


Agenda

1. PRELIMINARY MATTERS

 PPHPC 02042025 Agenda - Approved.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 28th January 2025

Attached *Chair*

 PPHPC 20250128 1.4 Minutes - Approved.pdf (11 pages)

1.5. Committee Action Log

Attached *Chair*

 PPHPC 20250402 1.5 Action Log - Approved.pdf (2 pages)


2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section

3. ITEMS FOR DISCUSSION

3.1. Annual Review of Committee Terms of Reference

Attached *Director of Corporate Governance*


 PPHPC 20250402 3.1 - PPHPC Terms of Reference Review 2025.pdf (3 pages)

 PPHPC 20250402 3.1 Appendix A - PPHP Committee_Draft December 2024.pdf (11 pages)

3.2. Committee Annual Report

Attached *Director of Corporate Governance*

 PPHPC 20250402 3.2 - PPHPC Annual Report 2024-25docx.pdf (4 pages)

 PPHPC 20250402 3.2 Appendix A - PPHPC 2024-25 Annual Report v2.pdf (39 pages)

3.3. Committee Risk Report

Attached Director of Corporate Governance

 PPHPC 20250402 3.3 Committee Strategic Risk Report.pdf (6 pages)

 PPHPC 20250402 3.3_ Appendix A_ Strategic Dashboard and Risk Assessments.pdf (16 pages)

3.4. Update on the Development of a Long-Term Strategy

Attached Director of Strategy, Planning and Partnerships

 20250402 PPHPC 3.4 April Developing Strategy Final.pdf (8 pages)

 20250402 PPHPC 3.4 Appendix A Strategy 2035 Testing Aims and Developing the Actions.pdf (14 pages)

3.5. Health Protection & Vaccination Programme Update

Oral Director of Public Health

3.6. Regional Partnership Board Update

Attached Director of Strategy, Planning and Partnerships

 PPHPC 20250402 3.6 RPB Update Cover report .pdf (11 pages)

3.7. Regional Planning

Attached Director of Strategy, Planning and Partnerships

 PPHPC 20250402 3.7 Regional Planning Update Apr 2025 Cover report.pdf (9 pages)

3.8. Public Services Board

Oral Director of Public Health

4. ITEMS FOR INFORMATION

There are no items for inclusion in this section.

5. OTHER MATTERS

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

Oral Chair

5.2. Any Other Urgent Business

Oral Chair

5.3. Date of the Next Meeting: Tuesday, 01st July 2025, 09.30-12.30.

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

AGENDA

Date and Time	02 nd April 2025, 09.30-12.30.
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 28 th January 2025.	Attached	Chair
1.5	Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
2.1	There are no items for inclusion in this section.		
3	ITEMS FOR DISCUSSION		
	Governance		
3.1	Annual Review of Committee Terms of Reference	Attached	Director of Corporate Governance
3.2	Committee Annual Report 2024/25	Attached	Director of Corporate Governance
3.3	Committee Risk Report	Attached	Director of Corporate Governance
	Strategic Planning		
3.4	Update on the Development of a Long-Term Strategy	Attached	Director of Strategy, Planning and Partnerships
	Population Health		
3.5	Health Protection & Vaccination Programme Update	Oral	Director of Public Health
	Strategic Partnerships		
3.6	Regional Partnership Board Update	Attached	Director of Strategy, Planning and Partnerships
3.7	Regional Planning	Attached	Director of Strategy, Planning and Partnerships
3.8	Public Services Board	Oral	Director of Public Health
4	ITEMS FOR INFORMATION		
4.1	There are no items for inclusion in this section.		
5	OTHER MATTERS		



5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: <ul style="list-style-type: none"> Tuesday, 01st July 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 PARTNERSHIPS, POPULATION
HEALTH & PLANNING COMMITTEE**

DATE OF MEETING	28 th January 2025
VENUE	Microsoft Teams

PRESENT	Ann Lloyd, Chair
	Dafydd Vaughan, Vice Chair
	Penny Jones, Independent Member
IN ATTENDANCE	Hannah Evans, Director of Strategy, Planning and Partnerships.
	Tracy Daszkiewicz, Director of Public Health
	Rani Dash, Director of Corporate Governance.
APOLOGIES	Paul Solloway, Director of Digital.
	Philip Robson, Specialist Advisor.
	Richard Clark, Independent Member

PPHPC/2801/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PPHPC/2801/02	Apologies for Absence Apologies for absence were noted.
PPHPC/2801/03	Declarations of Interest There were no Declarations of Interest raised relating to items on the agenda.
PPHPC/2801/04	Draft Minutes of the meeting held on 30th September 2024. The minutes of the meeting held on the 30 th September 2024 were agreed as a true and accurate record. Penny Jones (PJ), Independent Member, raised a request for a site visit to Nevil Hall Hospital for Independent Members, to be included in the minutes.
PPHPC/2801/05	Committee Action Log The Committee received the action log and was content with the progress made in relation to completed actions and



PPHPC/2801/06

against any outstanding actions, as set out within the paper.

The Committee noted that the organisation of Independent Member Walk Arounds was in progress.

Update on the development of a Long-Term Strategy

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update to the Committee on the development of the long-term strategy.

Welsh Government had expressed an interest in the development of an engagement report, to use the strategy as an example of best practice. This was due to the Health Board's exercise in community engagement, and the number of those consulted from groups typically reluctant to engage, such as the male population.

Next steps for the strategy were outlined as;

- To test the level of detail within the strategy. This would be completed through a series of internal and external workshops to test, build actions and outcomes.

The Committee discussed the need to incorporate a number of clear measurable metrics and outcomes into the strategy to ensure clarity and to reduce the risk of information getting lost within the data.

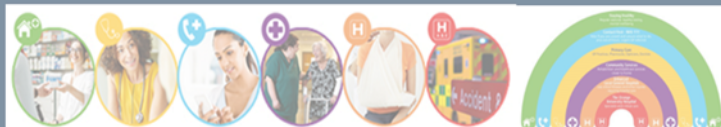
The Committee requested assurance that the strategy would produce positive change.

Assurance was provided that the sharing of insight and intelligence with partners had been. It was noted that further information would need to be sought in order to clarify the changes implemented at the point of service provision.

The Committee noted the need for one of the outcomes of the strategy to be the implementation of an effective definition of Placed Based Care.

It was requested that by the next Committee, a paper was prepared outlining the Health Board agreed definition of Place Based Care, and how it would work under the strategy.

ACTION: Director of Strategy, Planning and Partnerships.



Tracy Daszkiewicz (TD), Director of Public Health, noted that work was already going into this space, mostly around describing Place Based Care. Within the community model of Place Based Care, it is determined as a Public Health block within communities, with the wider determinacies of health being split into four areas of impact upon an individual's life and good health. An example was given relating to a framework around avoidable deaths, being impacted by the pillar determining features of the Best Start in Life, including both environmental and economic factors into that. It was noted that a limiting factor for this work was that of quality data. In order to obtain a wider image of the population, there was a need to draw data from multiple streams.

It was noted that there was a short Board session scheduled for 12th February 2025 where the strategy could be presented to the Board, and linked with the annual plan.

The Committee **NOTED** the Engagement Report and the working draft of the strategic framework and aims.

PPHPC/2801/07

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

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, advised the Committee that the first draft of the plan would be presented to the Board at a development session on the 12th February 2025.

The Committee noted that no priority areas laid out within the plan had been deescalated by Welsh Government, and that a letter had been received from the Cabinet Secretary, which outlined regional policy and social partnership areas as a high priority.

A selection of Key Delivery Expectations were listed, such as;

- Improvement in the percentage of cancer patients starting definitive treatment within 8 weeks of suspicion, with the overall target being 80% by March 2026.
- Increase in the percentage of patients aged 12 years and over, receiving all eight NICE recommended care processes.
- The establishment of a Woman's Health Hub in each Health Board area by March 2026.



It was noted that areas of reflection within the plan were detailed around Women's Health, Diabetes, and Cardio Vascular Disease, with reviews and lessons learned being applied to the six goals plan and urgent and emergency care priority actions.

It was noted that Neighbourhood care network plans were no longer separate from the wider plan, although, as they were guided directly from Welsh Government, there was still work to do before they could be completely integrated.

The Committee noted the need to include a deliverable in relation to Primary Care, as it is one of the Health Board's biggest difficulties.

The Committee sought further detail about how the targets stipulated within the plan would be achieved before the end of the 2026/26 financial year.

It was highlighted that within the financial resources available, the organisation would not be able to deliver on all of the targets before the stipulated end date. Instead, it would have to be clear about what can be achieved within available resource.

It was noted that the development of the Annual Plan and publication of the Planning Framework Review would likely result in an increased number of targets as the year progressed.

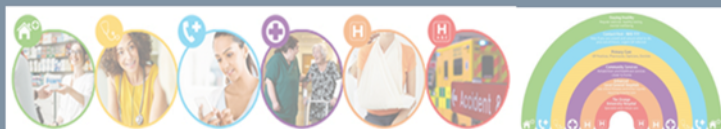
The Committee **NOTED** the report.

PPHPC/2801/08

Update on the development of Capital Programmes

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, updated the Committee, Capital Investment had grown by £10 million as a number of capital schemes had been completed over the last 12 months, including, the Bevan Health and Wellbeing Centre, and the New Breast Unit.

The Committee was assured that during the last Capital review meeting, lessons had been drawn from the challenging project that had taken place around the completion of the Bevan Health and Wellbeing Centre.



The Committee discussed the positive impact of co-located services and the impact it had upon integrated services and place-based care. It was proposed that an update should come to the next meeting.

Formal feedback had been received from the submission of the Capital Prioritisation lists, part of the annual plan for 2024.

It was noted that enabling work was ongoing into the transfer of services based in St. Woolos Hospital to the Royal Gwent Hospital. An update was requested for the next Committee meeting.

ACTION: Director of Strategy, Planning and Partnerships.

The Committee noted that the monies taken from the discretionary fund to cover the settlement for the Bevan Health and Wellbeing Centre has since been return by Welsh Government due to the return of VAT over payments as part of the Grange University Hospital development.

It was noted that the release of capital for a surgical robot in the Royal Gwent Hospital under a lease arrangement, could be bought out at the end of the year in order to free up revenue pressures next year.

The Committee requested in future presentations of the report, could a column be included within the developments table, to outline any revenue issues that arouse for the project.

The Committee was assured that the Mental Health Redevelopment was a feature of the plan for the following year, with tests and challenges currently ongoing in order to move into the final business case.

The Committee **NOTED** the report.

PPHPC/2801/09

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

Paul Solloway (PS), Director of Digital presented a PowerPoint slide outlining the development of the programme since its inception on 2019.

The Committee noted the high-level achievements, such as;



- Virtual consultants, patient communication platform and Value Based Healthcare.
- Robotic Process Automation, 600k health records digitised, and Radiology AI pilot.
- Improvements in information risk management and Clinical coding improvement plan.
- Service desk institute accreditation, and Windows 10/11 deployment.

The Committee also received an update on current developments, including;

- Digital patient letters, Mental Health procurement and NHS Wales App.
- Microsoft co-pilot, Patient flow and bed management, and e-Advice.
- Development of Data & Analytical Centre of Excellence, and Welsh PAS improvement programme.
- Security product refresh, device replacement programme, and Cyber security improvement programme.

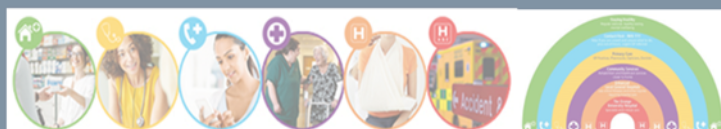
The Committee noted that the approach taken towards implementation of the strategy was to include themes within both local and national strategy, and incorporating the Gwent 2035.

It was noted that there was a need for the Health Board to remain consistent with the needs of the organisation and its population, even if that did not align with the All-Wales approach. It was noted that in this case, a robust alternative strategy would need to be presented.

It was highlighted that there was a workshop held before Christmas with Welsh Government and Directors of Digital Colleagues which discussed redefining what Once for Wales would mean. The main outcome had been that that the main theme for the approach did not detail that the same systems had to be adopted by all Welsh Health Boards; rather the adoption of a unified standard to best support standard clinical pathways, and sharing of information.

Next steps for the strategy were listed as;

- Completion of data analytics,
- Complete the development of Technical, Information Governance and Cyber Security Strategy,



PPHPC/2801/10

- Electronic Health & Care Records, develop a vision for electronic records,
- Overarching strategy to be completed and approved,
- The development of strategy delivery groups to ensure that the strategy is consistently delivering between now and 2029.

The Committee noted the need for annual targets to be developed to ensure that the strategy was not implementing change at a rate higher than the organisation had capacity to facilitate, and to avoid change fatigue.

The Committee **DISCUSSED** and **NOTED** the report.

Health Protection & Vaccination Programme Update

Tracy Daszkiewicz (TD), Director of Public Health, provided an update to the Committee.

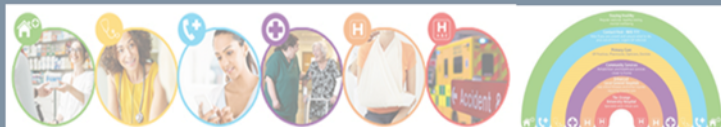
Highlights of the report were detailed, including the acceleration of catch-up vaccinations following a gap created in the Covid-19 pandemic, the introduction of new vaccinations particularly the respiratory vaccination for RSV, and the winter campaign.

It was noted that uptake for vaccinations was not at a satisfactory level, including childhood vaccinations such as Measles, Mumps and Rubella and two years catch up of the HPV vaccination.

It was highlighted to the Committee that the uptake for vaccinations for young people in GP surgeries was good, whilst working age people, including staff within the Health Board, and school children had seen a drop in uptake over the period. It was highlighted that to comate this, Health Board staff would be offered the vaccine in September ahead of the rush once it had been distributed out to the wider population.

It was highlighted that with regards to the winter flu vaccination, the highest up take was within the cohort of 65-year-old and over, at 70.3% uptake, making Gwent the joint highest in Wales. The working cohort of peopleonly saw an uptake of 36.5% with 50.9% for 2- and 3-year-olds.

The Committee noted that due to the vaccination equity strategy delay, the Health Board had developed its own



strategy which looked into what equity barriers there were from a service perspective. It was suggested that this strategy be presented to the Committee at the next meeting.

ACTION: Director of Public Health

The Committee was assured that in regards to the cohorts of school children missing their HPV vaccine, a catch-up campaign had been launched, with the goal of catching up in age order, before those cohorts get into the sexually active age range.

The Committee noted the development of a vaccination strategy which would be deployed in preparation for the coming winter vaccination period, with the aim of aiding primary care to manage the volume of vaccines distributed during this period.

The Committee noted the need to distribute educational work around vaccinations, and the need to counter fake news associated with vaccinations.

The Committee **NOTED** the report.

PPHPC/2801/11

Regional Partnership Board Update

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on discussions held at the last RPB meeting on the 14th January 2025.

The Committee noted progress made against the 50-day plan, with further details to be picked up in the Winter Plan. There was still a focus on reporting the 50-day plan to the Care Action Committee.

Other notable actions were;

- The RPB received a presentation from the Housing Partnership,
- A conversation had been held around the eliminate Agenda, including the draw on the joint capital budget.
- An update was received in regards to governance,
- A review had been undertaken into frailty services and spend.

The Committee noted the need to seek clarification on the instigation of amended regulations being brought into effect the end of the calendar year.



Ann Lloyd (AL), Chair, provided an update on the recent Care Action Committee meeting, held on the 27th January 2025. It was noted that the Cabinet Secretary wanted a careful assessment of the RPB organisation against the progress being made within the 50-day challenge, with detailed evaluations into success and failures within the plan. Aneurin Bevan University Health Board had been asked to present to the Care Action Committee on the lack of trusted assessors within the region.

The Committee discussed the need to keep patients out of hospitals as a priority, and raised the need for a report on preventative measures.

It was highlighted that a prevention framework was being developed to target an action to improve primary prevention, starting with where demand was witnessed within hospitals. It was highlighted that the framework would be modelled to aid the achievement of ambitions laid out with the Integrated Medium-Term Plan (IMTP), with a skeleton framework ready by April 2025.

It was requested that a paper on prevention framework and innovation within community be presented to the next Committee meeting.

ACTION: Director of Public Health.

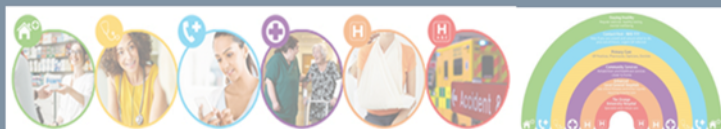
The Committee **NOTED** the update.

Regional Planning Update

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update to the Committee.

Key areas included:

- Recognising learning from regional work such as mission-led models and provider led models, enabling easier planning and delivery.
- Ophthalmology business case for a digitalised system had been agreed by all Health Boards. There was a view to implement a well-known system for Ophthalmology across Aneurin Bevan University Health Board; this system has already been rolled out in Cardiff and Vale University Health Board.



- The Joint Commissioning Committee Interim Director of Planning had included a review into South Wales Major Trauma Network into its workplan for 2025/26.
- Interest in Llantrisant Health Park. It was noted that this is a priority for the Cabinet Secretary and Judith Paget.

The Committee noted that Llantrisant Health Park had been purchased by Welsh Government for Cwm Taf Morgannwg Health Board. Discussion had been around the Health Park being able to increase service support for the entire of South East Wales, although, no business case had been presented.

Ann Lloyd (AL), Chair, informed the Committee that herself and Nicola Prygodzicz, Chief Executive Officer had been called to attend a meeting with the Cabinet Secretary next week to articulate the regions support for the Health Park. AL noted that without an approved business case, they would be unable to meet the request, as there would not be sufficient evidence upon which to determine the best outcome for this Health Boards population.

