Partnerships, Population Health and Planning Committee

Wed 01 November 2023, 09:30 - 12:30

Microsoft Teams

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

Agenda

1. Preliminary Matters

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the last Meeting held on 12th July 2023

Attached *Director of Corporate Governance*

Draft PPHPC Minutes 12-07-23 Chair Approved.pdf (10 pages)

1.5. Committee Action Log

Attached *Director of Corporate Governance*

1.5 PPHPC Action Log November 2023.pdf (6 pages)

2. Items for Approval/Ratification/Decision

2.1. Committee Self-Assessment

Attached *Director of Corporate Governance*

2.1 PPHPC_Self Assessment of Committee Effectiveness Cover Report.pdf (3 pages)
2.1a Final PPHPC Self Assessment Template.pdf (8 pages)

3. Items for Discussion

3.1. Committee Strategic Risk Report

Attached *Director of Corporate Governance*

Strategic Partnerships

3.1 Committee Strategic Risk Report _PPHPC_Nov 2023 .pdf (6 pages)

3.2. To receive and discuss the Gwent Marmot Programme, including;

Attached *Director of Public Health*

Strategic Partnerships

- An update on the Gwent PSB Well-being Plan.
- Gwent Marmot Region Communication and Engagement Strategy.

3.2 PPHPC Gwent Well-being Plan update_v0.1.pdf (4 pages)

3.3. To discuss work ongoing within Regional Partnership Board, including;

Attached *Director of Strategy, Planning & Partnerships*

Strategic Partnerships

3.3.1. Partnership Capital Strategy and Plan

Attached *Director of Strategy, Planning & Partnerships*

3.3.1 Strategic Capital Plan Update_Planning Committee Nov_23.pdf (11 pages)
3.3.1a Appendix B Gwent SCP Strategy doc v0.9.pdf (17 pages)
3.3.1b Appendix C Gwent RPB_10-Year SCP_Plan_v0.4.pdf (42 pages)

3.3.2. RPB Governance Review

Attached *Director of Strategy, Planning & Partnership*

3.3.2 FINAL_RPB Governance Review - Exec PPHPC.pdf (4 pages)
3.3.2a Pam Wenger Governance.pdf (35 pages)

3.4. To receive an update on the Vaccination Programme

Attached *Director of Public Health*

Strategic Partnerships

3.4 Final Version- Vaccination Programme Partnership Population Health and Planning paper (1).pdf (10 pages)

3.5. To discuss and endorse the approach to developing the Long-Term Strategy

Attached *Director of Strategy, Planning & Partnership*

Strategic Planning and Developments

3.5 PPHPC Long Term Strategy.pdf (5 pages)

3.6. To receive an update on the development of the Integrated Medium-Term Plan 2024-2026

Attached *Director of Strategy, Planning & Partnerships*

Strategic Planning and Developments

3.6 PPHP Comm Annual Plan Update Oct 23 FINAL.pdf (9 pages)

3.7. To receive and discuss an update on Regional Planning

Attached *Director of Strategy, Planning & Partnerships*

Strategic Planning and Developments

3.7 Regional Planning Update Nov 2023.pdf (10 pages)

3.8. To receive an update on the National Commissioning Implementation Programme

Attached *Director of Corporate Governance*

Strategic Planning and Developments

3.8 National Commissioning Programme.pdf (5 pages)
3.8a Appendix 1 Project Initiation Document Final v0.9.pdf (28 pages)

3.9. To receive an overview of the Clinical Futures Programme, including;

Attached *Director of Strategy, Planning & Partnerships*

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

- 3.9 Clinical Futures Programme Update for PPHPC October 2023.pdf (10 pages)
- 3.9a Clinical Futures Highlight Reports.pdf (62 pages)

3.9.1. Planned Care Programme

Attached *Director of Strategy, Planning & Partnerships*

- 3.9.1 PPHPC Planned Care Update.pdf (8 pages)
- 3.9.1a Appendix 1 PPHPC Planned Care Recovery Programme Metrics.pdf (8 pages)

3.9.2. Decarbonisation

Attached *Director of Strategy, Planning & Partnerships*

- 3.9.2 PPHPC Decarbonisation (CFP).pdf (14 pages)
- 3.9.2a Appendix 1 Clinical Futures Programme Board – Oct 2023 Report.pdf (2 pages)
- 3.9.2b Appendix 2 43 Matrix Initiatives Aligned with Workstreams.pdf (5 pages)
- 3.9.2c Appendix 3 Highlight Report- Estates.pdf (1 pages)
- 3.9.2d Appendix 4 Decarb Highlight Report Group 2.pdf (1 pages)
- 3.9.2e Appendix 5 Group 3 Clinical and Health Planning.pdf (2 pages)
- 3.9.2f Appendix 6 Group 4 Procurement and Resources.pdf (3 pages)

3.10. To receive an update on Capital & Estates

Attached *Director of Strategy, Planning & Partnerships*

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

- 3.10 Strategic Capital and Estates Update for PPHPC Nov 2023 FINAL.pdf (5 pages)
- 3.10a Appendix 1 Strategic Capital Projects Update October 23.pdf (4 pages)
- 3.10b Appendix 2 Estate Strategy - Revised SO's Review October 2023.pdf (4 pages)

4. Items for Information

4.1. Committee Work Programme 2023/24

Attached *Director of Corporate Governance*

- 4.1 DRAFT PPHPC_Committee Work Programme 2023-24 v2.pdf (5 pages)

5. Other Matters

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

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting: 31st January 2024

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

MINUTES OF THE PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE MEETING

DATE OF MEETING	Wednesday 17th July 2023
VENUE	Microsoft Teams

PRESENT	Ann Lloyd- Chair Richard Clark- Independent Member Dafydd Vaughan- Independent Member Philip Robson- Special Advisor
IN ATTENDANCE	Tracy Daszkiewicz- Director of Public health Hannah Evans- Director of Strategy, Planning and Partnerships Paul Solloway- Director of Digital Rani Dash- Director of Corporate Governance Andrew Walker- Strategic Capital Estates Programme Manager Rob Holcombe- Director of Finance and Procurement Lloyd Hambridge- Interim Divisional Director of primary Care and Community Division William Beer- Consultant in Public Health Stuart Bourne- Consultant in Public Health
APOLOGIES	Nicola Prygodzicz- Chief Executive Leanne Watkins- Chief Operating Officer

PPHPC/1207/01	**Preliminary Matters**
PPHPC/1207/ 01.1	**Welcome and Introductions** The Chair welcomed everyone to the meeting, noting that this was the first meeting for Paul Solloway, Director of Digital.
PPHPC/1207/ 01.2	**Apologies for Absence** Apologies for absence were noted.
PPHPC/1207/ 01.3	**Declarations of Interest** There were no declarations of interest raised to record.

PPHPC/1207/ 01.4	**Minutes of the previous meeting** The minutes of the meeting held on the 17th of May 2023 were agreed as a true and accurate record.
PPHPC/1207/ 01.5	**Committee Action Log- July 2023** The Committee received the action log. In relation to action PPHPC 0707/08.1, the Chair requested a target date for completion of the review of the Health Board's Estates Strategy, including the focus on the Mental Health and Learning Disabilities estates plans. Hannah Evans (HE), Director of Strategy, Planning and Partnerships, informed members that conversations around the estate's strategy were being pursued. Members welcomed a full update on the estate's strategy, for assurance, at the next meeting. In relation to action PPHPC 1611/07, the Chair requested an update on the Committee Risk reports. Rani Dash (RD), Director of Corporate Governance, informed members that a revised risk report would be presented to the Board in June 2023, and then inform future risk reporting to Committees. Members were content with progress made in relation to completed actions and against any outstanding actions.
PPHPC/1207/02	**Items for Discussion**
	Strategic Partnerships
PPHPC/1207/ 02.1	**To receive and discuss the Gwent Marmot Programme** *SB joined the meeting.* Tracey Daszkiewicz (TD), Director of Public Health, supported by Stuart Bourne (SB), Consultant in Public Health, provided the Committee with an overview of progress of the first phase of the Marmot programme, including the long-term plans and recommendations to tackle health inequalities for the population. Members were informed that Gwent was the first area in Wales to formally utilise the Marmot principles in identifying and addressing health inequalities. TD planned to collaborate with the Director of Digital to improve public

DRAFT

health data analytics and intelligence, to better understand the needs of the population.

Members were reminded of assurance received at the previous meeting, of alignment of the UCL Institute of Health Equity (IHE) Gwent Marmot Region report and the Gwent Public Service Board (PSB) Wellbeing Plan.

An update on the Wellbeing plan was provided to members. TD informed members that the Gwent PSB had not met since the last Committee meeting. A Gwent PSB meeting was scheduled for July 2023, where it was proposed that the Wellbeing Plan would be formally approved. Further updates on the Gwent PSB Wellbeing Plan would be provided at the next Committee meeting. **Action: Director of Public Health**

Members were informed that a 'data pack' outlining Gwent Marmot indicators was due to be shared with Local Authority Partners in July 2023.

Members discussed the Gwent PSB Wellbeing Plan, highlighting the importance of clarification of available resources across all partners, including third sector investments across Wales.

Paul Solloway (PS), Director of Digital, queried whether or not there were any digital inclusion recommendations included in the UCL Institute of Health Equity (IHE) Gwent Marmot Region report, noting that digital had a key part to play in health promotion, training and access to services. SB informed members that digital inclusion was discussed at stakeholder events. SB to share key digital recommendations with PS and members outside of the Committee. **Action: Consultant in Public Health** Members discussed how digital exclusion had a wide-ranging impact on the population, including the inability to access some health services.

Members discussed the Gwent PSB, highlighting the importance of collaborative sign-up regarding proposed changes for the benefit of the population. It was agreed that recommendations for improvement should be specific with clear outcomes which can be evaluated.

The Chair thanked the teams for their collaboration with local authority partners. The Committee **NOTED** the report.

DRAFT

	Presentation slides to be shared with members. **Action: Secretariat (complete)** *SB left the meeting.*
PPHPC/1207/ 02.2	**To receive and discuss an overview of recent business of the Regional Partnership Board (RPB)** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an update on the work of the Regional Partnership Board (RPB), including an overview of delivery in 2022/2023. Members were informed of the following key points; - • The Health Board was tasked with piloting a dashboard measuring the impact of RPB funding on the population of Gwent; last year funded schemes reached over 75,000 people in the Gwent area. • Welsh Government had commissioned a national funding evaluation, with phase one due to be complete at the end of 2023 and phase two in 2024. • A proposed approach to local evaluation using baselines in the needs assessment and commitments in the Gwent RPB Area Plan was planned to be presented to the RPB in September 2023 for endorsement. • The Welsh Government requirement for submission of a ten-year Regional Strategic Capital Plan was discussed. Members were informed that a draft would be presented to the RPB in September 2023. • The RPB meeting in July will focus on the RPB Winter Plan, capital plans and the delivery of the Frailty Programme, with an update to come back to the next Committee meeting. The Chair discussed the importance of the evaluation of how the RPB should operate in the future, noting its responsibilities, and welcomed the local evaluation of non-statutory bodies being discussed at the meeting of the RPB in September. It was noted that Professor Marcus Longley was undertaking a national evaluation of the effectiveness of the RPB. The Committee **RECEIVED** the report for **ASSURANCE**.

DRAFT

PPHPC/1207/ 02.3	**To receive an update on the development of the Neighbourhood Care Networks** *WB and LH joined the meeting.* Hannah Evans (HE), Director of Strategy, Planning and Partnerships, supported by William Beer (WB), Deputy Director of Primary Care, and Lloyd Hambridge (LH), Interim Divisional Director of Primary care and Community, provided an update on the development of the Neighbourhood Care Networks (NCNs). Members were informed of the development of the NCN Programme against the Ministerial milestones for 2022/23. LB informed members of the professional collaborative launch events that had taken place on the 11th of July 2023 for Community Pharmacy, Dental and Optometry, noting keen interest and engagement. WB informed members that the intent of the new NCN planning structure was to improve the alignment of Regional Partnership Board (RPB), Integrated Services Partnership Board (ISPB) and NCNs. The plan to deliver the Area Plan, alongside Place Based Care, whilst progressing with the Primary Care Model for Wales was noted. Philip Robson (PB), Special Advisor suggested that ISPB and NCN's committed to a local level integration of services and take the proposal to the RPB. LH informed members that the teams plan on taking the integrated service approach through the ISPB and NCNs, with proposals through to the RPB, starting with integration of services in Blaenau Gwent. The Chair requested that a presentation on outlined plans for Place Based Care be presented to the Regional Partnership Board (RPB). **Action: Interim Divisional Director of Primary Care and Community** The Chair thanked the team for the update. The Committee **RECEIVED** the report for **ASSURANCE.** *WB and LH left the meeting.*

DRAFT

	Strategic Planning and Developments
PPHPC/1207/ 02.4	**To receive and discuss the review of Capital Programme Governance Arrangements** *AW joined the meeting.* Hannah Evans (HE), Director of Strategy, Planning and Partnerships, supported by Andrew walker (AW), Strategic Capital Estates Programme Manager, provided the Committee with an overview of the revised and improved arrangements for the management and governance of Strategic Capital and Discretionary Capital within the Health Board. HE informed members that the report outlined part 1 of the improved arrangements, noting that further work was required. AW informed members that there had been six audit reports on the capital projects over the past six months. Proposed revised arrangements outlined in the report addressed some of the recommendations, to further strengthen the management of Capital projects within the Health Board. The Chair questioned whether or not the same governance arrangements would be applied to the Regional Partnership Boards (RPB) capital programme. HE informed members that there would be connectivity between the workstreams of the Health Board's Strategic Capital and Estates Group and the RPB's Regional Capital Group. The Health Board applied the same governance arrangements to capital projects worked in partnership. The Chair requested that the Health Board's review of Capital Governance arrangements be presented at a future meeting of the RPB. **Action: Director of Strategy, Planning and Partnerships** Philip Robson (PR), Special Advisor, requested assurance on whether or not the service redesign teams were connected to the capital planning teams at a regional level from the outset of discussions around service design. Updates would be provided to through future updates to the Committee. The Committee **RECEIVED** the report and **ENDORSED** the following; • The proposed revised capital governance hierarchy

DRAFT

	• The Terms of Reference & Membership of the proposed Strategic Capital and Estates Board • The proposed revised Project Board and SRO arrangements • The need to thoroughly review and update the Capital Procedures and the relevant Standing Financial Instructions by the end of September 2023. *AW left the meeting.*
PPHPC/1207/ 02.5	**To receive and discuss an update on Regional Planning** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an update of progress in respect of ongoing regional and South Wales service planning programmes. The following additional updates were provided to the Committee; - • Regional Ophthalmology programme: The Health Boards were awaiting a decision on the interim capital business case for Cataract Recovery by Welsh Government, noting the risk based upon potential delays. • Regional Orthopaedic Programme: a workshop had taken place in June 2023, with positive feedback and strong representation from the Health Board. A more detailed update on potential opportunities outlined during the workshop will be included at the next meeting. • Regional Diagnostics: potential opportunities for regional training were discussed, noting interest from Health Education Inspectorate Wales (HEIW) for a regional academy model for diagnostics. In addition, potential opportunities for regional screening services; further planning work was required. • Cancer Services: a partnership meeting had taken place between Executives from the Health Board and Velindre NHS Trust. The development of a cancer unit and the restating of the roles, responsibilities and joint commitment to the Satellite Radiotherapy Unit were discussed. • Thoracic Services: There was an outline business case in development for Thoracic surgery, noting the challenging timescales. There will be stakeholder

DRAFT

	event in September 2023 to launch the final business case and test service models and pathways. • Hepato-Biliary and Pancreatic Surgery: Future options for a combined single site based either in Cardiff or Swansea were discussed. A paper outlining the detailed proposal for Hepato-Biliary and Pancreatic Surgery would be shared with members outside of the meeting. **Action: Director of Strategy, Planning and Partnerships** Members were pleased to see progress on regional planning. The Chair flagged that the Thoracic Services decision had been made six years previously, and the business case was still outstanding. Dafydd Vaughan (DV), Independent Member, discussed the plans for an Ophthalmology Electronic Patient Record. DV had participated in recent discussions with Digital Heath Care in Wales and flagged that the Ophthalmology Electronic Patient Record was not on the list of planned programs. A detailed update on the plans and progress of the Ophthalmology Electronic Patient Record (Open Eyes Project), to be shared with members outside of the meeting. **Action: Director of Digital** The Committee **NOTED** the report.
	Review of development of plans in respect of the key Clinical Future Priorities
PPHPC/1207/ 02.6	**To receive and discuss an overview of the Clinical Futures Programme** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an update on the progress of the Clinical Futures Programme, aligning to the Health Board's Integrated Medium-Term Plan (IMTP). Members were informed that key deliverables and milestones for each of the Clinical Futures priority areas had been developed. 'Programmes on a page' for each Clinical Future priority area would be shared with members outside of the meeting. **Action: Director of Strategy, Planning and Partnerships** HE outlined the reconfiguration of the eLGHs. The following was discussed;

DRAFT

- The challenges to maintaining rehabilitation Stroke services across three sites; members were assured that a paper would be presented at the meeting of the Board in July 2023 to discuss this in further detail.
- Homeward Bound Wards: an assessment of the impact on patient care and services would be included in the Winter Plan evaluation report being presented to the Board in July 2023. HE informed members that the Homeward Bound Wards had not delivered as expected, with best practice informing new plans in the Health Board's Winter Plan.
- The Medical Director was leading a workstream to evaluate the pathways for patients presenting at the front door as General Internal Medicine (GIM) patients. Early data indicated that GIM patients currently had the longest waits.
- Minor Injury Units: based upon workforce sustainability issues and low demand, a proposal to align the out of hours services at Nevil Hall Hospital with those at Ysbyty Ystrad Fawr had been endorsed by the Executive Team. Further discussions would take place with stakeholders prior to finalised changes.

Philip Robson (PR), Special Advisor, suggested that more conversations and/or communications needed to take place with communities, focusing on clinical futures priorities and service changes and delivery since the opening of the Grange University Hospital (GUH). HE endorsed the idea of re-energising conversations with the population. The Chair stated that the objectives of the Clinical Futures programme should be the delivery of cost effective, affordable and sustainable services.

The Chair requested that the Health Board propose an embedded integrated community-based system alongside the eLGHs, ensuring that the population in each area were confident that core services are available.

Members welcomed further conversations on eLGHs with the Chief Operating Officer.

The Committee **NOTED** the report.

PPHPC/1207/03	**Items for Information**

DRAFT

PPHPC/1207/03.1	**PHW- Working Together for a Healthier Wales- Our Long-Term Strategy 2023-2025** The Committee **RECEIVED** the report for **INFORMATION**.
PPHPC/1207/04	**Other Matters**
PPHPC/1207/04.1	**Items to be Brought to the Attention of the Board and Other Committees** The Chair requested that there were Board Briefing sessions on the following; • Gwent Marmot programme • eLGH updates and issues. Rani Dash (RD), Director for Corporate Governance, stated that these will be picked up in the Board Briefing refresh session in September 2023. **Action: Director of Corporate Governance**
PPHPC/1207/04.2	**Any Other Urgent Business** There were no further matters arising to be discussed.

DRAFT

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

Partnerships, Population Health and Planning Committee
ACTION LOG

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
July 2022	PPHPC 0707/08.1	**To receive an update on the development and delivery of a Strategy for Mental Health Services in Gwent:** A re-focus of the Estate's Strategy and a formal strategy for MHLD estates, including a timeline of action to be presented to the Committee.	Interim Director of Primary Care, Community and Mental Health Services/ Interim Director of Planning & Performance	Quarter 2 2023/24	**Action Closed** It is proposed that this action is closed and picked up through long-term estates planning discussions. The Committee will receive a capital and estates update at its meeting in November 2023.
November 2022	PPHPC 1611/06	**Committee Workplan 2022/23:** Review of Vascular Service Network (currently scheduled for April 2023) to be scheduled later in the year in order to provide a full one-year review	Interim Director of Planning & Performance/ Director of Corporate Governance	January 2024	**Action Complete** To be included within the Committee's Workplan for 2023/24.
November 2022	PPHPC 1611/06	**Committee Workplan 2022/23:** Review of services available to each borough to be included in the work programme, aligned to Clinical Futures. Reviews to focus on any	Interim Director of Planning & Performance/ Director of Corporate Governance	November 2024	**Action Complete** Place Based Care, as a key priority within the IMTP 2023-23, will be included within the Committee's Workplan for 2023/24.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		equality issues around service provision between boroughs			
November 2022	PPHPC 1611/07	**Committee Strategic Risk Report:** Mitigation of the two new risks reported to the meeting (external escalation of displaced people/migrants and cost of living crisis), alongside improvements made against other outstanding risks to be reported to the next meeting	Head of Corporate Services, Risk and Assurance	March 2023	**Action Complete** Revised risk reporting is now in place.
November 2022- Updated May 2023	PPHPC 1611/14 & PPHPC 1705/01.5	**Regional Planning Update:** Review of the Major Trauma Centre to be provided.	Interim Director of Planning and Performance	May 2023	**Action Complete** Discussed at the Board Strategic Planning Session on 3rd May 2023 and followed up in subsequent letter from WHSSC shared with Board Members.
May 2023	PPHPC 1705/03.2	**To receive and discuss an overview of recent business of the Regional Partnership Board (RPB), including a focus on the Area Plan:** Alignments and any overlaps of priority areas between	Director of Public Health	2024	**In progress** Alignment discussion is dependent on development and agreement of PSB Well-being Plan priority actions to support well-being steps. These should

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		the Gwent RPB Area Plan and the Gwent PSB Well Being Plan will come back to the Committee for discussion.			be formally agreed by the PSB in December. Director of Public Health to check timelines with the PSB.
May 2023	PPHPC 1705/03.7	**To receive and discuss an update on the Decarbonisation Programme:** An update on the progress of the decarbonisation programme to come back in 6 months' time.	Director of Finance and Performance	November 2023	**Action Complete.** Included on the agenda for the November meeting (Item 3.9)
May 2023	PPHPC 1705/03.8	**To receive a report from the Primary Care Sustainability Board:** An update on reviewing current policy and strategy documents for Primary Care to be presented to the Committee.	Chief Operating Officer/Interim Divisional Director of Primary Care	November 2023	**Action Closed** It is proposed that this action is picked up through the development of the Health Board's Long-Term Strategy.
July 2023	PPHPC 1207/02.1	**To receive and discuss the Gwent Marmot Programme, including a review of the first phase of the Marmot programme, the findings of the UCL Institute of Health Equity (IHE) Gwent Marmot Region report and an update on the Wellbeing Plan:** Further updates on the Gwent PSB Wellbeing Plan would	Director of Public Health	November 2023	**Action Complete.** Included on the agenda for the November meeting. (Item 3.2)

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		be provided at the next Committee meeting.			
July 2023	PPHPC 1207/02.1.1	**To receive and discuss the Gwent Marmot Programme:** UCL Institute of Health Equity (IHE) Gwent Marmot Region report digital recommendations to be shared with the Director of Digital and members outside of the meeting.	Director of Public Health/Consultant in Public Health	July 2023	**Action Complete.** Information shared in July 2023.
July 2023	PPHPC 1207/02.1.2	**To receive and discuss the Gwent Marmot Programme:** Presentation slides to be shared with members.	Secretariat	July 2023	**Action Complete** Presentation slides shared.
July 2023	PPHPC 1207/02.4	**To receive and discuss the review of Capital Programme Governance Arrangements:** The Chair requested that the Health Board's review of Capital Governance arrangements be presented at a future meeting of the RPB.	Director of Strategy, Planning and Partnerships	October 2023	**Action Closed.** Advice was provided post meeting (19/10/23) that it would not be appropriate for the Capital Governance Arrangements to be presented to the RPB as out of scope.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
July 2023	PPHPC 1207/02.5	**To receive and discuss an update on Regional Planning:** A paper outlining the detailed proposal for Hepato-Biliary and Pancreatic Surgery to be shared with members outside of the meeting.	Director of Strategy, Planning and Partnerships	2024	**Action Complete** To be included within the Committee's Workplan for 2023/24. Update on timeline to be provided at the meeting in November 2023 to inform Committee forward workplan.
July 2023	PPHPC 1207/02.5.1	**To receive and discuss an update on Regional Planning:** A detailed update on the plans and progress of the Ophthalmology Electronic Patient Record (Open Eyes Project), to be shared with members outside of the meeting.	Director of Digital	October 2023	**Action Complete** Information shared with members on 21/10/2023.
July 2023	PPHPC 1207/02.6	**To receive and discuss an overview of the Clinical Futures Programme:** 'Programmes on a page' for each Clinical Future priority area to be shared with members outside of the meeting.	Director of Strategy, Planning and Partnerships	October 2023	**Action Complete** Information shared with members 23/10/23.
July 2023	PPHPC 1207/4.1	**Items to be Brought to the Attention of the Board and Other Committees:** The Gwent Marmot Programme and eLGH updates and issues to be	Director of Corporate Governance/Chief Operating Officer and Partnerships/Director of Public Health	September 2023	**Action Complete** The Board held a briefing session on its Long-Term Strategy on 20/9/23

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		included in the Board Briefing refresh session.			

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.

GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 November 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Partnerships, Population Health, and Planning Committee Self-Assessment
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Governance

Pwrpas yr Adroddiad Purpose of the Report
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to inform the Committee of the annual self-assessment process and to discuss the self-assessment template, which is appended to the report as Appendix 1.

Cefndir / Background

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.

Asesiad / Assessment

Traditionally, the self-assessment is completed at the end of every financial year to determine committee members' opinions on the effectiveness of the committee throughout the year; however, it has been agreed that the self-assessment process will be completed midway through the year, (October/November) on the basis, that this will inform the Committee Annual Report, Annual Accountability Report and Governance Statement. This will also inform the Board's overall evaluation of its effectiveness.

Following discussion, if the Committee considers the self-assessment template (appendix 1) is a useful tool, which is based on the Committee's terms of reference, the template will be shared with members by the 13th of November for a period of four weeks. Following this, the Corporate Governance Team will compile the responses into charts for the January Partnership's, Population Health and Planning Committee's consideration and discussion.

Argymhelliad / Recommendation

The Committee is asked to:

- NOTE the report,
- CONSIDER the self-assessment template for completion in order to inform areas of development for the forthcoming year, and;
- AGREE to the Committee undertaking the self-assessment as per the timescales set out.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The self-assessment of committee effectiveness ensures risk is appropriately monitored and managed.
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	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Not Applicable Choose an item. Choose an item. Choose an item.

Strategic Equality Objectives 2020-24	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	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 Choose an item.

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

Partnerships, Population Health, and Planning Committee Self-Assessment Checklist

Introduction

The self-assessment tool is a way for our Partnerships, Population Health, and Planning Committee (PPHPC) to develop its effectiveness. The Board and its sub-Committees should aim to assess their effectiveness against these questions on an annual basis.

To gain an overall view of PPHPC effectiveness, it is important that the individual views of all members are considered as a whole, therefore, each area of the effectiveness tool allows space for comments. This provides an important opportunity to expand on any considerations relating to that section of the effectiveness tool and to highlight any concerns about the Committee's performance.

At the end of the self-assessment there is an opportunity for you to provide an overall score on the Committee's effectiveness using the scoring scale below.

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

The completed self-assessments will enable the Corporate Governance Team to: -

1. generate an overall view of PPHPC effectiveness; and
2. drill down and analyse specific areas of strength or improvement on a section, sub-section, and individual question level.

The results of which will be reported to the Committee in January 2024 and used to inform the Committee Annual Report, Annual Accountability Report and Governance Statement.

Section 1 - Committee Processes: Composition, Establishment, and Ways of Working				
	Question	**Response Yes / No**	**Comments**	**Suggested Improvement Actions**
1	Does the Committee have written terms of reference, and have they been approved by the Board?			
2	Are the terms of reference reviewed annually?			
3	The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?			
4	Has the Committee been quorate for each meeting this year?			
5	In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?			
6	Members who have recently joined the PPHPC have been provided with induction training to help them understand their role and the organisation?			
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?			
8	Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?			
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?			
10	The Committee has an established a plan of matters to be dealt with across the year?			

11	Does the Committee consider issues at the right time and in the right level of detail?			
12	The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?			
13	Are the Committee's papers distributed in sufficient time for members to give them due consideration?			
14	The quality of the Committee's papers received allows Committee members to perform their roles effectively?			
15	Committee meetings are chaired effectively?			
16	The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?			
17	The Committee environment enables people to express their views, doubts, and opinions?			
18	The Committee challenges management and other assurance providers to gain a clear understanding of their findings?			
19	Members hold their assurance providers (management) to account for late or missing assurance?			
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?			

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?			
22	Decisions and actions are implemented in line with the timescale agreed?			
23	Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?			
24	Does the Committee prepare an annual report on its work and performance for the Board?			
25	The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.			
26	The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?			

Section 2 – Partnership Working				
	Question	**Response Yes/No**	**Comments**	**Suggested Improvement Actions**
27	Is the Committee satisfied that it considers strategies and plans developed in partnership with key strategic partners?			
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?			
29	Does the Committee receive sufficient assurance that partnership governance and partnership working is effective and successful?			

Section 3 – Population Health				
	Question	**Response Yes / No**	**Comments**	**Suggested Improvement Actions**
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?			

31	Does the Committee consider plans for whole system pathway development and re-design?			
32	Is the Committee assured that there are plans, systems and processes in place to deliver health improvement and increase health equity?			
33	Does the Committee receive sufficient assurance on the work of the Health Board to reduce avoidable health inequalities?			

Section 4 – Strategic Planning				
	Question	**Response Yes / No**	**Comments**	**Suggested Improvement Actions**
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?			
35	Is the Committee sufficiently assured that the Health Board has appropriate enabling plans to achieve its strategic objectives?			

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?			
37	Is the Committee content that national and regional planning guidance is used to inform the development of strategic plans?			
38	Does the Committee receive sufficient assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases?			
39	Is the Committee satisfied that the Health Board's Commissioning Plans are robust and fit for purpose?			
40	Is the Committee assured that the Health Board's Civil Contingency Plans and Major incident plans are effective?			
41	Is the Committee assured that the Health Board's plans give due regard to the Socio-economic Duty for Wales?			

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

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 November 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

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

Er Sicrwydd/For Assurance

The purpose of this report is to provide a summary of the current strategic risks that have been delegated to the Partnerships, Population Health, and Planning (PPHP) Committee for monitoring, on behalf of the Board.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation & Cefndir / Background

At its meeting in July 2023, the Board approved a refreshed assessment of its strategic risks and its approach to risk and assurance reporting arrangements.

The term 'strategic risk' is used to refer to risks that present a direct threat to the Board's strategic priorities as outlined in the Integrated Medium-Term Plan (IMTP) and as such require a level of focus that cannot be afforded by the Board; therefore, the risks are delegated to committees based on their relevance to the Committee agenda to provide the detailed scrutiny and focus. They are distinct from corporate risks, which are operational risks that necessitate a higher level of ownership than an individual Executive Director can provide but do not directly threaten the organisation's future. Such risks typically span two or more directorates or require plans and resources that exceed the Directorate's capability or capacity to implement.

The PPHP Committee has been delegated responsibility for overseeing the management of **4** high-level strategic risks, which are further subdivided into **6** sub-risks, and as such receives and scrutinises those risks for focus and assurance.

In addition, work is progressing to develop an Executive Risk Register (ERR) to record all corporate risks and significant operational risks which require organisational/executive-level oversight.

Where relevant to the agenda of the PPHP Committee, corporate risks and significant operational risks will be reported through the Committee risk report.

Asesiad / Assessment

Committee Risk Register

In recent weeks, the newly developed strategic risks that comprise the Strategic Risk Register have been subjected to risk assessments to determine how those risks are treated, recorded, and monitored, with a focus on the internal control system and sources of assurance associated with each risk.

For each Risk Assessment, the following information is provided:

- A description of the main risks to achieving that objective – i.e., what are the things that might potentially impact on the Health Board's ability to deliver its objectives;
- The cause of the risks (the threat) - this is a description of why something could go wrong;
- The impact of the risks – this is the consequence should the risk occur;
- The risk appetite level and threshold set for the nature of the risk – informed by the risk appetite statement that is under development and subject to final endorsement;
- The key controls in place to manage the risks – these are the actions that are in place to reduce or eliminate the risks;
- The gaps in controls – this is a description of actions that have not been taken, or where systems / processes are not in place to manage the risk;
- The sources of assurance that the risk is being managed – these are the mechanisms we have in place to test the controls are effective and are described in three levels:
    - Level 1 – Operational: the way risks are managed day to day. The assurance comes directly from those responsible for delivering specific objectives and processes.
    - Level 2 – Organisational Oversight: the way in which the organisation oversees the control framework so that it operates effectively.
    - Level 3 – Independent Assurance: objective and independent assurance (e.g., internal audit) or assurance from external independent bodies (e.g., Healthcare Inspectorate Wales and Audit Wales).
- The gaps in assurance against each level of assurance – this is where we do not have the oversight / testing mechanisms in place to give us the assurance needed to have confidence that risks are being addressed;
- The mitigating actions to address gaps in control or assurance – these are the additional actions we need to take, or mechanisms we need to put in place to address any gaps we have identified.

The **4** high-level strategic risks, inclusive of the **6** sub-risks delegated to this Committee for monitoring, are summarised in Table 1 below; the Committee Risk Register and detailed risk assessments are attached as **Appendix A.**

Table 1

Risk No:	Risk Owner	Risk Description	Reason For the Risk	Risk Level
SRR 002 A&B	Chief Operating Officer	There is a risk that there will be a significant failure of the Health Board's estate	Due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC) within structures.	**High**
			Due to significant levels of backlog maintenance.	**Moderate**
SRR 004	Director of Strategy, Planning, and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident, or critical incident.	Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level	**High**
SRR 007 A&B	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 that meet the changing needs of the population.	Due to inadequate strategic plans which respond to population health and socio-economic needs	**Moderate**
			Due to unsustainable service models	**Moderate**
SRR 009	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	Due to ineffective relationships with strategic partners	**Moderate**

It is recognised that continued development of risk assessments is required, with a particular emphasis on assurance assessment. Further work will be undertaken with the Lead Executive to refine the controls and assurances so that the Committee can take its own assurances that the strategic risks are being managed effectively.

An initial indication of each risk was given a RAG-rated assurance level based on a calculation of averages methodology. When determining assurance levels for audit reviews, this is consistent with Internal Audit methodology.

The overarching, high-level indication of the level of assurance the Committee could derive from the risk assessments at the time of writing this report is set out below:

Negative	Reasonable	Positive
	X	

This means that the Committee can take a reasonable level of assurance that the strategic risks monitored by the PPHP Committee are effectively managed.

The Committee can also be assured that the internal control system in place to manage these risks was deemed reasonable.

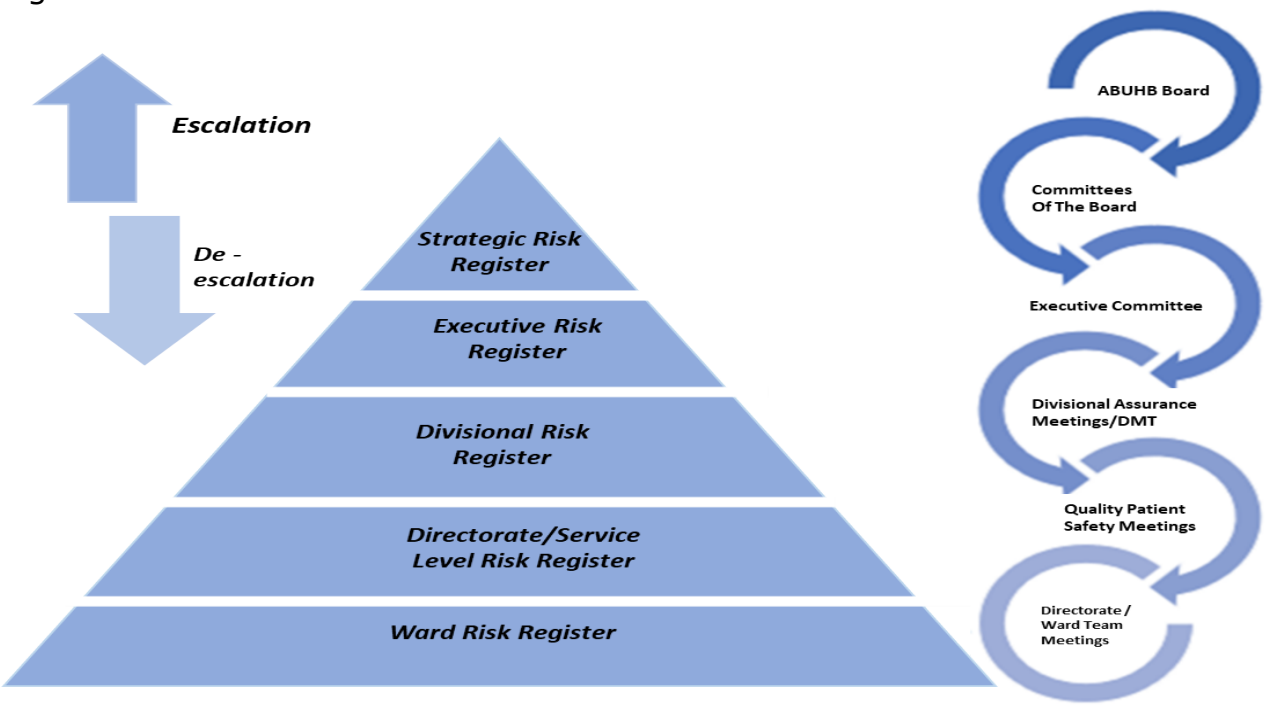
Development of Risk Management and Assurance Reporting

As previously mentioned, the Corporate Risk Register, owned by the Executive Team is under development and the PPPHP Committee will be delegated responsibility for monitoring the management of any corporate risks or significant operational risks relevant to the agenda of the PPHP Committee.

There are currently no corporate risks on the Corporate Risk Register that require the oversight of this Committee.

As the risk and assurance reporting arrangements supported by the escalation process depicted in Figure 1 mature, the Committee Risk Register will serve as the mechanism for reporting all strategic and corporate risks to the Committee relevant to the PPHP agenda.

Figure 1



Argymhelliad / Recommendation

The Board is requested to:

- **DISCUSS and NOTE** the delegated Committee risks, as contained within the Strategic Risk Register.

- **NOTE** the work being progressed to present in the Committee Risk Report all risks monitored by the Committee.

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. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb	**No does not meet requirements**

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. N/A

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 November 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	An update on the Gwent Public Services Board Well-being Plan.
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Consultant in Public Health

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper has been written to provide Partnerships, Population Health, and Planning Committee (the Committee) with an update on development of the Gwent Public Services Board Well-being Plan. It has been written to address an action recorded at the July meeting of the Committee (action ref: PPHPC 1207/02.1).

Cefndir / Background

It is a statutory requirement that all public services boards in Wales prepare and publish a local well-being plan setting out their local objectives and the steps they propose to take to meet them. The local well-being plan should set out how each public services board intends to improve the economic, social, environmental, and cultural well-being of its area by setting local objectives which will maximise the contribution made by the board to achieving the well-being goals in its area. In choosing local objectives and proposed steps, the board must have regard to any matters mentioned in the well-being assessment of local well-being.

A single public services board for Gwent was created in October 2021. This is, therefore, the first time a single well-being plan for the region has been developed. Prior to this, there were five separate well-being plans based on the five local authority boundaries in Gwent.

When the Committee met in July, the Gwent Well-being Plan was still draft and was part-way through an approval process in each of the eight PSB partner organisations. Subsequent to this, the plan was collectively approved by Gwent Public Services Board at its meeting on 20th July. The approved, final copy of the Gwent Well-being Plan can be found here: https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/ .

Asesiad / Assessment

The Gwent Well-being Plan contains just two strategic objectives for the region to work collectively on over the next five years. These are:

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

To meet these two objectives, the Plan sets out five steps:

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

Now that the plan has been approved, work is underway to prepare detailed partnership delivery plans at both a regional and local authority level. This work has begun; local delivery groups have been meeting in each of the five local authority areas over the summer, and a group of officers drawn from the PSB organisations are developing an approach to ensuring regional delivery and performance management. A detailed proposal paper on the delivery arrangements will be presented at the next meeting of Gwent Public Services Board in December.

Argymhelliad / Recommendation

PPHP Committee is asked to NOTE and DISCUSS this update on the Gwent Well-being Plan and to discuss the Gwent Marmot Region report.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Population health improvement.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Gwent Well-being Assessment
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** This is a regional, strategic Plan developed by the Gwent PSB, of which Aneurin Bevan Health Board is a member. It sets out what the PSB wants to achieve but not how that will be done. The delivery plans will provide this detail and will be impact assessed.
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs 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

https://futuregenerations.wales/about-us/future-generations-act/	Prevention - acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 November 2023
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Strategic Capital Plan Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Roxanne Green, Assistant Director of Partnerships, and Integration

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

Ar Gyfer Trafodaeth/For Discussion

This report is provided to Partnerships, Population Health, and Planning Committee to support consideration of a draft regional capital strategy and plan (for the Regional Partnership Board (RPB)), that intends to provide a prioritised framework to support continued development and delivery of a regional capital programme that more strongly addresses evidenced regional need.

The Committee is asked to provide a formal response to the Gwent Regional Partnership Board on the endorsement, or otherwise of the regional capital strategy and plan.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

With the inception of additional capital policy guidance and associated funding provided to Regional Partnership Boards, Welsh Government prescribed a requirement to develop a 10-year strategic capital plan with specific and detailed guidance on the expected contents of the plan.

The approach to develop the Gwent strategy and plan was to consider capital requirements more holistically as a region, particularly in the context that, should current investment levels on a proportionate basis of at least £20million per financial year, it could be assumed the value of a 10-year strategic capital plan could reach £200million in capital infrastructure investment for Gwent.

Activity has therefore centred on ensuring a robust evidence base to inform the first integrated strategy within the region, and collaborative endeavours across all partners to undertake regional considerations as to the priorities for delivery within a 10-year plan. The approach to development was agreed by Regional Leadership Group (A body of the Regional Partnership Board) in March 2023.

A final draft strategy and plan was agreed by the RPB in September, it was agreed within the meeting that formal consultation is required with statutory partners and feedback to be provided to the Regional Partnership Board. This will enable the RPB to advise Welsh Government of the formal status of the plan.

Cefndir / Background

Regional Partnership Boards have been a vehicle for enabling regional capital infrastructure development over the past 4 years, successfully delivering a Gwent regional capital programme of circa £25million.

With the learning enabled within the ICF (Integrated Care Fund) Capital programme, Welsh Government have made further significant investment in capital funding for Regional Partnership Boards. This funding is introduced to establish a 4-year capital programme in the first instance, and the development of a 10-year capital strategy and plan for the region.

The development of the 10-year capital strategy and plan has been undertaken over recent months, with the support of independent consultants to ensure evidence development was as detailed and robust as possible. The following table provides a summary timeline of the development.

Period	Activity	Description
February 2023	DRAFT WG Strategic Capital Plan Guidance	Draft Guidance issued to Regions (with requirement for regions to submit Draft Strategic Capital Plan by 30 Apr 23, and formal plan by 31 Jul 23). All regions across Wales advised it would not be possible to develop a plan within a few weeks. Assurance was provided during meetings on the development approach being undertaken, which appeared to be positively received. It should be noted some regions have not produced Strategic Capital Plans
	Regional Leadership Group	Approach to development agreed and submitted to Welsh Government
		Strategic Partners Appointed – Consortium Appointed to undertake strategy. development

	Phase 1: Strategic Capital Development	Desktop Strategic Needs Assessments and research undertaken
April to July 2023	Phase 2: Strategic Capital Development	Stakeholder engagement, asset mapping, GIS mapping tool, further research for Strategic Needs Assessments, Integrated Hub research
July 2023	WG Strategic Capital Guidance formally issued [4 Jul 23]	Updated guidance received that strengthened the decarbonisation requirements.
July to September 2023	Phase 3: Strategic Capital Development	Workshops with all Strategic Partnerships undertaken w/c 4 Sept 23. Strategy and Plan complete 12 Sept 23.

Capital Funding Enablers

Welsh Government require all regions to have a Strategic Capital Plan in place, ahead of further applications to Welsh Government; applications for capital funding must be aligned with Welsh Government funding objectives and reflective of the regional strategy. Any applications not supporting delivery of both would not be accepted.

Capital funding will support the Gwent region to provide a range of solutions to promote independence, wellbeing and care closer to home. This will include the introduction of additional/refurbished housing stock targeted at our vulnerable population groups, and a range of solutions supporting place-based care approaches, including the introduction of integrated wellbeing centres and hubs. Whilst capital funding is made available to Regional Partnership Boards, for all major capital schemes Welsh Government remain the decision-making authority for approval of schemes. Scrutiny processes and information requirements will vary across funding streams and be influenced by the level of funding and development type.

The following funding streams are enablers to the delivery of the capital programme:

1. HCF: Housing with Care Fund (£11.2m annually for 3 years (22-23 to 24-25), with a year 4 allocation expected)
2. IRCF: Integrated and Rebalancing Capital Fund (£50m, £60m, £70m at an All-Wales Level (22-23 to 24-25)
3. IRCF Revenue: Supplementary revenue funding to support strategic capital plan development and delivery against IRCF requirements (£700,000 for 3 years (22-23 to 24-25)

A summary descriptor for the above funding streams can be found at ***Appendix A***.

Asesiad / Assessment

The development of the draft Regional Capital Strategy has been enabled by an approach that included evidence collation, stakeholder engagement and asset mapping.

a) **Literature Review** – a review of current and potential future direction of national and regional strategies to assist with regional integration and collaboration and an overview of current best practice.

b) **Quantitative Analysis** – using data on existing services/stock, as well as estimates of unidentified demand, and to assess the prevalence and nature of future scheme delivery. This will involve interrogation of Social Care, Housing and Health data throughout Gwent.

c) **Qualitative Analysis** – follow-up interviews with Local Authorities, Health, Social Care service professionals to understand and assess the current and future need for integration and collaboration.

The following categories for inclusion within the needs assessment:

- Older people.
- People with Dementia.
- People with Learning Disabilities.
- Bariatric Needs.
- People with Mental Health Conditions.
- People with Hoarding Disorder.
- People with Physical Disabilities.
- Children with Complex Needs.

Following changes made to the statutory guidance in relation to Part 9 of the Act the definition of children with complex needs now comprises:

- children with disabilities and/or illness.
- children who are care experienced.
- children who in need of care and support.
- children who are on the edge of care/at risk of becoming looked after.
- children with emotional and behavioural needs.

Asset mapping will form the baseline of the health and social care infrastructure, as required by Welsh Government, to inform future opportunities and gaps in provision. Asset mapping has been undertaken against the following asset types for the population groups identified above:

- Residential Care.
- Extra Care Schemes.
- Supporting Living schemes.
- Intermediate Care (Step Up/Down facilities).
- Adapted/bespoke properties (e.g., we have developed a couple of bariatric step-up/down with strengthened hoisting track systems, etc.).
- Hubs (there are a wide range of 'hubs' in place across the region, run by different organisations, that may or may not be part of our known community networks (particularly under the Integrated Wellbeing Networks)
- Decommissioned estate (applicable to all partners) that could provide development opportunities within a 10-year programme delivery plan.

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

The evidence base for this work will remain live, with data and assets updated to inform ongoing planning and business case development.

The evidence base captured above is provided within detailed Strategic Needs Assessments for the relevant population groups (shortly be uploaded to the Gwent RPB website), in addition to summary briefing packs for each Strategic Partnership, and ultimately the highest representation of the evidence reflected within the Strategic Capital Plan (***Appendix C***).

Engagement & Partnership Ratification

Stakeholder engagement was undertaken across the partnership via interview and a specific third sector forum dedicated to the strategic capital plan development. The strategic partnerships met early September within dedicated Strategic Capital workshops to consider and weight the regional priorities specific to the population groups for whom they hold responsibility. A consistent format was applied to these workshops as follows:

The feedback provided across all strategic partnership workshops is reflected within the final version of the strategy and plan, including the reordering and weighting of priorities for delivery over the plan timeframe. To ensure all strategic partnership members were able to contribute, the output of the workshop sessions was also shared with the full membership of the strategic partnership (circa 280 members).

A visual plan on a page of these priorities, as reflected within the statutory ***(Appendix B),*** is also included below for completeness:

Our Strategy at a glance

All priority population groups

CROSS-CUTTING PRIORITIES

1. **Strengthen Intermediate Care**, including short term step up/down and/or crisis provision
2. **Home First**, supporting people in Gwent and to be in their own homes via aids, adaptations and assistive technologies
3. **Development of Community Hub Networks**, supporting prevention, wellbeing and integrated approaches to place-based care

Children & Young People

1. **We will provide care closer to home** to actively reduce the number of children receiving care out of the region
2. **We will increase in house provision of care for children looked after**, therefore eliminating profit and improving quality of care
3. We will continue to develop **alternative models of care**, including respite provision, small scale accommodation for 1-2 CYP and mixed age groups
4. We will develop **Integrated hubs** to help meet the physical, mental health, care and support needs of children, young people and families

Adults

1. **We will provide care closer to home**: We will put in place additional capacity across Gwent
2. **Ensure more accessible services**- Some of the current facilities will be redeveloped to improve accessibility
3. **We will further develop specialist provision.** This will include refuge places and 'Step-across facilities' for substance misuse
4. **We will continue to develop and evaluate alternative models of care,** including step up/down and rehabilitative provision for people with Mental Health conditions, additional respite for people with LD, single person accommodation and shared Lives and HomeShare
5. We will develop **integrated hubs**

Older People & People Living with Dementia

1. **We will provide additional care, closer to home in order to meet the needs of our ageing population,** including additional nursing, residential, respite and housing with care units.
2. **We will continue to develop and evaluate alternative models of care,** including step up/step down provision, a more away from residential care towards alternative models such as HomeShare and investment in digital innovation
3. We will develop **integrated hubs**, including provision of community places for lower-level support, dementia friendly places/memory cafes and focus on prevention/early intervention.

Argymhelliad / Recommendation

The Committee is requested to:

1. Formally ***consider*** the draft Regional Capital Strategy and Plan, developed against Welsh Government guidance and reflective of evidenced need.
2. Provide a ***formal response*** to the Gwent Regional Partnership Board on the approval, or otherwise, of the strategy and plan.
3. Identify and ***recommend*** any additional priorities that have not be captured during the development process but would further address regional need.

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	Adults in Gwent live healthily and age well

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. n/a

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	n/a
Rhestr Termau: Glossary of Terms:	**Gwent Regional Partnership Board** The formal statutory partnership of Gwent as prescribed within the Social Services and Wellbeing Act 2014 (Wales). All Local Authorities are represented by Cabinet Members for Health and Social Care, and Directors of Services. The Health Board is represented by the Chair, Chief Executive, and a small number of additional Directors/Independent Members. In addition, housing, third sector, provider and citizen membership is included within the Board. **Regional Leadership Group** The executive group reporting to the Gwent Regional Partnership Board; all statutory organisations are represented by Directors of Services, and additional representation is included for housing and third sector. **Strategic Partnerships** Regional strategic partnerships report to Regional Leadership Group, with thematic responsibility for a particular population group. All statutory partners are represented by Heads of Services and Service Leads (including Health, Social Care, WAST, Police, Education as necessary), with additional representation for third sector and citizens. The following strategic partnerships are in place currently: • Carers • Children & Families • Gwent Adults Strategic Partnership • Mental Health & Learning Disabilities

	• Regional Dementia Board • Health, Social Care & Housing
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	n/a

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	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/	Choose an item. Choose an item.

Appendices

Appendix A	Funding Enablers – Summary Descriptor	Overleaf
Appendix B	Regional Capital Strategy	As per separate document 3.3a
Appendix C	Strategic Capital Plan	As per separate document 3.3b

Appendix A: Capital Funding Enablers – Summary Descriptors

1. Housing with Care Fund

The housing contribution to the cross-government regional integration agenda is underpinned by A Healthier Wales and programme for government commitments. The intention is to support innovative housing development to meet care needs, and to fund regional residential services for children with complex needs, ensuring their needs are met as close to home as possible, and in Wales wherever practicable.

The Housing with Care Fund (HCF) is a 4-year capital programme, with indicative allocations provided for the first 3 years as £11.2m annually for Gwent 2022-23 to 2024-25.

The primary objective of HCF is to increase the stock of housing to meet the needs of people with care and support needs. There are three principal reasons Welsh Ministers are investing in housing with care:

Ageing Population: 2018 population projections identify between 2021 and 2041 there will be a 25% increase in the number of people 65+, and a 50% increase in the number of people 75+. In addition to age-related poor health and disability, greater numbers of people with existing conditions are living longer into older age with cumulative health impacts, such as people with a learning disability or dementia. Supporting these populations to continue to live independently with care and support at home is the principal objective of the HCF.

Care Closer to Home: Ensuring the accommodation and care needs of particularly vulnerable groups who are not able to live fully independently are met as close to home as possible. HCF can help ensure adequate provision of local accommodation with care, but this must be accompanied by changes to models of care which in turn may require building local workforce capacity and capability to provide specialist care.

Intermediate health and care services in the community: Ensure there are adequate facilities to provide step up/down, reablement and rehabilitation in the community. Helping people to maintain their independence at home means it is essential to keep hospital stays as brief as possible and avoid the use of residential or nursing care unless absolutely necessary.

The guidance provides direction on the flexibility needed within accommodation solutions to ensure both current needs and future resident and service user needs can be met, whilst adhering with current quality, design, and environmental standards.

All HCF investment must be utilised to support at least one of the following vulnerable population groups identified within the guidance, which *expands* upon the defined population groups of the Social Services and Wellbeing Act (Wales) 2014:

- Older people with complex needs
- People living with Dementia
- Unpaid carers

- Children with Complex Needs
- People with Learning Disabilities, *neurodiverse and neurodevelopmental conditions*
- *People with emotional and mental wellbeing needs*

RPBs are required to provide a Programme Plan and Objectives for HCF to define the current housing supply for each population group, unmet needs required, and projects planned over the duration of the 4-year programme to address the unmet need. In this regard, as a region, we had already planned to undertake a strategic needs assessment to aid capital planning and strategy development, more detail in this respect in provided under the 'Development Approach' later in this briefing.

The funding objectives established within the Housing with Care Fund, closely relate to objectives within the Integration and Rebalancing Capital Fund. For this purpose, a single set of objectives aligning the purpose of both funding streams has been developed to aid regional engagement, planning and project development. The funding objectives are therefore described within the 'Development Approach' section of this document.

There are minimum and maximum thresholds applied to the funding objectives within the Housing with Care Fund to ensure delivery on programme for government commitments (shown in Appendix A). These thresholds will be managed across the 3-year funded programme in the first instance, affording flexibility in Year 1 as we mobilise a capital programme.

A Capital Investment Plan, a separate document to the Programme Plan and Objectives, will be produced for HCF schemes to support fund management and utilisation, and will be the primary monitoring tool utilised by Welsh Government with regions.

Reflecting the learning from the ICF Capital programme, Welsh Government have introduced a maximum 3% of the HCF allocation to provide dedicated programme resource to manage the HCF programme. This is separate to project delivery costs included within project applications by delivery organisations.

2. Integration and Rebalancing Capital Fund

The Health and Social Care Integration and Rebalancing Capital Fund (IRCF) is a new programme set up to directly support the Programme for government commitments of developing 50 integrated health and social care hubs, and to support rebalancing the residential care market. The guidance is currently in the final stages of translation and due for publication in October. An overview of this funding stream is based on the final draft guidance circulated to RPB leads identifying the following purposes to the funding:

- <u>Support a coherent approach to planning the co-location and integration of health and social care services within the community across Wales.</u>

Further opportunities are recognised to actively support individual wellbeing through the co-location and integration of wider services such as housing, education, and community support services. A

coherent response across all partners is needed that maximises opportunities offering a more joined up holistic service experience for people.

All proposals for funding under this priority must adhere to the following key principles to underpin the investment:

3. Co-location of services to enable seamless delivery.
4. A 'Hub and Spoke' network of integrated facilities.
5. A 'no wrong door' principle
6. A graduated response
7. Town centre first
8. Proportionate and planned investment
9. Decarbonisation

- Support the rebalancing of the social care market by increasing delivery from within the not-for-profit sector.

The White Paper to rebalance care and support sets out Ministerial ambitions to rebalance the sector away from cost to quality, from outputs to outcomes and from profit towards social value. Capital investment is available to support local authorities and not for profit organisations, including housing associations to make this shift in the following ways:

1. Investing in community settings/residential/nursing care premises to ensure they can meet individuals more complex needs closer to home.
2. Supporting and incentivising local authorities and not for profit providers to grow in house provision – which could include expansion of in-house care homes (additional beds)
3. Support for local authorities to bring failing provision back under local government management.
4. Increasing residential and nursing care capacity where there are identified gaps/shortages of provision.
5. Support for smaller independent care homes to borrow resources for investment *(further WG advice to follow)*

The funding will be held nationally for regional application and at this stage no investment thresholds have been established against the above purposes. The funding is currently identified as £50m, £60m and £70m over the 2022-23 to 2024-25 period, respectively.

Gwent Regional Partnership Board

Regional Capital Strategy, 2023- 2033

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

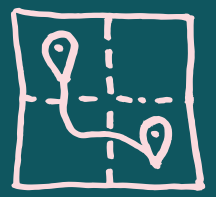
Foreword

This Regional Capital Strategy sets out the ambition and priorities for capital investment by the Gwent Regional Partnership Board. It is built on a strong evidence base, containing a clear understanding the needs of the population of Gwent and how these needs are currently being met. There are clear strategic priorities which have been developed through the partnership on which we must now deliver.

Supporting individuals to remain in Gwent within their own communities through home adaptations, provisions of intermediate care and the development of community hubs offering information, advice and services within communities are core ambitions of the strategy. Responding to the challenge of eliminating profit from children's care is a clear statement of intent which the partnership must meet through this strategy alongside service provision to support young people to thrive in their communities. Finally, meeting the needs of an aging population to live well in thriving communities will be essential and the strategy describes how we will use the capital provided to the Regional Partnership Board to deliver this.

Delivery of this strategy will not be without challenge, however it is important to set out a clear and ambitious approach to support the Regional Partnership Board in meeting the needs of our communities.

Strategy development process



Collaboration: The capital strategy and capital plan have been developed collaboratively with the members of the Regional Partnership Board and with the Strategic Partnership Boards for Children and Families; Mental Health and Learning Disability and Adults and Dementia. Views have also been sought from officers in each RPB member organisation and from the third sector through workshops and 1 to 1meetings. The process is summarised below.

Evidence base: The capital investment priorities described in this strategy are based upon robust evidence, gathered through a comprehensive asset mapping exercise to establish current asset base together with a strategic needs assessment which has identified future service need and the capital investment required to meet this need.

1. Desktop analysis and literature reviews across all population groups
2. Local data Collation, stakeholder engagement and interviews
3. Asset Mapping to identify baseline partnership infrastructure
4. Progress update to Health, Social Care & Housing meeting
5. Further capacity and demand modelling, development of priority setting process
6. Strategic Partnership workshops to share findings and develop investment priorities
7. Strategy and Plan finalisation, in line with Welsh Government guidance
8. Gwent RPB review Strategic Capital Plan for submission to Welsh Government
9. Formal consultation of Strategy and Plan with RPB Partner Organisations

Strategic principles

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Our capital prioritisation process will reflect the following strategic principles:

1. **Gwent First:** Gwent residents will be treated as a priority for allocation of accommodation within Gwent, ensuring that care is provided as close to home as possible.

2. **Evidence based decision making**: We will base our prioritisation on the best evidence available. This will include the Strategic Needs Assessments and subsequent updates to these.

3. **Use of technology:** We will make greater use of digital solutions to support the provision of care at home.

4. **Transparent Process:** Every project will be developed in a transparent and open way utilising the Treasury Green Book business case process, at a level of detail appropriate to the scale of the project.

5. **Decarbonisation:** Future new build capital projects will be expected to deliver net zero carbon, in line with Welsh Government and local decarbonisation strategies. Refurbishment projects will be expected to minimise the environment impact.

6. **Collaboration not competition:** Potential conflicts of interest will be identified in line with the Partnership Funding Conflict of Interest guidance and there will be a focus on meeting the needs of the Gwent population and not upon organisational aspirations.

Introducing the population groups

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

This strategy describes the approach that will be taken across Gwent to ensure that we make the best use of the capital available to us, to meet the needs and aspirations of the three population groups mandated by the Welsh Government. It should be noted that these groups are described below. These groupings reflect the Welsh Government SCP guidance and will be overseen by five thematic population group strategic partnerships as depicted below.

Children & Young People

- Children looked after
- Children on the edge of care
- Care experienced children
- Children with a disability
- Children with emotional and behavioural needs

Overseen by the Children & Families Strategic Partnership

Adults

- Adults with mental health conditions
- Adults with learning disabilities/Autism
- Adults with a physical disability or sensory impairment
- Adults with a hoarding disorder

Overseen by the Mental Health & Learning Disabilities Strategic Partnership, and Gwent Adult Strategic Partnership

Older people

- Older people (aged 65+)
- People living with dementia

Overseen by the Gwent Adult Strategic Partnership and Regional Dementia Board

Strategic context

Our Capital Strategy demonstrates how we will set capital expenditure priorities which enable us to deliver a range of National and Local Strategic priorities. The diagram below gives a summary of the National strategic objectives that have helped to inform our regional capital strategy.

Programme for Government

Key requirements:

- Legislation to further integrate health and social care.
- Innovative housing to meet care needs.
- Community hubs with co-located front-line health, social care and other services

White Paper: Rebalancing Care and Support

Key requirements:

- Eliminate private profit from the care of children looked after.
- Investing in community settings / residential / nursing care premises to ensure they can meet individuals more complex needs closer to home.

A Healthier Wales

Key requirements:

- Design Principles including prevention and early intervention, independence, self-management and personalised seamless care.
- Digital as a key enabler of transformational change

Wellbeing of Future Generations Act

Key requirements:

- A More Equal and Healthier Wales.
- 5 ways of working – integration, involvement, collaboration, prevention, long-term.

Social Services and Wellbeing Wales Act

Key requirements:

- Emphasis on wellbeing, prevention and early intervention.
- Multi-agency working and collaboration – Regional Partnership Boards, integration of health and care and support.

Our Strategy at a glance

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

All priority population groups

CROSS-CUTTING PRIORITIES

1. **Strengthen Intermediate Care**, including short term step up/down and/or crisis provision
2. **Home First**, supporting people in Gwent and to be in their own homes via aids, adaptations and assistive technologies
3. **Development of Community Hub Networks**, supporting prevention, wellbeing and integrated approaches to place-based care

Children & Young People

1. **We will provide care closer to home** to actively reduce the number of children receiving care out of the region
2. **We will increase in house provision of care for children looked after**, therefore eliminating profit and improving quality of care
3. We will continue to develop **alternative models of care**, including respite provision, small scale accommodation for 1 -2 CYP and mixed age groups
4. We will develop **Integrated hubs** to help meet the physical, mental health, care and support needs of children, young people and families

Adults

1. **We will provide care closer to home**: We will put in place additional capacity across Gwent
2. **Ensure more accessible services** - Some of the current facilities will be redeveloped to improve accessibility
3. **We will further develop specialist provision.** This will includer refuge places and 'Step-across facilities' for substance misuse
4. **We will continue to develop and evaluate alternative models of care,** including step up/down and rehabilitative provision for people with Mental Health conditions, additional respite for people with LD, single person accommodation and shared Lives and HomeShare
5. We will develop **integrated hubs**

Older People & People Living with Dementia

1. **We will provide additional care, closer to home in order to meet the needs of our ageing population,** including additional nursing, residential, respite and housing with care units.
2. **We will continue to develop and evaluate alternative models of care,** including step up/step down provision, a more away from residential care towards alternative models such as HomeShare and investment in digital innovation
3. We will develop **integrated hubs**, including provision of community places for lower-level support, dementia friendly places/memory cafes and focus on prevention/early intervention.

