

<b>DATE OF MEETING</b>	Wednesday 31 <sup>st</sup> January 2024
<b>VENUE</b>	Microsoft Teams

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

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



	<p>The minutes of the meeting held on the 1<sup>st</sup> of November 2023 were agreed as a true and accurate record.</p>
<p><b>PPHPC/3101/01.5</b></p>	<p><b>Committee Action Log- November 2023</b></p> <p>The Committee received the action log.</p> <p>Tracey Daszkiewicz (TD), Director of Public Health, provided an update on the outstanding action <i>PPHPC 1705/03.2 Alignments and any overlaps of priority areas between the Gwent RPB Area Plan and the Gwent PSB Well Being Plan will come back to the Committee for discussion</i>. TD informed members that work was ongoing in this area. The Chair discussed duplication of areas within both plans, the potential impact that had on resources, and welcomed an update at a future meeting.</p> <p>Rani Dash (RD), Director of Corporate Governance, provided an update on outstanding action <i>PPHPC 0111/01.5.3 Review of the Major Trauma Centre</i>, informing members that a draft review was in development and would be shared when finalised for publication.</p>
<p><b>PPHPC/3101/02</b></p>	<p><b>Items for Approval/Ratification/Decision</b></p>
<p><b>PPHPC/3101/02.1</b></p>	<p><b>Annual Review of Committee Effectiveness</b></p> <p>Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of the report, summarising the findings of the Committee self-assessment.</p> <p>Areas identified that required strengthening were noted as follows:</p> <ul style="list-style-type: none"> <li>• The programme of induction for Committee members,</li> <li>• Strengthening of report templates,</li> <li>• Future alignment of business cases and enabling plans.</li> </ul> <p>The above areas were noted as common themes across Committee self-assessment feedback. These areas would be picked up under the ongoing Board Improvement Plan.</p> <p>The Committee was assured that the overall rating had determined that the Committee was <i>'Meeting the Standards'</i> expected.</p>



	The Committee <b>APPROVED</b> the template format.
<b>PPHPC/3101/03</b>	<b>Items for Discussion</b>
	<b>Strategic Partnerships</b>
<b>PPHPC/3101/03.1</b>	<p><b>Committee Risk and Assurance Report</b></p> <p>Rani Dash (RD), Director of Corporate Governance, provided an overview of the revised risk reporting for assurance, including the risks delegated to the Committee. These had been presented to the Board. Ongoing work on the Committee workplan would ensure sufficient assurance mapped against risks.</p> <p>Two new risks had been delegated by the Board to the Committee for oversight; these were noted as <i>SRR 001H-Service Delivery</i> and <i>SRR 007B Transformation &amp; Partnership Working</i>.</p> <p>The Chair flagged risks aligned to <i>Transformation and Partnership Working</i> and requested that we did not lose sight of the associated partner risks around public service funding and fragility of their services. RD suggested that both the effectiveness of partnerships and the fragility of our partners be reflected in the risk. <b>Action: Head of Risk and Assurance</b></p> <p>The Committee <b>RECEIVED</b> the report for <b>ASSURANCE</b>.</p>
<b>PPHPC/3101/03.2</b>	<p><b>Public Services Board Update and Action Plan</b></p> <p>Tracey Daszkiewicz (TD), Director of Public Health, provided an update from the Public Services Board (PSB).</p> <p>TD presented information on Building a Fairer Gwent, rationalising the 192 Marmot recommendations into a deliverable format against the 8 Marmot Objectives, including the mapping of associated actions. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The information would feed into a five-year plan (2024-2029) with an internal public health approach for the Health Board and partnerships through a social, environmental, and economic lens.</li> <li>• Alongside Torfaen County Borough Council (TCBC) partners, the Health Board had been successful in</li> </ul>



securing £5m to tackle health and inequalities in that area.

- A delivery group, aligned to the PSB, would be overseeing the delivery of the associated actions.

Building a Fairer Gwent delivery and action plan to be shared with members. **Action: Director of Public Health/Secretariat (complete)**

The Committee thanked TD for her involvement in the delivery plan and was encouraged by the good progress made. The Chair congratulated the TCBC for securing such an important investment.

The Chair shared concerns around the duplication of work across the PSB plans and the Regional Partnership Board (RPB) plans and suggested that the plan was shared with the RPB for alignment. TD to share the PSB delivery and action plan with the RPB. **Action: Director of Public Health**

Rob Holcombe (RH), Director of Finance and Performance, discussed the need to avoid duplication for the RPB and PSB, aligning decisions with strategy, service, and resource plans.

The Committee **NOTED** the update on the PSB and associated action plan.

**PPHPC/3101/  
03.3**

### **Regional Partnership Board (RPB) and Place Based Care**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, supported by Chris Dawson-Morris (CDM), Deputy Director, Strategy Planning and Partnerships provided the Committee with an overview of the report, including information on Place Based Care.