The Committee **NOTED** the update.

PPHPC/2801/13

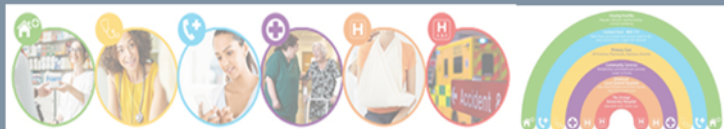
Public Services Board Update

Tracy Daszkiewicz (TD), Director of Public Health, updated the Committee that Councillor Anthony Hunt had been appointed Chair of the PSB, with his first meeting being in March.

Other key updates included:

- Updated Terms of reference for the Community Safety Partnership, which had been adopted.
- Four main groups formed within the PSB, Best start in life, Environment Group, Economic Workstream, and Living Safely in Communities.
- Leads to be appointed to both the Economic Workstream, and Living Safety in Communities.
- Deep dives discussed and scheduled into The Best Start in Life, and Environment Group.

The Committee discussed the safeguarding issues around out of hours contact for patients who had experienced crisis and mental health crisis, due to substance misuse. It was noted that the PSB would be an appropriate platform for this discussion due to the heavy reliance on services such as the police.



	The Committee NOTED the report.
PPHPC/2801/14	Review of Committee Programme of Business The Committee received the Review of Committee Programme of Business 2024/25 for information.
PPHPC/2801/15	Items to be Brought to the Attention of the Board and Other Committees Nothing reported.
PPHPC/2801/16	Any Other Urgent Business Nothing raised.
PPHPC/2801/17	Date of the Next Meeting: <ul style="list-style-type: none"> • 2nd April 2025, 09.30-12.30





Outstanding

In Progress

Not Due

Completed

Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
January 2025	PPHPC/2801/06	<p>Update on the development of a Long Term Strategy</p> <p>A paper outlining a Health Board agreed definition of Place Based Care is to be presented at the next Committee meeting.</p>	Director of Strategy, Planning and Partnerships	April 2025	<p><u>Completed.</u></p> <p>Included on the agenda; Agenda item 3.5.</p>
January 2025	PPHPC/2801/08	<p>Update on the development of Capital Programmes</p> <p>An update on the transfer of services from St. Woolos Hospital to the Royal Gwent Hospital was requested for the next Committee meeting.</p>	Director of Strategy, Planning and Partnerships	April 2025	<p><u>Completed</u></p> <p>To be scheduled for a full Board briefing, alongside an update on other capital projects</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
January 2025	PPHPC/2801/10	<p>Health Protection & Vaccination Programme Update</p> <p>It was requested that the Health Board strategy developed in response to the delayed Vaccination Equity Strategy, be presented at the next Committee meeting.</p>	Director of Public Health	April 2025	<p><u>Completed.</u></p> <p>Included on Agenda; Agenda item 3.6.</p>
January 2025	PPHPC/2801/11	<p>Regional Partnership Board Update</p> <p>The paper on prevention framework and innovation within the community be presented at the next Committee meeting.</p>	Director of Public Health	April 2025	<p><u>Completed.</u></p> <p>Included on the agenda; Agenda item 3.7.</p>

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 April 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Terms of Reference: Review
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Bryony Codd, Head of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Aneurin Bevan University Health Board's Standing Orders state that: *"The Board may and, where directed by the Welsh Ministers must, appoint Committees of ABUHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which cover the following aspects of Board business: Quality and Safety; Audit; Information governance; Charitable Funds; Remuneration and Terms of Service; and Mental Health Act requirements."*

In line with the above, the Health Board has established a Planning, Population Health and Partnerships Committee to advise the Board on all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.

Asesiad / Assessment

The current Terms of Reference were approved by the Board in March 2022. The Terms of Reference were reviewed, with minor amendments to dates and titles proposed, and circulated to members during January 2025.

As part of this review it was highlighted that there were a number of key policies/Acts relating to population health and suggested that an overarching statement be added to cover these.

The Committee is requested to review and provide any further comment on the Terms of Reference (Attachment One), prior to submission to the Board for approval in May 2025.

Argymhelliad / Recommendation

The Committee is asked to **ENDORSE** the revised Terms of Reference for the Patient Quality, Safety and Outcomes Committee.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler
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. Choose an item. Not applicable to this report

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	None

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None
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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/	Choose an item. Choose an item. Not applicable to this report



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Partnerships, Population Health and Planning Committee

Terms of Reference – ~~2022/23~~ 2025/26

Version: ~~Approved~~ Draft

Date: March 2025~~2~~

Document Title:	Partnerships, Population Health and Planning Committee Terms of Reference – 2022/23 2025/26
Date of Document:	March 2022 2025
Current version:	Approved Draft
Previous version:	N/A March 2022
Approved by:	Board
Review date:	March 202 5 3

1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Partnerships, Population Health and Planning Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to all areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.
- 1.4 This Committee will not be responsible for the development of strategy, which is a collective Board responsibility and therefore reserved for full Board discussions.

2. PURPOSE

2.1 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- b. business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
- d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and

- e. the Health Board's priorities and plans to improve population health and wellbeing.

2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances in:

- a. the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity;
- c. that partnership governance and partnership working is effective and successful; and
- d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to specific powers delegated to it by the Board, the Committee will:

a) Partnership Working

- i. consider the development of strategies and plans developed in partnership with key strategic partners
- ii. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- iii. seek assurance that partnership governance and partnership working is effective and successful.

b) Population Health

- i. consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- ii. consider plans for whole-system pathway development and re-design;
- iii. seek assurance on plans, systems and processes to deliver health improvement and increase health equity;
- iv. seek assurance on the work of the Health Board to reduce avoidable health inequalities;

v. *ensuring population health developments are in line with statutory requirements*

iv. —

a) Strategic Planning

- a. Seek assurance that the health board's Planning arrangements are robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Priorities;
 - b. Seek assurance that the Health board Has sufficient enabling plans to support the achievement of strategic objectives;
 - c. Seek assurance that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective;
 - d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
 - e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
 - f. Seek assurance that the Health Board's Commissioning Plans robust and fit for purpose;
 - g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
 - h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
 - i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.
- 3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.
- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board

Members

Independent member of the Board x2

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Planning, Performance, Digital & IT Strategy, Planning and Partnerships
- Director of Public Health & Strategic Partnerships
- Director of Finance, Procurement and VBHC

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);

- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public 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 in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

In doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 April 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Partnerships, Population Health and Planning Committee Annual Report 2024-25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Governance

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

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper presents the Partnerships, Population Health and Planning Committee Annual Report 2024-25, referred to as the Annual Report throughout this paper.

The Annual Report included as Appendix A is provided for endorsement prior to submission to the Board on 21 May 2025.

Cefndir / Background

Section 2 of Aneurin Bevan University Health Board's Standing Orders states that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".

Asesiad / Assessment

The purpose of the PPHPC is to advise the Board on all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities. The Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of the development of the Health Board's priorities and plans to improve population health and wellbeing; strategic frameworks and plans for the delivery of high quality and safe services; business cases and service planning proposals, including the alignment of supporting and enabling strategies, including workforce, capital, estates and digital. The Committee also provides advice to the Board in relation to any implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board.

Each Committee is responsible for developing an annual report for submission to the Board via the Chair, setting out its activities during the year and including the review of its performance.

The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework; and
- The Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles "*putting the citizen at the heart of everything and focusing on their needs and experiences; making the organisation's purpose the delivery of a high-quality service.*"

The Annual Report seeks to provide a comprehensive evaluation of the business undertaken by the Committee throughout the 2024-25 financial year including any issues, and gaps in assurance that have required escalation to the Board.

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** and **ENDORSE** its Annual Report 2024-25 prior to submission to the Board on 21 May 2025.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Failure to agree the reports would mean that the Health Board would not comply with Welsh Government and HM Treasury requirements.

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 objectives will be referenced to the IMTP.
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:	Explained within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements

	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Choose an item. Choose an item.</p> <p>Not applicable to the report, however, considerations will be included in considering how the business of the Committee aligns to the Well Being of Future Generations Act.</p>



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University Health Board

Partnerships, Population Health & Planning Committee

Annual Report for 2024-25

March 2025

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Chair's Foreword

I am pleased to present the Partnerships, Population Health and Planning Committee's (the Committee's) Annual Report for the year ended 31 March 2025.

In this report we provide an overview of the work of the Committee, which covers all matters relating to areas of Partnership Working, Population Health and wellbeing and Planning across the full breadth of the Health Board's responsibilities.

During this year, we have been pleased to see the determination of our planning teams in implementing discussions and actions in respect of regional services and regional working for the population, a key priority for the Cabinet Secretary for Health and Social Services Wales.

We also recognise the commitment to the work undertaken towards creating collaborative partnership working in Gwent, with the work in relation to the Marmot region beginning to take effect.

Finally, I would like to express my personal appreciation to all who contributed to the Committee over the past 12 months.

Ann Lloyd
Chair
Partnerships, Population Health and Planning Committee

1. Introduction

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the Partnerships, Population Health, and Planning Committee (referred to throughout this document as 'the Committee') were approved by the Board in March 2022 (see **Appendix 1**) and endorsed by the Committee on 25th April 2022. These were not changed during the reporting year.
- 1.3 The purpose of the PPHPC is to advise the Board on all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities. The Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of the development of the Health Board's priorities and plans to improve population health and wellbeing; strategic frameworks and plans for the delivery of high quality and safe services; business cases and service planning proposals, including the alignment of supporting and enabling strategies, including workforce, capital, estates and digital. The Committee also provides advice to the Board in relation to any implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board.
- 1.4 This report describes how the Committee discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2. 2024-25 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for the Partnerships, Population Health, and Planning Committee in 2024-25 is attached to this report (see **Appendix 2**).

- 2.2 The Work Programme was designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3. Partnerships, Population Health and Planning Committee Meetings and Membership

- 3.1 During 2024-25, the Committee met four times via Microsoft Teams- April 2024, July 2024, September 2024 and January 2025. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.
- 3.2 The Committee comprised the following Independent Members:
- Ann Lloyd (Chair)
 - Dafydd Vaughan (Vice Chair)
 - Richard Clark
 - Penny Jones (from 01.07.24)
- 3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2024/25. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

- 3.2 The Committee's agenda and papers were made public, excluding where it was necessary to meet 'in private'. Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious incidents or escalated concerns which would not be in the public interest.

4. Committee Reporting Arrangements

- 4.1 Following each meeting, the Committee submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#).

5. Committee Work Programme: 2024-25

- 5.1 The Partnerships, Population Health and Planning Committee Work Programme for 2024-25 is set out in **Appendix 2**.

- 5.2 Amongst the key issues considered by the Committee during 2024-25 were the following:

- An overview of the work of the **Gwent Public Service Board (PSB)**, including the alignment of PSB priorities with that of the Marmot principles and actions.
- An overview of the Health Boards **Long Term Strategy Development for 'Strategy 2035'**.
- An update on progress of **Regional Planning** including the development of a regional acute clinical strategy between Aneurin Bevan, Cwm Taff Morgannwg and Cardiff & Vale University Health Boards.
- An overview of meetings of the **Regional Partnership Board**, including discussion around topics raised as a concern.
- Updates on the **Health Protection and Vaccination Programme**; with a focus on the distribution of a new respiratory vaccination rolled out in September 2024, and catch-up work undertaken into HPV in school aged teenagers.
- Committee Risk Report
- An overview of the **Nevil Hall Hospital Strategic Outline Case**, with emphasis on work ongoing to develop the new Nevil Hall Hospital clinical service model, including future service models around Enhanced Local General Hospital (eLGH).

6. Self-assessment and Evaluation

- 6.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the Partnerships, Population Health and Planning Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. Three responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at Appendix One.

PPHPC	Areas for Improvement based on comments received	Action
Committee Processes: Composition, Establishment and Ways of Working (Q1 - 26)	<p>Scheduling of Meetings: Ensure that meetings do not clash with other Health Board commitments ie AAC Panels</p> <p>Induction/Training: specific training on the role and remit of the committee when joining the Health Board/Committee</p> <p>Work Programme: Greater clarity on reporting, such as capital/estate, between this committee and Finance and Performance Committee</p> <p>Quality of Reports: Reports should provide a clear overview and identification of key issues with less reliance on formal reports. Provide links for reference purposes.</p>	<ul style="list-style-type: none"> • Committees are scheduled 6 months prior to the start of the year. Additional checks will be initiated to ensure, wherever possible, there is no clash. • Revised local Induction Programme being developed for the Health Board • Forward work programmes for all committees being developed to ensure clarity on items where there may be a cross over • Report writing included within Development programme being developed with the Good Governance Institute
Partnership Working (Q27 - 29)	<p>Attendance at meetings: Invite partners to committee to comment from their organisations perspective</p>	<p>n/a</p> <p>The purpose of this Committee is to seek assurance on behalf of the Board in respect of the organisation's actions to deliver the Board's priorities and the effective management of strategic risks</p>
Population Health (Q30 - 33)	<p>n/a</p>	<p>n/a</p>

Strategic Planning (Q34 - 41)	Consultation process: Promote proactive rather than reactive information sharing and engagement wherever possible.	
Overall Assessment		

The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board’s effectiveness. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

7. Committee Oversight of Risk

At each Committee meeting during 2024/25 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

7.2 Themes of Risks Reported

At the time of writing the Committee had responsibility for oversight of **4** organisational risks that relate to various aspects of partnerships, population health and planning. A breakdown of the current risks is depicted below:

High	2
Moderate	2
Low	0

A high-level breakdown of the themes are as follows:

- **Service Delivery:** There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services which meet the changing needs of the population.

- **Compliance and Safety:** There is a risk that there will be a significant failure of the Health Board's estate.
- **Compliance and Safety:** There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident, or critical incident.
- **Transformation and Partnership Working:** There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.

8. Key Areas of Focus in 2025-26

- 8.1 In the year ahead the Committee will continue to focus on
- ensuring that strategic collaboration and effective partnership arrangements are in place;
 - that there are effective mechanisms in place in respect of improving population health and reducing health inequalities
 - providing the Board with advice and assurance on the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership and
 - a specific focus on the development of our Clinical Futures Clinical Model and supporting plans.

9. Conclusion

- 9.1 This report provides a summary of the work undertaken by the Partnerships, Population Health and Planning Committee over the past 12 months and demonstrates how the Committee has complied with the



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Appendix 1

Partnerships, Population Health and Planning Committee Terms of Reference – 2022/23

DRAFT

Version: Approved
Date: March 2022

Document Title:	Partnerships, Population Health and Planning Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	N/A
Approved by:	Board
Review date:	March 2023

1. INTRODUCTION

- 1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.3 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Partnerships, Population Health and Planning Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.4 The scope of the Committee extends to all areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.
- 1.5 This Committee will not be responsible for the development of strategy, which is a collective Board responsibility and therefore reserved for full Board discussions.

2. PURPOSE

2.1 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- b. business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
- d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- e. the Health Board's priorities and plans to improve population health and wellbeing.

2.2 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances in:

- a. the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity;
- c. that partnership governance and partnership working is effective and successful; and
- d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will:

a) Partnership Working

- i. consider the development of strategies and plans developed in partnership with key strategic partners

- ii. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- iii. seek assurance that partnership governance and partnership working is effective and successful.

b) Population Health

- i. consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- ii. consider plans for whole-system pathway development and re-design;
- iii. seek assurance on plans, systems and processes to deliver health improvement and increase health equity;
- iv. seek assurance on the work of the Health Board to reduce avoidable health inequalities.

a) Strategic Planning

- a. Seek assurance that the health board's Planning arrangements are robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Priorities;
- b. Seek assurance that the Health board Has sufficient enabling plans to support the achievement of strategic objectives;
- c. Seek assurance that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective;
- d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
- e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
- f. Seek assurance that the Health Board's Commissioning Plans robust and fit for purpose;
- g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
- h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records, or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.

- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	Independent member of the Board x2

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge, and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Planning, Performance, Digital & IT
- Director of Public Health & Strategic Partnerships
- Director of Finance, Procurement and VBHC

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public 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 in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees, and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

In doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
-



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Annual Programme of Business for 2024-25

Committee Name: Partnerships, Population Health and Planning

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of Committee self-assessment for 2023
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:

The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on:

- The robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- Plans and arrangements for the following matters are adequate, effective, and robust and achieving intended outcomes: Joint committee and partnership planning; Engagement and communication; and Civil Contingencies and Business Continuity;

- That partnership governance and partnership working is effective and successful; and that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

The Committee also has a role in providing accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board’s overall strategic direction:

- Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board’s overall strategic direction;
- Business cases and service planning proposals;
- The alignment of supporting and enabling strategies, aligning between priorities, resources, and enabling plans; including workforce, capital, estates and digital;
- The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- The Health Board’s priorities and plans to improve population health and wellbeing.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 16/04/24	QTR 2 July to Sept 01/07/24	QTR 3 Oct to Dec 30/09/24	QTR 4 Jan to Mar 28/01/25
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓	✓	✓	✓
Declarations of Interest	All members	SI	✓	✓	✓	✓

Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	DoCG/ Chair	AN	✓			
Review of Committee Programme of Business	DoCG/ Chair	SI	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2024/25	DoCG/ Chair	AN				✓
Annual Review of Committee Effectiveness 2024/25	DoCG/ Chair	AN				✓
Committee Annual Report 2023/24	DoCG/ Chair	AN	✓			
Committee Risk Report	DoCG	SI	✓	✓	✓	✓
Strategic Planning						
Long Term Strategy Development • Strategy 2035	DoSP&P	SI	✓	✓	✓	✓
IMTP/Annual Plan Development	DoSP&P	An			✓	
Development of any plans and strategies aligned to the IMTP and Annual Plan	DoSP&P	SI	✓	✓	✓	✓
Emergency Planning Assurance Report	COO/ DoN	An			✓	
Primary Care Sustainability Report	COO	An	✓			
Estates Strategy Review	DoSP&P	AN			✓	
Nevil Hall Hospital Strategic Outline Case	DoSP&P	AN			✓	
St Woolos Hospital rationalisation	DoSP&P	AN			✓	
Digital Strategy	DOD	AN				✓

Planning Maturity Matrix	DoSP&P	AN			✓	
Monnow Vale Update	DoSP&P	AN			✓	
Strategic Partnerships						
Regional Partnership Board	DoSP&P	SI	✓	✓	✓	✓
Public Services Board	DPH	SI	✓	✓	✓	✓
Regional Planning	DoSP&P	SI	✓	✓	✓	✓
Armed Forces Covenant	DoWD	An		✓	✓	
Population Health						
Population Health Management Update Report	DPH	An		✓	✓	
Joint Strategic Needs Assessment Update	DPH	Bi-An		✓		✓
Director of Public Health Annual Report	DPH	An				✓
Health Protection & Vaccination Programme Update	DPH	SI	✓	✓	✓	✓

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development

DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	!/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

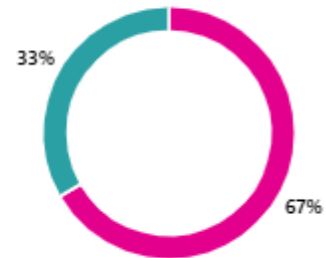
Appendix 3

Meeting dates	16 th April 2024	1 st July 2024	30 th September 2024	28 th January 2025
INDEPENDENT MEMBERS				
Ann Lloyd (Chair)	✓	✓	✓	✓
Dafydd Vaughan (Vice Chair)	✓	✓	x	✓
Richard Clark	✓	✓	x	x
Penny Jones		✓	✓	✓
Phil Robson (Co-opted member, Special Advisor)	x	✓	✓	✓
OFFICERS				
Chief Executive	✓	✓	x	x
Director of Strategy, Planning and Partnerships	✓	✓	x	✓
Director of Public Health and Strategic Partnerships	✓	✓	✓	✓
Director of Corporate Governance	✓	✓	✓	✓

Appendix Four

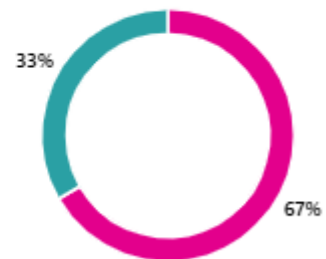
1. Does the Committee have written terms of reference and have they been approved by the Board?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



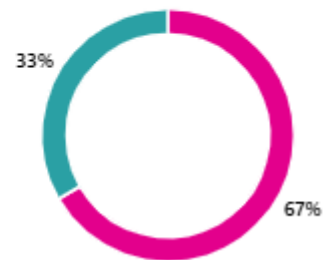
2. Are the terms of reference reviewed annually?

● 1 - Room for Improvement	0
● Meeting Standards	2
● Excelling	1



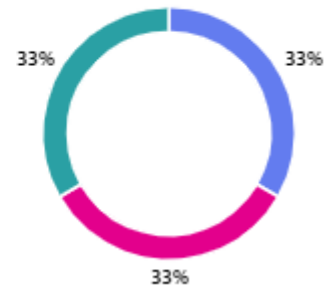
3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



4. Has the Committee been quorate for each meeting this year?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 1



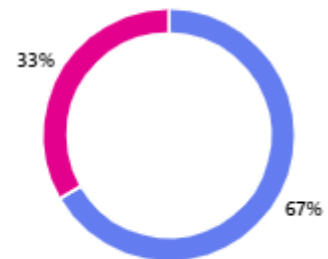
5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



6. Members who have recently joined the PPHPC have been provided with induction training to help them understand their role and the organisation?

- 1 - Room for Improvement 2
- 2 - Meeting Standards 1
- 3 - Excelling 0



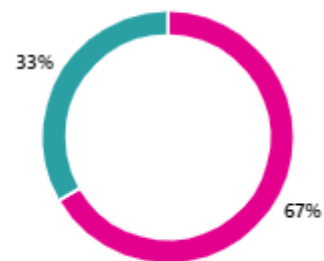
7. The Committee is clear about its role in relationship to other Committees that play a role in relations to partnership working, population health and planning?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



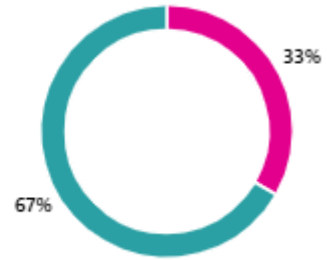
9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



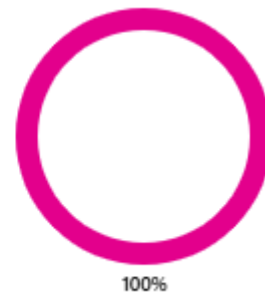
10. The Committee has an established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



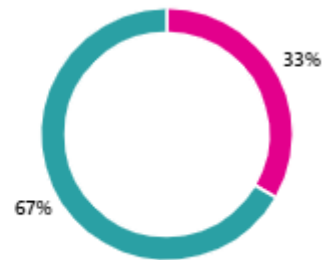
11. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



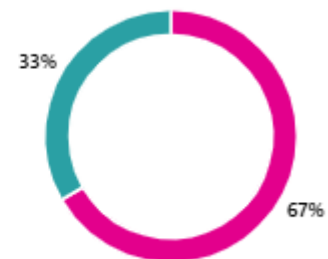
12. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



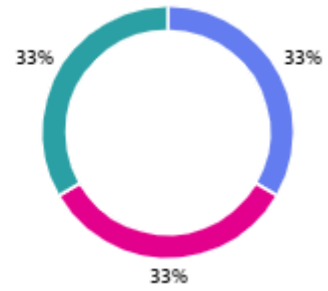
13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



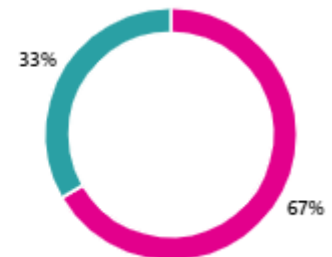
14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 1



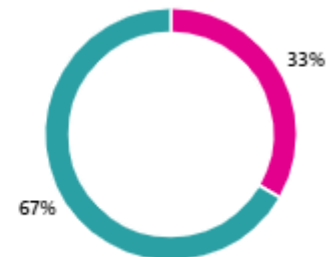
15. Committee meetings are chaired effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



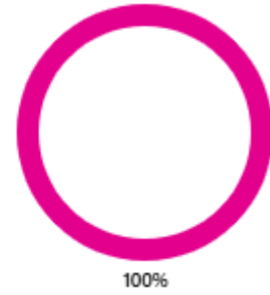
17. The Committee environment enables people to express their views, doubts, and opinions?

- 1 - Room for Improvement 0
- 2 - Meeting standards 1
- 3 - Excelling 1



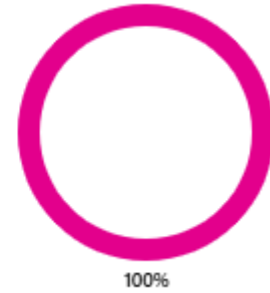
18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



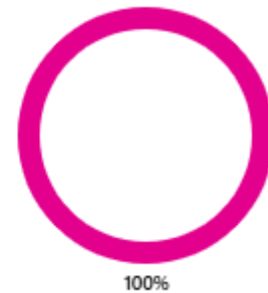
19. Members hold their assurance providers (management) to account for late or missing assurance?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



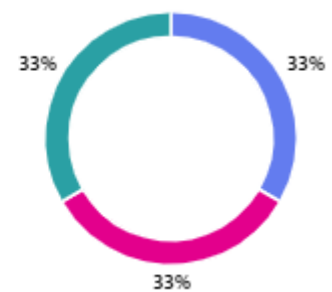
20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



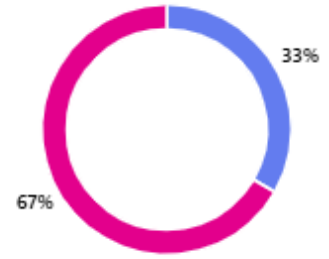
21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 1



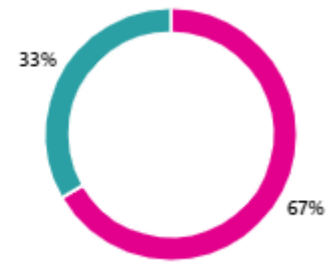
22. Decisions and actions are implemented in line with the timescale agreed?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



24. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 0
- 3 - Excelling 2



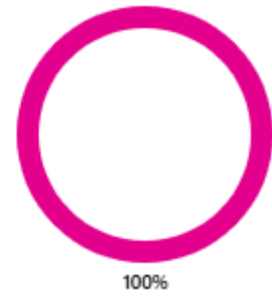
25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



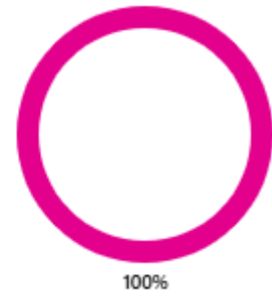
26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



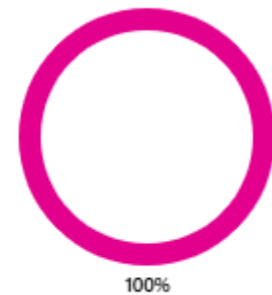
27. Is the Committee satisfied that it considers strategies and plans developed in partnership with key strategic partners?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



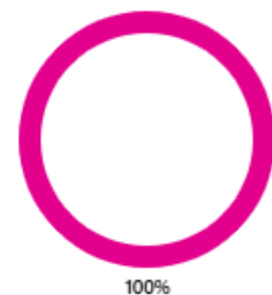
28. Does the Committee monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



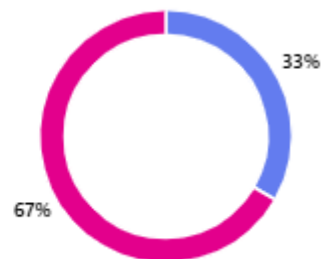
29. Does the Committee receive sufficient assurance that partnership governance and partnership working is effective and successful?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



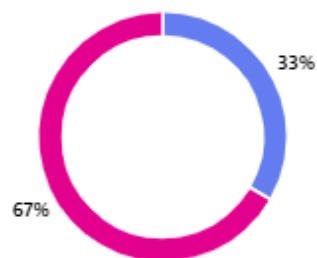
30. Does the Committee consider health and well being assessments and other information that underpins the strategic planning process to ensure the robustness and best fit of developing plans?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



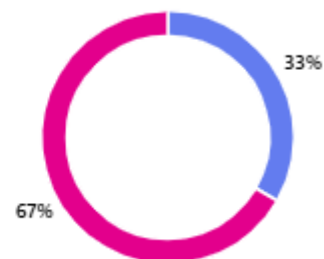
31. Does the Committee consider plans for whole system pathway development and re-design?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



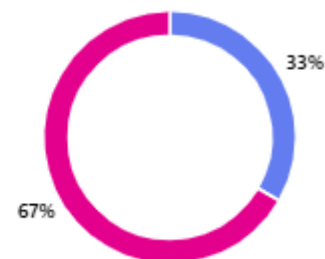
32. Is the Committee assured that there are plans, systems and processes in place to deliver health improvement and increase health equity?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



33. Does the Committee receive sufficient assurance on the work of the Health Board to reduce avoidable health inequalities?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



34. Is the Committee sufficiently assured that the Health Board's Planning arrangements are robust and fit for purpose, including the approach to developing the IMTP and annual priorities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



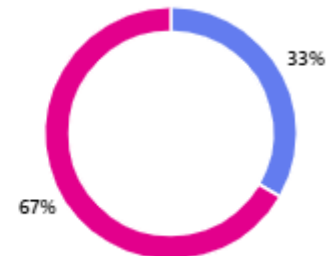
35. Is the Committee sufficiently assured that the Health Board has appropriate enabling plans to achieve its strategic objectives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



36. Is the Committee assured that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



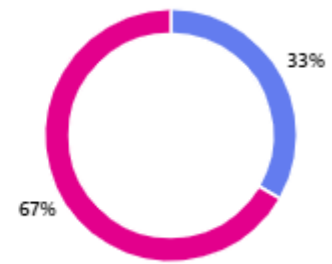
37. Is the Committee content that national and regional planning guidance is used to inform the development of strategic plans?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



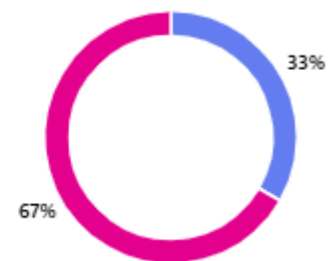
38. Does the Committee receive sufficient assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



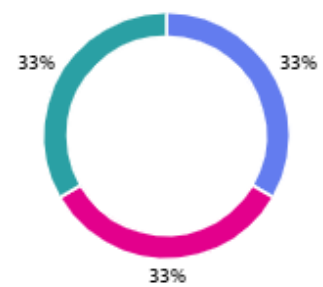
39. Is the Committee satisfied that the Health Board's Commissioning Plans are robust and fit for purpose?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



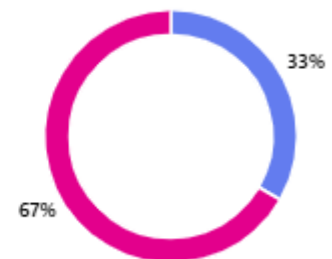
40. Is the Committee assured that the Health Board's Civil Contingency Plans and Major incident plans are effective?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 1



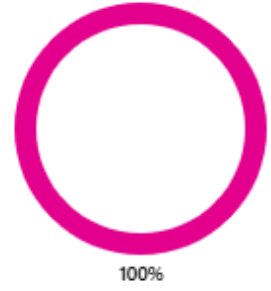
41. Is the Committee assured that the Health Board's plans give due regard to the Socio-economic Duty for Wales?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



Overall score

- **Room for improvement** - The PPHC is falling short of requirements and should consider how it can wo... 0
- **Meeting standards** - The PPHC is performing to the required standard in this area. There may be... 3
- **Excelling** - This is an area where the PPHC is performing beyond the standard expectations and i... 0



DRAFT

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 April 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

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

Er Sicrwydd/For Assurance

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation & Cefndir / Background

Since the last report to the Committee, the Board approved the separation of SRR 004 into two distinct risks. This decision was based on the recognition that preparedness for a major incident is significantly more developed than for an internal critical or business continuity incident. This disparity is partly due to variations in business continuity plans across key service areas.

By separating these risks, a more thorough assessment of each risk, along with their respective controls and assurances, has been enabled. This approach provides greater transparency and allows for enhanced focus and management of the risks that require it.

Asesiad / Assessment

The Committee risk portfolio, outlined in Table 1, contains four high-level strategic risks with eight sub-risks. In accordance with best practice, all risks are reviewed within the appropriate timeframe for their respective levels of risk.



The review focuses on the control environment, ensuring that the controls remain robust and adequate for managing the identified risks. Additionally, the assurances are tested to verify the robustness of the controls. Detailed information is provided in **Appendix A** (Strategic Risk Dashboard and individual risk assessments).

Table 1

Risk Ref:	Risk Description	Sub-Risk	Risk Level	Within Appetite
SRR 001 Theme Service Delivery Appetite Open Score 17 and below	There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services which meet the changing needs of the population.	e) Due to inadequate strategic plans which respond to population health and socio-economic needs.	Moderate 4 x 2 (8)	Y
		f) Due to unsustainable service models.	High 3 x 4 (12)	y
SRR 002 Theme Compliance & Safety Appetite Minimal Score 8 and below	There is a risk that there will be a significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC) within structures.	Extreme 3 x 5 (15)	N
		b) Due to significant levels of backlog maintenance and structural impairment.	High 3 x 4 (12)	N
SRR 004 Theme Compliance & Safety Appetite Minimal Score 8 and below	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident, or critical incident.	a) Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident	Moderate 2 x 4 (8)	Y
		b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.	High 3 x 4 (12)	N
SRR 007 Theme Transformation & Partnership Working	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	Moderate 4 x 2 (8)	Y



Appetite Open Score 17 and below		b) Due to the impact of fragile services across the regional and supra regional geography.	High 3 x 3 (9)	Y
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Risk Exposure

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

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

Risk Scoring Matrix					
Likelihood/ Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (91%)					
4. Likely (61-90%)		SRR 001E SRR 007A			
3. Possible (41-60%)			SRR 007B	SRR 001F SRR 002B SRR 004B	SRR 002A
2. Unlikely (11-40%)				SRR 004A	
1. Rare (1-10%)					

Risks Outside of Appetite

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

SRR 002A

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



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

In addition to the prevalence of RAAC and its implications for the future and sustainability of the NHH estate, there remain significant health and safety risks. Therefore, regular reporting of RAAC to the re-established Health and Safety Group has been implemented. This provides an additional level of assurance that the risk is being managed through multiple lenses and regularly reviewed in several appropriate forums.

Furthermore, the Committee can take an enhanced level of assurance that the risk is being managed effectively as evidenced by the reasonable assurance internal audit review of RAAC published in November 2024.

SRR 002B

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

The Internal Audit into Estates Assurance, specifically focusing on energy management, published in November 2024, provided a reasonable level of assurance that energy management was well managed. Additionally, the audit confirmed that estate infrastructure risks are being effectively managed, with substantial assurance given for these risks, which are documented in the backlog maintenance risk register. This register helps prioritise and address maintenance tasks to ensure the infrastructure remains safe and functional.