CASE FOR CHANGE: Children and Young People

Current provision

- Within region, 75% of home provision is private (112 units)
- Approximately 58% of provision in Gwent is used by children outside of the region
- Newport has five units for children with a learning disability
- United Welsh (15 units) and Pobl (8 units) provide supported housing for care experienced children
- Very limited respite support (4 Caerphilly; 5 Newport)

Current gaps

- Whilst the number of children is forecast to reduce in all areas except for Newport, the need for care is expected to increase
- 60 children in residential placements out of region
- Reports of unregulated placements due to capacity issues
- 67 care experienced children out of county or in inappropriate accommodation
- Placements (foster & residential) for children with a disability, siblings and adolescents
- (Supported) accommodation solutions for care experienced children
- Short-break/respite provision
- Accommodation for 1 – 2 CYP
- Welcoming contact centres
- Accessible and responsive mental health support
- Collaborative approach to support children with a disability in the community

Strategic drivers

- Removing profit from the care of children looked after
- Providing care closer to home
- Ensuring better integration between mental health, physical health and care services
- Ensuring that services reflect the 'Gwent first' principle, with local children and young people

STRATEGIC PRIORITIES: Children and Young People

Strategic priorities

1. **We will ensure provision of care closer to home**: for Gwent children and young people. This will include:
   - Provision of additional residential placements to bring children in-region
   - Additional placements for care experienced children to support within county and in appropriate accommodation
   - Accommodation on a small scale for 1 or 2 Children and Young People
2. **We will increase in house provision of care for children looked after, therefore eliminating profit** by developing sufficient additional in-house and not-for-profit residential placements so that all children looked after are in local authority care
3. **We will continue to develop and evaluate alternative models of care. These will include:**
   - Extend respite provision in region based on the Oaklands model
   - Mixed age groups to support integration
   - Further variety in options for care experienced children
4. **We will develop Integrated hubs to help meet the physical, mental health, care and support needs of children, young people and families. Provision will include:** :
   - Welcoming contact centres
   - Easy access wellbeing/mental health support
   - Easy access support for care leavers

CASE FOR CHANGE: Adults

Current provision

- Estimated 54,000 people living with an undiagnosed MH condition
- Estimated 6,500 people living with Learning Disabilities that are not known to services
- 483 placements for people with a Mental Health condition
- 510 placements for people with a Learning Disability
- 577 people in supported living (129 Mental Health; 448 Learning Disability)

Current gaps

- 40 people with MH in out of region nursing or residential placements
- 5 people with MH in out of region supported living
- 64 people with LD* in out of region nursing or residential placements*
- 23 people with LD* in out of region supported living
- Step up/down provision for MH
- Solutions that can meet bariatric needs
- MH follow-up care in the community
- Refuge places
- (Accessible) Single-person accommodation
- Current estate is not fit for purpose
- 'Step-across' facilities for substance misuse

Strategic drivers

- Providing care closer to home
- Ensuring better integration between mental health, physical health and care services
- Ensuring that services reflect the 'Gwent first' principle, with local children and young people
- Providing community-based care

**Also includes autism*

STRATEGIC PRIORITIES: Adults

Strategic priorities

1. **We will provide care closer to home**: We will put in place additional capacity across Gwent to ensure that people with Mental Health conditions and Learning Disabilities are able to receive care and support closer to home, including their own home with appropriate adaptations.
2. **We will provide more accessible services:** Some of the current stock will be redeveloped to improve accessibility
3. **We will continue to develop and evaluate alternative models of care. These will include:**
   - Extend step up/down and rehabilitative provision for people with Mental Health conditions
   - Extend respite provision for people with Learning Disabilities
   - Single person accommodation
   - Shared Lives and HomeShare schemes
4. **We will complete feasibility studies and further explore opportunities to develop specialist provision where appropriate. This may include:**
   - Refuge places
   - 'Step-across facilities' for substance misuse
   - Framework approach to adaptations
5. **We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow up care.**

CASE FOR CHANGE: Older People & People with Dementia

Current provision

- There has been a market shift towards extra-care
- Majority of sheltered schemes provided by RSLs (3750, 336 LAs)
- Change from onsite support to assistive technology
- Low numbers of step up/down reported in Gwent
- Within the region, 2108 nursing beds (815 dementia) and 1545 (1279 dementia) residential beds are available
- Usage by people outside the region is estimated at just under 20%

Current gaps

- 60 people in out of region nursing placements (15 dementia*)
- 52 people in out of region residential placements (17 dementia*)
- 3 people in out of county respite (1 dementia*)
- Provision for lower needs
- Suitable sheltered housing
- 1 in 5 homes have a Category 1 hazard
- Rehabilitative provision
- Bariatric needs
- Accessible community places
- Temporary accommodation
- Support for early-onset dementia

Strategic drivers

- Providing care closer to home
- Supporting more older people to live in their own homes for longer, with care and support as needed
- Ensuring better integration between mental health, physical health and care services
- Ensuring that services reflect the 'Gwent first' principle, with local children and young people
- Making use of digital solutions, such as assistive technology in order to support the provision of care at home.

STRATEGIC PRIORITIES: Older People & People with Dementia

Strategic priorities

1. **We will provide additional care, closer to home in order to meet the needs of our ageing population. This will include the following:**
   - Supporting people to remain in their own home with appropriate adaptations
   - Between 5 – 11 respite support units
   - Between 60 – 296 additional nursing units
   - Between 52 - 340 additional residential units
   - An additional 2,232 housing units and 547 housing with care units
2. **We will continue to develop and evaluate alternative models of care. These will include:**
   - Step up/down provision to support independence
   - Move away from residential care to alternative models, for example HomeShare
   - Investments in digital innovation, including use of assistive technology
3. **We will develop Integrated hubs to help meet the physical, mental health, care and support needs of older people and people with dementia. Provision will include** :
   - Community places for lower-level support
   - Appropriate accommodation for Multi Disciplinary Team working
   - Dementia friendly places/ memory cafes
   - Focus on prevention and early intervention

Progress to date

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

We are already making progress towards addressing the gaps in provision described above. A number of capital schemes are already underway or are at the planning stages that will make a contribution towards meeting the needs of local people. Planned new capacity and the outstanding need once this has been completed is summarised below. Please note the outstanding need is a projection of regional out of county demand, and does not take account of continued alternative model of care development to support individuals to remain within their own homes. Monitoring of projections and alternative provision will be captured within the delivery of the plan and the outstanding needs updating accordingly.

	ACCOMMODATION TYPE	2033 PROJECTED GAP	IN PROGRESS	REMAINING GAP
CHILDREN & YOUNG PEOPLE	**Residential placements:**			
	• Residential	56	44	**12**
	• Care Leavers	102	14	**88**
	Respite Care placements	9	**5**	**4**
ADULTS	**Placements**			
	• Mental Health	44	10	**34**
	• Learning Disability	75	1	**74**
	Supported living			
	• Mental Health	6	**15**	**0**
	• Learning Disability	19	**5**	**14**
OLDER PEOPLE	**Nursing placements**	296	0	**296**
	Residential placements	340	32	**308**
	Respite support	3	0	**3**
	Housing units/Housing w/care	547	**7**	**540**

Building on a successful Partnership

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

This strategy enables us to build on our existing successful partnership. We will apply the learning from our previous projects, such as those summarised below, to the planning and delivery of our ten-year capital strategy.

Windmill Farm, Newport

- 100% Fully funded ICF Main Capital Programme of £1.5m completed in 2022
- First health and social care integrated short term residential intervention within the region
- Provides a home to children aged between 10 and 18 years of age.
- Placements will be medium / short term, up to 6 months, offering a stable home for children and young people until they move to alternative provision

Former Caerphilly Police Station

- 12 Flats for independent living for people with learning disabilities in Caerphilly
- Total Project Cost £ 2,462,533
- Estimated Completion - Autumn 2024
- The building is being designed to provide flexible accommodation with the intention to develop a future hub and cluster model.

Crick Road, Monmouthshire

- Currently on site with the development of an innovative care home that specialises in dementia care (long-term and short-term care) and rehabilitation
- Focus on support to people with dementia, although it will retain up to four step-up stepdown beds as part of the household that provides short-term care for older people with dementia
- Part of a wider community development in partnership with a housing association

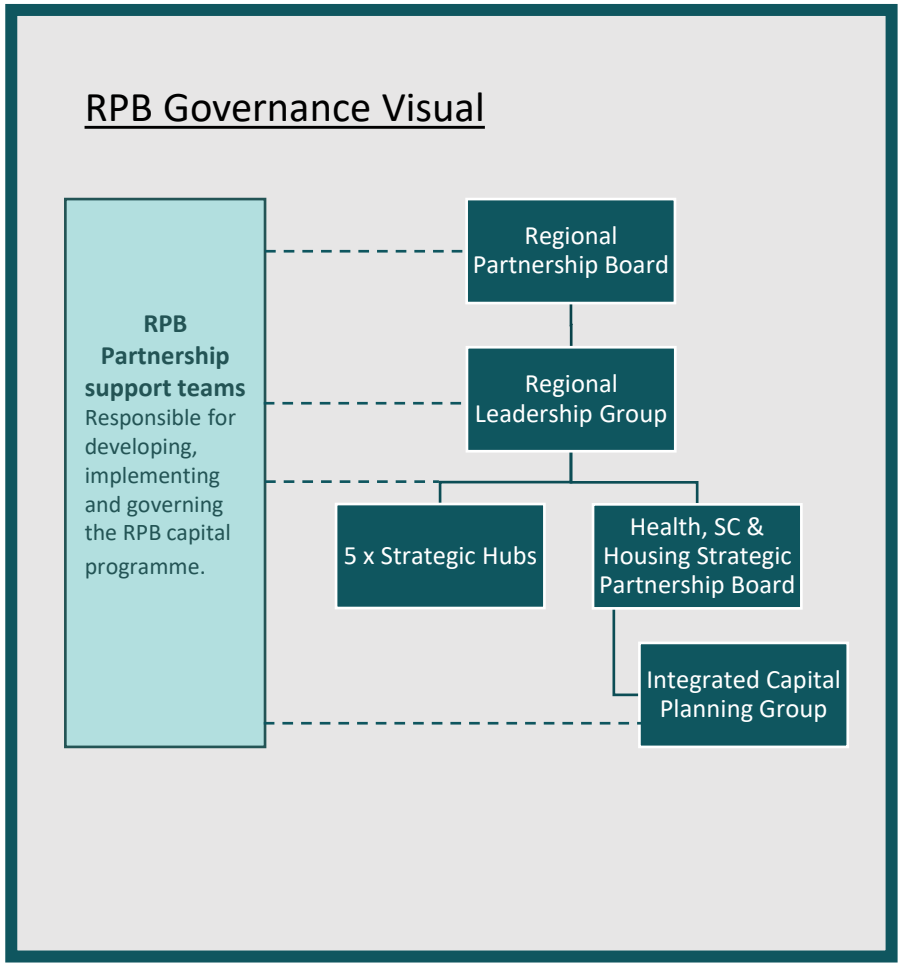
Governance & Resources

Within the governance framework of the RPB, responsibility for the oversight of person-centred models of care is fulfilled by the respective Strategic Partnership. In addition, a well-established Health, Social Care & Housing Strategic Partnership sits alongside the thematic partnerships to provide oversight of the RPB capital portfolio, supported by the Integrated Capital Planning Group providing the technical expertise and business case development oversight.

The Gwent RPB support teams provide dedicated capacity across all tiers of the partnership to develop, deliver and manage the regional capital programme.

The next step in the implementation process will be the development of Green Book compliant business cases for the agreed future priorities, to ensure that schemes are subject to rigorous development and scrutiny.

We will adopt a cross-region approach to delivering this strategy, in order to make efficient use of the resources available to us and to reduce any risk of duplication.



Enablers

We will put in place a number of measures, designed to ensure that we are able to successfully deliver this strategy and the more detailed supporting capital plan.

It is also important to us that we ensure that we regularly review and update our plans, to ensure that we identify and meet the changing needs of our population.

We recognise the importance of ensuring that we reflect best practice in the planning and delivery of integrated care through hubs, to ensure that we get the leadership and culture changes that we need to deliver the benefits of new, integrated ways of working to the people of Gwent.

Ongoing provision of data and intelligence: This will inform the update and review of our plans and will include the establishment of an integrated information sharing agreement. Population projection update etc.

Update and review: The capital plan which supports the delivery of this strategy will be reviewed on an annual basis and we will also complete mid-point evaluation of the strategy.

Strategic Capital Resourcing: We will ensure that the Partnership has the resources needed to support the delivery of our capital plans

Skills development: We will continue to embed the Green Book approach to business case development within our partnership working, building upon recent training and the experience already present across the partnership.

Good practice for integrated care: We will ensure best practice. In terms of leadership and culture, systems and people and places to ensure that we deliver best practice. We will work together to develop common vision and purpose; a cross sector operational framework and workforce plan

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Gwent Regional Partnership Board

10-Year Strategic Capital Plan 2024-2034

SEPTEMBER 2023

Document Control

Owner	Gwent Regional Partnership Board
Document Title	10-Year SCP – Plan
Version	0.3
Reference	None
Author(s)	Sirius Partners & Partnership PMO
Date	23/08/2023

Document History

Version	Date	Author(s)	Comments
0.1	23/08/2023	Partnership PMO Sirius Partners	Template created
0.2	30/08/2023	Partnership PMO Sirius Partners	Content updated
0.3	30/08/2023	Partnership PMO	Content updated
0.4	11/09/2023	Partnership PMO Sirius Partners	Content updated to reflect strategic partnership feedback and prioritisation

Table of Contents

1. Introduction 6

2. Developing the 10-Year Strategic Capital Plan 7

2.1. Introduction 7

2.2. Gwent RPB key partners 7

2.3. Approach to developing the plan 8

2.4. Information and analyses 8

2.5. Further work on the plan 9

2.6. Revenue Dependencies 10

3. Strategic Priorities: Children and Young People 11

3.1. Introduction 11

3.2. Overall children and young people population and demand trend 11

3.3. Summary of capital and bedspace provision for children 11

3.4. Children with a disability 11

3.5. Children with emotional and behavioural needs 12

3.6. Children on the edge of care 13

3.7. Children looked after 14

3.8. Care experienced children 15

3.9. Overall priorities: Children and Young People 16

4. Strategic Priorities: Adults 18

4.1. Introduction 18

4.2. Overall adults population and demand trends 18

4.3. Summary of capital provision for adults 18

4.4. Adults with Mental Health Conditions 18

4.5. Adults with Learning Disabilities 20

4.6. Adults with a physical disability or sensory impairment 21

4.7. Adults with hoarding disorder 22

4.8. Overall priorities: Adults 23

5. Strategic Priorities: Older People 25

5.1. Introduction 25

5.2. Overall Older People population and demand trend 25

5.3. Summary of capital provision for Older People 25

5.4. Older people (aged 65+) and People Living with Dementia 26

5.5. Key priorities: Older People and People with Dementia 27

6. Capital Investment Priorities Plan 29

7. Programme Governance and Delivery 31
7.1. Introduction 31
7.2. Governance arrangements 31
7.3. Stakeholder engagement 32
7.4. Delivery arrangements 32
7.5. Skills and capacity building 32
7.6. Key risks 33
8. Approach to Decarbonisation 35
8.1. Introduction 35
8.2. Gwent RPB commitment to decarbonisation 35
9. Appendix 1: Demand and capacity planning methodology and constraints 36
9.1. Introduction 36
9.2. Limitations of the data 36
9.3. Interpretation of the data: Children and Young People 36
9.4. What the data tells us: Children and Young People 37
9.5. Interpretation of the data: Adults 37
9.6. What the data tells us: Adults 38
9.7. Interpretation of the data: Older people and People with Dementia 39
9.8. What the data tells us: Older People and People with Dementia 40

Glossary of Terms

Acronym / Abbreviation	Definition
RPB	Regional Partnership Board
SCP	Strategic Capital Plan
SNA	Strategic Needs Assessment

1. Introduction

Gwent Regional Partnership Board has established a 10 year Regional Capital Strategy 2023-2033 to deliver accommodation and integrated working solutions to support priority population groups to remain at home or as close to home as possible.

This strategic capital plan articulates how the strategy will be delivered over the next 10 years and the approach to ensure the planning activities remain relevant in the context of population projections, demand on services and interdependencies across models of care. The plan builds on a good foundation of capital programme delivery within the region supporting national policy agendas but has a very clear focus on regional delivery to address identified population needs.

The focus of Gwent RPB's Strategic Capital Plan is on the community infrastructure needed in the Gwent region for the priority population groups:

- Children and young people.
- Older people.
- People with physical disabilities.
- People with learning disabilities and autism.
- People with mental health problems.
- People with sensory impairments.
- Carers needing support.
- Women suffering violence and domestic abuse.

The evidence and priorities reflected within the plan not only address the identified population need but also a range of national and regional policies and plans. The Gwent RPB's 10-year Strategy and Plan and should be read in conjunction with each other.

The strategy and plan establish a regional and collaborative commitment to continue to improve the models of care being delivered in Gwent to achieve the aspirations of the RPB. Commitment is provided to ensure robust business cases and ongoing evaluation of this plan is embedded within our capital programme development and delivery, alongside our regional strategic programmes part-enabled by the Regional Integration Fund.

2. Developing the 10-Year Strategic Capital Plan

2.1. Introduction

This section of the Strategic Capital Plan (SCP) provides an overview of the approach that Gwent RPB took to develop the capital plan, including the underpinning principles as well as how key partners were involved and engaged throughout the process. The emphasis of the approach was on collaboration and co-design in order to ensure buy-in and key partner familiarisation with final outputs and, ultimately, the development of a robust 10-year SCP for the Gwent region.

Also included in this section are recommendations around further work required to address any in limitations to, or gaps in, the plan at this stage. These recommendations cover activities that are separate to the ongoing (annual) SCP review process which exists to ensure that the pipeline of plans:

- reflects the priorities of Welsh Government, as these continue to evolve.
- reflects the post-project evaluation and learning from projects, for example in terms of benefits realisation.
- remains live to changing population need

2.2. Gwent RPB key partners

Gwent RPB was cognisant during the SCP development process that in order to produce a robust 10-year strategic capital plan, its key partners would need to be engaged and actively involved throughout, from both a design and decision-making perspective. The approach taken to develop the SCP was based on a number of principles, outlined in section 2.3, with an overarching focus on collaboration.

The RPB's key partners are presented in figure 2.1 below.

Figure 2.1, Gwent RPB key partners

Whilst we are establishing our regional ambition within plan, further engagement will be undertaken locally within our Integrated Service Planning Boards along with coproduction and engagement with carers, citizens and communities where appropriate.

2.3. Approach to developing the plan

Between March and September 2023, Gwent RPB undertook a three-phase project to develop the capital strategic priorities for the next ten years. This work represents the most in-depth and comprehensive understanding of the capital asset landscape in Gwent which, combined with an updated needs assessment for the priority populations groups, has enabled the RPB and its strategic partners to create this 10-year capital plan.

Figure 2.2 below presents the high-level approach taken to develop the RPB's SCP. Further detail on the activities completed within the stages is included in section 2.3.1. below.

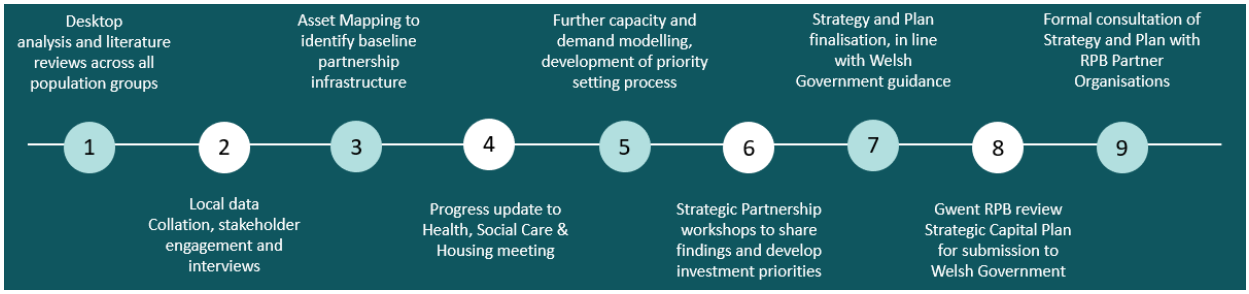


Figure 2.2, High-level approach to development of Gwent RPB's SCP

2.3.1. Summary of work: information and analysis undertaken

The development process included the creation of comprehensive Strategic Needs Assessments (SNAs) across the eight population groups, alongside a full asset mapping process. This has included:

- quantitative data gathering and analysis, using Social Care, Housing and Health data throughout Gwent, including estimates of unidentified demand.
- desktop qualitative analysis, including a review of current and potential future direction of national and regional strategies to assist with regional integration and collaboration.
- review of current best practice.
- the collection and analysis of asset data from providers and local authorities in Gwent.
- asset mapping using a GIS tool.
- collection of local data to address gaps in data provision.
- in-depth interviews with local authorities and Health and Social Care professionals across the Gwent partnership landscape, to understand and assess the current and future need for integration and collaboration.

Further stages of work enabled the aggregation and assessment of local data, both qualitative and quantitative, to determine the need in Gwent across the population groups, to determine the gap in provision that needs to be met in order to meet current and projected future demand.

2.4. Information and analyses

A number of information and data sources have been used in the development of this SCP. Figure 2.3 below provides an overview of the key sources.

Information / Data Source	Overview
Gwent Population Needs Assessment (PNA)	The PNA brings together information about people's care and support needs and the support needs of carers in Gwent. It aims to show how well people's needs are being met and the services that Gwent RPB will need to meet them in the future. The five councils in Gwent worked together with Aneurin Bevan University Health Board (ABUHB), supported by Public Health Wales, to produce the assessment.
Gwent Market Stability Report (MSR)	The MSR helps Gwent RPB to understand the social care market in Gwent so that providers of health and social care services can be effectively commissioned and supported to meet the needs of the population.
Gwent Regional Area Plan	The Gwent Regional Area Plan, 2023 to 2028, sets out how Gwent RPB will respond to the findings of the Gwent PNA and MSR.
Capital Strategies and Plans	The capital strategies and plans of ABUHB and the five Gwent local authorities set out the strategic priorities and aims of each organisation, as well as how they are aligned with overarching national policies and legislation.
Strategic Needs Assessment (SNA)	This included desktop research, capacity and demand modelling using data provided by stakeholders and a combination of one-to-one meetings and small group workshops to gain an understanding of current and future needs and gaps in service for each population group.
Asset Mapping	The RPB designed a questionnaire for data collection from the five Gwent Local Authorities, ten Registered Social Landlords (RSLs) and ABUHB. The data collection exercise was supported by one-to-one engagement sessions with relevant stakeholders to validate responses and update data. GIS mapping software was used to develop health, housing and care asset maps.

Figure 2.3, Key information and analyses used in the development of the SCP

Appendix 1 sets out further detail of the methodology used to quantify the gap between current provision and future accommodation needs in order to deliver our local and national strategic objectives, and meet the needs of the population groups across Gwent.

2.5. Further work on the plan

This SCP is a 'live' document to deliver the Regional Capital Strategy 2023-2033. Whilst the strategy is setting the 10 year priorities and direction, the plan will be reviewed and updated on an annual basis, to reflect any changes in need and the progress of the capital projects within it. The plan will evolve over time due to:

- Greater awareness of regional infrastructure across RPB partners.
- Improved information / analysis of the condition of assets
- More effective sharing and joint analyses of assets.
- Greater collaboration across RPB partners, with the potential development of schemes across two or more local authority areas.

- Development of capital programmes over time as projects are delivered and/or other changes occur.
- The trajectory of population growth being different to that projected
- The ongoing evaluation of programme delivery

2.6. Revenue Dependencies

Whilst the process described in this chapter has enabled Gwent RPB to identify future capital priorities, several revenue priorities have also been identified. These will be addressed by strategic partnership boards as part of their programmes to develop person centred models of care. The revenue consequences of our capital investment programme will be identified through the business case process outlined in chapter 7.

3. Strategic Priorities: Children and Young People

3.1. Introduction

This group includes individuals across five sub-groups, outlined in Figure 3.1.

Figure 3.1, Childrens sub-groups

This section of the plan outlines the strategic priorities for Children and Young People, developed through the analysis outlined in **section 2**, by the overarching strategy and policy drivers detailed in the accompanying strategy.

Appendix 1 sets out further detail of the methodology used to quantify the gap between current provision and future accommodation needs in order to deliver local and national strategic objectives, to meet the needs of Children and Young People across Gwent to determine the strategic priorities.

3.2. Overall children and young people population and demand trend

The overall number of children is expected to decrease across Gwent over the next 10 years by 4%. The only area with an expected increase is Newport (2%). Based on recent trends in the number of children looked after, demand for children's services are likely continue to increase.

3.3. Summary of capital and bedspace provision for children

The key population groups in Children's provision requiring accommodation are children on the edge of care and children who are looked after. Combined resources for these groups include 173 units provided by a combination of registered social landlords, Local Authorities, and private providers. A total of 149 bedspaces were recorded specifically in children's homes with the private sector providing 112 of the bed base, equivalent to 75%.

3.4. Children with a disability

3.4.1. Analysis of need

Due to a lack of systematic collection and the fact that not all children with a disability are registered, data for this population group is imprecise. The estimated UK prevalence is 9%.

Using the data that was available, the Strategic Needs Assessment found that disabled children are more likely to grow up in poverty, are at increased risk of abuse and less likely to receive protection and

support, and twice as likely to be victims of crime. There are disparities in educational outcomes and wellbeing.

Stakeholders across Gwent reported that there is a shortage of placements for children with a disability (including foster care) and a shortage of independent accommodation. More housing options would serve to support families to stay close to their support network (inc. siblings).

In addition, stakeholders identified a shortage of carers to support children, and a need to further extend short-break and respite support. There were identified opportunities to develop better co-production approaches between health and social care to provide support in the community,

3.4.2. Capital Assets currently available

Only two resources were identified in this group via the asset mapping work:

- a six-bed unit in Caerphilly that provides extra care and respite care.
- a four-bed unit in Monmouthshire that provides respite care.

This low number of assets is likely to be representative of the fact that most children in this population group are living with families and other carers.

3.4.3. Key priorities

The following key priorities were identified for children with a disability. Some individuals in this group are likely to present as part of the children looked after / children on the edge of care group, meaning that the strategic capital priorities for these groups would also be relevant.

Strategic Capital Priorities: Children with a Disability

1. Capacity in residential provision, where children have a disability.
2. Develop respite / short-break provision to meet the needs of children with a disability.
3. Develop integrated hubs to meet the physical, mental health and support needs of children with a disability.

3.5. Children with emotional and behavioural needs

3.5.1. Analysis of need

Across the UK, the number of children and young people experiencing mental health and behavioural needs is growing. Services are expanding, but not fast enough to meet the rising needs. There is a stark contrast between areas of differing socio-economic deprivation, with higher crisis demand in more deprived areas.

Analysis shows that there are a range of challenges and disadvantages faced by children with emotional and behavioural needs. Children and young people with a record of mental or neurodevelopmental disorders or self-harm are more likely to miss school than those without a record, and overall services for this group are not responsive enough. Longstanding problems with youth mental health service

provision include system fragmentation, poor access, discontinuation of support at the transition to adulthood and a lack of an informed developmental perspective.

There is a shortage of professional knowledge on neurodevelopmental disorders, and Gwent has a shortage of providers who can cater for children and young people with mental health issues and autism. There is an overall lack of staff and providers to meet the most challenging needs.

Stakeholders identified that there has been a crisis of wellbeing following the pandemic, with no additional support available – and a lack of support to education colleagues to avoid exclusion.

3.5.2. Capital Assets currently available

Aside from a 5-bed respite unit in Newport, no other accommodation was reported for this population group.

3.5.3. Key priorities

For this group the main priorities identified through the planning process were a combination of the capital requirements identified in the box below, together with revenue investment in workforce expertise and availability of support, and capacity to deliver specialist packages of care for this population group.

Some individuals in this group are likely to also present as part of the children looked after / children on the edge of care group, meaning that the strategic capital priorities for these groups will also be relevant.

Strategic Capital Priorities: Children with emotional and behavioural needs

1. Additional capacity in residential provision, where children are looked after.
2. More short-break and respite options to provide a safe-space and a positive experience for children with emotional and behavioural needs.
3. Develop integrated hubs to meet the physical, mental health and support needs of children with emotional and behavioural needs.

3.6. Children on the edge of care

3.6.1. Analysis of need

Children are on the edge of care if they are at risk of being looked after (going into care). Over the last 15 years, the number of children looked after has increased with Wales having the highest rate in the UK nations.

The current trajectory for the number of children at harm and requiring intervention is unprecedented, highlighting the need for edge of care support. The Welsh Neglect Project and the research undertaken by Cardiff University demonstrated that, where concerns could be managed effectively without removal from the family; this helps children with their sense of identity, belonging and wellbeing and the risk of multiple placements or placement breakdowns could be avoided.

Local stakeholders identified that most edge of care initiatives were funded through grants or temporary funding which makes it difficult to plan and attract and retain the best workforce.

Stakeholders also reflected that there are opportunities for greater co-production with families to manage risk more effectively, and a need for more intense family working with smaller caseloads.

3.6.2. Key priorities

Key priorities for this group include:

- More family support, working with the child, parents and carers.
- Consider respite/short-term breaks as an alternative to going into care.

Strategic Capital Priorities: Children at the edge of care

1. More short-break and respite options to provide a safe-space and a positive experience for children at the edge of care.
2. Develop integrated hubs to meet the physical, mental health and support needs of children at the edge of care, including welcoming centres.

3.7. Children looked after

3.7.1. Analysis of need

Recognition of new risks and a more risk adverse approach are considered factors that have contributed to an increase in the number of children looked after. In Wales, 16% of children are looked after through kinship care arrangements, 69% live with foster carers, 8% live in residential care and 3% of children are placed for adoption.

Demand for foster placements currently outstrips supply, and therefore the number of children living in residential care has increased by 58% in Gwent over the last four years. Deprivation accounts for 53% of the variation across local authorities.

Challenges and disadvantages faced by children looked after include:

- Almost half have a diagnosable mental health disorder.
- For many, inconsistency experienced in their birth family home can continue in the system, with around 11% of all children in foster care experiencing unplanned endings to their placements.
- It is more common for children to have a change of social worker in a given year than to have the same worker for the whole of that time. The older the child is on entry into care, the higher the risk that a child will experience multiple moves. Multiple placement moves are also common for those with identified social, emotional, and mental health issues.
- The market is currently failing to provide a sufficient supply of quality care providers to place children in appropriate placements that are close to home and meet their needs.
- There is a mismatch between the needs of the children and young people requiring homes and the models of service or care offered by the market, leading to vacant beds and some young people having no regulated placement available to them.
- A lack of local provision results in out-of-area placements. There are times when the right residential provision does not exist, most notably in the lack of therapeutic placements.
- Many foster carers and adoptive parents do not have access to the training and support that they need to parent effectively. The Fostering Network identified that 40 – 60% of foster carers have no agreed training plan.

- The Gwent Children and Families Partnership has identified that current practice and service delivery for those requiring emergency/crisis residential placements is often poor. The partnership has identified three priority groups who require specific packages of care:
  - Children and young people who have experienced complex trauma, often challenging teenagers with complex attachment difficulties.
  - Children and young people with autism/ learning disability and challenging behaviours.
  - Children and young people with physical disabilities and complex health needs.

Stakeholders identified that placements caused the largest area of spend across Gwent. There are significant capacity challenges that result in placements without registration, the use of agency workers, and a reactive approach to management.

3.7.2. Assets and current placement provision

Within the region, 75% of home provision is provided by private agencies. At the end of June 2023, 16% of children looked after were in LA-run residential placements.

There is very limited respite support (4 bed spaces in Caerphilly, and 5 bed spaces in Newport) and waiting lists have been reported. There is currently no data available on children from outside the region that are in placements in Gwent.

At the end of June 2023, 123 children were in residential placements and 2 in emergency placements.

3.7.3. Key priorities

Strategic Capital Priorities: Children looked after

1. Ensure the provision of care closer to home, increasing the number of residential placements available to bring children in Gwent.
   - An additional +60 residential placements.
2. Increase in-house / not-for-profit provision, so that all children looked after are in local authority care.
   - And additional +103 in-house residential placements.
3. Develop integrated hubs to support the needs of looked after children, including welcoming contact centres.

3.8. Care experienced children

3.8.1. Analysis of need

In 2021/2022, 1,839 children left care across Wales, representing a 9% increase compared with the previous year. Most children leaving care continued to live with parents, relatives, or other persons with parental responsibility.

The evidence shows impacts in:

1. Early parenthood: 22% of female care leavers become teenage parents
2. Mental health: care leavers have adverse mental health outcomes and describe difficulties in accessing specialist support
3. Crime: 24% of adult prison population have been in care

4. Education: 28% care leavers are not in training or employment at the age of 19
5. Accommodation: approximately 39% of homeless people in Wales are care leavers

Local stakeholders reported that there is a deficit in housing provision, especially enhanced support although there are some initiatives being developed to provide new accommodation solutions for care leavers. Stakeholders identified that placements with a mixture of different age groups would support integration into the community.

Stakeholders identified that there is a need for a wider variety of accommodation options, including single occupancy, and additional support, mainly for emotional wellbeing. They also identified opportunities for improvement to develop a pipeline of accommodation solutions between social care and housing associations.

3.8.2. Assets and current placement provision for care experienced children

- United Welsh (15 units) and Pobl (8 units) provide supported housing for care experienced children. There are some initiatives ongoing to provide new accommodations solutions for care leavers.
- In 20/21, 18 care leavers were in B&B's to meet immediate housing needs
- At the end of June 2023, 171 care experienced children were in supported and 161 care experienced children in independent placements

3.8.3. Key priorities

Strategic Capital Priorities: care experienced children

1. Increase the appropriate accommodation available for care experienced children, within county.
    - An additional +67 residential placements for care experienced children
2. Develop alternative models of care for care experienced children, with more accommodation options available and mixed age groups to support integration.
3. More accommodation for 1-2 children and young people, and emergency accommodation for overnight support
4. Develop integrated hubs to meet the physical, mental health and support needs of care experienced children, ensuring easy access support specifically for care leavers.

3.9. Overall priorities: Children and Young People

Four overarching priorities have been identified for Children and young people in Gwent. These are outlined in the summary box below. These priorities were discussed and ratified by Gwent strategic partnerships. The order of delivery of these priorities is outlined in chapter six, with the following order of relative importance:

1. Additional accommodation units for care-experienced children, and small-scale accommodation supporting 1-2 individuals
2. Additional residential placements to bring children in-region
3. Additional respite provision, based on the Oaklands model

4. Deliver integrated and population specific hubs

Strategic Priorities: Children and Young People

1. **We will ensure provision of care closer to home: for Gwent children and young people. This will include:**
   - An additional +60 residential placements to bring children in-region.
   - As additional +67 placements for care experienced children to support within county in appropriate accommodation.
   - Accommodation on a small scale for 1 or 2 Children and Young People.

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

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

4. **We will develop Integrated hubs to help meet the physical, mental health, care and support needs of children, young people and families. Provision will include:**
   - Welcoming contact centres.
   - Easy access wellbeing/mental health support.
   - Easy access support for care leavers.

4. Strategic Priorities: Adults

4.1. Introduction

This section outlines the strategic priorities for Adults. The group includes individuals across four sub-groups, outlined in figure 4.1 below.

Figure 4.1, Adults sub-groups

Appendix 1 sets out further detail of the methodology used to quantify the gap between current provision and future accommodation needs in order to deliver our local and national strategic objectives, and meet the needs of the Adult group across Gwent.

4.2. Overall adults population and demand trends

The overall Adult population in Gwent is estimated to decline by 0.8% over the next ten years, although there is variation between local authority areas. The only region with a projected population increase is Newport (4%) and the largest projected reduction in Blaneau Gwent (4%).

4.3. Summary of capital provision for adults

The two key providers of adult bedspaces (inclusive of Older People) in Gwent are the private sector (42%) and registered social landlords (54%).

Some SNA population groups are served by more community-focussed services, including those in the Adults with a learning disability, and adults with a physical disability or sensory impairment groups categories.

In relation to population groups such as those with physical disabilities there is little bespoke resource and more need for adaptations and community support. As people age it is more likely that their needs associated with physical disability are included in the Older People population group.

There are low numbers of step up/step down facilities reported across Gwent.

4.4. Adults with Mental Health Conditions

4.4.1. Analysis of Need: Adults with Mental Health Conditions

One in four adults experiences mental illness in their lifetime, with 85% seeing first symptoms by the age of 24 with the most common diagnoses being anxiety disorders, depression and PTSD.

Consequently, there are an estimated 54,000 people in Gwent living with undiagnosed mental health condition. prevention and early intervention strategies that aim to keep individuals out of hospitals, living safely in their communities, is crucial for the future development of mental health solutions.

The Strategic Needs Assessment for this group highlighted five key themes:

- Prevention: Avoid A&E presentations and improve emotional wellbeing
- Acuity: bariatric needs should be considered
- Community: enable communities to be more robust, providing traditional and non-traditional support for mental health needs
- Workforce: Complexity of care in the community, supported living and care homes requires a skilled workforce
- Intermediate: There is a need to further develop step-down from hospital to independent living

Stakeholders reported that individuals want to remain either in their own homes or in their own communities. Those accommodation solutions that are available need redevelopment. Stakeholders also identified that packages of care for complex needs aren't commissioned well and often don't achieve the needs of the service user. Finally, there is concern that there are inadequate step up/down services to allow the patients to move to the correct location for their need(s).

Stakeholders also identified that there aren't sufficient numbers of refuge placements for adult survivors of domestic abuse. In addition, there are accommodation challenges for individuals who are being supported for substance abuse.

4.4.2. Capital Assets currently available for Adults with Mental Health Conditions

Registered Social Landlords provide 81 units for adults with mental health conditions. Most RSLs also have support services provided by the third sector. There were no step-up or step-down beds reported.

There are four supported housing projects in Newport for adults with mental health and/or substance misuse issues.

The analysis indicates the roles of both specialist third sector providers providing support, and that much of this community-based support is commissioned by the Supporting People teams positioned within the local authorities. Use of Housing Support Grant (HSG) for this population group is thus focussed on the prevention of homelessness.

There is an identified gap of available placements, with 122 people with mental health conditions currently placed in out of county placements. A significant proportion of current provision for those in this population group is within the community.

4.4.3. Key priorities

Strategic Capital Priorities: Adults with Mental Health Conditions

1. We will provide care closer to home, increasing the capacity across Gwent to ensure that people with Mental Health conditions are able to receive care and support closer to home.
    - +40 MH placements to support people within area
    - +5 MH supported living units
    - We will support people to remain in their own home with appropriate adaptations

2. **We will complete feasibility studies and further explore opportunities to develop specialist provision where appropriate. This may include:**
    - Refuge places
    - 'Step-across facilities' for substance misuse

3. We will continue to develop alternative models of care, including the extension of step-up and step-down beds for people with Mental Health conditions, and more accommodation for single people.

4. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow

4.5. Adults with Learning Disabilities

4.5.1. Analysis of Need: Adults with Learning Disabilities

There are 2,216 people (all ages) in Gwent known to be living with a learning disability. There are an estimated 6,500 people living with Learning Disabilities in Gwent that are unknown to services. All local authority areas in Gwent are predicting to see an increase in this population group. For this reason, the identification, prevention, and early intervention of LD and ASD are crucial for the future development of effective solutions.

Most people are in community placements with parents or family (1,096 – 49%), followed by lodgings/supported living (490 – 22%).

The SNA for this group highlighted five key themes:

- There is a need for more providers that can support complex needs and single-person accommodation with targeted support.
- The withdrawal of LA funded services in day centres could provide a challenge to supporting this group.
- There is potential for a collaborative regional approach to commissioning complex packages of care.
- A focus on inclusion is important, building community capacity and providing meaningful activities and social opportunities.

Stakeholders reported that Adults with Learning Disabilities want to remain either in their own homes or in their own communities. With a low volume of people with very complex needs it is difficult to justify bespoke services and the provision of scarce professional resource for this population group.

Accommodation for older people with a learning disability is consistently at capacity, with out of county placements used to meet need.

Evidence from the existing scheme in Gwent shows that a greater focus on service users physical needs and challenges would be beneficial. With limited temporary solutions, stakeholders wish to encourage the expansion of Shared Lives and the HomeShare Scheme.

4.5.2. Capital Assets currently available for Adults with Learning Disabilities

Registered Social Landlords reported 138 units for use by Adults with Learning Disabilities. Most RSLs also have support services provided by the third sector. There were no step-up or step-down beds reported.

4.5.3. Key priorities

Strategic Capital Priorities: Adults with Learning Disabilities

1. We will provide care closer to home, increasing the capacity across Gwent to ensure that people with Mental Health conditions and Learning Disabilities are able to receive care and support closer to home.
    - +64 LD placements to support people within area
    - +23 LD supported living
    - We will support people to remain in their own home with appropriate adaptations
2. We will further develop our approach to adaptations through a framework approach.
3. We will extend respite provision for people with a Learning Disability.
4. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow up care.

4.6. Adults with a physical disability or sensory impairment

4.6.1. Analysis of Need: Adults with a physical disability or sensory impairment

Due to a decline in those registering a disability, there is no accurate prevalence indicator for adults with a disability or sensory impairment. This is evidenced by trends: Blaenau Gwent reported a decrease of 24.6% and Caerphilly a decrease of 23.6% since 2011.

The SNA for this group highlighted four key themes:

- Maintaining independence is critical, with a need for sufficient grants for adaptations and assistive technologies. There is an increase in labour and material costs which form a barrier to the usage of current adaptations grants.
- There is a low number of bespoke accommodation available for this group; increasing available accessible properties is essential.

- Assistive technology is crucial to support independence – this technology needs continued investment.

Stakeholders would like to see a shift towards a more enablement and strengths-based model for this group. Individuals generally want to remain either in their own homes or in their own communities, and reiterated the findings from the SNA that adaptations and assistive technology are key to keeping people independent. However, a rise in costs and the availability of contractors is impacting the delivery of adaptations.

4.6.2. Capital Assets currently available for Adults with a physical disability or sensory impairment

Registered social landlords reported 18 units, and Caerphilly local authority reported 4 units for use by individuals with a physical disability. It is likely that this is an under-reported figure, although stakeholders did identify that there is a lack of suitably adapted social housing. Increasing investment and creating a joint approach across social housing providers would be beneficial.

4.6.3. Key priorities

Strategic Capital Priorities: Adults with a physical disability or sensory impairment

1. We will provide more accessible services: Some of the current stock will be redeveloped to improve accessibility.
2. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow up care.
3. We will support people to remain in their own home with appropriate adaptations.

4.7. Adults with hoarding disorder

4.7.1. Analysis of Need: Adults with hoarding disorder

Global prevalence estimates differ with the British Journal of Psychiatry (2003) reporting that HD affects 1.5% of the population. Hoarding Disorders UK estimate prevalence could be as high as 6%

There are no accurate numbers on those affected in Gwent, though general population statistics would indicate that there are approximately 8,700 people affected currently in Gwent based on 1.5% of the population.

The strategic needs assessment for hoarding differs from assessments in other areas such as mental health, learning disability, and children's services. Unlike those areas, future planning for hoarding services is unlikely to involve providing housing for individuals with hoarding behaviours. Instead, the focus should be on implementing coordinated multi-agency responses to hoarding within the five boroughs of Gwent, along with a more strategic approach to addressing the issue.

The SNA following extensive consultation with practitioners in Gwent identifies that hoarding disorder most likely fits within general mental health provision, and that embedding responsibility for supporting those with these behaviours within mental health teams would likely have a beneficial outcome for care and support of this population group.

4.7.2. Capital Assets currently available for Adults with hoarding disorder

There was no clear need for capital investment for buildings identified in the SNA, with a focus more honed to supporting people at home to manage the issues and risks brought on by their condition.

4.7.3. Key priorities

Strategic Capital Priorities: Adults with hoarding disorder

1. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow up care.

4.8. Overall priorities: Adults

Strategic Priorities: Adults

1. **We will provide care closer to home: We will put in place additional capacity across Gwent to ensure that people with Mental Health conditions and Learning Disabilities are able to receive care and support closer to home.**
   - We will support people to remain in their own home with appropriate adaptations.
   - +40 MH placements (residential/nursing) and +64 LD placements (residential/nursing) to support people within area (excl. supported living).
   - +5MH supported living and +23 LD supported living.

2. **We will provide more accessible services: Some of the current stock will be redeveloped to improve accessibility.**

3. **We will continue to develop and evaluate alternative models of care. These will include:**
   - Extend step up/down and rehabilitative provision for people with MH.
   - Extend respite provision for people with LD.
   - Single person accommodation.
   - Shared Lives and HomeShare schemes.

4. **We will complete feasibility studies and further explore opportunities to develop specialist provision where appropriate. This may include:**
   - Refuge places
   - 'Step-across facilities' for substance misuse.
   - Framework approach to adaptations.

5. **We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow up care.**

Five overarching priorities have been identified for Adults with additional needs in Gwent. These priorities were discussed and ratified by the Mental Health and Learning Disabilities Strategic Partnership. The order of delivery of these priorities is outlined in chapter six, with the following order of relative importance:

1. Care closer to home - adaptations to support people to remain in their home
2. Care closer to home – additional MH and LD residential placements
3. Additional supported living provision for MH and LD
4. Provision of more accessible accommodation through redevelopment of current stock
5. Additional step up / step down and respite provision
6. Deliver population specific and integrated hubs

5. Strategic Priorities: Older People

5.1. Introduction

This section of the report outlines the strategic priorities for Older People. This group includes individuals across two sub-groups, outlined in figure 5.1 below.

Figure 5.1, Older People sub-groups

Appendix 1 sets out further detail of the methodology used to quantify the gap between current provision and future accommodation needs in order to deliver our local and national strategic objectives and meet the needs of the Older People and People with Dementia group across Gwent. This has informed the strategic priorities described in the remainder of this chapter.

5.2. Overall Older People population and demand trend

The older people (aged 65+) population is projected to increase in the next 10 years across all areas in the Gwent region, with Monmouthshire seeing the highest increase at 21.5%, followed by Newport at 20.9%. The rising number of older people with heightened health and care requirements is leading to increased demand.

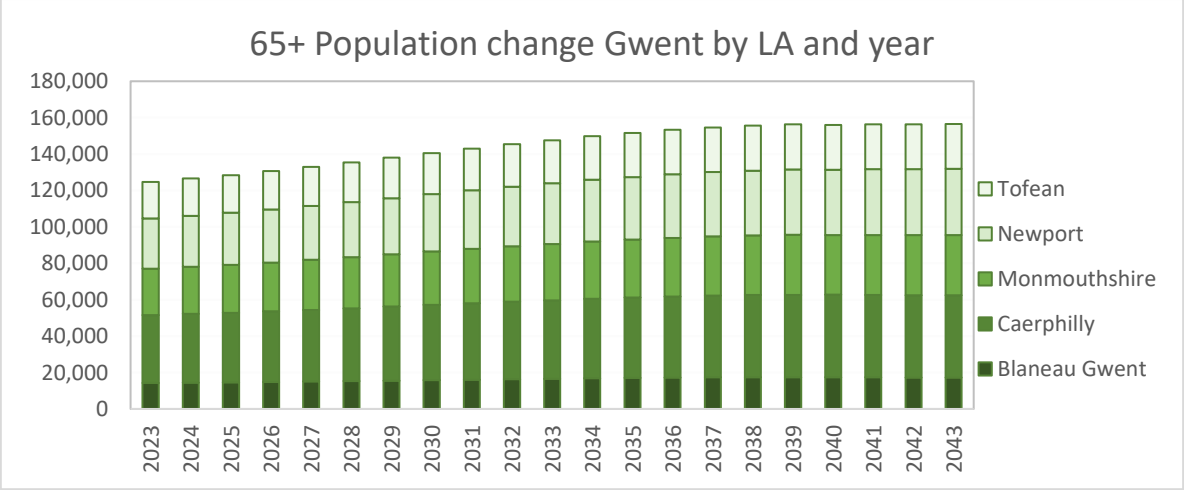


Figure 5.2 65+ population change in Gwent for the next 10 years

5.3. Summary of capital provision for Older People

The two key providers of adult bed spaces (inclusive of all adults) in Gwent are the private sector (42%) and registered social landlords (54%).

The main provision for Older People and People Living with Dementia is in care homes, residential homes, and sheltered accommodation schemes.

There is evidence that residential care and sheltered schemes are reducing in popularity with extra-care schemes gaining in popularity. The main provision for nursing care is in the private sector care homes group.

The main provision for nursing care is also in the private sector care homes group.

5.4. Older people (aged 65+) and People Living with Dementia

5.4.1. Analysis of need: Older People

The rising number of older people with higher levels of needs is leading to an increase in demand on health and social care services in the Gwent region. Over 80% of people aged 65+ have at least one long-term condition and there are reports of older people in the region becoming increasingly vulnerable living alone in isolated communities and inappropriate housing.

The Strategic Needs Assessment (SNA) for older people indicates that the Gwent region is experiencing substantial and escalating financial pressures on health and care services for older individuals and their unpaid carers. Furthermore, services are grappling with challenges related to staff retention and recruitment, as well as escalating costs in the public sector. These factors are affecting the stability and sufficiency of the market and could potentially impede investment in new services, innovation and early prevention solutions.

Stakeholders identified the need to focus on early intervention, identification and prevention, as well as improving access for underserved Gwent communities. This could include the introduction of additional purpose-built community spaces, for example hubs.

5.4.2. Analysis of need: People Living with Dementia

The prevalence of dementia in Gwent is around 1%, and between 3% and 4% for the over 65s. This prevalence increases with age, with the over 80s population having a recorded prevalence closer to 9% with 11% for the over 85s. The Aneurin Bevan University Health Board (ABUHB) annual dementia report 2020/21 stated that 3,161 people were diagnosed with dementia in Gwent that year, and 2,143 received post-diagnostic support. There is an estimation that 48% of People Living with Dementia are currently undiagnosed.

People Living with Dementia live in a variety of accommodation types depending on the severity of their condition. This will mean that this population group will be spread across all accommodation types with a general trend to keep people at home and as independent as possible for as long as possible. There will, however, be movement through the accommodation types as the severity of the condition worsens, with additional need for accommodation with care, support and nursing.

Stakeholders identified the key areas for change are centred around identification, prevention and early intervention, and understanding the 'hidden' demand.

5.4.3. Capital Assets currently available for Older People in Gwent.

The asset mapping exercise completed as part of the SCP development process showed that across Gwent there are:

- 2108 nursing beds, of which 815 are for people with dementia.
- 1545 residential beds, of which 1279 are for people with dementia.
- Low numbers of reported step-up and step-down beds.

There is significant sheltered accommodation available in Gwent, totalling 3750, of which only 336 are Local Authority owned. Most sheltered schemes in Gwent are provided by registered social landlords, for low-cost social rent. Social housing is subject to the Welsh Housing Quality Standard (WHQS) meaning that social accommodation should meet regulatory minimum requirements, but the age and quality of some of these schemes suggests that there are opportunities for investment in current stock to bring it to an updated standard.

It is not known how much of the private rented and owner-occupier provision is sub-standard and, as there is a correlation between poor housing and poor health, there could be real impacts on older people in such accommodation.

5.5. Key priorities: Older People and People with Dementia

Strategic Capital Priorities: Older people

1. **We will provide additional care, closer to home to meet the needs of our ageing population. This will include the following:**
    - Supporting people to remain in their own home with appropriate adaptations
    - Between 5 – 11 respite support units
    - Between 60 – 296 additional nursing units
    - Between 52 - 340 additional residential units
    - An additional 2,232 housing units and 547 housing with care units
2. **We will continue to develop and evaluate alternative models of care. These will include:**
    - Step up/down provision to support independence.
    - Move away from residential care to alternative models, for example HomeShare.
    - Investments in digital innovation, including use of assistive technology.
3. **We will develop Integrated hubs to help meet the physical, mental health, care and support needs of older people and people with dementia. Provision will include** :
    - Community places for lower-level support
    - Appropriate accommodation for Multi Disciplinary Team working
    - Dementia friendly places/ memory cafes
    - Focus on prevention and early intervention

These priorities were discussed and ratified by Gwent strategic partnerships. The order of delivery of these priorities is outlined in chapter six, with the following order of relative importance:

1. Priorities that support people to remain in their own home
2. Providing step-up / step-down and respite support units
3. Provide additional housing units, with and without care

4. Deliver population specific and integrated hubs
5. Deliver additional nursing units
6. Deliver additional residential units

6. Capital Investment Priorities Plan

This section will be concluded after three governance meetings, taking place during w/c 4th September. The section will include costings and estimated timings within 10 year plan, in-line with Welsh Government guidance on SCP context.

The priorities outlined in the SCP have been discussed and ratified across the six Gwent regional partnership boards who will oversee the delivery of the SCP. The plan outlined below sequences the activity to deliver the plan, over the period 2023/24 – 2033/34.

Across the population groups, the following priority has been agreed for delivery:

1. Work to enable individuals to remain in their home
2. Delivering new units and placements to support in-region care and care closer to home
3. Delivering step-up, step-down and respite units
4. Aids and adaptations / investment to keep people in their own home
5. Undertaking feasibility studies for and delivering population specific hubs
6. Undertaking feasibility studies for and delivering integrated hubs

C&F Strategic Partnership: Plan on a Page Summary

	PRIORITY DELIVERY TIMEFRAMES		
Priority	**Immediate/Short Term (0-1 yr)**	**Medium Term (1-4 yrs)**	**Long Term (5-10 yrs)**
Small scale accomodation (supporting 1 or 2 individuals)			
Additional accomodation Units for care-experienced children (transition)			
Additional residential placements to bring children in-region – placements to be not-for-profit or LA owned.			
Additional respite provision, based on Oaklands model.			
Integrated health and wellbeing centres			
Population group specific hubs			

GASP/Dementia Board: Plan on a Page Summary

Priority	PRIORITY DELIVERY TIMEFRAMES		
	Immediate/Short Term (0-1 yr)	Medium Term (1-4 yrs)	Long Term (5-10 yrs)
Supporting people to remain in their own home with appropriate adaptations			
Step up/down provision to support independence			
Additional respite support units			
Redevelop current stock to improve accessibility			
Additional older persons accommodation, with and without care			
Population group specific hubs			
Integrated health and wellbeing centres			
Additional nursing units			
Additional residential units			

MH & LD Strategic Partnership: Plan on a Page Summary

Priority	PRIORITY DELIVERY TIMEFRAMES		
	Immediate/Short Term (0-1 yr)	Medium Term (1-4 yrs)	Long Term (5-10 yrs)
Care Closer to home: Adaptations to support people to remain in their home			
Care closer to home: Additional MH and LD residential placements			
Additional supported living units/single accommodation for MH and LD			
More specialist provision – refuge			
Increased MH step up / down and rehabilitative provision			
Increased respite provision for people with LD			
Integrated hubs			
More specialist provision – step across facilities for substance misuse			
Population specific hubs			

7. Programme Governance and Delivery

7.1. Introduction

Gwent RPB was established in line with Part 9 statutory guidance on the development of Regional Partnership Boards which are the governing bodies for directing the creation and implementation of the joint Area Plan. The Capital Strategy is an enabler to the delivery of the Area Plan, and the governance of its delivery is therefore integrated with the overall governance approach set out for the Regional Partnership Board. The purpose of the board is also set out in Part 2 Code of Practice (General Functions).

Gwent RPB is the key leadership body to oversee all integration work across health and social care and to formally represent the interests of the local authorities, the Health Board and its key stakeholders.

The allocation of significant additional capital through the HCF and the potential to secure further capital for regional priorities through IRCF has required the RPB to consider how to strengthen its governance and delivery arrangements to deliver this strategy. Gwent RPB are currently undertaking a governance review, therefore the arrangements described herein are subject to change in the coming months pending the outcome of the review.

7.2. Governance arrangements

Gwent RPB's approach to governance recognises the need to strengthen its arrangements in a number of ways to reflect the significant increase in capital, further develop the capacity of local partnerships to bring forward schemes and their strategic fit, and accelerate the development, approval and delivery of schemes.

Figure 7.1 below presents the RPB's governance structure for delivery of this SCP. Details regarding the key stakeholder groups involved in SCP delivery are provided in section 5.4 below.

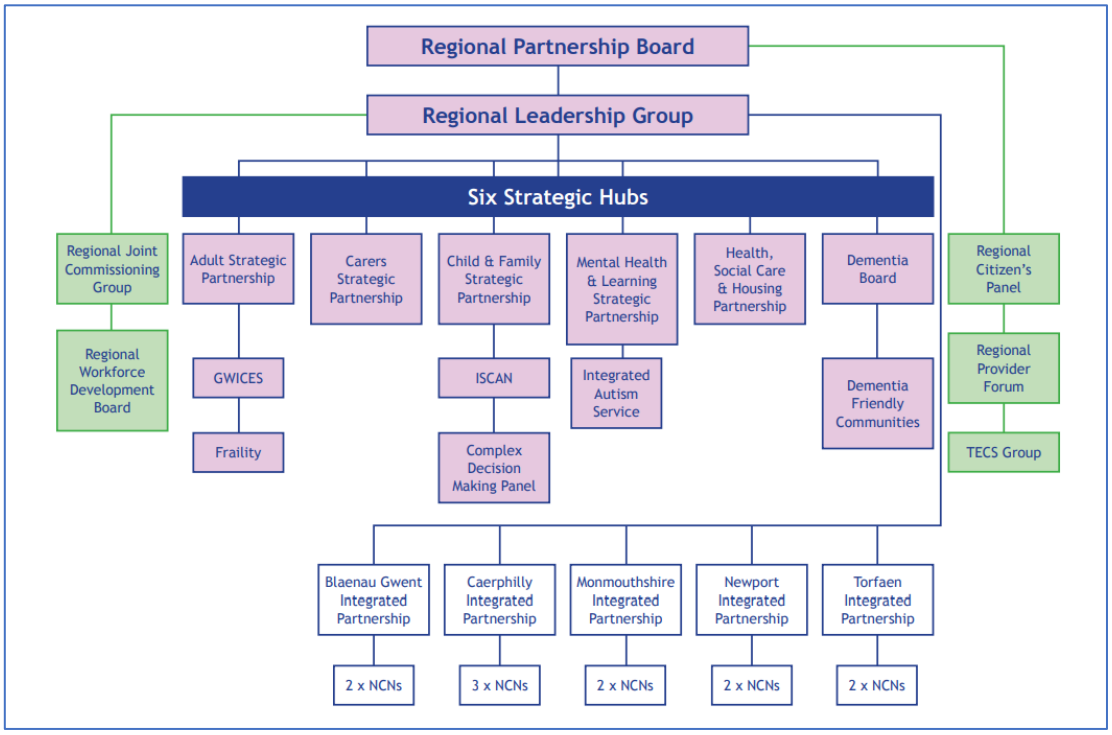


Figure 7.1, Gwent RPB governance structure

All schemes requiring a Business Justification Case (BJC), or Full Business Case (FBC) will need an appropriate Project Board, with structures in place to ensure that the following key processes for the Five Case Model are deployed:

- Setting out the **Strategic Case**.
- Developing options, benefits and option appraisal to inform the **Economic Case**.
- Capital and revenue planning, including workforce planning, to inform the **Financial Case**.
- Agreeing the host organisation and procurement route for the **Commercial Case**.
- Setting out integrated management arrangements for procurement, ongoing delivery, benefits realisation, plans for stakeholder engagement and risk management to inform the **Management Case**.

7.3. Stakeholder engagement

Gwent RPB is committed to the principle and practice of co-production with people with lived experience in all its programmes of work. This is mandated in law through:

- The principle of involvement as one of the five ways of working that forms part of the Wellbeing of Future Generations (Wales) Act 2015.
- The principle of ensuring Voice and Control as part of the Social Services and Wellbeing Act 2014.
- The duty on the NHS to involve and consult citizens in service planning and service change set out in Sections 183 and 242 of the National Health Services (Wales) Act 2006.

The approach to involving people with lived experience will therefore be designed specifically around each individual programme or project, through developing the understanding of how and where to engage people affected, using both existing mechanisms and bespoke approaches as appropriate.

Statutory partner organisations as key deliver partners will also be responsible for considering their respective statutory obligations in the development and delivery of schemes supporting the delivery of the Regional Capital Strategy and Plan.

7.4. Delivery arrangements

The Gwent RPB commit to providing dedicate strategic capital resource within the support team to facilitate the ambition set out in the regional capital strategy and plan, supporting all strategic partnerships to deliver in their endeavours to develop and deliver person centred models of care, integration of services and care closer to home.

7.5. Skills and capacity building

It is recognised that partner organisations already hold significant knowledge and skills in the development of capital business cases, particularly in relation to local authority Sustainable Communities for Learning Programmes and the NHS where use of the Five Case Business Case Model is embedded in practice.

To build capacity in the partnership, Gwent RPB will seek to:

- Continue to commission accredited training to build in-house capacity for the preparation of business cases.

- Continue to commission awareness-level training for staff involved in supporting the development of business cases, to provide a baseline understanding of the requirements of a Five Case Model (Green Book) and ensure an 'intelligent client' model.
- Build relationships with experienced business case writers within public services in Gwent to provide peer support in business case development.
- Commission external support for business case preparation where required and ensure an element of skills transfer is included in the contract.

7.6. Key risks

Figure 7.3 below outlines the key risks to delivery of this Strategic Capital Plan.

Risk	Mitigation
Workforce The biggest pressures facing health and social care are staffing shortages and recruitment challenges.	Development of models of care which incorporate greater integration and collaboration will result in staffing working differently. This will be supplemented by a collective understanding of organisational and service delivery needs so there is less competition across organisations for staff.
Capacity Capital requirements not being adequately identified and brought forward due to the lack of capacity within the RPB and partner organisations.	Development of Project Manager roles to support capital development programmes and partner organisations in identifying capacity needs.
Revenue Lack of available revenue funding to support capital scheme delivery, including but not limited to pump priming of staff resource, establishment of additional staff to support models of care, and ongoing revenue associated with building maintenance and management.	Feasibility studies and business case development will provide cost-benefit modelling, and can identify invest to save opportunities and efficiency gains within integrated models of delivery.
Eliminating profit agenda	A planned approach based on robust feasibility studies and close collaboration with Registered Social Landlords (RSLs). Regular monitoring, review and communication with Welsh Government.
Data Inconsistency of data availability and quality across the region leading to poor performance monitoring, demand and capacity data.	Consideration of policies, procedures and protocols for data sharing with the view to establishing a region-wide data platform.
Land and building availability	Application of asset transfer policies and greater involvement of RSLs and the community and voluntary sectors.

Risk	Mitigation
Commitment to joint working Siloed funding bids for capital requirements based on specific county needs, rather than a regional approach.	The strengthening of RPB governance systems, alongside the co-production of the Strategic Capital Plan and its collective annual review, will create greater understanding of need, solutions and innovation.

Figure 7.3, Key risks to SCP delivery

8. Approach to Decarbonisation

8.1. Introduction

There is a commitment to decarbonisation to support partner organisations in the RPB and Public Service Boards to achieve carbon net zero in the public sector by 2030.

8.2. Gwent RPB commitment to decarbonisation

Each partner organisation has set out its plans for decarbonisation within its own organisation. Gwent RPB will work to support the plans of each of these organisations through aligning its capital projects to each of these plans, where appropriate, and supporting investment in decarbonisation.

The strategic approach draws on the objectives and priorities set out by partner organisations as follows:

- Ensuring that all new developments funded through the SCP meet the highest standards of Net Zero throughout design, construction and procurement.
- Energy supply to new and existing facilities is from sustainable sources.
- Providing opportunities for partner organisations to decarbonise existing facilities with a long-term use beyond 2030 through HCF and IRCF.
- Supporting development that contributes to sustainable communities, accessibility and services closer to home.
- Supporting and, where appropriate, leading collaborative approaches to achieve Net Zero.
- Continue to adopt working practices within the RPB that take a digital-first approach and promote the use of public transport where face to face events are necessary.

