions underway to support the strategy include the NHS Wales app, the National Data Resource, electronic prescribing and medicines management and implementation and adoption of standards for data and interoperability.

Success nationally will be measured through indicators of success though citizen empowerment, having the right information at the right time, improved efficiency of clinicians, understanding the value of digital and that data is used to deliver insights to support a learning health and care system.

Local Context

The 10-year strategy development for the Health Board is underway which sets the purpose, ambition, aims and values for “Gwent 2035”.

The themes to date have been tagged against Better Health, Better Care and Better Lives:

Aims	Themes
Better Health	Make healthier choices easier
Better Care	Listen and take action Improve care Achieve excellence

Better Lives	Build healthy places Grow healthy communities
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Digital, Data & Technology will be a key enabler to the successful delivery of the strategy and there will be close alignment with Better Health, Better Care and Better Lives.

Strategy Development

To date the refreshed strategy development has commenced and is summarised below with key themes.

Strategy	% Complete	Themes
Data & Analytics Strategy	95%	<ul style="list-style-type: none"> • Moving to cloud-based services • Enhancing analytical capabilities – establishment of Centre of Excellence and improving workforce skills • Innovating – leveraging data for patient care improvements and operational efficiencies • Governance – improving data standards, data quality (kitemark) and adopting a single trusted platform
Technical Strategy	10%	<ul style="list-style-type: none"> • Moving to cloud-based services (Cloud Smart) • Digital experience where tools and systems work like electricity, always on, always available and easy to use • Adopting new technologies where it provides value and benefits but also making best use of what we have got
Information Governance and Cyber Security Strategy	10%	<ul style="list-style-type: none"> • Legislative compliance • Organisational assurance through audits and reporting • IG framework (policies, processes, risk management) • Systems security (zero-trust and incident response) • Data security from creation to disposal • Communications – staff training and awareness
Electronic Health & Care Record Strategy	60%	<ul style="list-style-type: none"> • Integrating with the national architecture and ensuring right data is available to the right people at the right time • Make services digital first by adopting a user-centric approach • Prioritising home-based care and self-management through telehealth and virtual care systems • Providing a comprehensive view of the patient journey • Data sharing across organisational and sector boundaries

Health Records Strategy	5%	<ul style="list-style-type: none"> • Close alignment with Electronic Health & Care Record Strategy • Compliance with Records Management Code of Practice for Health and Social Care 2022 • Systematic planned approach covering records from creation to disposal • Digitisation of remaining paper records and adoption of "paper-light" approach • Audit, communications and training • Future of Referral and Booking Services
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The timeline for the completion of the strategies is below:

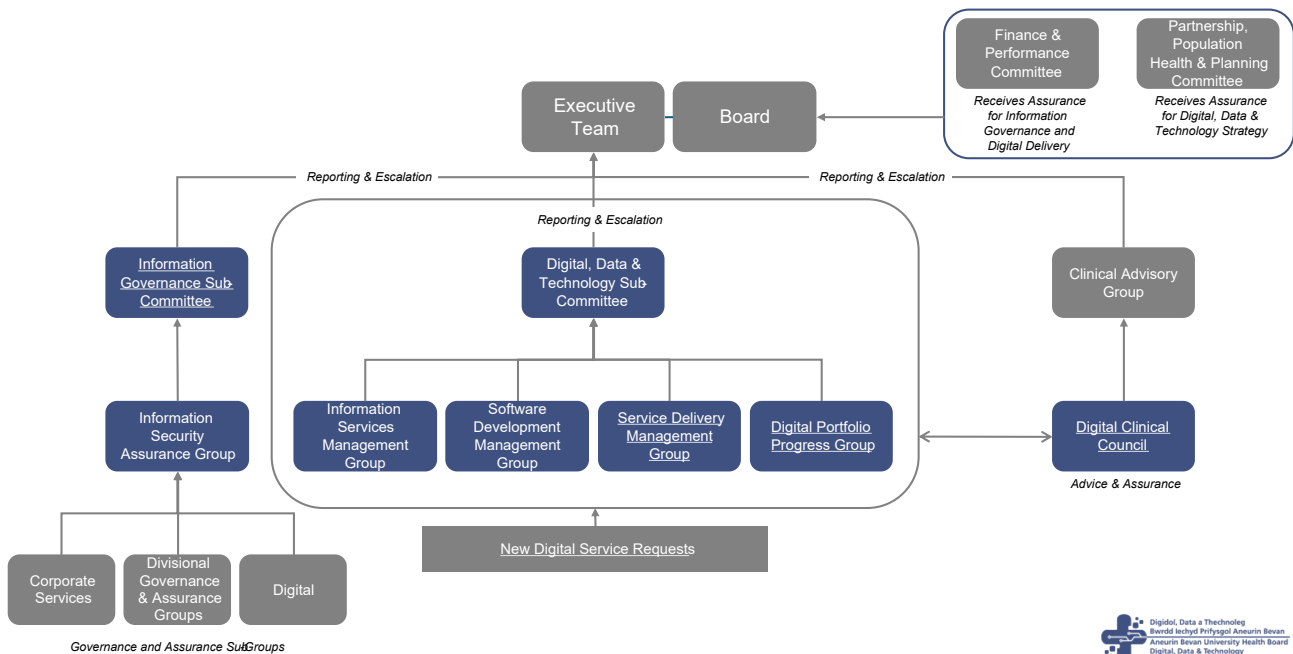
- Data & Analytics – Q1 2025
- Technical, Information Governance and Health Records - Q2 2025
- Electronic Health & Care Record – Q3 2025

Following the above the Digital, Data & Technology Strategy would be completed and formal approval sought during Q4 2025.

Governance and Assurance

The delivery of the strategy will be supported by the Digital, Data & Technology governance structure to ensure effective prioritisation of activities, provide reporting and assurance on both operational services and programmes of work and finally reporting on compliance against legislative requirements.

Digital, Data & Technology Directorate Governance Structure



Argymhelliad / Recommendation

The committee is asked to discuss the development of the Digital, Data and Technology Strategy.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Digital and data strategy for health and social care in Wales (https://www.gov.wales/sites/default/files/pdf-versions/2024/1/2/1705403312/digital-and-data-strategy-health-and-social-care-wales.pdf)
Rhestr Termau: Glossary of Terms:	AI – Artificial Intelligence D2RA – Discharge to Recover then Assess EPR – Electronic Patient Record PREMS – Patient Reported Experience Measures PROMS – Patient Reporting Outcome Measures TEC – Technology Enabled Care WPAS – Welsh Patient Administration System
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

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

Resource Assessment:	
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	<p>Not Applicable</p> <p>Choose an item.</p>

From 1st September 2024, routine RSV vaccination was offered (a year-round offer) to the following groups:

- Older adults, as they turn 75 year old
- Pregnant women, 28 weeks gestation (with the aim of protecting their newborn babies), offered with each pregnancy

A catch up campaign was required for pregnant women already past 28 weeks gestation on 1st September, to ensure the vaccination offer was provided before delivery of the babies. There is also a requirement for an older adult catch-up campaign to be conducted between 1st September 2024 and 31st August 2025 to target individuals aged between 75 and 79 years old. After which point, eligibility is retained until a person's 80th birthday.

Cefndir / Background

Winter Respiratory Vaccination Programme

The Winter Respiratory Vaccination Programme brings together the COVID-19 and influenza vaccination programmes to:

- protect those at greatest risk from these respiratory viruses
- reduce their circulation in our communities
- support the resilience of the NHS and care system through the winter period

To effectively implement the Winter Respiratory Vaccination Programme for 2024 to 2025, Health Boards are expected to develop plans for a coordinated and coherent programme for both vaccines. Wherever possible, delivery models should be aligned to allow for co-administration to maximise efficiencies and reduce vaccination inequity. In commissioning services, Health Boards should be assured that (where appropriate) primary care contractors have robust mechanisms for call or recall as well as communicating eligibility and the benefits of vaccination.

The Health Board has established a Winter Respiratory Vaccination Group (formally Influenza Vaccination Group) led by the Primary and Community Care Division to support the planning and coordination of the influenza and COVID-19 vaccination programmes. Whilst the adult and pre-school influenza vaccination programmes are delivered in primary care, this group has oversight of all other aspects including pregnant women, school age children, health and social care staff and for specific cohorts such as care home, housebound or prison populations. The group has recently assumed oversight for the COVID-19 vaccination programme which is either commissioned from primary care contractors or delivered by the ABUHB Vaccination Service for practices that opt-out.

This year the Joint Committee on Vaccination and Immunisation (JCVI) advised that the evidence on vaccination effectiveness supports the case for moving the start of the adult influenza vaccination programme to early October. JCVI recommended there should be no change to the start of the children's programme as evidence shows early vaccination of children provides the best protection against transmission. It was also recommended that pregnant women should continue to be vaccinated in September, if delaying until October would mean they risk missing out on vaccination.

In the light of the JCVI advice, Welsh Government adopted a phased approach to the commencement of the flu vaccination programme in 2024 as follows:



- During September, general practices and health boards should concentrate their efforts on maximising uptake in the children's programme, both amongst school-age children and 2-and 3-year-olds.
- The main adult vaccination programme should begin at the start of October and be delivered at pace with an expectation that all eligible patients should be offered a vaccination by early December.