SRR 004B

Currently rated as "High" with a score of 12 (Likelihood 3 x Impact 4), the risk is centred on the Health Board's insufficient arrangements across all key service areas to respond to a Business Continuity or Critical Incident.

This vulnerability stems from a disparity in the availability of business continuity plans (BCPs) across key areas to manage any potential incident. The potential consequences of this risk are significant, as a lack of preparedness could lead to delayed, inefficient, or ineffective responses during crises, thereby compromising patient care, public safety, and the overall continuity of essential services.

The Emergency Preparedness, Resilience and Response (EPRR) Group has been established to ensure that the Health Board can effectively plan for, respond to, and recover from a wide range of incidents and emergencies that could impact health or patient care. One of the group's focuses is to reduce the disparity in the availability of BCPs across the Health Board, ensuring the capability to manage such incidents while maintaining essential services.



In the coming weeks, Internal Audit will publish an assurance report on the Health Board's readiness for a critical digital incident. This audit will ensure that the Health Board is optimising its infrastructure resilience and will offer assurance of its capability to respond to and manage a digital critical incident effectively.

End of Year (2024/25) Closing Position

As of the end of March 2025, the PPHP Committee remains responsible for maintaining enhanced focus and scrutiny of eight strategic sub-risks that could impact the delivery of a collaborative and sustainable health services for the population of Gwent.

To support the Committee in fulfilling its responsibilities and in line with best practice, ongoing discussions with executive leads and responsible officers continue to focus on identifying additional mitigation measures to reduce the likelihood or impact of these risks.

Argymhelliad / Recommendation

The Committee is requested to:

- **DISCUSS and NOTE** the delegated strategic risks;
- **NOTE** the ongoing efforts to reduce the sub-four risks to within the Board's risk appetite;
- **NOTE** the ongoing efforts to ensure the Committee remains informed of risks that could impact the delivery of a collaborative and sustainable health service for the population of Gwent.

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



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

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

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

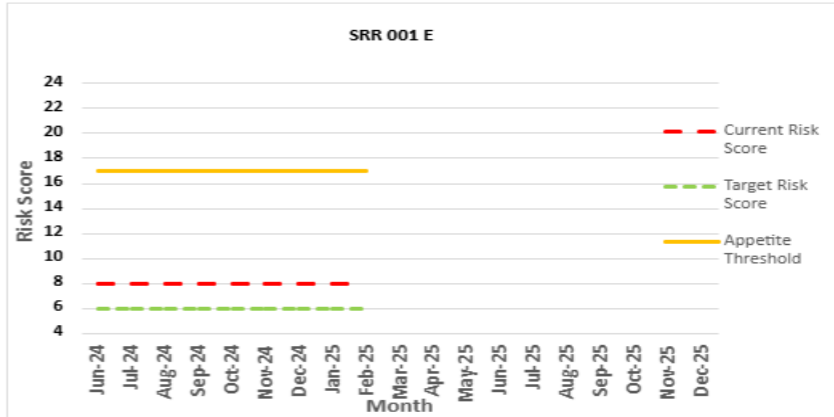
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you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



Risk Details				Risk Score Matrix																			
				2	4	5	6	8	9	10	12	15	16	20	25								
SRR 001	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.	e) Due to inadequate strategic plans which respond to population health and socio-economic needs				X ← ●																
			f) Due to unsustainable service models				X	←	---	---	---	---	●										
SRR 002	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	X ←	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
			b) Due to significant levels of backlog maintenance				X ←	◇	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
SRR 004	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	a) Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident				X ←	●	◇	---	---	---	---	---	---	---	---	---	---	---	---	---	---
			b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.				X	◇						●									
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.		X ←	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
			b) Due to the impact of fragile services across the regional and supra regional geography		X ←	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

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

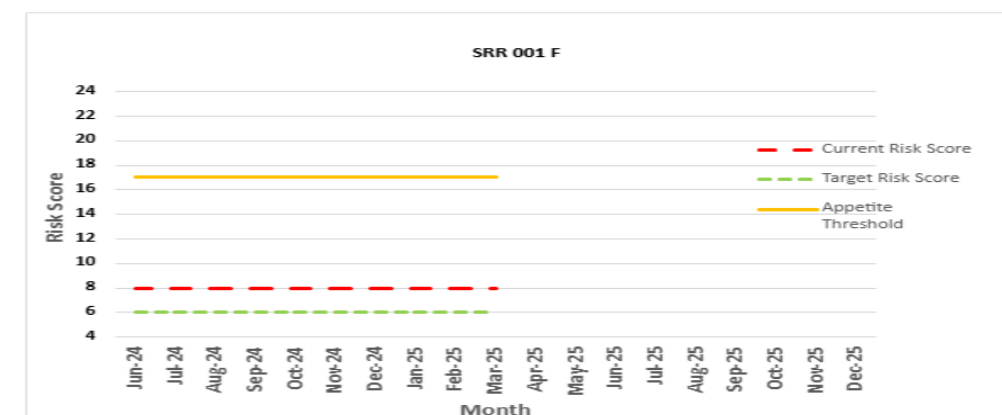
RISK THEME	SERVICE DELIVERY				
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	E. Due to inadequate strategic plans which respond to population health and socio-economic needs.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Increased demand Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes Failure to train teams in multi-morbidity management Failure to comply with the Wellbeing of Future Generations Act (Wales) Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level	SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold. 
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 October 2024	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review (Six-monthly based on risk score)	01 April 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included))</i>
<ul style="list-style-type: none"> Health Board IMTP and associated KPIs Public Health Wales surveillance data QlikSense – performance dashboard Population Needs Assessment and Area Plan Marmot Region Programme 	<ul style="list-style-type: none"> Area plan is being refreshed through the RPB Marmot Region Implementation Plan Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Refresh organisational strategy with a central focus on population health and wellbeing. Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> QlikSense – performance information SFN – performance information 		<ul style="list-style-type: none"> Effectiveness of the plans in delivering improvements
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> IMTP Delivery and Outcomes Reporting to Board Marmot Region Programme RPB reporting to Board and Population Health, Planning and Partnerships Committee Regional Planning reporting to Population Health, Planning and Partnerships Committee Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee 		<ul style="list-style-type: none"> Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Internal Audit Reviews 2023-24 IMTP Planning (Q1) Outcome – Reasonable Assurance 		

Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

RISK THEME	SERVICE DELIVERY				
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	F. Due to unsustainable service models			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Increased demand Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes Failure to train teams in multi-morbidity management Failure to comply with the Wellbeing of Future Generations Act (Wales) Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 October 2024	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review (Six Monthly based on risk score)	01 April 2025				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> The Health Board IMPT and associated KPIs Clinical Futures Transformation programmes. Public Health Wales surveillance data – Covid, flu and other communicable diseases. QlikSense – performance information. Population needs assessment and area plan development by the RPB. Southeast Wales Plan for fragile services. 	<ul style="list-style-type: none"> Area plan is being refreshed through the RPB. Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Review of enhanced local general hospital service models to ensure sustainable quality services. Development of SEW plan for fragile. Review of organisational strategy

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Public Health Wales surveillance data – COVID, flu and other communicable diseases. QlikSense – performance information. 		<ul style="list-style-type: none"> Evidence of individual arrangements in place to deliver service plans.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> IMTP delivery and outcomes reporting to Board. RPB reporting to Board and Population Health, Planning and Partnerships Committee. Regional Planning reporting to Population Health, Planning and Partnerships Committee. Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee. 		

Level 3 Independent (Implemented by both auditors internal and external independent bodies)

<ul style="list-style-type: none"> • Internal Audit Reviews 2023-24 • IMTP planning Q1. Outcome – Reasonable Assurance. <ul style="list-style-type: none"> • Internal Audit Reviews 2024-25 • IMTP – Service Plans (Q2) – Outcome - Reasonable Assurance • Partnership Arrangements. Outcome – Limited Assurance 	<ul style="list-style-type: none"> • Recommendations identified in the Limited and Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan 	<ul style="list-style-type: none"> • Implementation of the management responses to close off recommendations
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Assurance Rating (Overall Assessment of controls and assurances)

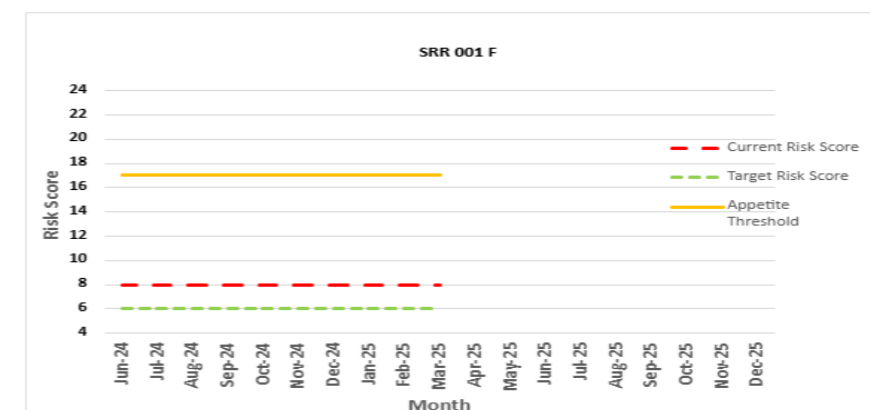
<p>Negative – Insufficient evidence that the controls in place are working effectively.</p>	<p>Reasonable - adequate evidence that the controls in place are working effectively.</p>	<p>Positive - robust evidence that the controls in place are working effectively.</p>	<p>Reasonable Assurance</p>
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RISK THEME		COMPLIANCE AND SAFETY			
SRR 002	There is a risk that there will be significant failure of the Health Boards Estates.			Publication Status	Public
Strategic Threat	a. Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.			Risk Appetite Level - MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff. Adverse impacts on the delivery of care to patients across acute and non-acute settings. Non-compliance with health and safety legislation. Loss of estate Litigation and financial penalties 			Risk Appetite Threshold - SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	<p>SUMMARY The current risk level is OUTSIDE of the target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold</p>
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	1 (Rare) x	
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	2 (Minor)	
Last Reviewed	01 March 2025	Risk rating	= 15 (Extreme)	= 2 (Low)	
Next Review (Monthly based on risk score)	01 April 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Work to assess the risk has been undertaken with expert external surveyor advice. Repeat surveys undertaken on 6 monthly intervals (most recent June/July2024 with report detailing recommendations received in October 2024). Recent surveys completed over December and January and any recommended additional actions being scoped up in conjunction with external experts Current measures including props and additional support have been put in place in line with the latest guidance and learning from other organisations working through RAAC issues. Plans will be modified in line with any further guidance Remediation work to areas of high-risk areas undertaken Controlled access to roof areas Implemented toolbox talks for awareness for estate teams and contractors to work in area where RAAC is present. Ongoing engagement with expert surveyor Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management Risk assessments completed by the Health and Safety function in departments with props to manage any consequences of the presence of props. <i>Note: H&S assessments are around the location of props not of RAAC itself and they flagged no issues or alterations</i> Links with NHS England and other Health Boards in Wales for shared learning. Regular dialogue with Welsh Government and Shared Services Estates. 	<ul style="list-style-type: none"> Additional Surveys continue to take place with expert surveyors to inform the next steps relating to further remediation of the issues and monitor existing issues Review of existing arrangements to monitor, manage and mitigate issues associated with RAAC is underway with external support and advice from the surveying contractor based on their experiences in NHS England and education bodies. This will inform any additional steps to monitor manage and mitigate led by the RAAC Working Group (chaired by the Director of Estates and Facilities Division) Management Strategy (scheduled for approval at the March Health & Safety Committee meeting)

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Fortnightly checks in place for the props in place Outcome of surveys continuing, and reinspection of conditions (a regular 6 monthly inspection) Review of existing arrangements in place supported by external body 	<ul style="list-style-type: none"> Ongoing management of the issues. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented. Outcome of H&S risk assessment Formal reporting to the Board/Committees in place Formal update to the PPHPC in July and SOC being developed, led by Planning team for Q1 to Q2 2025/26 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Internal Audit 2024/25 Plan – report received as Reasonable Assurance (albeit Substantial Assurance on the process relating to surveys. Report submitted to Audit Committee November 2024. Management Action Plan agreed following Internal Audit including the development of a Management Strategy. this document has been drafted and will be submitted to the ABUHB Health and Safety ‘Committee’ in March 2025 Internal Audit also commented that the risk appetite needs to reflect the current position of monitoring and managing the RAAC pending SOC and FBC hence appetite of 15 should be considered by Board. 	<ul style="list-style-type: none"> Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan 	<ul style="list-style-type: none"> Repeat surveys have been completed and once the latest report from these surveys is received any necessary additional actions will be implements <p>Internal Audit 2024/25 Plan</p> <ul style="list-style-type: none"> Implementation of the management responses to close off recommendations
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

RISK THEME		COMPLIANCE AND SAFETY			
SRR 002	There is a risk that there will be significant failure of the Health Boards Estates.			Publication Status	Public
Strategic Threat	b. Due to significant levels of backlog maintenance and structural impairment.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff. Adverse impacts on the delivery of care to patients across acute and non-acute settings. Non-compliance with health and safety legislation. Litigation and financial penalties. Loss of estate 			Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
				SUMMARY The current risk level is OUTSIDE of the target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Health Protection & Planning Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 January 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2025				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Health Board Estates Rationalisation Strategy Health Board Estates Strategy Health Board policies and procedures related to the maintenance of Health Board estate. 6 Facet survey completed in 2019. Divisional Risk Register Multiple policies and SOPs published and communicated to staff. A robust internal training programme in place covering all aspects of estate management including food hygiene. Improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director) Asbestos reinspection programme (over the next 3 years) Additional capital allocation to Estates and Facilities for backlog maintenance reduction of £500k from discretionary allocation HB-wide groups on compliance (such as Ventilation and water) are widened in membership to ensure clinical services are active participants A clear approach to compliance monitoring and escalation of AE reports has been implemented. 	<ul style="list-style-type: none"> Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01. Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce. Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance. Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM. Drive clinical service engagement in compliance meetings where engagement is low. Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational (Implemented by the department that performs daily operation activities)		
<ul style="list-style-type: none"> Divisional reporting of Statutory and Mandatory training of staff Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance. Outcome of the Asbestos reinspection programme 	<ul style="list-style-type: none"> If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration. 	<ul style="list-style-type: none"> Performance reporting

Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p>Internal Audit Reviews 2023- 24 Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and Finance and Performance Committee</p> <p>Internal Audit Plan 2024-25 Estates Assurance – Energy Management (Q2) Outcome = Reasonable Assurance. Reported to the November ARAC.</p> <ul style="list-style-type: none"> Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes. Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level 	<ul style="list-style-type: none"> Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan 	<p>Internal Audit 2024/25 Plan Implementation of the management responses to close off recommendations</p>	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

RISK THEME		COMPLIANCE AND SAFETY			
SRR 004	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a business continuity incident or critical incident.			Publication Status	Public
Strategic Threat	A. Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.	
Impact	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings Inability to respond to a major incident to meet needs of those affected; Harm or injury to patients and/or staff; Health Board breaches statutory duties under the Civil Contingencies Act 2004; Litigation & Financial Penalties; Reputational damage and loss of public confidence 			Risk Appetite Threshold – SCORE 8 AND BELOW. Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.	
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x		
Initial Date of Assessment	01 June 2023	Impact	4 (Major)		
Last Reviewed	01 November 2024	Risk rating	= 8 (Moderate)		
Next Review (Six Monthly based on risk score)	01 May 2025		= 6 (Moderate)		

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Local/Divisional action cards are in place. Training undertaken service-specific relating to local response. Major incident exercise 'Euclid' undertaken 20 June 24. Approx. 100 participants and external observers, demonstrated that the Health Board was able to successfully respond to an incident. As a result of the exercise action cards refreshed and renewed with teams to incorporate learning Internal strategic on call training Executive Team attending 2-day strategic training. Loggist training is provided and accessed regularly New all Wales log books are in place for use Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) Joint Planning and Training with LRF and across Wales. Ongoing Participation in exercises UK, Wales, LRF and HB. Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP) Continuing to work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner 	<ul style="list-style-type: none"> Continue to deliver training programmes to support staff preparedness to response to an incident. Additional 'local' team and intra team exercises to take place for areas to practice and embed their response to a major incident together Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational.