Gwent RPB will incorporate actions against these approaches in its annual workplan, and report progress on them through the governance structure on an annual basis.

Design Principles

The RPB is committed to sustainable and future-proofing design principles to reduce negative impacts on the environment, and the health and comfort of the building occupants, thereby improving building performance. There are six fundamental principles which govern how sustainable buildings are designed and built. They are:

1. Optimise site potential.
2. Optimise energy use.
3. Protect and conserve water.
4. Optimise building space and material use.
5. Enhance indoor environment quality.
6. Optimise operational and maintenance practices.

The capital programme will be required to ensure sustainability in procurement and ambitiously apply these principles as well as adopt innovative technology and design to make buildings as attractive and comfortable as possible for individuals.

To meet this requirement, Gwent RPB will seek to ensure that all new developments funded through RPB capital funding enablers meet best practice guidelines and are aligned with all relevant Welsh Government guidance.

9. Appendix 1: Demand and capacity planning methodology and constraints

9.1. Introduction

To develop the strategic priorities in this plan, extensive data analysis was completed using a range of data sources, both quantitative and qualitative. Local authorities were critical in providing local data to support this analysis and provide quantitative evidence for current gaps to support the capital planning process.

Figure 9.1 below gives a summary of the sources of data used to complete this analysis.

Figure 9.1

9.2. Limitations of the data

Initially limited data was available on placements, so a further data collection exercise has been undertaken requesting placement data from each local authority by population group. Placement data is accurate as at 30th June 2023.

The data collected has not been extensively validated and is based on the best information available and will be used to aid consideration of priorities and planning approaches. Further validation and data collection will be required when moving into business case stage.

9.3. Interpretation of the data: Children and Young People

Figure 9.2 and 9.3 shows the estimated gap in need relating to repatriation of out of region placements, and demographic growth, by type of provision. The projected figures assume no change in models of care.

Children residential	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	25	24	22
Blaenau Gwent	4	4	3
Torfaen	9	9	8
Monmouthshire	8	8	7
Newport	14	15	15
Gwent	**60**	**59**	**56**

Figure 9.2: estimated need for children looked after

Care leavers	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	8	14	8
Blaenau Gwent	No data		
Torfaen	1	2	1
Monmouthshire	19	23	20
Newport	39	62	73
Gwent	**67**	**101**	**102**

Figure 9.3: estimated need for Care Leavers

9.4. What the data tells us: Children and Young People

- The number of children and young people across Gwent is forecast to reduce by 4% over the next 10 years.
- Figure 9.2 illustrates a relatively stable demand profile for children's residential services, as the trajectory of continued increase in the number of children looked after reflecting is offsetting by a reduction in children's population within four of the counties.
- The demand profile suggests that between 50 and 60 bed spaces are required to meet the population need and provide children's residential services within the region.
- If consideration is also given to the eliminating profit policy agenda, there are further within region reprovision opportunities that would result in the need profile increasing over the 10 year period.
- In considering how this need can be met, there is justification for a continued diversification of the children's residential model to support the range of interventions, compatibility considerations and tenure type as respite, crisis, short term and longer-term facilities.

Summary

The data provides some quantification for increased demand for residential care placements for children and young people.
Our qualitative analysis suggests that in addition to residential care we should invest in the provision of additional facilities, for example: respite provision, additional accommodation for 1 – 2 children and young people with care needs, and further variety in options for care experienced children.

The capital investment priorities are outlined in greater detail in section 3.9.

9.5. Interpretation of the data: Adults

Figure 9.4, 9.5, 9.6 and 9.7 show the estimated gap in need relating to repatriation of out of region placements, and demographic growth, by type of provision. The projected figures assume no change in models of care.

MH – nursing & residential	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	8	8	8
Blaenau Gwent	0	0	0
Torfaen	4	4	3
Monmouthshire	16	15	12
Newport	12	17	22
Gwent	**40**	**44**	**44**

Figure 9.4: estimated need for Mental Health – nursing and residential

MH - supported living	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	0	0	0
Blaenau Gwent	0	0	0
Torfaen	0	0	0
Monmouthshire	1	1	0
Newport	4	5	6
Gwent	**5**	**5**	**6**

Figure 9.5: estimated need for Mental Health – supported living

LD – nursing & residential	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	7	7	6
Blaenau Gwent	8	8	7
Torfaen	2	2	2
Monmouthshire	21	21	19
Newport	26	34	41
Gwent	**64**	**71**	**75**

Figure 9.6: estimated need for Learning Disability – nursing and residential

LD - supported living	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	0	0	0
Blaenau Gwent	6	5	3
Torfaen	1	1	0
Monmouthshire	8	8	6
Newport	8	9	10
Gwent	**23**	**22**	**19**

Figure 9.7: estimated need for Learning Disability – supported living

9.6. What the data tells us: Adults

- Wider data analysis and stakeholder feedback suggests that there are an estimated 6,500 people living with learning disabilities in Gwent that are unknown to services. All local authority areas in Gwent are predicted to see an increase in this population group.

- Analysis of locally provided data and population growth shows that there are currently gaps in provision that will see a modest increase in demand by 2033. The data shows that unless there is regional investment in mental health nursing, residential and supported living services, there will remain a large number of people with mental health issues living out of region over the next 10 years.
- This is also the case for LD/ASD at both a regional and county level. Unless investment is made within region, there will remain a large number of people with LD/ASD out of both region and county.
- The largest area of need is nursing and residential care for both mental health and learning disability.
- It should be noted that this modelling does not take account of any desirable changes in the pattern of provision, for example the ambition that wherever possible people with MH or LD are supported to live independently in their own homes within the community.
- Low numbers for step up/step down were recorded as part of the asset data collection. Yet a clear need for further provision in this area was identified with stakeholders.
- Bariatric needs were not captured through the data analysis, although stakeholders consistently referred to growing need.
- There was no strategic capital need for future investment identified in relation to people with a hoarding disorder. There are a range of other recommendations in relation to this specific group.

Summary

The data provides quantification for overall increased demand for nursing, residential and supported living for adults with MH and LD. The high number of service users not currently engaged with care services may mean that this is an underestimate. It is therefore important to invest in non-residential community support to enable these individuals to remain at home, with support if needed.

Our qualitative analysis suggests that in addition to residential care we should invest in the provision of additional facilities, for example: refuge places, step-across facilities' for substance misuse; a framework approach to adaptations; extend respite provision for people with LD.

The capital investment priorities are outlined in greater detail in section 4.8.

9.7. Interpretation of the data: Older people and People with Dementia

Figure 9.8, 9.9 show the estimated gap in need relating to demographic growth, by type of provision. The projected figures assume no change in models of care.

Older people - nursing	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	20	55	97
Blaenau Gwent	3	10	16
Torfaen	2	16	36

Monmouthshire	24	50	80
Newport	11	37	67
Gwent	**60**	**168**	**296**

Figure 9.8: estimated need for Older People - nursing

Older people - residential	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	18	66	123
Blaenau Gwent	5	20	33
Torfaen	1	7	15
Monmouthshire	15	53	98
Newport	13	40	71
Gwent	**52**	**186**	**340**

Figure 9.4: estimated need for Older People - residential

9.8. What the data tells us: Older People and People with Dementia

- The population of Older People and Older People with Dementia is forecast to increase significantly over the next ten years. This is proportionately reflected in the forecast increased demand described in the tables above. The data shows a specific challenge for future provision in Gwent for residential and nursing care. Unless there is a significant shift in service delivery there is an estimated need for an additional 296 nursing placements and 340 residential placements in the next 10 years.
- However, stakeholder engagement indicates that the preference of older people and people with dementia, and service providers and commissioners, is to develop alternative models of care, particularly in terms of residential care provision.
- The asset collection data showed a wide range of provision for older people in social housing already exists. Some RSLs report that ex-sheltered schemes have been or could be further repurposed for other types of accommodation for older people.
- There is requirement for a diversity of housing options when independence cannot be maintained at home. Options beyond independent living could include supported accommodation and extra-care as alternatives to keeping people as independent as possible.
- Our capital plan therefore assumes alternative models are put in place to meet the needs of those who would have otherwise required residential care. The plan assumes that nursing care demand will be less amenable to alternative models of care meaning that some additional nursing bed capacity will be required.
- Further work is needed to better understand the impact of preventative models of care to enable us to further refine the nursing home requirement.

Summary

The data provides quantification for overall increased demand for nursing and residential care for Older People and People with Dementia. The demand for this kind of provision can be in part be offset by provision of alternative models of care, including those with a preventative focus. This is reflected in the capital priorities for this group which includes: additional respite support placements, provision of additional housing with care, step-up and step-down provision; investment in digital innovation including the use of assistive technology.

The capital investment priorities are outlined in greater detail in section XXX.

The Gwent Regional Strategic Capital Plan has been developed by the Gwent RPB Partnership & Integration PMO, with the support of the following partners:

Attain Management Consultants
HICO
Institute of Public Care, Oxford Brookes University
Sirius Partners

GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 November 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Partnership Board (RPB) – Progress Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Christopher Dawson-Morris, Deputy Director of Strategy and Planning

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

Ar Gyfer Trafodaeth/For Discussion

The purpose of this report is to provide the Committee with an update on the recent governance review of the RPB, clarity on the RPB's actions to take forward the recommendations, and the proposed approach to the strategic prioritisation session required for the RPB to clearly define its objectives and priorities.

The governance review is appended to this report, for information and context.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

An independent governance review of the Gwent Regional Partnership Board (RPB) has been undertaken as per the scope. The scope consisted of a robust review and assessment of the following key areas:

- ✓ governance framework,
- ✓ financial governance,
- ✓ risk management,
- ✓ escalation and reporting to partnership bodies,
- ✓ openness and transparency and
- ✓ business processes.

This report seeks to provide the Committee with clarity on how the recommendations will be addressed by the RPB.

Cefndir / Background

The Committee will be aware that the RPB is required to be a fundamental structure in setting the strategic direction to address the health inequalities across the Gwent area. The governance review established that the RPB has had limited structured development in recent times, therefore, the RPB should put in place dedicated time to focus on the strategic priorities for the RPB. The report also suggests that a structured development programme for the RPB should be developed, which focuses on building trust and cohesion amongst the members to support good relationships and effective partnership working.

The governance review identified that the current governance framework for the RPB has many elements of good governance; however, the documentation was too complex and needed to be simplified into an overarching governance framework, including clear a scheme of delegation, communicated to all Partners.

There needed to be a more coordinated approach in the planning of meetings to ensure that the Regional Leadership Group and Strategic Partnerships meet before the RPB, therefore, allowing issues to be escalated effectively. The role of the Regional Leadership Group also required further strengthening so that it can focus on oversight of delivery and outcomes.

In line with good practice, each of the Strategic Partnerships already provide escalation updates to the RPB as part of the governance/reporting cycle. However, these updates were often verbal and, therefore, narrative-based and contain excessive detail. Work will be undertaken to formalise these updates into written reports that focus on assuring the RPB regarding the delivery of the elements of the Area Plan assigned to the respective Strategic Partnerships.

Asesiad / Assessment

The independent review highlighted 13 findings against the scope outlined above. A task and finish group is due to be established and will include Health Board representation (Director of Public Health) including governance expertise from the Director of Corporate Governance. In addition to social care representation and an equivalent governance professional from Torfaen Local Authority.

It is anticipated that the proposed management responses and actions will enable the efficient and effective delivery of a system of internal control and assurance across the RPB and its supporting structures.

The RPB will be hosting a strategy development session in November 2023.

Argymhelliad / Recommendation

The Committee is asked to **note** the recommendations highlighted within the governance review and **note** the establishment of a governance task and finish group.

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 2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers 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	**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.

Governance Review

Gwent Regional Partnership Board

Pam Wenger Governance

Client: Gwent Regional Partnership Board
Project name: Governance Review, Regional Partnership Board
Document name: Gwent RPB Draft 0.3

Draft Report Date: 31 August 2023

This document has been prepared by Pam Wenger. This report was commissioned by Gwent Regional Partnership Board. Due care and attention have been taken to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed.

This report is prepared solely for the use by the Regional Partnership Board.

TABLE OF CONTENTS

1. Executive Summary	4
2. Background	7
3. Methodology	9
4. Key Findings	10 - 22
Appendices Appendix 1: Membership of the Regional Partnership Board Appendix 2: Interview List Appendix 3: Document List Appendix 4: Example Templates	23 -35

1. EXECUTIVE SUMMARY

An independent governance review of the Gwent Regional Partnership Board (RPB) has been undertaken as per the scope outlined on page 7. The review findings are set in accordance the five elements of the scope : governance framework, financial governance, risk management, escalation and reporting to partnership bodies, openness and transparency and business processes. The overall conclusions are summarised below, followed by a more detailed summary of findings and recommendations on page 6.

1.1 Governance Framework

The Regional Partnership Board (RPB) needs to play a stronger role in setting the strategic direction to address the health inequalities across the Gwent area. It is understood that the RPB has had limited structured development in recent times, and as a matter of priority, the RPB should put in place dedicated time to focus on the strategic priorities for the RPB. It is also suggested that a structured development programme for the RPB should be considered, which focuses on building trust and cohesion amongst the members to support good relationships and effective partnership working.

The current governance framework for the RPB has many elements of good governance; however, the documentation is too complex and needs to be simplified into an overarching governance framework, including a scheme of delegation. There needs to be a more coordinated approach in the planning of meetings to ensure that the Regional Leadership Group and Strategic Partnerships meet before the RPB, allowing issues to be escalated effectively. The role of the Regional Leadership Group needs strengthening so that is it focusing on oversight of delivery and outcomes.

In line with good practice, each of the Strategic Partnerships provides escalation updates to the RPB as part of the governance/reporting cycle. However, these updates are often verbal and, therefore, narrative-based and contain excessive detail. Work should be undertaken to formalise these updates into written reports that focus on assuring the RPB regarding the delivery of the elements of the Area Plan assigned to the respective Strategic Partnerships.

1.2 Financial Governance

There are sound financial governance arrangements in place at the RPB level. It was noted that very detailed reports are provided to the RPB, setting out the revenue and capital position. These reports could be improved by focusing on the financial risks and their impact.

Currently, there is no scheme of delegation in place, and therefore any financial decisions are escalated to the RPB. The introduction of a scheme of delegation will streamline the decision-making process and it is anticipated to reduce the need for Chair's Action in between meetings of the RPB.

The process for undertaking Chair's Action is sound; however, there are some minor suggestions to improve this process. The use of Chair's Action should be reserved for 'exceptional' circumstances only. There have been occasions whereby due to a lack of strategic planning there has been no other option but to secure Chair’s Action, this has left the Chair and others in a very

difficult position. The RPB should set out the circumstances in which Chair's Action may be invoked as a matter of priority.

1.3 Risk Management

The RPB does not have an agreed approach to risk management; therefore, as a priority, the RPB should consider developing a Risk Management Framework. This framework will set the expectations regarding the frequency of risk reviews at all levels within the RPB governance structure.

1.4 Escalation and Reporting

Where decisions require escalation to the Statutory Body, this is undertaken by the respective Lead Director on the RPB, supported by the Regional Head of Partnerships. There is no standard report submitted from the RPB to the partner bodies following the meetings, and this is an improvement that the RPB may wish to consider.

1.5 Openness and Transparency

The observation of the RPB meeting in July 2023 is that, while there are efforts for it to operate in an open, transparent, and respectful manner, this is challenging at times. The meetings of the RPB were run professionally, following many areas of good practice; however, there is scope for improving the effectiveness of the debate, as observed discussions were limited on some of the agenda items. The RPB has the opportunity to refresh its approach with changes to the membership over recent months, and alongside these changes presents an excellent opportunity to focus on a programme of development to support ongoing board effectiveness.

1.6 Business Processes

There were several areas of good practice highlighted as part of this review. Some of the business processes require some refinement about the coordination and preparation of meetings. However, there was a lack of standardisation in governance arrangements and reporting, resulting in poor papers. This issue needs to be tackled as a priority.

1.7 Good Practice

The review has identified areas of good practice, including:

- A strong commitment to resolving some long-standing issues and to take a regionally led approach;
- A committed and credible ‘Board’ with strong relationships with local organisations;
- Good executive visibility and attendance at the RPB meetings;
- Agenda brief template used by the Citizen’s Panel is clear and simple and an example of good practice that could be utilised across the RPB; and
- Governance log/decision log in place.

1.8 Recommendations

This review has been undertaken to provide the Gwent Regional Partnership Board with an independent view of the current governance arrangements, and therefore the reviewer makes the following recommendations:

R1	Develop an overarching Governance Framework that sets out how the RPB will conduct its business. This should include how the RPB will work with it's partners and how the ISPBs fit into the overarching framework.
R2	Review and simplify the terms of reference for the RPB and reporting groups. Use this as an opportunity to review and rationalise the RPB's internal governance structure. This should ensure that reporting lines are appropriate, meetings have a clear purpose, and there is no duplication of work and effort. Additionally, ensure that meetings are appropriately attended.
R3	Develop the Regional Leadership Group's role to provide the RPB with assurance concerning all aspects of setting and delivering the strategic direction for Gwent RPB in line with the Vision.
R4	Review the current process of Chairs Action which will include setting out the circumstances in which Chairs Action may be invoked and outlining why the matter was considered to be urgent and why an extraordinary meeting could not be arranged. The cover paper to the RPB must outline the reasons for the Chairs Action and why the decision could not wait until the next meeting of the RPB.
R5	Develop a Risk Management Framework that sets out the approach and arrangements for risk management within the Regional Partnership Board (RPB); and arrange a development session for members of the RPB to agree on the 'risk appetite' for the RPB.
R6	Consider and agree the formal reporting mechanisms and frequency for the reporting to the Partnership Bodies and in doing so, further develop the decision log to capture details of the decision-making process by statutory bodies.
R7	Review what and how external messaging needs to take place.
R8	Review the current website to make information related to RPB meetings publicly available. At a minimum, this should include agenda, minutes, and papers.
R9	Develop a 'communication brief' following each RPB meeting, which should be shared with all Partners to aid consistent messaging across the RPB.
R10	The PMO should agree on a mechanism for sharing their processes so that they are accessible to all members.
R11	Develop a 'house-style' for the RPB outlining the requirements for papers, including the length of papers, timescales, and language (avoiding the use of acronyms).
R12	Review current processes for the circulation of papers by clarifying the expectations and timescales for papers with all members/sponsors.
R13	Develop Conflicts of Interest Policy and ensure that on appointment and annually that all members have declared any interests.

2. BACKGROUND

2.1. Introduction

The Greater Gwent Health, Social Care and Well-being Partnership Board is a key partnership body; established to lead and guide the implementation of the Social Services and Well Being (Wales) Act 2014 in the Greater Gwent area (covering the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen), sitting within the footprint of the Aneurin Bevan University Health Board area.

In June 2023, Pam Wenger, Governance was appointed to undertake a governance review of the Gwent Regional Partnership Board (RPB). The purpose of the review was to provide an independent perspective on the current RPB governance arrangements in place, specifically focusing on:

a) a clearly defined governance framework, including clarity on roles, responsibilities and delegated priorities/objectives, accountability and performance arrangements and clear delegated decision making, at all levels of the RPB's governance model;
b) sound financial governance arrangements, in-line with the Health Board's Financial Governance Framework (as the accounting organisation), to include matters such as the appropriate use of Single Tender Action and budgetary control;
c) robust arrangements for the timely escalation of risks and issues to the RPB, including effective risk management arrangements;
d) effective arrangements in place to ensure appropriate escalation of risks and confirmation of decision making to statutory bodies and/or referral of matters requiring decisions to be taken by statutory bodies;
e) effective arrangements to ensure that the RPB operates with openness and transparency (as appropriate); and
f) effective business processes to ensure meetings can operate in-line with good governance principles and practices, including timely, clear and concise papers are provided to support decision making and effective scrutiny and oversight.

The scope of this review was focussed on the responsibilities of the RPB only.

Regional Partnership Boards

Regional Partnership Boards have been established as part of the **Social Services and Well Being Act** to:

- Improve the well-being of the population; and
- Improve how heath and care services are delivered

All Regional Partnership Boards must:

- Produce a regional population assessment;
- Produce a regional area plan;
- Prove a regional annual report; and
- Demonstrate citizen engagement and co-production.

Legislative Background

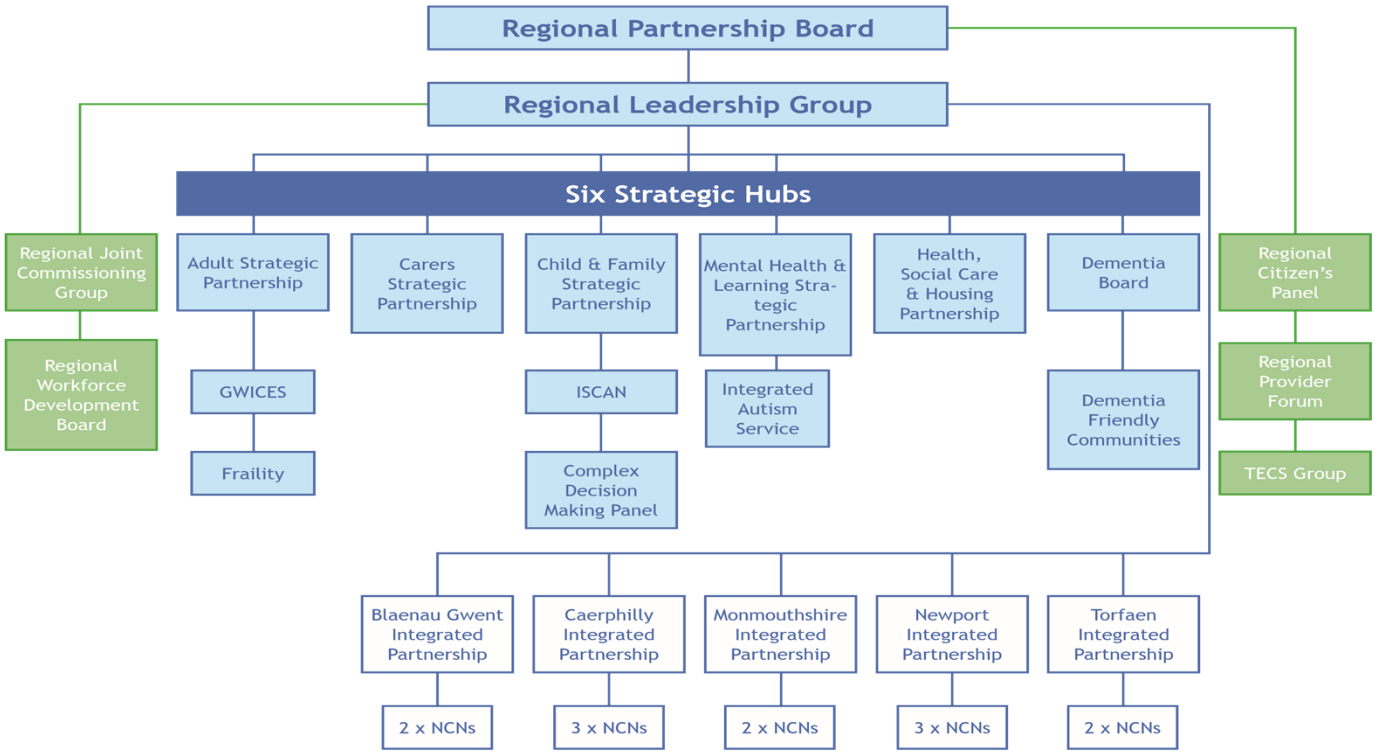
Section 33 of the **National Health Service (Wales) Act 2006** ("the 2006 Act") enables local authorities and Local Health Boards to develop formal partnerships and to delegate functions from one body to the other.

This legislation enables a local authority to delegate certain specified functions to the Local Health Board, or for the Local Health Board to delegate certain specified functions to the local authority. The legislation also provides for the development of integrated services, integrated commissioning and arrangements. for pooled funds.

2.2. Current Governance Structure

The RPB has established a partnership governance structure (as shown below). The Regional Leadership Group's role is to report progress of underpinning strategic partnerships and directly to RPB and the role of the six Regional Strategic Partnerships is to focus on delivery of the Area Plan and outcomes for citizens.

The terms of reference for all of the groups follow a consistent format which is split into two parts; Section A: Strategic intent, objectives and functions and Section B: Regional Partnership Board Membership, Operational arrangements and meetings.



2.3. Membership of the Regional Partnership Board

The RPB has established the Partnership Board in accordance with Partnership Arrangements (Wales) Regulations 2015 (**Appendix 1**).

There have been some changes in membership of the Regional Partnership Board over the last year, and the Statutory Partners should review their current membership to ensure it is in line with the Partnership Arrangements (Wales) Regulations 2015.

3. METHODOLOGY

The review was undertaken during July 2023 which has included:

- Semi-structured interviews with members of the Regional Partnership Board
- Semi-structured interviews with key staff working within and supporting the Gwent Regional Partnership Board
- Reviewing relevant documentation
- Meeting observations, including Regional Partnership Board meeting (July 2023) and Leadership Group (August 2023)

The full list of those interviewed is attached at **Appendix 2**.

The review was undertaken solely by Pam Wenger (Governance Advisor).

3.1 Limitations

The review is limited to the documentation that was provided to the reviewer during the time period described to meet the short timescales for this review. Many documents were not available or in existence, and therefore the recommendations from this review will be on the basis on the interviews conducted and the information that has been provided. A copy of the documentation requested, is attached at **Appendix 3.**

3.2. Acknowledgements

The reviewer would like to thank everyone who has made themselves available for interviews and to those who provided project support and documentation for review.

4. KEY FINDINGS

4.1. Governance Framework

A clearly defined governance framework, including clarity on roles, responsibilities and delegated priorities/objectives, accountability and performance arrangements and clear delegated decision making, at all levels of the RPB's governance model

There is a governance framework in place which includes interim terms of reference for the Regional Partnership Board (RPB). The terms of reference document the various roles and responsibilities of members; however, further work is required to ensure members fully understand their responsibilities.

4.1.1 Membership of the RPB

The recent Chair appointment is universally seen as positive, strengthening the RPB in several ways, including a strong focus on governance, as well as the challenge and oversight brought to the meetings. However, a few members presented a view that the RPB may wish to consider the merit of appointing an Independent Chair in the future. This is something the RPB should discuss as part of any future arrangements in terms of the appointment of the Chair.

The Membership of the RPB should be reviewed, as there are more members from the Health Board than permissible, creating an unbalanced membership across the partners. The RPB has experienced changes in membership over the last year, which has presented challenges as new members are settling into their roles. New appointments, especially those in their first executive or non-executive roles, may also benefit from specific support from the Partnership Team to help them get up to speed. The introduction of an induction process will assist new members in settling into the role.

The barriers to partnership working between the statutory and voluntary and third sector within the context of commissioning, service design, and delivery are well documented. There were some key messages highlighted in the review on how the RPB works with the non-statutory bodies and the role and contribution of the sector at a local level. The RPB should consider focusing on the contribution of the sector by building this into the work programme for the RPB.

The members of the RPB are regarded as experienced and credible. A review of the profiles of the members of the RPB demonstrates a broad range of skills and experience available to the RPB. However, there were occasions where this experience was not always evident in the meetings, particularly in terms of robust challenge and scrutiny. Members of the RPB play a key role in ensuring the partnership is led and governed effectively. Therefore, the RPB should commit to a Development Programme, including an emphasis on partnership working, setting priorities, as well as providing assurance and constructive challenge.

4.1.2 Vision and Strategy

The RPB has a clear statement of vision, which is published on its website (About Us - Gwentrpb).

The reviewer understands that a further review of the Area Plan will take place to align it with the Marmot Principles. Furthermore, it was evident from the interviews that members of the RPB would welcome clarity and a shared understanding of the key priorities for the RPB in the next 3-5 years. The members of the RPB are very committed to delivering transformational change for the population of Gwent. However, some members expressed frustration that significant effort is spent on processes without yielding substantial outcomes.

4.1.3 Relationship between the Regional Partnership Board and Public Service Board

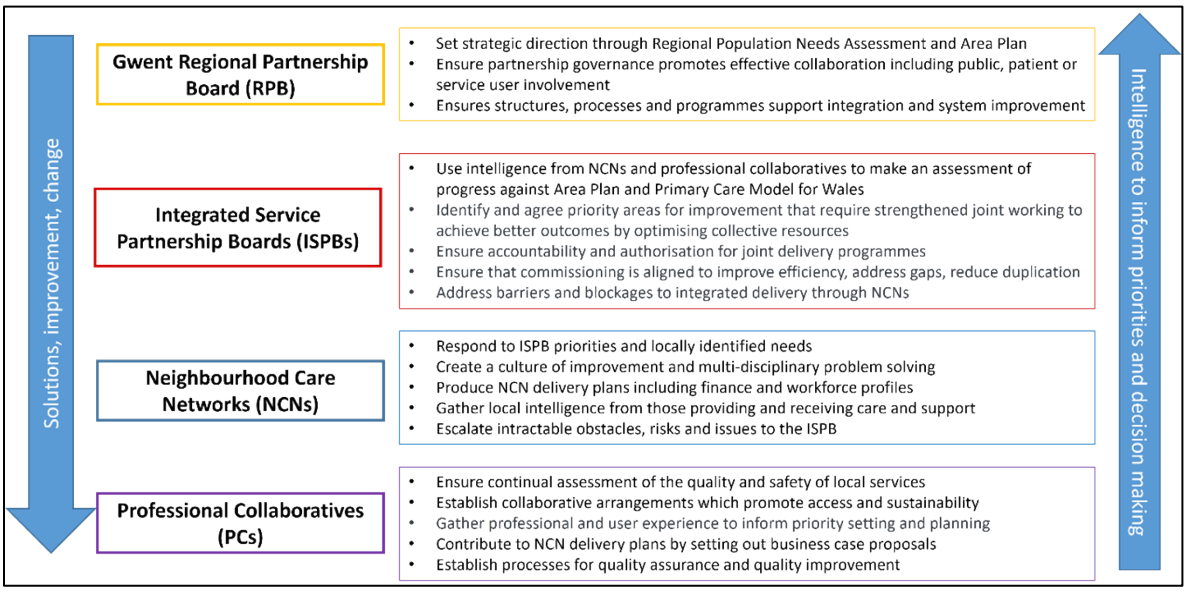
The statutory partnership landscape is complex and clarity is required in terms of the responsibilities and accountabilities of the RPB and the Gwent Public Service Board. Whilst it is appreciated that regular meetings take place with representatives attending respective meetings, the RPB should explore ways of working and agree a partnership agreement so that there is clarity in terms of roles and responsibilities. This agreement should outline how issues are escalated between the two bodies and also ensure good working relationships are fostered.

4.1.4 Accelerated Cluster (Neighbourhood Care Network) Development Programme

In 2021/22, the Strategic Programme for Primary Care introduced an Accelerated Cluster Development (ACD) Programme to ensure more rapid implementation of the Primary Care Model for Wales (PCMW) and to address system barriers.

The Programme includes the introduction of Professional Collaboratives (PCs) and Pan Cluster Planning Groups (PCPGs) to broaden and strengthen clinical engagement and to increase the influence from the community to Regional Partnership Board (RPB) level.

There has been a great deal of work progressed in Gwent about the role and functions of the PCPGs, It was noted that a series of development sessions has taken place and an agreement that the Integrated Service Planning Boards (ISPBs) should take on the role of the Pan Cluster Planning Groups (as detailed below).



As it currently stands, the current governance structure (as detailed in 2.2) does not provide a mechanism for the work of the Integrated Service Partnership Boards (Blaenau Gwent, Caerphilly, Monmouthshire, Newport, and Torfaen) to feed into one of the six strategic hubs. In considering the revised governance structure, it is important not to duplicate the work of the groups but at the same time ensure that there is appropriate scrutiny and information flow between the groups.

Given regional partnership boards do not have a legislative basis for commissioning health and care services, the statutory partners will need to formally delegate this responsibility to the RPB. Whilst this would be a delegated responsibility, the oversight and delivery of the delegation should be via the Regional Leadership Group and assurance to the relevant statutory body.

The RPB should consider the following:

- Adopting the terms of reference for Pan Cluster Planning Groups with clear lines of accountability to statutory bodies including ways of reporting through to the RPB;
- Agree a set of partnership principles between the RPB and the ISPBs;
- Develop a written agreement between the Health Board and the Regional Partnership Board in respect of any commissioning arrangements delegated to ISPBs;
- Ensure these arrangements form part of the overarching governance framework for the RPB; and
- In reviewing the priorities of the RPB (as referred to in 4.2.1) consider the current Strategic Hubs in terms of alignment and agree on how the ISPBs will report to the hubs.

4.1.3 Scheme of Delegation

There is currently no Scheme of Delegation in place for the RPB. However, work has commenced on a Draft Scheme of Delegation, based on the West Glamorgan RPB Governance Framework.

The following observations relate to the governance framework:

1. The Governance Framework has many good elements; however, there is significant duplication in the documentation and therefore in parts makes the framework unworkable;
2. The RPB should consider the relationship with the PSB and also how the ISPBs fit into the overarching governance framework; and
3. The RPB should consider introducing a scheme of delegation as part of establishing a refreshed Governance Framework for the RPB.

Recommendations

R1	Develop an overarching Governance Framework that sets out how the RPB will conduct its business. This should include how the RPB will work with it's partners and how the ISPBs fit into the overarching framework.
R2	Review and simplify the terms of reference for the RPB and reporting groups. Use this as an opportunity to review and rationalise the RPB's internal governance structure. This should ensure that reporting lines are appropriate, meetings have a clear purpose, and

	there is no duplication of work and effort. Additionally, ensure that meetings are appropriately attended.
R3	Develop the Regional Leadership Group's role to provide the RPB with assurance concerning all aspects of setting and delivering the strategic direction for Gwent RPB in line with the Vision.

4.2. Financial Governance Arrangements

Sound financial governance arrangements, in-line with the Health Board's Financial Governance Framework (as the accounting organisation), to include matters such as the appropriate use of Single Tender Action and budgetary control

4.2.1 Financial Governance

The funds allocated to the Gwent RPB flow through the Health Board, and therefore, the Health Board's Financial Governance Framework must be adhered to. During interviews, a common theme was highlighted regarding transparency, especially concerning the financial information reported to the RPB. Some interviewees expressed a view that there was a lack of clarity in processes, such as the bidding for funding.

The July 2023 RPB meeting included several detailed financial updates for the RPB, providing an overall financial summary for 2023/24, including revenue and capital, and making several recommendations for the RPB's consideration.

One of the recommendations contained within the financial update was to consider the decision of the Dementia Board to support the development of the Mild Cognitive Impairment (MCI) clinic pathway in ABUHB. On review of the meeting papers for the Dementia Board in June 2023, the paper was approved, and therefore, escalation to the RPB via the Finance Report was appropriate.

4.2.2 Chairs Action

During the interview process, challenges regarding timely decision-making were raised. Furthermore, the Chair of the RPB has consistently raised her concerns during the RPB meetings regarding the use of Chairs Action.

A review of the RPB meeting papers has highlighted two recent examples where Chairs Action was undertaken on behalf of the RPB due to the urgency of the decisions required. As a result of the often urgent timing of decisions, the Chair of the RPB has found herself in a difficult position to reach decisions on behalf of the RPB.

There were two requests for Chairs Action in February 2023:

- Drawdown funding of £50,000 for the National Health Programme dated 23rd February 2023.
- Drawdown funding of £200,000 in relation to the Integration and Rebalancing Capital Revenue Support dated 23rd February 2023.

A review of the Chairs Action paperwork revealed that the Chair of the Regional Leadership Group, the Vice-Chair, and the Chair signed the Chairs Action. For the second request (drawdown funding of £200k), the Chair specifically requested that the details of the schemes be considered by the

Regional Leadership Group at the next meeting. However, the minutes of the Regional Leadership Group dated 17th April 2023 do not record any discussion on this item.

While there is a good understanding of the RPB's financial position, as highlighted in the interviews and by reviewing meeting papers, it was not always applied in decision-making at the RPB level. For example, during the meeting in July 2023, the discussion on the Capital Plan received very little airtime compared to other items on the agenda, such as the Small Grants Fund and Allied Professionals Proposal.

The RPB seems to be primarily focused on operational issues, such as processes and financial decisions. Moving forward, there should be a greater proportion of time focusing on strategic change and delivery, with assurances on the progress of the programmes reported through the governance structure.

4.2.3 Single Tender Action

The RPB must comply with the Health Board's Standing Financial Instructions in relation to tendering of goods and services. There is a process in place in relation to Single Tender Actions and these are reported to the Audit, Risk and Assurance Committee of the Health Board.

The audit trail provided in relation to a Single Tender Action relating to the Integration and Rebalancing Capital Fund (IRCF) was reviewed. It is evident from the information reviewed that the RPB was at risk of losing the funding due to an apparent delay in the processes followed by the PMO and therefore, putting the Chair and the RPB in a difficult position of making decisions in a rushed manner and therefore the normal governance process could not be followed.

The decision-making process followed in this instance could leave the RPB exposed and therefore it is critical that proper planning, engagement, and appropriate governance is implemented in the future. In this instance, this also had an impact in terms of the procurement process as the normal timescales could not be followed and therefore due to the 'unique' piece of work, Single Tender Action was approved.

The Governance Framework for the RPB should include references to the processes to be followed to avoid any lack of clarity.

The following observations about financial governance are as follows:

1. The Chairs Action appears to have been in accordance with the Health Board's Financial Governance Framework. However, the process and documentation in relation to Chairs Action could be strengthened. A cover report should accompany the template used, outlining the proposal, risks, and decisions required.
2. There appears to have been very little forward thinking or strategic planning regarding the meetings of the RPB, Regional Leadership Group, and the Strategic Partnerships. For example, the items that were subject to Chairs Action in February 2023 were not highlighted during the January meeting of the RPB.
3. A clear scheme of delegation would simplify the decision-making process and enable decisions to be made by the appropriate group with escalation as necessary.

4. The RPB should not use Single Tender Action as a fallback position, robust processes must be put in place to ensure that timescales for projects are taken into full consideration for procurement of services.

Recommendations

R4	Review the current process of Chairs Action which will include setting out the circumstances in which Chairs Action may be invoked and outlining why the matter was considered to be urgent and why an extraordinary meeting could not be arranged. The cover paper to the RPB must outline the reasons for the Chairs Action and why the decision could not wait until the next meeting of the RPB.

4.3. Risk Management

Robust arrangements for the timely escalation of risks and issues to the RPB, including effective risk management arrangements.

The members of the RPB did not have a clear understanding of the approach to risk management, albeit risks relating to individual programmes of work are considered and highlighted at a partnership level. It was noted that the RPB should receive the Programme Risk Register quarterly.

Each of the statutory partners has risk management policies in place; however, it is unclear from the review of the meeting papers and discussions with members of the RPB how risks are managed. Therefore, the development of a risk management approach for the RPB is required.

4.3.1 Risk Register

There was no risk register available at a Regional Partnership level that could be reviewed. Examples of papers were provided, which included references to risks; however, these were not described as expected, and there was no scoring mechanism. Therefore, from an RPB governance perspective, it will be challenging for members to understand the link between the delivery of the Area Plan, which has been aligned to the Strategic Partnerships, and the consideration of risk at the RPB level.

The RPB should be focused on the level of risk appetite it is willing to accept over the transformation of services for the population of Gwent.

The following observations about how the RPB manages risk are as follows:

1. There was no risk management framework in place that has been agreed by the Regional Partnership Board;
2. Papers submitted to the RPB and the Strategic Partnerships did not reference risks to the RPB; and
3. The Members of the RPB appeared to be unclear on the current arrangements in place to manage risk, and therefore, they are unclear about the levels of risk the RPB is willing to take.

Recommendation

R5	To develop a Risk Management Framework that sets out the approach and arrangements for risk management within the Regional Partnership Board (RPB), and arrange a development session for members of the RPB to agree on the 'risk appetite' for the RPB.

4.4. Decision-Making by Statutory Bodies

Effective arrangements in place to ensure appropriate escalation of risks and confirmation of decision making to statutory bodies and/or referral of matters requiring decisions to be taken by statutory bodies

Where matters require escalation for decision by Statutory Bodies, this is undertaken by the Lead Director of the respective organisation and supported by the Head of Partnership for the RPB. Examples of reports submitted to the Statutory Bodies have been reviewed; for example, population needs assessment and market stability report.

However, the processes about risk management and escalation do not appear to be in place. No examples were provided where risks have been escalated to the relevant partnership body.

On a positive note, the Partnership Team keeps a log of all decisions made by the RPB, which is considered good governance practice. To enhance this practice, the log should be further developed to include items that require escalation to the relevant statutory bodies for decision-making and confirmation of the date the decision has been made by the respective statutory body. For cases that need decisions from statutory bodies, a standard report should be developed.

The following observations are made about how the RPB escalates matters for decision by the statutory bodies:

1. Arrangements are in place for matters requiring escalation to statutory bodies;
2. The Partnership Team supports Directors in preparing reports and attending meetings to provide necessary support; and
3. A log of decisions undertaken by the RPB is maintained by the Partnership Team.

Recommendation

R6	Consider and agree on the formal reporting mechanisms and frequency for the reporting to the Partnership Bodies and in doing so, further develop the decision log to capture details of the decision-making process by statutory bodies.

4.5. Openness and Transparency

Effective arrangements to ensure that the RPB operates with openness and transparency (as appropriate).

4.5.1 Accessible Information

All members of the RPB are committed to ensuring transparency and openness in its operations and are eager to explore ways to achieve this. One effective method to increase transparency is by making information more readily available on the RPB website. While the website currently includes relevant information about RPB members, it could be strengthened by providing additional details about the RPB's business practices, along with links to the agenda and minutes of the meetings, at the very least. For instance, the Gwent Public Service Board follows this practice by publishing the agenda and the full set of papers, and this is an approach the RPB should consider adopting.

4.5.2 Communication

Currently, there is no mechanism in place to centrally communicate the decisions of the RPB following the meeting, and feedback to the statutory organisations is through the respective Lead Director.

During discussions with members, it was felt that a corporate report/briefing after the meeting would be extremely helpful and could serve multiple purposes. The Partnership Team should consider implementing this briefing arrangement going forward.

It was noted that there is a draft Communication and Engagement Strategy in development, which will now be finalised with the inclusion of the Welsh Government guidance and the new Part 2 Code of Practice regarding Co-Production. As part of the review of the Communication and Engagement Strategy, the RPB should consider how it wishes to engage with its stakeholders and, in doing so, ensure that the RPB conducts its business in an open and transparent manner.

The following observations relate to how the RPB operates in an open and transparent manner:

1. There is a lack of information available in the public domain regarding the RPB meetings, and this should be addressed.
2. Some members of the RPB expressed a general view that the discussions at the RPB level were too heavily weighted towards health agenda topics. There is a need to rebalance the focus to ensure the agendas fully reflect the integrated role of the RPB and that the meetings become more strategic and less operational.
3. Meeting papers often use acronyms and terminology that may not be familiar to all members, particularly those who have not previously worked in the health sector.
4. Some members find the processes followed by the Portfolio Management Office (PMO) unclear. For example, the process of bidding for funding was unclear to several members. The PMO should make these processes widely accessible to all members.

Recommendations

R7	The RPB should take the opportunity to review what and how external messaging needs to take place.
R8	The RPB should review the current website to make information related to RPB meetings publicly available. At a minimum, this should include agenda, minutes, and papers.
R9	The Partnership Team should develop a 'communication brief' following each RPB meeting, which should be shared with all Partners to aid consistent messaging across the RPB.
R10	The PMO should agree on a mechanism for sharing their processes so that they are accessible to all members.

4.6. Business Processes

Effective business processes to ensure meetings are able to operate in-line with good governance principles and practices, including timely, clear and concise papers are provided to support decision making and effective scrutiny and oversight.

4.6.1 Meeting observations

As a general comment, all meetings would benefit from the following actions:

- More rigorous agenda planning, which should include relevant alignment with the Regional Leadership Group and Strategic Partnerships;
- Time set aside at the close of meetings for reflection on meeting effectiveness;
- Improved application of front sheets to distill key messages with the introduction of a standard template (example templates attached at Appendix 4);
- Improved distribution of papers in a timely manner to allow members the opportunity to review the papers in good time;
- Clear and concise action log with updates included in advance of the meeting; and
- Improved quality of minutes of the RPB and subgroups to ensure a consistent format and language with clear actions and timescales.

The RPB meeting held in July 2023 was virtual, and the dynamics in the meeting appeared to be supportive. The meeting was chaired well, albeit with some challenging discussions. It appeared that members were frustrated by some of the papers, mainly due to the operational nature of the items and a lack of clarity over processes and the status of other papers.

The agenda of the meeting was too large, which restricted opportunities for debate and gaining assurance given the time constraints. During the meetings observed, there was also little challenge. The meeting in July 2023 did not focus on key risks to the RPB, and this will need to be an area of focus for the RPB moving forward. Additionally, no written updates were provided from any of the internal governance structures, and therefore, the RPB should consider written reports from its partnerships/groups in the future. The RPB may wish to consider developing an 'etiquette' for virtual meetings.

4.6.2 Terms of Reference

The RPB and the reporting groups, as shown in the governance structure (2.1), have interim terms of reference in place. It was explained to the reviewer that the terms of reference were interim due to this governance review.

On review of the terms of reference, there are several observations:

- The terms of reference, as drafted, are too complex and difficult to follow. A simple template for terms of reference should be developed;
- The requirements set out in the terms of reference are not adhered to by the RPB, and therefore, these should be reviewed as soon as possible (e.g., conflicts of interest, annual business cycle, and circulation of papers);
- The timescales for the circulation of papers are unrealistic and should be agreed upon with the members of the RPB;
- The governance log in place should be developed further into an Annual Business Cycle, which should be considered by the RPB on an annual basis; and
- There is a process in place to agree on the agenda for the meetings of the RPB. However, this process should be improved by widening engagement with the Leadership Group, Chairs of the Strategic Partnerships, and the Portfolio Management Office. The development of an Annual Business Cycle for meetings will significantly improve this process.

4.6.3 Circulation of Papers

Members of the RPB highlighted the challenges with the late receipt of papers, often receiving papers the day before the meeting. While it is recognised that there will be exceptions, this is an area that needs to be urgently addressed. The terms of reference for the RPB state that the papers should be issued fourteen calendar days before the meeting. This should be reviewed to ensure the timescales are achievable. As a general guide, seven calendar days before the meeting may be more appropriate.

4.6.4 Conflict of Interest

The terms of reference refer to a Conflicts of Interest Policy; however, this policy was not in existence. There was no clear process in place to record any conflicts of interest, and a Register of Interests did not appear to be in existence. The agendas reviewed did not give members the opportunity to declare any interests at meetings, and therefore, it is unclear how the RPB can assure itself that interests are routinely declared.

The following observations about the current business processes are as follows:

1. The business processes do not appear to be robust enough to enable the RPB and reporting groups to work effectively;

2. The RPB does not comply with the terms of reference as drafted, for example, circulation of papers, conflicts of interest, and annual business cycle;
3. The Terms of Reference for the RPB and the reporting groups are too complex and need to be simplified. There is a lot of duplication, which makes it harder for members to follow and understand; and
4. There is no consistent 'house style' applied across the meetings of the RPB.

Recommendations

R11	Develop a 'house-style' for the RPB outlining the requirements for papers, including the length of papers, timescales, and language (avoiding the use of acronyms).
R12	Review current processes for the circulation of papers by clarifying the expectations and timescales for papers with all members/sponsors.
R13	Develop a Conflicts of Interest Policy and ensure that on appointment and annually all members have declared any interests.

4.7. General Observations

There are several general observations that the RPB should consider as part of a wider programme of work while addressing the recommendations related to the Governance Review.

4.7.1 Support Infrastructure

Members expressed the positive ways of working and the support that was received from the Partnership Team. There were some irritations expressed about how the PMO operates in terms of a lack of clear processes and this should be addressed. Whilst there were good relationships in place between the Partnership Team and the Portfolio Management Office, it is clear that supporting the RPB is fragmented. The ways of working and the development of relationships between the two teams should be addressed.

The RPB should as a matter of priority consider reviewing the current funding arrangements for both the Partnership Team and the Portfolio Management Office and bring them together under one leadership hosted by one organisation.

4.7.2 Governance Expertise

There is a lack of governance expertise input into the RPB. Some areas of development, such as supporting meetings, implementing more sophisticated agenda planning, and improving meeting management, could be resolved with the appropriate skills and expertise. The RPB should consider whether it has the appropriate skills to develop the much-needed overarching Governance Framework for the RPB.

4.7.3 Developing Relationships

The RPB has a great opportunity to take a fresh perspective on its ways of working. One key element of feedback from the RPB members is that some people have not met in person, and all meetings were virtual. While there are many benefits to virtual meetings, the RPB would benefit from some in-person meetings to allow people to get to know each other and help build relationships. In the long term, this would help build trust among the Partnership.

APPENDIX 1: REGIONAL PARTNERSHIP BOARD MEMBERSHIP

Name	Designation	Organisation
Ann Lloyd (Chair)	ABUHB Chair	Aneurin Bevan University Health Board
Pippa Britton	Independent Member/Vice Chair of the Health Board	Aneurin Bevan University Health Board
Nicola Prygodzicz	Chief Executive	Aneurin Bevan University Health Board
Phil Robson	Special Advisor to ABUHB	Aneurin Bevan University Health Board
Tracy Daszkiewicz	Executive Director for Public Health & Strategic Partnerships	Aneurin Bevan University Health Board
Hannah Evans	Executive Director of Strategy, Planning & Partnerships	Aneurin Bevan University Health Board
Tanya Evans	Director	Blaenau Gwent County Borough Council
Cllr Hayden Trollope	Exec Member	Blaenau Gwent County Borough Council
Jo Williams	Head of Adult Services	Caerphilly County Borough Council
Cllr Elaine Forehead	Exec Member	Caerphilly County Borough Council
Jane Rodgers	Director	Monmouthshire County Council
Cllr Ian Chandler	Cabinet Member	Monmouthshire County Council
Will McLean	Education Rep	Monmouthshire County Council
Sally Ann Jenkins	Director	Newport City Council
Cllr Jason Hughes (Vice Chair)	Exec Member	Newport City Council
Jason O'Brien	Director	Torfaen County Borough Council

Cllr David Daniels	Exec Member	Torfaen County Borough Council

APPENDIX 3: REGIONAL PARTNERSHIP BOARD MEMBERSHIP (CONTD)

Name	Designation	Organisation
Stephen Tiley	Third Sector Rep / Chief Executive Officer	GAVO
Edward Watts	Third Sector Rep	GAVO
Cllr Fiona Cross	TVA Chair	TVA
Anne Evans	Third Sector Rep	TVA
Lorraine Morgan	Citizen's Panel Chair	Citizen's Panel
Chris Kemp-Philp	Citizen's Panel Vice Chair / Carers Rep	Citizen's Panel
Melanie Minty	Provider Forum Rep	Provider Forum
Paula Kennedy	Housing Rep	Melin Homes

APPENDIX 2: INTERVIEW LIST

Ann Lloyd (Chair)	ABUHB Chair	Aneurin Bevan University Health Board
Nicola Prygodzicz	Chief Executive	Aneurin Bevan University Health Board
Hannah Evans	Executive Director of Strategy, Planning & Partnerships	Aneurin Bevan University Health Board
Alyson Hoskins	Head of Adult Services	Blaenau Gwent County Borough Council
Cllr Hayden Trollope	Executive Member	Blaenau Gwent County Borough Council
Jo Williams	Head of Adult Services	Caerphilly County Borough Council
Cllr Elaine Forehead	Executive Member	Caerphilly County Borough Council
Jane Rodgers	Director	Monmouthshire County Council
Cllr Ian Chandler	Cabinet Member	Monmouthshire County Council
Sally Ann Jenkins	Director	Newport City Council
Cllr Jason Hughes (Vice Chair)	Executive Member	Newport City Council
Jason O'Brien	Director	Torfaen County Borough Council
Cllr David Daniels	Executive Member	Torfaen County Borough Council
Stephen Tiley	Third Sector Representative / Chief Executive Officer	Gwent Association of Voluntary Organisations
Edward Watts	Third Sector Representative	Gwent Association of Voluntary Organisations
Cllr Fiona Cross	TVA Chair	Torfaen Voluntary Alliance
Anne Evans	Third Sector Representative	Torfaen Voluntary Alliance
Lorraine Morgan	Citizen's Panel Chair	Citizen's Panel
Paula Kennedy	Housing Representative	Melin Homes
Phil Diamond	Head of Regional Partnership Team	Regional Team
Chris Dawson-Morris	Deputy Director Strategy, Planning and Partnerships	Aneurin Bevan University Health Board
Roxanne Greene	Assistant Director Partnership & Integration	Portfolio Management Office
Chris Commins	Assistant Finance Director	Aneurin Bevan University Health Board
Danielle Gething	Business Manager	Portfolio Management Office

APPENDIX 3: DOCUMENT LIST

- ❖ Denotes information was not available

Document title
Terms of Reference RPB
Terms of Reference Leadership Group and Minutes
Annual Report 2022
Area Plan
RPB Minutes (Jan, March and June)
RPB Board Papers (Jan, March and June)
Partnership Agreement (s)
Declaration of Interest Register (not available)
Terms of Reference for all the Groups shown in the Governance Structure
Examples of papers submitted to one of the Partnership Boards in the last 6 months (reviewed Children's Board and Dementia Board)
Role profiles (Chair, Board Members)
Decision log – for RPB decisions in the last 12 months
Details of any delegations from the Local Authority/and or Health Board in the last 12 months
Code of Conduct for Board Members (not available)
Agenda and Papers for the Leadership Group for the last 6 months
Examples of Chairs action in the last six months – including any documentation
Annual Plan of Board Business (not available)
Conflict of Interest Policy (not available)
Risk Register and any documentation to support how the RPB manages risk in terms of delivery of PNA (not available)
Engagement Plan/Framework
Documentation about business processes followed for the RPB meetings, including information publicly available
RPB Delivery Plan and Self-Assessment
Draft Scheme of Delegation

APPENDIX 4: EXAMPLE TEMPLATES

EXAMPLE AGENDA TEMPLATE

AGENDA

{INSERT DATE, TIME, AND VENUE OF MEETING}

SECTION 1: PRELIMINARY MATTERS					
Item No.	*Agenda Item*	*Purpose*	*Enclosure*	*Lead*	*Time*
1.1	Apologies for Absence	Note			
1.2	Declarations of Interest				
1.3	To approve the minutes of the meeting held on [insert date of last meeting]				
1.4	To consider matters arising not otherwise covered on the agenda				
1.5	To receive a report from the Chair of the Regional Partnership Board	Note			
SECTION 2: STRATEGIC ITEMS					
2.1					
2.2					
SECTION 3: GOVERNANCE					
3.1	To receive the financial report as of xx				
3.2	To receive reports from the Strategic Partnerships a)				
SECTION 4: CONCLUDING ITEMS					
4.1	Any Other Urgent Business				
4.2	Date and Time of next meeting				

EXAMPLE ACTION LOG TEMPLATE

ACTION LOG

Outstanding	
On-track to deliver	
Complete	

Date of Meeting	
Agenda Item	
Reporting Officer	

Date of Meeting	Minute Reference	Item	Action	Lead	Timescale/Update

EXAMPLE MINUTE TEMPLATE
MINUTES OF THE MEETING OF THE REGIONAL PARTNERSHIP BOARD HELD ON
{INSERT DATE, TIME, VENUE/VIA TEAMS)

PRESENT
LIST MEMBERS
IN ATTENDANCE
LIST OTHERS WHO ARE PRESENT
APOLOGIES
LIST ANY APOLOGIES FOR ABSENCE

Minute	Subject	Action
RPB/01/2023*	Minutes should describe the item, the key matters of discussion and any actions/decisions agreed.	
RESOLVED	**Approve** the Annual Report 2022/23	

*Note – Minute references should start with the first minute of the financial year, i.e. run from April – March.

EXAMPLE REPORT TEMPLATE

Meeting Date	Date of meeting
Agenda Item	Agenda Item to be inserted
Title of Report	Insert title of the report
Purpose	Provide a short paragraph explaining the purpose of the report
Appendices	List any appendices

1.	**Executive Summary**
The Executive Summary should be concise and provide the context and details for members to understand the purpose of the paper, the key issues and risks as well as the decision that will be required. The Executive Summary **MUST** not be more than one page.	
2	**Impact Assessment**
Identify any implications of the decision that the Members should be aware of. This could include; equality, diversity and inclusion, legal and/or regulatory, and health inequalities.	
3	**Financial Implications**
Identify the financial implications associated with the report.	
4.	**Governance and Risk**
Identify any governance and/or risks of the proposal. For example, if the subject is on the risk register, make this link in the paper.	
5.	**Consultation and Engagement**
Identify the groups in this paper that have considered/supported this paper.	
6.	**Recommendations**
Members are asked to: • **NOTE** • **APPROVE**	

Supplementary Information should be included in an Appendix.
This template should be used for feedback from any groups that report to the Regional Partnership Board.

EXAMPLE TERMS OF REFERENCE

1. BACKGROUND

The Part 9 Statutory Guidance (Partnership Arrangements) of the Social Services and Well-being (Wales) Act 2014 (the Act) and the Partnership Arrangements (Wales) Regulations 2015 set out the main requirements, purpose, and responsibilities of the Regional Partnership Board.

2. PURPOSE

The purpose of the Gwent and Vale Regional Partnership Board ("the Board") is to ensure the partnership bodies work effectively together to:

- Respond to the population assessment carried out in accordance with section 14 of the Act;
- Implement the plans for each of the local authority areas covered by the Board which local authorities and local health boards are each required to prepare and publish under section 14A of the Act;
- Ensure the partnership bodies provide sufficient resources for the partnership arrangements in accordance with their powers under section 167 of the Act;
- Promote the establishment of pooled funds where appropriate;
- Ensure that services and resources are used in the most effective and efficient way to improve outcomes for people in their region – including the use of the Integrated Care Fund, Primary Care Fund and the Transformation Fund;
- Prepare an annual report for Welsh Ministers on the extent to which the board's objectives have been achieved;
- Provide strategic leadership to ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this;
- Respond to the Welsh Government's 'A Healthier Wales' Plan
- Inform the development of the Gwent Public Service Board's Wellbeing Plans and support delivery in response to the requirements of the Wellbeing of Future Generations Act 2015.

The Board has the following functions:

(a) To provide a senior forum to

(i) oversee the discharge of duties under Part 9 of the Act,
(ii) agree regional priorities,
(iii) identify and respond to opportunities for collaboration and integration in the delivery of health, social care and well-being in Gwent,
(iv) oversee delivery of the Regional Programme
(v) unblock obstacles to successful collaborative working

(b) To ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this

(c) To sign off an annual Partnership Plan and produce an Annual Report on delivery against the Partnership Plan

(d) To agree a recommended budget for consideration by the Partnership Bodies to support delivery of the Partnership Plan and agree to any reallocation of resources within the course of the year to support revised priorities
(e) To ensure the Partnership Plan reflects specific duties within the Act and facilitates service transformation across the region through effective collaborative working, sharing of practice and comparative analysis
(f) To meet accountability arrangements to the Welsh Government regarding delivery of the Partnership Plan and deployment of grant funding
(g) To mandate regional programme and project boards to oversee activities to support delivery of the Partnership Plan, deploy resources appropriately, monitor delivery and provide reports when required to the Regional Partnership Board.
(h) To assess each year whether the regional governance arrangements are effective in promoting collaboration and facilitating delivery of the Partnership Plan
(i) To assist the Partnership Bodies in preparing a Population Assessment each electoral cycle, as required under section 14 of the Act and implement plans at local authority and regional level as required under section 14A of the Act
(j) To make recommendations to the Partnership Bodies for establishment of pooled funding arrangements for functions exercised jointly in response to the Population Assessment, family support functions and for care home accommodation for adults
(k) To approve and oversee the implementation of the plans under the Regional Funding (l) To make appropriate arrangements for service user and carer engagement in the development and delivery of the regional programme and Partnership Plan
(m) The Board is not a formal decision-making body and has no executive powers. Courses of action will be agreed by consensus among the full members. Partners will need to take issues agreed by the Board through their own local policy and decision-making for ratification as required.

3. DELEGATED POWERS AND AUTHORITY

LIST THE DELEGATED AUTHORITY

4. MEMBERSHIP

LIST THE MEMBERSHP

5. MEETINGS

Meetings will be quorate when the minimum membership (section 4) set out in the Statutory Guidance is achieved.

5.1 Frequency of Meetings

The Regional Partnership Board will meet at least four times per year on a formal basis.
In addition to the formal Board Meetings, Development sessions and/or Workshops will be undertaken to develop the priorities of the Partnership's work programme. The focus and frequency of these sessions will be agreed by the Board as required.

The Partnership's Strategic Leadership Group will meet at intervening periods between the Regional Partnership Board meetings, in part to ensure that any required decisions/actions

required at short notice can be undertaken with joint agreement from the 5 organisations pending final approval by the Partnership Board at the diarised time.

5.2 Secretariat

Secretariat functions will be performed by the Gwent Partnership Team.

5.3 Agenda Items

- Agenda Items should be submitted to the secretariat at least one calendar month before each Partnership Board meeting
- Papers will be structured using an agreed format
- Papers will be distributed a minimum of 5 working days before each meeting.

6. QUORUM

A meeting of the Board shall be quorate if it is attended by at least one member of each of the Partnership Bodies.

7. DISPUTE RESOLUTION

All RPB members are encouraged to resolve any issues or concerns that they may have at the earliest opportunity. It is important that as issues do arise, they are dealt with in a fair and timely manner. While some conflicts will be resolved by an informal discussion between parties, other will need a process for successful resolution.
Should a conflict arise that cannot be resolved via informal discussion, the following procedure will apply:

a) The dispute must be set out in writing and sent to the Chair
b) The Chair will use their discretion to bring the issue to the next RPB meeting, or call an extraordinary meeting
c) The matter should be discussed with all members present, unless they have advised the Chair, preferably in writing, that they are aware there is a dispute resolution meeting being held and they are unable to attend
d) The Chair will call for a motion from the RPB, e.g. to appoint an independent assessor, seek mediation, call a special meeting, or to dismiss the complaint. All members present at the meeting will vote on the motion

8. EMERGENCY ARRANGEMENTS

in the event of an emergency situation arising which either impacts upon the ability of the Regional Partnership Board to meet and undertake its functions in an effective manner or which otherwise requires a modification to these Terms of Reference then the Partnership Bodies shall by agreement and utilising the powers and authority vested in each of the Partnership Bodies in accordance with their respective constitutions, make such amendments to the Terms of Reference and to any operational and governance arrangements established as part of these partnership arrangements as are necessary to enable to the RPB to respond to the emergency situation.

9. REVIEW

In order to keep up to date with changes in legislation and any other decisions of the Board that may affect the operation of the Partnership Arrangements, the Board shall review these Terms of Reference at least once a year.

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 November 2023
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Health Protection activity update- An Update on the Vaccination Programme
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Professor Tracy Daszkiewicz
SWYDDOG ADRODD: **REPORTING OFFICER:**	Kate May, Dr Liam Talyor, Eryl Powell

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

Er Sicrwydd/For Assurance

The purpose of this paper is to set out progress with the delivery of the Winter Respiratory Vaccination programme which is part of the National Immunisation Framework (NIF) and on the provision of centrally offered and coordinated catch-up programmes for a number of childhood and school aged vaccinations. The paper also sets out the service sustainability and delivery risks associated with the Vaccination Programme.

ADRODDIAD SCAA
SBAR REPORT

Cefndir / Background

1. Delivering the National Immunisation Framework (NIF)

Progress towards delivering the NIF, this quarter, has focused on winter planning (Winter Respiratory Vaccination Programme delivery) and on the provision of centrally offered and coordinated catch-up programmes for a number of childhood and school aged vaccinations and immunisations.

The COVID-19 vaccination programme is entering its third autumn season in 2023 and primary aim remains the prevention of severe illness and resulting hospitalisations and deaths. During the current phase of pandemic recovery, and while the virus continues to circulate and cause illness, the objective is to continue to focus the offer of vaccination on those at greatest risk of serious disease and who are therefore most likely to benefit from vaccination (see appendix 1 for eligible groups).