RSV vaccination programme

The Health Board established working groups in Summer 2024 to ensure Health Board processes and pathways were in place to deliver against the vaccination programme requirements. Whilst the RSV vaccination programme was heralded in advance for an Autumn 2024 start, there were national delays in confirmation of further details including the exact vaccination eligibility cohorts, and further policy and public communication delays due to the impact of the pre-election period.

There were initially two working groups established – one focussed on the older adult programme, and one on the maternal vaccination programme. These were led by Public Health, working closely with Primary and Community Care Division and Maternity Services as well as Communication and Engagement colleagues.

The Health Board established delivery plans for each programme which were reviewed and approved by Vaccine Programme Wales (VPW). In summary, the delivery models for each programme were:

- General Practice contractors invited to delivery RSV vaccination programmes as per national PCCI arrangements
- *Older adults turning 75*: General Practice delivery, and for those registered at non-participating practices, vaccination offer would be provided through the Health Board vaccination service
- *Older adults catch up cohort (already aged 75-79 on 1st September 2024)*: catch up campaign to be delivered through participating General Practice and Health Board vaccination service in January-March 2025
- *Maternal vaccination for those pregnant entering 28th week gestation*: General practice delivery, and for those registered at non-participating practice, vaccination offer would be provided either through Health Board vaccination service or central midwifery clinics
- *Maternal vaccination for those pregnant past 28th week gestation on 1st September 2024*: focussed catch-up campaign 1st – 28th September, delivered by Health Board vaccination service in central midwifery clinics with support from midwives, running across multiple sites 5 days per week. Following this focussed period, a smaller number of catch-up vaccination clinics appointments continued to be available during vaccination service winter respiratory vaccination programme clinics on weekends.

Asesiad / Assessment

Influenza vaccination

For the 2024/25 campaign, Welsh Government have set an expectation that a 75% influenza vaccination uptake is achieved across all eligible cohorts.

Despite the staggered start to the influenza vaccination programme in primary care the uptake in eligible cohorts as at 24th December 2024 was:

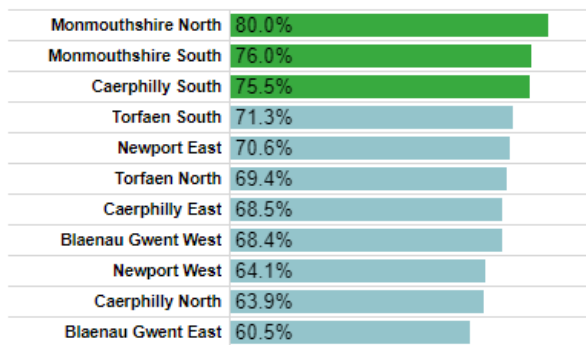


- **91,740 (70.3%) for those 65 years and over (joint highest in Wales, above the 67.3% average)**
- **33,728 (36.5%) in under 65 at risk clinical groups (in line with 33.2% all Wales average)**
- **6,341 (50.9%) for 2- and 3-year olds (2nd highest in Wales above the 41.0% average)**

There is considerable variation across NCNs with particularly low uptake in Blaenau Gwent East, Newport West and Caerphilly North (Figure 1). There is also significant variation in uptake at GP practice level, with some practices around 50-55% uptake compared to others delivering over 75% uptake.

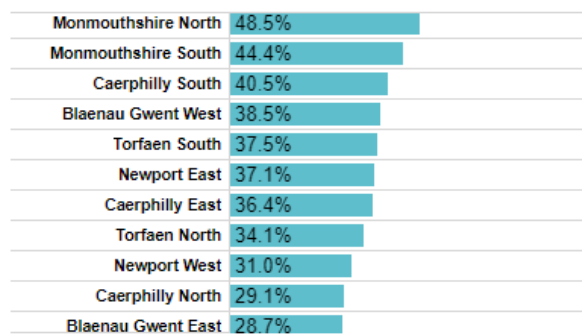
Figure 1: Variation in influenza vaccination uptake between NCNs

Aneurin Bevan UHB cluster summary
Flu immunisation uptake in: Patients 65y and older
As at 24dec2024



* Target 75% for 65y and older and all risk groups

Aneurin Bevan UHB cluster summary
Flu immunisation uptake in: Clinical risk patients <65y
As at 24dec2024



* Target 75% for 65y and older and all risk groups

On 12th November 2024, in response to the letter from Welsh Government, the Winter Respiratory Vaccination Group agreed the following mitigating actions to improve influenza vaccination uptake in primary care:

- GP practices with concerningly low uptake to be contacted by the Primary Care Contracting Team to:
 - (a) highlight the recent modelling that suggests a peak in influenza levels early Dec;
 - (b) understand the reasons for low uptake and steps being taken by the practice to improve their offer and take up of vaccination
 - (c) discuss any additional support the practice may require from the ABUHB Vaccination Service in order to improve uptake
- Additional capacity to be provided from the ABUHB Vaccination Service to district nursing teams who are not confident they will complete influenza vaccinations for housebound patients by the start of December 2024.
- Pop-up clinics to be provided in areas with low uptake – particularly Blaenau Gwent East, Newport West and Caerphilly North – offering walk-in vaccinations for all cohorts. Targeted community engagement and communications will aim to optimise access to these clinics.



In relation to the influenza vaccination programme for school age children (as of 19th December 2024):

School visits are now complete:

- **47,345 vaccines had been administered including Twilight and Saturday walk-in clinics**
- **3160 declined consents**

Primary school National uptake:

Table 7i. Uptake of influenza immunisation in primary school children aged 4-10y in school immunisation sessions (data provided by Health Board up to 10/12/2024) – data refer to school sessions carried out so far.

Health Board	Primary Schools visited (n)	Children aged 4-10 (Reception to Year 6 classes)		
		Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	209	28722	47146	60.9%
Betsi Cadwaladr	285	24463	39992	61.2%
Cardiff and Vale UHB	153	21518	38582	55.8%
Cwm Taf Morgannwg UHB	281	22370	37620	59.5%
Hywel Dda UHB	150	13511	19975	67.6%
Powys Teaching HB	127	6562	8866	74.0%
Swansea Bay UHB	113	11087	21598	51.3%
Wales	1318	128233	213779	60.0%

Data Source: School Nurse Services

Secondary school National uptake:

Table 8f. Uptake of influenza immunisation in high school children aged 11-15y in school immunisation sessions (data provided by Health Board up to 10/12/2024) – data refer to school sessions carried out so far.

Health Board	Secondary Schools visited (n)	Children aged 11-15 (Year 7 to 11 classes)		
		Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	32	11283	21069	53.6%
Betsi Cadwaladr	52	16041	33030	48.6%
Cardiff and Vale UHB	30	7128	18593	38.3%
Cwm Taf Morgannwg UHB	13	4645	9221	50.4%
Hywel Dda UHB	40	8075	15542	52.0%
Powys Teaching HB	13	2361	4459	52.9%
Swansea Bay UHB	19	7339	15269	48.1%
Wales	199	56872	117183	48.5%

Data Source: School Nurse Services

Twilight and Saturday walk-in clinics will remain open until 3rd Jan 2025 for any child where consent was not obtained and for those that are home educated or were absent/unwell on the date of the school visit. To date there have been **500** vaccines administered in walk-in clinics including **84** gelatine-free where parents or guardians refuse the LAIV vaccine due to the porcine gelatine content, these are predominantly from the Newport area. In terms of mitigating actions, all Directors of Education in Local Authorities and headteachers have been given data on take up in their schools and are being asked to promote the Twilight and Saturday walk-in clinics. Social media campaigns are ongoing, and last-minute consent is being encouraged from parents who did not respond to initial requests. Primary care teams have been provided with details of Twilight and Saturday walk-in clinics to promote this offer to parents opportunistically.



In relation to the influenza vaccination programme for Health Board staff (as of 23rd December 2024)

- **5,061 vaccines had been administered to staff representing a 33.30% uptake.**

The Health Board staff influenza vaccination programme has expanded for 2024/25 with a record number of flu champions trained and additional clinics provided through Occupational Health. Although uptake is well below the Welsh Government target it was higher than other comparable Health Boards in Wales at the of November 2024 (see Figure 2).

Figure 2: Influenza vaccination uptake among Health Board staff (as at end of Nov 2024)

Health Board	Total Staff			Staff with direct patient contact ¹		
	Immunised (n)	Denominator (n)	Uptake (%)	Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	4724	15196	31.1	3167	10399	30.5
Betsi Cadwaladr UHB	5733	20782	27.6	3997	14567	27.4
Cardiff and Vale UHB	5123	17378	29.5	3488	12325	28.3
Cwm Taf Morgannwg UHB	3517	12892	27.3	2274	8785	25.9
Hywel Dda UHB	2578	12161	21.2	1773	8322	21.3
Powys Teaching HB	778	2224	35.0	444	1402	31.7
Swansea Bay UHB	3994	14797	27.0	2687	10227	26.3
Velindre NHS Trust	815	1790	45.5	436	901	48.4
Welsh Ambulance Service NHS Trust	1126	4403	25.6	-	-	-
Public Health Wales NHS Trust ²	352	2614	13.5	310	1473	21.0
Wales	28740	104237	27.6	18576	68401	27.2

¹ Combined figures for: Additional Prof Scientific and Technical, Additional Clinical Services, Allied Health Professionals, Medical and Dental, Nursing & Midwifery Registered staff groups.