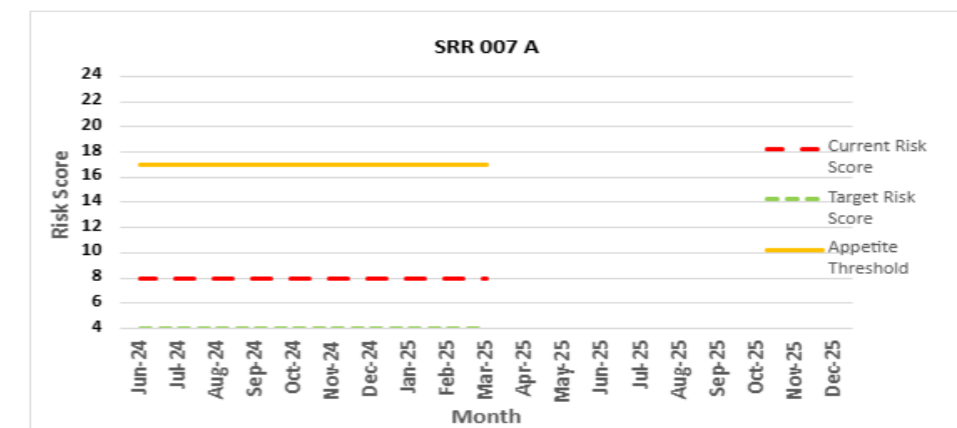
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> • Departmental debrief following an incident to inform learning and enhance controls. • Training records • Plans and action cards in place and up to date • Debrief with key stakeholders following an incident to inform learning and enhance controls. 			
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> • Report to the EPRR Group from debrief of incidents • Reports to the PPHP Committee on Emergency Planning Preparedness 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Review(s) <ul style="list-style-type: none"> • Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response Reasonable Assurance <ul style="list-style-type: none"> • Outcome and feedback from national exercises 			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

RISK THEME		COMPLIANCE AND SAFETY			
SRR 004	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident.			Publication Status	Public
Strategic Threat	b. Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.	
Impact	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings; impact to operational flow if services fail to BC plan against the 5 key themes Harm or injury to patients and/or staff; Staff absence (injury, wellbeing) 		<ul style="list-style-type: none"> Loss of infrastructure; Financial implications due to staff absence Health Board breaches statutory duties under the Civil Contingencies Act 2004; Litigation & Financial Penalties; Reputational damage and loss of public confidence 		Risk Appetite Threshold – SCORE 8 AND BELOW. Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.
	SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.				
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (likely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (major)	3 (Moderate)	
Last Reviewed	01 February 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 May 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(What further controls are required to reduce the risk exposure to within a tolerable range?) (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> BC Policy BC Response Guidance BC Template BC Exercise BC debrief learning. HB and LRF Plans. 3C (Command/Control, Communication) structure in place to respond to incidents. 1-2-1 graining with Divisional BC leads and BC plan workshops for services EPRR Group Established. Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies. Awareness raising of the requirement for BC across the Health Board through various training programmes Infectious Diseases Joint plan with PH in response to infectious diseases and public health incidence response overall Internal strategic on call training Executive Team attending 2-day strategic training. Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) Joint Planning and Training with LRF and across Wales. Ongoing Participation in exercises UK, Wales, LRF and HB. Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP). 	<ul style="list-style-type: none"> Ongoing support to develop business continuity plans. Developing a Health Board service BC supporting plan – to provide a generic response framework if they have no specific plans in place Continued engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery. Develop further training programmes to support staff preparedness to response to an incident. Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational. Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. (as this is not fully implemented, it is still being worked through thus would make it additional control until in place) Each Division to identify on their risk register outstanding business continuity planning for their areas.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> • Departmental debrief following an incident to inform learning and enhance controls. • Training records • Plans and action cards in place and up to date • Debrief with key stakeholders following an incident to inform learning and enhance controls. 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> • Report to the EPRR Group from debrief of incidents • Reports to the PPHP Committee on Emergency Planning Preparedness 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Review(s) <ul style="list-style-type: none"> • Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response – Reasonable Assurance • Outcome and feedback from national exercises 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

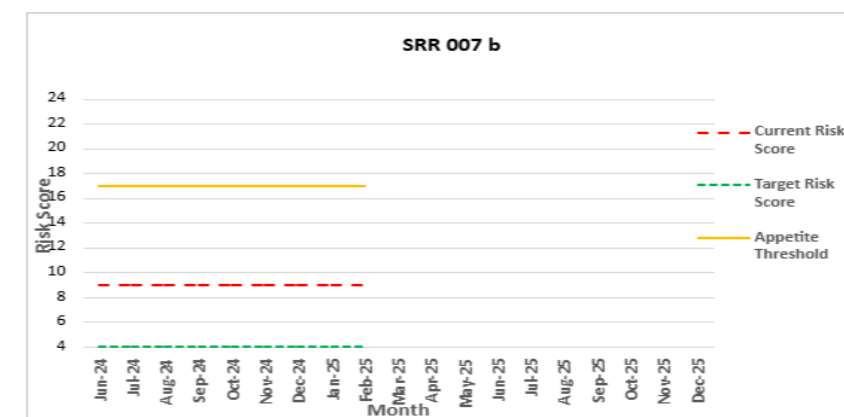
RISK THEME		TRANSFORMATION AND PARTNERSHIP WORKING			
SRR 007	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.			Publication Status	Public
Strategic Threat	A. Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.			Risk Appetite Level - OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Unmet patient need resulting in harm Ineffective use of combined resources Delayed decision making Adverse impacts on delivery of care to patients across acute and non-acute settings Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence 			Risk Appetite Threshold - SCORE 17 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Strategy, Planning, and Partnerships.	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 October 2024	Risk rating	= 8 (Moderate)	= 4 (Moderate)	
Next Review (Six monthly based on risk score)	01 April 2025				






Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<p>The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including:</p> <ul style="list-style-type: none"> The Gwent Public Services Board (Gwent PSB) brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area. The Gwent Regional Partnership Board As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care, and support is in place to best meet the needs of their respective population. <p>Through these statutory forums formal partnership arrangements take place.</p> <p>In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners.</p> <p>Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams</p>	<ul style="list-style-type: none"> Governance review of Regional Partnership Board undertaken in August 2023. Renewed Strategy for strategic partnership Capital in place and revised governance processes. New Long-Term Strategy for Health Board to focus on Partnership approach.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> PMO reporting to the Director of Strategy, Planning and Partnerships. Regional Leadership Group Reporting 	<ul style="list-style-type: none"> Systematic reporting of outcomes Systematic evaluation of schemes Governance of financial control arrangements 	<ul style="list-style-type: none"> Implementation plan to be developed following RPB governance review. Health Board strategy development approach to focus on partnership approach.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Plan 2024/25 <ul style="list-style-type: none"> RPB Governance Review (Q4) – Outcome = Limited Assurance. Reported to ARAC September 2024 Partnership Arrangements Review (Q1) Deferred 	<ul style="list-style-type: none"> Recommendations identified in the Limited Assurance RPB Governance Review 	<ul style="list-style-type: none"> Implementation of the management responses to close off recommendations
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

RISK THEME		TRANSFORMATION AND PARTNERSHIP WORKING			
SRR 007	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.			Publication Status	Public
Strategic Threat	B. Due to the impact of fragile services across the regional and supra regional geography			Risk Appetite Level - OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Unmet patient need resulting in harm Ineffective use of combined resources Delayed decision making Adverse impacts on delivery of care to patients across acute and non-acute settings Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence 			Risk Appetite Threshold - SCORE 17 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Strategy Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	04 January 2024	Impact	3 (Moderate)	2 (Minor)	
Last Reviewed	01 January 2024	Risk rating	= 9 (High)	= 4 (Low)	
Next Review (Quarterly based on risk score)	01 April 2025				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> A robust Southeast Wales regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO. The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event of identified issues and risks. This Board then reports to an Oversight Board with Chief Executive membership. Four workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all. Where appropriate workstreams are underpinned by a Memorandum of Understanding between the participating health board, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency. When service issues span regions, arrangements are set up on a bespoke basis, for example the Vascular Project Board and the Interventional Radiology (IR) project. <p>In addition to these formal arrangements, the Health Board has a range of informal planning networks and communication channels, with an ongoing commitment to communication, sharing best practice and advising of anticipated service issues and risks.</p>	<p>The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: -</p> <ul style="list-style-type: none"> An absolute commitment to delivering on the existing regional programmes of work but with these 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these. The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions (collaborative work has been undertaken in March with a parallel WG review of fragile services across south Wales, to ensure alignment of assumptions and priorities) A further workshop (to include Chairs, Executives and clinicians) has been arranged for June <p>Discussion ongoing at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work</p>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Service Divisions reporting to the Chief Operational Officer 	<ul style="list-style-type: none"> Alignment and effectiveness of partners to deliver integrated services 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. Regular touchpoint meetings of all key players to review progress and issues arising 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Plan 2024/25 <ul style="list-style-type: none"> Partnership Arrangements Review (Q1) - Deferred 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
 Negative – Insufficient evidence that the controls in place are working effectively.	 Reasonable - adequate evidence that the controls in place are working effectively.	 Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 April 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

**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. On 18th December a dedicated Board development session was held on the strategy to shape the draft strategic framework and aims. Work has continued to refine the Strategy and a series of workshops are planned in April to test the approach with partners and build the actions and outcomes ahead of finalisation of the strategy.

The Committee is asked to;

- Note progress and next steps in development of the new strategy

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. The Board has committed to the development of new strategy and gave a clear steer to ensure the strategy reflects the Board's full range of responsibilities in respect of health and well being of our communities.



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.**

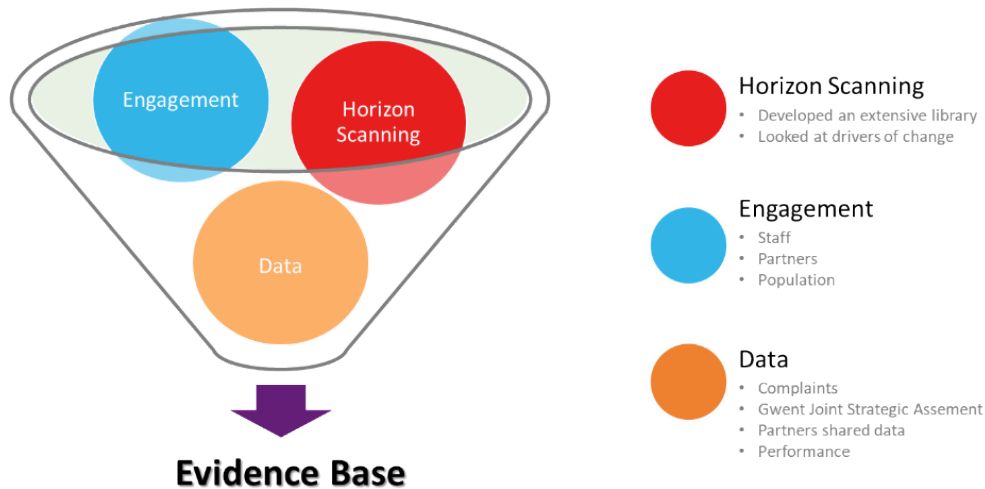
We are not done, this does not finish.



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](#).



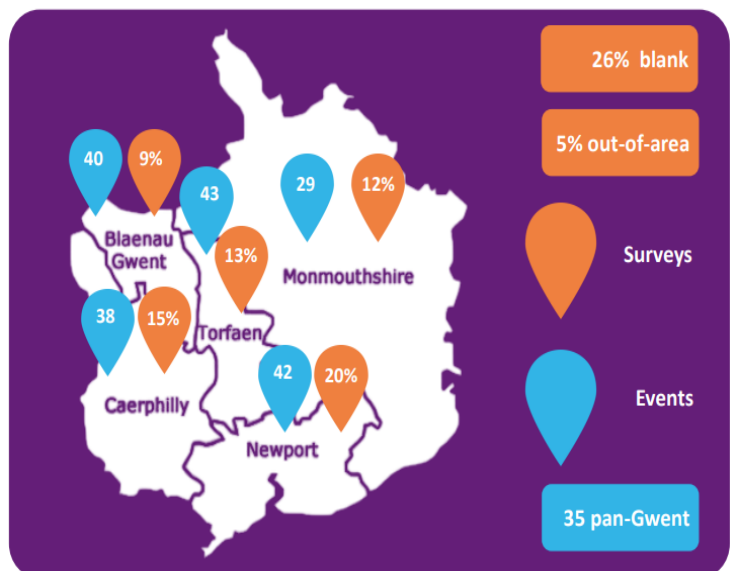
Engagement Activity

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

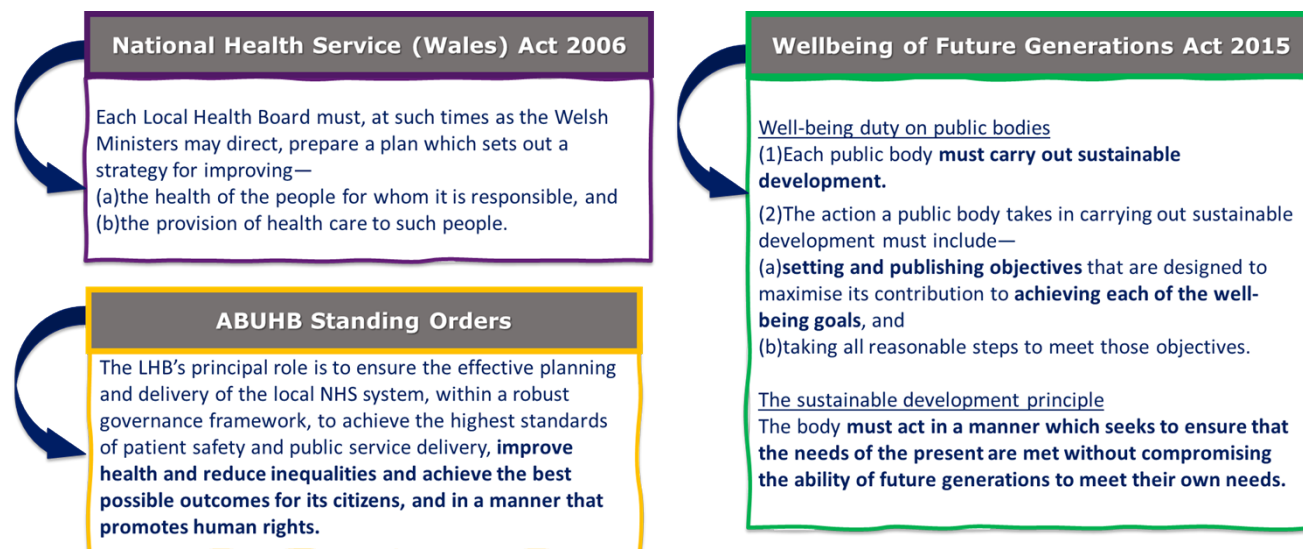


The Engagement report (Appendix 1) includes further details on the themes captured during our conversations. Through thousands of rich and meaningful conversations, we have developed a better understanding of what is important for our population to feel healthy, and we will use the themes from this public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



Guiding Legislation & Standing Orders

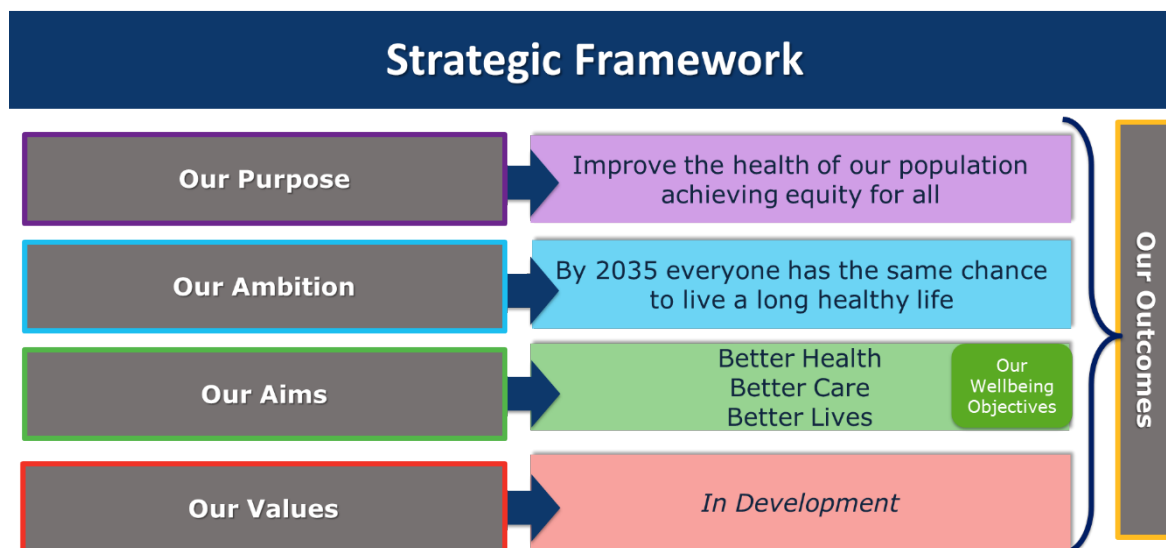
The below diagram summarises the key pieces of guiding legislation and the standing orders our Board need to reflect when shaping the future strategic direction of the Health Board.



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.



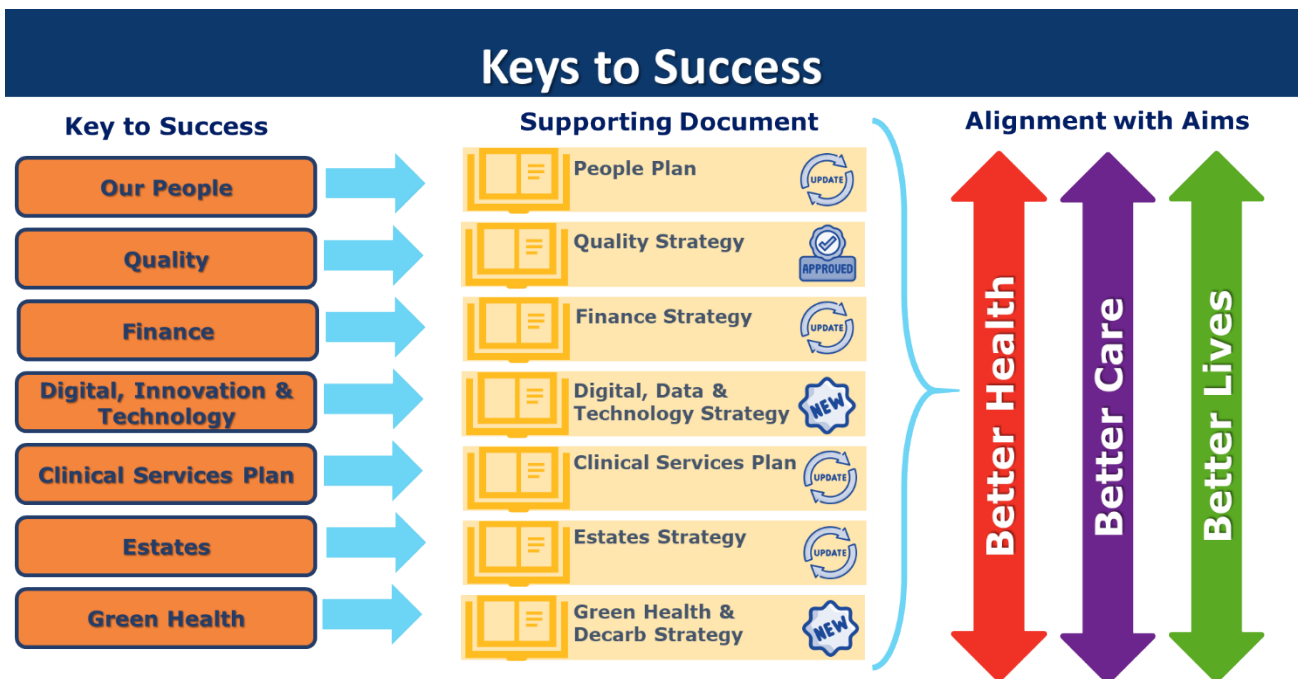
Under the Wellbeing of Future Generations Act (2015) the Health Board has a statutory responsibility to set and publish wellbeing objectives these are proposed to be our aims as set out below;



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.