Vaccination remains the first line of defence against infectious disease.

For autumn 2023, JCVI has begun to include cost effectiveness considerations in the development of its advice. To optimise protection over the winter months, the autumn programme should aim to complete vaccinations by early December 2023. In attaining this objective, deployment teams should also be mindful that protection from vaccination is highest in the first 3 months following vaccination, and therefore delivery of the programme over an appropriate period of time ahead of winter will maximise the potential benefits of the programme.

In recent months there has been growing concern around the newly identified BA.2.86 variant. The UKHSA reports on the BA.2.86 variant suggest community transmission is already occurring, linking to the increased cases we have seen in recent weeks. While it is difficult to predict the combined effect of the large number of mutations on severity, vaccine escape and transmissibility, expert advice is clear that this represents the most concerning new variant since Omicron first emerged. The UKHSA has determined the most appropriate intervention with the greatest potential public health impact is to vaccinate all those eligible, quickly.

Asesiad / Assessment

2. Delivering the National Immunisation Framework (NIF)

Progress towards delivering the NIF, this quarter, has focused on winter planning (Winter Respiratory Vaccination Programme delivery) and on the provision of centrally offered and coordinated catch-up programmes for a number of childhood and school aged vaccinations and immunisations.

2.1 Vaccination Programmes

2.1.a Winter Respiratory Vaccination Programme

The winter respiratory programme is underway, and a mixed model approach is being utilized to deliver Covid-19 and influenza vaccine to eligible cohorts. The late announcement of the reduction in the Item of Service (IoS) and bonus payments for Covid-19 vaccinations in Primary Care presented some operational challenges with circa 34,000 patients handed back from Primary Care to the Vaccination Service at the start of the campaign. As a result, this has left approximately a 60:40 split in delivery for Covid-19 for Vaccination Service and Primary Care respectively for first offers and has meant that an additional vaccination centre venue in one borough (Torfaen) had to be progressed rapidly. Staffing resources and venues remain the biggest risk to the service.

Welsh Government guidance as set out in the Covid-19 vaccination delivery plan WHC 2023 (029) for Wales is as follows:

Welsh Government milestones	Deadline
First vaccines administered.	11th Sept 2023
All first offers of vaccination to eligible groups	30th November 2023
Main campaign period complete	17th December
No-one left behind campaign end	March 31st 2024

This delivery plan is predicated on 75% uptake in eligible cohorts alongside a reduction in uptake between the most and least deprived communities within the ABUHB region.

Due to vacancies in funded staffing establishment of registered and non-registered immunisers and the decision to freeze recruitment, the programme of first offers of vaccination is unlikely to be completed until mid-January 2024, which is 4 weeks after the 'vaccination window' and in line with the original capacity plan for the vaccination programme. This means that the programme will not be delivered in line with Welsh Government milestones or advice from UKHSA and JCVI. A paper highlighting these risks and proposing solutions is planned to go to the Executive Committee meeting on the 9th of November.

2.1.b Winter Respiratory Vaccinations for Care Homes

All care home residents in Gwent have been offered the Covid-19 booster vaccination via a mixed model approach including the Vaccination Mobile Care Home Service and the Neighbourhood Care Network (NCN) in Monmouthshire. As of 30/10/2023, the uptake rate amongst care home residents is 81.1%, compared to the national uptake target of 75%. Mop-up sessions have been held and continue to be planned for those who were unable to receive the vaccination at the time of the initial visit. Care home staff uptake for Covid-19 vaccine remains low at 20.2%, staff were all offered the vaccine during the initial week of the programme during visits to care homes and subsequent offers, via an appointment letter, have been made to 92.9% of staff to attend a vaccine clinic, repeated offers at catch up visits will be made available. Influenza vaccinations for care home residents have been offered via Primary Care, there is scope to co-administer this in future years if there are changes to the commissioning arrangements.

2.1.c Winter Respiratory Vaccinations for Housebound

Housebound patients are being offered Covid-19 vaccination via the mobile vaccination team. Co-administration of Covid-19 and influenza has not always been possible with this cohort due to the historical commissioning and vaccine ordering arrangements which are under review nationally.
Primary offers for influenza vaccination to housebound patients have been made via the District Nursing Service (DNS) for patients on their caseload, or the GP for those housebound not under the care of district nursing services. Where DNS or GPs have declared high levels of escalation the Vaccination Service has provided support to minimize delay in vaccination.

2.1.d Special Educational Needs (SEN) Schools Vaccinations

The ABUHB Vaccination Service has arranged for pupils and staff at SEN schools across Gwent to be offered a pop-up Covid-19 vaccination service in addition to the usual on-site School Nursing influenza programme. Three of the six Special Schools in Gwent have received pop-up Covid-19 vaccination clinics where eligible staff and pupils have been offered the vaccine, with a total of 157 taking up the offer. Each school has pupils ranging from 3 years – 19 years and require different vaccines for 6m – 4 years, 5 – 11 years and 12 year – adult. The remaining three special schools will receive their pop-up clinic in the first two weeks of November.

2.1.e Pregnant women vaccinations

The Vaccination Service works closely with ABUHB Midwifery services to support

and encourage uptake of the Covid-19 and Flu vaccinations for pregnant women.

2.1.f Prisoners vaccinations

The Vaccination Service works closely alongside the nurses within prisons who vaccinate the prisoners, providing the vaccine for their clinics.

2.1.g ABUHB Staff Influenza Immunisation Programme

In a similar approach to last season, ABUHB are offering co-administration of influenza and Covid-19 vaccine through vaccination centres and clinics where possible. 324 Flu champions have been trained ahead of the season with clinics underway, and vaccinations will also be offered via Occupational Health.

A multi-divisional staff influenza working group is chaired by the Assistant Director in Health Protection and Vaccination, to oversee the delivery of the staff influenza programme.

One of the major challenges this season is the new Occupational Health system which went live on 20th September 2023 no longer supports mass uploading of consent forms making it less fit for purpose for staff influenza recording. This presents a significant risk to the programme as this lack of functionality impacts on the ability to link the staff member with the location in which they work, presenting challenges in both performance reporting and the ability to operationally direct resource to divisions with low uptake. This is a Wales-wide issue and ABUHB have developed a data management and reporting of staff influenza immunisation uptake for season 2023/24 Standard Operating Procedure, in collaboration with Business Intelligence Unit, Information Governance, Workforce Information and Occupational Health.

2.1.h School Influenza Immunisation Programme

Whilst first offers are delivered on site via School Nursing Teams, this year, changes to managing absent and unwell children means that rather than being directed to the GP, children can now access their influenza vaccine from the Vaccination Service. This helps to avoid any additional pressure in Primary Care and also improves options of access for families as appointments with the Vaccination Service are more flexible and operate over multiple sites and days of the week. There is now an automatic signpost to the Vaccination Service for these children for appointments. On the 28th of October 15 influenza vaccines were delivered across two vaccine Centre's alongside the children's covid-19 clinics running that day. Walk-in influenza appointments will be offered later in the programme in line with the success of this approach in 2022/23.

2.1.i MMR and Childhood Immunisation Catch-up Programme

In order to support the preparedness for Measles and in order to vaccinate children who have been identified as off-schedule for other childhood immunisations, in ABUHB dedicated MMR catch up clinics have been delivered across Gwent using a combination of Vaccination Centre appointments and pop- up clinics in areas of low uptake. Patients were proactively contacted and offered appointments, communications to support walk-in appointments were also issued. All outstanding immunisations were offered at these appointments. 181 appointments were issued and confirmed with parents, with a Did Not Attend (DNA) rate of 60%. All walk-in

appointments were accommodated. 6 domiciliary appointments were facilitated.

In total, 88 children have received a vaccine through the catch-up programme offered by the Vaccination Service, with ongoing validation of off-schedule lists being undertaken to plan future catch up sessions are part of core business for the service. An evaluation of outcome and uptake data is underway to inform future working. 126 MMR vaccinations were also delivered via the School Nursing Service for year 7 and 8 pupils. Ways to co-ordinate the ongoing planning and delivery of these sessions are being explored.

2.1.j School Age Children Vaccination Catch-up Programme

Similar to the above approach, children who have been absent, unwell, or identified as of schedule for school age immunisations have been handed over from the school nursing team to the Vaccination Service to be contacted for their catch-up vaccinations. HPV (protects against human papillomavirus), MENACWY protects against four different causes of meningitis and septicemia – Meningococcal (Men) A, C, W and Y diseases) and Measles, Mumps, and Rubella (MMR) vaccines have been offered through the vaccination centers via both signposting from the school nursing team and proactive calls to patients from the Vaccination Service with an offer of appointment. In this quarter, 68 HPV and 36 MENACWY vaccines have been delivered through the vaccination centres. These catch-up sessions will now be routinely planned as core business for the Vaccination Service going forwards and pathways to facilitate this routinely are under development.

2.1k Direct Referral Programme

As part of the support to vulnerable children, referral pathways are under development to ensure that professionals within Health Visiting, School Nursing and Looked After Children services are able to directly refer to the Vaccination Service to allow vaccinations or immunisations to be delivered outside the usual route. This will include facilitating ad-hoc appointments through the vaccination centres or providing domiciliary visits where needed in a similar approach to the access offered to facilitate catch up programmes for MMR and childhood immunisations over the summer period. The value of this offer is recognised and are in the process of agreeing formalised arrangements and supporting referral documents are to be further developed in quarter three.

2.1.l Outreach Services and Vaccine Equity

Alongside the service at Vaccination Centres across Gwent, the Vaccination Service also provides in-reach and outreach services specifically targeted at vulnerable groups or harder to reach communities to improve equity across all cohorts. The reporting of this work will be strengthened by the development of a Vaccine and Health Protection Equity Plan, reaffirming our commitments to the health of all our communities, with specific programmes of work and associated performance measures that can be routinely measured.

Work of the vaccine outreach service currently includes provision of:

- Outreach and pop-up clinics to target areas of low uptake or low Primary Care offer.
- Domiciliary appointments for individuals unable to access vaccination through Primary Care or a vaccination centre.
- Mobile service to care homes.

- Dedicated Refugee and Resettlement Programme clinics
- Vulnerable Groups Services with targeted pop-up clinics for vulnerable cohorts
- Dedicated pop-up clinics for low level uptake areas for MMR and childhood immunisations.

In particular, these services support:

- Asian or Minority Ethnic Communities
- Refugees and Asylum Seekers
- Travelers
- Homeless people, people with substance misuse issues and sex workers
- People with Learning Difficulties/Mental Health Issues
- People living in areas with the lowest geographical uptake.
- Vulnerable Families

These person centred services are delivered via outreach from the vaccination centres, closer to the patient and in a familiar environment.

Specific planning has also been undertaken and agreed by Programme Board to work with Gwent Drug and Alcohol Service (GDAS), Local Authorities and Housing Associations to contact tenants in relation to providing Covid-19 booster and influenza vaccinations as well as providing outreach clinics in our most deprived deprivation fifths to address vaccine inequity across Gwent.

A health day was hosted at CHER, a local community venue in Newport, on Saturday 30th September.
Approximately 80 local people took up a range of different offerings including:

- Cardiovascular disease risk assessments
- Covid-19 vaccinations
- Childhood immunisations
- Dry Blood Spot Testing (reaching our capacity to DBST 35 people)
- TB advice
- Lifestyle advice
- Melo & Wellbeing advice
- Alzheimer's society advice
- Population screening advice

We have received positive feedback from the community, who have signaled a desire for more events of this type.

3. Risks and challenges

3.1 Service Sustainability

In recent months there has been growing concern around the newly identified BA.2.86 variant. UKHSA reports on the BA.2.86 variant suggest community transmission is already occurring, linking to the increased cases we have seen in recent weeks. While it is difficult to predict the combined effect of the large number of mutations on severity, vaccine escape and transmissibility, expert advice is clear that this represents the most concerning new variant since Omicron first emerged. The UKHSA

has determined the most appropriate intervention with the greatest potential public health impact is to vaccinate all those eligible, quickly.

Sustaining the service into late 2023/24 - considering any re-design/decommissioning, transition, and handover - and then beyond, continues to remain a significant risk given the reliance on temporary funding. This risk increases in parallel with the challenging context of the current financial position across ABUHB, the balance of which presents significant operational challenges to the service currently.

In real terms, this has meant that due to a lack of resources, namely in registered and non- registered immunisers, the AB Covid-19 Capacity Planning for Autumn document for VPW, will be delivered more slowly than originally planned. Covid-19 vaccination will now be completed by mid-January for all eligible cohorts and will not meet the mid-Dec deadline set out in the WHC (2023) 029, or ahead of winter as set out in recent JCVI guidance for Autumn 2023. This is a particular risk where winter modelling suggests a January end date will miss the predicted surge in cases in December, and in view the risks of a new variant as indicated in WHC (2023) 033. The elongated delivery window of the Covid-19 vaccination programme means that the programme will not be delivered in line with Welsh Government milestones or advice from UKHSA and JCVI and therefore poses significant risk to the eligible cohorts and to bed capacity and acute pressures as the winter progresses.

In relation to Vaccination Centre venues of the three static sites the lease is due to expire at the end of December 2023 on two of them (Friars Walk and Ebbw Vale General Offices). The Torfaen site in Cwmbran town centre is due to expire at the end of February 2024. Plans are in place to move to a 'pop-up' clinic delivery model, using community centres from January – February 2024 in readiness for a potential Spring campaign. However, a central hub for vaccine storage, consumables and a staff base will still be required.

A paper highlighting the workforce and venue risks and proposing options for solutions is planned to go to the Executive Committee meeting on the 9th of November.

Whilst considerable financial savings are being asked of NHS Wales, all services are reviewing opportunities to reduce workforce and associated costs. With restrictions on recruitment as a consequence, the response to last minute changes to vaccination plans as a result of a new Covid-19 variant and the changes to Primary Care IoS payments, has been challenging. There is a considerable risk remaining to any response to wider Health Protection threats, in the context of funding challenges and the savings that health boards are being asked to provide.

Furthermore, the natural reduction in staff numbers to facilitate a move back towards new business as usual arrangements, may impact the ability to surge as necessary to respond in the event of an incident impacting business continuity. Surge plans are being maintained and updated where necessary as we head into the late Autumn/Winter period.

Argymhelliad / Recommendation

The Committee is asked to consider the report for assurance.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection, and Improvement Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Health Protection is applicable to all priorities of the IMTP as it is applicable across the while life course.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience, quality, and safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritize 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	No does not meet requirements

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

Appendix 1
Covid-19 Eligible population: • Immunosuppressed 6 months and over. • Care home residents • Adults aged 65 years and over by 31st March 2024 • Clinically vulnerable 6 months and over • Pregnant women • Frontline health and social care and care home staff • Individuals experiencing homelessness. • Household contacts of immunosuppressed 12 years and over • Carers aged 16 years and over. • Adult prisoners • JCVI advises on eligible groups for 2023 autumn booster - GOV.UK (www.gov.uk) • Written Statement: Joint Committee on Vaccination and Immunisation – final advice on eligibility for Covid-19 autumn booster vaccination in 2023 (8 August 2023) | GOV.WALES

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 November 2023
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Long-Term Strategy: Approach and Principles
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Director of Strategy, Planning & Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Chris Dawson-Morris, Deputy Director of Strategy, Planning & Partnerships

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

Ar Gyfer Trafodaeth/For Discussion

- To discuss and endorse the approach to developing the Long-Term Strategy

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper follows the dedicated Board Briefing session on 20th September to shape a proposal to develop a new long-term strategy for the organisation that builds upon the success of Clinical Futures. The feedback from that session has been included and committee members are requested to discuss and endorse the approach to developing the long-term strategy for Board approval.

Cefndir / Background

The Health Board extant strategy is the Clinical Futures Strategy which was the driving force for the service reconfiguration realised through the Grange University hospital opening, the Enhanced Local General Hospitals network and developments in community services. The premise of Clinical Futures was redesigning the system of care so people could be supported to better manage their own health and wellbeing when a citizen needs to access care that they do so as locally as is safe and appropriate with a focus on out of hospital settings.

Alongside the Clinical Futures Strategy a number of other arrangements contribute to setting strategic direction of the organisation. Through partnership, the Health Board is instrumental in the delivery of several strategic work programmes such as Building a Fairer Gwent, the Area Plan for Gwent, and the Gwent Well-Being Plan. These strategies and plans set out the collective ambition of the health board with its partners to drive approaches and improvement in population health, well-being

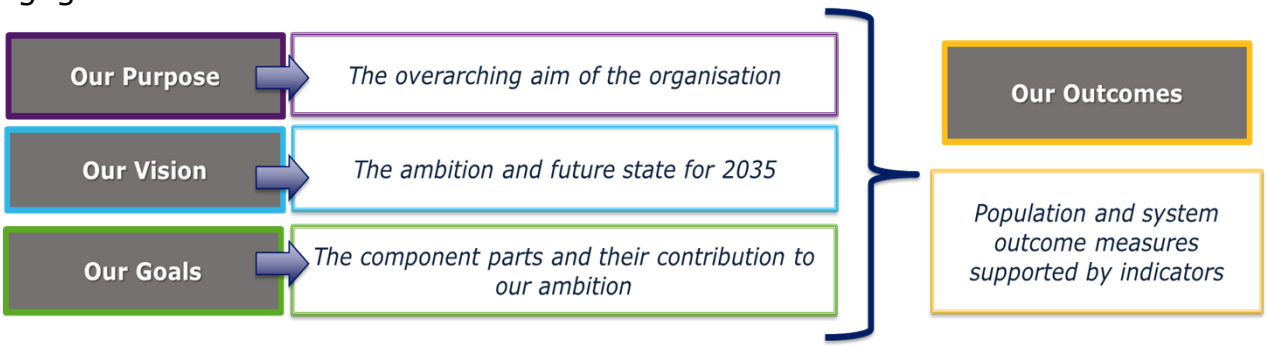
and inequities. The medium-term vision for the Health Board is articulated through its Integrated Medium-Term Plan and the life course approach within this, all these approaches are framed around the ambition to reduce health inequalities and improve population health for our communities.

The changing demographics of the population, renewed hospital configuration, financial and resource outlook, partnership landscape and pandemic learning suggest that it is an appropriate time to consider a new long-term strategy that articulates joint commitments with our population through to 2035.

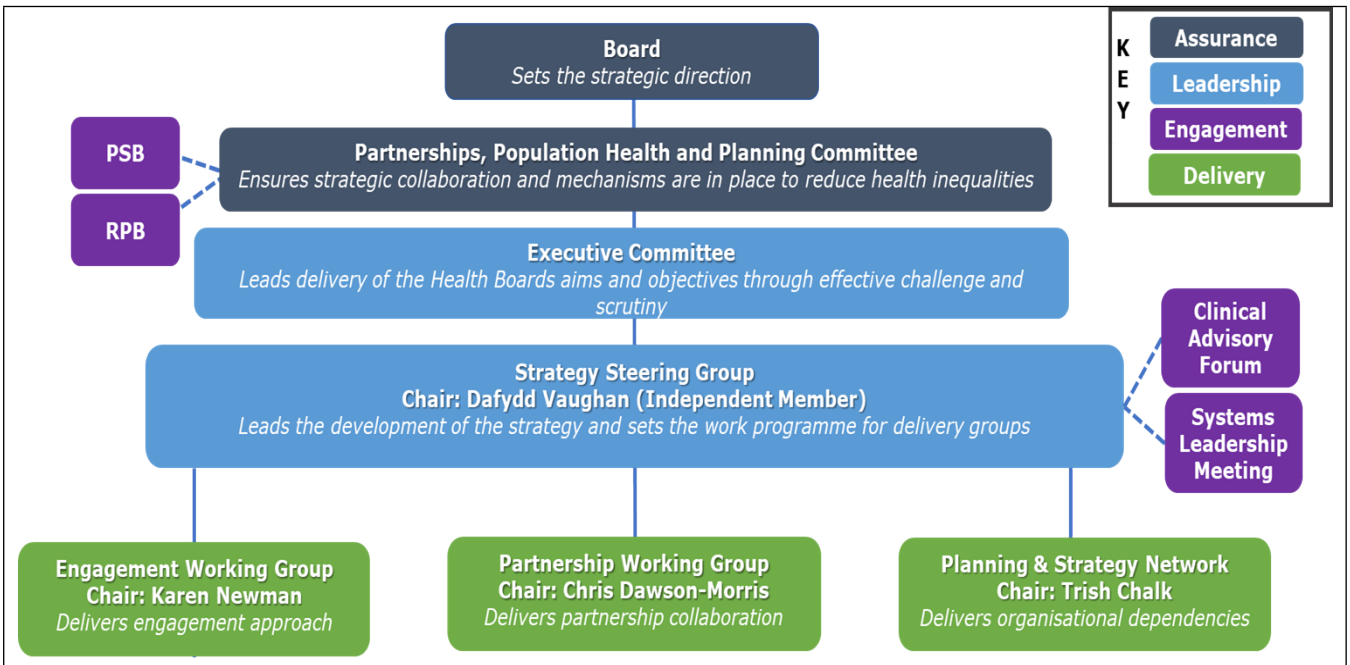
Asesiad / Assessment

Organisational strategies for NHS bodies are vital to outline their purpose and embed their role in and offer to the communities. Given the current sustainability challenges the process of developing a strategy, through meaningful engagement, would provide the Health Board the opportunity to renegotiate their core offer with the population and be transparent on the principles used to make decisions.

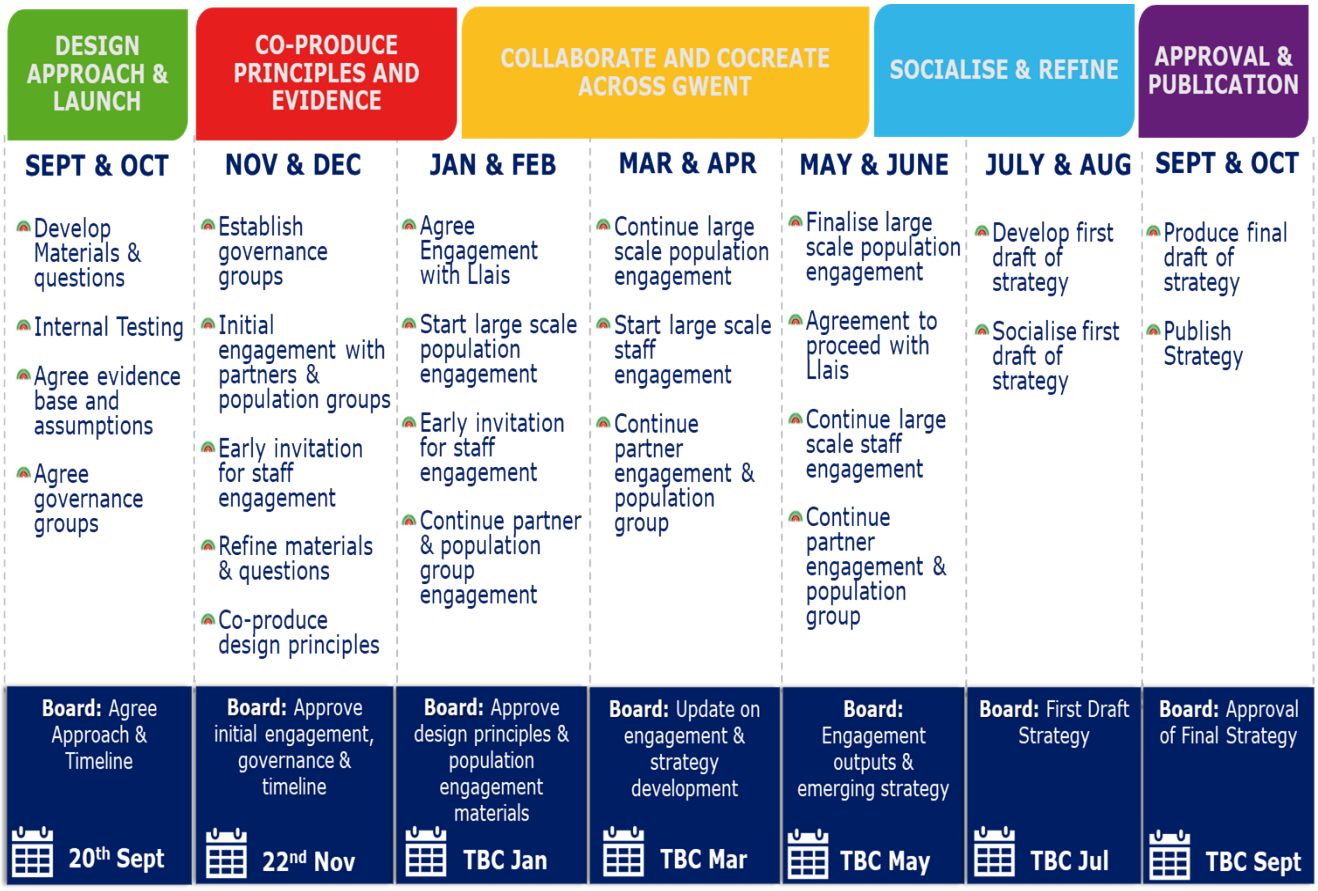
The development of the long-term strategy will act as a tool to facilitate the Board setting a new strategic framework for the organisation. A draft proposal to support discussion is provided below the details of each element will be developed through engagement:



To effectively develop a meaningful long-term strategy a clear governance structure that recognises the role of the Executive Committee, Partnerships, Population Health and Planning Committee and Board will need to be in place. The draft governance structure was agreed at the Board session and subsequently the chair of the Steering Group and all three working groups were confirmed:



The proposed timeline to have a new strategy in place for September 2024 to inform the Integrated Medium-Term Plan 2025-28 is below:



Following the Board session, the following assumptions are in draft to be refined through further engagement:

<u>Assumptions</u>

- A strategy for improving the health of Gwent.
- Proportionate Universalism will be its bedrock.
- It will be developed in partnership and articulate the Health Board's unique added value.

- It will establish the Health Board's role as an anchor institution.

The development of a strategy provides a unique opportunity to look to the future with communities and determine what matters to them and how the Health Board can work in partnership to improve wellbeing through place-based care. The initial engagement approach is proposed with the following principles:

Engagement Principles
- Big Public Conversation based on Needs.
- Maximise existing channels.
- Incorporate Building a Fairer Gwent engagement.
- Collaborate with Partners Organisations
- Tailored by life course and community.
- Incorporate the Arts as outlined in our Arts in Health Strategy
- Incorporate Digital Media and learning from digital engagement.

Argymhelliad / Recommendation

- The Committee is asked to discuss and endorse the approach to developing the Long-Term Strategy

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	None
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	Choose an item. All IMTP Priorities Apply
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. All Key Enablers Apply
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 Improve the wellbeing and engagement of our staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:	
Ar sail tystiolaeth: Evidence Base:	A Horizon Scanning Pack has been developed which outlines the evidence base and is included as appendix 1.
Rhestr Termau: Glossary of Terms:	Proportionate Universalism: Actions are universal but with an intensity that is proportionate to level of social disadvantage
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Board Briefing Session (20th September)

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/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs 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

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 November 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	IMTP 2024-27: Priorities and Parameters
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Interim Assistant Director of Insight, Improvement & Planning 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

Sefyllfa / Situation

This paper sets out the proposed approach to developing the plan for 2024/25 including the priorities and parameters to ensure an annual plan set in a three-year context.

Cefndir / Background

The NHS Wales Finance Act (2014) requires the Health Board to annually submit an Integrated Medium-Term Plan (IMTP) that can financially balance over a three period to Welsh Government for approval. This is a statutory duty. Recognising that the plan is unlikely to financially balance over a three-year period the Health Board will develop a plan with a three-year intent to balance the immediate system sustainability challenges with the population health and care needs.

Each year Welsh Government issues an NHS Wales Planning Framework in the Autumn that sets out the requirements for Health Boards to plan against, including the national policy context, ministerial priorities, statutory obligations, and a Minimum Data Set (MDS) adopted as the mechanism that provides assurance on delivery of core services. Welsh Government has not yet confirmed the date of issue for the Planning Framework and therefore the submission date for the plan has not

yet been confirmed. In line with this year, the Health Board is assuming, and planning towards a submission date of 29th March 2024.

Across the UK and Wales, the NHS is facing a significant and unprecedented financial challenge this year and it is expected to endure into 2024/25. The Health Board is not immune from these challenges and is forecasting a deficit in excess of £100 million this financial year.

In response to the challenged financial position, the Health Board has responded robustly through the identification of opportunities and schemes to improve both the in-year position and to inform the plan setting out the Health Board's three-year intent. The planning approach will build on this clinically led approach and quality impact assessment (QIA) process and take this learning and schemes forward into 2024/25 plan.

The plan will be developed using the consistent engagement approach including Trade Union Partnership Forum (TUPF), Llais and Regional Partnership Board (RPB).

Asesiad / Assessment

The approach for 2024/25 will recognise the need to provide a clear steer into the organisation and operational teams on the priorities for 2024/25 through a set of planning parameters. The plan for 2024/25 will have quality and safety at its heart but through a sustainability lens with an unequivocal focus on maximising use of core and existing resources.

In support the of the planning approach outlined there will be five planning principles used to develop the annual plan:

1. Develop a plan which outlines our three-year intent as a step towards sustainable and safe services that will be the foundations for an IMTP in 2025/26.
2. The planning processes as a supportive tool to respond to the planning parameters, reaffirm and realise the agreed organisational priorities, divisional priorities, financial recovery plans and marmot region recommendations.
3. Quality Strategy as a golden thread and patient safety will be prioritised above all else and demonstrated through quality impact assessments,
4. The financial context will determine our ambition for new areas of investment and ensure maximisation of resources (efficiency).
5. The plan will be developed based off the existing workforce recognising that any expected increase due to new or additional roles is unlikely to be realised due to national recruitment and retention issues.

1. Priorities

The diagram included as **Appendix 1** provides a summary of the identified organisation priorities to be shaped by the Committee. The priorities identified fall under five themes:

1. Prevention and Population Health.
2. Improving patient experience and timeliness of care in our urgent and emergency care system focusing on access and discharge pathways.

3. Continuing to prioritise cancer, urgent and the longest waiting patients for planned care.
4. Progressing our place-based models of care in primary and community services.
5. Improving our Mental health services.

These priorities will be delivered through the Clinical Futures Programmes and Value and Sustainability programme. The committee is asked to note that there may be changes to the Ministerial Priorities once the planning framework has been issued by Welsh Government, there is an expectation that priorities for children and prevention will be added.

It should also be noted that the national discussions on the financial outlook, settlement, and assumptions for next year are, at time of writing, still emerging. Once further clarity is received, this will be fed into the planning process.

2. Parameters

In recognition of the current financial challenges there is a requirement to have clear parameters in place for the Annual Plan. These parameters prove some fixed "rules" against which Divisions and corporate teams will develop their plans. They are framed around 4 key areas:

- Capacity – Beds and flow.
- Planned care and Cancer.
- Service Changes and Efficiency Opportunities.
- Resources – Workforce and financial.

These parameters have been developed through the cross organisational planning network and tested through discussion at Executive Committee and are summarised below:

Beds & Flow	
Parameter	Agreement
1. Bed Reductions to 1478 (Clinical Futures bed base) excluding Mental Health by April 24.	A reduction Four wards by March 31st, 2024.
2. Stroke reconfiguration will be completed by April 24.	Agreed.
3. Critical Care Model needs based assessment will be undertaken.	Hold beds at current levels as a minimum, subject to current review.
4. Reduction in the number of Pathway of Care Delays.	Planning for a decrease, % decrease to be determined through dynamic planning aligned with discharge programme objectives and enabler of bed reductions.
5. Number of ambulance patients hand overs target.	Eliminate over 2 hours from April 1st.

6. Eliminate 24 and 12 hours in Emergency Department.	Eliminate 24 hours and significantly reduce 12 hours proportion to be agreed.
7. Medical take optimum configuration.	To be determined through service planning reflecting workforce availability and dynamic planning.
Planned Care & Cancer	
Parameter	Agreement
8. Treatment of Cancer remains top priority.	Agreed % of capacity for Cancer/Urgent/Elective to be determined in forecasts.
9. Reduction in backlog of cancer patients waiting >62 days and patients starting definitive cancer treatment within 62 days from point of suspicion.	Reduction to be determined through cancer programme forecast and assessment of available capacity.
10. INNUS will be reviewed for areas of low value.	Expectation total number will reduce, and this will be determined through dynamic planning however not factored in as an activity benefit
11. Cessation and backfill prioritisation principles will remain	Areas where cessation and backfill has stopped will not be restarted
12. All 4 stages (total wait) will be monitored, improvement targets set for total wait only.	Agreed.
13. No patients waiting more than 104 weeks (new outpatient appt/ treatment).	Agreed.
14. Patients waiting more than 36, 52 (new outpatient appt/ treatment).	Determined following capacity planning and prioritisation using the team effectiveness D and C with Divisions.
Service Change & Efficiency Opportunities	
Parameter	Agreement
15. Ophthalmology Southeast programme efficiencies.	Set regionally and included in dynamic planning.
16. Efficiencies for Ambulatory Care Optimisation will continue for 24/25.	Agreed.
17. Clinical Futures programmes remain, where applicable priorities realigned for value and sustainability.	Agreed.
18. Outpatient Transformation, quantifiable efficiencies.	Set nationally and included in dynamic planning, local assessment of deliverability.
19. Theatres Maximisation quantifiable efficiencies to be set for inclusion in	Agreed.

dynamic planning – link to GIRFT review.	
20. Primary Care will have mapped variation of clinical sessions impact of enhanced services and sustainability of GP practices.	Agreed.
21. No Managed Practices in Primary Care.	To be in place by Apr 24.
22. Mental Health & LD transformation efficiencies to be set.	To be determined through dynamic planning.
23. Service planning for NHH post RAAC.	Included as priority in dynamic planning.
Workforce & Finance	
Parameter	Agreement
24. Recruitment within budget.	Agreed.
25. Current controls on agency and variable pay remain.	Ambition to eradicate healthcare support worker and off contract agency.
26. Sickness targets.	Agreed to be 5% across all staff groups who are currently above 5%.
27. Outsourcing only in agreed areas.	Agreed.
28. 23/24 Budget roll over at divisional level to achieve a balanced position.	Agreed with consideration of investment and savings.
29. 24/25 pay awards to be funded.	Agreed as assumption.
30. Educational commissioning remains through agreed process.	Agreed.

Fundamental to the success of these parameters is the need for one method of tracking activity through the agreed dynamic planning process. The committee is asked to discuss and endorse these parameters for approval by the Board.

3. Risks and Constraints

It's important that there is a transparent understanding on the risks and constraints associated with the priorities and parameters outlined:

- The financial deficit for Health Board may remain prompting a need for a further annual plan in 2025.
- The Planning Framework is due to be issued in late Autumn which may have additional priorities.
- The planned reductions to beds will reduce capacity during Winter.
- Public Engagement may lengthen timescales for implementation of change.
- Public sector financial challenge constraining partnership development
- Industrial action would impact on capacity and delivery plans.
- Any Backfill priority change may affect deliverability of planned care targets.
- Rota shortages due to variable pay parameters may impact pace of change.

4. Next Steps

The key next steps until the annual plan submission are:

Sept:	✓ Coordination of planning, workforce and finance milestones to strengthen integrated planning approach ✓ Annual Plan assumptions shaped ahead of Directorate meetings
Oct:	• **Planning parameters and priorities** tested with and shaped by Executive • Integrated planning information issued to Divisions
Nov:	• **Annual Plan parameters and priorities** approved by Executive Committee, PPHC & Board • Activity Profile Review with Directorates • NCN plans developed • Divisional plans developed (financial recovery schemes & top priorities)
Dec:	• Enabling Plan cross-check to ensure capture divisional priorities • Health Board Prioritisation process (including 24/25 business cases)
Jan:	• Receive ISPB plan and align to Annual Plan • Engagement programme with TUPF, Llais, RPB • **First draft Annual Plan** shared with Executive Committee & Board
Feb:	• Annual Plan refined feedback from engagement & Board
Mar:	• **Final Annual Plan** submitted to Board for Approval • **Final Annual Plan** submitted to Welsh Government

Argymhelliad / Recommendation

The Committee to **discuss** and **endorse** the priorities and parameters for the Annual Plan 2024/25 for Board approval.

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):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. All apply.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item. All apply.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	Integrated Medium-Term Plan (IMTP) Quality impact assessment (QIA) Minimum Data Sets (MDS) Trade Union Partnership Forum (TUPF) Regional Partnership Board (RPB). Enhanced Local General Hospital (ELGH) Respiratory High Care Unit (RHCU) Interventions not normal undertaken (INNUs) Getting it Right First Time (GIRFT) review
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**Yes not yet available** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies

Appendix 1

PRIORITIES				
Prevention and Population Health	Improving patient experience and timeliness of care in our **urgent and emergency care** system focusing on access and discharge pathways	Continuing to prioritise **cancer, urgent and the longest waiting patients for planned care**	Progressing our place based models of care in **primary and community services**	Improving our **Mental health** services
Pump and Prime in 2023/24				
Diabetes	Stroke Reconfiguration	Cancer & Planned Care Delivery	Access & Sustainability	Recovering Part 1 Performance
Cardiovascular Disease	Rightsizing Bed Base	Outpatient Transformation	Value & Efficiencies incl CHC and Med Mgmt	Complex Needs
Best Start in Life	Ambulatory Care Optimisation	Theatre Maximisation	Redesigning Services for Older People	Adult neurodevelopmental services
Pump and Prime in 2024/25				
Fairer Gwent	Acute Medicine Model	South East Wales Regional Opportunities	Rightsizing Bed Base	Transformation of Community Services
Population Health Management	SWH Rationalisation & NHH Service Model	NHH Service Model	Frailty cared for at home	Rightsizing Bed Base
Pump and Prime in 2025/26				

GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 November 2023
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:	Chris Dawson-Morris, Deputy Director of Strategy, Planning and Partnerships

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides an update of progress in respect of a number of ongoing regional and south Wales service planning programmes. Particularly noted are the development of the three projects within the diagnostic programme (led by Cwm Taf Morgannwg University Health Board) and the Aneurin Bevan University Health Board's current position in response to these.

Cefndir / Background

Health Boards in south Wales remain committed on an ongoing basis to active collaboration where this delivers added value to clinical service delivery, access, and sustainability. Health Board planning teams (joined by clinical, operational, and other colleagues where beneficial) continue to meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience / best practice and to consider future opportunities for closer working to mutual benefit.

Collaborative programmes include formalised arrangements for prescribed services within the southeast, together with the wider review and reconfiguration of specialist services across south Wales where Aneurin Bevan University Health Board is a

stakeholder. Each Health Board is leading a formal programme with Aneurin Bevan University Health Board overseeing ophthalmology, Cardiff & Vale University Health Board overseeing orthopaedics and Cwm Taf Morgannwg University Health Board overseeing diagnostics (consisting of endoscopy, pathology, and community diagnostic hubs)

Asesiad / Assessment

An overview of current programmes is set out below:

Ophthalmology

The ophthalmology collaborative regional programme continues to make steady progress, guided by the key planning priority areas of:

- Ensuring sustainability of key sub-specialties e.g., vitreoretinal services
- Development of a high flow cataracts centre
- Agreement of a comprehensive regional training plan
- Developing the vision, principles, and scope of a future regional eye care centre, where specialist tertiary eye care could be focussed.

Following confirmation of Welsh Government funding (£7M against a total business case bid of £10M) in response to the business case submitted earlier this year, the first phase of the programme is currently being implemented, providing significant additional interim service capacity to address the existing waiting list backlogs. This will comprise core in-house capacity, insourcing and outsourcing and is scheduled to be operational in stages over the rest of 2023/24. Capacity / activity schedules have been re-baselined against the available funding to provide waiting time milestones through 2024.

Planning work is also progressing in respect of the programme's second phase, which will consider options for ensuring sustainable in-house capacity to meet expected future demand across the region. The latest public engagement plan was presented to Llais early in September and received their support. The formal engagement period to seek public views and feedback is now scheduled to begin in November, with pre-engagement sessions arranged in advance at appropriate public events. A successful workshop also took place in October to consider the enabling workforce strategy and initial scoping of glaucoma services as the next sub-specialty plan.

Ophthalmology Electronic Patient Record - The Committee will be aware from previous updates that this national programme to deliver a comprehensive electronic patient record for ophthalmology has experienced a number of technical issues that have delayed implementation and operational go-live planning. Management of the programme has transferred to Digital Health Care Wales, and a revised baseline plan is now being prepared by them – Welsh Government have agreed a target date of the end of November for this, reflecting the significant technical complexities involved. It is hoped that once the revised plan is complete, decisions can be made regarding the timetable for full go-live of the system.

Orthopaedics

This programme is progressing under a regional board chaired by the Chief Executive of Cardiff & Vale University Health Board and with regional clinical / workforce lead roles from Aneurin Bevan University Health Board. The agreed collaborative aim of the programme is to deliver high quality, equitable care and interventions with the best outcomes and experience for patients, whilst balancing orthopaedic demand, capacity, productivity, and efficiency in a sustainable way. This has been broken down into three working objectives:

- Adoption of best practice systematically across the region
- Optimisation of currently underutilised capacity
- Identification of options to provide orthopaedic capacity to address existing backlog and unmet demand.

In delivering these objectives the programme board will work closely with the Welsh National Clinical Strategy for Orthopaedics (NCSOS) exploring the National Clinical Strategy and the Getting it Right First Time (GIRFT) review recommendations. Key current / ongoing actions include the following: -

- Progression of a regional baseline workforce assessment
- More detailed planning work in respect of a potential regional orthopaedic elective centre at Llantrisant Health Park, with the aim of bringing benefits to all stakeholder Health Boards. This includes detailed data analysis to agree the suitable patient cohort.
- Research into the potential for a limited liability partnership (LLP) type payment agreement to facilitate more effective clinical staffing of additional capacity.
- Establishment of a therapy working group to explore the opportunity to develop a regional virtual joint school.
- Review of pre-operative assessment practices, with a view to develop and agree standardised regional service specifications, standards, and protocols.

Aneurin Bevan University Health Board representatives remain fully engaged with the programme at a planning, clinical and operational level.

Diagnostics

The governance arrangements for the regional diagnostic programme are made up of an overall programme board (chaired by the Chief Executive of Cwm Taf Morgannwg University Health Board), and supported by three project boards for endoscopy, community diagnostic centres / radiology and pathology.

Endoscopy

This project is exploring a form of regional working that potentially includes:

- A single service model across a range of sites, with appropriate differentiation of procedures undertaken at each facility where indicated – as determined by D&C data and providing capacity to support Bowel Screening Wales screening optimisation.
- Professional 'JAG' accreditation across all facilities (actual or equivalent)
- 'Single team' philosophy – with common roles, responsibilities, SOPs, skill mix and staff rewards (banding etc)

- Movement towards a single regional waiting list
- Shared approach to effective training, working in collaboration with HEIW via an Academy model.
- 'Good enough' IM&T systems to share data including e-referral, reporting, and onward referral.

As with orthopaedics, the potential use of Llantrisant Health Park (LHP) is being considered as part of the option appraisal process, noting previous work undertaken at a national level to establish longer-term sustainable services.

A project initiation document has been agreed, heavily influenced by representations from the AB teams. A local position statement has also been prepared and shared with regional colleagues, indicating the areas considered by this health board as representing the greatest potential for added value to the region; these include surveillance / screening activity and a regional training hub in liaison with Health Education and Improvement Wales.

The project is currently developing service specifications and documentation to support a tender process for a managed service contract for activity at LHP. Planning and operational engagement is being maintained in respect of this to ensure consistent standards and processes, although it is not currently anticipated that our local service would wish to use this option to support core activity in the near future.

Community Diagnostic Hubs / Radiology

The project board is overseeing arrangements for the establishment of community diagnostic hubs (CDHs) across the region to address existing waiting times, backlogs, and accessibility constraints. The nationally agreed overarching criteria for these are:

- The need for accessibility
- To be sited in areas of deprivation
- Able to be accessed across Health Board boundaries.

Whilst colleague health boards are prioritising use of a managed service contract with a private sector partner for the delivery of this, the service within Aneurin Bevan University Health Board is pursuing an in-house development, as this is considered to provide the best option in terms of affordability, deliverability, and sustainability. This is based on the provision (via capital funding) of a second MRI scanner at the Grange University Hospital (GUH), thereby freeing up capacity for a CDH on a local general hospital site (likely to be Ysbyty Ystrad Fawr) and additionally bringing benefits of new service capacity to meet expected future demands and of addressing the 'single point of failure' risk of the existing scanner at GUH. Capacity at the CDH would be made available to colleague health boards. A business justification case has been prepared and has been endorsed in principle by the Executive Committee, pending confirmation of capital funding.

The regional project is currently progressing formal tender and procurement arrangements for a managed service contract. As with the endoscopy project, an Aneurin Bevan University Health Board position statement has been prepared in respect of this, noting the significant financial and timescale commitment that a managed contract implies and emphasising the need for a full option appraisal before

final decisions are taken. As an example, given that workforce constraints are currently preventing full utilisation of radiology assets in other parts of the region, it is considered important that the potential for joint recruitment initiatives is explored to maximise the added value of collaborative regional planning.

Pathology

A Regional Pathology Steering Group is finalising a number of options in response to the recognised fragility of current pathology services due to workforce challenges; inadequate estates/facilities, inadequate digital infrastructure, increasing demands on pathology services due to post Covid-19 recovery and the detrimental effect that insufficient capacity in the current system is having on patient waiting time and diagnosis. The project has been created to oversee the identification, development, and implementation of regional pathology solutions in Southeast Wales to create a robust, sustainable, future proofed and patient-focussed service.

In engaging with the development of the project, Aneurin Bevan University Health Board representatives recorded some concerns regarding the content of the project initiation document and have forwarded comments with the aim of ensuring a full consensus on plans and priorities over the coming months. A revised document is currently awaited following these discussions.

All pathology disciplines will be included in this work, but it has been recognised that in the first instance the focus will be on Cellular Pathology as the highest priority within the service. Key ongoing actions involve evaluation of a seven-day working pilot and scoping a high-level service specification and location (options include Llantrisant Health Park and the Cardiff Edge site being utilised for genomics) for a regionally based service. A working group has also been established to develop a management model and standardisation strategy.

It has been agreed that a comprehensive digital cellular pathology system is a pre-requisite for meaningful regional service collaboration and integration, whilst the funding position for this is currently uncertain, contingency plans will be developed to ensure that maximum benefit for the service can still be realised.

Aneurin Bevan University Health Board representatives remain fully engaged with the programme at a planning, clinical and operational level.

Cancer Services

Implementation continues for the approved clinical model of acute oncology services across Southeast Wales. The project has seen successful implementation of phase one of the work, including establishing consistent provision of Acute Oncology nursing, service pathways and the delivery of regional multi-disciplinary teams for Cancers of Unknown Primary, meaning patients from across three health boards are receiving faster access. The work is now progressing on schedule from implementation to business as usual, with a regional network manager due to be appointed in November.

Construction of the new satellite radiotherapy unit at Nevill Hall Hospital continues to progress, with completion now scheduled for February 2025. This will provide radiotherapy services fully aligned with the satellite specification issued by Velindre NHS Trust and will provide additional capacity to deliver a range of patient benefits. A steering group, chaired by the Executive Director of Therapies & Health Science is

progressing the arts and environment elements of the scheme, in collaboration with Velindre NHS Trust colleagues and supported by a professional arts curator.

A renewed governance approach to cancer planning in the southeast has now been established to mirror the arrangements across ophthalmology, orthopaedics, and diagnostics. The programme is hosted by Aneurin Bevan University Health Board, with the Chief Executive acting as the Senior Responsible Officer. A workshop is being arranged for November to review plans and priorities and agree an updated timeline for the programme.

The bi-lateral partnership group set up between Executives of the Health Board and Velindre Trust is now meeting regularly to ensure there is joint and collective oversight and ownership of mutual projects and priorities such as the Satellite Radiotherapy Unit in Nevil Hall.

Welsh Sexual Assault Service (WSAS – formerly SARC)

Health boards, police forces, Police and Crime Commissioners and third sector partners continue to work closely to implement and deliver the new service model for sexual assault services in South Wales, Dyfed Powys, and Gwent. This involves an enhanced hub for acute services at Cardiff Royal Infirmary (CRI), supported by spoke facilities in Risca and Merthyr. The model will provide a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance (including new ISO accreditation that was required to be in place by October 2023 as a forensic standard for the collection of evidence.), and ensures robust governance arrangements. Current programme progress is as follows:

Phase 1 – provision of ISO accredited acute SARC hubs.

This has been achieved in line with the target date of October 2023. Plans for a new purpose-built centre on the CRI site are currently awaiting clarification of capital funding availability.

Phase 2 – provision of the SARC spokes, which includes the provision of the independent sexual violence advisors (ISVAs), counselling services and crisis workers.

A Commissioning Framework is required to identify specific care standards and service specifications for SARC commissioning going forward, and it has been agreed to use the widely adopted CAREMORE model. A task and finish group is being established for this purpose, and will undertake a series of workshops over the rest of 2023/24 with victims and survivors to develop appropriate service standards and descriptors. This will be developed further in 2024/25 to identify service gaps and agree the detailed service specifications and future commissioning approach to support the CAREMORE model.

A separate workstream (led by the police) is reviewing the configuration of the forensic medical examination (FME) service.

Health Board clinical, finance and planning representatives remain fully engaged with the programme.

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

The key aims and benefits of this programme include:

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

Following approval of the strategic outline case (SOC), the priority for the programme is now to develop the Outline Business Case for submission in 2024. A workshop for all stakeholders (originally planned for September) has now been postponed until December, pending confirmation of Welsh Government approval to proceed with the outline business case. The timelines for construction are being reviewed on this basis, with full operational implementation of the new service now likely to be in 2026/27.

ABUHB remain fully engaged with regular clinical, planning, and financial / commissioning input.

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

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

A new working group has been established for the next phase of the programme with the following objectives: -

- To develop a set of impact assessments that will be used to understand and inform the development of mitigations to address any impacts that arise from the adoption of the recommended service model.
- To develop a proposal for a formal collaborative interim service model to support the delivery of HPB surgery and support the transition to an integrated service model.
- To develop a proposal to improve the management of patients with severe acute pancreatitis.
- To undertake a patient engagement exercise to is to gain an understanding of patient experience, and to identify the factors that patients consider to be critical to inform the recommendation on the future service model.
- To undertake a public engagement exercise to inform the recommendation on the future service model for HPB surgery.

The Health Board remains engaged in the programme, with clinical / planning input and feedback to the service as required to ensure a common understanding of programme progress / decisions and to facilitate timely responses to any requests from the programme for information, decision feedback etc.

Stroke Services

The National Stroke Programme Board is supporting health boards in taking forward a national piece of work to re-design stroke services across Wales into a Hyper Acute Stroke Model. This involves the setting up of regional stroke centres and is well-advanced in areas where significant collaboration between health boards is required to deliver sustainable reconfigured services e.g., between Cardiff & Vale / Cwm Taf Morgannwg University Health Boards and between Swansea Bay / Hywel Dda University Health Boards

Aneurin Bevan will be established as a single health board region / operational delivery network, with self-contained services for all but specialist tertiary interventions such as thrombectomy. Acute services are already configured in a form consistent with national guidelines and Getting It Right First Time (GIRFT) programme recommendations, and the key current priority for the service is to review the configuration of rehabilitation services (which are acknowledged as being spread too thinly to be effective against the latest service delivery guidelines, and do not currently have sufficient workforce to ensure appropriate service levels on a safe and sustainable basis). An urgent service change to temporary single-site working has been agreed with Llais and is expected to be implemented during November. This will ensure service safety and continuity, pending wider public engagement in 2024 to inform decisions on the permanent service configuration.

Full engagement with the national programme is being maintained to ensure local population needs get optimal benefit from the new arrangements and any central resource opportunities. Progress at national level has been affected by organisational changes relating to the NHS Executive and revised national network governance arrangements. Revised timelines are therefore expected for the development of a national business case for change demonstrating current outcomes and the expectations for improvement by delivery of the national standards and the new service models that will follow.

Progress in implementing the GIRFT action plan and the new network arrangements within Aneurin Bevan University Health Board continues to be overseen by the Stroke Delivery Group (chaired by the Executive Director of Therapies and Health Science), with a performance update report scheduled for the next meeting of the Finance and Performance Committee in December. A recent recruitment process for a (nationally funded) health board programme manager was unsuccessful, and this post will be re-advertised shortly, with planning support retained as required in the interim.

Argymhelliad / Recommendation

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

Further updates will be provided to future meetings.

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

Gwybodaeth Ychwanegol:
Further Information:

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 November 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	National Commissioning Implementation Programme: Programme Initiation Document
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad Purpose of the Report
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This purpose of this paper is to present the final Programme Initiation Document (PID) for the National Commissioning Implementation Programme, which was approved by the Welsh Government Oversight Board at its meeting on 06 September 2023.

The PID establishes the oversight and programme arrangements to implement the recommendations made as an outcome of the independent review of national commissioning functions in Wales.

Cefndir & Asesiad / Background & Assessment

In early 2023, an independent review was conducted to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made are:

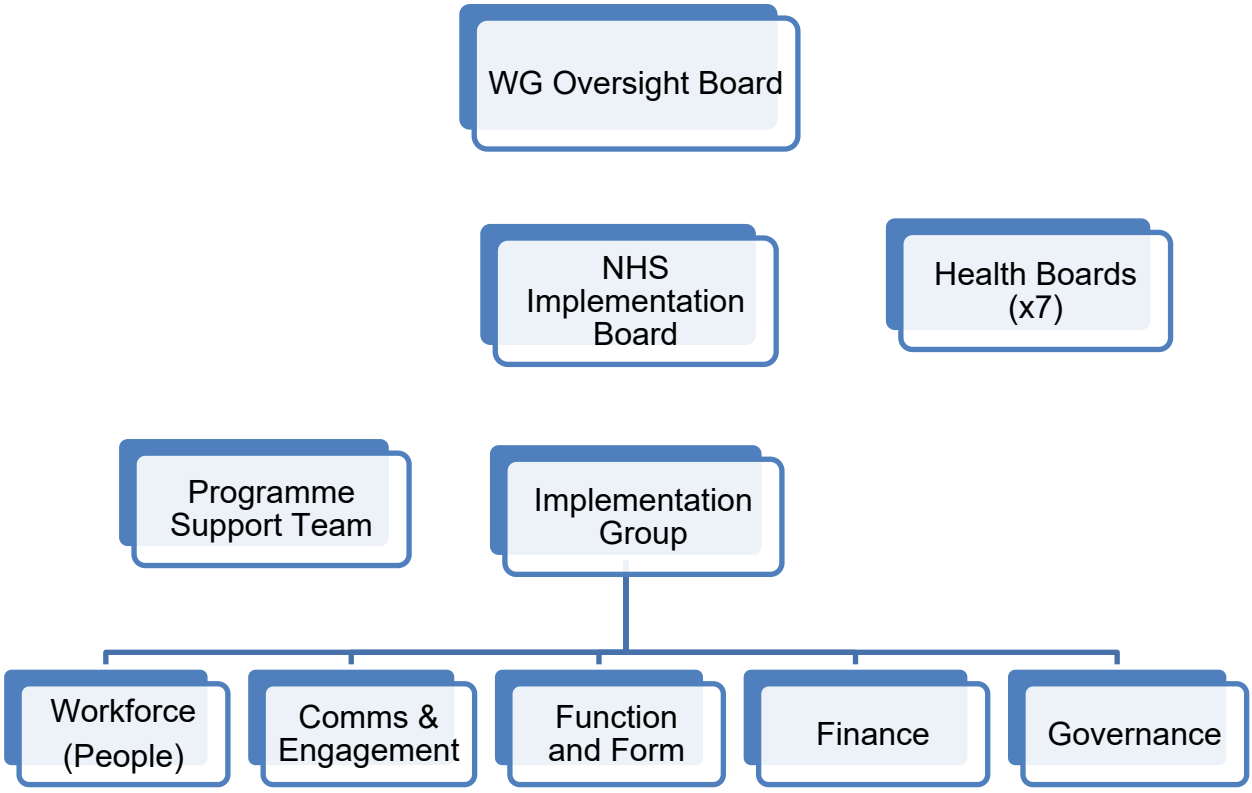
- WHSSC, EASC and NCCU should be combined into a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term "specialist" [or "specialised"] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee creates its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

Programme Structure

A programme structure with five supporting workstreams has been established to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.



Alongside the PID, a set of terms of reference have been developed and approved through the programme structure, which can be found as Appendix 1.

The arrangements and products to be put in place to facilitate 'go-live' on 1 April 2024 include:

- The appointment of a new single Joint Committee with a single Chair, for national commissioning.
- A functional model and operational specifications.
- Completion of the organisational change process.
- Governance model and necessary supporting mechanisms.
- Documented legacy statements to enable evaluation of the new Joint Committee overtime.
- A clear identity.
- Confirmed interim hosting agreement subject to review post implementation.
- Delegation of functions by health boards.
- Relationship with NHS Executive clarified.

Whilst the PID provides a summary of the key milestones and critical timelines to achieve the 1 April 2024 deadline, detailed action plans have been developed for each of the workstreams, with specialist leads identified.

The programme is well underway and progress against actions are being monitored and reported through the structure and to the Oversight Board which is accountable to the Minister for Health & Social Services and the Director General/ Chief Executive of NHS Wales.

Argymhelliad / Recommendation

The Committee is asked to:

- **Receive** and **note** the final PID for the National Commissioning Implementation Programme, which was approved by the Welsh Government Oversight Board at its meeting on 06 September 2023.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate 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. Choose an item. n/a
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. n/a

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Choose an item.
• **Service Activity & Performance**	Choose an item.
• **Financial**	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

Llywodraeth Cymru
Welsh Government

PROGRAMME INITIATION DOCUMENT

Programme Name: National Commissioning Functions Implementation Programme
Programme: National Commissioning Functions Programme

Release Version:
Date:

Author:	Maxine Evans Programme Manager
Owner:	Samia Edmonds Senior Responsible Officer
Client:	Minister for Health and Social Services
Document Number:	Version 0.9

Document History

Revision History First Draft 21 June 2023

Revision Date	Previous Revision Date	Summary of Changes
22-6-23		KP additions
12-07-23	21-07-23	SE and Policy Leads comments and amendments
28-07-23		KP Additions NB Appendices not available in this draft
16-08-23	28-07.23	ME additions reflecting feedback from Oversight Board 09/08/23 and individual comments received
24-08.23	16-08-23	ME additions reflecting feedback from Implementation Board 22/08/23
06-09-23	24-08-23	ME amendments to all references of 'new body' within review recommendations (section 2) replaced with 'new (joint committee) Me amendments – added a high level summary of the workstreams main roles (made clear that legislation requirements fall under the Governance workstream) Me amendments to programme organogram moving programme support team to the side

Approvals This document has been approved by:

Name	Date of Issue	Version
Oversight Board subject to amendments agreed at its meeting on 06-09-23	13-09-2023	0.9

Distribution This document has been distributed to:

Name	Date of Issue	Version
Oversight Board	06-09-2023	0.9
Implementation Board	19-09.2023	0.9
Implementation Group	12-09.2023	0.9
Programme Support Team	19-09-2023	0.9
Health Boards x7	26-09-2023	0.9

CONTENTS		
1	Purpose	4
2	Background	4
3	Programme Relationships	5
3	Programme Definition	6
4	Programme Scope	6
5	Programme Aims and Objectives	6
6	Programme Structure	7
7	Product Breakdown and Deliverables	9
8	Programme Activities and Timeline	9
9	Constraints	9
10	Assumptions	9
11	Tolerances	9
12	Risks	9
13	Reporting	9

APPENDICES	
Appendix 1 – Programme Structure	10
Appendix 2 – Oversight Board ToR	11
Appendix 3 – Implementation Board ToR	16
Appendix 4 – Implementation Group ToR	21
Appendix 5 – Programme Activities and Timeline	26

Programme Initiation Document:
National Commissioning Implementation Programme

1. Purpose

This Programme Initiation Document (PID) establishes oversight and programme arrangements to implement the recommendations made as an outcome of the independent review of national commissioning functions in Wales.

The PID addresses the following fundamental aspects of the programme:

- The stages and phasing of the programme.
- The aims and objectives of the programme.
- The expected benefits and outcomes of the programme.
- The roles and responsibilities of those involved in managing the programme.
- Delivery of the programme.

2. Background

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the independent review recommendations made are:

- WHSSC, EASC and NCCU should be combined to form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.

- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee create its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

3. Programme Relationships

Key to the programme is the recognition of the relationship between the extant two Joint Committees and the seven Local Health Boards (LHBs).

Local health boards have a statutory responsibility for the commissioning and provision of services to meet the needs of their populations. Whilst they remain accountable, two Joint Committees were established as national, hosted bodies to support LHBs in discharging their commissioning function for an agreed portfolio of services. Health Boards provide the funding for these Joint Committees who have been given delegated responsibility for decision making via the seven Chief Executives on behalf of their individual Boards.

- **Welsh Health Specialised Services Committee (WHSSC)** - established in 2010 to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is responsible for the joint planning of specialised and tertiary services of the LHBs.
- **Emergency Ambulance Services Committee (EASC)** - established in 2015 with responsibility for planning and securing sufficient emergency and non-emergency ambulance services for the population. It includes the Welsh Ambulance Services NHS Trust (WAST) and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance).
- **The National Collaborative Commissioning Unit (NCCU)** - responsible for delivering national commissioning programmes for mental health and learning disability services. The NCCU is managed by the Chief Ambulance Services Commissioner (CASC).

4. Programme Definition

The Programme is defined as:

Implementation of the recommendations made as an outcome of the independent review of national commissioning functions in Wales.

5. Programme Scope

The Programme will include the following:

- WHSSC, EASC, NCCU commissioning bodies (the services that are currently commissioned by these bodies is included at appendix 4 – to be finalised in final draft)
- NHS 111 Wales Service – commissioning (not service delivery)
- Sexual Assault Referral Centres (SARC) commissioning (not service delivery)

6. Programme Aim and Objectives

The overall **aim** is:

To fully implement the Ministerial Directive following the independent review into national commissioning. Within this aim, the following principles from the original terms of reference will need to be considered:

- Improving outcomes and reducing inequalities
- Adding further value to the NHS system in Wales
- Strengthening and streamlining of commissioning functions, and associated decision making
- Building on evidence of good practice
- Supporting the development of commissioning expertise within the NHS in Wales
- Maximisation of national commissioning capacity and capabilities
- Minimal disruption to the system
- Minimal disruption to the existing workforce within WHSSC, EASC/ NCCU, the NHS 111 Wales programme and the SARC commissioning service
- Any changes to be implemented should be resource neutral as a minimum and will maximise the value and efficiencies delivered by current commissioning arrangements as the new Joint Committee matures (post April 2024)
- Exploit where possible, economies of scale through the establishment of a new Joint Committee by 1 April 2024.
- Enhanced improvement in transparency, rigour and accountability to the delivery of commissioned services through the new Joint Committee to health boards

The overall **objective** of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate ‘go-live’ on 1 April 2024 include:

- The appointment of a new single Joint Committee with a single Chair, for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- Documented legacy statements to enable evaluation of the new Joint Committee overtime

- A clear identity
- Confirmed interim hosting agreement subject to review post implementation
- Delegation of functions by health boards
- Relationship with NHS Executive clarified

7. Programme Structure

See **Appendix 1** for organigram of the programme and workstream structure

7.1 Welsh Government Oversight Board

An Oversight Board will be established by Welsh Government, which will provide the strategic oversight, assurance and control of the overall strategic direction of the programme to create a new national commissioning Joint Committee, which will act on behalf of the seven health boards. It will champion the vision and objectives of the new Joint Committee at a senior level to oversee progress and to lead on the statutory, regulatory and legislative requirements for the establishent of the new committee by 1 April 2024. The Oversight Board will be accountable to the Minister for Health & Social Services and the Director General/ Chief Executive of NHS Wales. Its terms of reference (draft) can be found in **Appendix 2.**

7.2 NHS Implementation Board

The Joint Committees of WHSSC and EASC will form the basis of the programme's Implementation Board. It will lead on the execution of the programme providing assurance and advice to the Oversight Board. Within its responsibilities, it will ensure delivery of the programme of activities as set out in the PID, to facilitate the co-ordination, delivery and timescale for the development of a single commissioning joint committee for Wales in line with the review's recommendations and the decision of the Minister for Health and Social Services. Membership will be adapted to reflect and further explore other national commisisoning oportunities, including the commissioning of 111 services and SARC services. The Implementation Board will be provide assurance and make recommendations to the WG Oversight Board. It will retain some delegated decision making on minor matters to ensure the timely progression of certain milestones. Through its membership, the Chief Executive Officers will provide assurance to their individual Health Boards and CEO Leadership Board, on the direction and decisions of the programme. Its terms of reference (draft) can be found in **Appendix 3.**

7.3 Implementation Group

The Implementation Group will act as the sounding board between the Programme Support Team and the Implementation Board. It will be responsible for generating ideas and providing support and guidance to the workstream leads on an operational level, and for reviewing the outcome of activities and recommendations to be taken to the Implementation Board. Membership will be drawn from WHSSC, EASC, the NCCU, 111 and SARC services, and will meet monthly. Its terms of reference (draft) can be found in **Appendix 4.**

7.4 Programme Support Team

The Programme Support Team will be responsible for carrying out the programme activities through five dedicated workstreams, ensuring that timescales are met. Within its responsibilities, it will ensure all risks and issues are identified, logged and flagged

through the programme structure as appropriate. The Programme Support Team will undertake all administrative tasks associated with the programme including the production of workstream highlight reports, papers and action notes for the Implementation Group and Implementation Board. Membership will be drawn from WHSSC, EASC, the NCCU, 111 and SARC services.