² Public Health Wales figures do not currently include staff vaccinated by health boards under service level agreements and will underestimate coverage.

On 14th November 2024, the Winter Respiratory Staff Flu Vaccination Working Group agreed a number of mitigation measures to increase influenza vaccination uptake among staff:

- Divisional leads have been asked to contact flu champions within their Division regarding the predicted early peak and importance of pushing uptake amongst staff.
- Divisional leads to arrange at least 1 additional vaccination clinic before the end of November.
- Text message reminders were sent to all staff with a link to flu clinics and flu champions
- Information has been disseminated through Divisional cascade on predicted early peak and routes to vaccination.
- Additional 18 clinics have been scheduled for November, including a walk around at RGH and canteen sessions at RGH, NHH and GUH.
- News stories are being published every week on the intranet including pictures of local clinics and staff being vaccinated (where possible).
- A 'Walk the Ward' week in early December, with immunisers attending clinical areas of the main hospital sites and sites of low staff uptake throughout the week



COVID-19 vaccination

As in previous seasons, a mixed model of delivery was used. Primary care contractors were commissioned to provide vaccinations, with the ABUHB Vaccination Services offering vaccinations to the remaining eligible population. Some commissioned services have handed patients back to the ABUHB Vaccination Service since the beginning of the programme.

In relation to the COVID-19 vaccination programme (as of 19th December 2024):

- **103,099 vaccines had been given since 1st October 2024**
- **75.78% uptake in residents in a care home for older adults (comparable to 71.92% Wales)**
- **59.29% uptake in adults aged 65 years and over (highest uptake amongst Health Boards, national average 54.99%)**
- **24.58% uptake in persons aged 6 months to 64 years in a clinical risk group (2nd highest Health Board, compared to 19.06% national average)**

Figure 3: COVID-19 vaccination coverage for eligible cohorts by Health Board (as of 19th Dec 2024)

Local Health Board of Residence	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)
Aneurin Bevan UHB	217,114	99,496	45.83	135
Betsi Cadwaladr UHB	267,477	114,307	42.74	134
Cardiff and Vale UHB	154,871	62,865	40.59	68
Cwm Taf Morgannwg UHB	162,424	64,643	39.80	46
Hywel Dda UHB	157,189	60,545	38.52	87
Powys THB	56,656	27,005	47.66	12
Swansea Bay UHB	139,592	55,989	40.11	68
All Wales	1,155,323	484,850	41.97	550

Although COVID-19 vaccination uptake remains low it higher than most other Health Boards in Wales. The key mitigating action from the ABUHB Vaccination Service has been to offer COVID-19 vaccination walk-in clinics across all sites since 20th November 2024.

RSV vaccination

In relation to the RSV vaccination programmes for older adults (as of 28th November 2024)

- 28.1% of adults turning 75 years have been vaccinated (highest amongst Health Board, 17.6% nationally)

To note, there appears to be minimal geographical variation (by local authority) in terms of RSV vaccination uptake (figure 4).

Figure 4: Uptake of RSV immunisation in those reaching their 75th birthday by Local Authority of residence



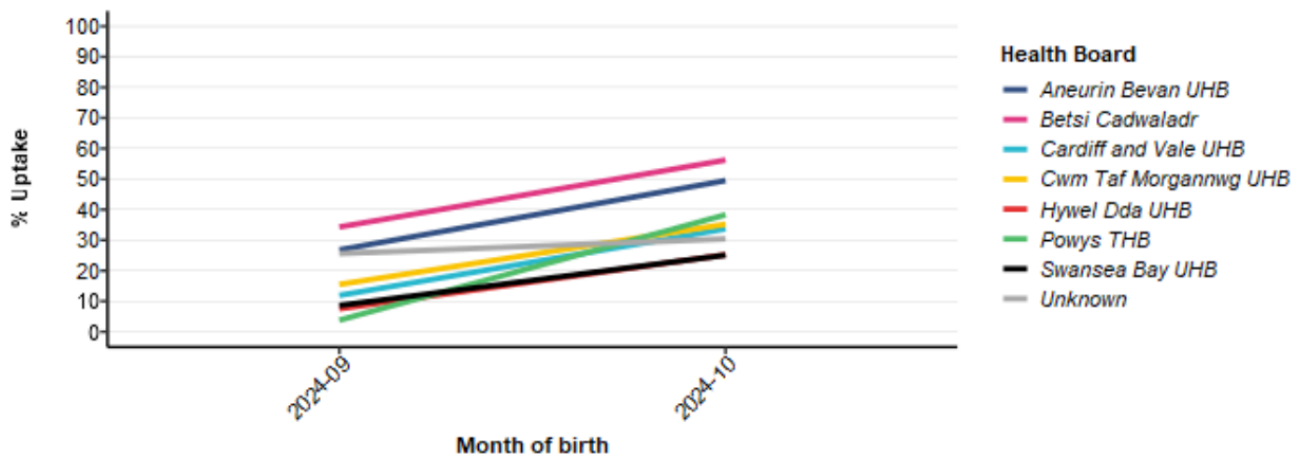
Local Authority	Reaching their 75th birthday between 1st Sep 2024 and 31st Oct 2024		
	Denominator	Vaccinated	Uptake (%)
Blaenau Gwent	109	27	24.8%
Caerphilly	310	88	28.4%
Monmouthshire	203	53	26.1%
Newport	230	67	29.1%
Torfaen	139	43	30.9%
Aneurin Bevan UHB	991	278	28.1%

The RSV vaccination uptake in those aged 75-79 on 1st September 2024 ('catch up' cohort) is 0.9% uptake. This is because the formal catch up programme will be undertaken in January/February 2025, as agreed with General Practice and with Vaccine Programme Wales.

In relation to the RSV vaccination programmes for maternal vaccination (as of 28th November 2024)

- Approximately 50% uptake for women giving birth 1st September to 31st October 2024 (see figure 5)

Figure 5: Coverage of RSV vaccination for women giving birth 01/09/2024 to 31/10/2024



Argymhelliad / Recommendation

The PPHPC Committee is asked to:

1. Note the vaccination programmes delivered during the Quarter 3 period 2024/25
2. Note progress on the influenza vaccination programme in primary care and mitigating steps being taken by the Primary & Community Care Division in NCNs/GP practices with low uptake.
3. Note progress on the influenza vaccination programme in schools and mitigating actions being taken through headteachers and the ongoing Twilight and Saturday walk-in clinics.
4. Note progress on the Health Board staff influenza vaccination programme and mitigating measures that have been put in place to optimise staff uptake.



5. Note progress on the COVID-19 vaccination programme and introduction of walk-in clinics by the ABUHB Vaccination Service to optimise uptake
6. Note the implementation and progress of the new RSV vaccination programmes for older adults and pregnant women

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

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 2.4 Infection Prevention and Control (IPC) and Decontamination 3.2 Communicating Effectively 5.1 Timely Access
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	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol:
Further Information:

Ar sail tystiolaeth: Evidence Base:	All actions are based on JCVI or Welsh Government advice, NICE or "Green Book" guidance. Data from Influenza Vaccine Online Reporting (IVOR); Wales COVID-19 Vaccination Weekly Surveillance Summary; RSV Vaccination Report: November 2024 – all accessed 27/12/24
Rhestr Termau: Glossary of Terms:	N/A



Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

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



DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2025
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 the activities of the RPB.

Cefndir / Background

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



Assessment

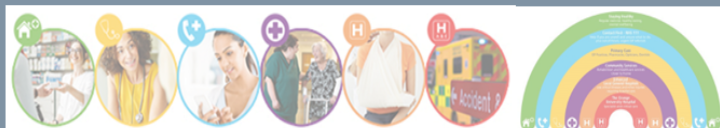
50 Day Challenge and Winter

On the 11th November the Welsh Government launched a *50 Integrated Care Winter Challenge*. The Care Action Committee of the Welsh Government launched the Challenge to facilitate improvement in outcomes for patients who can be safely managed in the community or are 'clinically optimised' and can be discharged from hospital, cared for in more appropriate settings, and to release much-needed acute and community hospital bed capacity. 50 days were from 11th November to Christmas Day.

Ten best practice interventions were identified and agreed nationally through gathering learning from across Wales as well as other parts of the UK, the 50 day challenge asked Regional Partnership Boards to review and take action in these 10 areas.