The Committee was informed of the following key points; -

- An RPB workshop, discussing the work carried out within Integrated Service Partnership Boards (ISPBs) and Neighbourhood Care Networks (NCNs) had been rescheduled for March 2024.
- Further work to be done on accountability on regional and local partnership working.
- Progress has been made in the RPB governance review.



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

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

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

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

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

*Rob Holcombe left the meeting.*

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

## **Strategic Planning and Developments**



## Emerging Plan for 2024/25, including Pan-Cluster plans

Hannah Evans (HE), Director of Strategy, Planning and Partnerships presented the emerging plan for 2024/25, including the priorities and system change required under the five priority areas.

The Committee discussed the proposed approach, noting that a detailed discussion would take place at the Board Development session scheduled for the 28<sup>th</sup> of February 2024.

The following key points were discussed; -

- In addition to the information outlined in the report, the planning team had received data on performance, workforce, finance, and savings plans and opportunities from Divisions. The Planning and Corporate teams were reviewing the data, which would be reported to the Executive Committee on the 1<sup>st</sup> of February 2024.
- Integrated Service Partnership Board (ISPB) plans were being developed following national guidance. Further work was required to strengthen the Health Boards involvement in partnership working guidance.
- Several communication and engagement events had taken place with Llais, the Trade Union Partnership Forum (TUPF) and regional Health Board colleagues.

An Integrated Medium-Term Plan (IMTP) would be delivered to the Board at the end of March 2024; the Chair welcomed this approach and thanked HE.

Dafydd Vaughan (DV), Independent Member, requested that the IMTP include an ordered list of achievable priority programmes, so that the Board can provide support against clear goals.

The Chair suggested that there be an emphasis on providing the best care to the population with a radical review of cost-effective care models for sustainability and redesign be included in the priority programmes, noting that information suggested that the current model of care was unaffordable.

The Committee received the report for **ASSURANCE** and **ENDORSED** the planning approach and the five planning principles used to develop the annual plan.



## To receive and discuss an update on Regional Planning

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an update of progress in respect of ongoing regional and South Wales service planning programmes for information.

The following key points were discussed:

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



opportunities for alternative services to secure the best service for the population.

- The Joint Commissioning Committee: work was ongoing to establish the new Joint Commissioning Committee and its governance framework.

Paul Solloway (PS), Director of Digital, informed the Committee that an options appraisal of the electronic record for Ophthalmology patients had been received from Digital Health Care in Wales (DHCW). PS shared his concerns that the appraisal did not include the impact on patients or timescales. An internal Health Board review of options for an electronic record for Ophthalmology patients and any associated risks would be undertaken.

PS informed members that a Regional Digital Workshop had taken place, reviewing the best options for a single digital referral pathway system for services across Health Boards. It was noted that the workshop was positive, and that Health Boards were working through delivery options.

The Committee was content that alternative digital options were being reviewed effectively.

The Committee **RECEIVED** the report for **INFORMATION**.

**PPHPC/3101/  
03.6**

### **South East Wales vascular Network Annual Report, July 2022-July 2023**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the first annual report since the establishment of South East Wales Vascular Network (SEWVN) in July 2022.

The Committee was reminded that SEWVN had been established around the main hub in the Main Arterial Centre (MAC) at Cardiff and Vale University Health Board (CAVUHB), with spokes into other Health Boards. HE discussed the critical interdependencies between SEWVN, and the earlier risk discussed around the challenge of the Interventional Radiology (IR) service in Swansea Bay University Health Board.

HE advised that good progress had been made, with no major safety issues reported during the transitional stage at a time of significant urgent care system pressure. System capacity was tight, noting that the full SEWVN





	<p>model had not yet been implemented, due to the fact that construction of the envisaged new hybrid theatre on the CAVUHB site was still to be progressed. The Chair suggested that the hybrid theatre funding be progressed with Welsh Government.</p> <p>The Committee <b>RECEIVED</b> the report for <b>INFORMATION</b>, and;</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the experience and conclusions of the service in respect of the first year of the network’s operation.</li> <li>• <b>ENDORSED</b> the proposed service priorities and engagement approach over the coming year, as set out in the report.</li> </ul>
	<p><b>Review of Development of Plans in Respect of the Key Clinical Future Priorities</b></p>
<p><b>PPHPC/3101/03.7</b></p>	<p><b>Clinical Futures Programme Update</b></p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, supported by Kate Fitzgerald (KF), Clinical Futures Assistant Programme Director, provided an overview of the Health Board’s Clinical Futures Programme priorities.</p> <p>HE informed the Committee that the planning teams would be redefining plans and associated programmes of work, to include clear timescales and associated impacts on services. HE discussed the large portfolio of work underway, noting that some long-term strategies may have been reprioritised based upon new learning and emerging opportunities, noting the deep dive work undertaken on the Six Goals for Urgent and Emergency Care.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The nurse led Acute Frailty Response Team went live in January 2024, placing additional community teams in the Royal Gwent Hospital emergency department. This was having a significant impact in directing patients to the best care to suit their needs, with 27 avoiding unnecessary admissions.</li> <li>• A new falls pathway had been introduced in December 2023 to reduce the number of non-injurious fallers conveyed to the Emergency Department by ambulance. Since implementation, 47% of non-injurious falls patients had been conveyed to the eLGHs instead of GUH for initial clinical assessment.</li> </ul>