7.5 Workstreams

1. Workforce (People) –
    a. Management of the Organisational Process (OCP)
    b. Values and Behaviours
2. Comms and Engagement
    a. All communication and engagement with staff
3. Function and Form
    a. Functions and future structure of the new Joint Committee
4. Finance
    a. Merger of budgets, financial systems and supporting standing financial instructions
5. Governance
    a. Supporting legislation and governance framework for the new Joint Committee

8. Product Breakdown and Deliverables

The following are the high-level deliverables within the programme:

- Programme approval.
- Development of programme infrastructure.
- Reporting of risks, mitigations and progress to the WG Oversight Board.
- Scoping the current commissioning Joint Committees.
- Communication and engagement with affected staff.
- Communication with external stakeholders.
- Completion of Organisational Change Process (OCP).
- Establishment of infrastructure for new single commissioning Joint Committee and its management structure including any required statutory or regulatory instruments.
- Establishment of governance arrangements.
- Recruitment of single Chair and independent members to the new Joint Committee.
- Development and agreement of Model Standing, Reservation and Delegation of Powers and Standing Financial Instructions for issue to new Joint Committee and Health Boards.
- Launch of the new Joint Committee

9. Programme Activities and Timeline

A summary of key milestones, by month and workstream, can be found in **Appendix 5.** Each workstream lead will develop its own detailed work plan to underpin the delivery of the programmes activities within the agreed timescales.

10. Constraints

- Capacity of programme implementation team.
- Timeframe for Ministerial decision.
- Timeliness and availability of information and documentation required from each organisation affected (WHSSC, EASC, NCCU, 111 and SARC).
- Capacity of workforce to focus on the establishment of the new Joint Committee whilst performing current roles and responsibilities.
- Availability of resources to deliver programme.

11. Assumptions

Assumptions made in the planning of this programme are:

- This is a priority for Welsh Government and the organisations affected.

12. Tolerances

To be agreed by the Oversight Board but deadline for go live of 1st April 2024 is a fixed point.

Shadow running period can be flexed.

13. Risk

A risk register for the programme will be developed and maintained as the programme progresses. This will assess and identify actions to mitigate the constraints highlighted above.

14. Reporting

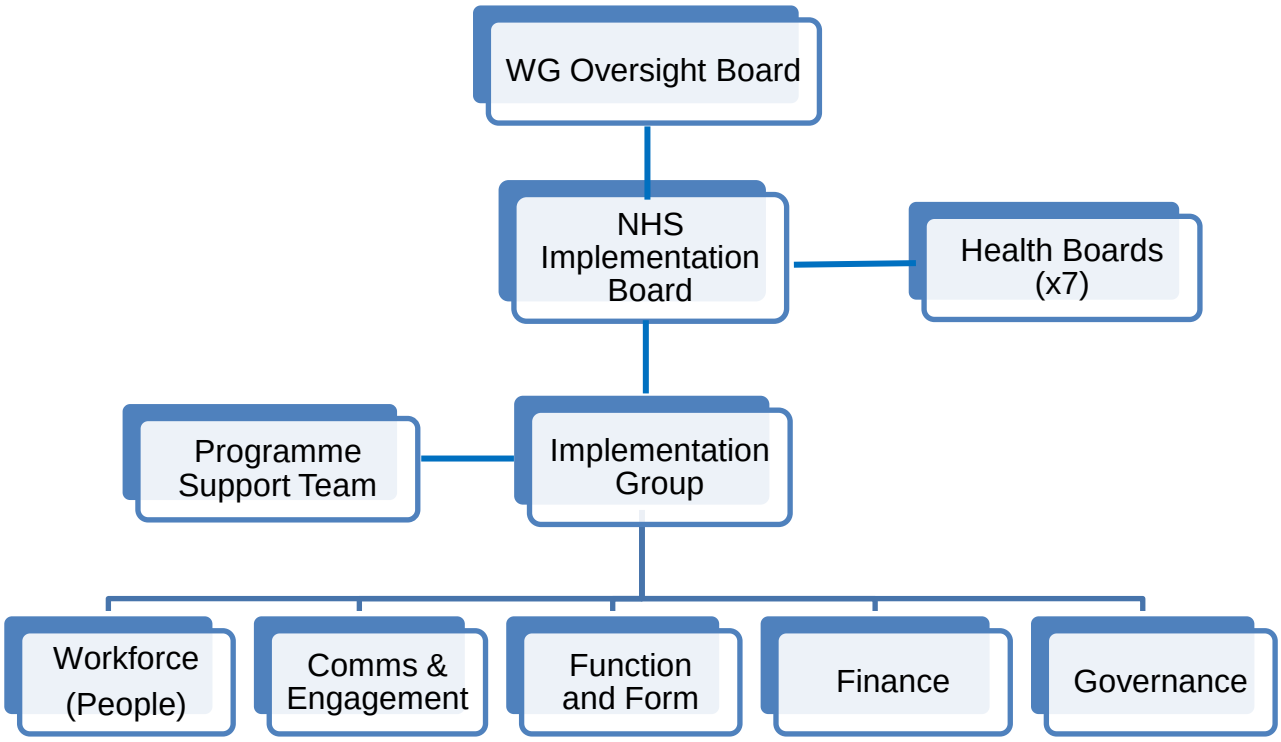
The programme will report to the Implementation Board, which will feed into the Oversight Board which has overall accountability for the delivery of the programme.

Update reports will be taken to both Boards on a monthly basis.

15. Footnote

This programme is separate to the Care and Support programme which is pending establishment. However, shared learning that can be brought into this programme will be considered.

Appendix 1 - National Commissioning Implementation Programme/Workstream Structure



Appendix 2 - Oversight Board Terms of Reference

National Commissioning Functions
Oversight Board

Terms of Reference v0.5

---

1. Context

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made are:

- WHSSC, EASC and NCCU should be combined into a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee) creates its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

2. Purpose of the Oversight Board

The overall objective of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate ‘go-live’ on 1 April 2024 include:

- The appointment of a new single Joint Committee for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- A clear identity
- Confirmed hosting agreement
- Delegation of functions by health boards
- Clarify the alignment and interface with the NHS Executive, particularly in relation to the commissioning of 111 services and the relationship with national programmes more broadly

In this context, the Board will provide the strategic oversight, assurance and control of the overall strategic direction of the programme to create a new national commissioning Joint Committee, which will act on behalf of the seven health boards. It will champion the vision and objectives of the new Joint Committee at a senior level to oversee progress and to lead on the statutory, regulatory and legislative requirements for the establishment of the new Joint Committee by 1 April 2024.

The Oversight Board will be accountable to the Minister for Health & Social Services and the Director General/Chief Executive of NHS Wales.

Updates will also be provided to the Health & Social Services Group Executive Directors Team and the NHS Wales Leadership Board.

Specifically, the Board will:

- Provide assurance to the SRO about the deliverability of the programme, including the designated workstreams.
- Support the SRO with decision making.
- Enable the SRO to provide briefings to the Minister for Health & Social Services, the Director General/ CEO of NHS Wales and the Public Bodies Unit.

- Support the programme with the management of key stakeholders.

3. Remit of the Board

- The NHS Implementation Board will report to the Oversight Board which, in turn, will support the SRO with assurance and decision making.
- Ensure the resources required are regularly reviewed and considered against agreed programme deliverables.
- To provide scrutiny and seek assurance from the Implementation Board to enable the Oversight Board to support the SRO in decision making and provide assurance to the Minister for Health and Social Services and the Director General/Chief Executive for NHS Wales
- Provide a point of escalation and resolution for significant risks and issues which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Provide a point of escalation and resolution for areas of dispute which cannot be managed or agreed within the implementation arrangements that may impact on delivery.
- Provide the SRO with advice, guidance, and assurance on matters of governance to ensure the programme is managed in line with Welsh Government PPM requirements.
- Provide the assurance mechanism to the Minister for Health & Social Services and the Director General/ CEO of NHS Wales on the implementation of the recommendations from the independent review of national commissioning functions.

4. Membership

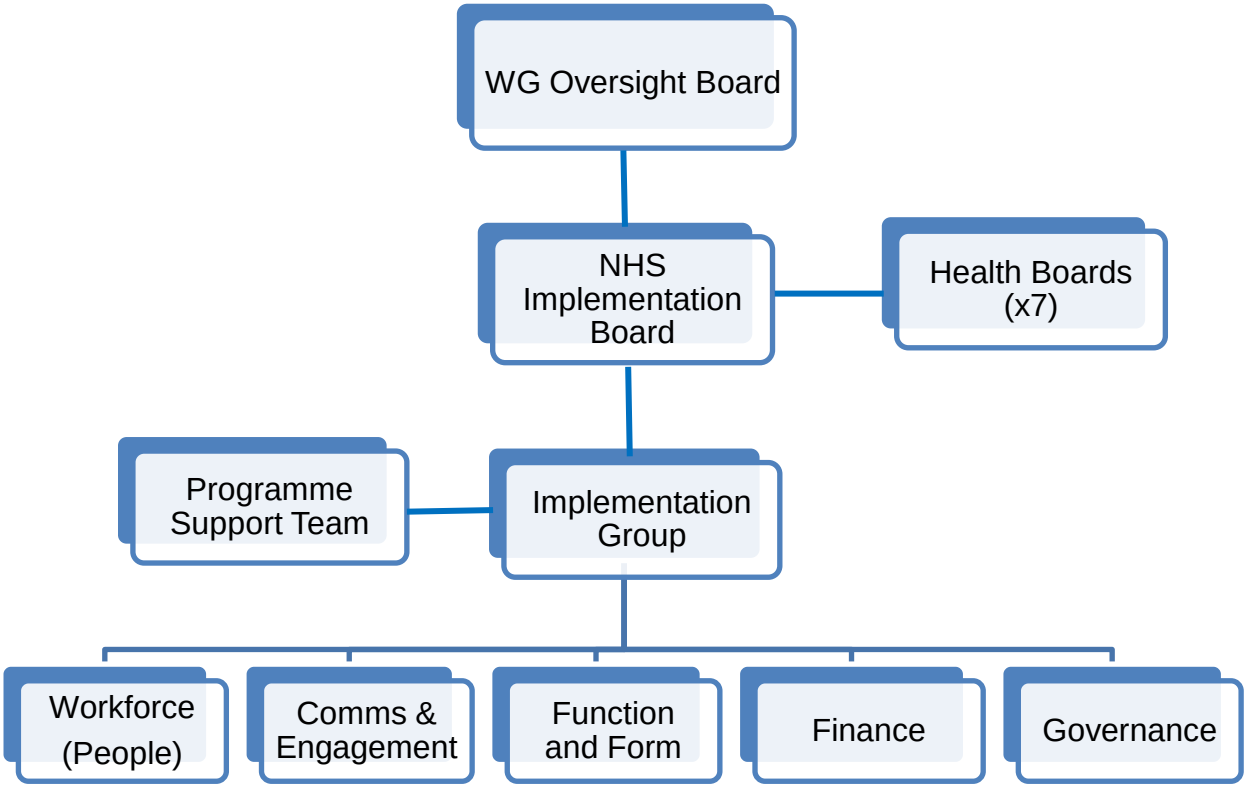
- **Chair/SRO:**
  - Samia Edmonds
- **Deputy Chair:**
  - Chris Jones, DCMO
- **Hosting body representatives and lead CEOs**:
  - Paul Mears
  - Nicola Prygodzicz
- **Chairs of the current national commissioning functions:**
  - Kate Eden
  - Chris Turner
- **Directors of the current national commissioning functions:**
  - Sian Lewis
  - Stephen Harrhy
  - Richard Bowen
- **Policy Leads:**
  - Melanie Westlake (NHS Wales Governance)
  - Aled Brown (Urgent & Emergency Care)
  - Pat Vernon (WHSSC)
  - Iain Hardcastle (Planning)
  - Finance (tbc)
  - Workforce?

- **Independent members**:
  - Mari Williams (Legal Services)
  - Christopher Griffiths (Legal Services)
- **Observers**:
  - Programme Director
  - Programme Lead

Audit Wales will act as an independent strategic advisor. Papers of all meetings will be shared routinely.

Additional members will be co-opted as necessary to ensure the Board fully meets its purpose and work plan.

5. Accountability/ Structures



6. Meetings

- The Oversight Board will meet monthly, and as required to meet the requirements of the programme.
- Members are permitted to send a deputy if unavailable to attend. Notification must be provided to the Chair in advance.
- It will be quorate with the following members present:
- Chair or Deputy Chair; at least two WG policy leads; at least two representatives from the national commissioning bodies; and one representative from a hosting body.

- Other WG & NHS directors / senior leaders to be invited to oversight board meetings as necessary, depending on subject matter to be discussed.
- Standing agenda items will include:
    - programme update;
    - highlight reports;
    - risks and issues;
    - programme decision log;
    - communications and engagement.
- Secretariat will be provided by the Health & Social Service Group Planning Team with a record maintained of actions and decisions, and progress monitored through the overall programme plan.

7. Agenda/Papers

- The agenda will be based on items agreed with the chair.
- Members may submit agenda items with notice as far in advance as possible.
- The agenda and papers will be circulated three days prior to the meeting.
- Programme overview and workstream highlight reports will be prepared in the prescribed format.

8. Close

The programme board will conclude upon completion of its business and as agreed by the SRO.

Appendix 3 - Implementation Board Terms of Reference

National Commissioning Functions
IMPLEMENTATION BOARD

Terms of Reference v0.10

---

9. Context

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made are:

- WHSSC, EASC and NCCU should be combined to form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee create its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

10. Purpose of the Implementation Board

The overall objective of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate ‘go-live’ on 1 April 2024 include:

- The appointment of a new single Joint Committee with a single Chair, for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- Documented legacy statements to enable evaluation of the new Joint Committee overtime
- A clear identity
- Confirmed interim hosting agreement subject to review post implementation
- Delegation of functions by health boards

In this context, the Implementation Board will lead on the execution of the programme providing assurance and advice to the Oversight Board.

Within its responsibilities, it will ensure delivery of the programme of activities as set out in the PID, to facilitate the co-ordination, delivery and timescale for the development of a single commissioning Joint Committee for Wales in line with the review’s recommendations and the decision of the Minister for Health and Social Services.

11. Remit of the Implementation Board

The Implementation Board will report, provide assurance and make recommendations to the Oversight Board. It will be responsible for the delivery of the programme, providing assurance to the SRO about the deliverability of the key milestones through the designated workstreams.

Specifically the Implementation Board will:

- Provide expertise to enable the establishment of a single commissioning Joint Committee for NHS Wales, ensuring it is supported by a robust governance structure and remains within the constraints of legislation, regulations and standing orders.
- Review the appropriate level of resources for transfer to the new Joint Committee to ensure it can effectively discharge its functions as a platform for a once for Wales commissioning function.
- Provide assurance to the Oversight Board that the programme is being managed and controlled effectively through the Implementation Group.
- Provide a steer and direction to the Implementation Group to ensure progression of the programme within the agreed timescales.
- Provide assurance to the Oversight Board that the change is managed within best practice guidelines, including the NHS Wales Organisational Change Policy, and that staff affected by the change feel supported and valued.
- Monitor programme risks and issues and escalate as appropriate to the Oversight Board.
- Ensure interdependencies across the workstreams are being managed and optimised.
- Escalate significant risks and issues to the Oversight Board which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Escalate areas of dispute to the Oversight Board which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Through routine reporting, providing assurance to the Oversight Board that all project and workstream activities, including critical milestones have been delivered effectively and on time.
- Ensuring timely communication with external key stakeholders.
- Ensure effective management of the project/programme budget,

12. Membership

Recognising that the new commissioning Joint Committee will remain a joint committee of Health Boards membership of the Implementation Board will be drawn from the most senior leaders within the current Joint Committees of WHSSC and EASC, adapted to reflect wider potential national commissioning opportunities, including the commissioning of 111 and SARC services. It will be co-chaired by the chairs of EASC and WHSSC and will have the following membership. The CEO of PHW has been added as a full member given that one of the recommendations from the Independent Review was to secure public health input to the new commissioning Joint Committee.

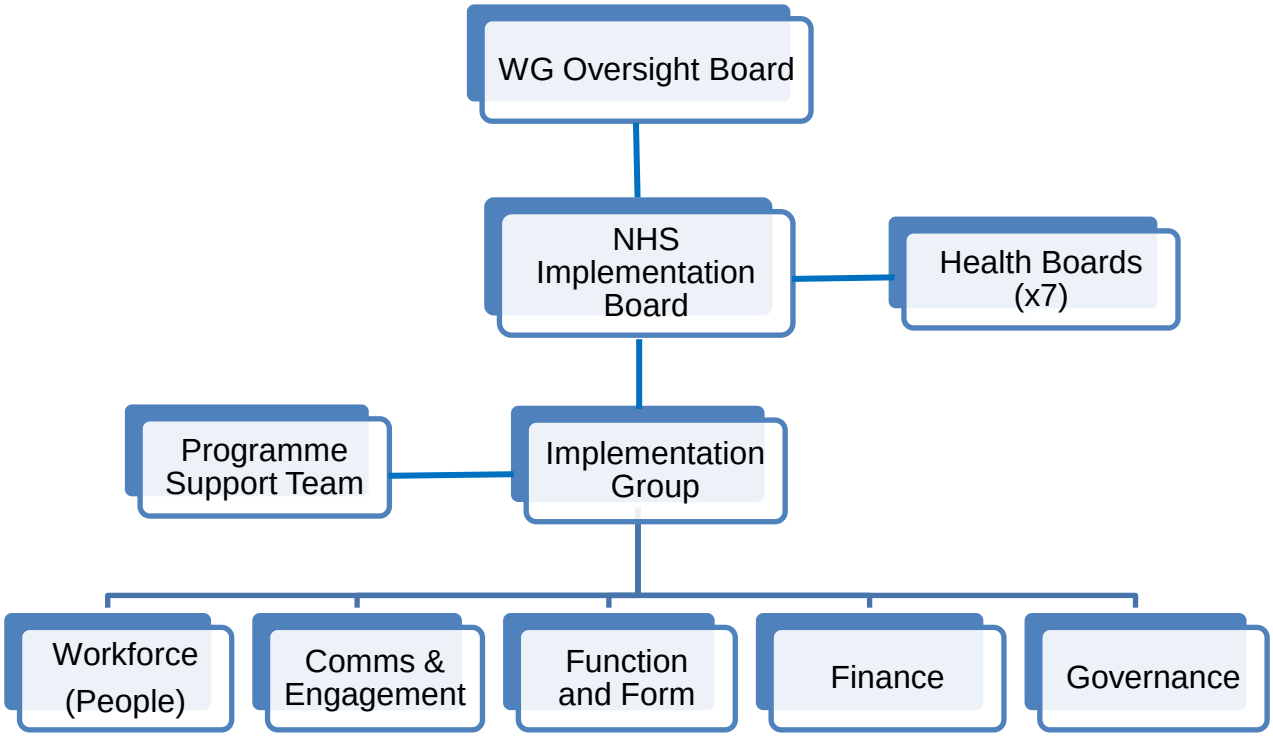
- **Members:**
    - Co-Chairs x 2
    - WHSSC Vice Chair and Independent Members (x 2)
    - Health Board Chief Executive Officers (x 7)
    - Chief Executive Officer Public Health Wales
    - Chief Ambulance Services Commissioner

- Managing Director WHSSC
- Chair of all Wales Directors of Planning
- Director of the National Programme for Urgent & Emergency Care 111 and Six Goals Programme
- Director of Finance WHSSC, EASC/NCCU

- **In Attendance:**
  - Programme Director for Project
  - Committee Secretaries x 2
  - Chief Exec WAST
  - Chief Exec Velindre
  - Programme Manager for Project

Additional members will be co-opted as necessary to ensure the Board fully meets its purpose and work plan.

13. Accountability/ Structures



14. Meetings

- The Implementation Board will meet monthly, and as required to meet the requirements of the programme.
- Members are permitted to send a deputy if unavailable to attend. Notification must be provided to the Chair in advance.
- It will be quorate with the following members present:
  - One of the Chairs

  - 4 Health Boards (in line with EASC and WHSSC Standing Orders)
  - 1 person representing WHSSC,
  - 1 person representing EASC and the NCCU
  - 1 person representing 111 Programme Board
  - At least one of the programme support team will be expected to be present.
- Standing agenda items will include:
  - Programme update;
  - Highlight reports;
  - Risks and issues;
  - Programme decision log;
  - Communications and engagement.
- Secretariat will be provided by the programme support team with a record maintained of actions and decisions, and progress monitored through the overall programme plan.
- Members of the Implementation Board will be responsible for ensuring that their own organisation is kept fully briefed on the programme. Written briefings will be provided following each meeting to aid this process.

15. Agenda/Papers

- The agenda will be based on items agreed with the chair.
- Members may submit agenda items with notice as far in advance as possible.
- The agenda and papers will be circulated three days prior to the meeting.
- Programme overview and workstream highlight reports will be prepared in the prescribed format.

16. Review

The Terms of Reference will be reviewed within 3 months of the start to ensure purpose remain extant for the duration of the project.

Appendix 4 - Implementation Group Terms of Reference

National Commissioning Functions Implementation Group

Terms of Reference v0.4

---

17. Context

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made are:

- WHSSC, EASC and NCCU should be combined into a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee creates its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

18. Purpose of the Implementation Group

The overall objective of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate ‘go-live’ on 1 April 2024 include:

- The appointment of a new single Joint Committee with a single Chair, for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- Documented legacy statements to enable evaluation of the new Joint Committee overtime
- A clear identity
- Confirmed interim hosting agreement subject to review post implementation
- Delegation of functions by health boards

In this context, the Implementation Group will act as the sounding board between the Programme Support Team and the Implementation Board. It will be responsible for generating ideas and providing support and guidance to the workstream leads on an operational level, and for reviewing the outcome of activities and recommendations to be taken to the Implementation Board.

Specifically the Implementation Group will:

- Provide a steer and direction to the Programme Support Team to ensure progression of the programme within the agreed timescales and provide operational advice to support activities where they are off-track
- Review the outcome of workstream activities to ensure they are fit for purpose prior to reporting to the Implementation Board
- Review all highlight reports and papers prior to sharing with the Implementation Board
- Ensure the programme is being managed and controlled effectively through the Programme Support Team.

- Ensure that the change is managed within best practice guidelines, including the NHS Wales Organisational Change Policy, and that staff affected by the change feel supported and valued.
- Ensure significant risks and issues are being tracked and managed effectively by workstream leads and support them in their risk management activities
- Escalate areas of dispute to the Implementation Board which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Identify interdependencies across the workstreams are identified, managed and optimised.
- Ensure the Programme Support Team is adequately resourced to deliver the programme

19. Membership

- **EASC/NCCU:**
  - Chief Ambulance Services Commissioner EASC/NCCU – Co-Chair
  - Deputy Chief Ambulance Service Committee
  - Clinical Director for NCCU
  - Deputy Director Communications and Engagement (EASC/NCCU)
  - Deputy Director and Head of Nursing (NCCU)
  - Committee Secretary

- **WHSSC:**
  - Managing Director WHSSC – Co-Chair
  - Director of Finance WHSSC and EASC/NCCU
  - Medical Director WHSSC
  - Director of Nursing WHSSC
  - Director of Planning WHSSC
  - Director for Mental Health & Vulnerable Adults WHSSC
  - Committee Secretary

- **111 and Six Goals Programme:**
  - Head of the National Programme for Urgent & Emergency Care 111 – Nicola
  - Workforce and Commissioning Lead for the 111 Programme Board

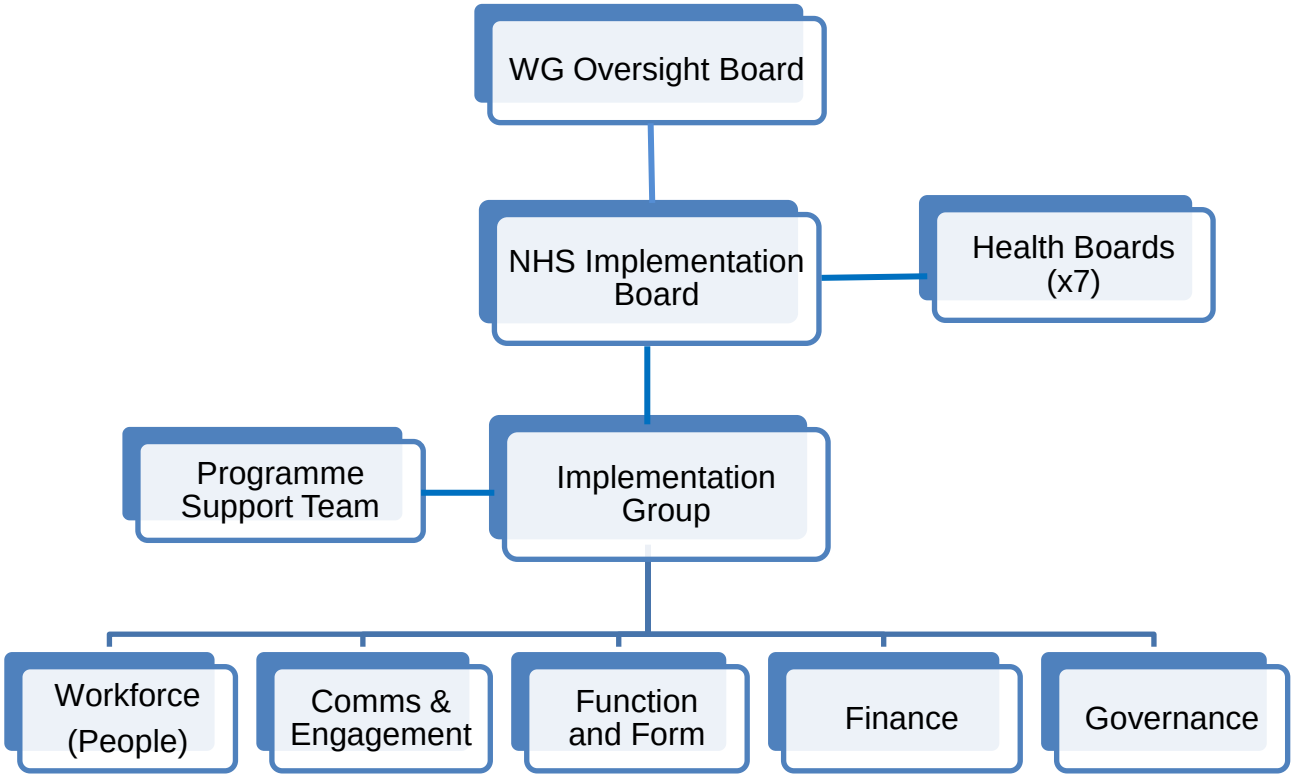
- **Health Boards:**
  - Director of Strategic Planning, or nominated deputy
  - Director of Finance, or nominated deputy
  - Board Secretary

- **Provider:**
  - Executive Director of Operations, WAST
  - Executive Director of Strategic Transformation, Planning and Digital, Velindre

- Programme Director for Project
- Programme Finance Director for Project
- Programme Manager for Project

Additional members will be co-opted as necessary to ensure the Group fully meets its purpose and work plan.

20. Accountability/ Structures



21. Meetings

- The Implementation Group will meet monthly, and as required to meet the requirements of the programme.
- Members are permitted to send a deputy if unavailable to attend. Notification must be provided to the Chair in advance.
- It will be quorate with the following members present:
  - 1 person representing WHSSC,
  - 1 person representing EASC and the NCCU
  - 1 person representing 111 Programme Board
  - 1 person representing Health Boards
  - At least one of the Programme Support Team will be expected to be present.
- Standing agenda items will include:
  - Programme update;
  - Highlight reports;
  - Risks and issues;

  - Programme decision log;
  - Communications and engagement.
- Secretariat will be provided by the programme support team with a record maintained of actions and decisions, and progress monitored through the overall programme plan.

22. Agenda/Papers

- The agenda will be based on items agreed with the chair.
- Members may submit agenda items with notice as far in advance as possible.
- The agenda and papers will be circulated three days prior to the meeting.
- Programme overview and workstream highlight reports will be prepared in the prescribed format.

23. Review

The Terms of Reference will be reviewed within 3 months of the start to ensure purpose remain extant for the duration of the project.

Appendix 5 - Key Programme Activities and Timeline

Month	Key Activities	Workstream
Aug – Sept 23	Sign off PID	
Aug – Sept 23	Establish and provide sign off to programme structure, sub-structure, and terms of reference	
Aug 23	Fully explore opportunities for national commissioning functions with health boards and key stakeholders	Function & Form
Aug 23	Scope 111 and SARC commissioning functions to determine inclusion within the new Joint Committee	Function & Form
Aug 23	Map committee structures, where appropriate, of WHSSC, EASC and NCCU	Workforce
Aug 23	Engage with Trade Unions on proposed new Joint Committee and planned OCP	Workforce
Aug 23	Develop Communication & Engagement Plan, including staff survey, FAQ sheet and staff bulletin to share with affected staff and wider key stakeholders	Comms' & Engagement
Aug 23 – Mar 24	Schedule joint staff meetings for the duration of the programme, to provide key updates and listen to feedback	Comms' & Engagement
Sept 23	Agree name for new Joint Committee (will require Ministerial approval)	Function & Form
Sept 23	Develop and agree commissioning functions for new Joint Committee	Function & Form
Sept 23	Produce legacy statements for WHSSC, EASC, NCCU, 111 and SARC commissioning to support future evaluation of new Joint Committee	Function & Form
Sept 23 – Oct 23	Develop structure for new Joint Committee	Function & Form
Sept 23 – Oct 23	Undertake financial assessment of WHSSC, EASC, NCCU, 111 and SARC commissioned services, and identify a budget for transfer to the new Joint Committee	Finance
Sept 23 – Oct 23	Map all fixed assets and lease arrangements	Finance
Sept 23	Map staffing structures of WHSSC, EASC, NCCU, 111 and SARC commissioning, and gather job descriptions in readiness for OCP process	Workforce
Sept 23 – Oct 23	Confirm structure for Tier 1 (Executive and Senior Management AfC 8c and above)	Workforce

Month	Key Activities	Workstream
Sept 23	Produce Staff Consultation paper for phased OCP process (Tiers 1, 2 and 3)	Workforce
Sept 23	Board secretaries advised of decision-making process and timelines for approval of delegation of functions to their individual Health Boards, and built in to Board agenda's	Governance
Sept 23 – Oct 23	Seek Ministerial approval to proceed with recruitment of a single Chair and Independent Members for the new Joint Committee	Governance
Oct – Nov 23	Develop branding for new Joint Committee in line with guidelines	Function & Form
Oct – Dec 23	Scope IT infrastructure and IG requirements, including transfer of documents, for new Joint Committee (NWSSP and DHCW support required)	Function & Form
Oct – Nov 23	Map all new sources of information re: 111 and SARC	Finance
Oct – Nov 23	Map all contracts for commissioning	Finance
Oct 23	Scope statutory instruments and legislation required for the establishment of the new Joint Committee	Governance
Oct – Nov 23	Scope Governance Framework and identify products for development (SO's, SFI's, Reservation and Delegation of Powers, MoU's, Policies and Procedures)	Governance
Oct 23 – Nov 23	Chief Executives to take agreed delegation of functions of the new Joint Committee to their individual Health Boards (supporting SO's and SFI's under development)	Governance
Oct 23	Carry out 4 week OCP consultation with affected staff and trade unions	Workforce
Oct 23 – Nov 23	Where required, produce and approve through HR process, job descriptions for Tier 1	Workforce
Oct 23 – Jan 24	Commence recruitment process for new Chair	Workforce
Nov – Dec 23	Undertake Tier 1 OCP process (job matching / slotting-in / prior consideration / TUPE)	Workforce
Nov 23	Confirm structure for Tier 2 (Snr/Middle Management AfC 8b - 7)	Workforce
Nov 23	Where required, produce and approve through HR process, job descriptions for Tier 2	Workforce
Nov – Dec 23	Prepare for transfer of documents to new website as appropriate (NWSSP and DHCW support required)	Function & Form
Nov 23 – Jan 24	Develop SO's, SFI's, Reservation and Delegation of Powers and MoU's for approval by committee and boards of Local Health Boards on establishment	Governance
Dec 23 – Jan 24	Undertake Tier 2 OCP process (job matching / slotting-in / prior consideration / TUPE)	Workforce

Month	Key Activities	Workstream
Dec 23	Commence recruitment process for Independent Members	Workforce
Jan 24	Confirm structure for Tier 3 (Officer AfC 6 - 3)	Workforce
Jan 24	Where required, produce and approve through HR process, job descriptions for Tier 3	Workforce
Jan 24	Commence process for securing Public Health involvement to support the commissioning functions of the new Joint Committee	Workforce
Jan 24	Develop OD Programme, including a Behaviour Framework, to support the principles and values of the new Joint Committee	Governance
Jan – Feb 24	Chief Executives to take Governance Framework including SO's, Reservation and Delegation of Powers and SFI's to the individual Heath Boards for approval	Governance
Feb – Mar 24	Undertake Tier 3 OCP process (job matching / slotting-in / prior consideration / TUPE)	Workforce
Feb 24	Interview process and appointment of Independent Members	Workforce
Mar 24	OCP process concluded	Workforce
Mar 24	Public Health support in place	Workforce
Mar 24	Chair and Independent Members in post	Workforce
Mar 24	Health Board approved delegation of functions in place	Governance
Mar 24	OD and Behavioural Framework in place	Governance
Mar 24	Website live	Function & Form
Mar 24	Go live of new Joint Committee	Function & Form

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 November 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Futures Programme Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Kate Fitzgerald, Clinical Futures Assistant Programme Director

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

Cefndir / Background

To support the delivery of the new clinical model and the reconfiguration of services following the opening of the Grange University Hospital (GUH) in November 2020, the Health Board continues to take forward an improvement programme aligned to the Health Board's Clinical Futures Strategy, with the overall aim of reducing health inequality and improving population health.

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

Programme	Scope
Goal 1 - Redesigning Services for Older People	Improving access to care for people in, or close to their own homes by redesigning and reorientating services toward the community to effectively reduce the number of people attending ED and subsequently being admitted to hospital.
Goals 2, 3 & 4 - Urgent & Acute Needs	Improving core Emergency Department KPIs, ambulance handover times, patient experience and outcomes in Urgent and Emergency Care, developing alternative admission pathways.
Goals 5 & 6 – Return & Stay Well at Home	Delivering optimal hospital care and discharge practice from the point of admission, delivering a home first approach to reduce risk of readmission.
Planned Care	Brings together six goals (outpatients, maximising elective capacity, patient access and activation, health pathways, planned care academy and diagnostics) in line with the WG National Programme and Planned Care response.
Transforming Cancer Services	Strategic oversight of cancer activity and delivery in partnership with key stakeholders across the system and specialities.
Place Based Care (formerly Accelerated Cluster Development)	Rapid implementation of the Primary Care Model for Wales through an improved planning and delivery infrastructure for NCN with wider engagement through professional collaboratives for independent contractors, nursing and AHPs.
eLGH Reconfiguration	Strategic oversight of the optimisation and design of the hospital network particularly in respect of the eLGH sites: • Workforce sustainability across eLGH sites • Optimisation of services to enhance patient outcomes and experience. • Culture of integration across front door teams • Future proof model for each eLGH aligned to patient flow and transformation
Decarbonisation	Delivery of the Health Board's approach to moving towards net zero in terms of building usage and energy, procurement changes, work patterns and alternative working arrangements for staff and influencing future service design and delivery to be less carbon intensive.
Mental Health Transformation	Strategic oversight and direction in the context of the Mental Health & Learning Disabilities Divisional transformation programme's aims and objectives. Supports delivery of the following local strategies: •Transforming Adult Mental Health Services in Gwent •Clinical Futures Strategy

The Clinical Futures Programme Board approved the realignment of the priority programmes in May 2023, this realignment will optimise the capacity within the Clinical Futures PMO team and streamline the interdependencies across the priority programmes areas adding valve to programme delivery and reducing any potential for duplication.

Asesiad / Assessment

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

Urgent and Emergency Care Improvement (6 Goals)

The Health Board has seen broadly positive momentum through each of the goals in the context of significant operational pressure. Engagement with Welsh Government continued to build momentum with national goal lead representation at programme board.

Some areas of progress include:

- Same Day Emergency Care (SDEC) at the Grange University Hospital, a continued upward trajectory of medical patients assessed through, average of 30 patients per week, pathway established via the Flow Centre.
- Established Ambulatory Care Strategic Group, aligned to the Value and Sustainability Work Programme, develop plan to increase volume, simplify and review value for money including reviewing WAST access to SDEC and scoping of an AFU model.
- Urgent Primary Care, continued review of the WAST stack to re-direct patients to the most appropriate place, additional Nurse practitioner appointed to support daytime review. Consistently in excess of 490 patients seen face to face at base or mobile within Urgent Primary Centre over Saturday and Sunday within the previous seven weeks.
- An improvement collaborative has been launched between ABUHB and WAST starting with an externally facilitated workshop designed to understand the drivers of ambulance conveyance and alternative pathways.
- The Health Board has received funding via the Six Goals national 'Innovation Fund' to support the implementation of an electronic triage solution for ED, software development ongoing, cabling and kiosks purchased, site map completed, aim to go live end of December 2023.
- Ambulance handover improvement is a key focus of the programme, push model operational to ensure timely referrals to specialities, improvements evident, in particular for the long waits, average wait down to 1 hour 22 minutes.
- Flow Centre development, introduction of single telephone number for Flow Centre/SPA/UPC over the winter to improves access and streamline the referral process. Progression of hub model, frailty input at the Flow Centre to avoid admission, aim to commence in 6 weeks.

- Patient Safety Team events delivered at RGH & YYF, aligned to the Value and Sustainability Work Programme, working with local authority and community partners to rapidly improve the timely discharge of patients, delivering a step change in performance, safety and patient experience, reduction of 16 beds at RGH, site reconfiguration, further intervention at RGH on 25th October.
- Hospital 2 Home service launched in June (Caerphilly and Monmouthshire), enabling patients to leave hospital by continuing to provide NHS care at home while waiting for a package of care, 11 patients accessed the pathway, RIF funding application approved to expand the project across Gwent.
- GUH pull model, community frailty in reach, three times a week, starting 20th November 2023.
- 'Ready to Go' ward following reconfiguration at RGH, establish ward aligned to the Discharge Hub, ready for winter.
- Scoping of LUSCII technology pilot in care homes working with WAST to reduce the number of care home conveyance, underway with relevant stakeholders.

Planned Care

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

Some areas of progress include:

- Health Pathways – the Clinical Editors continue to write up pathways with subject matter experts, communication plan has been implemented, due to a delay with the development of some of the pathways, timeline to go live has been delayed from January 2024 to March 2024.
- Patient Access and Activation – bilingual waiting well brochures are being developed, plans for single point of contact (SPOC) to be submitted to WG for potential funding, engagement with specialties to develop internet pages with patient information.
- Outpatient Transformation – WG part-funded RGH OP Treatment Unit until March 2024, business case drafted for full funding of the unit, business case drafted for Automated Clinic Booking System to increase clinic efficiencies and utilisation.
- Diagnostics – Endoscopy Unit build due to complete November 2023, continuing to engage in regional diagnostics developments, CDH, Path and Endoscopy.
- Elective Capacity/Theatre Utilisation – second stakeholder event held, focused on dashboard released 09/10/2023, this will provide reliable and usable data on theatre productivity measures, time in motion studies, NHH complete, GUH, YYF and RGH to be complete by December 2023.
- Planned Care Academy – draft training plan has been formulated; meeting arranged for 20/09/2023 to review.

Transforming Cancer

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

Some areas of progress include:

- Significant progress has been made in establishing the Transforming Cancer Services Programme, identifying, and distinguishing areas of work and activity, including newly appointed Cancer Services Manager and Senior Programme Manager.
- Continued focus delivery against 62-day pathway and ministerial challenge to achieve 70% by March 2024.
- Nevill Hall Hospital – Satellite Radiotherapy Unit, SLA under review, workshop to be held in November focusing on the Systemic Anti-Cancer Therapy outreach model with Velindre Cancer Centre.
- YYF Breast Unit, the unit will offer a wide range of services, tailored to meet the needs of patients. It will focus on timely access to treatment, ensuring person centred care is at the forefront when delivering breast care services. On track to hand over of build on 18th November 2023, first clinic planned 29th January 2024.
- Enhanced psychological programme for those living with and beyond cancer – development of community cancer centres to provide support for patients and their families via informal social meetings. Currently sessions are being held in Caerphilly and Blaenavon with plans to roll out sessions in Newport, Torfaen, and Monmouthshire by the end of March 2024.
- Patient Partnership Steering Group held in September 2023, themes identified for future meetings – improved communication, earlier access to support and emotional wellbeing tools.
- Public Health – Cancer Service team to join 'Reducing Cancer Inequalities Group', focus on screening up take in hard-to-reach areas of Gwent and supporting the Marmot work on building a Healthier Gwent.

Enhanced Local General Hospital Configuration

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

Some areas of progress include:

- Stroke reconfiguration, a temporary consolidation of the stroke service to a single HASU at the Grange University Hospital (GUH) and single rehabilitation site within (YYF) due to an urgent service risk, OCP complete and feedback to staff, communication with staff, stakeholders and patients, implementation of the temporary service model by end of November 2023, reduction of 8 beds, plan engagement for long term strategic service model.
- Reduction in bed base, reconfiguration at RGH aligned to the Patient Safety Team intervention, reduction of 16 beds, plan for further bed reduction and reconfiguration end of October. Develop plan for intervention at Community Hospitals.
- NHH service model – NHH Planning Group meetings established, terms of reference drafted, fortnightly meetings, chaired by Director of Strategy, Planning and Partnerships, validate baseline of services, communication to staff re the RAAC, service planning workshop to be held on 1st December.
- Review of Acute Medical Model – modelling updated to include revised scenarios based on Clinical Futures model, Task and Finish Group established, next steps

include map implications of proposed withdrawal from NHH, ability to cover the site and implications for staff, aligned to NHH service model/RAAC work programme, by end of January 2024.

- Review of ITU/High Care Respiratory Unit – aligned to the Value and Sustainability Work Programme, identified as a priority in September 2023 via the Clinical Advisory Board, terms of reference drafted and group membership scoped, agreed phase one at GUH, phase two outreach services, ongoing engagement with services by the Assistant Medical Director, workshop planned in November.
- GIM – on call audit undertaken in September 2023, meeting in October to discuss next steps with the Medical Director.

Placed Based Care Programme (Accelerated Cluster Development)

The programme is focusing on the rapid implementation of the Primary Care Model for Wales through an improved planning and delivery infrastructure for NCN with wider engagement through professional collaboratives for independent contractors, nursing and AHPs and establishment of Integrated Service Partnership Boards (ISPBs) ensuring greater alignment to the Regional Partnership Board.

Some areas of progress include:

- Further establishment of the Professional Collaborative with launch events undertaken for Optometry, Pharmacy and Dental services, governance arrangements for NCN funded projects developed, evaluation methodology for NCN projects developed, recurrent NCN funding projects evaluated.
- Communication and Engagement – NCN public facing website created and live on ABUHB website, Care Navigation to MIU/ED training package completed.
- Organisation Development and Sustainability – 5 ISPB workshops undertaken, developed ideas for integrated working and bespoke evaluation training, delivered internally, initial assessment of workforce challenges undertaken.
- Planning and Outcomes Framework – NCN business cycle developed and distributed, planning and data leads identified, professional collaborative and service thematic leads templates issues to capture thematic insights.
- Programme Management – finalise benefits realisation plan and measurement framework, undertake self-reflection and maturity matrix.

Mental Health Transformation

The vision is to provide high quality, compassionate, person-centred mental health and learning disabilities services, striving for excellent outcomes for the people of Gwent. There are two transformational programmes (Whole System, Whole Person Crisis Support Transformation and Complex Needs) that will deliver this vision. There are multiple projects that sit under both Programmes including:

- 111 press 2
- Review of Primary Care Mental Health Services
- In patient ward remodelling
- Reviewing complex needs pathways
- Strengthening crisis assessment and home treatment services
- Improve transport for patients in crisis.

Through a single point of access, we will develop a variety of sanctuary services (in Emergency Department and community), shared lives, acute inpatient provision, housing tenancy and support, mental health support for first aiders, crisis assessment, home treatment and liaison, and Support House.

Some areas of progress include:

- OAHM Shared Live service – 9 placements up until the end of September, excellent feedback from SUs and colleagues, Programme and Board finalist in South Wales Health and Care Awards for service delivery team, Ty Cynnal MH Crisis Support House winner for Mental Health Award in South Wales Health and Care.
- Single Point of Contact (111p2) whole system working (including Police/WAST) to agree benefits measures and tracking.
- Following submission of the Specialist Inpatient Services Unit outline business case, the Health Board has received the matrix response from Welsh Government.
- Acorn Project – is accepting residents, capacity for premises (5 individuals) providing accommodation for young adults with complex needs, requiring intensive support through a community setting.
- Shared Lives for Older Adults – embedded.
- MSc student finalising evidence in mathematical model that can predict the course of mental health disorders and guide the delivery of person-centred care safely and close to home in our communities.

Decarbonisation (Net Zero)

Some areas of progress include:

- 30 places have been funded through Aneurin Bevan Continuous Improvement Department for staff to attend Centre for Sustainable Healthcare's Sustainability in Quality Improvement training (training dates are arranged through until March 2024).
- Climate smart champions, 5 people have now qualified as Carbon Literate through the HEIW training module.
- Green HealthCare's intranet pages have been, and continued to be, developed to support staff within the Health Board to learn about green healthcare and sustainability.
- A member of the digital management team has now joined the decarbonisation board (Sept 2023) and will start to provide the board with plans for carbon reducing projects.
- As of 17th October 2022, the Anaesthetic Directorate within Aneurin Bevan University Health Board became the first in Wales to remove desflurane from clinical use, with any remaining stock to be returned or sold to other Health Board.
- Funding bid for the purchase of trolleys for cylinders was submitted and are now in place primarily for Royal Gwent Hospital.
- The Theatre Shut Down project was started by the Anaesthetic Sustainability Fellow. The project has estimated energy saving of £23,000 for turning off AGSS pumps that are no longer used across the health board.

- Consistent and accurate reporting of carbon reduction projects and their impact on Welsh Government targets. It has become increasingly difficult to attribute a carbon measure to certain aspects of the improvement projects.
- The Programme is now in an established form with clear goals and programme of work aligned with the National Programme.
- There is further work required to mature the reporting framework to track progress across all workstreams and to understand how the benefits of decarbonisation support our communities prioritising equity.

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):	1.1 Health Promotion, Protection and Improvement 3.1 Safe and Clinically Effective Care Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	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:	GUH - Grange University Hospital ED - Emergency Department UEC – Urgent Emergency Care KPI – Key Performance Indicator NCN – Neighbourhood Care Network AHP – Allied Health Professional WG – Welsh Government eLGH – Enhance Local General Hospital PMO – Programme Management Office SDEC – Same Day Emergency Care WAST – Welsh Ambulance Service Trust RGH – Royal Gwent Hospital YYF – Ysbyty Ystrad Fawr SPA – Single Point of Access UPC – Urgent Primary Care OP – Outpatient CDH – Community Diagnostic Hub NHH – Nevill Hall Hospital SLA – Service Level Agreement HASU – Hyper Acute Stroke Unit OCP – Organisational Change Process RAAC – Reinforced Autoclaved Aerated Concrete GIM – General Internal Medicine ISPB – Integrated Service Partnership Board HEIW – Health Education Improvement Wales OAMH – Older Adult Mental Health SU – Service Users
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	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

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

Clinical Futures Highlight Reports

October 2023

UEC Six Goals – Goal 1 Redesigning Services for Older People

Goal 1:
Redesigning Services for Older and Frail People (RSfOP)

Exec Lead:	James Calvert	SRO:	Kelly Downes

Programme Objective

The programme aims to improve the services and support already provided to frail and/or elderly people in order to enable them to remain at (or close to) home, where this is safe and appropriate. It aims to improve and develop services and pathways to enable professionals to seek support in the community away from acute services.

What Went Well this Period

Standardised reporting and governance arrangements agreed between workstreams, delivery and strategic groups and six goals programme board.
Workstream priorities agreed and project plans in place.
Developed links and appropriate reporting mechanisms with other programmes of work being delivered across ABUHB that are not the responsibility of the RSfOP programme to deliver, but there have relevant links between intended outcomes.
Infrastructure in place to commence the implementation of findings of CRT review (principles work) that aims to optimise and standardise offer across ABUHB footprint.

Key Milestones and Deliverables for the Next Period

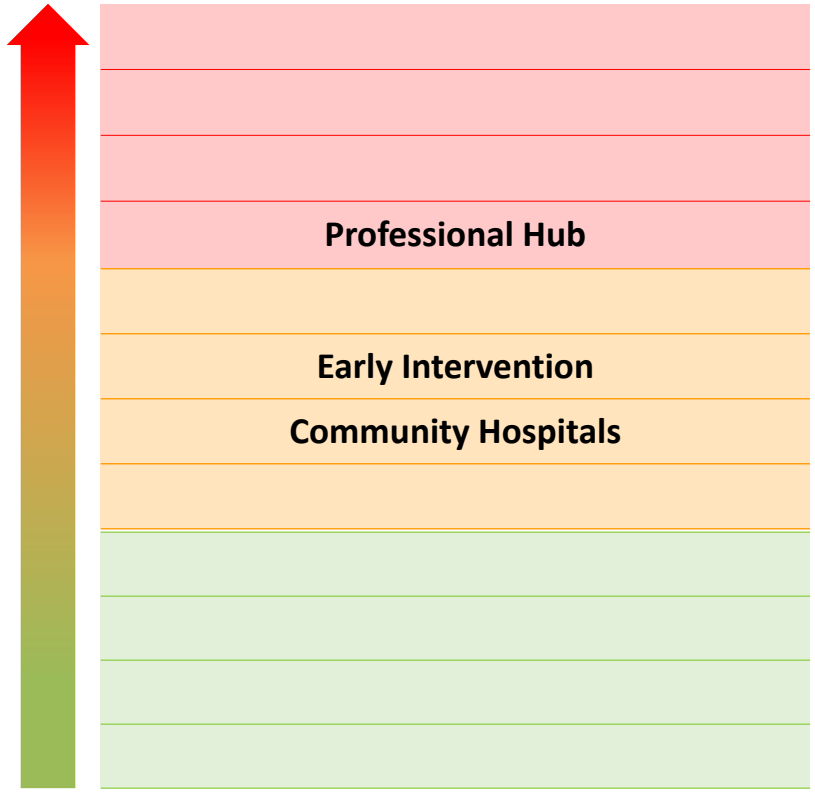
Set up workforce group to ensure sufficient available capacity to enable safe and effective workstream delivery that does not compromise core business requirements.
Commence GUH Pull Model.
Agree and implement extended operating hours of CRT rapid medical and nursing teams in line with available workforce capacity to best meet demand.
Agree and implement professional hub within flow centre in line with available workforce capacity.

Key Risks

Capacity to deliver at pace.
Workforce capacity availability to successfully deliver every workstream projects with no additional capacity being available.
Lack of additional funding should there be evidence that projects should be continued and appropriately sustained, or to maximise the potential of each project within the programme.

Reporting Period:	October 2023

Workstream RAG Ratings



Goal 1: Redesigning Services for Older and Frail People (RSfOP) Workstream Updates

WORKSTREAM 1 – Early Intervention

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	OOH HCSW pilot complete and evaluated. Current CRT offer agreed and presentation at winter planning meetings commenced. Chairs and memberships agreed for each principles task and finish group, and first meeting diarised for group 1. Approach to engaging with workforce to extend operating hours, to meet demand, of CRT rapid agreed. Scoping of LUSCII technology pilot in care homes underway with relevant stakeholders. OCP document complete and shared with PCCS SLT – paused until funding available to realise full benefits of contents.	Agree appropriate next steps of OOH HCSW service. Commence remaining principles task and finish groups, and agree timescales for completion. Meet with CRT rapid staff to agree and implement plan for extending operating hours for winter. Develop and agree operating model for testing use of LUSCII technology in care homes and commence	Lack of additional resource (monetary and staff capacity) to achieve plans and associated benefits. Risk of not delivering full benefits of projects or preventing delivery due to multiple workstreams utilising staffing capacity from same workforce pool.	N/A

Goal 1: Redesigning Services for Older and Frail People (RSfOP) Workstream Updates

WORKSTREAM 2 – Ambulatory Care and Admission Avoidance

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	Core working group established, including new managerial workstream leads. Options paper to agree preferred professional hub operating model under review. Scoping of AFU underway with appropriate stakeholders.	Agree and implement professional hub. Agree and commence test and evaluation of AFU.	Lack of additional resource (monetary and staff capacity) to achieve plans and associated benefits. Risk of not delivering full benefits of projects or preventing delivery due to multiple workstreams utilising staffing capacity from same workforce pool.	*N/A*

WORKSTREAM 3 – Community Hospitals

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	Three priorities agreed. Productive engagement with members of the Urgent and Emergency Care team based at GUH to agree GUH pull model and ensure no duplication of efforts.	Commence GUH pull model (20th November 2023), including establishment of daily huddle to inform learning and contribute to evaluation. Agree approach for nurse led wards and identify relevant workforce and operating model including ward to utilise. Review DAP bed SOP and update as required. Establish task and finish groups to enable projects to be delivered at pace.	Staff capacity to lead task and finish groups, including administrative support. Nursing capacity and impact of deployment to enable projects t0 be delivered and potential deficits in eLGH sites. Availability of DAP beds due to acute escalation.	*N/A*

Goal 1: Redesigning Services for Older and Frail People (RSfOP) Metrics

High level metrics for each workstream are included below. To note, this is not an exhaustive list of agreed metrics.

Workstream 1

- Number of patients referred to CRT rapid
- Number of patients accepted by CRT rapid
- Number of unplanned admissions within 30 days of CRT discharge
- Number of conveyances from care homes

Workstream 2

- Number of patients meeting 'frailty friendly' criteria and aged over 65years old triaged and referred to a community service by hub team.
- Number of patients meeting 'frailty friendly' criteria and aged over 65years within acute, front door services discharged on the same day

Workstream 3

- Number of patients assessed by GUH pull team &
- Number transferred out, and to where
- Number of readmissions
- Length of stay in community hospital

Goal 1: NCN Development Programme

Other Goal 1 work:

Within Goal 1 there are other significant areas of work taking place. For assurance, work is ongoing to ensure that any work that shares similar aims and intended outcomes of the RSfOP programme are appropriately shared to mitigate the risk of unnecessary duplication and silo working. At this stage this includes systematically sharing information via relevant reporting mechanisms, and to maximise the opportunities and mechanisms across each programme of work. A recent example of this was the utilising recent NCN meetings to focus on winter preparedness, with CRT Consultants discussing their current service core offer in an effort to optimise referrals from Primary Care.

Other relevant work includes, but is not exhaustive of:

- Newport Community Matron model for place-based care/virtual MDT meetings
- South Monmouthshire Agile Response Transformation Team Pilot (SMART team)

UEC Six Goals – Goals 2, 3 & 4 Urgent & Acute Needs

Six Goals – Urgent and Acute Transformation (Goals 2, 3, 4)

Exec Lead:	Peter Carr	SRO:	Paul Underwood

Programme Objective

- Develop alternative pathways to admission that are accessible and deliver value
- Improve patient experience and outcomes in Urgent and Emergency Care
- Improve core Emergency Department KPIs and Ambulance Handover times
- Develop consistent service model for advice and referrals from primary to secondary care

What Went Well this Period

- First Strategic SDEC / Ambulatory Care group held
- WAST / ABUHB Workshop held on Improving handover and non-conveyance
- Confirmed funding through RPB for SDEC YYF until March 2024
- Commenced senior clinical huddles
- Growth in SDEC Medical patient throughput at GUH
- Streaming GP referred patients direct to SDEC for Acute Medicine
- Safety flow process rigour has reduced avg handover times to 1 hour 12 mins and number of long waits
- Flow Centre reduction in question set and improved time to answer

Key Milestones and Deliverables for the Next Period

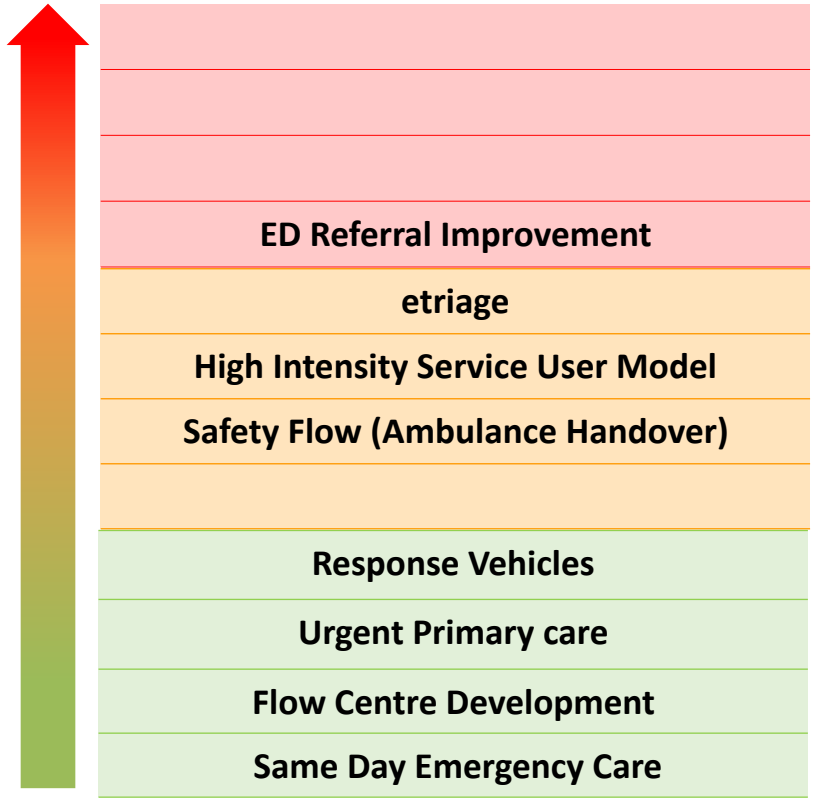
- Commence WAST / ABUHB Collaborative
- Commence a front door rapid assessment pilot
- Go live of etriage in December 2023
- Gain T&O buy-in for referral improvement within the Emergency Department
- Continue safety flow process to sustain ambulance handover improvement and move towards 2 hour with a focus on wait to be seen time
- Review falls work programme and understand interdependencies

Key Risks

- Ability to deliver changes in a challenging BAU environment
- Leadership and structure changes
- Etriage cost profile

Reporting Period:	October 2023

Workstream RAG Ratings



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

Urgent and Acute Transformation- Workstream Updates

Dyfodol Clinigol Clinical Futures

WORKSTREAM 1 – Same Day Emergency Care / Ambulatory Care

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
03/2026	*03/2026 (Development phases)*	*A continued upward trajectory in Medical patients assessed through SDEC (5 to 30 per week since March). Introduction of direct to SDEC referrals via the Flow Centre*	*Continue Ambulatory Care Strategic Group. Review all offerings and assess volume and value for money. Develop plans to increase volume and simplify .*	*Significant interdependence with eLGH programme* *Speciality resource*	

WORKSTREAM 2 – Urgent Primary Care

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*03/2026 (Development phases)*	*WAST Conveyance tabletop exercise and care home support* *Continued WAST stack reviews and continuing re-directions..*	*Development of mobile support to practices in escalation* *Reviewing opportunity to support care homes alongside WAST* *Assess Opportunity for UPC at ED*	*Capacity over weekends, Saturday night in particular* *Escalation Process* *Risk Management* *Response to peer review*	*National Programme keen to assess value for Money given 2/3 years funding to date – review of workstreams associated with UPC*

WORKSTREAM 3 – ED main wait and eTriage

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
10/2023	*11/2023*	*Physical Cabling and kiosks ordered, site mapping completed. End user screen messaging completed.* *ED extension has gone through Pip process*	*Complete software development for symphony and MPI . Prep for go-live.*	*Software development staff absence pushing go-live to dec 2023* *Cash and non-cash benefits must be quantified to continue justification*	*Cost profile accrued over 12 months goes into 24/25 even though supplier to be paid on go live*

Urgent and Acute Transformation - Workstream Updates

WORKSTREAM 4 – Flow Centre Development

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	*T&F groups identified 1) access and navigation improvements and 2) improved operational effectiveness of the service. Reduced time to answer.*	*Present single phone number options to T&F group 1* *Start a benefits appraisal of developing a true SPA to include the 'hub'*	*Clinical Staffing model*	*Executive direction to pursue a true SPA , following benefits and cost analysis*

WORKSTREAM 5 – Safety Flow / Ambulance Handover

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
05/2023 Start	*05/2023 Start*	*Improvements evident, in particular for the long waits . Avg wait down to 1 hour 22 minutes* *WAST / ABUHB workshop*	*Move to 2 hours wait* *Review stroke and NOF pathways* *Support the SDEC progress in Medicine review WTBS, consider assessment space.* *Start collaborative with WAST*	*Conveyance rates* *Understanding of bedbase capacity*	*N/A*

WORKSTREAM 6 – High Intensity Service Users Model

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
04/2023 Start	*TBC*	*HISU Lead seconded to national team for 2 days per week to inform national model. Violence prevention co-ordinator funding approved (based in ED, supporting V&A and safeguarding)*	*Circulate business case for evaluation* *Explore opportunity for RIF funding / review*	*Funding of the violence prevention posts until Mar 2024 only*	*N/A*

Urgent and Acute Transformation - Workstream Updates

WORKSTREAM 7 – ED Referral Improvement

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	*Criteria and outcome measures agreed , Multiple specialities in agreement to test a new process*	*Requires agreement from all specialities with T&O outstanding*	*Process adherence* *Risk management* *Medical Staffing rotations*	*AMD escalating for T&O buy-in*

WORKSTREAM 8 – Response Units - PRU, Mental Health

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
04/2023	*TBC*	*PRU Business case developed* *Under review with Goal 4 leads.* *Working with WAST to develop model for MH response vehicle . Assessing up to 8 patients per day*	*Model under review as to whether a national approach would be best.*	*Funding* *National approach* *CAB audit recommendations* *WAST support Likely to cease end of financial year*	*N/A*

UEC Six Goals – Goals 5 & 6 Return & Stay Well at Home

UEC 6 Goals – Goals 5 & 6

Exec Lead:	Jennifer Winslade	SRO:	Linda Alexander

Programme Objective

- Optimal hospital care and discharge practice from the point of admission
- A home first approach to reduce risk of readmission
- Whole system improvement through a collaborative approach
- Delivery of the right care, in the right place, first time

What Went Well this Period

- Hospital 2 Home service – enabling patients to leave hospital by continuing to provide NHS Care at home while waiting for a package of care, 16 patients accessed the pathway, RIF application submitted to fund continuation and expansion.
- Weekly DTOC review meetings with Divisions to expedite discharges, chaired by Head of Patient Discharge, cleansing of the complex list.
- Patient Safety Team – established six weekly cycles of work delivered through patient safety task and finish group, two events delivered in RGH & YYF, closure of C5W at RGH, plan to establish 'Ready to Go' ward on D6W.