The below table summaries the intervention and actions set out for the Gwent Region:

50 Day Challenge Actions		
	High Impact Intervention	Summary of key actions
1	Optimal Hospital Flow Framework	<ul style="list-style-type: none"> • Optimal ward focus on 3 wards at RGH to embed flow framework • Operational framework pre-launch end of November multi-site approach • Senior nurse allocation to sites leading framework • Embedding of D2RA principles, deconditioning leads
2	7 day working for Health & Social care	<ul style="list-style-type: none"> • Additional 10 HCSW to increase weekend CRT capacity • Frailty weekend pilot • Discharge lounge & hub 7 day model • 7 day acute frailty response from Jan 25 • Urgent primary care HCSW weekend coverage
3	Undertake Decision Support Tool in the Community	<ul style="list-style-type: none"> • Additional hospital to home capacity • Fortnightly integrated discharge board to oversee goals 5, 6 and 50 day plan, • Develop covid-19 pandemic initiative for care home support for patients with complex needs
4	Integrated Navigation Hubs	<ul style="list-style-type: none"> • Develop plan for a single integrated navigation hub encompassing Urgent Care, Urgent Primary Care • Frailty and health protection • Expand discharge hub model
5	Regional Health & Social care weekly review of long LOS Patients	<ul style="list-style-type: none"> • Action orientated weekly Pathway of care delay reviews with local authorities • Agreed joint weekly action plans

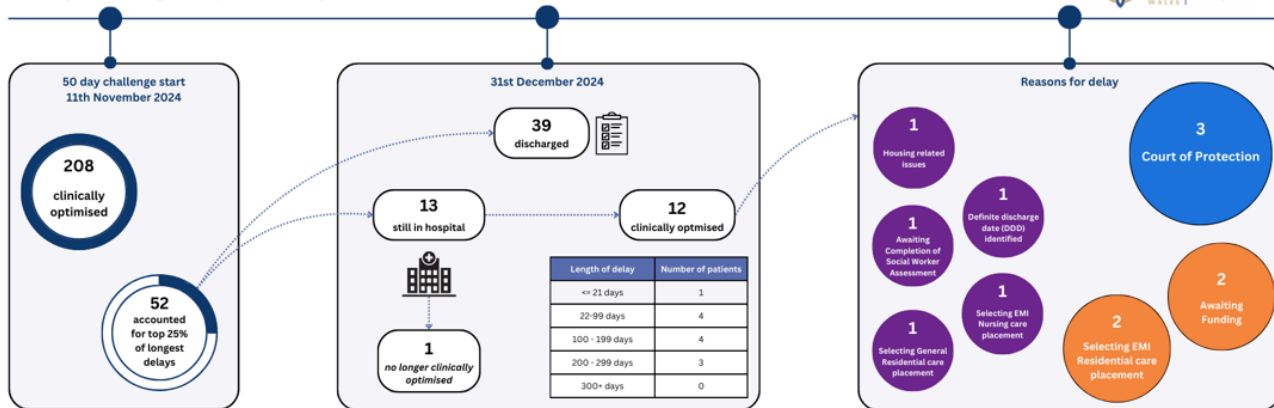


		<ul style="list-style-type: none"> • CWS2 roll-out to improve data accuracy, routine monitoring aligned to integrated discharge board
6	Proactive management of 0.5% population at Risk	<ul style="list-style-type: none"> • MDT approaches in three NCN areas • Risk stratification exercise to align EFI and SFN generated risk scoring • Future care plans approach to care homes • Winter support for respirator • Fracture liaison service
7	GP enhanced Service rollout for care homes and HRAC	<ul style="list-style-type: none"> • Increasing the proportion of care home patients with active future care plans • Care home direct access to urgent primary care professional line
8	Trusted Assessor Model for all care Settings	<ul style="list-style-type: none"> • Review of best practice models for leveraging such as YYF stroke ward trusted assessor model on behalf of 5 local authorities
9	Home First default for all clinically optimised patients	<ul style="list-style-type: none"> • Balancing right and responsibilities training/education roll-out • GUH front door services review underway encompassing home first, Acute frailty and therapies teams for improved 'one team' working • Re-enforcing 'what matters' communication and practice
10	7 day community falls response	<ul style="list-style-type: none"> • Workshop held on 11th Nov, involving ABUHB and WAST colleagues to explore opportunities for reducing conveyance to hospital • Agreement to review current support to care homes, with a view to improving our offer, referencing past schemes such as I-stumble • Agreement to map all current falls response services and associated funded streams,

In order to monitor the Challenge, the Cabinet Secretary for Health and Social Care in the Care Action Committee, asked each regional partnership to identify a cohort of those currently delayed (25% of the total, per region) to focus on developing and delivering a discharge plan for those with the longest stays in hospital.

The below infographic sets out the regions progress on this target:





On 6th December Welsh Government wrote to Regional Partnership Boards to provide non-recurrent additional funding for Winter to support the 50 day Challenge. A spend plan was agreed by the Integrated Discharge Board as delegated by the RPB.

- High Risk Patient Cohort, £955,000: The funding will be utilised to enable GPs or appropriate member from a Multidisciplinary Team (MDT) to undertake care reviews of individuals identified as 'High Risk' in line with national service specification
- Community transition and assessment beds, £764,000: The funding is being utilised to open an additional 23 Beds in line with the Care of the Elderly/Rehabilitation model at the Royal Gwent Hospital.
- Reablement and Domiciliary Care, £1,799,819: An allocation was made to each local authority to Increase Integrated Reablement Teams capacity – via Reablement Practitioners, Planner, Assessment Staff, OT and Enablement support workers.

It has been agreed via Regional Partnership Board that the Integrated Discharge Board, a group that contains operational leadership across health and social care will provide the tactical coordination of activity through the winter period including the 50 day Challenge activity. It was also agreed at RPB that any slippage in partnership funding would be allocated for winter resilience and provided to the integrated discharge board to support this endeavour.

Governance Review

Progress is being made against the actions set out in the Governance review. The role of the Leadership Group has been strengthened therefore there is already greater ownership, clarity and scrutiny of items going to the RPB. A revised Governance Framework following on from the legislative changes introduced by Welsh Government was presented to the January meeting of the RPB: [Draft Partnership Arrangements \(Miscellaneous Amendments\) \(Wales\) Regulations 2024 | GOV.WALES.](#)



Amended regulations cover:

- **Objectives of RPBs:** New objectives covering market stability reports, working with Llais, and promoting the development of integrated health and social services arrangements
- **Membership of RPBs:** Adding Welsh Ambulance Service Trust, County Voluntary Councils, primary care providers and worker voice as members; Llais as an independent member
- **Responsible persons:** Requiring the partnership bodies to nominate a responsible person to facilitate the partnership arrangements.
- **Administrative functions of RPBs:** New arrangements around recruitment and support for members
- **Self-assessment:** Biennial RPB self-assessments
- **Annual reports:** Definition of what is required in annual reports.
- **Annual delivery plans and annual reviews:** Requirement for annual RPB delivery plan.
- **Market stability report:** Date of submission of future market stability reports.

A draft Scheme of Delegation has also been developed which seeks to delegate responsibilities into the RPB subgroups (Strategic Partnerships) in this way if should accelerate decision making and ensure decisions are taken at appropriate levels.

Argymhelliad / Recommendation

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

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

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR009 – Transformation and Partnership Working
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions



Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.
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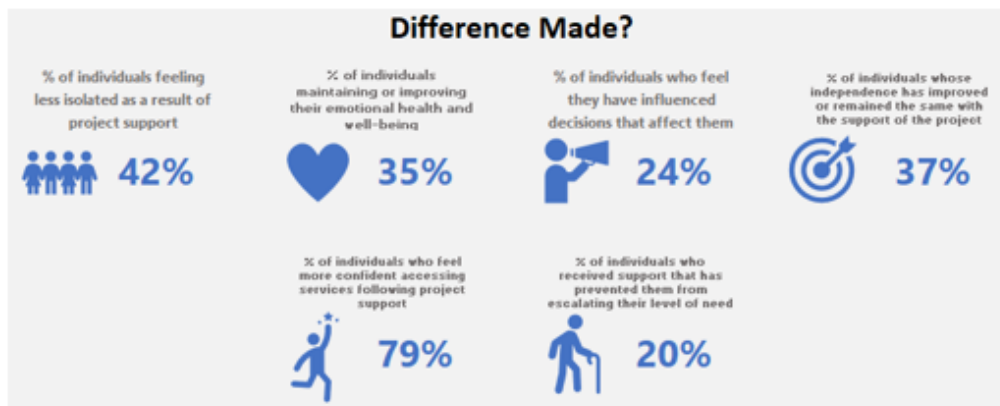
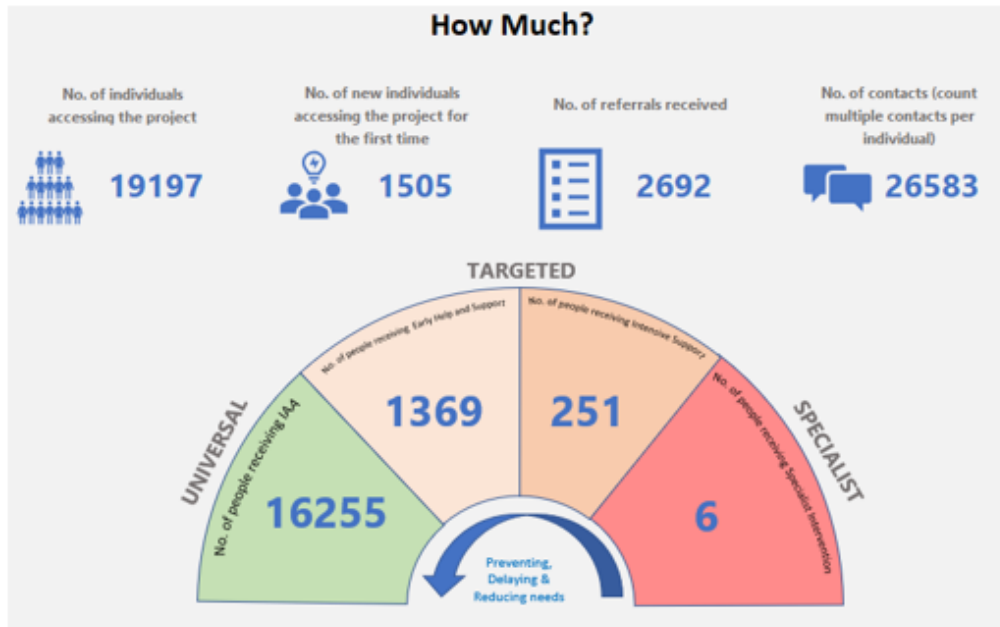
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	Explained within the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Planning, Partnerships and Population Health Committee.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Choose an item.