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

A series of workshops have been planned for April (9th/10th/11th) to test the assumptions and proposed actions and desired outcomes in each of the strategic Aims. The document we are using for these discussions is attached at Annex 1 with a summary below. A Task and Finish group has been established to bring together an outcomes framework for the Strategy.

We had hoped to hold these workshops earlier in March however the demands of winter and the IMTP process have delayed slightly this activity into April.



Workshop	Key Areas
<p>Better Health: Together we will support people to be healthy, active and happy.</p>	<ul style="list-style-type: none"> • Delivering proactive support to eat healthy and stay active • Educating our communities on what's important for them to feel healthy • Health Protection and population health management • Supporting people to be responsible for their own health and wellbeing
<p>Better Care: Together we will deliver what matters to people, supporting our staff to thrive and achieving quality, kind and sustainable care.</p>	<ul style="list-style-type: none"> • Delivering high quality care to the best of our ability • Organising our services to deliver best value and deliver care that is sustainable for the future • Embed a culture of listening and recognise people are experts in their own health • Reduce our waiting times for appointments and care • Make sure that our services can be accessed by the people who need them
<p>Better Lives: Together we will create strong, safe and connected communities.</p>	<ul style="list-style-type: none"> • Make our communities and homes safe places that support healthy lives • Support local community groups to thrive and publicise them • ensure better transport connections and organise our services so it's easier to travel to them • Inspire our people to have careers in care

In addition to a workshop on each theme we are also running a final workshop to capture any further insight and offer an open forum for any partners or stakeholders to feed into the process. This will be a virtual workshop on 24th April 2025, 9.30 am – 12.30pm covering all three aims Better Health, Better Care and Better Lives, with no limit of spaces continuing in the spirit of our open engagement processes.

Following the workshop the target remains for the draft Strategy to hit May Board. Branding will then take place ahead of publication in June.

4. Argymhelliad / Recommendation

The Committee is asked to;

- Note progress and next steps

Appendices

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

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



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

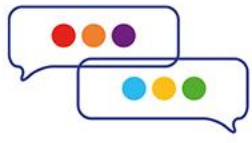
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb	Yes not yet available



<p>Equality Impact Assessment (EIA) completed</p>	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<ol style="list-style-type: none"> 1. Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs 2. Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies 3. Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves 4. Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives 5. Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives



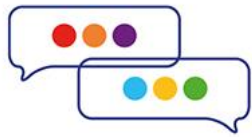


Creating Our Strategy Together











**Our commitments with our population
for 2035**

Y 10 MLYNEDD NESAF

THE NEXT 10 YEARS



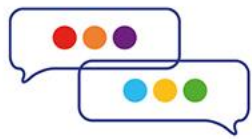
Design Principles

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

Y 10 MLYNEDD NESAF

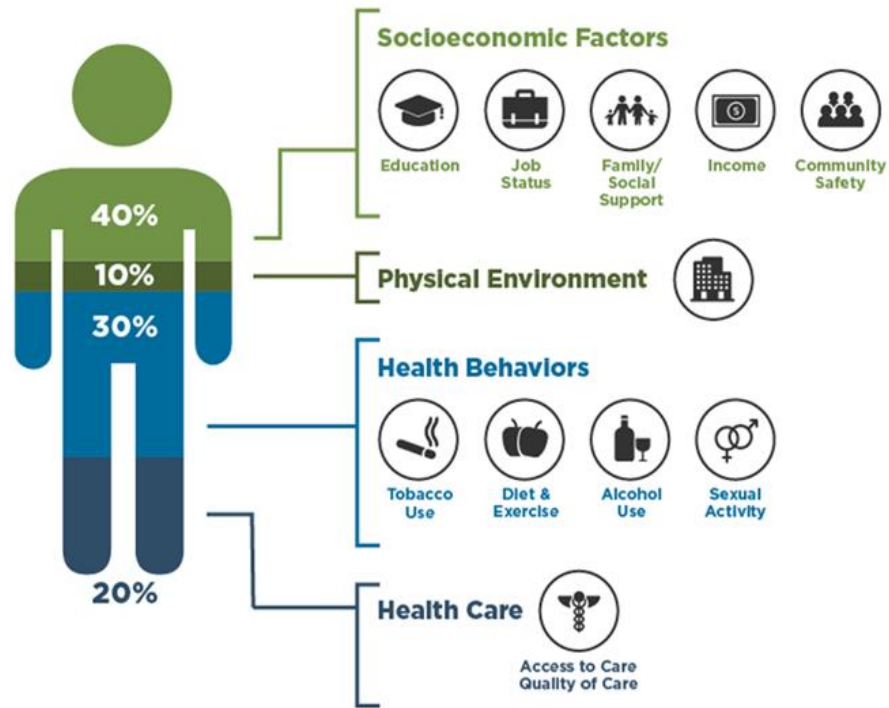
THE NEXT 10 YEARS





What shapes health?

What Goes Into Your Health?



Only 20% of what affects your health is health care



Where you live will determine the years spent experiencing good health



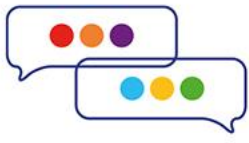
Each persons behaviours and relationships plays a part in their health




Problems can't be addressed by any organisation alone


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THE NEXT 10 YEARS





What do we know about health in Gwent?


 From 2023 to 2043 the population aged 65 or older will increase by 26%

 Female predicted years in healthy life at birth varies from 55.3 years in Blaenau Gwent to 69.3 years in Monmouthshire

 Male predicted years in healthy life at birth varies from 55.6 years in Blaenau Gwent to 68.7 years in Monmouthshire

 In 2021 84.9% of Gwent teenagers did not meet the guidelines for physical activity

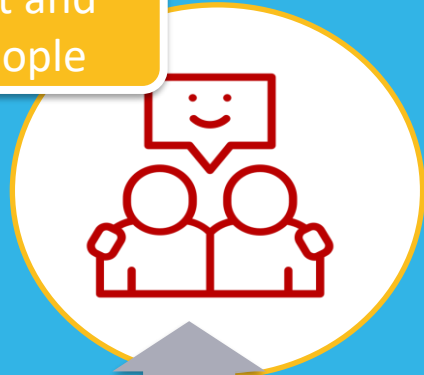
 In 2021 Gwent has the highest rate of recorded domestic abuse related crimes in England and Wales

 Rates of obesity are higher in Gwent than in Wales

Y 10 MLYNEDD NESAF

THE NEXT 10 YEARS

I can meet and talk to people



Able to get around



Good food is available to buy



Warm homes that are damp free



Able to find fairly paid work



Feel safe



There are ways to keep active

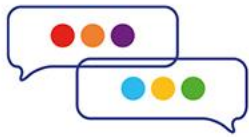


It is clean

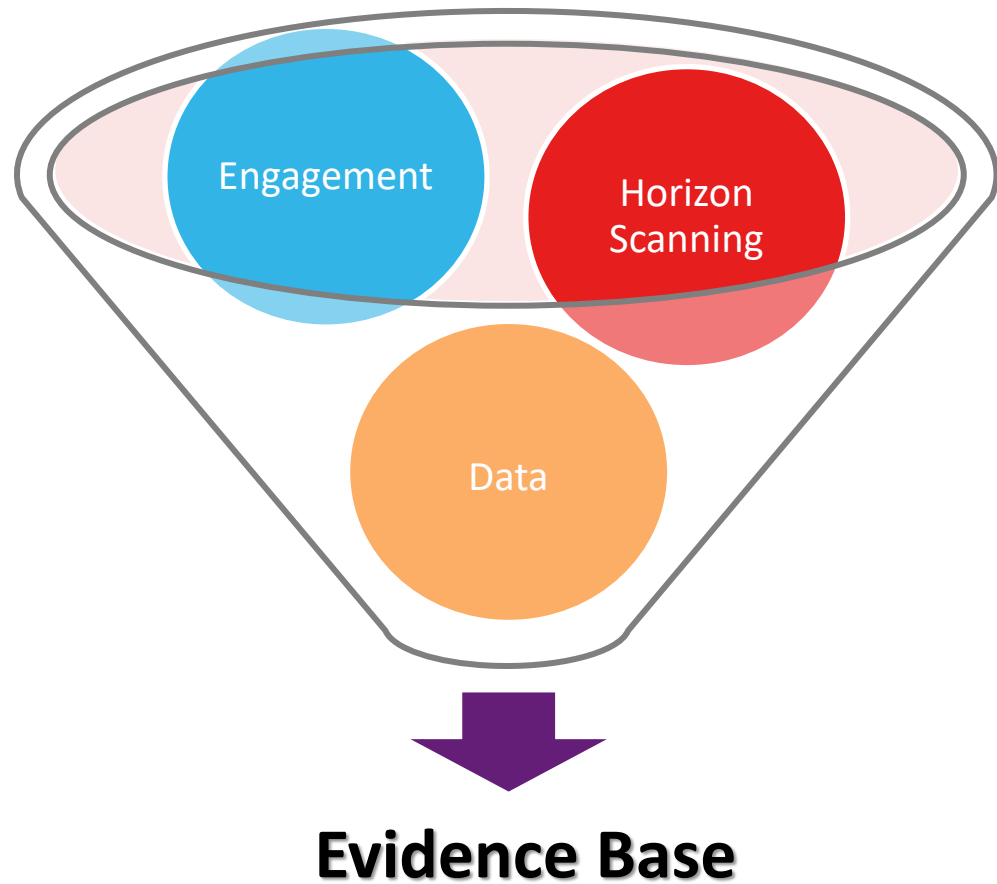


You can access some nature

What does a strong community look like?



Strategy Development



- Horizon Scanning**
 - Developed an extensive library
 - Looked at drivers of change

- Engagement**
 - Staff
 - Partners
 - Population

- Data**
 - Complaints
 - Gwent Joint Strategic Assessment
 - Partners shared data
 - Performance

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THE NEXT 10 YEARS





sgwrs er mwyn dyfodol iach
 a conversation for a healthy future



We are currently starting to develop a 10-year plan for healthcare in Gwent.

What's important for you to feel healthy?

6,830 Total
1.15% of population

Population groups include:

- LGBTQ+ groups
- People with mental ill-health
- BAME groups
- Partners
- Women's groups
- Volunteers
- Welsh language groups
- Refugees



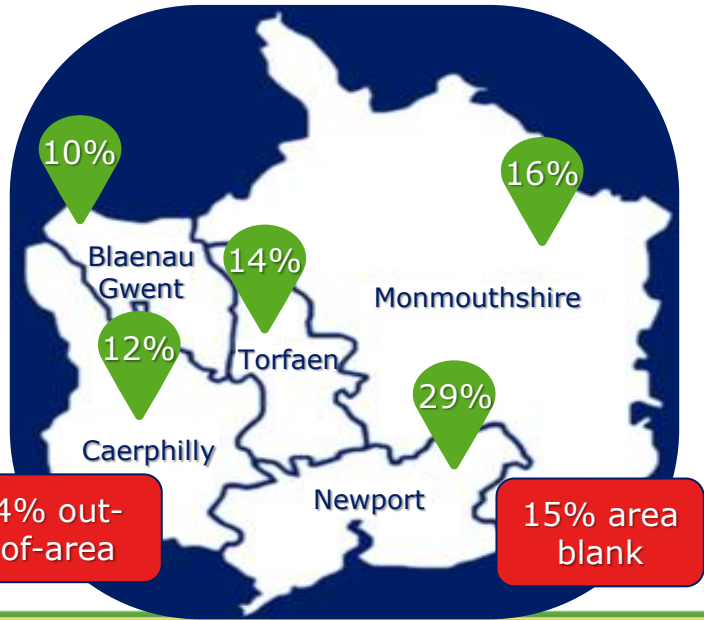
13% not captured

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THE NEXT 10 YEARS

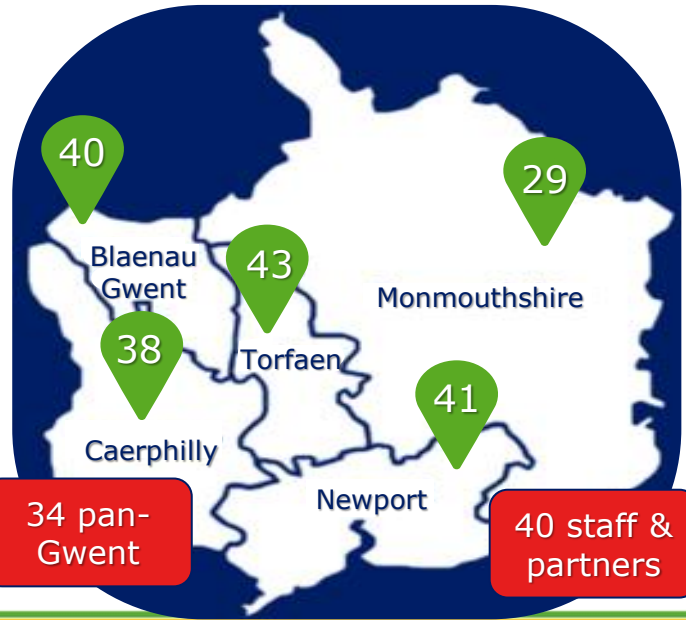
2,140 Surveys

4,690 face to face in 225 events



4% out-of-area

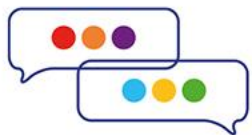
15% area blank



34 pan-Gwent

40 staff & partners





What makes Gwent feel healthy



Individual

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

Health Services

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

Wider environment

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

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THE NEXT 10 YEARS



GWENT 2035

Better Health

Better Care

Better Lives

A Strategy for Aneurin Bevan University Health Board



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

In Development

Our Outcomes

Y 10 MLYNEDD NESAF

THE NEXT 10 YEARS



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

Y 10 MLYNEDD NESAF

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



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

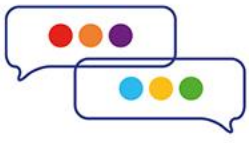
- Access the opportunities in your community to stay connected and share with others when you find something good
- Be our eyes and ears in your community if you are concerned about someone tell us so we can help
- Look out for those that don't have a family support network around them or those who might 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





Timeline



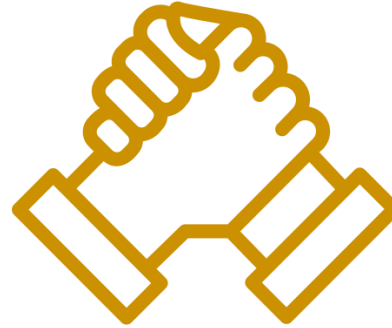
Develop First Draft

Dec



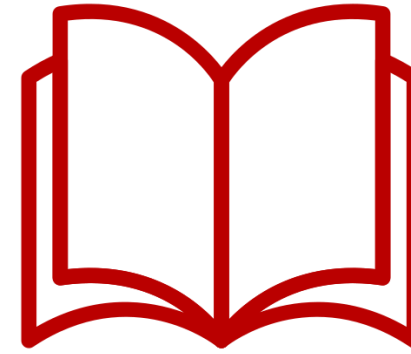
Test First Draft

Jan until April



Agree Actions

Jan until April



Publish

May



Launch

June

Y 10 MLYNEDD NESAF

THE NEXT 10 YEARS



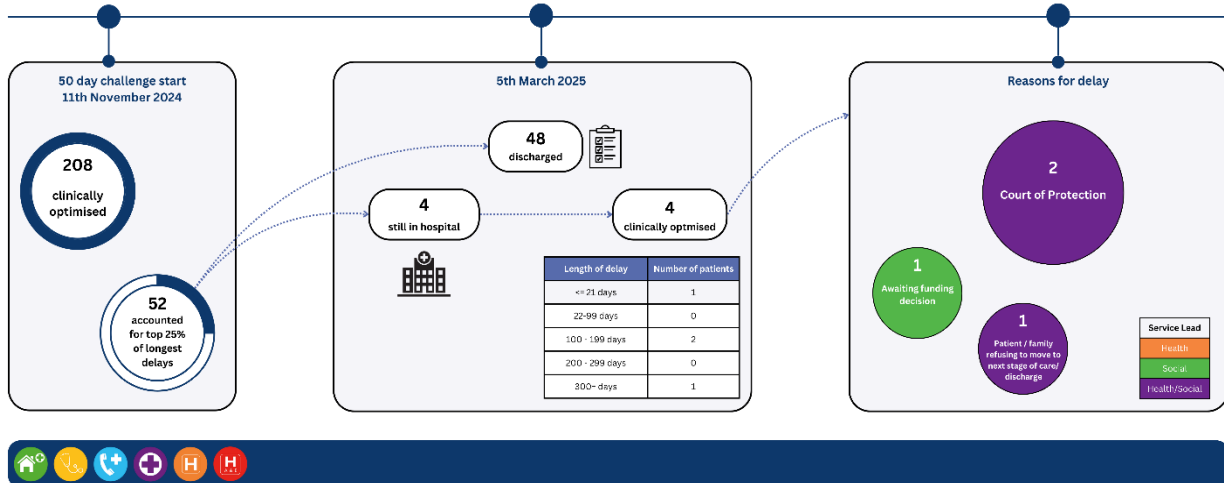
6	Proactive management of 0.5% population at Risk	<ul style="list-style-type: none"> • MDT approaches in three NCN areas • Risk stratification exercise to align EFI and sfn generated risk scoring • Future care plans approach to care homes • Winter support for respirator • Fracture liaison service
7	GP 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 overleaf infographic sets out the regions progress on this target:



50 Day Challenge - top 25% delayed



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 to be utilised to enable GPs or appropriate members 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 to be 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 Executive and operational leadership across health and social care will provide the tactical coordination of activity through the winter period including the 50 day challenge activity. An evaluation and review of these winter actions will be undertaken in order to inform the RPB and Board in July.