Key Milestones and Deliverables for the Next Period

- Patient Safety Team – delivery of further events at RGH & YYF, front door and step down.
- Hospital 2 Home – facilitating early discharge, concept tested, scale and spread
- HRAC – identify new high-risk patients in hospital and enhance their discharge process

Key Risks

- Delay in development of short-term informatics solution – manual collection of D2RA audit
- Interdependencies with wider system, capacity outside of hospital setting.

Reporting Period:	Q2 2023

Workstream RAG Ratings

RGH Discharge Hub Away Day
Medically Optimised Wards
Development of long-term digital solution
Development of short-term digital solution
Discharge Lounge
Trusted Assessor Model
HRAC
Hospital 2 Home Pilot
Patient Safety Team
D2RA Snapshot Audit
DTOC Review Meetings

UEC 6 Goals – Goals 5 & 6 Workstream Updates

WORKSTREAM 1 – Patient Safety Team

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	• Weekly T&F group established, chaired by Executive Lead. • Trivalent approach – Dr Andy Bagwell, Linda Alexander & Tracy Morgan • SOP drafted and signed off. • Delivery of two events, 27th September at RGH and 3rd October at YYF • Reconfiguration of beds at RGH, closure of C5W	• ***Gather evidence and learning*** • ***Six-week cycle of events*** • ***Reconfiguration Plan*** • ***Further event at RGH front door, back door, step down – 25th October***	• *Capacity outside of hospital setting to facilitate timely discharges*	*N/A*

WORKSTREAM 2 – Data and Digital

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	• Monitor discharge activity by ward on a weekly basis via the weekly operational discharge meeting, chaired by Linda Alexander • Informatics developing short term solution using existing systems • High level metrics reported at Programme Board	• ***Finalise development of short-term digital solution to capture data*** • ***D2RA snapshot audit – monthly***	• Lack of IT solution to collate data for national reporting requirements • Lack of digital solution for Board Rounds/MDTs on wards	*N/A*

UEC 6 Goals – Goals 5 & 6 Workstream Updates

WORKSTREAM 3 – RGH Discharge Hub

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	• Integrated discharge hub – staffed by health board and local authority, supported by senior social worker • Ongoing work to design the hub on a more robust footing e.g. dedicated staff/processes and procedures	• ***RGH team away day – tbc*** • ***Focus on HRAC patients, LOS >21 days*** • **Medical input – Medical Director/Executive Director of Nursing to attend COTE consultant meeting**	• *Staffing, no substantive staff*	*N/A*

WORKSTREAM 4 – NHH Pull Model

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	• Since beginning of February, 1,060 patients seen, 995 discharged • 74% of Monmouthshire patients are known to MCC • PSAG board meetings are fully integrated	• Continue monitoring and measuring outcomes • Continued support from Lightfoot, Safer Care Collaborative/IHI – coaching/data analyst support	• *More therapy staff needed during the pilot*	*N/A*

UEC 6 Goals – Goals 5 & 6 Workstream Updates

WORKSTREAM 5 – Discharge/Transfer Lounge

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	• Scoping of key areas, estates, workforce, finance, pharmacy, transport, process • SOP and SBAR drafted, to be shared with GMs/Divisional Nurses ahead of sharing with Executive Director of Nursing	• ***Submit SBAR to Executive Director of Nursing for consideration***	• *Impact on system flow* • *Patient experience* • *Lack of suitable estates at NHH to accommodate the discharge lounge*	*N/A*

WORKSTREAM 6 – Hospital 2 Home

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	• Pilot launched in June, 16 patients accessed the pathway • Average of 16 days on pathway, instead a hospital stay • Patient and staff surveys drafted	• ***Submit application to RIF to sustain and spread the model*** • ***Align model to Patient Safety Team events***	• *Difficult to ascertain what 'patients' are completely ready for discharge*	*N/A*

UEC 6 Goals – Goals 5 & 6 Workstream Updates

WORKSTREAM 7 – Ready to Go/Medically Optimised Ward

RAG Status

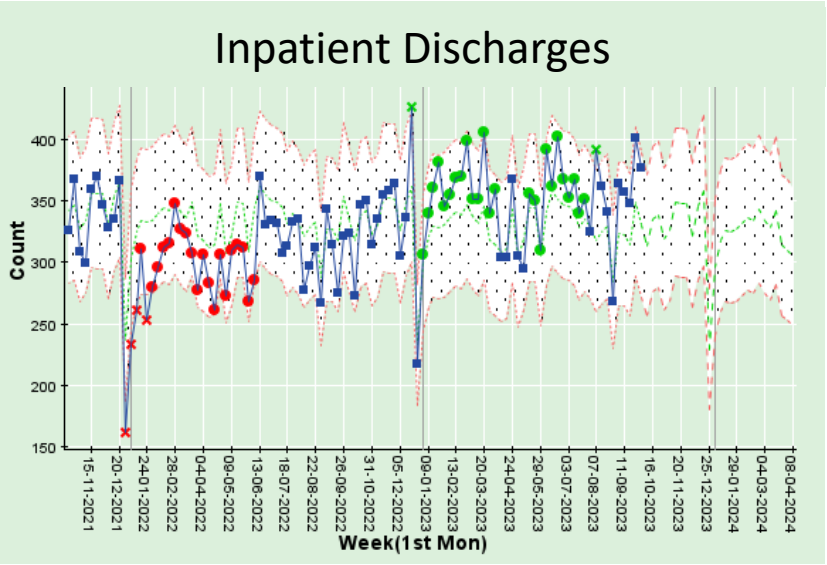
Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	• Initial meeting held following the visit Taunton visit, review of Homeward Bound model delivered and lessons learned • Agreement to progress with therapy colleagues taking lead role, scope options following Patient Safety Event.	• ***Plan for medically fit ward at RGH, aligned to the discharge hub, D6W.*** • ***Draft and sign off the criteria, prepare workforce plan aligned to the model.***	• *Number of medically optimised patients who remain in a hospital bed, impact on the wider system and patient flow*	*N/A*

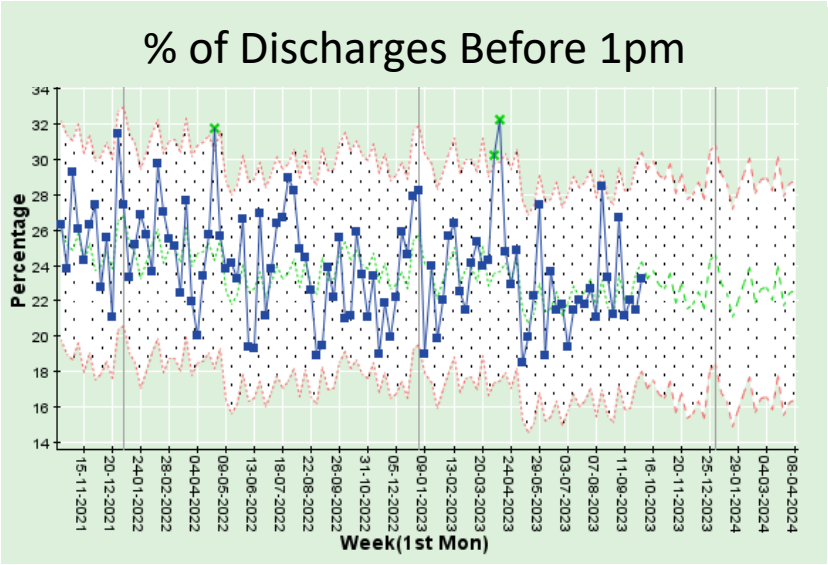
WORKSTREAM 8 – Optimising Patient Flow Framework

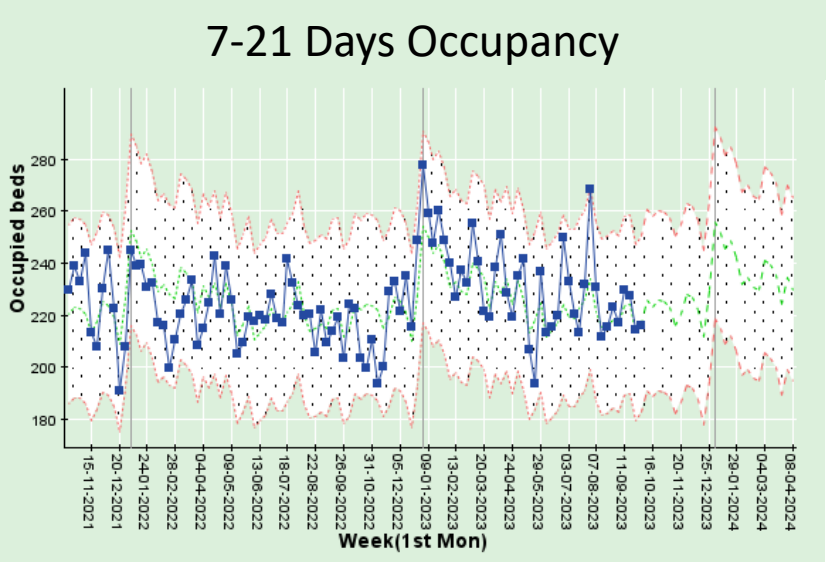
RAG Status

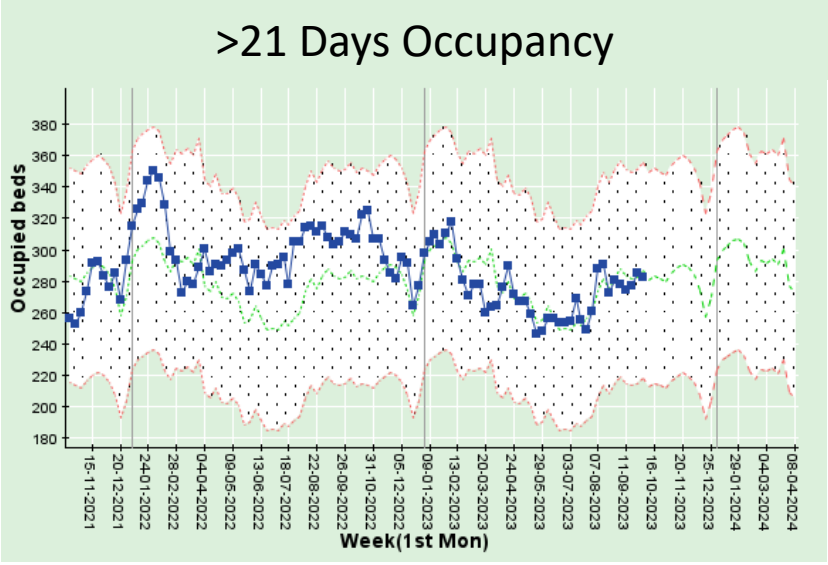
Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	• Recent audit on D2RA has demonstrated that principles are embedded across sites • Red to green being captured on PSAG board across most wards/sites	• ***Roll out criteria led discharge across all sites*** • ***Progress Activity Co-ordinator posts in Community Hospitals*** • ***Continue to meet NHS Executive monthly to report progress***	• *Maintaining momentum following 'Move it May' campaign*	*N/A*

eLGH Discharges and Long Stay Occupancy









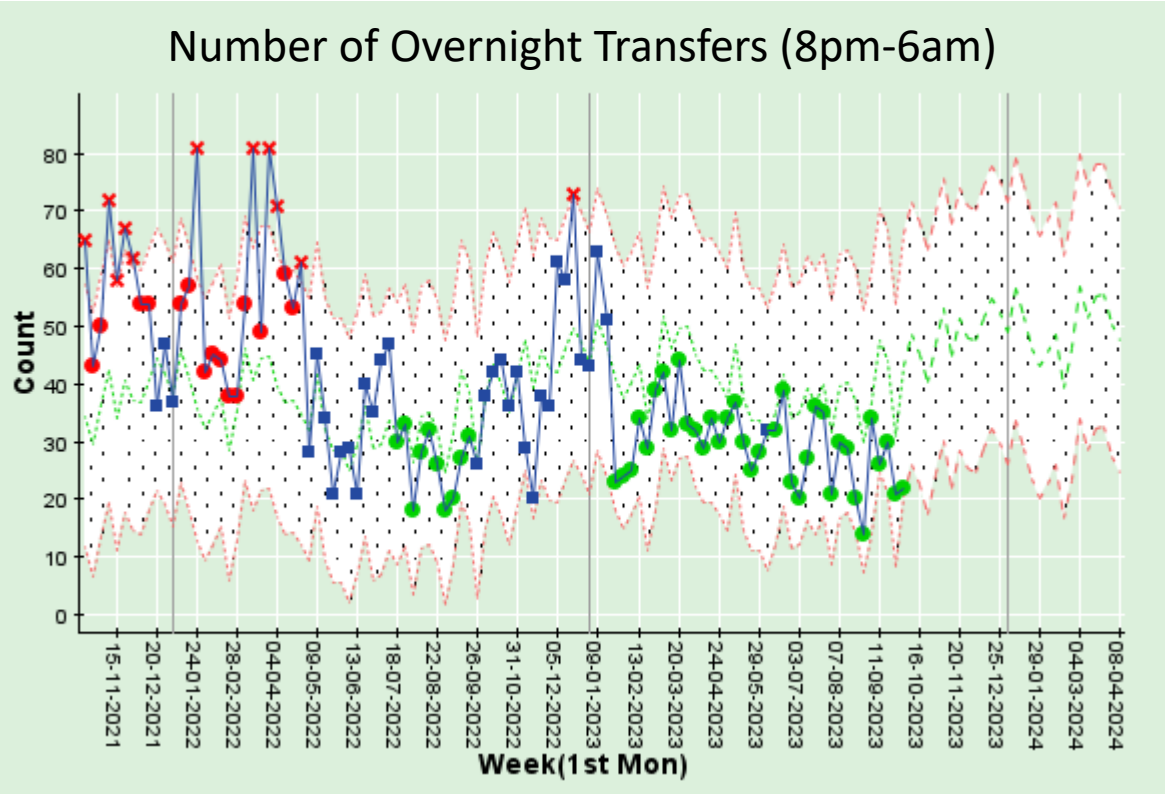
Inpatient Discharges from eLGHs are currently operating at around 330-400 per week, which is consistently above projected.

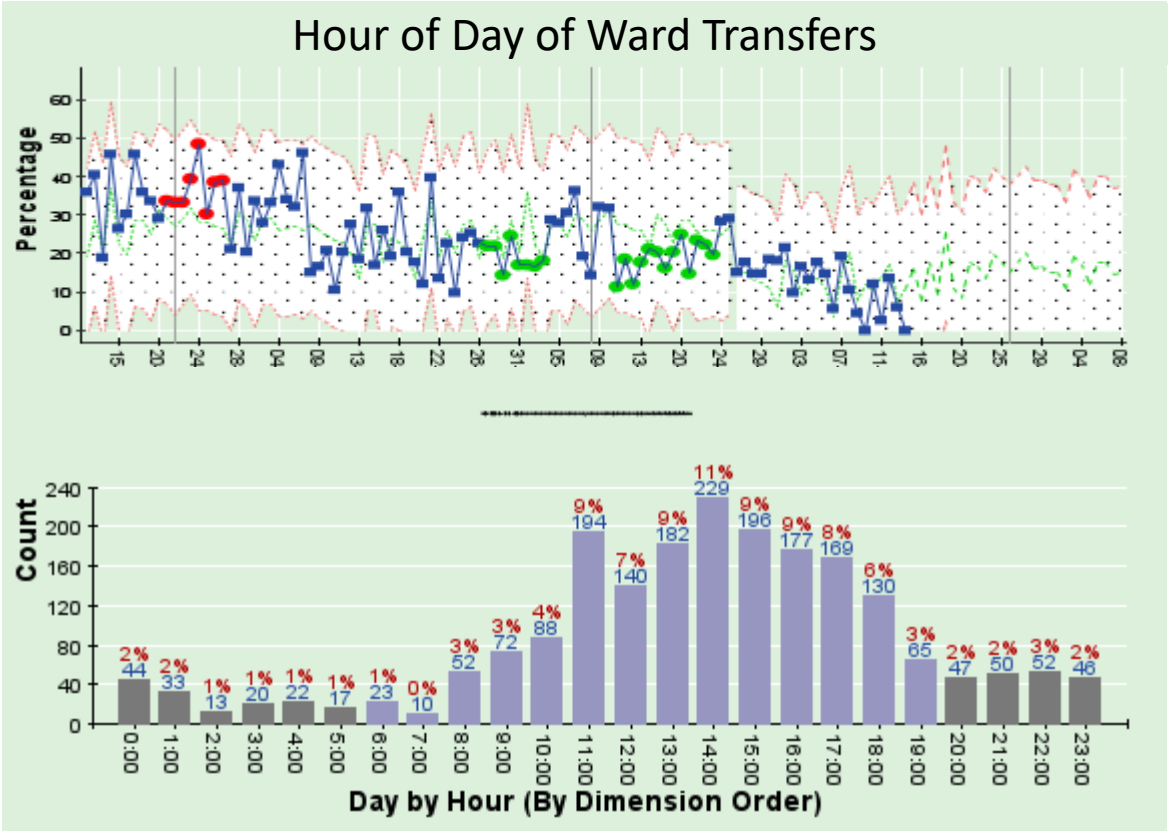
Around 20-30% of discharges have been recorded before 1pm.

7-21 days occupancy has been variable between 200-220 since August, generally following normal trends.

Over 21 days occupancy has followed the general trend, increasing slightly to around 280.

Number of Overnight Ward Transfers





The number of overnight ward transfers has been reducing to around 15-35 per week.

Overnight transfers as a proportion of all transfers has been reducing trend since January and has been 5-15% since August.

Planned Care Recovery

Planned Care Recovery Programme

Exec Lead:	Hannah Evans	SRO:	Rich Morgan-Evans

Programme Objective

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

What Went Well this Period

- **Diagnostics** – continuing to engage in regional diagnostic developments. Endoscopy unit build at RGH due to be completed in Nov '23 – 1 month overlap with recurrent insourcing arrangement.
- **Theatres** – dashboard released 09/10/23 with reliable and usable data on theatre productivity measures
- **Patient Access and Activation-** Waiting Well landing page – 1,285 views from July-Sept
- **Health Pathways-** pathways are in development. Comms plan is being implemented. Aim to go live in Q4 23-24.
- **Outpatients** – business case drafted for an automated clinic booking system to increase clinic efficiencies and utilisation across the HB
- **Planned Care Academy** – 4 workstreams are progressing objectives (e.g., draft training plan has been developed)

Key Milestones and Deliverables for the Next Period

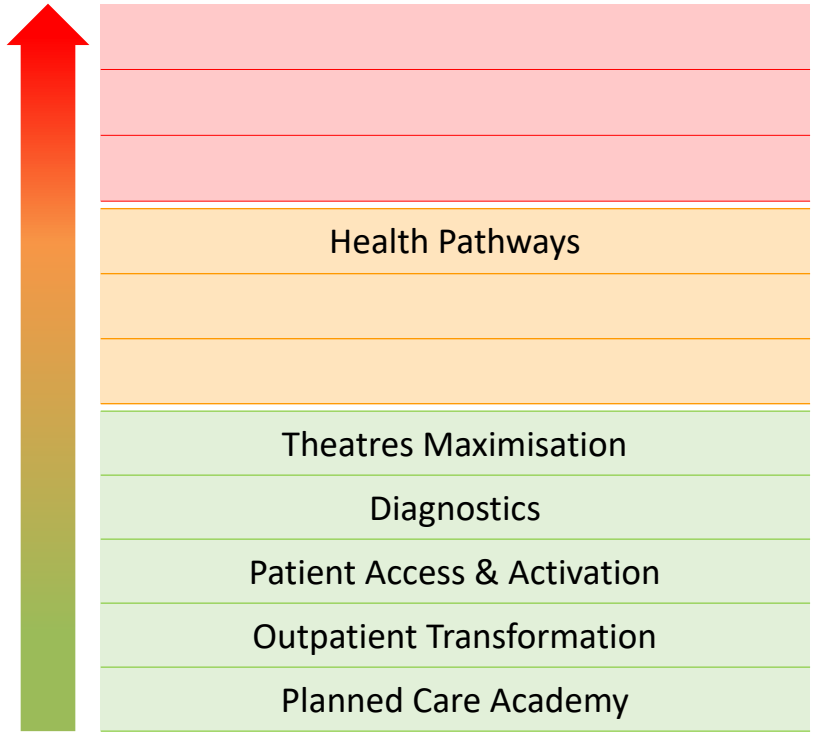
- **Theatres** – complete time in motion studies
- **Patient Access and Activation** – submit plans to WG for funding to develop a Single Point of Contact service
- **Health Pathways** – finalise first pathways. Plan for phase 2 priority pathway development.
- **Outpatients** – focus on increased virtual/video/group activity. Implement plans to reduce 100% past target FUs.
- **Planned Care Academy** – review and refine draft training plan with wider group.

Key Risks

- Ongoing challenges of capacity of system
- Utilising core activity with the removal of WLIs to deliver to targets
- National, regional and local initiatives pose risk to pull organisation in differing directions.

Reporting Period:	Aug-Oct 2023

Workstream RAG Ratings



Planned Care Recovery– Workstream Updates

WORKSTREAM 1 – Health Pathways

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks and Issues	Decision/Escalation required
Original	Updated				
Jan 24	*Mar 24*	*Clinical Editors are writing up pathways with Subject Matter Experts* *Implementing comms plan*	*Continue writing up pathways* *Finalise first pathways* *Plan for Phase 2 priority pathway development*	*Timeline for go-live has been updated (Jan to March 2024) due to delays with pathway sharing arrangements* *Capacity of system*	*N/R*

WORKSTREAM 2 – Patient Access & Activation

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	*Bilingual Waiting Well brochures being developed* *Plans for SPOC to be submitted to WG – potential for funding* *Engaging with specialties to develop internet pages with patient info*	*Progress plans for SPOC* *Continue engagement with specialties who need to provide content for webpages* *Publish bilingual Waiting Well brochures*	*Funding for additional work* *Capacity of system*	*N/R*

WORKSTREAM 3 – Outpatient Transformation

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	*WG part-funded RGH OP Treatment Unit until March 24 – business case drafted for full funding of the unit* *Business case drafted to fund an Automated Clinic Booking System to increase clinic efficiencies and utilisation*	*Divisions to focus on increased virtual/video/group activity and reducing 100% past target FUs against agreed trajectories* *Continue workshops to agree OP models starting with priority specialties*	*Capacity of system* *Business case submissions – risks due to financial position* *Risk of divisions being unable to decrease 100% past target trajectory – with competing demands*	*N/R*

Planned Care Recovery– Workstream Updates

WORKSTREAM 4 – Diagnostics

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	*Endoscopy Unit build at RGH due to be completed Nov' 23* *Continuing to engage in regional diagnostic developments: CDH, Path and Endoscopy*	*Complete Endoscopy Unit build, and resolve decon unit funding issue and staffing model* *Endoscopy meeting with primary care to discuss demand and how to stabilise*	*Capacity of system* *Funding for decon unit in RGH Endoscopy Unit and ability to recruit additional staff* *Increased demand for endoscopy*	*N/R*

WORKSTREAM 5 – Elective Capacity/ Theatre Utilisation

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	*Second stakeholder event held – focussed on dashboard and theatre plan delivery* *Dashboard released 9/10/23 – will provide reliable and usable data on theatre productivity measures* *Time in motion studies – NHH complete, GUH, YYF and RGH to be complete by Dec. Verifying data points missing from Ormis.*	*Complete Time in Motion studies* *Release of KPIs and monitor improvements against these* *Roll out dashboard and embed into scheduling meetings and performance reporting*	*Capacity of system*	*N/R*

Planned Care Recovery– Workstream Updates

WORKSTREAM 6 – Planned Care Academy					RAG Status
Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	• ***Suite of Tools*** *– workstream has met and agreed on 2 priorities: Universal Divisional Scorecard and Demand and Capacity Standardisation* • ***Training / Policies and SOPs*** *– draft training plan has been formulated; meeting arranged for 20/9/23 to review. Setting up T&F groups to get input from services to ensure plan is achievable in the long term* • ***Career Pathways*** *– initial developments of the planned care career pathway.*	• ***Suite of Tools*** *– review existing divisional tools, identify gaps and agree objectives and outputs. Develop standardised D&C SOP.* • ***Training / Policies and SOPs*** *– review and refine draft training plan with wider group* • ***Career Pathways*** *– develop planned care career pathway in more detail*	*Capacity of system*	*N/R*

DNA Rates

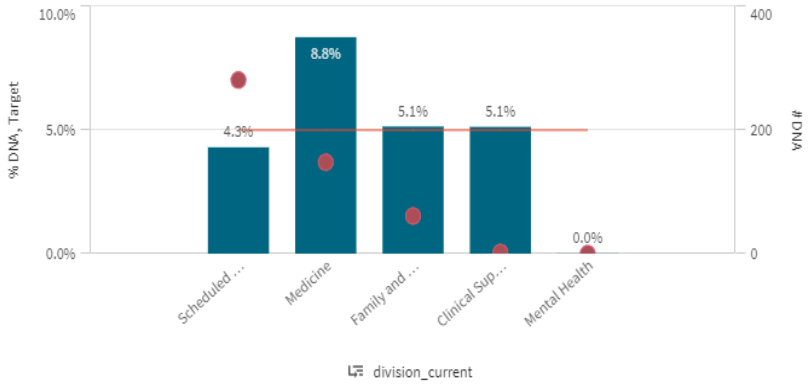
Last week DNA Rate	DNA Rate Current Year	DNA Rate Prev Financial Year
5.2% (492 / 9455)	5.6% (14418 / 259064)	6.6% (32199 / 486487)

Division->Specialty->Ser...

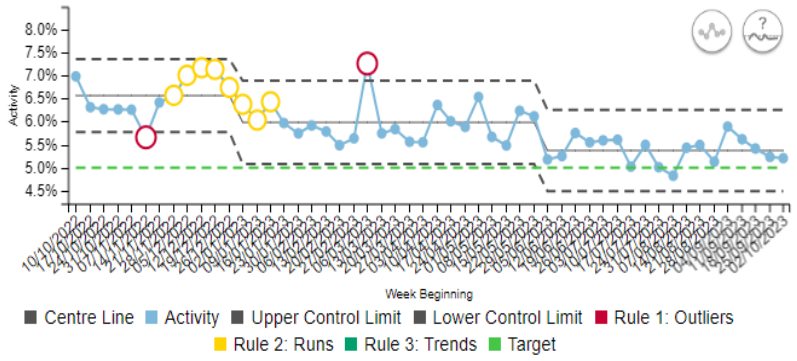
Reportable

Service Type	Attendance Category	Consultation Method	Outcome
Acute	Follow Up Attendance	Face to face appointment	Attended - Future Decision U...
Community	New Attendance	Virtual clinical appointment (...	Cancelled by Hospital

Last Weeks DNA Rate



DNA Rate



Overall DNA Rate	Overall DNA F2F	Overall DNA Virtual
5.2%	5.4%	3.9%

New Attendance DNA	New Attendance DNA F2F	New Attendance DNA Virtual
5.7%	6.0%	2.5%

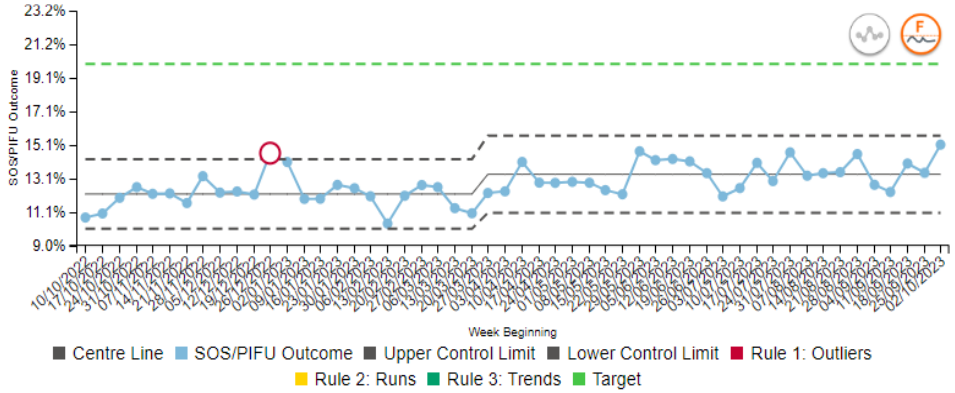
Follow-up Attendance DNA	Follow-up Attendance DNA F2F	Follow-up Attendance DNA Virtual
5.3%	5.5%	4.5%

Outcome SOS/PIFU

Last weeks SOS/PIFU Outcome	SOS/PIFU Outcome Current Year	SOS/PIFU Outcome Previous Year
15.1% (1018/6734)	13.3% (26579 / 199386)	11.7% (43856 / 373404)

Division->Specialty->Service->Clin... | Reportable | Service Type | Attendance Category

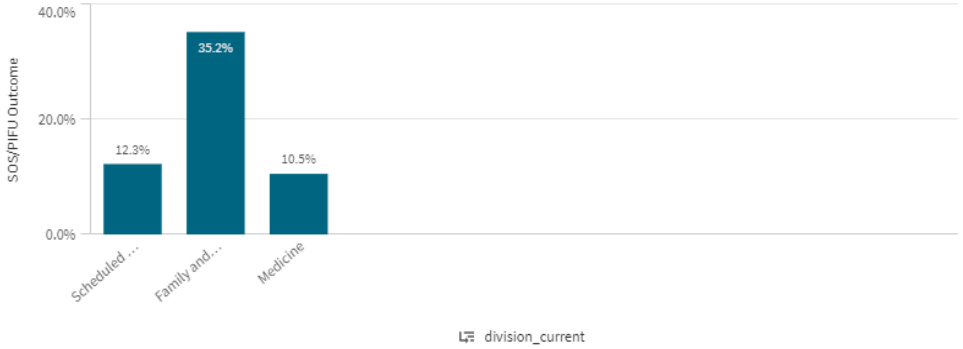
PIFU Outcomes



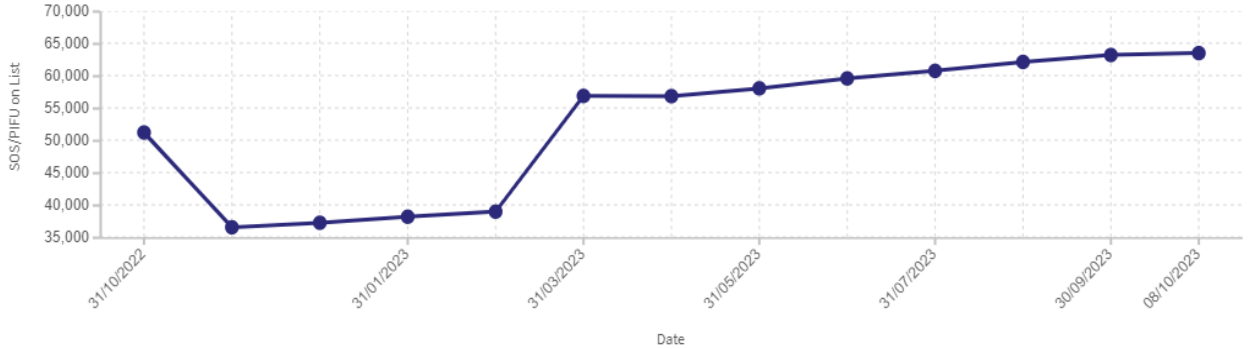
SOS/PIFU Outcomes

division_current	SOS/PIFU Outcomes	Last weeks SOS/PIFU Outcomes	Last weeks SOS/PIFU Attendances	Change in last 5 weeks	Change from 13 weeks
Family and Therapies		35.2%	331	-1.1%	4.7%
Scheduled Care		12.3%	568	1.4%	2.4%
Medicine		10.5%	119	0.2%	2.2%
Clinical Support Services		0.0%	0	-81.3%	-24.0%

Last weeks SOS PIFU Outcomes



SOS/PIFU Patients on List

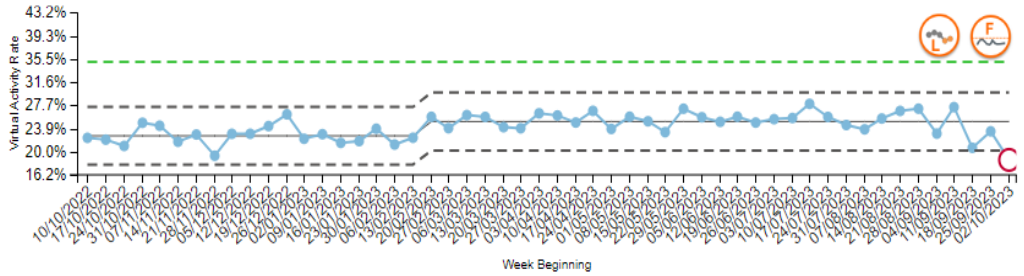


Virtual Activity

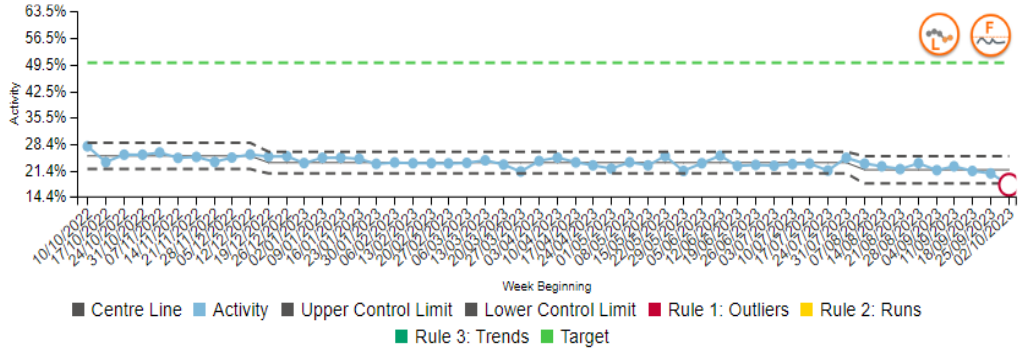
Last weeks Virtual Attendance Rate'	Current Fiscal YTD	Previous Fiscal Year
17.7% (1689/9548)	22.7% (60732/266957)	24.8% (122937/495698)

Service Type	Division->Specialty->Service->...	Reportable	Attendance Category
Acute	Clinical Support Services	Yes	Follow Up Attendance
Community	Family and Therapies	No	New Attendance

Virtual Attendances Rate - New | Virtual Attendance - New



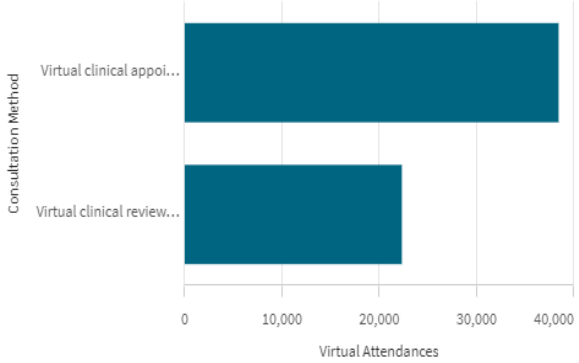
Virtual Attendances Rate - Fo... | Virtual Attendance - Follow up



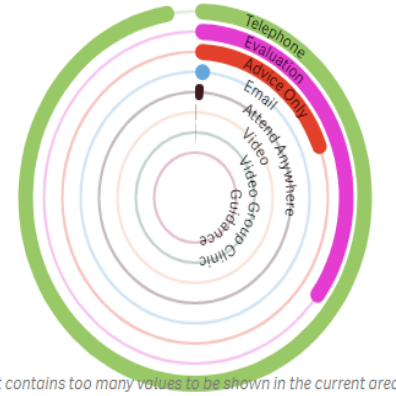
Virtual Outpatient Attendance Rate

division_current	Virtual Attendances	Virtual Attendance Ra
Totals	**1,689**	**17.7**
Scheduled Care	1,033	15.8
Medicine	450	26.4
Family and Therapies	192	15.4
Clinical Support Services	9	24.3
Mental Health	5	50.6

Virtual Outpatient Attendance by consultation method



Virtual Outpatient Attendance by Virtual Slot Type



** The data set contains too many values to be shown in the current area.*

Total FU Waiting List

Current Follow Up Waiting …	Change in last 5 weeks	Change in last 13 weeks	Change from EO previous FY
124,104	1,242	1,510	3,348

division_current	Follow Up Waiting List	Current Follow Up Waiting List	Change in last 5 weeks	Change in last 13 weeks
Family and Therapies		13,710	67	-139
Medicine		42,565	815	1,050
Mental Health		346	39	3
Scheduled Care		67,416	340	643
Unscheduled Care		3	-6	-3
Urgent Care		64	-13	-44

FU 100% Past Target

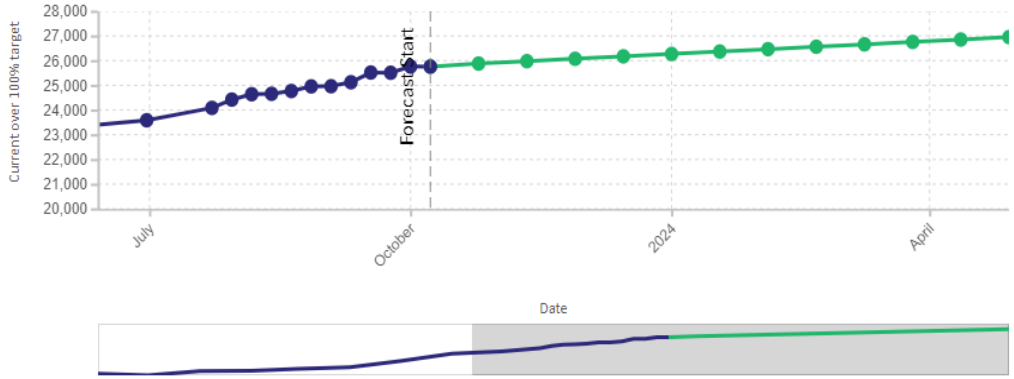
Current over 100% past tar…	Change in last 5 weeks	Change in last 13 weeks	Change from EO previous FY
25,758	795	1,942	4,538

Division->Specialty->Servic…: Clinical Support Services; Family and Therapies

Service Type: Acute; Community

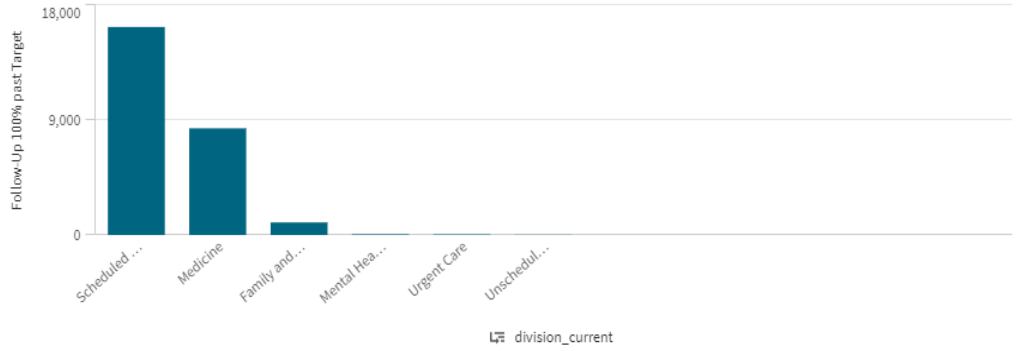
Reportable: Yes; No

Trend Chart with Projection

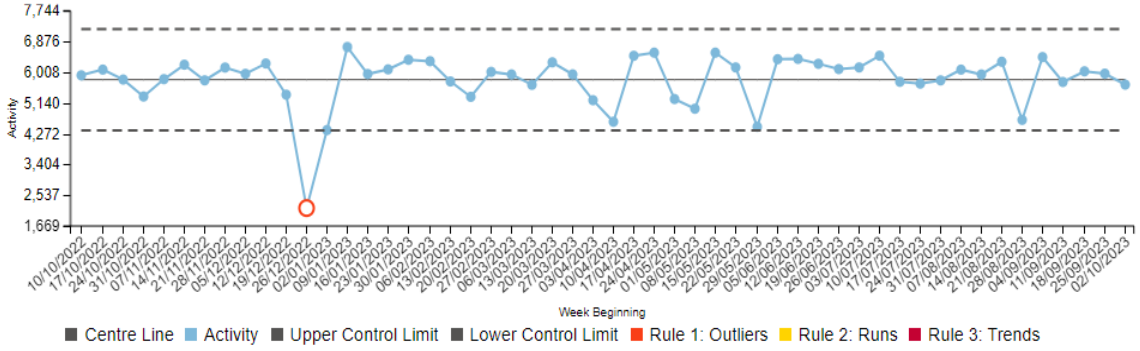


division_current	Over 100% Past Target	Current over 100% past target	Change in last 5 weeks	Change in last 13 weeks	Average Follow Up OP attendances of last 5 weeks	% Attendance against 2019/20
Clinical Support Services		0	0	0	24	630.9%
Family and Therapies		987	75	-50	280	95.3%
Medicine		8,355	449	702	1,159	103.0%
Mental Health		66	-9	-2	0	-
Scheduled Care		16,294	286	1,330	3,466	101.6%
Unscheduled Care		2	2	-1	0	-
Urgent Care		54	-8	-37	0	0.0%

Current Follow-Up 100% Past Target



Follow-up Outpatients Attendances



Planned Care Recovery Programme: Diagnostics

Submitted Month End Diagnostics

Aug-23			Jul-23		
Diagnostic	8 Week Breach	Service 8 Week+ Total	Diagnostic	8 Week Breach	Service 8 Week+ Total
Echo	0	76	Echo	0	35
Stress	21		Stress	20	
Monitoring	0		Monitoring	0	
Angiography	10		Angiography	1	
Cardiac CT	0		Cardiac CT	0	
Nuclear (Mibi)	45		Nuclear (Mibi)	14	
BA Imaging	1	1319	BA Imaging	1	736
MR	41		MR	33	
CT Non Cardiac	6		CT Non Cardiac	6	
Nuc Med	60		Nuc Med	25	
US	1211		US	671	
Colonoscopy	688	1978	Colonoscopy	607	2082
Gastroscopy	713		Gastroscopy	869	
Flexi Sig	426		Flexi Sig	423	
Cystoscopy	151		Cystoscopy	183	
Bronchoscopy	0		Bronchoscopy	0	
Urodynamics	116	116	Urodynamics	127	127
Vas Lab	0	0	Vas Lab	0	0
Neurophysiology (EMG/CTS/EEG CTS &	1004	1004	Neurophysiology (EMG/NCS)	668	668
Total	4493	4493	Total	3648	3648

Planned Care Recovery Programme: Theatres Maximisation Programme

Planned Care Recovery Programme: HealthPathways

June 2023
Appoint CEs

June 2023
CEs complete training

July 2023
CEs start in post

July 2023
Engage SMEs on new initial pathways

July 2023
Start development of pathways

July-Dec 2023
Implement comms and engagement plan

December 2023
First 25 pathways complete

March 2024
Site goes live

Transforming Cancer Services

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

Transforming Cancer Services

Dyfodol Clinigol Clinical Futures

Exec Lead:	James Calvert	SRO:	Richard Morgan-Evans

Programme Objective

The programme provides strategic oversight of cancer activity and delivery in partnership with key stakeholders across the system and specialities. Four priorities have been identified for this period but are in review for this coming year (aligning to cancer strategy).

What Went Well this Period

- Patient Tracking Lists (PTL) - Full validation to identify problems.
- A virtual GP Cancer Symposium was held for Primary Care clinical and non-clinical staff with a focus on referral quality, with excellent feedback.
- Patient Partnership Steering Group was held in Sept 2023, with themes for future patient work to focus on; improved communication, earlier access to support and emotional and wellbeing tools and support.
- NHS Executive held a focus workshop for Lower GI in September to share good practice and understand bottlenecks in the system.
- Enhanced psychological programme for those living with and beyond cancer.

Key Milestones and Deliverables for the Next Period

- SACT Outreach ABUHB/VCC workshop (Nov 2023)
- Patient/Volunteer Community Café - (Caerphilly Nov 2023)
- Development of Cancer Services SOP for clarity on responsibilities tracking, MDT and Service staff
- Increase of compliance on SCP/Reduce the number of breaches.
- Patient website development and launch

Key Risks

- Compliance on SCP due to impact on Pt experience and quality of service.
- RAAC at NHH – risk to key cancer services currently located onsite.
- Continued work and uncertainty on content on pharmacy SLAs between VCC and ABUHB

Reporting Period:	Sept 2023

Workstream RAG Ratings

Public Health Workstream (tbc)
Cancer Services Highlight Report
Rapid Diagnostic Clinic
Nevill Hall Satellite Radiotherapy Centre
Patient Partnership Group
Research
YYF Breast Centre

Transforming Cancer Services– Workstream Updates

WORKSTREAM 1 – Cancer Services Highlight Report & Reorganisation of the Cancer Services Team

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	*August SCP compliance, increased from July compliance, within H&N and LGI (please see next slides for detail)* *Cancer Service Manager commenced in post in Aug 2023* *Cancer Services Programme Manager commenced in post Sept 202* *PTL Validation*	*Reduce the number of breaches utilising QLIK weekly reports* *Increase of compliance on SCP* *Review of Cancer Services meeting and governance structure including collaborative meeting with tertiary providers.*	*Compliance on SCP due to impact on Pt experience and quality of service.* *RAAC at NHH – risk to key cancer services currently located onsite.*	*N/R*

WORKSTREAM 2 – Enhanced psychological programme for those living with and beyond cancer.

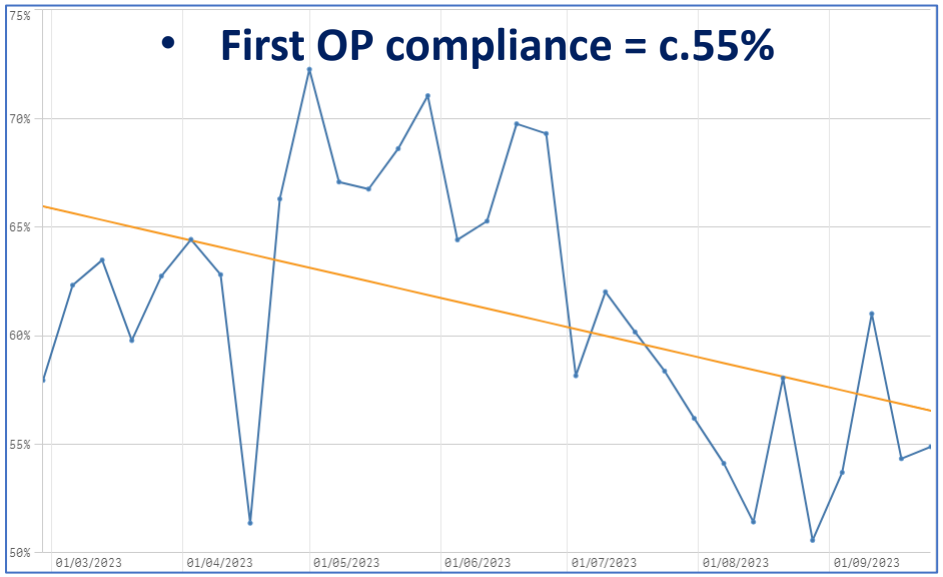
RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	*September Patient Partnership Board* *Volunteer Led Patient Community Café in Blaina.*	*Invite patient group member to attend Cancer Services Board* *Continue to roll out Volunteer led patient groups e.g. Caerphilly Community Café* *Volunteer Support Gynae WhatsApp Group*	*N/A*	*N/R*

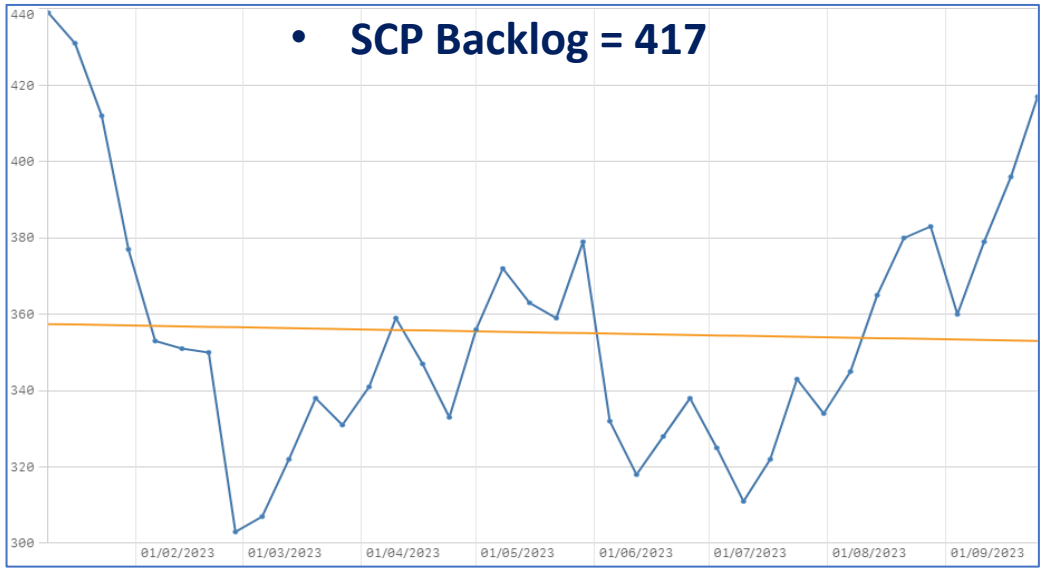
SCP Compliance - August

	SCP not achieved	SCP achieved	Total treated	% compliance	Compared with July
ABUHB	137	215	352	61.1%	60.3%
Breast	15	35	50	70.0%	15.7%
Gynae	14	14	28	50.0%	10%
Haematology	7	10	17	41.2%	-16%
H&N	11	4	15	26.6%	18.4%
LGI	21	19	40	47.5%	23.8%
Lung	15	13	28	46.4%	-16.1%
Skin	9	86	95	90.5%	-2.4%
UGI	11	12	23	52.2%	12.2%
Unknown Primary	1	3	4	75.0%	-25.0%
Urology	31	14	45	31.1%	-16.4%

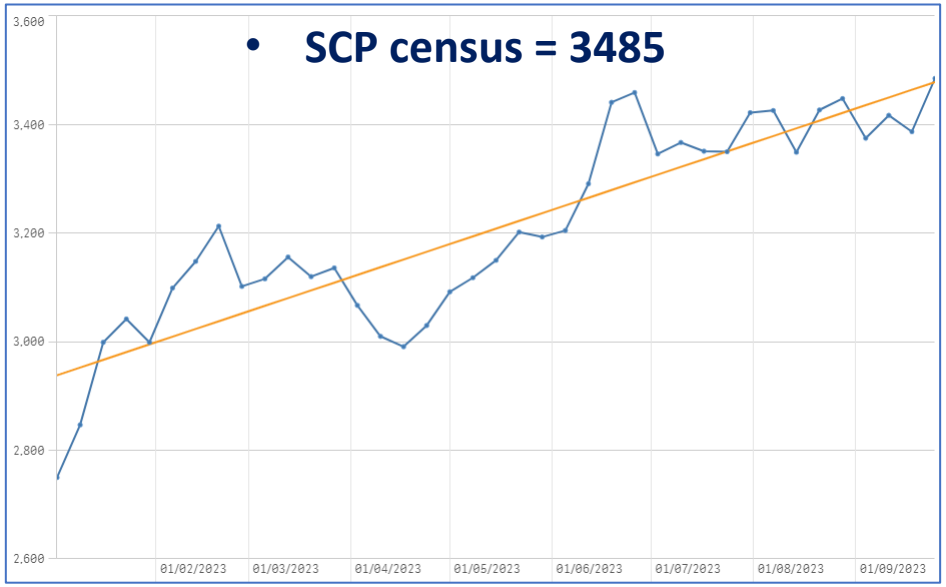
KPIs



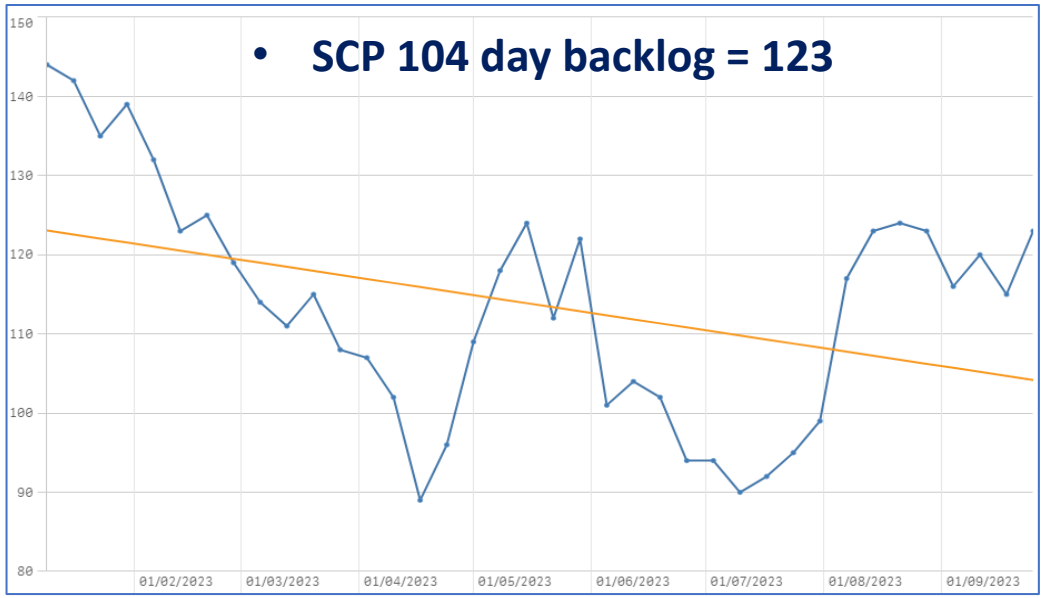
- **First OP compliance = c.55%**



- **SCP Backlog = 417**



- **SCP census = 3485**



- **SCP 104 day backlog = 123**

Transforming Cancer Services– Workstream Updates

WORKSTREAM 3 – Public Health Update

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	*Public Health update at September Cancer Board on TOR for Reducing Cancer Inequalities Group*	*Work between Public Health and Cancer Services Board to develop the Reducing Cancer Inequalities subgroup to focus on tacking inequalities and inequalities around cancer. This work will support Marmot report and work in the Gwent region.*		

WORKSTREAM 4 – NHH - SRU/Outreach

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
03/02/2024	*01/04/2024*	*ABUHB Cancer Services Programme Manager joined the SRU Project group and Operational group, working with the Lead Cancer Nurse and VCC RT Project Manager to review the SRU SLA. Meetings continue to progress well*	*November workshop on SACT Outreach with VCC*		*N/R*

Transforming Cancer Services– Workstream Updates

WORKSTREAM 5 – YYF Breast Centre

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
29/01/2024	*29/01/2024*	*Progressing well and on target*	*On track for hand over from the construction team on 18th December The commissioning period will then commence with the first clinic planned for the 29th January 2024.*		*N/R*

WORKSTREAM 6 – Research

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	*Update from Research Delivery Senior Team Lead at September Cancer Board.* *Currently 12 cancer trials open for recruitment. 9 of these are scoring Green against recruitment targets.*	*Research Delivery Senior Team Lead and Cancer Srvice Programme Manager to work together with MDTs to assign research leads to each MDT to support with distribution of research and trials updates and working towards the research strategies updates an working towards the research strategy aim of embedded cancer into research.*		*N/R*

WORKSTREAM 7 – Rapid Diagnostic Clinic (RDC)					RAG Status
Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	*Ongoing*	*Median Wait in Days – 13.0* *(Last reported period 14.0 days)* *Proportions of referrals in the last reporting period remain in range at 7.42%. Across Wales range fluctuates between 7 & 12%.*	*Reduce the number of patients referred with missing bloods (currently 94%)* *Reduce the number of inappropriate referrals (currently 25% of referrals are vetted out).*	*Clinic Space* *Nursing model*	*N/R*

Place Based Care (formerly Accelerated Cluster Development)

Place Based Care Development [ACD] Programme

Exec Lead:	Leanne Watkins	SRO:	Will Beer

Programme Objective

To ensure more rapid implementation of the Primary Care Model for Wales through an improved planning and delivery infrastructure for NCN with wider engagement through professional collaboratives for independent contractors, nursing and AHPs and establishment of Integrated Service Partnership Boards (ISPBs) ensuring greater alignment to the Regional Partnership Board.