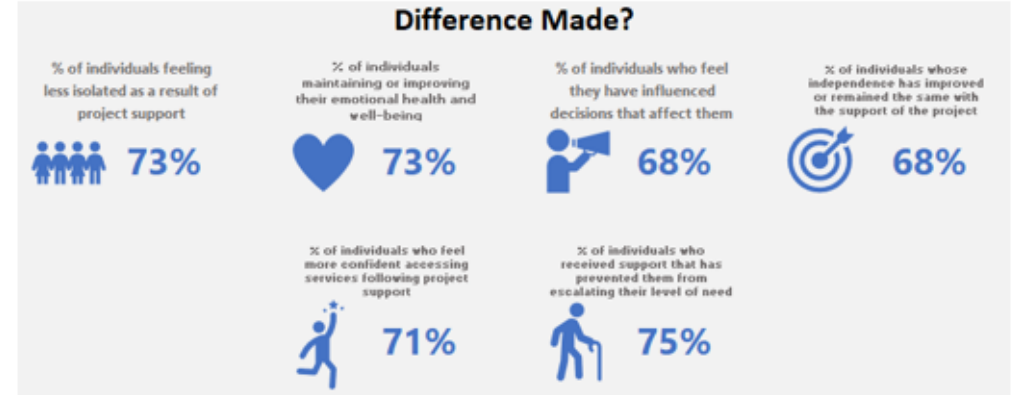
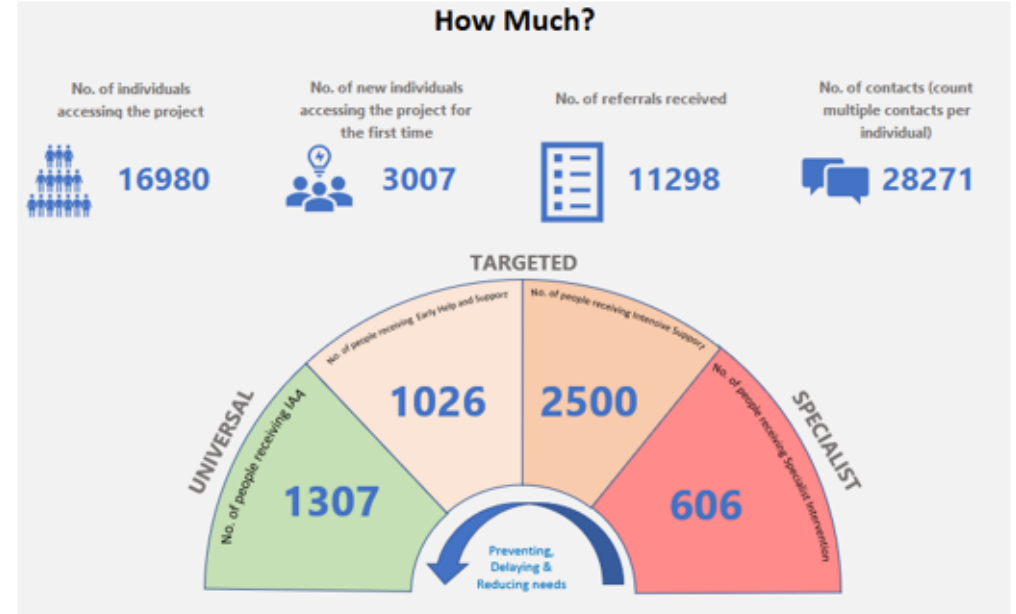


Appendix A: Strategic Partnership Portfolio Visuals

Carers Strategic Partnership

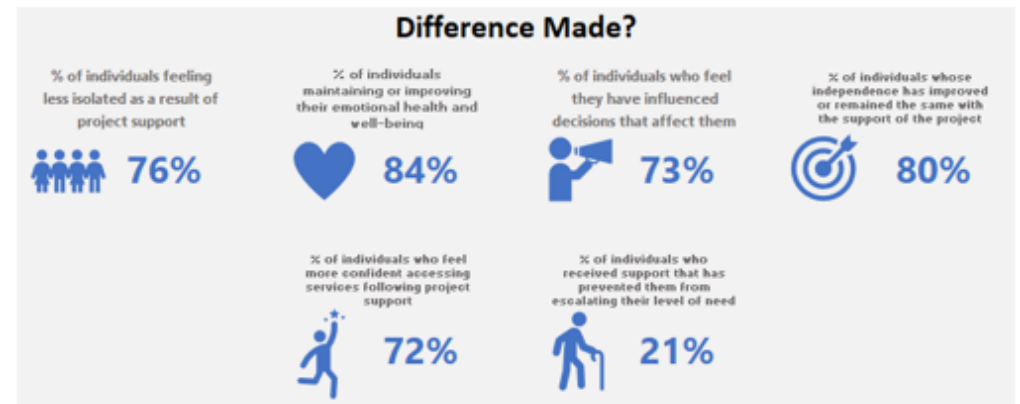
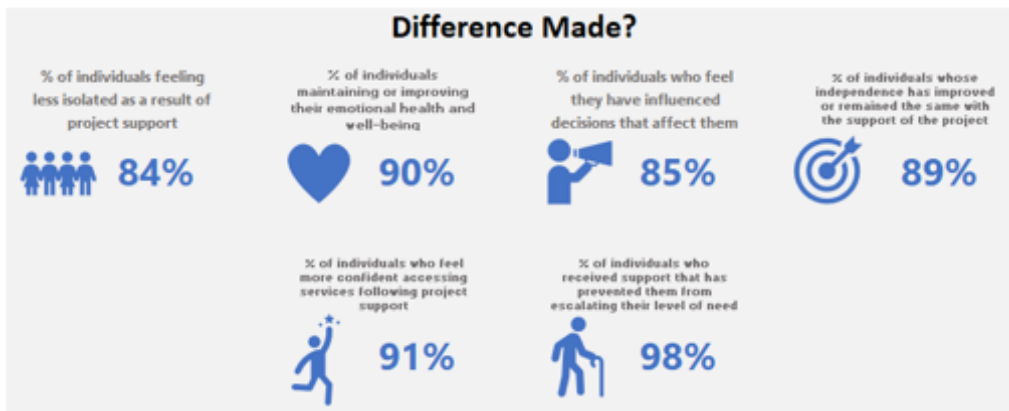
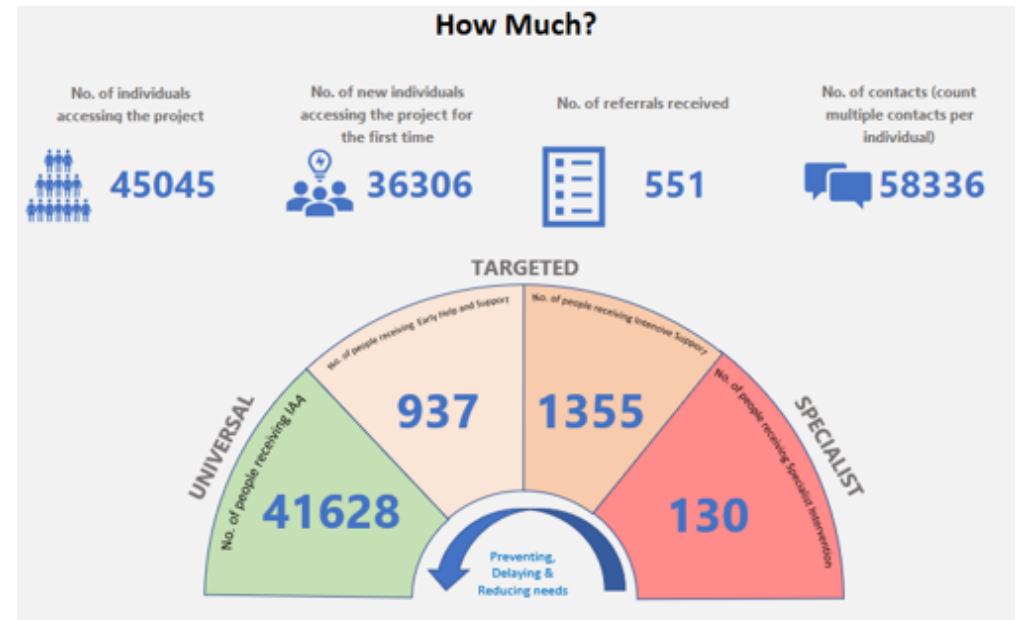
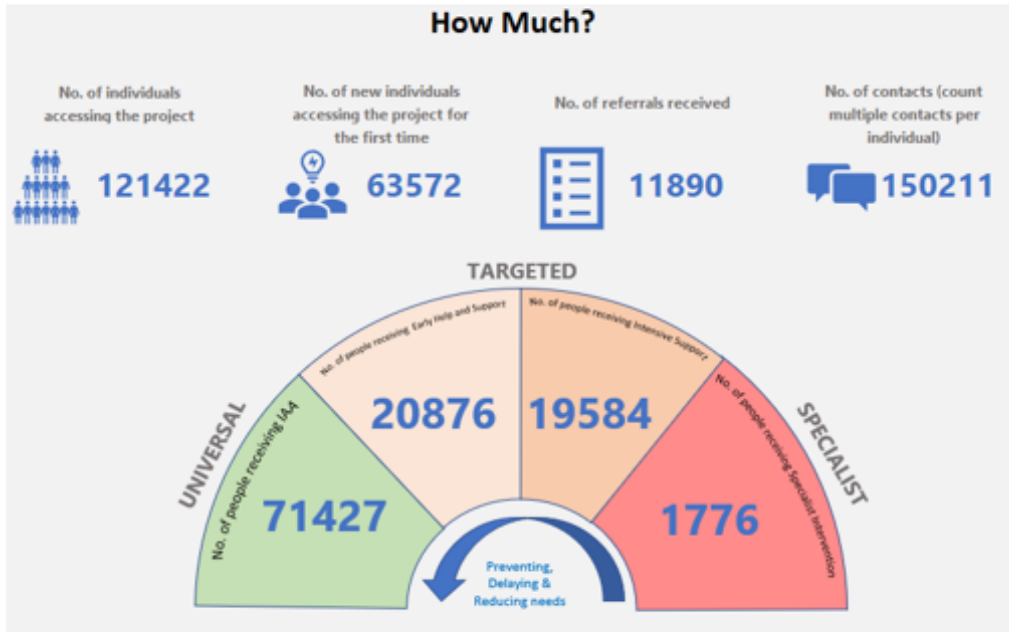