- Further work being undertaken on the Health Board and WAST collaborative programme, ensuring pathways were followed, in particular the use of the flow centre.
- Health Pathways: finalising discussions on specialties for Phase 2 priority pathways would be discussed at the Executive Committee in February 2024.
- The Breast Unit was due to open in the first week of February 2024.
- Place Based Care had been deprioritized due to current operational issues.

The Chair discussed planned care and the Outpatient Transformation Programme, stating that on visits, some outpatient areas looked underutilised. An update on the Outpatient Transformation Programme would be presented at the Finance and Performance Committee. **Action: Director of Strategy, Planning and Partnerships/Secretariat**

Phil Robson (PR), Special Advisor, noted the 9-5 opening hours for the Acute Frailty Response (AFR) model and questioned whether or not there were plans to extend the offer. KF informed members that this was phase 1 and there were plans to review the model. In addition, alongside the AFR model, there was a pilot of a frailty consultant located in the Flow Centre to redirect care.

PR flagged concern that information he had received from Home Carers, and their lack of information and knowledge on where the best place to go for appropriate care might be, noting that they manage a large amount of risk amongst elderly care in the community. HE would feed back the information to the programme teams, and assured members that learning taken from previous reviews that had highlighted issues around patients/carers navigating the system and going to the right service for best care would inform future planning.

The Committee **RECEIVED** the update for **INFORMATION**.

**PPHPC/3101/  
03.8**

**Strategic Capital Projects Prioritisation Process**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on Strategic Capital Projects and the prioritisation process to the Committee. The Welsh Government had provided criteria to the Health



	<p>Board and requested that all pipeline projects for the next 10 years be prioritised using those criteria.</p> <p>HE informed the Committee of risks, as outlined in the report. Projects were at different levels of development in terms of detailed planning and scoping. Workshops would be held to assess the drafts of templates in due course. The final prioritisation would be presented to the Board on the 27<sup>th</sup> of March 2024.</p> <p>The Chair thanked HE and noted the challenge of producing a 10-year Strategic Capital Project Prioritisation plan.</p> <p>Dafydd Vaughan (DV), Independent Member, discussed how it would be extremely difficult to predict capital requirements for digital services in the next 10 years, due to the ever-changing advances in the digital world.</p> <p>The Chair discussed the Monmouth Health and Wellbeing Centre (outlined in Appendix 6) and requested further explanation on how it aligned to services provided at Monnow Vale. <b>Action: Director of Strategy, Planning and Partnerships</b></p> <p>HE and members noted a special thanks to Andrew Walker, SCCC Project Director, for his contribution to planning and capital projects and wished him a happy retirement.</p> <p>The Committee discussed the report and -</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the need to comply with the Welsh Government requirement to prioritise strategic capital projects and the process to be followed to achieve this,</li> <li>• <b>NOTED</b> the schedule of prioritised projects that will be prioritised through a workshop using WG criteria,</li> <li>• <b>NOTED</b> the key activities / milestones that will need to be achieved to submit the necessary information to Welsh Government by 31st March 2024,</li> <li>• <b>NOTED</b> the update in appendix 6 on current schemes.</li> </ul>
<p><b>PPHPC/3101/03.9</b></p>	<p><b>Major Incident Plan</b></p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the Major Incident</p>



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



	<p>provide the best service to the population. A detailed update on the Vaccination Programme to come back to the next Committee meeting. <b>Action: Director of Public Health</b></p> <p>The Chair queried how the Health Board would overcome any impact from the reduction in fees paid via Welsh Government to GPs to administer vaccinations. TD informed members that conversations were ongoing at national and government level.</p> <p>TD discussed how the current model for vaccinations had been necessary during COVID and for the booster programme; however, there was a requirement to move towards a more efficient and financially sustainable model.</p> <p>The Committee <b>NOTED</b> the report for <b>INFORMATION</b>.</p>
<p><b>PPHPC/3101/05</b></p>	<p><b>Other Matters</b></p>
<p><b>PPHPC/3101/05.1</b></p>	<p><b>Items to be Brought to the Attention of the Board and Other Committees</b></p> <p>The Chair requested the following matters to be discussed at Board level; -</p> <ul style="list-style-type: none"> <li>• A report on the Vascular network and the fragility of IR services.</li> </ul>
<p><b>PPHPC/3101/05.2</b></p>	<p><b>Any Other Urgent Business</b></p> <p>There were no further matters arising to be discussed.</p>