What Went Well this Period

- Establishment and launch of remaining Professional Collaboratives
- NCN Funding governance and evaluation processes established
- First NCN project evaluations completed (£3.1m over 28 projects)
- Communication and engagement including launch of the NCN Pulse site
- Delivery of a range of professional development courses across the NCN areas

Key Milestones and Deliverables for the Next Period

- Professional Collaborative interface with NCNs
- Continued Local Authority partners engagement with Health Board through ISPB
- Finalise milestones and measurement framework for NCN delivery during 2023/24

Key Risks

- Standardisation of contracts and renumeration for the new professional collaborative lead roles
- Recruitment and retention of staff
- Lack of funding to support sustainable delivery
- Partnerships with local authority and 3rd sector organisations

Reporting Period:	2023/24 Q2

Workstream RAG Ratings

Workstream 4: Organisational Development & Sustainability

Workstream 1: NCN Office

Workstream 2: Governance

Workstream 3: Communication & Engagement

Workstream 5: Planning & Outcomes Framework

Workstream 6: Programme Management

Place Based Care[ACD] Programme – Workstream Updates

WORKSTREAM 1 – NCN Office

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
21/24	n/a	• *Further establishing Professional Collaboratives with launch events undertaken for Optometry, Pharmacy & Dental services* • *Governance arrangements for NCN funded projects developed* • *Evaluation methodology for NCN projects developed* • *Recurrent NCN Funding projects evaluated (£3.1m across 28 projects)*	• ***Progress MH Professional Collaborative*** • ***Formalise employment/governance arrangements for professional collaborative leads*** • ***Undertake stakeholder meetings to discuss project evaluation and next steps*** • ***Finalise priorities for each professional collaborative***	• *Financial remuneration for collaboratives – potential disengagement* • *Ability to shift resource from NCN funded projects to enable new innovative projects* • *Mapping of funding streams and appetite for pooled budgets and commissioning*	*n/a*

WORKSTREAM 2 – Governance

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
21/24	n/a	• *ISPB accountabilities and alignment to RPB Area Plan* • *NCN priorities aligned to Health Board Plans* • *Commitment to align SLT members to ISPBs gained*	• ***Communication and reporting process for Professional Collaboratives, NCNs and ISPBs*** • ***Further alignment of ISPB priorities to to RPB Area Plan and PSB Wellbeing Plan (once agreed)*** • ***ISPB assurance as part of HB governance*** • ***Review NCN terms of reference to reflect new structure***	• *Alignment of Local Authority Partners to Health Board and ISPB* • *Delegated authority to act for ISPB*	*n/a*

Place Based Care[ACD] Programme – Workstream Updates

WORKSTREAM 3 – Communication & Engagement

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
22/24	n/a	• *Admission Avoidance sheets sent to practices and added to Pulse site.* • *Resources section added to Pulse.* • *NCN Public facing web pages created and live on ABUHB website.* • *Dental and Pharmacy role videos created* • *Care Navigation to MIU/ED training package completed* • *Public facing screen presentation created of ABUHB Services*	• ***Launch of Recruitment Campaign pilot*** • ***Support the NCN teams to assist with anticipated winter pressure messaging*** • ***#BeKind campaign evaluation survey*** • ***Build relationships with Collaborative Leads and establish support plan*** • ***Quarterly NCN newsletter*** ***Publish monthly Pulse newsletters*** • ***Showcase full range of pharmacy services to better inform other services***	*n/a*	*n/a*

WORKSTREAM 4 – Organisational Development & Sustainability

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Oct 22 – Mar 23	Mar 23 - Mar 24	• *5 ISPB workshops undertaken and developed ideas for integrated working - purpose and vision.* • *Bespoke evaluation training developed and delivered internally.* • *Initial and in-depth scoping of workforce position undertaken.* • *Initial assessment of workforce challenges undertaken.*	• ***Develop a knowledge and skills framework for NCN and professional collaborative lead roles*** • ***To support NCN workforce planning utilising the HEIW process*** • ***Facilitate learning needs assessment - Relevant, Aligned, Measured (NCN and professional collaboratives)*** • ***Capability analysis - competency frameworks, person specifications, PADR, learning & development needs***	• *Lack of funding to support leadership for innovation and delivery, particularly for professional collaborative leads* • *Level of engagement/availability of workforce information from independent contractors* • *Recruitment and retention of staff*	*n/a*

Place Based Care[ACD] Programme – Workstream Updates

WORKSTREAM 5 – Planning & Outcomes Framework

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
22/24	n/a	• *NCN Business Cycle developed and distributed* • *Planning lead & Data leads identified* • *Quick reference guide, including PNA, PNA datasets and GMS workforce modelling refreshed and distributed* • *Professional Collaboratives and Service Thematic leads templates issued to capture thematic insights*	• ***Professional Collaboratives utilise PNA data to develop their contribution to NCN Planning*** • ***Develop NCN annual plans in preparation for 2024/25*** • ***NCN plan endorsement by ISPB*** • ***Develop QLIK platform for 'live' PNA data*** • ***Develop NCN Dashboard to monitor impact of NCN Projects (based on identified priorities)***	• *Restricted availability of funds to permit new and innovative projects*	*n/a*

WORKSTREAM 6 – Programme Management

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
22/24	n/a	• *Milestone/Checklist finalised and received from SPPC (September)* • *Financial plan for 23/24 finalised* • *Readiness Checklist completed and submitted to SPPC* • *Blaenau Gwent (West) identified to participate in the peer review process*	• ***Finalise benefits realisation plan and measurement framework (to reflect the milestones issues by SPPC)*** • ***Undertake self-reflection and maturity matrix utilising the SPPC toolkit in preparation for cross health board peer review***	• *Recruitment and retention of staff - Level of future funding to support sustainable delivery*	• *n/a*

eLGH Reconfiguration

eLGH Reconfiguration Programme

Exec Sponsor:	Leanne Watkins	SRO:	Tracy Morgan

Reporting Period:	Q2 2023

Programme Objective

- Workforce sustainability across eLGH sites
- Optimisation of services to enhance patient outcomes and experience
- Culture of integration across front door teams
- Future proof model for each eLGH aligned to patient flow and transformation

What Went Well this Period

- Patient Safety Events at RGH/YYF, reduction in bed base at RGH, initially 16 beds, D6W identified as ready to go ward aligned to the Discharge Hub, support from local authority and wider partners
- Stroke OCP completed and feedback to staff
- Stroke operational work programme, work streams, communications and engagement
- RAAC collation of service baseline information, immediate stabilisation of areas

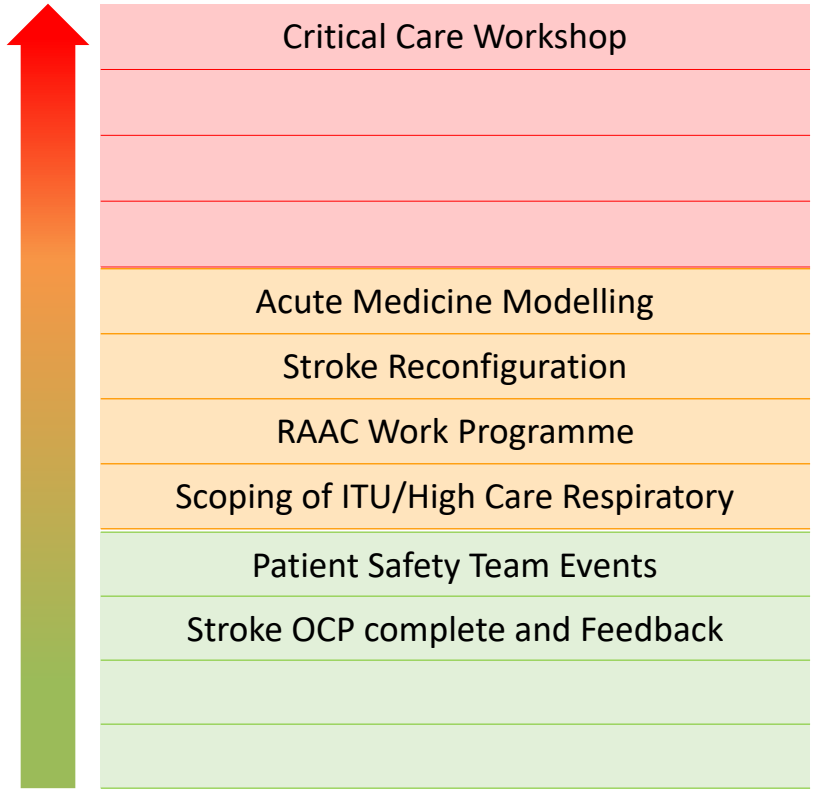
Key Milestones and Deliverables for the Next Period

- Delivery of Patient Safety Team event at RGH on 25th October, with the aim of a further bed reduction
- Ready to Go ward – proposal to deliver on D6W
- Critical care workshop to be held on 1st November
- Delivery of Stroke reconfiguration at YYF, timeline beginning of December 2023
- RAAC service change workshop – 1st December

Key Risks

- Interdependencies with other workstreams limits progress
- Stroke reconfiguration – complexity of the move, delivery timescales

Workstream RAG Ratings



eLGH Reconfiguration – Workstream Updates

WORKSTREAM 1 – NHH Service Model/RAAC

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
23/24	Complete	• Terms of reference drafted, fortnightly meetings, chaired by the Director of Planning • Validate baseline of services at NHH • Comms update to staff	• ***Service Change Workshop on 1st December,*** • ***Pull together strategic plan for NHH***	• *Stability and closure of areas on the site*	*N/A*

WORKSTREAM 2 – Stroke Reconfiguration

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Nov 2023	Ongoing	• Stroke Operation Group established, work streams and leads identify, weekly meetings to monitor progress • OCP complete and feedback to staff • Communication and Engagement – stakeholders, staff and patients	• ***Implementation of the service reconfiguration by end of November 2023*** • ***Plan the engagement for the long-term strategic model*** • ***Continued communication with staff through the implementation process***	• *Sustainability of stroke service at NHH*	*N/A*

eLGH Reconfiguration – Workstream Updates

WORKSTREAM 3 – Patient Safety Team

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing	Ongoing	• Weekly T&F group established, chaired by Executive Lead. • Triumvirate approach – Dr Andy Bagwell, Linda Alexander & Tracy Morgan • SOP drafted and signed off. • Delivery of two events, 27th September at RGH and 3rd October at YYF • Reconfiguration of beds at RGH, closure of C5W.	• ***Gather evidence and learning*** • ***Six-week cycle of events*** • ***Reconfiguration Plan*** • ***Further events at RGH front door, back door, step down – 25th October***	• *Capacity outside of hospital setting to facilitate timely discharges*	*N/A*

WORKSTREAM 4 – Acute Medical Model

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
April 2024	Ongoing	• Meeting held with Acute Med CD and Assistant Medical Director to discuss position • Modelling, shared with working group including revised scenarios based on Clinical Futures model	• ***Map out implications of proposed withdrawal from NHH, ability to cover the site*** • ***Define service model for NHH, aligned to RAAC work programme, workshop to be held in December, with wider Medicine Division***	• *Sustainability of acute med model at NHH* • *HEIW implications, re trainees if no take at NHH* • *Staff moral and well-being, withdrawal of service, loss of identify for NHH* • *Public opinion and interest in the proposed withdrawal*	*N/A*

eLGH Reconfiguration – Workstream Updates

WORKSTREAM 5 – GIM Model

RAG Status

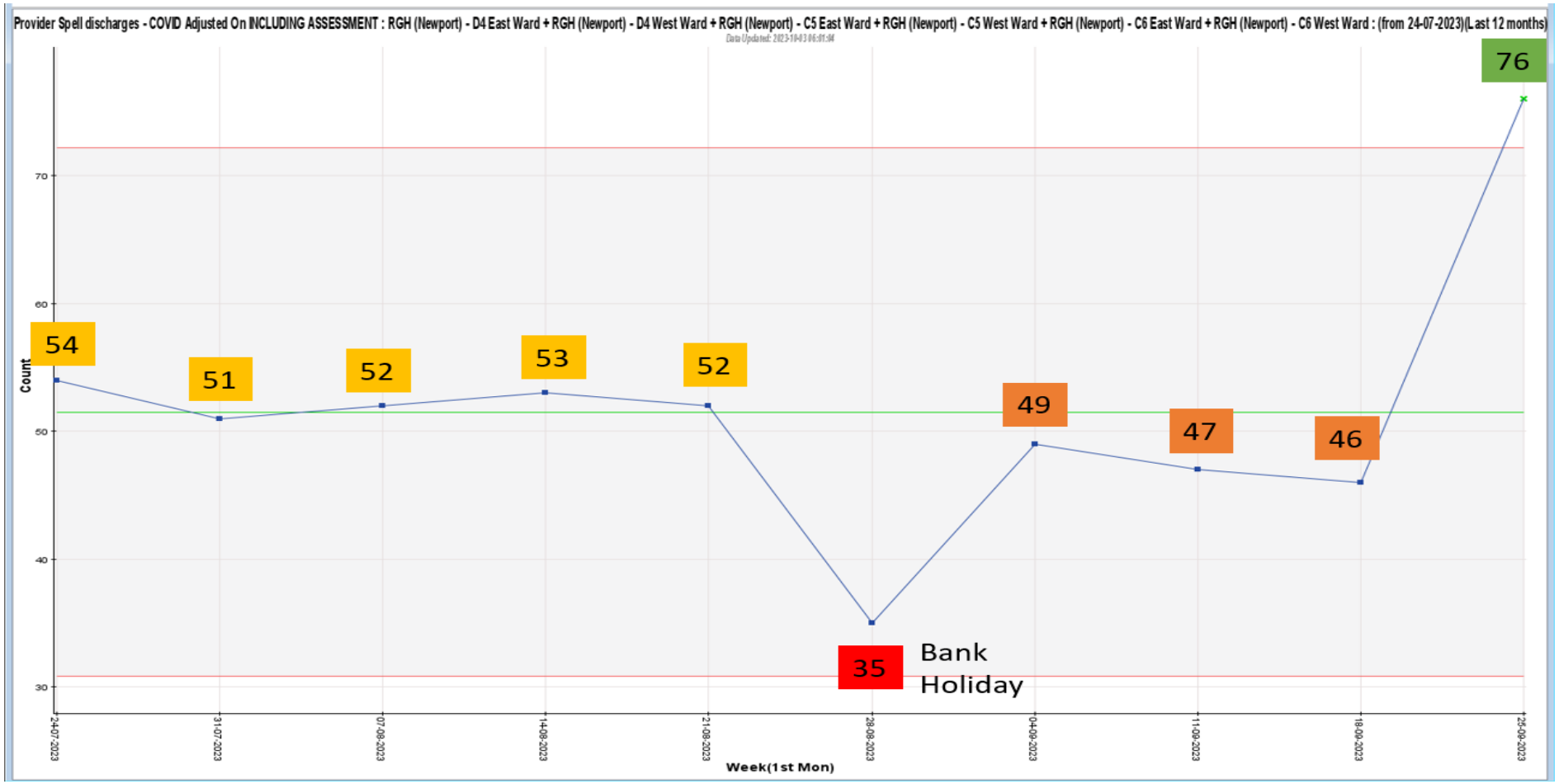
Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
End of August 2023	Ongoing	• GIM on call audit undertaken September	• ***Further meeting to progress the model to be held on 20th October, chaired by the Medical Director*** • ***Dr Martha Scott to undertake FFS, over two-week period, aligned to CAAT, date to be confirmed***	• *System flow and patient safety*	*N/A*

WORKSTREAM 6 – Review of ITU/High Care Respiratory Unit

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
January 2024	Ongoing	• Agreed phase one at GUH, phase two outreach services • Data set received from ITU, including DTOCs • Terms of reference drafted, and membership of group scoped	• ***Workshop to be held, discussions with each service*** • ***Prepare proposed service model including workforce and finance*** • ***Obtain data set for High Care Respiratory Unit***	• *Quality of care, capacity during surge* • *Staffing change, engagement with the services*	

Patient Safety Team 27th/28th September – RGH Discharges



Decarbonisation

Decarbonisation Programme

Exec Lead:	Rob Holcombe	SRO:	Trish Chalk

Programme Objective

The Plan responds to the declaration of the climate emergency in 2019 and the ambition of Welsh Ministers for the Welsh public sector to be net zero by 2030. During 2022/23 the Health Board established its Decarbonisation Programme Board, chaired by the Executive Director for Finance and Procurement. Four working groups have been set up:

1. Waste, Transport, Fleet, Estates & Land Use
2. Communications, Digital & Training
3. Clinical & Health Care Planning
4. Procurement & Resources (inc. Performance, Finance & Workforce OD)

Each sub-group having a number of the national initiatives assigned to them to take forward and develop associated projects to reduce carbon emissions.

What Went Well this Period

The Biodiversity report has supported the design of a pan Gwent Community project to improve staff, patient and community wellbeing. A funding application has been submitted to the Greener Communities fund. If successful we will start to develop green spaces, wildflower growing and We will be exploring opportunities with staff, community stakeholders, local authorities and other agencies, to develop, protect and make more of the external environment. The first site will be Nevill Hall Hospital followed by St Cadocs, Grange University Hospital and Blaenavon Wellbeing Centre.

The NWSSP DCR reporting pilot has been signed off and will now form part of the Quarterly reporting to WG.

Nitrous Oxide – Scavenging unit training is now complete; pre-testing data collection is complete with results available in Oct 2023

Nitrous Oxide Manifolds are now decommissioned at YYF, NHH, RGH, STW Sites.

Annual Submission of the Qualitative report completed and submitted on time.

“Let's Not Waste” pledge to reduce Carbon is now live across Wales with further engagement planned in Oct & Dec 2023. This is a collaborative approach to share best practice across Wales.

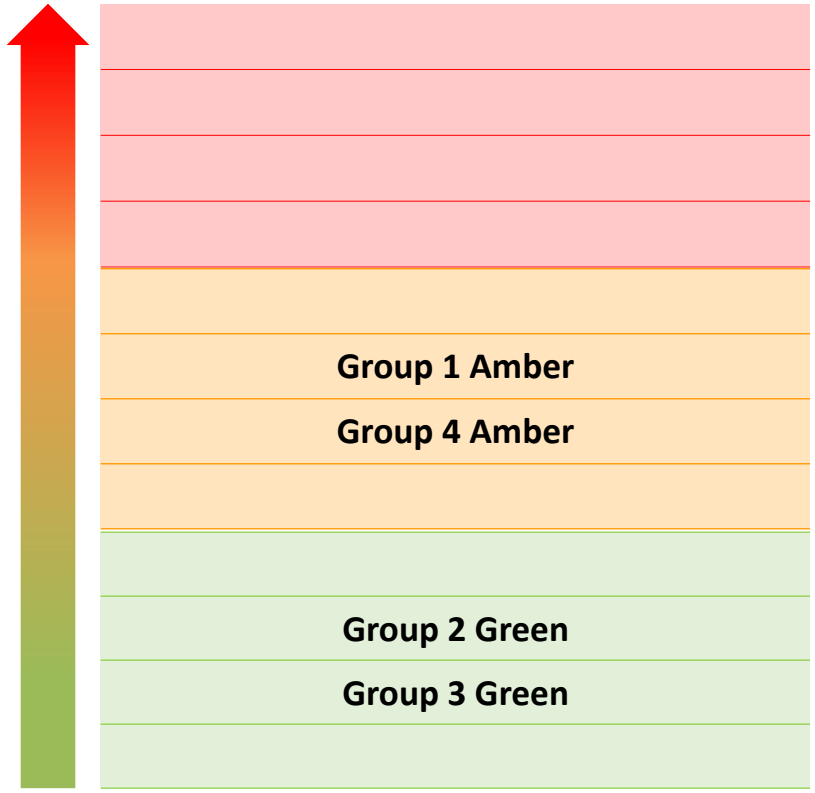
Theatre shut down project complete in YYF & RGH awaiting evaluation of energy reduction & Carbon footprint

Gloves off campaign introduced in CCU and will be rolled out to DSU over the coming weeks.

Project support for 2.5 days a week has been agreed.

Reporting Period:	2nd Qtr 2023

Workstream RAG Ratings



Decarbonisation Programme

Exec Lead:	Rob Holcombe	SRO:	Trish Chalk

Reporting Period:	2nd Qtr 2023

Key Milestones and Deliverables for the Next Period

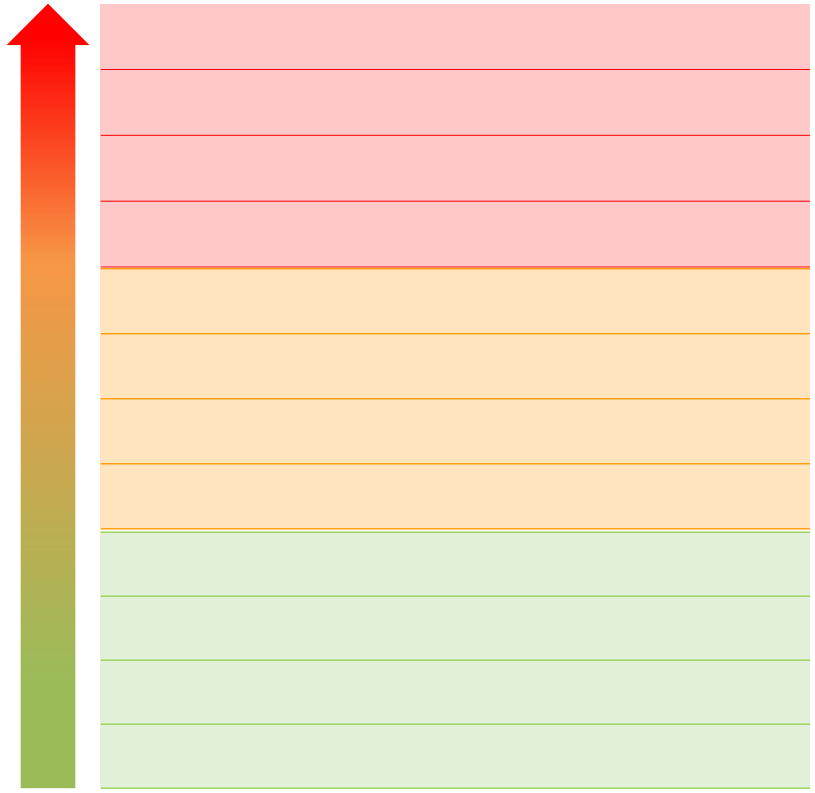
Funding team development to provide support for any Carbon related funding schemes that come into the Health Board.

Further dialogue with Crowd house Energy organisation to determine the PV energy feasibility at GUH
Refit programme review & approval is now complete and will form part of the evaluation in Qtr 3 2023.
De-steaming project review on the major infrastructure at RGH date TBC ongoing
GROUP II to continue to promote training opportunities and the planned video of staff training
Further work on the theatre shut down project at NHH
Training in the use of Skinman soft to reduce the use of water in the theatres, ongoing through Qtr 3.
'Gloves are Off' with group 3 to continue to be rolled out to DSU.
Produce educational posters working with group II communications team
Spread and scale the inhaler optimisation and Decarbonisation App.
Improve the Carbon reporting on the delivery workstreams as part of the Metrics Dashboard.

Key Risks

Capital costs to implement the changes needed going forward to 2030.
Enhancing the ability for the teams to report on actual Carbon reduction projects and how this addresses the 2030 Net Zero emissions target in Wales.
Project support roles and in particular group 3 support ended in Sept 2023 – Project resource now in place for 12 months
Ensuring the wider engagement and spread of awareness of the decarbonisation agenda throughout ABUHB

Workstream RAG Ratings



Group 1 – Workstream Updates

WORKSTREAM 1 – Estates & Facilities Sub-Group

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
2022/23	Oct 2023	Overarching highlight report on the biodiversity reports is now complete. WG Qualitative Report submitted to deadline Pilot DCR report for transport and fleet completed and submitted in June 2023 NWSSP DCR report submitted for Quarter 1 2023 Net Zero Data review commenced Progress on RGH de-steaming programme Continued work with Biffa waste recycling Refit partners will commence during October after the tender closed in Sept 2023	Overarching highlight report on the themes with the biodiversity studies Review and comment on the NWSSP EV charging guidance. Energy review to identify those sites causing increased Co2 emissions	Funding & internal resource availability and increasing workload. Lease building evaluation of portfolio of buildings and the Carbon footprint. Buildings emissions have increased by 9% Energy use has increased over the first Quarter 2023	

Group 2 – Workstream Updates

WORKSTREAM 2 – Communications, Digital & Training

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
2022/23	Oct 2023	Relevant news articles now published on the Intranet's 'Green Healthcare' mini-site Digital programmes have produced a decarbonisation benefits map to guide work. YYF Rewilding story published Theatre energy shut down publicised Course publicised and take up improved (get involved sustainable healthcare project in your area) Workforce attendance at workstream meetings and new engagement opportunities explored, the number is currently?	Next workstream meetings: October 2023 Upload the Pharmacy APP for the new inhaler onto the greenspace website for staff information. Work currently ongoing with this development Midwifery training video to be uploaded onto the website News story to direct staff to the intranet and recruit champions	Ensuring the wider engagement & spread of awareness of the Decarbonisation agenda throughout ABUHB.	

Group 3 – Workstream Updates

WORKSTREAM 3 – Clinical and HealthCare Planning

RAG Status

Delivery Timescales

Original	Updated
2023/24	Oct 2023

Scheme	Tonnes CO2 saved p.a.	£ saved per annum
Optimisation of the Building Control System (BMS) within the main hospitals	79.7	£71, 930
LED lights – RGH/YYF/YAB/STC	515	£182, 360
Anaesthetic Scavenging Systems	40	£40-£50k
N2O – decommissioning of manifolds	TBC	£14.5k
Theatre Ventilation Shutdown	TBC	TBC
Anaesthetic gases – Desflurane removal	281	108k
Entonox Capturing Technology	TBC – data analysis underway	TBC
Reduction in use of non-sterile gloves (Gloves R Off)	Baseline – CCU spend last 12 months £49630, equates to 876000 pairs of gloves.	March 2024

What Went Well this Period

- Carbon and savings signed off for several projects.
- Endoscopy researching into use of alternative to Entonox for sedation/analgesia
- Theatre shut down now complete at YYF & RGH
- Entonox destruction unit now up and running in GUH awaiting final data evaluation
- Active engagement from Theatres staff across all sites
- Engagement with Infection Control – ice/cool sticks vs ethyl chloride and "Gloves Are Off" campaign
- Gloves off campaign in place within CCU

Key Milestones for the Next Period

- Theatre Shutdown Project in all hospitals, this project has slipped so more focus required
- Continue the Nitrous Oxide training in the midwifery units at GUH
- Inhaler app and training to be put online.
- Scavenging unit data analysis and formal outcome report

Key Risks

- Nitrous oxide detector needs funding to allow Entonox destruction unit trial
- Timers to automatically switch off the AGSS pumps require funding. It costs £20k p.a. to run these pumps out of hours
- Clinician time to support the group 3 projects, need to discuss how to address this issue.
- Funding for further scavenging units either single room or multi scavenging unit at GUH.

Decision/Escalation required

Group 4 – Workstream Updates

WORKSTREAM 4 – Procurement and Resources

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
2022/23	Oct 2023	Metrics format updated and available data prepared and shared with project Board.	Refining reporting for next WG Carbon return later this year • Communication with other groups to feed in key areas of progress • More specific metrics for procurement areas planned • Carbon reduction plans for the key objectives to be developed	Limited information coming through from groups on carbon reduction impact	

Mental Health Transformation

MHLD Transformation Programme

Exec Lead:	Leanne Watkins	SRO:	Nadine Gould

Programme Objective

To provide strategic oversight and direction in the context of the Mental Health & Learning Disabilities Divisional transformation programme's aims and objectives.

Reporting Period:	To October 2023

What Went Well this Period

- ✓ WPWS – CSP – The Programme was a finalist for delivery team in 2023 South Wales Health & Care Awards
- ✓ TY-Cynnal – MH Crisis Support House – Project and operational team winners of the 2023 South Wales HealthCare Award for a Mental Health Service
- ✓ Shared Lives for Older Adults-embedding
- ✓ Acorn Project is open to residents (capacity of premises is 5 individuals- 2 in – 3 more agreed for staged entry by December as new service embeds) it provide accommodation for young adults with complex needs and requiring intensive support through a community

Key Milestones and Deliverables for the Next Period

- WPWS –CSP – Planning Board Development & Planning day- to be held(postponed in Sept)
- CNP - Shifting the Balances in Complex Needs mental health event –to be held (postponed Sept)
- CNP-SISU Complete the responses to the issues raised on the WG Matrix return on the Specialist Inpatient Services Unit Outline Business Case and secure Executive approval to submit reply to Welsh Government.

Key Risks

Clarity of Clinical Governance arrangements	The Priority Programme workstreams may be operated by multiple partners. If clinical governance arrangements are unclear in any part of the model, then there will be a risk to patient safety.
Scope of Transformation Board work programme	Scope of wider Transformation programme is **NOT** limited to Adult/Older Adult MHLD service provision. It is across ages and whole system including Primary Care and 'Foundation'(Prevention). If stakeholder engagement and management of key interfaces is ineffective then this could result in fragmentation or poor communication between other services, e.g., Primary Care and CYP.
Engagement of stakeholders in the programme	If the programme is not fully owned and driven by partners and staff, then it will be difficult to deliver the programme vision and objectives.

Workstream RAG Ratings

CNP-Transition Framework

WPWS-CSP -Mental Health 24/7

CNP – OBC – WG response Specialist Inpatient Service Unit (SISU)

CNP –Acorn House

WPWS- OAMH – Shared Lives

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

Transformation Board– Workstream Updates

Dyfodol Clinigol Clinical Futures

WORKSTREAM 1 – [Whole Person Whole System- Crisis Support Programme(WPWS-CSP]

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
July 2023 *Oct 2023*	ongoing	✓ OAMH Shared Live service- 9 placements to end of September. Excellent feedback from SUs & colleagues ✓ Programme & Board finalist in South Wales Health & Care Awards for service delivery team ✓ TY Cynnal – MH Crisis Support House winner for Mental Health Award in South Wales Health & Care Awards	• Shared Lives OAMH- Go live - embedding • Single Point of Contact (111P2) Working whole system(including Police/WAST) to agree Benefit measures and tracking • MSC student finalising evidence in a mathematical model that can predict the course of mental health disorders and guide the delivery of person-centred care safely and closer to home in our communities. • Board Planning event to be held	**Shared Lives/ALL Partner Providers in MDT teams** WIFI Signal is poor in areas of St Cadoc's Hospital. For providers who form part of MDT, they cannot sustain signal to access their citrix gateway files for patient *care, have to go off site. Causing detriment impact to care planning, arrangement of placement as relationships in team building, from reverting to silo working of teams (resolution currently being investigated & managed locally)*	**No**

WORKSTREAM 2 – [Complex Needs Programme (CNP)]

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Oct 2022 *August 2023*	Set by WG - ongoing Sept 2023	✓ Following submission of the Specialist Inpatient Services Unit outline business case, the Health Board has received the matrix response from Welsh Government. ✓ Acorn Project- Acer House accepting residents- they are individuals from which the accommodation will provide accommodation for young adults with complex needs and requiring intensive support through a community	• CNP- Develop workstream plans for Rehabilitation Pathway • Establish a complex needs demand & capacity workstream in Learning Disabilities. • CNP - Shifting the Balances in Complex Needs mental health- Community of Practice- postponed to be rescheduled • CNP vision	CNP - Leadership to support all elements of the programme design principles and service implementation CNP - Programme Governance through the life cycle Organisational Strategic oversight for wider system Transition services will be supportive to deliver MHLD aspect of service- ie cross division for interfaces with wider pathways responsibility and authority. Without this the CNP MHLD Transition workstream will be at risk in its ability to deliver the most effective and timely support in developing packages of care for individuals.	*No* *No* *No*

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 November 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planned Care Recovery Programme
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Hattie Cox, Planned Care Programme Manager

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to:

- Outline the scope of the Planned Care Recovery Programme.
- Provide an update on intended benefits, progress made to date, key objectives for the next period and key risks for each workstream within the Programme.

The Planned Care Recovery Programme is one of the priority programmes within the Clinical Futures Portfolio. The Programme brings together 6 goals in line with the Welsh Government's national Programme and planned care response. Positive progress is being made in all workstreams, and this paper provides further detail on each one.

Cefndir / Background

The Planned Care Programme is one of the Health Board's priority programmes, delivered and supported by the Clinical Futures Team. The Executive Lead for the programme is Hannah Evans, supported by the Senior Responsible Officer, Richard Morgan-Evans and Senior Programme Manager, Hattie Cox.

The Programme leads 6 workstreams:

- Health Pathways
- Patient Access and Activation
- Outpatient Transformation
- Diagnostics
- Elective Capacity/Theatre Utilisation
- Planned Care Academy

The aim of each workstream is:

- **Health Pathways:**
- Clinicians have access to clear, up to date information to support patients under their care. Pathways are streamlined and efficient making the best use of the right clinical teams for the right patient at the right time.
- **Patient Access & Activation:**
- To support people to make informed decisions about their health care, by giving them more information and the skills to better manage their health and condition whilst waiting for appointments or treatment.
- **Outpatient Transformation:**
- To modernise and transform services by embracing new and more efficient ways of working and to embed these approaches into a sustainable outpatient service delivery model.
- **Diagnostics:**
- A focus on transforming diagnostic services and ensuring sustainability of service into the future.
- **Elective Capacity / Theatre Utilisation:**
- To increase theatre utilisation and elective capacity for ABUHB planned care patients by focussing on three areas of improvement: scheduling, utilisation and standardisation of process and approach.
- **Planned Care Academy:**
- Ensuring the management teams have the skills, tools, and support to excel for the benefit of patients.

Each workstream reports into the Planned Care Recovery Board which is held monthly. Highlight reports are submitted and supplemented by key metrics for each programme (where applicable).

Asesiad / Assessment

Below is a high-level summary of each workstream's intended benefits, the progress made so far, objectives for the next period, key risks, and RAG rating.

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

HEALTH PATHWAYS	
Intended Benefits	• Reduce unnecessary demand into secondary care. • Reduce unnecessary clinical investigations. • Reduce unwarranted variation. • Provide comprehensive advice, guidance, and standardised referral criteria model for primary care. • Reduce the number of online locations that GPs go to for clinical advice.
RAG Rating	

Progress Made so Far	• Full team has been established:
	  • A coordinator started in post in June (1 WTE)
	  • 3 Clinical Editors started in post in July (0.4 WTE each)
	• Initial pathway prioritisation completed (63 pathways identified) - 50 pathways required to go live in March 2024
	• Engaging in national pathway sharing process
	• Clinical Editors are meeting with Subject Matter Experts to write up pathways.
	• Comms plan is being implemented.
	• Planning for phase 2 priority pathways is underway: -
	  • Aim is to write up full suite of pathways for 2 to 3 specialties and embed the platform alongside advice systems (Consultant Connect, e-advice) and improved triaging processes

Objectives for the Next Period	• Finalise the first pathways. • Clinical Editors to continue to work with Subject Matter Experts to write up pathways. • Confirm phase 2 priority pathways: - • Focus on system priorities, both primary and secondary care
Key Risks	• Timeline for go-live has been delayed (from January to March 2024) due to delays with national pathway sharing arrangements

PATIENT ACCESS & ACTIVATION	
Intended Benefits	• Increased access and uptake of self-management support and advice via online resources. • Patients are better prepared for surgery. • Positive patient experience through increased knowledge on service. • Patients are better informed on waiting times.
RAG Rating	

Progress Made so Far	**Information on Waiting Well:**
	• A public facing landing page has been created with the Comms team and is currently live Keeping well before your surgery or planned treatment - Aneurin Bevan University Health Board (nhs.wales),
	  • Between July and September, the page has nearly 1300 views from 957 users
	• The landing page has been shared through a QR code through the following mediums:
	  • Validation letters.
	  • Keeping in touch communications sent at 36 weeks.
	  • Outpatient appointment letters.
	  • Dr Doctor appointment messages.
	• Non-digital resources are being developed – a Waiting Well brochure and poster.
	Service Information to Patients:
	• Work ongoing with specialties to develop their websites and improve information available to patients about the service.
	Welsh Government's 3Ps Group:
	• Engaging with WG's 3Ps Group – Phase 1 of the 3Ps policy sets out an expectation for a single point of contact (SPOC) service in each Health Board to help keep patients informed of their current expected wait and provide advice on self-management options whilst waiting.
	  • Plans for SPOC service is in development.
	Sharing Waiting Times Information:

	• Developed a new format for reporting waiting times information to patients and primary care – report going to Execs 12/10/23.
Objectives for the Next Period	• Finalise and submit plans for SPOC. • Publish bilingual Waiting Well brochures. • Continue engagement with specialties who need to provide content for webpages. • Agree on model for sharing waiting times.
Key Risks	• Capacity of system to engage with workplan. • Funding for additional work.

OUTPATIENT TRANSFORMATION	
Intended Benefits	• Higher number of patients on SOS/PIFU pathways. • Reduced follow up waiting lists. • Reduced DNA rates. • Increased virtual activity to free up physical space in outpatients.
RAG Rating	
Progress Made so Far	• WG has part funded RGH Outpatient Treatment Unit until end of March 2024. A Business case has been drafted by Outpatient Transformation Lead, for full funding of the Unit, with costs being finalised, for onwards submission to PIP. • Proof of Concept for development of Automated Clinic Booking System to be undertaken with DHCW, with the aim of increasing clinic efficiencies and utilisation across AB. • Clinically Led Outpatient Model Meetings commenced with priority specialties – Spines 7th August, follow up meeting regarding Lower Back Pain pathway planned for 11th October. Gastro 5th September, Urology 3rd October. Max Fax booked for 24th October, Eyes 1st November, Cardiology 27th October, ENT date to be confirmed. • Validation commenced of long waiting patients on Non RTT Open waiting list, and Waiting Lists not on Open Pathway, working with Directorates and Information Services. Patients waiting more than a year for Obstetrics pathways removed. Audiology list completed with outstanding queries being resolved. Dexa Scan list in progress. • Consultant Connect – Drop In event held 12th September 2023 – subsequent meeting arranged with ITU. ENT to commence messaging. Meeting with Respiratory to consider pathways 18th October 2023.
Objectives for the Next Period	• Baseline assessment of virtual activity by specialty being undertaken – October 2023. • Divisional Follow Up Plans to be revisited aligned to new target (30% reduction on March 19 baseline by March 24), including pathway specific work identified in clinically led workshops, targeted validation, SOS and PIFU pathways. • Continuation of Clinically led workshops. Dates for ENT to be confirmed. • Business case for Outpatient treatment Unit – finalise and send through to PIP Panel –October 2023. • Commencement of three-month proof of concept development cycle for Automated Booking System – agreement of development days to be confirmed October 2023. • Assessment of clinic room utilisation in NHH to be completed October 2023. To be undertaken across sites following this. • Confirmation of process for two-way e-advice (CWS development) – October 2023. • Supporting telephone validation of 156-week waiters. • New three-year strategy - The role of Outpatients in transforming Planned Care in Wales (2023-2026) – working through milestones within Health Board.
Key Risks	• Ongoing challenges of capacity of system. • Business Case submissions are being prioritised within the HB due to the financial position. • Risk of Divisions being unable to decrease 100% past target trajectory – with competing demands.

DIAGNOSTICS	
Intended Benefits	• Coordinated approach to involvement in regional diagnostic developments. • Oversight of internal diagnostic updates.
RAG Rating	

Progress Made so Far	• Continuing to engage in regional diagnostic developments:
	  • CDH
	  • Pathology
	  • Endoscopy
	• Endoscopy Unit build at RGH on track to finish in November; -
	  • Temporary decon unit to be put in place whilst the business case is being developed.
	  • Higher demand levels for endoscopy than planned for in business case so team are reviewing staffing position.
	• Endoscopy – deteriorated position due to an increase in demand

Objectives for the Next Period	• Meeting with primary care to discuss endoscopy demand and how to stabilise. • Resolve funding for endoscopy decon unit and review recruitment.
Key Risks	• Capacity of system to engage in workplan. • Availability of funding for decon unit solution and ability to recruit additional staff.

ELECTIVE CAPACITY / THEATRE UTILISATION	
Intended Benefits	• Increased theatre utilisation (through reduction of late starts/early finishes, downtime between procedures). • Implementation of 6-4-2 – reduces cancellations in theatre and improves utilisation. • Access to improved and reliable data.
RAG Rating	

Progress Made so Far	• Two stakeholder events have been held:
	  • The first event focused on improvements rolled out across teams.
	  • The second event focused on the new dashboard and theatre plan delivery.
	• 6-4-2 has been launched within the scheduling process – ongoing monitoring of implementation.
	• Dashboard released on 9/10/23 – will provide reliable and usable data on theatre productivity measures.
	• Time in motion studies to verify data points that are missing from Ormis are ongoing:
	  • NHH complete
	  • GUH scheduled for Sept '23
	  • YYF scheduled for Oct '23
	  • RGH scheduled for Nov/Dec '23

Objectives for the Next Period	• Complete Time in Motion studies • Release of KPIs, focused on scheduling improvements and monitoring improvements against this. • Release dashboard and embedding into scheduling meeting and performance reporting.
Key Risks	• Capacity of system to engage with workplan.

PLANNED CARE ACADEMY	
Intended Benefits	• Provision of a consistent and optimised approach to planned care delivery. • Improved staff experience due to optimised training – higher levels of confidence in roles. • Increased recruitment and retention due to creation of clear planned care career paths and support to staff.
RAG Rating	
Progress Made so Far	Three task and finish groups have been created to take forward key priorities: • **Suite of Tools**:

	• Workstream has met and agreed on 2 priorities: Universal Divisional Scorecard and Demand and Capacity Standardisation.
	• RTT app in development; -
	  • UAT versions are available to all 3 planned care divisions for testing.
	• **Training / Policies and SOPs:**
	  • Draft training strategy and plan has been formulated focussing on key skills and competencies required in planned care management.
	  • Drafted high level access policy.
	  • Working with colleagues in digital to look at current WPAS profiles and map out role.
	  • Setting up T&F groups to get input from services to ensure the plan is achievable in the long term.
	• **Career Pathways:**
	  • Developing an operational planned care guide to the roles/skills and experience/success factors to help people on their career journeys.
	  • Starting from early apprentice through to general manager – looking at skills each role requires.

Objectives for the Next Period	• **Suite of Tools:**
	  • Review existing divisional tools, identify gaps, and agree objectives and outputs. Develop standardised D&C SOP.
	• **Training / Policies and SOPs:**
	  • Review and refine draft training plan with wider group.
	• **Career Pathways:**
	  • Develop planned care career pathway in more detail.

Key Risks	• Capacity of system to engage with workplan.

There are metrics for several of the workstreams that are presented to the Planned Care Programme Board monthly. Appendix 1 provides a link to the latest metrics reported.

Overall, there has been positive progress across all workstreams. A key risk is the ongoing capacity challenges within the system which hinder colleagues' ability to engage with some of the workstreams, but engagement has generally been positive despite ongoing challenges.

Argymhelliad / Recommendation

The Committee is asked to:

- Note the scope of the Planned Care Recovery Programme and its workstreams.
- Note the update provided on progress to date and objectives for the next period for the 6 workstreams.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 3.2 Communicating Effectively 5.1 Timely Access 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence Workforce and Culture Enabling Estate Finance
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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	3Ps – Promote, Prevent and Prepare SPOC – Single Point of Contact DNA – Did Not Attend RGH – Royal Gwent Hospital SOS – See on Symptoms PIFU – Patient Initiated Follow Up PIP – Pre-Investment Panel DHCW – Digital Health and Care Wales NHH – Nevill Hall Hospital CWS – Clinical Workstation CDH – Community Diagnostic Hub GUH – Grange University Hospital YYF – Ysbyty Ystrad Fawr KPI – Key Performance Indicator WPAS – Welsh Patient Administration System T&F – Task and Finish D&C – Demand and Capacity
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs 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

DNA Rates

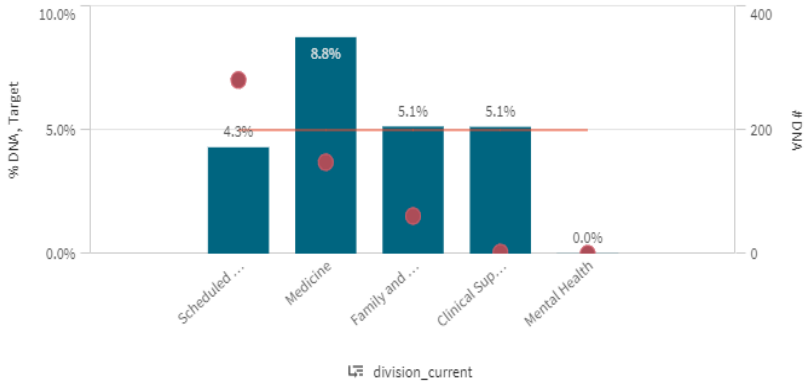
Last week DNA Rate	DNA Rate Current Year	DNA Rate Prev Financial Year
5.2% (492 / 9455)	5.6% (14418 / 259064)	6.6% (32199 / 486487)

Division->Specialty->Ser...

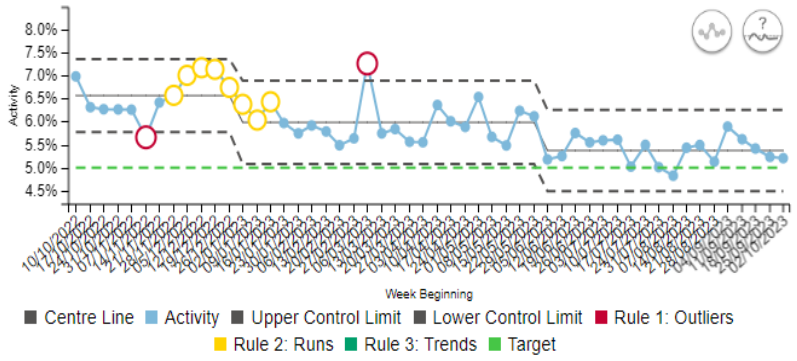
Reportable

Service Type	Attendance Category	Consultation Method	Outcome
Acute	Follow Up Attendance	Face to face appointment	Attended - Future Decision U...
Community	New Attendance	Virtual clinical appointment (...	Cancelled by Hospital

Last Weeks DNA Rate



DNA Rate



Overall DNA Rate

5.2%

Overall DNA F2F

5.4%

Overall DNA Virtual

3.9%

New Attendance DNA

5.7%

New Attendance DNA F2F

6.0%

New Attendance DNA Virtual

2.5%

Follow-up Attendance DNA

5.3%

Follow-up Attendance DNA F2F

5.5%

Follow-up Attendance DNA Virtual

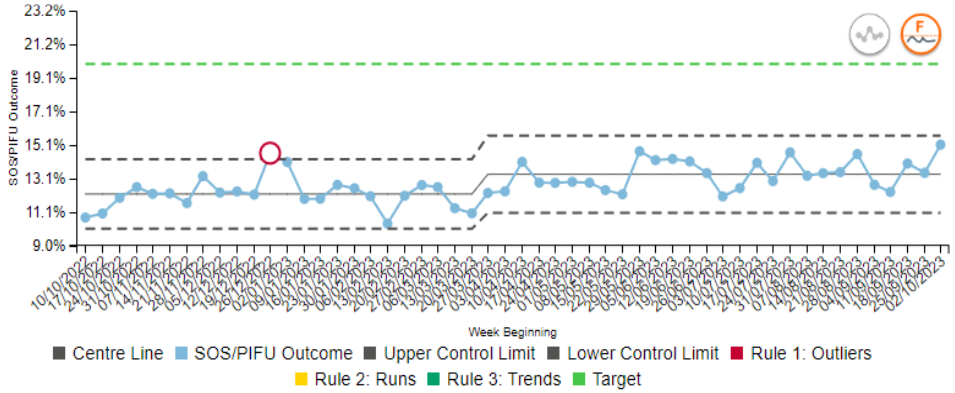
4.5%

Outcome SOS/PIFU

Last weeks SOS/PIFU Outcome	SOS/PIFU Outcome Current Year	SOS/PIFU Outcome Previous Year
15.1% (1018/6734)	13.3% (26579 / 199386)	11.7% (43856 / 373404)

Division->Specialty->Service->Clin... | Reportable | Service Type | Attendance Category

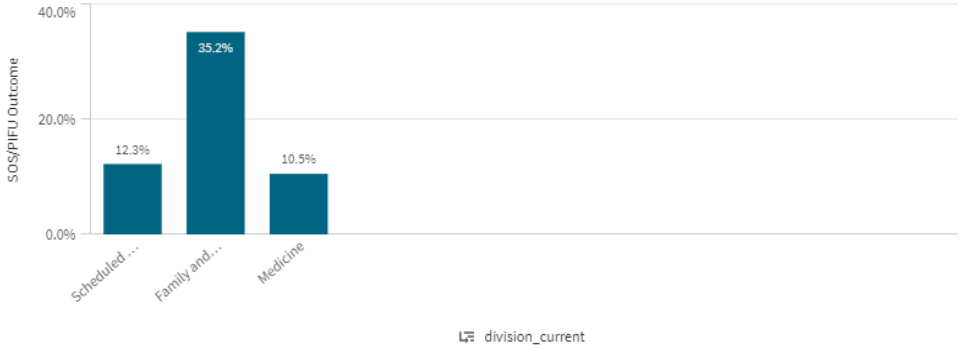
PIFU Outcomes



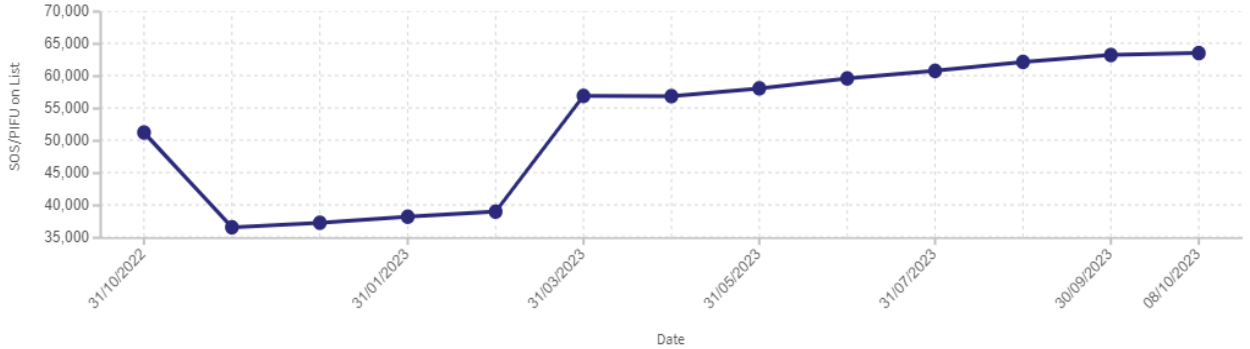
SOS/PIFU Outcomes

division_current	SOS/PIFU Outcomes	Last weeks SOS/PIFU Outcomes	Last weeks SOS/PIFU Attendances	Change in last 5 weeks	Change from 13 weeks
Family and Therapies		35.2%	331	-1.1%	4.7%
Scheduled Care		12.3%	568	1.4%	2.4%
Medicine		10.5%	119	0.2%	2.2%
Clinical Support Services		0.0%	0	-81.3%	-24.0%

Last weeks SOS PIFU Outcomes



SOS/PIFU Patients on List

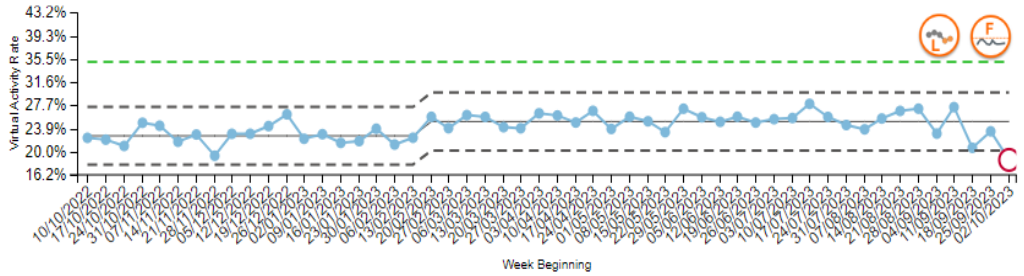


Virtual Activity

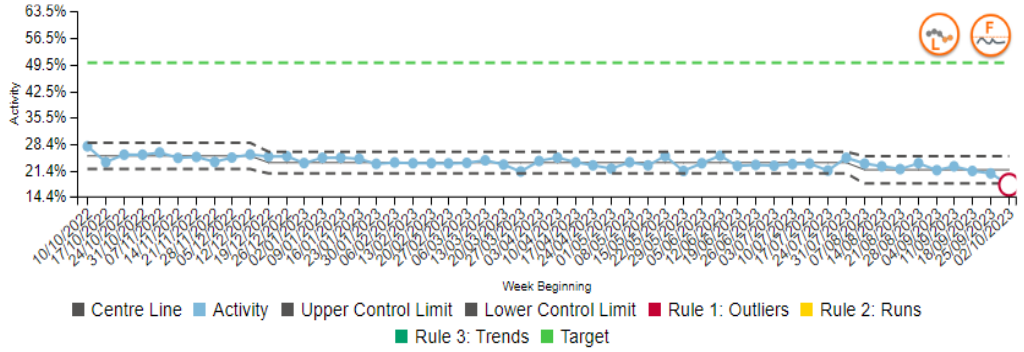
Last weeks Virtual Attendance Rate'	Current Fiscal YTD	Previous Fiscal Year
17.7% (1689/9548)	22.7% (60732/266957)	24.8% (122937/495698)

Service Type	Division->Specialty->Service->...	Reportable	Attendance Category
Acute	Clinical Support Services	Yes	Follow Up Attendance
Community	Family and Therapies	No	New Attendance

Virtual Attendances Rate - New | Virtual Attendance - New



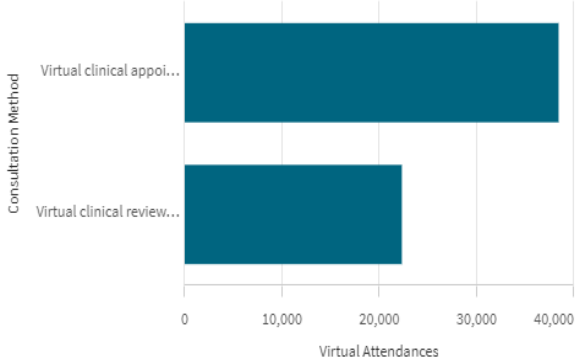
Virtual Attendances Rate - Fo... | Virtual Attendance - Follow up



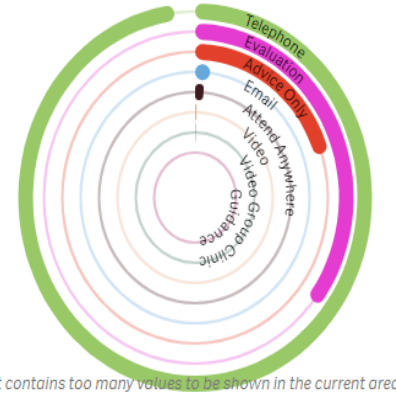
Virtual Outpatient Attendance Rate

division_current	Virtual Attendances	Virtual Attendance Ra
Totals	**1,689**	**17.7**
Scheduled Care	1,033	15.8
Medicine	450	26.4
Family and Therapies	192	15.4
Clinical Support Services	9	24.3
Mental Health	5	50.6

Virtual Outpatient Attendance by consultation method



Virtual Outpatient Attendance by Virtual Slot Type



* The data set contains too many values to be shown in the current area.

Total FU Waiting List

Current Follow Up Waiting …	Change in last 5 weeks	Change in last 13 weeks	Change from EO previous FY
124,104	1,242	1,510	3,348

division_current	Follow Up Waiting List	Current Follow Up Waiting List	Change in last 5 weeks	Change in last 13 weeks
Family and Therapies		13,710	67	-139
Medicine		42,565	815	1,050
Mental Health		346	39	3
Scheduled Care		67,416	340	643
Unscheduled Care		3	-6	-3
Urgent Care		64	-13	-44

FU 100% Past Target

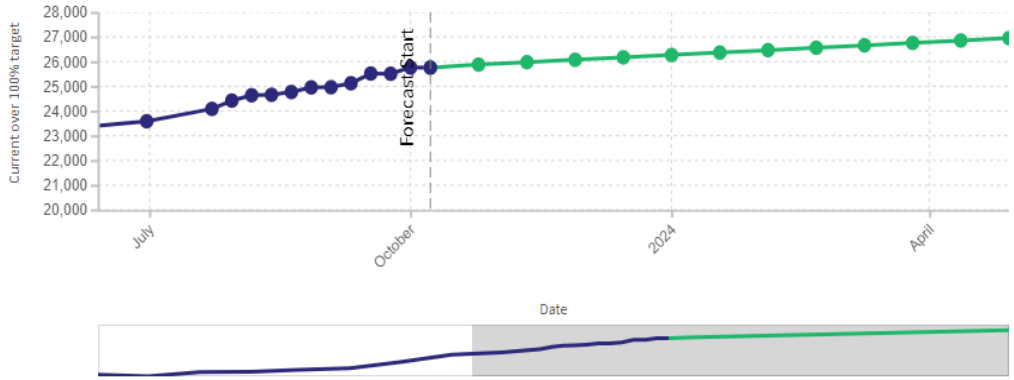
Current over 100% past tar…	Change in last 5 weeks	Change in last 13 weeks	Change from EO previous FY
25,758	795	1,942	4,538

Division->Specialty->Servic…: Clinical Support Services; Family and Therapies

Service Type: Acute; Community

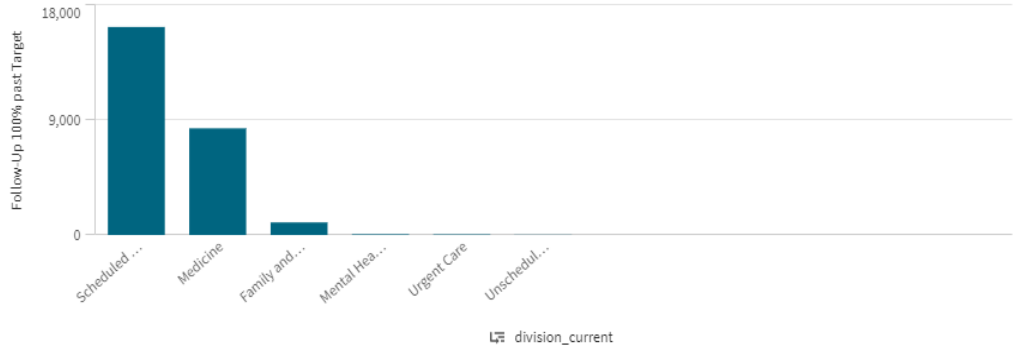
Reportable: Yes; No

Trend Chart with Projection

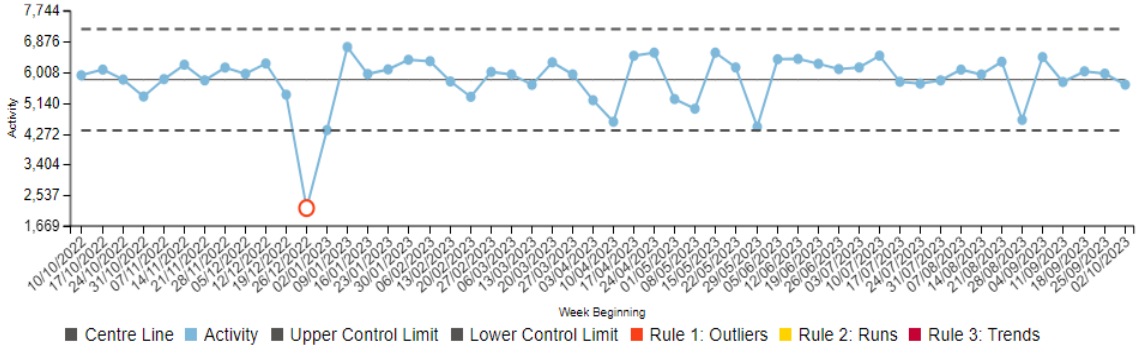


division_current	Over 100% Past Target	Current over 100% past target	Change in last 5 weeks	Change in last 13 weeks	Average Follow Up OP attendances of last 5 weeks	% Attendance against 2019/20
Clinical Support Services		0	0	0	24	630.9%
Family and Therapies		987	75	-50	280	95.3%
Medicine		8,355	449	702	1,159	103.0%
Mental Health		66	-9	-2	0	-
Scheduled Care		16,294	286	1,330	3,466	101.6%
Unscheduled Care		2	2	-1	0	-
Urgent Care		54	-8	-37	0	0.0%

Current Follow-Up 100% Past Target



Follow-up Outpatients Attendances



Planned Care Recovery Programme: Diagnostics

Submitted Month End Diagnostics

Aug-23			Jul-23		
Diagnostic	8 Week Breach	Service 8 Week+ Total	Diagnostic	8 Week Breach	Service 8 Week+ Total
Echo	0	76	Echo	0	35
Stress	21		Stress	20	
Monitoring	0		Monitoring	0	
Angiography	10		Angiography	1	
Cardiac CT	0		Cardiac CT	0	
Nuclear (Mibi)	45		Nuclear (Mibi)	14	
BA Imaging	1	1319	BA Imaging	1	736
MR	41		MR	33	
CT Non Cardiac	6		CT Non Cardiac	6	
Nuc Med	60		Nuc Med	25	
US	1211		US	671	
Colonoscopy	688	1978	Colonoscopy	607	2082
Gastroscopy	713		Gastroscopy	869	
Flexi Sig	426		Flexi Sig	423	
Cystoscopy	151		Cystoscopy	183	
Bronchoscopy	0		Bronchoscopy	0	
Urodynamics	116	116	Urodynamics	127	127
Vas Lab	0	0	Vas Lab	0	0
Neurophysiology (EMG/CTS/EEG CTS &	1004	1004	Neurophysiology (EMG/NCS)	668	668
Total	4493	4493	Total	3648	3648

Planned Care Recovery Programme: Theatres Maximisation Programme

Planned Care Recovery Programme: HealthPathways

June 2023
Appoint CEs

June 2023
CEs complete training

July 2023
CEs start in post

July 2023
Engage SMEs on new initial pathways

July 2023
Start development of pathways

July-Dec 2023
Implement comms and engagement plan

December 2023
First 25 pathways complete

March 2024
Site goes live

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 November 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Decarbonisation Programme Annual Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Executive Director of Finance & Procurement
SWYDDOG ADRODD: REPORTING OFFICER: **ADRODDIAD A GYNHYRCHWYD GAN REPORT PRODUCED BY:**	Trish Chalk Assistant Director ABCi & Interim Assistant Director of Insight, Improvement & Planning Terry Watkins, Senior Programme Manager (SPM)

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 SBAR is to provide an update on:

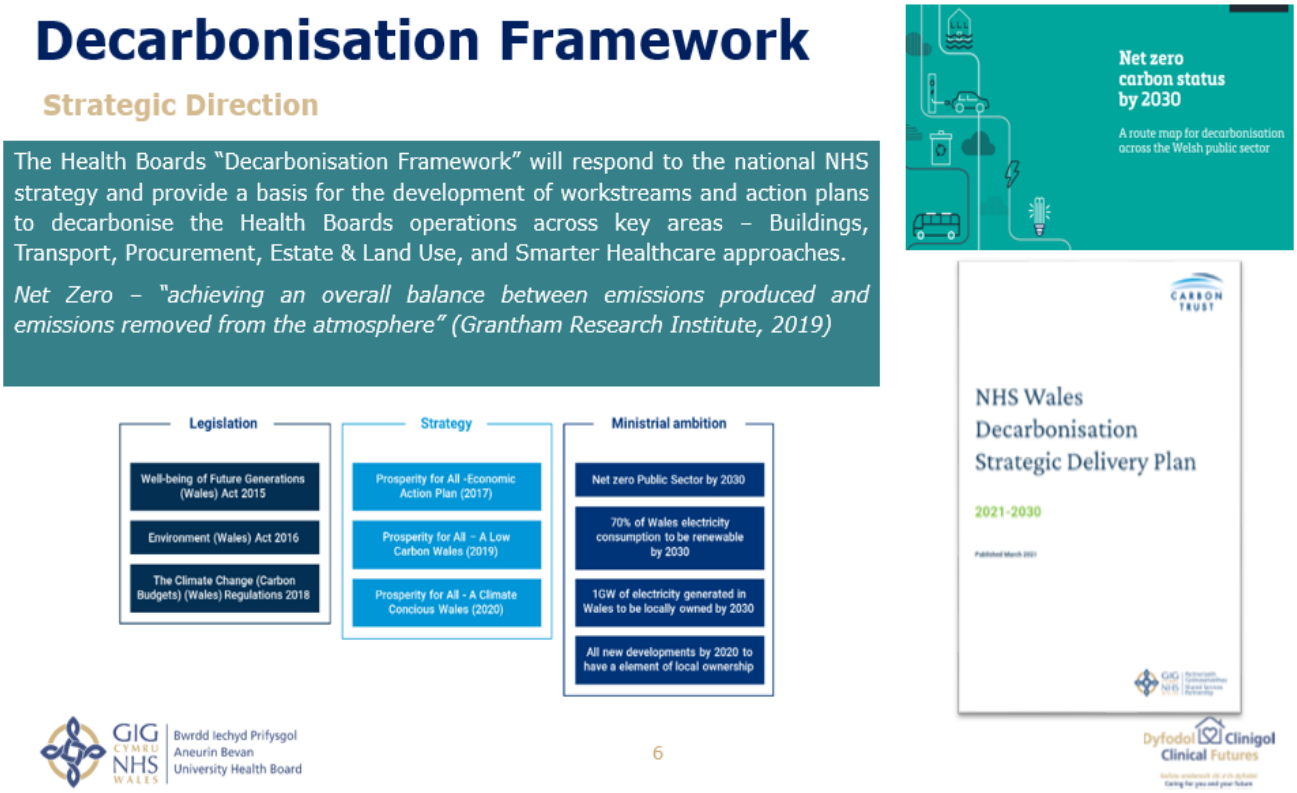
- The ABUHB Decarbonisation Programme, one of the Health Boards Priority Programmes.
- Progress against the National Programme to deliver the goal of Net Zero emissions by 2050.
- The Health Board Decarbonisation Action Plans (DAPS) for 23/24.
- New Welsh Government Quarterly reporting arrangements for 2023/24 (DCR) Decarbonisation Co-ordination Reporting.
- Changes to the 6 monthly Quantitative reporting frequency this will now be changed to an annual report.

The Committee is asked to acknowledge this assurance and progress report.

Cefndir / Background

Wales has a target to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be Net Zero by 2030. There is significant opportunity for Wales' health and social care system to lead the way on reducing carbon emissions. Action is needed not only because NHS Wales is the biggest public sector emitter (with a carbon footprint of around 1.00 MtCO2e which represents approximately 2.6% of Wales's total greenhouse gas emissions) but also because the health and social care system are at the forefront of responding to the impact of the climate and nature emergency on health outcomes. In response the Health and Social Care Climate Emergency National Programme has been established to support both National and Local action across the sector including the delivery of the NHS Decarbonisation Strategic Delivery Plan 2021-2030.

A community of experts group has been formalised by Welsh Government with organisations meeting throughout the year to discuss their plans to deliver the Net Zero programme.



Asesiad / Assessment

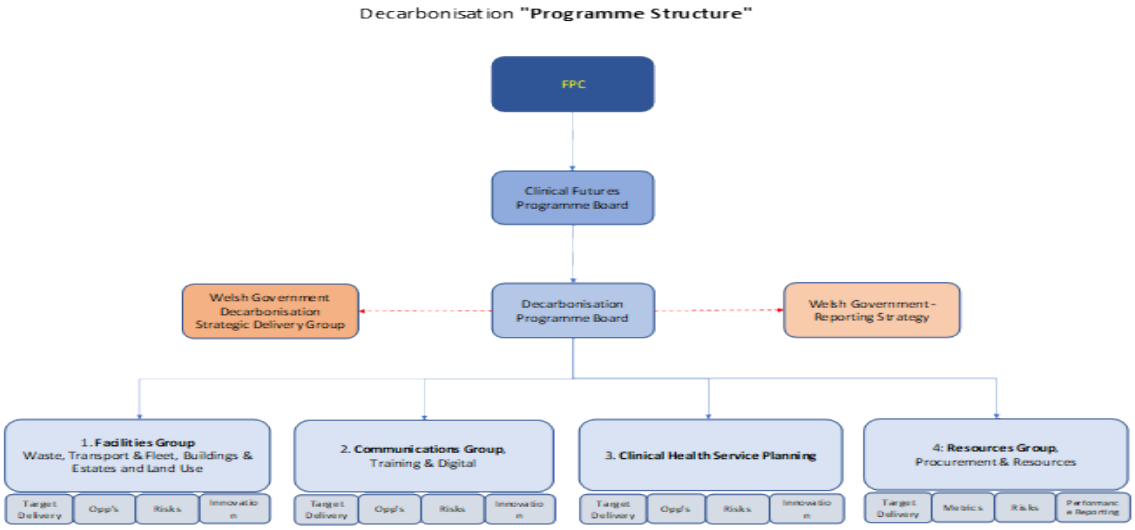
Assessment of the Health Board's Current Position

As one of Aneurin Bevan University Health Board's priorities, decarbonisation is coordinated by the Clinical Futures Team. The programme is facilitated and managed by ABUHB's Clinical Futures PMO. Subject matter experts from-Decarbonisation Programme Board has now been active for 12 months with some changes to the membership, and governance structures. Aneurin Bevan University Health Board has deployed significant resource to tackle the decarbonisation challenge, with senior leaders named as workstream leads, project teams sit within the four groups with an SRO who has been appointed to lead the programme. The structure of Aneurin Bevan University Health Board's decarbonisation is delivered through 4 active workstreams:

1. Waste, Transport, Fleet, Estates & Land Use
2. Communications, Digital & Training
3. Clinical & Health Care Planning
4. Procurement & Resources (inc. Performance, Finance & Workforce OD)

These workstreams (Appendix 1) have relevant national objectives from the NHS Wales Strategic Delivery Plan allocated to them, and to plan, manage and implement projects & solutions with the overall aim of contributing to achieving net zero by 2050. The reporting and governance system requires the workstreams to report to the Programme Board and ascending the structure to the Clinical Futures Programme Board and Finance & Performance Committee. The governance structure also identifies the reporting requirements in terms of the annual quantitative net-zero report and the bi-annual qualitative report.

Reporting Structure



Below is a summary of the progress to date, the forward plan for 23/24 and the anticipated benefits and outcomes.