Children & Families Strategic Partnership

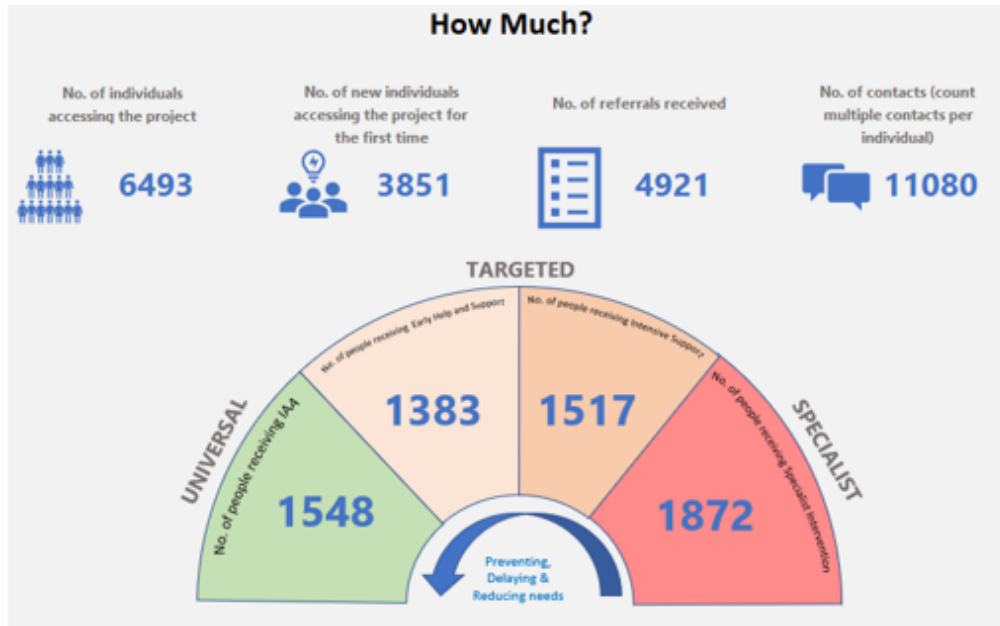


Gwent Adults Strategic Partnership

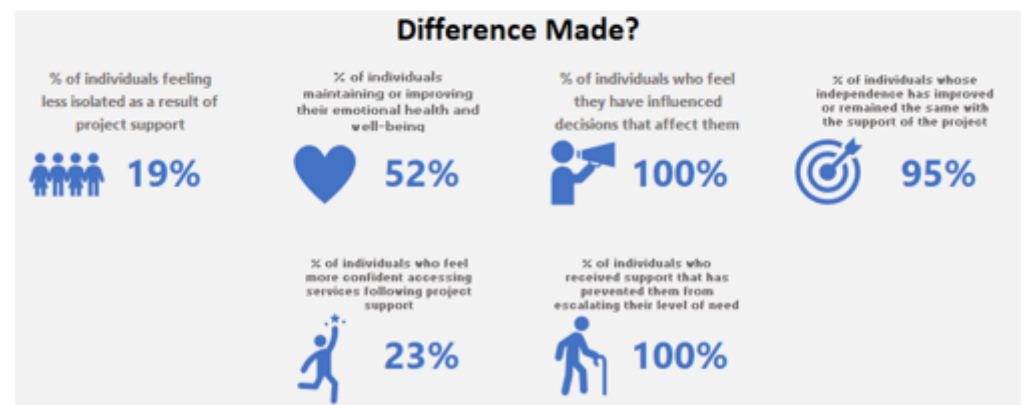
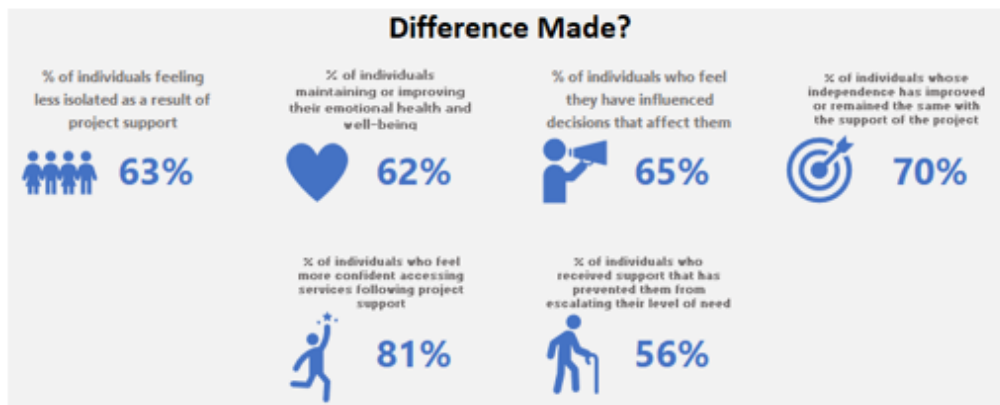
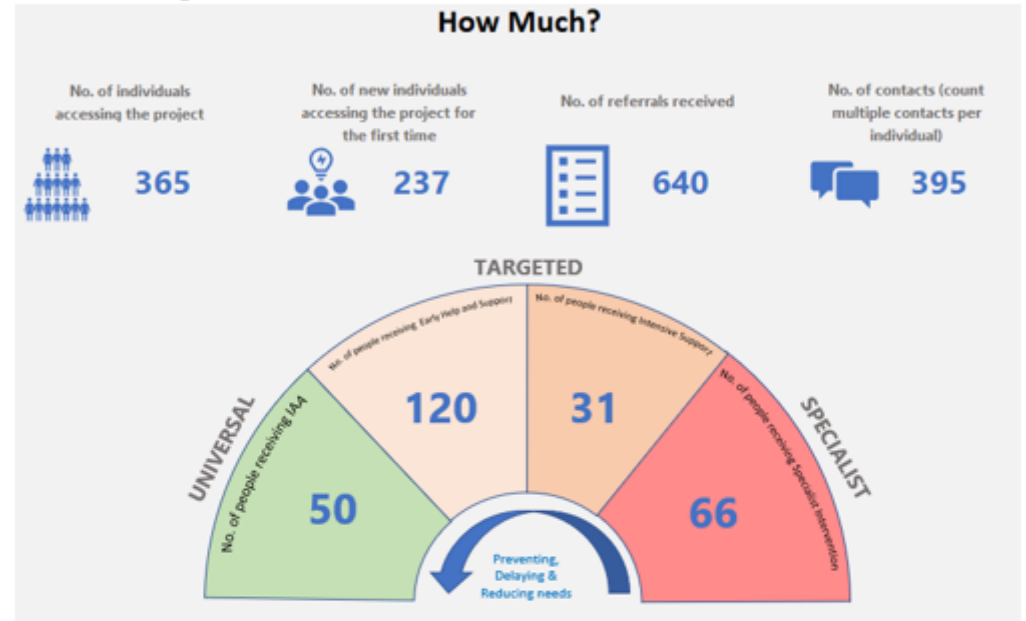
MH & LD Strategic Partnership



Regional Dementia Board



Housing Strategic Partnership (AT Programme)



DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2025
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.