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.



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.

Funding Allocations for 25/26

On 27 January 2025, Welsh Government issued the RPB Regional Integration Fund (RIF) Allocation Letter, which included confirmation of the following revenue allocation for 2025/26.

Funding stream	Allocation (£)
RIF core funding	23,283,840
Integrated Autism Service (IAS)	571,286
Dementia	1,711,000
Memory Assessment Services	565,000
Unpaid Carers (Hospital Admission and Discharge)	191,000
Short breaks for carers	246,847
Further Faster	2,292,000
Regional Infrastructure Fund	750,000

The funding allocation letter for the Neurodivergence Improvement Programme (NDIP) has not yet been issued. However, on 3 February 2025, Welsh Government confirmed continued investment in the programme across Wales from April 2025 to March 2027.



Investment plan 2025/26

The following table outlines the planned investment across all strategic partnerships (SPs). Third sector will receive 18% of the total RIF portfolio (20% minimum required), and carers will receive 6% (5% minimum required).

Strategic Partnership Board	Unallocated		TOTAL (£)	%
	Allocated (£)	(£)		
All	273,895		273,895	1%
Carers	1,811,697		1,811,697	6%
Children & Families	5,214,524		5,214,524	18%
Dementia Board	2,481,579		2,481,579	8%
Further Faster	2,292,000		2,292,000	8%
GASP	13,179,511		13,179,511	45%
MH&LD	1,629,773		1,629,773	6%
Regional Resource	956,780		956,780	3%
Unallocated	-	50,753	50,753	0%
Unallocated (SRP)		1,720,461	1,720,461	6%
Grand Total	27,839,759	1,771,214	29,610,973	100%

Unallocated SRP relates to the System Resilience Plan (winter), projects under this funding are in place until the end of Quarter one 25/26 and are currently being reviewed. Decisions will then be taken on continuation or release of funding for the RPB to reallocate.

Impact Assessments

As part of assessing the impact of RPB interventions. Seven projects have been assessed as 'Red' and 11 are 'Amber', with a total value across both groups of £5,640,184. All seven 'Red' projects and nine of the 'Amber' projects sit within the GASP portfolio. The remaining two 'Amber' projects sit within the Dementia Board portfolio. Therefore, extraordinary meetings of both Strategic Partnerships have been scheduled to review the Impact Assessments in late March 2025 to enable decisions on the continuation or amendment of these projects. This may potentially free further RPB resource to reallocate to priorities.

Argymhelliad / Recommendation

The Partnerships, Population Health & 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



**Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways
of working**

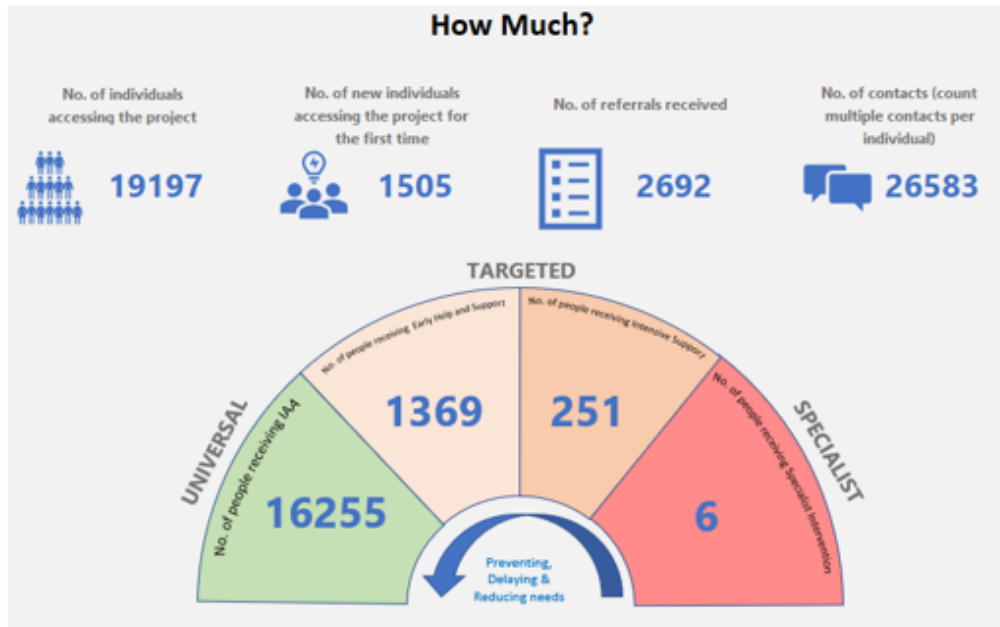
<https://futuregenerations.wales/about-us/future-generations-act/>

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.

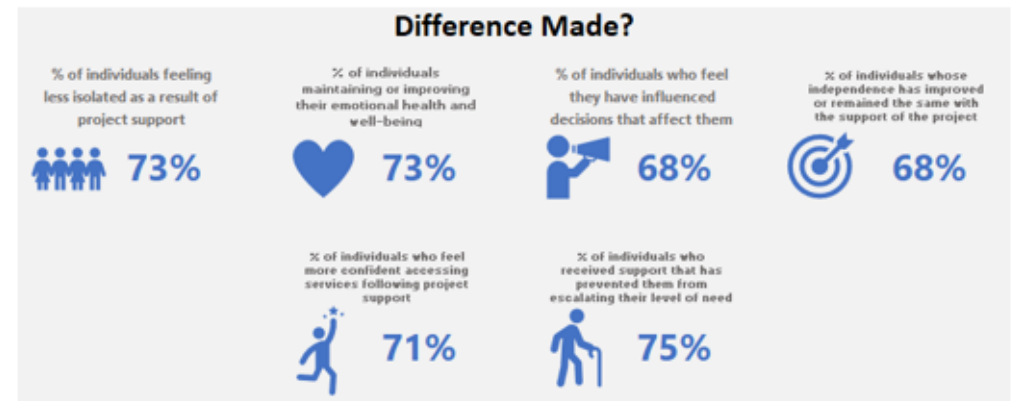
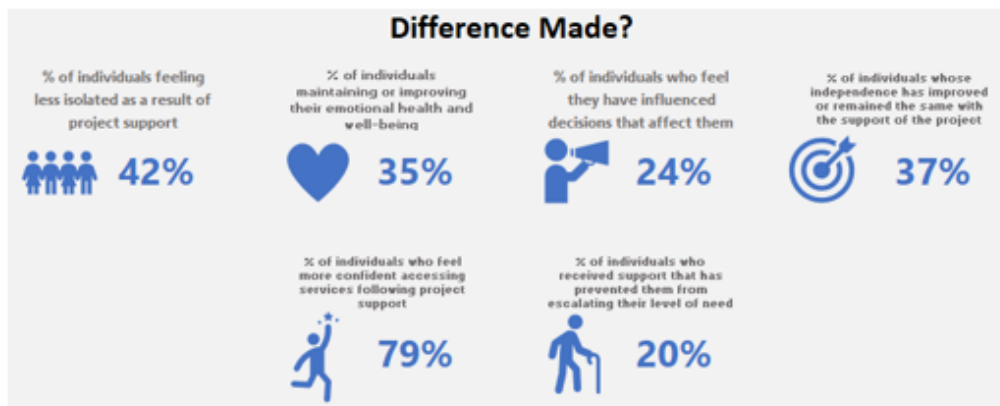
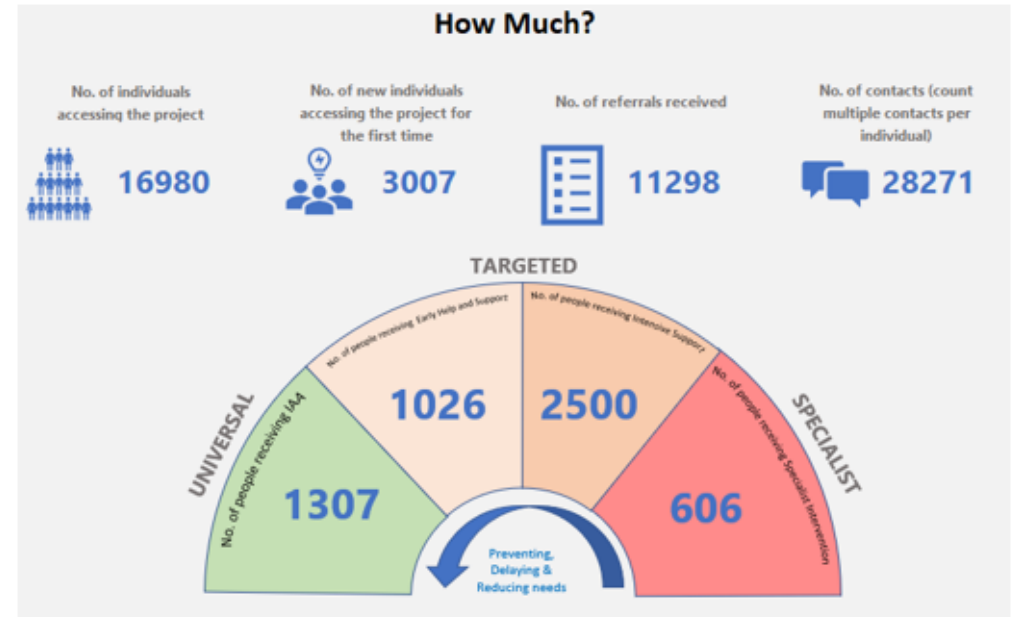


Appendix A: Strategic Partnership Portfolio Visuals

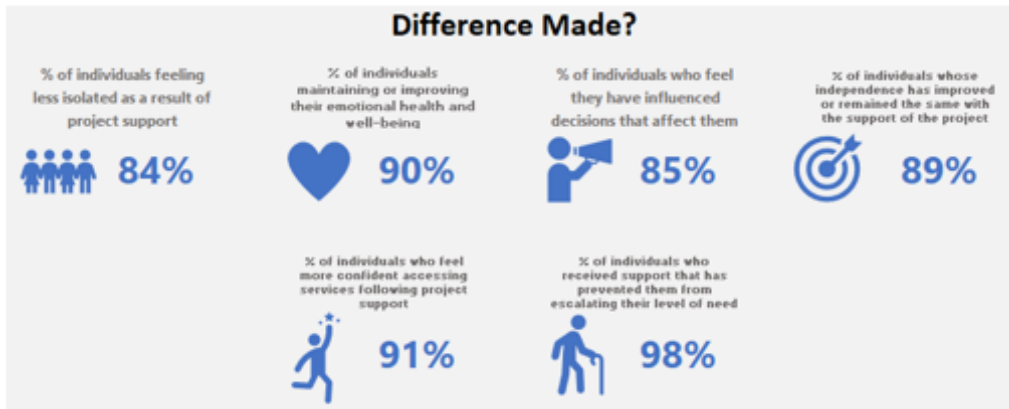
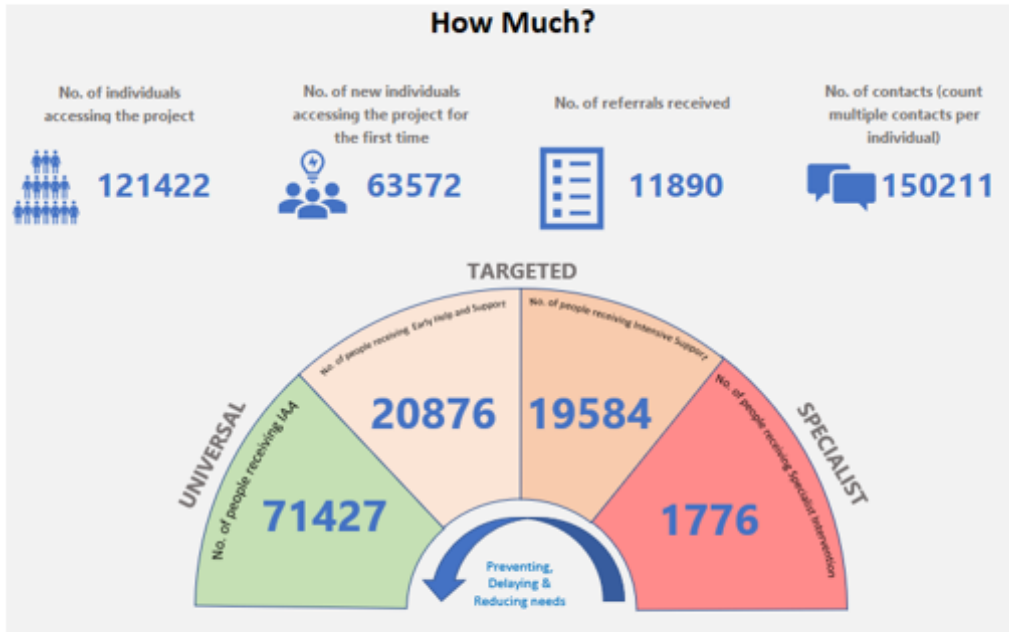
Carers Strategic Partnership



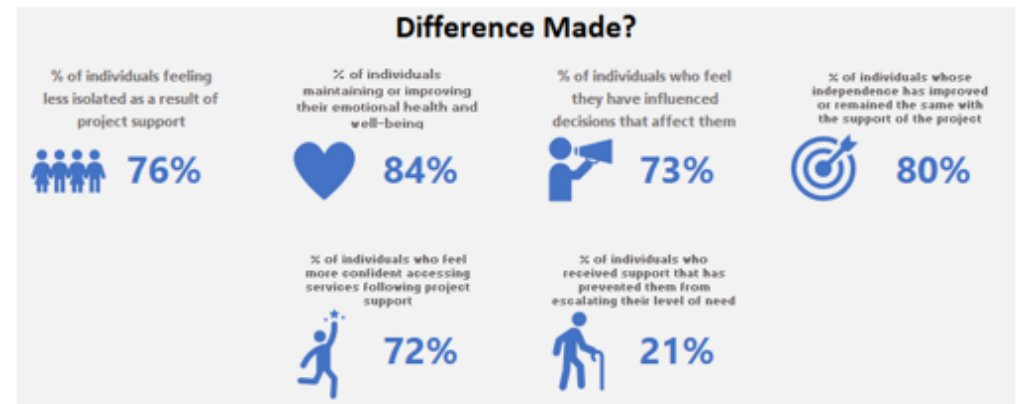
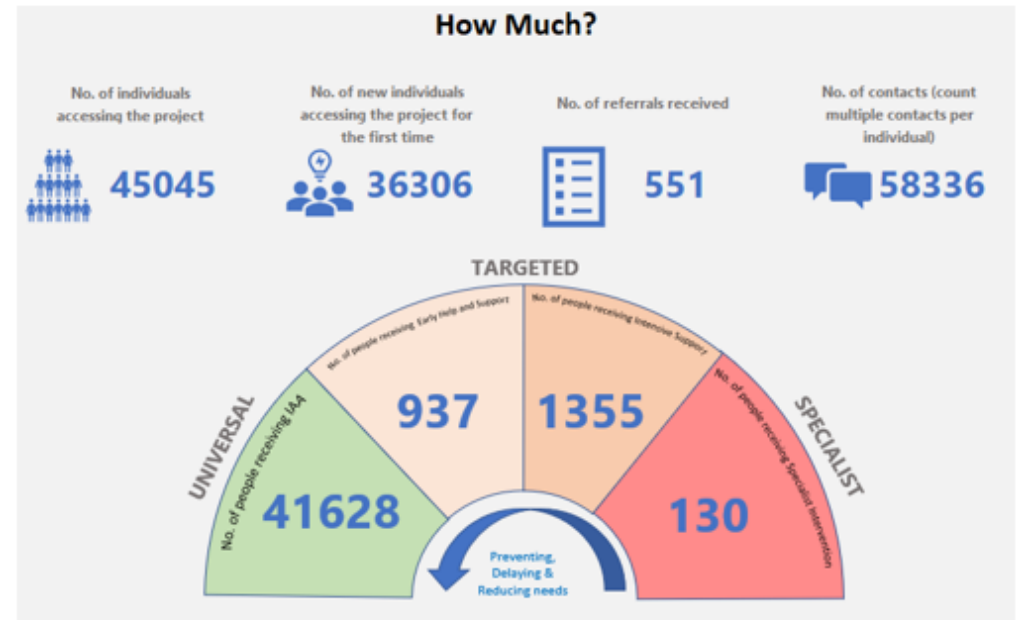
Children & Families Strategic Partnership