Cefndir / Background

Health Boards in south east Wales continue with active collaboration where this delivers added value to clinical service delivery, access and sustainability. The Cabinet Secretary's expectation of regional planning and delivery remains as high as ever. Health Board planning teams (joined by clinical, operational and other colleagues where beneficial) 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.

Regional planning and partnerships take the form of the formal South East Wales planning collaborative as well as issue or service specific programmes that are not all within scope of the former portfolio. All significant work is summarised in this paper.



Asesiad / Assessment

An overview of current programmes is set out below:

Regional Programme Review

A tri-Executive session took place in the autumn, to reflect on progress, challenges, and opportunities associated with the existing regional planning arrangements.

It was recognised that whilst considerable progress had been made across regional planning and delivery in South East Wales over the last two years, a number of challenges had been experienced in planning and delivering services across multiple boundaries. There remained a commitment in principle to continued joint working in order to address collective longer-term clinical sustainability and ensure effective service delivery for patients, and a new piece of work was therefore agreed to be commissioned to re-baseline existing programmes and to consider priorities and actions over the next 12 months, including infrastructure and financial support.

It was agreed that delivery of the supported and resourced ophthalmology programme remained a main priority alongside the clear articulation of the regional opportunity presented by Llantrisant Health Park. Wider conclusions, including future arrangements for programme support, governance and board briefing are expected to be confirmed over the next few weeks.

Llantrisant Health Park

A formal programme is now well-established to reflect the plans for the development of the Llantrisant Health Park (LHP) site, which was acquired by Cwm Taf Morgannwg UHB in 2022 to enable additional diagnostic capacity in support of their hosted programmes, and for wider services where mutually advantageous for health boards. There is some Welsh Government focus on developing the site for additional local and regional service capacity, and a business case is being prepared with the aim of bringing to individual health boards for consideration in May. The case will enable the procurement of technical support and work through the demolition of the existing buildings on the LHP site and the establishment of new facilities, potentially covering endoscopy, radiology, pathology and orthopaedics. A series of governance and contractual steps will be required, and it is currently projected that services will be operational on the site during 2027/28.

As a high-profile regional project, it will be essential that any opportunities identified through this work reflect value for money for the Health Board when considered against other options.

The evolution of some of the existing service specific regional programmes now means that elements of their work can be transferred into the wider LHP programme, allowing those programmes to focus on specific service issues e.g. standard pathways / specifications and workforce requirements.

Aneurin Bevan UHB is now fully represented on the LHP programme board, and operational / planning colleagues will remain closely involved with the process as it develops.



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

Following discussion with Llais, the first phase of the cataract programme was extended to maximise the benefit of the additional capacity established in Cardiff, Abergavenny and via private sector outsourcing. It is expected that this phase should be completed by March 2025, by which time more than 10,000 patients will have been treated through the programme with the intention of eliminating waiting times in excess of 104 weeks. Progress is monitored through the Ophthalmology Programme Board, with regular updates to the overall Delivery / Oversight Boards.

Key priorities for 2025/26 will be:

- Consolidation and maximisation of additional capacity into business as usual for cataract services
- Rescheduling of clinical workshop to review ophthalmology priorities and regional collaboration options
- Development and submission of business case for 2026/27 to deliver long term demand / capacity balance and service sustainability

Ophthalmology Electronic Patient Record - The Committee will be aware from previous updates that this national programme to deliver a comprehensive electronic patient record for ophthalmology has been subject to significant delays to implementation and operational go-live planning. Now that the programme is established within Digital Health Care Wales (DHCW), a full review of the most appropriate way forward has been undertaken and a series of options for progress have been issued and circulated for comment. These cover both the interim and longer term, noting the following:-

- Existing contracts can be extended by Cardiff & Vale UHB (as the original system hosts) to provide the 'Open Eyes' system in neighbouring health boards, but these will expire in 2027. Aneurin Bevan UHB is currently actively pursuing this option as an interim measure
- The most desirable option is for a new long term (7+ years) universal national procurement exercise that would test the latest market systems for 2027 onwards, but this is recognised as complex, costly and is likely to require full health board sign-up
- No further funding has been identified or committed at present, but affordability is being considered.

Health board digital and service teams are currently scrutinising the options, and it is envisaged that conclusions will be brought to the Executive team for information and endorsement.



Orthopaedics

This programme has been 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 has been 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 in respect of the first two of these, following completion of the exercise to refresh demand / capacity positions and a number of work streams as follows:-

- Establishment of common standards and processes e.g. pre-operative health screening)
- Implementation of the 'perfect month' pilot for theatre arrangements
- Review of the trauma pathway and agree next steps, including a heat map to assess current baselines

As the programme has evolved, consideration has been given to future requirements and the transitioning of relevant work streams into the LHP programme. A recent meeting of the Regional Oversight Board has consequently agreed that the work of the group to finalising and agreeing the clinical model for a potential regional should transfer to the LHP programme, together with any other work directly linked to the LHP development. The remaining elements of the orthopaedic programme will be reconstituted into a regional network, with the aim of ensuring ongoing communication, collaboration and joint service planning e.g. to develop further the conclusions of best practice sharing, 'perfect theatre month' etc. The next steps will now be as follows:-

- Confirmation of any supporting resources available to transfer to the LHP programme.
- Drafting of terms of reference for the new network
- Agreement of future network reporting arrangements into the Regional Oversight Delivery Board

Aneurin Bevan University Health Board representatives will remain fully engaged with the revised arrangements 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 has explored a form of regional working that potentially includes:

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

The project continues to focus on the procurement / tendering process for a managed service contract for activity at Llantrisant Health Park (LHP). Planning and operational engagement is being maintained in respect of this to ensure consistent standards and processes, but latest demand / capacity projections have confirmed that the ABUHB local service would not wish to use this option to support core activity until at least 2027/28 (with the local priority being full seven-day utilisation of the four-theatre suite in the Royal Gwent Hospital).

A clinical summit took place in November to ensure a broad consensus on agreed priorities and objectives for the programme going forward. A draft business case has been developed subsequently by Cwm Taf Morgannwg UHB for the establishment of the LHP facility, based on a first phase involving just themselves, followed by a second phase including all health boards and encompassing additional screening and surveillance activity, plus the incorporation of a training academy (for which a separate business case has been developed by Health Education and Improvement Wales). The former case is currently subject to scrutiny and feedback from across the region, and a number of queries and issues have been raised. The intention is for the case to be considered at respective Health Board meetings, once all the outstanding queries / issues have been addressed and the ask of Boards is clear.

It is now proposed that two key elements of the programme transfer into the remit of the LHP programme as follows:-

- Completion / approval of business case, including procurement of the endoscopy service activity
- Collaborative approach to training arrangements, working with Health Education and Improvement Wales via an academy model (noting that the



academy is currently incorporated into the separate business case for the development of the LHP infrastructure).

It is intended that the remaining elements of the endoscopy programme will be able to be facilitated either through the national diagnostic / endoscopy programmes or through a generic regional group established to manage workforce and recruitment issues. A less formal regional forum e.g. community of practice may also be retained to ensure ongoing communication, best practice sharing and joint approaches to issues such as waiting list management and service accreditation initiatives.

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, Aneurin Bevan UHB indicated from the beginning of the programme that we favoured an in-house development, as this was 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. Following submission of a business justification case for this, funding has been approved by Welsh Government and this development is now actively progressing, with the new MRI scanner expected to be operational by May / June.

As Cardiff & Vale UHB have now indicated that they are pursuing a separate local procurement exercise, the CDH programme associated with the LHP site has become solely the remit of Cwm Taf Morgannwg UHB. The workstream progressing this procurement is now moving into the LHP programme and will be managed within this from now on.

Whilst the formal CDH programme is therefore being stood down, it has been agreed to retain a regular regional forum along the lines of a community of practice to ensure good communication and sharing of experiences and best practice. The details of this are being finalised and Aneurin Bevan UHB representatives will remain engaged as appropriate.

Pathology

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



It has been acknowledged from the outset of the programme that a comprehensive digital cellular pathology system is a pre-requisite for meaningful regional service integration and optimal future recruitment and training. The draft national business case for this has been subject to health board scrutiny, and some concerns remain regarding the considerable technical / revenue cost implications of this, whilst recognising that this needs to proceed as a priority. This is due to be discussed in Board Development before going to the public Board meeting in March.

Following an options appraisal workshop last year, the programme has proposed a revised high-level plan, terms of reference and steering group membership to progress as a regional priority in 2025. Next steps will now be as follows:-

- To confirm the cross-health board commitment to the regionalisation of cellular pathology service (recognising some individual concerns regarding risks for current local service initiatives and a perceived over-emphasis on early changes to formal service management arrangements)
- Agreement of the proposed governance structure and working groups, together with the arrangements for specialist support e.g. workforce and finance
- Agreement of the more detailed scope of the programme and subsequent business case, potentially covering standardised regional processes, development of a 'single service across multiple sites' approach and a longer term move towards centralised laboratory services and reporting.
- Establishment of additional workstreams and leads
- Development of a detailed programme plan with agreed, realistic timelines.
- Ongoing validation of demand & capacity data to inform the plan / business case

Aneurin Bevan UHB representatives will remain fully engaged with the programme, with the key aims ensuring that local concerns are taken into account and that subsequent decisions are informed by robust data and detailed option appraisal.

Cancer Services

Following the revised governance approach to cancer planning in the south east, this programme is hosted by Aneurin Bevan UHB, with the Chief Executive chairing the new Regional Cancer Board. The Board has met twice and has agreed the strategic priority to design, develop and articulate the desired future state for the cancer system for south east Wales - a whole system vision from public health to living with and beyond cancer and end-of-life. The specific aims within this priority are agreed as:-

- Systematically adopting best practice across the region
- Reducing inequalities
- Improving outcomes

These will be progressed through four areas of focus, each led by an Executive sponsor:-

- Regional data and shared waiting list
- Regional workforce



- Regional multi-disciplinary team and governance
- Haemato-oncology

The programme will continue the required detail over the coming weeks, with a multi-disciplinary workshop later in January.

Construction of the new satellite radiotherapy unit (SRU) at Nevill Hall Hospital continues to progress with a small technical delay, with handover now scheduled for May 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 Allied Health Professionals & Health Science) is also progressing to schedule.

Welsh Sexual Assault Service (WSAS – formerly SARC)

Health boards, police forces, Police and Crime Commissioners and third sector partners have collaborated to implement 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 provides a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance (including new ISO accreditation as a forensic standard for the collection of evidence.), and ensures robust governance arrangements.

Now that the reconfiguration of acute cases in the south-east Wales region has transitioned into business as usual, management of the remaining elements of the programme (together with future commissioning / financial arrangements) has transferred to the Joint Commissioning Committee, which is reviewing the arrangements for transitioning the long-term service into an operational network. It is envisaged that a new operational forum and updated commissioning details for 2025/26 will be agreed and circulated by the end of March.

Whilst most service delivery arrangements are completed, Health Board finance and planning representatives will remain engaged with commissioning discussions and any significant developments will be included in future update reports.

Spinal Surgery

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

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



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

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

The Network has worked extensively with stakeholders across South Wales on a range of actions, including the following:

- Review of spinal MRI provision to ensure universal 24/7 availability
- Updated referral pathways, transfer times and destination for patients with suspected or confirmed spinal pathology
- New guidelines, arrangements and performance indicators, including for spinal trauma metastatic spinal cord compression and complex neuro-spinal cases

The work of the Network has now effectively transitioned into business as usual, with Health Board engagement through service & clinical representation, including one of the Aneurin Bevan UHB spinal surgeons as the network clinical governance lead. The need for planning and commissioning input will be reviewed through the coming year if / as required, and further updates will be provided if there are significant developments.

Thoracic Surgery

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

The key aims and benefits of this programme include:

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

Considerable work was undertaken in 2023 to progress the above through a series of work streams, with a view to developing an Outline Business Case with preferred service specification option for submission to Welsh Government by the end of the year. The programme did not progress further in 2024, pending confirmation of



OBC funding from Welsh Government and of service / programme capacity. Further updates are currently awaited, but operational implementation of the new service is now unlikely to be achieved until 2027/28.

Aneurin Bevan UHB representatives will maintain engagement with the programme once revised plans and timescales are confirmed.

Interventional Radiology

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

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

Within south east Wales, Cardiff is the tertiary centre for vascular and interventional radiology services. The latter remains robust and sustainable, with active succession planning in anticipation of future retirements.

As previously referenced, the service within south west Wales experienced workforce / sustainability issues, resulting in operational support being provided from the south east. New consultant appointments were made in 2024, but have not yet taken up post. Bridging locum cover has been arranged over recent months, supported by the south east service providing out of hours cover (agreed for another 12 months) and occasional day time referrals if / as required. This is seen as a broadly sustainable business as usual position in the short to medium term. The situation continues to be monitored by clinical and planning teams, and any significant developments will be included in future update reports.

Hepatobiliary and Pancreatic Surgery

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

The Programme Board (alternately chaired by the Medical Directors of Cardiff & Vale / Swansea Bay University Health Boards) oversaw a comprehensive review of future service delivery options (by an external clinical advisory group) in 2023, which indicated that the only viable future options were a combined single site based either in Cardiff or Swansea.

Progress with the programme has been stalled for nearly 12 months, 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.

In recognition of the challenges with capacity and pace, it has been agreed that commissioning responsibility for the service will transfer from the RSSPPP to the all-Wales Joint Consultative Committee. This has been formally noted by Chief Executives and it is anticipated that programme board meetings will resume in early 2025, working with revised documents, network job descriptions and timelines. Development of the network launch plan and associated service business case should then follow.

Health Board representatives will remain engaged in the planning process and associated decision making once this has been re-established.

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 progressing in areas where significant collaboration between health boards is required to deliver sustainable reconfigured services e.g. between Cardiff & Vale / Cwm Taf Morgannwg UHBs and between Swansea Bay / Hywel Dda UHBs.

The need for reconfiguration is accepted. In January 2025 the Health Board received notification of an urgent service change in neighbouring Cwm Taf Morgannwg (CTM) UHB resulting in the temporary centralisation of all CTM acute stroke services at the Royal Glamorgan Hospital as a result of significant consultant workforce issues at Prince Charles Hospital, Merthyr. This has not insignificant implications for the health board both as a commissioner and as a provider with patients from north Blaenau Gwent and north Caerphilly now flowing to the hyper acute stroke unit in the Grange University Hospital (GUH) instead of Prince Charles Hospital. Just over half of the increased demand expected however will be a flow of Powys patients to GUH. Operational and pathway planning was quickly mobilised to respond to this change with further work required on commissioning and contractual implications.

Vascular Services

Following extensive collaborative planning and public engagement, vascular services across south east Wales moved to a regional network model in 2022, with the hub in Cardiff providing surgery acute / inpatient services and health board spokes providing outpatient and rehabilitation care. An operational delivery network team was established, hosted by Cwm Taf Morgannwg UHB.

Following more than two years of operational experience, the network team arranged a workshop in November to reflect on progress. This encompassed reflection on the network's performance, review of actual activity levels against forecasts within the business case, and preparation for future demands and challenges. Additionally, exploration and discussion took place of potential new working methods and adjustments to the network's structure.

Representation was invited from across the regional network including executive board members, NHS Executive, clinical and nursing leads, operational, finance,



workforce and planning teams. Working groups from operational, finance and planning, workforce and clinical governance prepared and presented on current performance and demand of the network and potential options for appraisal and for future network development. Group discussions then followed focused on themes provided by the participating health board Chief Executives. These included the evolution of current clinical model, key workforce developments, opportunities to improve patient outcomes, and operational efficiencies and clinical governance development to demonstrate success and effectiveness.

The network is now in the process of finalising an action plan and proposals for future governance arrangements in response to the workshop discussions. Health Board clinical, operational and planning representatives are fully engaged in the process, with conclusions / recommendations to be brought to the Regional Oversight Board and respective Executive teams for endorsement once completed.

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 prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.



	Choose an item.
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**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



DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Partnerships, Population Health and Planning Committee – Review of Committee Forward Work Plan 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Director of Corporate Governance

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

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Partnerships, Population Health and Planning Committee is asked to review the agreed Committee Forward Work Plan appended to this report as Appendix A.

The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2023/24 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- Seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

In line with good governance practice, the Committee has a Forward Work Plan that has been developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The Forward Work Plan can therefore

be utilised as a tool for informing and pre-empting committee business and support the agenda setting process.

The Forward Work Programme Plan is designed to assist the Committee in the review of its programme of business. It captures the timing of report submissions, identifies items that have been deferred, and captures new requests for reports. The plan also allows the Committee to monitor and review its business at each meeting.

During the period of September to January the following requests and/or changes to the Forward Work Plan have been included:

Items deferred on the Forward Work Programme:

- Annual Review of Committee Terms of Reference 2025/25
- Annual Review of Committee Effectiveness 2024/25

Items removed from the Forward Work Programme:

- Overview of Audit Recommendation Tracking

Argymhelliad / Recommendation

The Committee is requested to **NOTE** the updated Partnerships, Population Health and Planning Committee Forward Work Plan as provided in **Appendix A**.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.