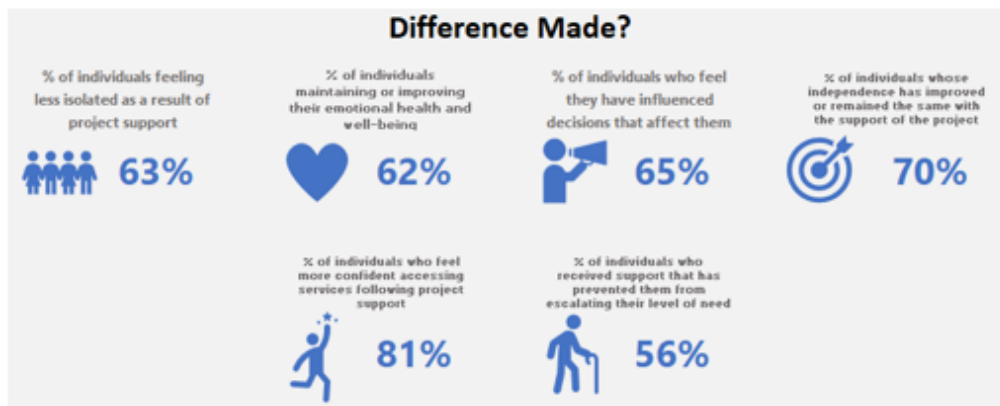
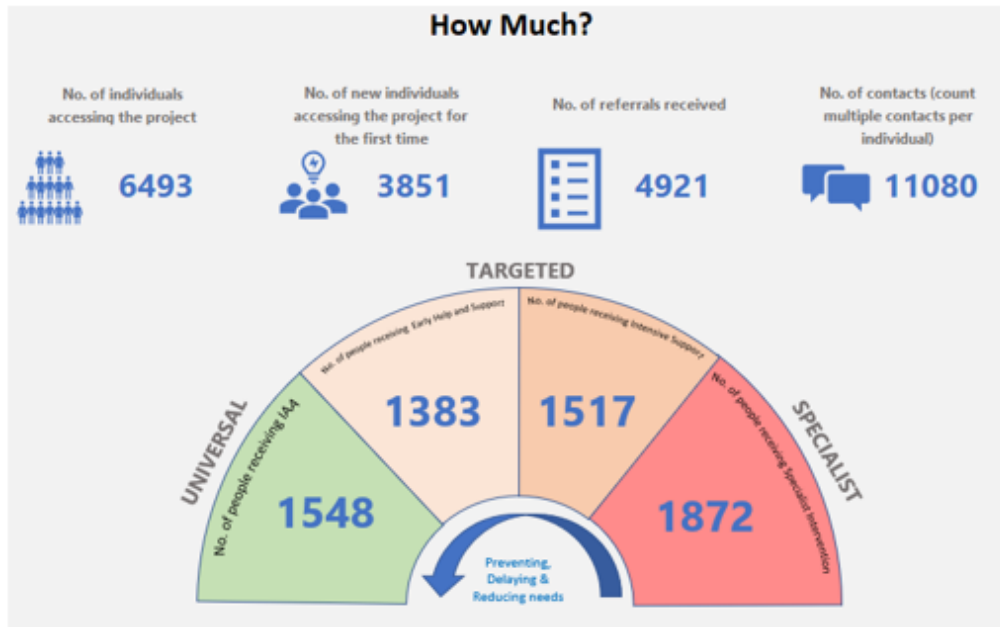
Gwent Adults Strategic Partnership



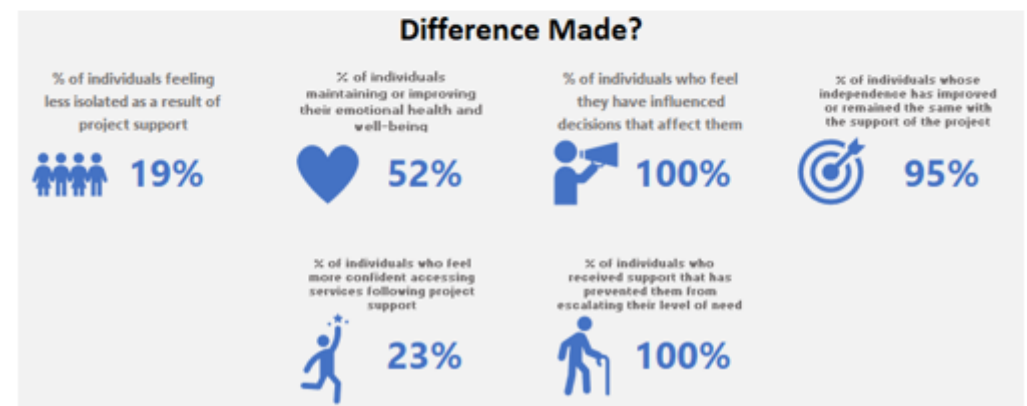
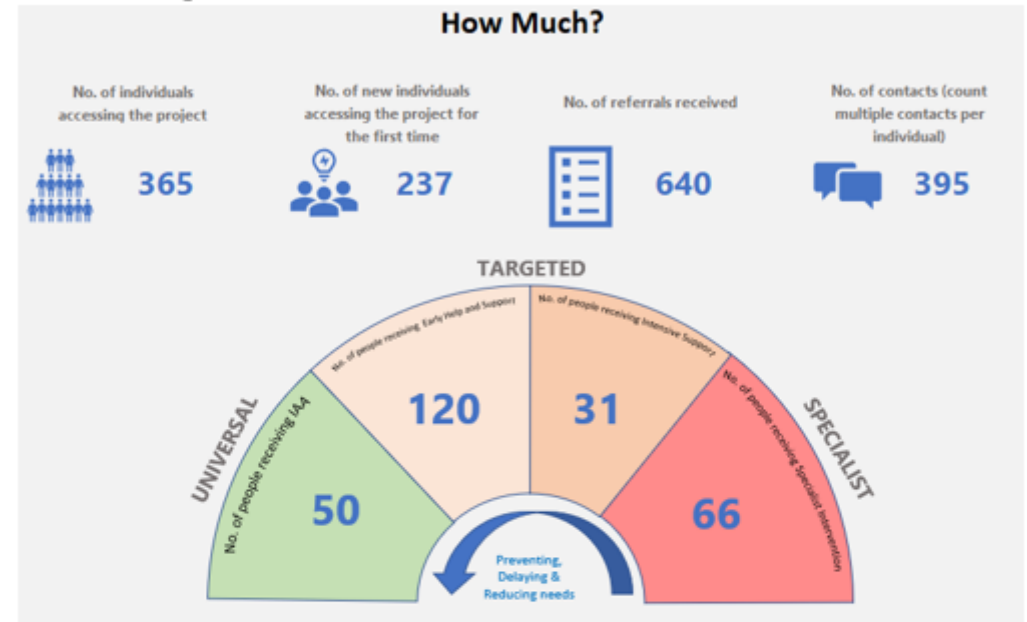
MH & LD Strategic Partnership



Regional Dementia Board



Housing Strategic Partnership (AT Programme)



DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 April 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**

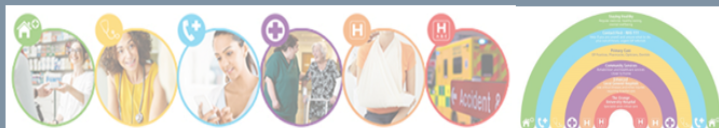
Sefyllfa / Situation

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:

Llantrisant Health Park (LHP)

In February 2023 – following confirmation of Welsh Government funding - CTMUHB completed the purchase of the LHP site. The site is close to the Royal Glamorgan Hospital and has the potential capacity and infrastructure for a wide range of clinical services, including as a regional diagnostic and treatment centre. Since this acquisition, the regional programmes have considered the opportunity offered by this CTMUHB facility to deliver additional regional capacity (alongside core/realigned capacity). These opportunities have been explored based on an understanding of service demand and capacity challenges, new models of care and pathways and local plans. This work has helped to set out the potential role of LHP in addressing the issues identified.

Welsh Government focus has been on the development of the site for additional local and regional service capacity, and a business case is being prepared. This was reiterated in January 2025, when a letter was received by the Director General / Chief Executive of NHS Wales regarding the development of LHP. The letter expressed the wish for the LHP programme to proceed at pace, and specifically requested the following:

- Development of an outline strategy which supports the development of a regional service model to utilise the proposed facilities at Llantrisant.
- Development of a cross-health board demand and capacity mapping exercise to cover endoscopy, radiology and pathology, together with the setting out of a strategic delivery plan to meet this demand across a regional footprint
- Setting out of a clear plan for utilising LHP for a short stay elective orthopaedic facility, supported by a demand and capacity model for the region
- An outline of further future development opportunities for the LHP site and collaborative regional working in general

The Regional Portfolio Oversight Board has considered the letter and agreed an appropriate action plan, with a series of documents being prepared for submission to Welsh Government over the next few months. An overall LHP outline strategy document has been prepared for March Board meetings.

Set in the context of the clinical futures service models and the health board's ambition to drive maximum efficiency from existing infrastructure and workforce, the LHP development does complement local facilities and service developments. The opening of the Grange Hospital in November 2020 unlocked the opportunities for planned care development in Gwent through the separation of emergency and elective pathways, the development of innovative models of care such as the Peri-operative care unit in the Royal Gwent Hospital and the liberation of infrastructure such as theatres, diagnostics and some staffing in these areas. These benefits were fully explored in the recent New Hospital System/GUH report.



The LHP development does offer opportunities to further strengthen our planned care capacity and offer in this context. The health board has maintained full engagement and participation in a wide range of collaborative regional planning programmes, with position statements developed at an early stage to advise colleagues and to inform the planning process. As a high-profile regional project, it will be essential that any opportunities identified through this work reflect value for money when considered against other options. For ABUHB, the commissioning of capacity at LHP would be dependent on the identification of future revenue funding streams. The local ABUHB positions in respect of the specific asks within the letter are as follows:

LHP outline strategy

In respect of the overall strategic plan for the LHP site, ABUHB has commented on the CTMUHB strategy document, and is content that this reflects a broad consensus of regional planning intentions in respect of the LHP site. Revised demand and capacity mapping exercises are progressing across all of the relevant programmes, with much of the ABUHB input informed by the exercises already undertaken for the 2025/26 annual plan.

Endoscopy

A regional plan is being developed setting out the current demand and capacity requirements and residual deficit across the region. Local Health Board plans to maximise existing infrastructure are then factored in before identifying the opportunity LHP can offer the region to bridge the remaining gap.

At the outset of the regional endoscopy programme, the ABUHB team agreed and circulated a position statement, setting out their approach to endoscopy regional planning. The key elements of this were:-

- Confirmation that the first local priority option for additional capacity (subject to funding) was to move to full seven-day utilisation of the new four theatre endoscopy suite at the Royal Gwent Hospital. This would entail extending the two remaining five-day theatres to weekend working, and would result in sufficient capacity to maintain all relevant waiting time targets until at least the end of 2026/27.
- Full support in principle for the proposal to establish a regional screening & surveillance centre in LHP (closely adjacent to Bowel Screening Wales), with a working intention that this would form the basis for any future additional required endoscopy capacity for ABUHB.
- Full support in principle for the proposal to establish a new endoscopy training academy in LHP, subject to a full business case being prepared by Health Education and Improvement Wales (HEIW).

The latest request from the Director General / Chief Executive of NHS Wales for a comprehensive regional endoscopy plan is seen as the appropriate vehicle to provide all respective health board demand & capacity positions and proposals in one document, starting from 2025/26 and leading through to the full operation of a LHP facility.



A Regional Plan is being finalised and will be brought forward to Board for approval that will set out the current resources, the outcome of the regional demand and capacity modelling and the underpinning assumptions.

Radiology / Community diagnostic hubs (CDH)

As advised previously, the CDH programme associated with the LHP site has become solely the remit of Cwm Taf Morgannwg UHB and has moved into the LHP programme for future management purposes. A regular regional forum will be maintained as a community of practice to ensure good communication and sharing of experiences and best practice.

It should be noted that whilst Welsh Government have requested a review of radiological demand and capacity, the current health board position is that there is not a requirement for the future CT or MRI capacity which will be offered in LHP at this stage. Local plans have been enabled by the approval of a separate business case for additional MRI scanning capacity at the Grange University Hospital. Engagement with wider collaborative planning will however be fully maintained.

Orthopaedics

The work of the programme to finalise and agree the clinical model for a potential regional arthroplasty facility has transferred into the main LHP programme, together with any other work directly linked to the LHP development. Active participation is ongoing in respect of a future regional short stay elective arthroplasty facility on the LHP site, recognising the need to identify robust funding streams and that a comprehensive business case will need to be developed over the coming months. A clinical workshop took place in March to progress details of the model, with funding and workforce noted as fundamental enablers for the success of the programme.

ABUHB representatives will remain fully engaged at a planning, clinical and operational level.

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

Plans to maximise the capacity benefit of the first phase of the cataract programme have continued through the final quarter of the year, using the additional capacity established in Cardiff, Abergavenny and via private sector outsourcing. It is expected that this phase should eliminate waiting times in excess of 104 weeks by year end. Progress is monitored through the Ophthalmology Programme Board, with regular updates to the overall Delivery / Oversight Boards.



Discussions with Welsh Government are ongoing to confirm any additional monies for the region to main progress into quarter 1 of 25/26 This will ensure that the progress made during 2024/25 can be maintained, whilst plans are finalised for the following additional priorities over the coming year:-

- 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

Work continues in parallel to develop a comprehensive electronic patient record for ophthalmology, with priorities focussed on extending existing contracts with Cardiff & Vale UHB (as the original system hosts) to provide the 'Open Eyes' system in neighbouring health boards.

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 that a comprehensive digital cellular pathology system is a pre-requisite for meaningful regional service integration and optimal future recruitment and training. As previously noted, the national business case for this has been subject to considerable health board scrutiny, and is due to be considered at the Board meeting in March.

The steering group is currently in the process of considering and agreeing the full scope of the revised project, terms of reference for standardisation, phasing of the key milestones and required supporting resources. Additional work streams will be established once these details are finalised.

Aneurin Bevan UHB representatives will remain fully engaged with the programme, with the key aims of 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 supported by Velindre NHS Trust, with the ABUHB 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

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 Therapies & Health Science) is also progressing to schedule.

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.

As advised in previous update reports, the programme has not progressed further over the past 12-18 months, pending confirmation of outline business case funding from Welsh Government and of service / programme capacity. Further updates are anticipated later this year, but operational implementation of a new centralised service is now unlikely to be achieved until 2028/29.

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

Hepatobiliary and Pancreatic Surgery

This project has been 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 (HPB) 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.

Following an extended hiatus period, the Project Board has recently reconvened to progress the reconfiguration of the service, based on the recommendations of an external clinical advisory group which indicated that the only viable future options were a combined single site based either in Cardiff or Swansea.

A three-phase plan for HPB services has been agreed, based on:-

1. Establishment of an operational delivery network and regional multi-disciplinary team working



2. A single management structure covering the two sites as a 'single service' philosophy
3. An eventual move to a single HPB centre

As part of the first phase, participating health boards have been asked to consider funding of a delivery network team from the middle of 2025/26. This is currently being considered, with Chief Executives due to discuss the wider HPB position in April. A new project manager has been appointed, and a supporting business case is being developed to cover network team costs, outline of the practical network requirements (including hosting arrangements) and future commissioning / financial flow arrangements. The latter will include consideration of health boards formally commissioning a tertiary service from C&VUHB /SBUHB. It is intended that commissioning responsibility for the service will ultimately transfer to the all-Wales Joint Consultative Committee, and it is acknowledged that interim arrangements need to be understood and supported by all stakeholders. Health board representatives will remain engaged in the planning process and associated decision making.

Stroke Services

The national cardio-vascular network continues to support health boards in taking forward a national piece of work to re-design stroke services across Wales into a hyper-acute stroke model, although it is accepted that progress will require clear funding options, programme infrastructure support and robust public engagement. Whilst the longer-term configuration of acute services within ABUHB is already established, health board planning and service representatives are maintaining close liaison with regional colleagues and will ensure clear line of sight to any changes to neighbouring services (particularly in CTMUHB) that may have cross-border patient flow implications.

Since the urgent temporary service change in neighbouring CTMUHB to centralise all their acute stroke services at the Royal Glamorgan Hospital, the ABUHB service has maintained regular communication with CTMUHB, WAST and Powys colleagues to monitor the operational impact. Whilst no major changes to patients towards the Grange University Hospital has been experienced to date, this will continue to be monitored carefully, whilst awaiting confirmed timescales for the conclusions of the programme considering the long-term configuration of services across CTMUHB and C&VUHB as the 'south central' region.

Vascular Services

The South East Wales regional vascular network (SEWVN) is continuing to work through the recommendations and actions arising from the clinical review workshop held late last year, led by the operational delivery network team, who are hosted by Cwm Taf Morgannwg UHB. Key areas progressing include:-

- Proposal to move to a commissioner-provider type model for arterial activity, with venous work to continue in the local health board spokes
- Revised framework / process for regional working, to ensure clarity of collaborative decision-making



- Establishment of task & finish groups to deliver medium term plans for workforce, finance, operations, clinical and service planning
- SEWVN Board to maintain and enhance clinical governance oversight, with a key focus on quality KPIs, outcome measures (including the national vascular registry) and operational performance

Health board clinical, operational and planning representatives are fully engaged in the process, with key developments to be noted / endorsed by respective Executive teams as appropriate. Once broadly complete, the revised arrangements can be brought into business as usual for the service at hub and spoke level.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5.1 Timely Access 7.1 Workforce Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.



**Gwybodaeth Ychwanegol:
Further Information:**

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

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

	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working 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