Decarbonisation overarching Quarterly Report: Oct 2023 **see Appendix 2.**

The Decarbonisation Framework outlines the main areas of focus for a net zero trajectory by 2030; the goals and objectives required to meet performance targets and provide a timescale and action plan. The Health Board plans to implement energy efficiency and promote decarbonisation over the coming years, while also providing a mechanism for governance and reporting.

The Key deliverables are:

- **Engagement programme** by multiple mechanisms to raise awareness and promote the decarbonisation and sustainability agenda in ABUHB e.g., Intranet and social medica.
- Report to Welsh Government on the progress via the new **Quarterly DCR report**
- **Annual submission** of data for Welsh Government **Net Zero reporting**
- Provide support for the development and creation of the conditions to enable all staff to embed sustainable healthcare improvement principles within ABUHB.
- Holding the project leads to account on the delivery of the national strategic plan and **local decarbonisation workstream action** plans.
- Aim for **further** carbon emission reductions by **16% by 2025.**
- By **2030** aim to achieve the target of a **reduction of 3**4% carbon emissions
- Identify energy projects through the **refit programme.**
- **Training** of staff across the health board in Carbon identifying opportunities and strategic amins, behaviours and reviews
- Identify **biodiversity opportunities** and bid for relevant funding.
- Highlight cost saving and carbon reducing schemes, short / medium / long term.

Intended Benefits (linked to IMTP)

In 2023/24 we continue to focus on:

- **Staff communications** and engagement to raise awareness and promote decarbonisation and sustainability.
- Develop and implement plans to **increase biodiversity levels** across our sites.
- Continue to progress the **Refit programme** and develop alternative energy source facilities.
- Continue **review of prescribing and procurement** for low carbon.
- Roll out additional **agile working hubs** and promote staff hybrid working.
- **Eradication of Desflurane gas** from all the health board
- **Monitoring and reportin**g (ranking feasible initiatives, target setting, sourcing data for accurate calculations, reporting progress)
- **Collaboration** (external resource, expertise, leadership, implement All Wales Exemplars)

Key Risks

The following key risks have been identified for programme delivery:

1. Future funding schemes to support the ongoing changes to deliver Net Zero by 2030.
2. The pace of change required verses the complexity of delivery to reduce the Carbon footprint by 16% (2025 Target)

3. Investing in Biodiversity now (2023) but not realising the benefits of tree carbon offset for 8-10 years.
4. Resources to support the schemes going forward where no funding currently exists.
5. Availability of financial support from Welsh Government for large scale interventions on carbon reduction / avoidance schemes such as renewable energy

Interdependencies with other Programmes

The Programme works with multiple partners and in the true sense will only achieve the targets through partnerships and collaborative delivery. The key programmes that wills support our goals are:

- The Agile working group due to staff travel, working base, mileage claims which contributes to the Carbon footprint for ABUHB.
- Capital development schemes and future funding opportunities working with the third sector / voluntary groups and link in with Arts, Biodiversity and Wildflower planting when planning New Builds or Developing existing building/land areas.

Milestones

Below are the key milestones by quarter for this planning cycle:

Q1 2023 - Completed	**Q2 2023 - Ontrack**	**Q3 2023 – On track**
Complete removal of Desflurane gas. Entonox destruction unit delivered. Fleet data reporting 1st pilot DCR for Welsh Government	2nd Pilot DCR Report (WG) Decommissioning of Nitrous Oxide at NHH Theatre Working Group Summary Report on Biodiversity Studies Establish new funding group	3rd Pilot DCR Report (WG) New dashboard for board Project evaluation for Groups 1 & 3 Submission of funding bid for Community Wellbeing
Q4 2023	**Q1 2024**	**Q2 2024**
Annual Report (WG) Project evaluation for Groups 2 & 4 Decarbonisation annual benefits realisation & gap analysis Refit programme and the delivery of schemes identified to progress	Biodiversity funding application for NHH & STC development of green spaces Possible business case for capital investment for the Nitrous Oxide scavenging units at GUH & YYF	Continue to deliver on the projects identified in the programme plans (dashboard details on carbon and savings). Inclusion of a digital section on areas that can be developed for carbon/cost saving schemes

<u>Progress of Scheme & Initiatives and amount of Carbon reduced.</u>

Group 1 Waste, Transport, Fleet, Estates & Land Use

Scheme	**Status**	**Tonnes CO2 saved p.a.**	**£ saved per annum**
Optimisation of the Building Control System (BMS) within the main hospitals	In progress -	79.7	£71, 930
LED lights – RGH/YYF/YAB/STC	Complete	515	£182, 360
Anaesthetic Scavenging Systems	In progress – implemented manually at RGH, SWH, NHH and YYF. Plans for GUH.	40	£40-£50k
N2O – decommissioning of manifolds	Complete – YYF, NHH, RGH and STW	TBC	£14.5k
Theatre Ventilation Shutdown	In progress – complete in YYF and RGH. NHH will take place in November with plans for GUH later in the year/early 2024	TBC	TBC
Anaesthetic gases – Desflurane removal	complete	281	108k
Entonox Capturing Technology	In progress – 1 x monitor and 1 x capturing machine place on labour ward in GUH in August. Exposure to Entonox data is being recorded and a working group is being established to look at reducing (where necessary) the exposure to a level within guidelines.	TBC – data analysis underway	TBC
Reduction in use of non-sterile gloves (Gloves R Off)	In progress – implemented in CCU in September and rolling out into Recovery and DSU across sites	Baseline – CCU spend last 12 months £49630, equates to 876000 pairs of gloves.	March 2024

Idea	Situation	Impact	Timeline
Reusable Theatre hats	In progress – funding obtained, finalising quantity required and confirm with Infection control how these can be laundered.	TBC	Early 2024
Reduction in the use of Ethyl Chloride	In progress – cold sticks have been piloted for anaesthetics. The sticks are suitable for some areas. Also, looking at reintroducing testing with ice. Working with Infection Control on this.	TBC	Early 2024
Reduction in water for hand washing – using 'Skinman Soft'	In Progress – being implemented in Ophthalmology Theatre in November/December. Roll out to suitable areas.	TBC	Q4 2023

The following tables set out the agreed workplan agreed for each group and the progress to date against the initiatives agreed in our Carbon reduction action plan.

Group 1. Waste, Transport, Fleet, Estates & Land Use (Appendix 3)

Component	Action and Current Position	Forward Plan
Building Management System (BMS)	On going optimisation of Hospital Building management System. The action to appoint a service lead is now complete.	All buildings have an up-to-date, standardised, and effective building management system (initiative 9), monitoring is now in place.
LED Lighting	Continued LED lighting rollout to hospital & Community Premises. LED is standard replacement in Maintenance Strategy.	All premise to be installed with LED lights by 2025.
REFIT Programme	Development of tender specification complete. Estate group has now proceeded to the tender stage.	To procure and partner with a service provider to design and install carbon reduction projects and to obtain appropriate funding to carry out REFIT programme.
Biodiversity Study	The Biodiversity Study in collaboration with Powys Teaching Health Board is now complete. Site surveys and site reports completed and received for consideration.	Reports have been received and are currently being reviewed to consider future action and common projects.

Buildings Gas and Electricity Consumption	Monitoring of hospital and clinic sites demonstrates a 3.1% carbon emissions reduction from building energy use for 2022/23. Development of metrics and dashboard to track.	Continue to monitor gas and electricity consumption through the development of the data dashboard.
Solar PV	WGES solar PV scoping report on Grange University Hospital and Ysbyty Aneurin Bevan, further scoping, feasibility, and cost development work is being undertaken by consultants.	Further feasibility being undertaken to identify costs/carbon reduction in more detail. Any further design work likely to be undertaken through Refit Programme.
Waste	The Health Board has moved back to a Business-as-Usual model for all sites following the pandemic. During the pandemic, large percentage of our waste was consigned as infectious on the guidance of Welsh Government and in agreement with our internal Infection and Prevention Control Team. This has seen volumes of general, recycling, and offensive waste streams return to pre Covid levels, which is environmentally and financially prudent with a reduced amount of incinerated/treated waste.	Continue to work in partnership with Biffa.
Transport	Bike Shelters installed at 6 hospitals to promote active Travel. Relaunch of Cycle to Work Scheme to facilitate sustainable travel. Additional Fleet EV Charging infrastructure installed to promote move to EV estates fleet – 10 replacement EV vans imminent awaiting delivery. Staff lease car scheme now excludes diesel cars (EV and petrol hybrid vehicles available only).	Opportunity to increase the shelters to other site locations. Continue to promote sustainable travel alternatives for staff.

Agile working programme	Clarity and understanding about how the Health Board is utilising existing and future clinical and administration estate.	The Agile working plan is to have 6 hybrid working hubs across ABUHB. A "vision" paper for 2023/24 has been submitted to Board.

Group 2. Communications, Digital & Training (Appendix 4)

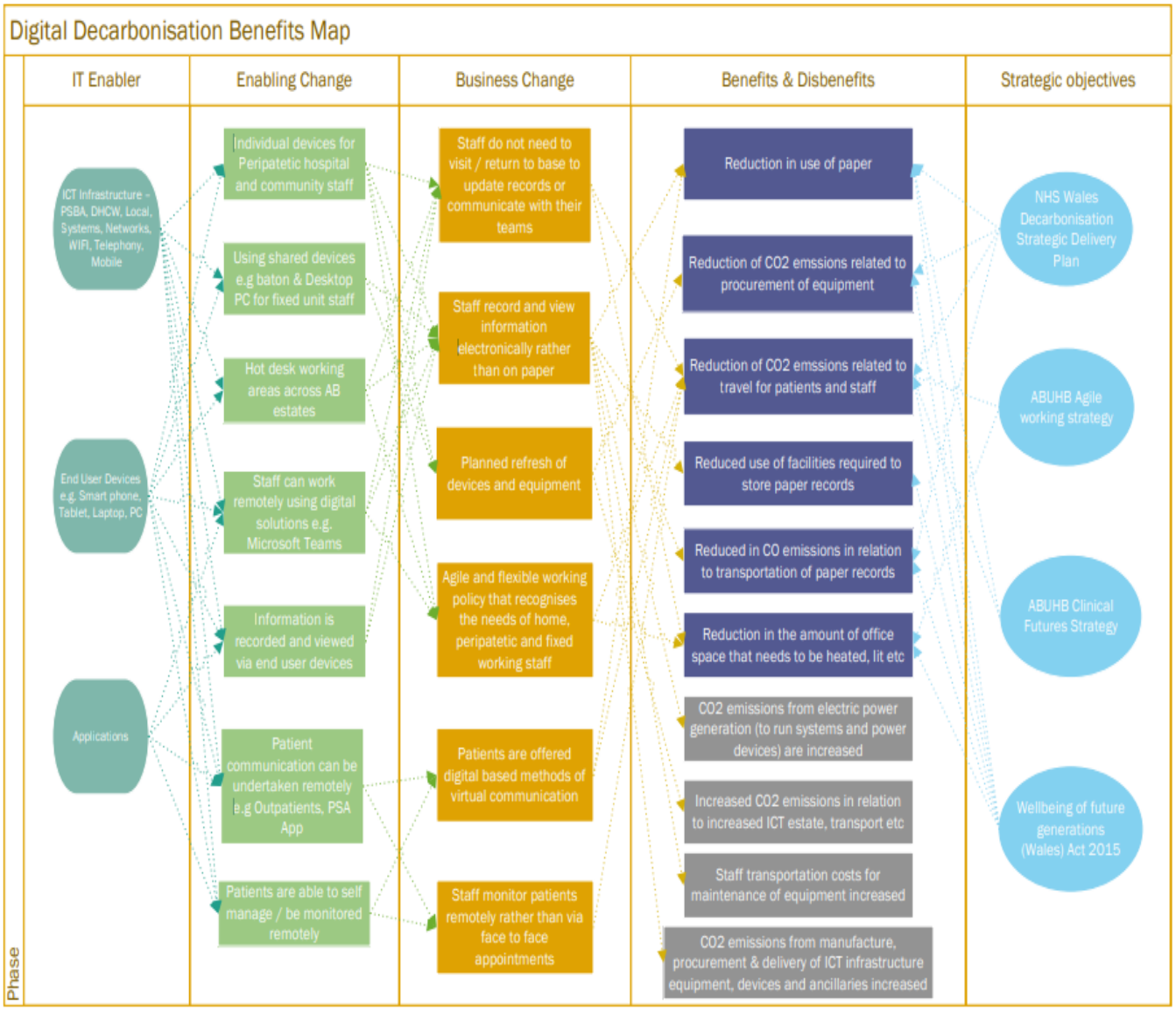
<table>
<tr><th>Component</th><th>Current Position</th><th>Forward plan</th></tr>
<tr><td>Training Sus Qi

Health Education Improvement Wales (HEIW)</td><td>30 Places have been funded through Aneurin Bevan Continuous Improvement Department for staff to attend Centre for Sustainable Healthcare's Sustainability in Quality Improvement training (training dates are arranged through until March 2024.
SusQI Training ABUHB
<table><tr><td>Number of attendees to date</td><td>14</td></tr><tr><td>Number of places booked to date</td><td>11</td></tr><tr><td>Total number of places purchased</td><td>30</td></tr><tr><td>Total number of places remaining</td><td>5</td></tr></table>Climate smart champions, 5 people have now qualified as Carbon Literate through the HEIW training module.</td><td>Sus Qi staff training is being delivered and ongoing throughout the year.
Continue to promote training and the TEC Cymru Project Register.

Further promotion of the training available has been provided through the green space webpages.</td></tr>
<tr><td>Intranet</td><td>The Green Healthcare intranet pages have been, and continued to be, developed to support staff within the Health Board to learn about green healthcare and sustainability. The intranet pages provide guidance to staff on how to get involved and how they can start to make changes in their area related to the Decarbonisation Programme.</td><td>Green Healthcare intranet pages are continued to be updated.</td></tr>
<tr><td>External Communications</td><td>Successful article and press release on the removal of Anaesthetic volatile agent Desflurane in the Health Board.</td><td>Further development of Intranet pages; continue to promote Tec Cymru training package; case study development to video staff conducting training.</td></tr>
<tr><td>Digital</td><td>A member of the digital management team has now joined</td><td>A benefits map has been produced and will form</td></tr>
</table>

	the decarbonisation board (Sept 2023) and will start to provide the board with plans for carbon reducing projects.	part of the reporting function at future board meetings.

Digital



Group 3. Clinical & Health Care Planning (Appendix 5)

Component	Current Position	Forward Plan
Clinical Fellow	A Clinical Fellow in Sustainability was recruited to explore Theatre Shutdown processes, carbon foot-printing of anaesthesia and nitrous oxide, and reducing plastic waste in paracetamol use. The Clinical Fellow finished the post at the end of January and work has been sustained by	Ensure work of clinical fellow is continued.

	other trainees and the consultant within the department.	
Training	Training and awareness amongst other clinical MDT teams.	Provide opportunities for training amongst clinical teams.
Anaesthetic	As of 17th October 2022, the Anaesthetic Directorate within Aneurin Bevan University Health Board became the first in Wales to remove desflurane from clinical use, with any remaining stock to be returned or sold to other Health Board.	Continue to resolve issues with returning unused Desflurane and Vaporisers & investigate options to use the cylinders at an existing desflurane site.
Gases	Areas for nitrous oxide improvement identified. Cylinders identified and now in place at all sites which has allowed us to decommission all manifolds which currently supply nitrous oxide at our Elgh/s. Funding bid for the purchase of trolleys for cylinders was submitted and are now in place primarily for Royal Gwent Hospital. SWH- Manifold decommissioned YFF- Manifold decommissioned RGH- Manifold decommissioned NHH- Manifold decommissioned	*Procurement of cylinders now complete and the project is finished.*

Component	Current Scope	Forward Plan
Theatre Shut Down	The Theatre Shut Down project was started by the Anaesthetic Sustainability Fellow. The project has estimated energy saving of £23,000 for turning off AGSS pumps that are no longer used across the health board. In addition, it is estimated that £20,000 Energy Saving for turning off pumps out of hours across, Neville Hall Hospital, Royal Gwent and Ysbyty Ystrad Fawr.	Ensure all the relevant theatres are equipped with appropriate pumps and equipment to make project viable.
Oral Paracetamol	Changing clinical practice with pre-operative paracetamol.	To switch from intravenous intraoperative paracetamol to oral

		pre-operative paracetamol.

Group 4. Procurement & Resources (Appendix 6)

Component	Current Position	Forward Plan
Procurement and Supply Chain	NWSSP Procurement Services initiatives include: • Supplier/market engagement to identify decarbonisation opportunities. • Inclusion of targeted decarbonisation questions within tender evaluation criteria, both standard and contract specific. • Completion of a Sustainability Risk Assessment (SRA) for all requirements over £25k. • Collaborative working across NWSSP to reduce the carbon footprint of NHS Wales, both internally and within the supply chain.	Refine reporting for next Welsh Government Carbon Return for submission in September 2023. In addition, further refining of metrics and format, this will be evident in the Data Dashboard. Continued communication with other groups to feed in key areas of progress.

Quality, Safety and Patient Experience Assessment

Aneurin Bevan University Health Board commissioned Mott MacDonald to review existing biodiversity interest at hospital estates and to provide recommendations, sympathetic to use of grounds. The review, and subsequent recommendations, highlighted opportunities to strengthen a positive patient experience and improve well-being. The results of the studies are now being used to support other funding bids for green spaces and wildflower growing and portable indoor/outdoor green areas.

Argymhelliad / Recommendation

The Committee are requested to acknowledge the progress and areas that require further work against the action plan. Overall, the Programme has set a collaborative approach, with goals and targets, stakeholder engagement, progress monitoring and reporting, and provides assurance on the ABUHB decarbonisation action plan for healthcare.

The Decarbonisation Programme is now in an established aligned with the National Programme. There is further work required to mature the reporting framework to track progress across all workstreams and to understand how the benefits of decarbonisation support our communities prioritising equity. The risks associated with the sustainability

of resources and funding should also be noted, these are being closely monitored and tracked.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 2.9 Medical Devices, Equipment and Diagnostic Systems 3.3 Quality Improvement, Research and Innovation 7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Yes
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Government & UK Net Zero Carbon reduction Strategic Planning / DAPS / DCR
Rhestr Termau: Glossary of Terms:	DAPS – Decarbonisation Action Plans DCR – Decarbonisation Coordination Reporting HEIW – Health Education & Improvement Wales NWSSP – NHS Wales Shared Services Partnership SRA – Sustainability Risk Assessment CO_2 – Carbon Dioxide

	AGSS – Anaesthesia Gas Scavenging System SusQi – Sustainability in Quality Improvement EV – Electric Vehicle BMS – Building Management System LED – Light Emitting Diode SRO – Senior Responsible Officer PMO – Programme Management Office EFAB – Estates & facilities advisory board WGES – Welsh Government Energy Services
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Government Decarbonisation Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA)	**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/	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 Choose an item.

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

Clinical Futures – October 2023

Dyfodol Clinigol Clinical Futures

Net Zero - Decarbonisation	Decarbonisation – Net Zero	SPM	Terry Watkins	SRO	Trish Chalk	Executive Sponsor	Rob Holcombe

Programme Aims & Objective

The Decarbonisation Framework outlines the main areas of focus for a net zero trajectory by 2030; the goals and objectives required to meet performance targets and provide a timescale and action plan. The Health Board plans to implement energy efficiency and promote decarbonisation over the coming years, while also providing a mechanism for governance and reporting.

Supporting Workstreams

- Agile Working group
- National Community of Experts
- Lets Not Waste Campaign (WG)
- Aether Ltd – Waste Reporting Group (WG)
- Air Pollution Group (WG)
- AGS (WG) Annual Reporting - Contingency & Risk
- PHW Behaviuoral Science Unit (WG)
- NHS Forest Funding Group
- Cardiff University HB "Cycle Friendly Group
- HEIW Carbon Literacy development Group
- DCR Reporting Group (WG & NWSSP)

Key Deliverables

- Engagement programme by multiple mechanisms to raise awareness and promote the decarbonisation & sustainability agenda in ABUHB e.g., Intranet and social media.
- Report to Welsh Government on the progress via the new Quarterly DCR report
- Annual submission of data for Welsh Government Net Zero reporting requirements
- Provide support for the development and creation of the conditions to enable all staff to embed sustainable healthcare improvement principles within ABUHB
- Holding the project leads to account on the delivery of the national strategic plan and local decarbonisation workstream action plans
- Aim for further carbon emission reductions of 16% by 2025
- By 2030 aim to achieve the target of a reduction of 34% carbon emissions
- Identify energy projects through the refit programme
- Training of staff across the health board in Carbon identifying opportunities & strategic aims, behaviours, and reviews.
- Identify biodiversity opportunities and bid for relevant funding
- Highlight cost saving and carbon reducing schemes – short / medium / long term

Intended Benefits (linked to IMTP)

- In 2023/24 we will continue to focus on:
- Staff communications and engagement to raise awareness and promote decarbonisation and sustainability
- Develop and implement plans to increase biodiversity levels across our sites
- Continue to progress the ReFit programme, and develop alternative energy source facilities
- Continue review of prescribing and procurement for low carbon
- Roll out additional agile working hubs & promote staff hybrid working
- Eradication of Desflurane gas from all of the health board
- Monitoring and reporting (ranking feasible initiatives, target setting, sourcing data for accurate calculations, reporting progress)
- Collaboration (external resource, expertise, leadership, implement All Wales exemplars)

Key Risks

Future Funding schemes to support the ongoing changes to deliver Net Zero by 2030
The pace of change required to reduce the Carbon footprint by 16% (2025 Target)
Investing in Biodiversity now (2023) but not realising the benefits of tree Carbon offset for 8-10 years
Resources to support the schemes going forward where no funding currently exists
Availability of financial support from WG for large scale interventions on Carbon reduction / avoidance schemes

Interdependencies with other Programmes

The Agile working group is a key interdependency due to staff travel, working base, mileage claims which contributes to the Carbon foot print for ABUHB.
Capital development schemes & future funding opportunities working with the third sector / voluntary groups & link in with the Arts, Biodiversity & Wild Flower planting when planning New Builds or Developing existing building/Land areas.

Milestones

Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024
Complete removal of Desflurane gas. Entonox destruction unit delivered Fleet data reporting. 1st Pilot DCR for (WG)	2nd Pilot DCR Report (WG) Decommissioning of Nitrous Oxide at NHH. Theatre working group. Summary Report on Biodiversity Studies	3rd Pilot DCR Report (WG) New Dashboard for board Project evaluation for Groups 1 & 3 Establish new funding group	Annual Report (WG) Project evaluation for Groups 2 & 4. Decarbonisation Annual benefits realisation & gap analysis. Refit programme and the delivery of schemes identified to progress	Biodiversity funding application for NHH & STC development of green spaces Possible business case for capital investment for the Nitrous Oxide scavenging units at GUH & YYF	Continue to deliver on the projects identified in the programme plans (Dashboard details on Carbon and savings) Inclusion of a digital section on areas that can be developed for Carbon/cost saving schemes

Summary of Ongoing schemes & initiatives

Scheme	Groups	Status	Investment	Tonnes Co2 saved p.a.	£ saved p.a.	Source
Optimisation of the Building Control Systems (BMS) within the main hospital sites	1	In Progress	Existing resources	79.7	71,930	Proforma
LED lights - RGH/YYF/YAB/St C	1	Complete		515	182,360	
Anaesthetic scavenging systems	3	In progress		40	40,000-50,000	Proforma
N2O - decommissioning manifolds	3	In progress at RGH, St W, YYF and YYF complete	11342	?	14,710	Proforma
AGSS pumps	3			39	20,000	meeting notes
Oral paracetemol	3			?	1,500	meeting notes
Anaesthetic gases	3	complete		281	108,766	meeting notes
Business miles: - 2,488,174 reduction 19/20 to 21/22						meeting notes
Working up Green Theatre	3	in progress				meeting notes
Theatre ventilation shut down	3	in progress				meeting notes
Single Use scissors	3	in progress				meeting notes
Entonox capture technology	3	in progress				meeting notes
Penthrox inhaler (reduce entonox)	3	Potential				meeting notes
Other group 3 ideas:						
Carbon footprint of regional anaesthesia	3	Idea				meeting notes
Screening quustionaire for PAC	3	Idea				meeting notes
Reusable laryngoscopes	3	Idea				meeting notes
Skinman soft'	3	Idea				meeting notes
Scrub for spinal?	3	Idea				meeting notes
Cold sticks vs ethyl chloride spray for testing regional anaesthetic block	3	Idea				meeting notes
Reusable sharps boxes	3	Idea				meeting notes
Metal instruments recycling	3	Idea				meeting notes
Standardisation of theatre trays	3	Idea				meeting notes
Facemask recycling	3	Idea				meeting notes
Green Theatre - Cardiff and Vale HB	4					Presentation
Switch from Disposable to Reusable Laryngoscope Blades for Intubations	4					Presentation
Removing Single Use Plastics from Microbiology Labs	4					Presentation
Role out Warp-it throughout all HB's – Repurposing furniture and office equipment	4					Presentation
Nurses Uniform – Social Value Calculation	4					Presentation
Oral Nutritional Supplements – Reducing Packaging through tendering	4					Presentation
Oswestry Frames – Bed manufacturing within Wales	4					Presentation
NHSSC – Catalogue review to remove single use plastics	4					Presentation
Staffing Training throughout NHS – Mandatory ESR and Face to Face	4					Presentation

Decarbonisation Programme

43 Matrix Initiatives Aligned with Workstreams

WS1: Waste, Transport & Fleet, Estates and Land Use

	WG Initiative	Description of Initiative	Program	Waste, Transport & Fleet,
Existing Buildings	4	Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	4	
	5	Fully replace all existing lighting with LED lighting by 2025.	2	
	6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	2	
	7	Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	4	
	8	We will not plan to install any further natural gas CHP plant -renewable CHP will be championed instead. For existing CHP plant, we will prioritise decommissioning over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.	3	
	9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.	2	
	10	Determine the overall viable potential for onsite renewable energy generationat each NHS Wales organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	4	
New Builds & Major Refurbishments	11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	4	
	12	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.	1	
	13	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.	2	
	14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straight forward installation of future charging points.	2	
	15	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.	2	
	16	Incorporate the principles of sustainable transportation into the design of newsites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	2	

Transport	18	A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management oversight within each organisation.	2	
	19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	2	
	20	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.	3	
	21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles,and public transport.	2	
Estate Planning & Land Use	33	All-Wales strategic estate planning will have carbon efficiency as a core principle – quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	2	
	34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.	3	
	35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	3	
A2H - Waste	45	Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.	4	

Key to Priority
Moving up a Gear 2020 - 2022
Well on Our Way 2022 - 2026
Achieving Our Goal 2026 - 2030
2022 - 2030

WS2: Communications, Training and Digital

	WG Initiat	Description of Initiative	Progra	Commu nicatio ns Trainin
A2H - Carbon Management	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	1	
A2H - Smart Working	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	2	
A2H - Education	39	Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.	2	
A2H - Waste	46	Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.	2	

Key to Priority
Moving up a Gear 2020 - 2022
Well on Our Way 2022 - 2026
Achieving Our Goal 2026 - 2030
2022 - 2030

WS3: Clinical and Health Service Planning

	WG Initiative	Description of Initiative	Program	3 Clinical & Health Service
A2H - Smart Working	36	Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.	2	
A2H - Healthcare & Medicines	40	Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.	2	
	41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	2	
	42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	2	
	43	Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.	2	
A2H - Waste	44	Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.	1	

Key to Priority
Moving up a Gear 2020 - 2022
Well on Our Way 2022 - 2026
Achieving Our Goal 2026 - 2030
2022 - 2030

WS4: Procurement and Resources

	WG Initiative	Description of Initiative	Programme	Procurement & Resources
Carbon Management	1	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.	1	[redacted]
	3	Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	1	
Transport	17	NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning – this will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging.	2	
Procurement	25	NWSSP will transition to a market-based approach for supply chain emissions accounting.	2	
	26	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.	2	
	27	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.	2	
	28	100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.	4	
	29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	2	
	30	Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.	2	
	31	NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.	4	
	32	NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Delivery Plan.	4	
A2H - Smart Working	37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely 12, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	2	

Key to Priority
Moving up a Gear 2020 - 2022
Well on Our Way 2022 - 2026
Achieving Our Goal 2026 - 2030
2022 - 2030

Decarbonisation – Estates & Facilities Sub-Group

Month	September 2023	Status	Progress Ongoing

Brief commentary of progress and concerns

Positive progress

- Welsh Gov Net Zero Report submitted to Welsh Gov, 4th September
- DCR Q1 report sent to Shared Services on 14th September
- Commented on NWSSP EV Charging Guidance
- Divisional Group meeting is in place

Concern areas / help required

- Carbon Emissions up 3.2% YTD at End of July 2023 compared with July 2022
- Resource and capacity to undertake required actions
- Assessment of potential for EV has been completed and will be discussed at divisional meeting. Initial assessment shows limited electrical capacity for additional EV rollout using traditional power.

Key Timescales

- Estates & Facilities Sub-Group Meeting – October
- ReFit tender closes – Late September

Forward plans next month

- Prioritise estates initiatives (based on CO2 potential)
- Investigate the rise in consumption of Gas, Electricity and Water
- Summarise key trends and finding from the Net Zero report

WORKSTREAM 2 – Communications, Training and Digital
September 2023

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Ongoing		• AB Pulse intranet 'Green Healthcare' pages further developed. • Digital Programmes finalised 'decarbonisation benefits map' to guide work (attached). • Theatre energy shut-downs publicised • Course publicised and take-up improved (Get Involved - Sustainable Healthcare Project in Your Area). • Workforce attendance at workstream meetings and new engagement opportunities explored.	• Plan programme of Green Healthcare staff engagement sessions / cafes. • Establish network of Green Healthcare champions across the Health Board. • Further Green Healthcare good news stories	• Awareness of the Decarbonisation agenda throughout ABUHB could be hampered by financial pressures, winter, and workload. • Resources in the Comms Team spread across many priority projects, meaning limited time for Decarbonisation work.	*For awareness* *For awareness*

Group 3 Clinical & Health Planning

Exec Lead:	Rob Holcombe	SRO:	Trish Chalke

Reporting Period:	July to August 23

Programme Objective

Reduce the carbon emissions within a clinical and health setting by 2030.

What Went Well this Period

Plan in place to shut down the ventilation overnight in RGH, YYF & NHH
Plan for RGH decommissioning of manifold nitrous oxide
The Entonox capturing/destruction unit implemented in Maternity GUH
Trial of cool sticks to replace Ethyl Chloride commenced
Funding now available for reusable hats in Theatres
Resource to support Decarbonisation Programme secured for the next 12 months, so support can continue for Group 3 activities and planning.

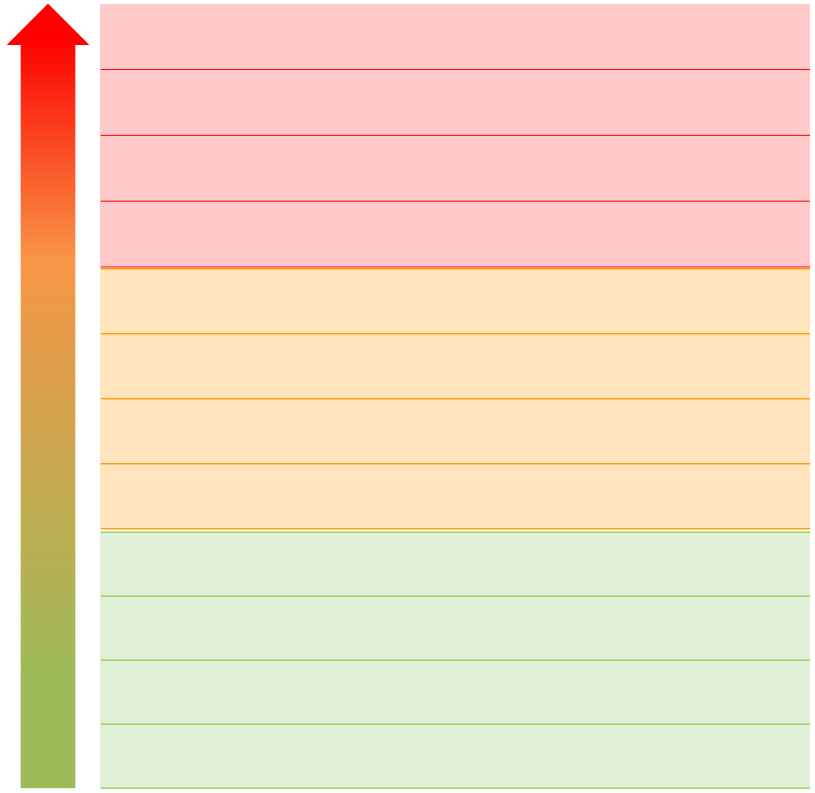
Key Milestones and Deliverables for the Next Period

Ventilation shutdown in Theatres for RGH, YYF & NHH
Decommission manifold in RGH

Key Risks

E-size Cylinders shortage on site for RGH decommission.

Workstream RAG Ratings



Group 3 Clinical & Health Planning – Workstream Updates

WORKSTREAM 1 – Manifold Nitrous Oxide (switch to cylinder) – RGH

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
Apr 2023	Sept 2023	Cylinder trollies and regulators arrived after a 3 month delay. Improved communication between Works & Estates and Clinical lead/SIM Works & Estates have located spare full cylinders in YYF which can be used for N2O in RGH.	***Manifold switched off and replaced by gas cylinders of N2O***	*Logistics of transporting cylinders from YYF to RGH*	*For awareness*

WORKSTREAM 2 – Theatre Shutdown

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
	December 2023	Timescales agreed for RGH & YYF for ventilation overnight shut down 8pm – 6am Draft SOP for the full process of theatre shutdown developed for theatre staff shared from YYF to NHH & RGH Communication via Intranet successfully received with clinical staff taking more of an active role in their environment and seeking advice.	***September 6th test the override to implement shutdown for YYF*** ***September 12th test the override to implement shutdown for RGH*** ***September implement shutdown for NHH*** ***SOP adapted for RGH & NHH***	*Override doesn't work.* *GUH is more complicated to shutdown – 24/7 operation so concerns raised – ventilation cannot be controlled by the building management system, has to be manual within the individual theatre.* *Cleaners have reportedly been leaving lights on overnight – addressed with Chris Davies for action.* *Non-compliance with manual shutdown.*	*For awareness*

Decarbonisation Board – Procurement & Resources Group – September 23 update

Exec Lead:	Rob Holcombe	SRO:	Trish Chalk

Reporting Period:	September 2023

Programme Objective

See terms of reference

What Went Well this Period

Completed Proformas and summary of all ongoing schemes now attached
Funding group up and running
Submission of net zero report to WG

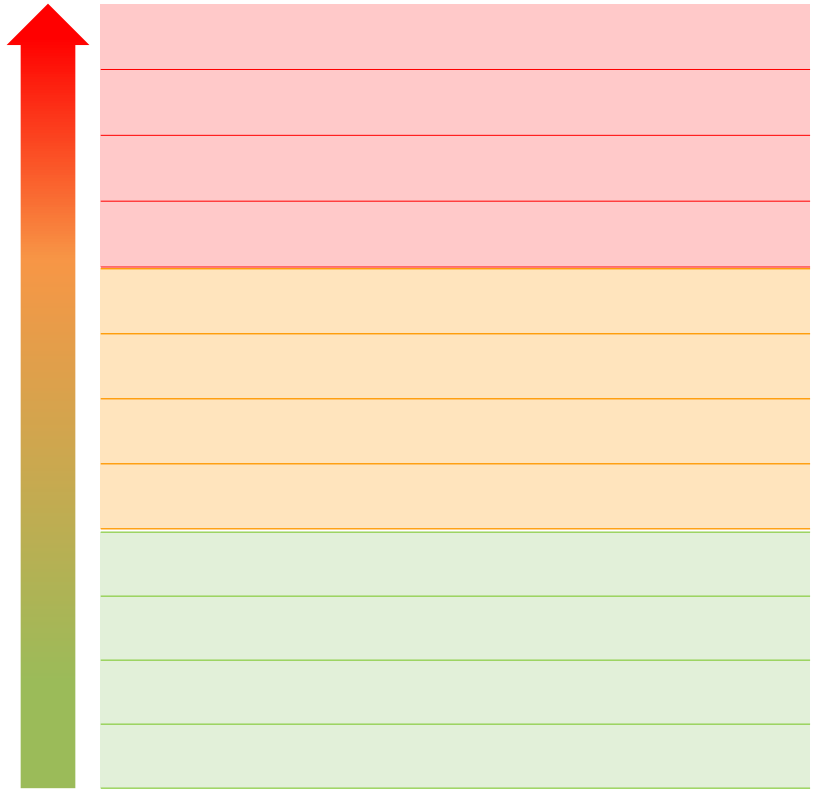
Key Milestones and Deliverables for the Next Period

Deliverables linked to schemes progressing in groups 1-3

Key Risks

Timely receipt of information from other groups on schemes and progress

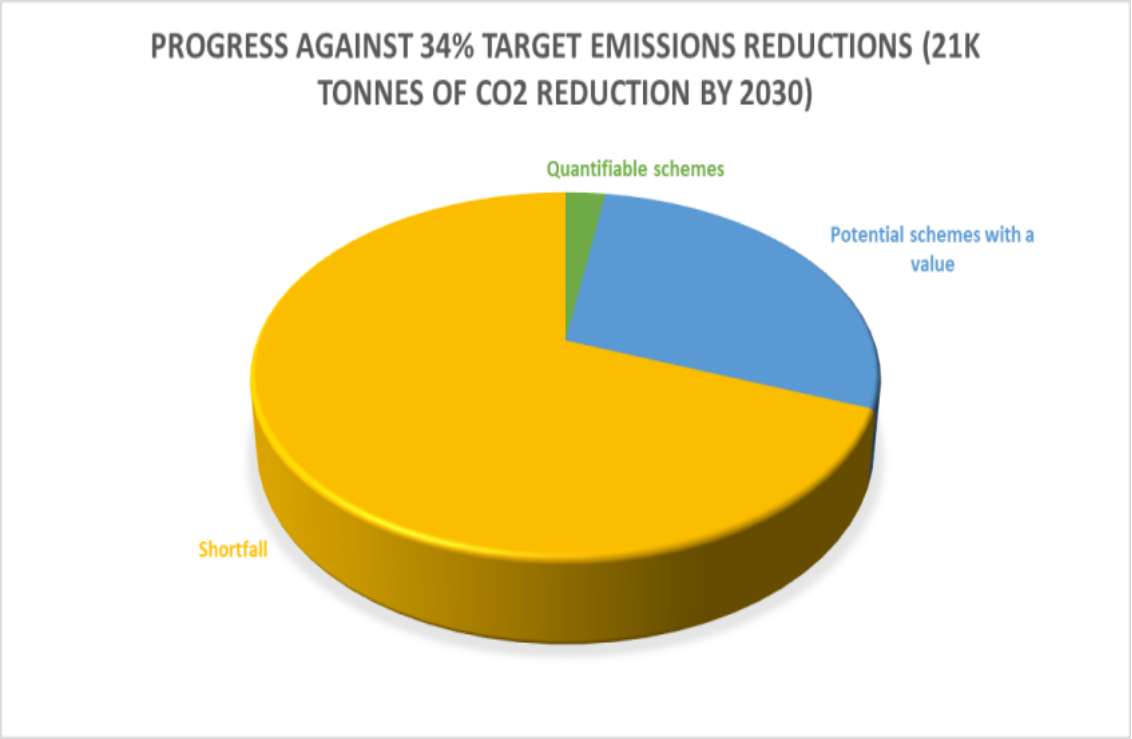
Workstream RAG Ratings



Summary of Ongoing schemes & initiatives

Scheme	Groups	Status	Investment	Tonnes Co2 saved p.a.	£ saved p.a.	Source
Optimisation of the Building Control Systems (BMS) within the main hospital sites	1	In Progress	Existing resources	79.7	71,930	Proforma
LED lights - RGH/YYF/YAB/St C	1	Complete		515	182,360	
Anaesthetic scavenging systems	3	In progress		40	40,000-50,000	Proforma
N2O - decommissioning manifolds	3	In progress at RGH, St W, YYF and YYF complete	11342	?	14,710	Proforma
AGSS pumps	3			39	20,000	meeting notes
Oral paracetemol	3			?	1,500	meeting notes
Anaesthetic gases	3	complete		281	108,766	meeting notes
Business miles: - 2,488,174 reduction 19/20 to 21/22						meeting notes
Working up Green Theatre	3	in progress				meeting notes
Theatre ventilation shut down	3	in progress				meeting notes
Single Use scissors	3	in progress				meeting notes
Entonox capture technology	3	in progress				meeting notes
Penthrox inhaler (reduce entonox)	3	Potential				meeting notes
Other group 3 ideas:						
Carbon footprint of regional anaesthesia	3	Idea				meeting notes
Screening quustionaire for PAC	3	Idea				meeting notes
Reusable laryngoscopes	3	Idea				meeting notes
Skinman soft'	3	Idea				meeting notes
Scrub for spinal?	3	Idea				meeting notes
Cold sticks vs ethyl chloride spray for testing regional anaesthetic block	3	Idea				meeting notes
Reusable sharps boxes	3	Idea				meeting notes
Metal instruments recycling	3	Idea				meeting notes
Standardisation of theatre trays	3	Idea				meeting notes
Facemask recycling	3	Idea				meeting notes
Green Theatre - Cardiff and Vale HB	4					Presentation
Switch from Disposable to Reusable Laryngoscope Blades for Intubations	4					Presentation
Removing Single Use Plastics from Microbiology Labs	4					Presentation
Role out Warp-it throughout all HB's – Repurposing furniture and office equipment	4					Presentation
Nurses Uniform – Social Value Calculation	4					Presentation
Oral Nutritional Supplements – Reducing Packaging through tendering	4					Presentation
Oswestry Frames – Bed manufacturing within Wales	4					Presentation
NHSSC – Catalogue review to remove single use plastics	4					Presentation
Staffing Training throughout NHS – Mandatory ESR and Face to Face	4					Presentation

Corporate Carbon Dashboard



GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 November 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Capital Projects and Estate Rationalisation
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Walker, Strategic Capital, and Estates Programme Director

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

Er Sicrwydd/For Assurance

This report is provided for update and assurance that the Strategic capital projects funded by Welsh Government, as outlined in ***Appendix 1***, are being progressed.

It also provides an update on proposals for Estate Rationalisation in the context of correspondence from Welsh Government and a review of the prioritisation the Estate Strategy Objectives. The re-prioritised Estates Strategy Objectives are attached at ***Appendix 2***.

ADRODDIAD SCAA
SBAR REPORT

Cefndir / Background

The Health Board Estate Strategy was approved in January 2019, this included eighteen Strategic Objectives and a summary of a proposed ten-year capital programme. Much progress has already been made in delivery of the 2019 Estates Strategy, with many projects completed through the All-Wales Capital Programme funding route. There are currently 13 live schemes, all at differing stages differing stages in the planning process, five being fully approved by Welsh Government and in the course of construction. The remaining projects are at business case / planning stage. (Please see full summary in ***Appendix 1***).

Governance arrangements for the management of Strategic Capital Projects and capital generally were updated and agreed by the PPHPC on 12th July 2023. This included:

1. A revised capital governance hierarchy.
2. Updated Terms of Reference & Membership of the proposed Strategic Capital and Estates Board.
3. Revised Project Board and SRO arrangements.

Asesiad / Assessment

Capital Projects

The attached ***Appendix 1*** provides an overview for each capital project including:

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

Key points to note include the following:

- Whilst negotiations are still progressing in relation to the acquisition of the Head Lease for **Chepstow Community Hospital** there is a significant difference between the Health Board and Kintra Ltd on the acquisition valuation. A "without prejudice" negotiation has since been proposed by Kintra in an attempt to agree a settlement figure.

- Three capital projects are due to be completed by the end of December 2023, these include the **Unified Breast Unit** at Ysbyty Ystrad Fawr, the **Endoscopy Unit** at RGH and the **Bevan Health and Well Being Centre** Phase 1 (Phase 2 involves demolition of the existing Health Centre).

- Proposals for the extension to the **GUH Emergency Department Wait** are currently being finalised and the Business Justification Case is due to be submitted to the Board on 25th October 2023.

- Proposals for the **RGH Decontamination Unit** are also being finalised and the Business Justification Case is due to be submitted to the Board on 22nd November 2023.

Key Project Risks and Issues

- Whilst Phase 1 of the **Bevan Health and Wellbeing Centre (Tredegar)** in now nearing completion previously advised issues with the foundation design and supply of bricks are still not resolved. Both are the subject a contractual Dispute Resolution Procedure. Aside from these the project is projecting an overspend of circa £700k primarily due to inflation. Discussions are ongoing with WG regarding the funding of this cots pressure. If WG do not support the additional funding, this will be a financial risk to the Health Board.

- The proposed **Mental Health and Learning Disabilities Specialist Inpatient Services Unit** project has been paused in the context of wider concerns regarding the old Victorian SCH estate and whether the scope of the project can be increased to support its complete vacation. This could require that a new SOC be completed and / or a Programme Business Case. There will

consequently be a significant delay, abortive capital costs, an abortive approved planning application and a significant increase in capital costs.

Estates Strategy / Estate Rationalisation

Correspondence was recently exchanged with Welsh Government regrading high level intent on estate rationalisation. The response identifies three priorities all of which are already Estate Strategy objectives, these are summarised in ***Appendix 2***.

- **Proposed reduction in high cost leased accommodation** – It is proposed to a acquire a lease for a facility in Llantarnam, Ty Gwent, which could accommodate staff currently housed in Mamhilad and in the old SWH estate. Welsh Government officials have been approached for capital to fit out Ty Gwent at an estimated capital cost of £1.5m. This will enable the rationalisation of a number of leases across the AB estate.
- **Relocation of services from the old SWH estate** – Ty Gwent is also an enabler for the realisation of the strategic priority, which is to relocate the majority of services off the St Woolos site in Newport. The above will assist in the process of relocating services but a number of other clinical services will require Welsh Government capital to facilitate their relocation to areas within Royal Gwent or other facilities. It is estimated that capital costs could be between £5 and £12 million depending on the scope of infrastructure upgrades.
- **Addressing RAAC at Nevill Hall -** In line with the agreed Phasing of the work associated with RAAC, the Site and Service Planning Group has now been set up to undertake Phase 2 of planning. The group will look to develop service and site plans to address the medium/ longer term risks associated with the presence of RAAC. The baseline of services which are currently at Nevill Hall Hospital is currently being finalised with a workshop being held in early December to start developing the longer-term service model of the site. The workshop will overlay current service plans against strategy and future models of care e.g., Place Based Care, Stroke Beds, Minor Injuries Review – all of which will help form the blueprint for a future Nevill Hall and the development of the Strategic Outline Case. Timescales for this as still to be confirmed and will be updated at the next Committee.
- **MH Specialist Inpatient Unit –** Following OBC approval by the Board in March 2023, dialogue has been ongoing with Welsh government as part of the scrutiny process. Following discussion at Executive Committee it has been agreed to review the scope of the scheme before proceeding with FBC to ensure that the scheme can fully realise the ambition with respect to rationalising the Mental health Estate on the St Cadoc's site and also endure the proposed service model aligns with current best practice and addresses current risks.

Other strategic objectives in the Estate Strategy regarded as "High Priority" have been covered above in the context of the capital update but include:

- Chepstow Hospital acquisition.
- Relocation of services from the Old SCH estate.
- Continued implementation of Agile Working which is a key enabler in support of estates rationalisation.

Argymhelliad / Recommendation
The Committee are asked to: - Note the content of the report

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Each project has or will have a developed capital and service risk register. The former being a contractual requirement.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply 5.1 Timely Access 7.1 Workforce 7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Enabling Estate
Amcanion cydraddoldeb strategol Strategic Equality Objectives 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 Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Each capital project has to go through a rigorous business case process which includes reference to appropriate legislation, health services policy and clinical guidelines.
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Each capital project has a process for the appropriate engagement with key stakeholders during the course of their development from inception through to operational commissioning.

Parties / Committees consulted prior to University Health Board:	

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

APPENDIX 1

Strategic Capital Projects Update – October 2023

Project	Stage	Capital Cost and Timescale	Current Position
Chepstow Community Hospital: The Hospital is currently leased from Kindra Ltd. The Head Lease is due to expire in February 2025 and it is proposed to acquire the Head Lease via WG capital funding.	Business Justification Case (for WG capital to acquire Head Lease)	• Health Board commissioned valuation to purchase Head Lease £3.2 million • Kintra Ltd valuation £11 million • Current Head Lease expires in February 2025	• In the absence of an agreed basis for the valuation and the difference between both approaches Kintra have proposed a "without prejudice" negotiation • An initial verbal offer has been made to Kintra in the sun of £3.75m • Work ongoing to address the outcome from the Condition Survey including works to address non-compliance with fire regulations.
Unified Breast Unit at Ysbyty Ystrad Fawr: This scheme brings together breast cancer diagnostic and treatment services currently provided at NHH and RGH into a new purpose-built facility in YYF.	Construction	• £12 million • Construction completion in December 2023	• Construction commenced on 17th October 2022 and is progressing to programme. A small underspend is forecast. • The new unit is planned to be fully open by 29th January 2024
Bevan (Tredegar) Health and Well Being Centre: This scheme replaces the existing Tredegar Health Centre and the Glan-Yr-Afon Surgery. It is being built on the site of the redundant Tredegar Hospital. The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector with the aim of proving integrated community services.	Construction	• Circa £20 million • Anticipated completion of Phase 1 December 2023 (new building) • Anticipated completion of Phase 2 September 2024 (demolition of existing health centre and car-parking	• The project has been delayed due to issues with the foundation design and the supply of bricks. • Both are the subject of compensation events from the Contractor and the Contractor has since invoked the contractual disputes resolution process. This process is being worked through. The total estimated cost of the claims is circa £1.6 million. • The project is currently forecasting an overspend of circa £700k, excluding the above claims, due primarily to inflation. Discussions are taking place with WG regarding the potential for additional capital to support the above cost pressures as was agreed in principle at the outset of the project. • Occupation of the new building and vacation of the old health centre is likely to need to take place just after the new year period over a 3 to 4-week period.

Newport East Health and Well Being Centre: This replaces Ringland Health Centre, Park Surgery, Alway Clinic and Community Dental Services provided at **Clytha**. The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector.	Construction	• £28 million • Anticipated completion Phase 1 January 2025 • Anticipated completion Phase 2 March 2025	• Construction commenced on site on 4th July 2022. • Project budget under pressure due primarily to issues with asbestos and high utility costs. Request to be made via RPB for additional funding.
NHH Satellite Radiotherapy Unit: This will provide two additional Linear Accelerators. The project has been developed jointly with Velindre NHS Trust as they will operate the Radiotherapy service. ABUHB are responsible for the building construction.	Construction	• £45 million • Anticipated completion February 2025	• A 10-week delay has occurred due to adverse ground conditions under the demolished antenatal clinic. • RAAC is present in an area of the existing hospital which will link into the new unit. The Contractor has been requested to consider the RAAC being removed and replaced. • The materiality of this link is being tested form a service and cost perspective. •
RGH Endoscopy Unit: This scheme will provide four purpose designed Endoscopy Suites (there are currently 2 suites) within the redundant maternity unit at RGH. The scheme will provide sufficient capacity to enable the service to address outstanding backlogs and achieve a more sustainable balance. It will also deliver JAG accreditation.	Construction	• Circa £8 million • Anticipated completion October 2023	• Project commenced on site on 15th August 2022 and is progressing to programme. • WG planned care monies supporting £3.5m or the total £4m revenue ask. Mitigations being reviewed which my impact phasing. • The unit is planned to open on 6th November 2023 on a phased basis.
RGH Central Decontamination Unit: This scheme will provide a purpose designed unit within RGH for the decontamination of scopes. Current	Business Justification Case (BJC)	• Circa £4.5 million • Business Justification Case (BJC) was planned to be submitted to September 2023	• Links with the Endoscopy Unit Project and will be located in existing Endoscopy unit.

provision is non-compliant and lacks the capacity to support the increase in clinical activity.		Board but will be delayed to November due to ongoing discussions regarding revenue costs. • Best case programme is a start of construction in March 2024 with completion in January 2025.	• Interim decontamination services will be provided via a mobile unit, but this will need to be extended due to the BJC delay. • Revenue funding largely dependent on the above project
Mental Health and Learning Disabilities Specialist Inpatient Services Unit: This scheme will provide a new 72 bed unit on the Llanfrechfa Grange site. It will replace an existing Learning Disabilities Unit on the site, PICU and female locked rehab services at SCH and adult acute services at County hospital. It will also provide new Low Secure services currently delivered via the private sector.	Outline Business Case	• Circa £100 million • The OBC was approved by the Board in March 2023 and a scrutiny gird has been returned for review by the Health Board	• The scope of the OBC has been questioned in the context of the strategic objective of vacating the old Victorian hospital at SCH. The current scope does not achieve that. • The requirements to vacate the whole of the old Victorian hospital are currently being assessed. • This may require that a new SOC is produced or a Programme Business Case • Circa £1.5 million has been spent on the OBC process to date, a process that has taken 7 years.
NHH Cancer Unit: This scheme will replace and increase existing Haematology capacity at NHH together with improved and increased capacity for Chemotherapy services. The project is being developed jointly with Velindre NHS Trust. The new unit is planned to be located in vacant ward accommodation on the NHH site.	ON HOLD Business Justification Case	• Circa £10 million • Still at business case stage.	• Project on hold due to RAAC issues in NHH and a need to confirm the wider site and service plan. • Work will continue with Velindre on service and demand and capacity solution sin short and medium term.
Abervalley Health and Well Being Centre It is proposed to construct a new facility to replace the existing Aber Medical Practice, Senghenydd Health Centre which accommodates Health Board services and the Branch Surgery of the Nantgarw Practice. The proposed new facility will also provide additional accommodation	Outline Business Case	• Circa £12 million • The project has been approved via the IRCF fund to support the preparation of a OBC and the associated appointment of a design team.	• Project scope currently being reviewed by end of calendar year. • OBC process planned to begin in April 2024 following appointment of a design team. • £750k approved to complete OBC.

that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector.			
Monmouth Health and Well Being Centre It is proposed to construct a new facility to replace the existing Dixton Surgery and to provide additional clinical accommodation that can be utilised by Castle gate Medical Practice, the Wye Valley Practice, the Health Board, Local Authority and the 3rd sector.	Outline Business Case	• Circa £12 million • The project has been approved via the IRCF fund to support the preparation of a OBC and the associated appointment of a design team.	• Project scope currently being reviewed by end of calendar year. • OBC process planned to begin in April 2024 following appointment of a design team. • £750k approved to complete OBC.
St Woolos Hospital Boiler Plant: It is proposed to replace the existing outdated and inefficient plant and associated infrastructure on the SWH site with new infrastructure on the RGH site**.**	Strategic Outline Case	• Circa £15 million • WG had given approval to commence the OBC process and the associated appointment of a design team but have now requested a SOC be produced.	• WG have rejected submission for funding to appoint SCP & PM due to the absence of an approved SOC. • Target submission of SOC to January 2024 Board
GUH – ED Wait Extension: This scheme is an extension to the ED waiting areas in GUH and is aimed at improving patient experience and address over-crowding in the current ED waiting area. The scheme proposes more than doubling the waiting room area.	Business Justification Stage	• Circa £14.69million (subject to VE and TCA Scrutiny) • Currently progressing BJC for submission to WG by the end of 2023	• In order to deliver the GUH ED Extension ahead of the winter of 2024 EC has approved the appointment of Morgan Sindall under the SCAPE Framework as the Supply Chain Partner. • BJC being presented to Board on 25th October to seek approval to submit to WG.
St Woolos Rationalisation: This scheme is proposed to relocate services from the old estate.	Scoping / SOC	• Circa £12 / £15 million	• Discussion required with WG re way forward so that the project can be formally recognised. This will require a Scoping Document. • Project Team, Project Board and SRO required. • Links with proposals for Ty Gwent which could accommodate office-based staff from SWH

APPENDIX 2
Health Board Estate Strategy (2019) –Review of Revised Strategic Objectives – October 2023

Strategic Objective	Overall Status / Comments	Future Priority
1.0 Further reconfiguration and rationalisation of Royal Gwent Hospital post March 2021 to support the planned closure of SWH and other service developments.	• Still relevant in the context of aspiration to vacate old SWH site – some services will need to move down. • Note developments on RGH site using vacated space e.g., new Endoscopy Unit in B block, clinical trials relocated from SWH to B block. • Future reconfiguration will be led by eLGH configuration work. • Infrastructure needs considerable investment if RGH has a medium to long term future.	High
2.0 Further reconfiguration and rationalisation of Nevill Hall Hospital post March 2021 to support the planned Cancer Unit and other service developments.	• Presence of RAAC has raised profile and urgency of the rationalisation of estate at NHH. • Service pan being driven through a Service Planning Group chaired by DoP. • Service planning workshop planned for November with Divisions on opportunities on future model. This will align current plans regrading MIU, stroke with the RAC work. • Opportunities will look at wider Gwent estates including YAB and new HWBC. • Development of Satellite Radiotherapy Centre on site.	High
3.0 Reconfiguration of the St Woolos Hospital site following relocation of services to Royal Gwent, potential disposal or demolition of the old estate.	• A key priority for delivery in 2024/25, links with SO1. • SOC required for WG asap with request to develop BJCs for individual projects. • Ty Gwent a key enabler.	High
4.0 Further develop service strategy for County Hospital to inform the development of a Scoping Document for the consideration of Welsh Government.	• Service Strategy for County Hospital need to be reviewed given its condition and other priorities. • Currently no active plans for 23/24.	Medium
5.0 Chepstow Hospital – Review and understand existing PFI arrangements and potential cessation in February 2025.	• Objective remains, being actively progressed as per capital update.	High
6.0 Ensure existing services and facilities at Monnow Vale are appropriate and fully utilised in the context of new clinical models and growth of local population._Review and understand existing PFI arrangements to ensure value for money.	• The PFI arrangements are not a priority in the short to medium term as the lease does not expire until 2036.	Low – keep watching brief

Strategic Objective	Overall Status / Comments	Future Priority
7.0 Pursue the further development of a Mental Health Specialist Services Inpatient Unit (previously Low Secure Unit) within the Health Board.	• Objective remains a priority and lined to disposal of STC. • Scope of scheme currently being reviewed.	High
8.0 Explore the potential for disposal / demolition of the older St Cadoc's estate.	• This links with SO7 but this only relates to two inpatient areas. • Additional capital will be required to release remainder of old estate which contains a variety of MH and non-MH services. Spatial and capital consequences of addressing this accommodation is now being assessed.	High
9.0 Relocate in patient services from Ysbyty Tri Chwm to YAB and explore the potential for the hospital to be re-used for other Primary care and Community based services.	• Remains a strategic intent • Opportunity to link wo NHH RAAC planning as YAB becomes and enabler to rationalise NHH. • Further work in Division and with partners to develop service model for OAMH.	Medium
10.0 Explore the potential for disposal of the whole or vast majority of the Maindiff Court site.	• The disposal of the site has been considered in the context of its current utilisation and its likely marketability/ disposal value. • The site is currently well utilised by clinical and non-clinical services. Mainly mental health services. Circa 100 staff are accommodated there. Obviously if the site were disposed of these services would need to be relocated. • Disposal and site redevelopment opportunities are limited due to planning policy, the site is outside the settlement boundary, site abnormals and restrictions.	Low – Keep watching brief
11.0 Continue to develop and refine the agreed Masterplan for the future use of the Llanfrechfa Grange site in conjunction with TCBC and adjacent landowners	• Wider masterplan currently being reviewed by TCBC in the context of changing scope and location of the Medi-Park. • AB remain fully engaged through DoF leadership.	Medium but might be influenced by external factors, i.e. WG and TCBC

Strategic Objective	Overall Status / Comments	Future Priority
12.0 Continue to review and update the prioritised plan for the creation of the proposed "Hubs" and other proposed service changes utilising the existing estate as far as is possible. **Progress proposed capital developments through the WG business case process**	• A Regional Capital Strategy and Plan has been agreed in draft form and is going to the November PPHP Committee for organisational approval. This sets a framework for partnership capital and estate investment. • The development of joint Hubs in line with the WG categorisation is a priority within this strategy. • Review of and intent to reduce number of managed practices also provides opportunity to review primary care estate solutions. • Four HWBCs being progressed as per capital update. Tredegar and Newport on site, Monmouth and Abervalley agreed to go to OBC but their scope is currently being reviewed.	Medium
13.0 The Health Board to introduce a clear policy on the adoption of Agile Working principles that is fully endorsed as a means to assist in the reduction of the significant amount of office accommodation within the organisation.	• Agile programme in place and chaired by the Director of Workforce. • Toolkit developed and launched to support teams in application. • Policy and principles a key enabler for live planning work for Ty Gwent, NHH and SWH.	High
14.0 (Immediate and Ongoing) – The SCEW to work with the Estates Department to address the increasing level of High and Significant Backlog Maintenance and agree a prioritised action plan.	• Completed annually to support requests for capital funding from Discretionary Capital Programme. • Several objectives support the reduction of backlog maintenance via rationalisation and vacation of sites.	Ongoing Objective
15.0 The Estates Department to continue to progress its Energy and Strategy and identify specific, targeted and costed initiatives to both reduce emissions and achieve the Welsh Government Energy performance target.	• Ongoing objective in the context of WG Decarbonisation strategy. • Decarbonisation is a priority CF Programme with detailed update going to November PPHP Committee.	Ongoing Objective
16.0 Provision of updated 10-year capital programme.	• A 10-year Capital Programme is regularly updated to reflect above. • The refresh of the organisational strategy that is due for completion in Summer 2024 will directly influence the future refresh of the capital and estate strategy. • A Regional Capital Strategy and Plan has been agreed in draft from and is going to the November PPHP Committee for organisational approval. This sets a framework for partnership capital and estate investment.	Ongoing Objective
17.0 The SCEW to consider existing property lease arrangements and develop proposals to reduce the extent of the leased estate.	• Mapping of leases in place to identify break clauses and exit timelines as opportunities to reduce number of leases.	High

Strategic Objective	Overall Status / Comments	Future Priority
	• Key priority this year is Ty Gwent proposal which will reduce revenue related to leases.	

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

PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE
PROGRAMME OF BUSINESS 2023/24

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; that plans and arrangements are adequate, effective, robust and achieving outcomes in relation to 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 the arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

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

- the Committee's Terms of Reference as agreed by the Board in March 2023;
- the Board's Assurance Framework (based on its Annual Objectives for 2022/23 and 2023/24);
- delivery of the IMTP 2023-25;
- key risks identified through the Corporate (Strategic) Risk Register and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee); and
- key statutory, national and best practice requirements and reporting arrangements.

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			17 May 2023	12 July 2023	1 Nov 2024	31 Jan 2024			
Preliminary Matters									
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓			
Declarations of Interest		All Members	✓	✓	✓	✓			
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓			
Action Log and Matters Arising		Chair	✓	✓	✓	✓			
Committee Requirements as set out in Standing Orders									
Development of Committee Annual Programme of Business 2023/24	Annually	Chair & Director of CG	✓						
Review of Committee Programme of Business	Standing Item	Chair	✓	✓	✓	✓			
Annual Review of Committee Terms of Reference 2023/24	Annually	Chair & Director of CG				✓			
Annual Review of Committee Effectiveness 2023/24	Annually	Chair & Director of CG				✓			
Committee Annual Report 2022/23	Annually	Chair & Director of CG	✓						
Committee Annual Report 2023/24	Annually	Chair & Director of CG				To be agreed virtually/next financial calendar			
Strategic Partnerships									
Overview of work of the Gwent PSB, including an update in respect of Developing a Marmot Region	Standing Item	Director of Public Health	✓	✓	✓	✓			
Overview of discussions at the Regional Partnership Board (RPB)	Standing Item	Chair	✓	✓	✓	✓			
Update on the development and delivery of a Strategy for Mental Health Services in Gwent	Annually	Dir. PC,C&MHS		✓					
Gwent Marmot Region Communication and Engagement Strategy	Annually	Director of Public Health			✓				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			17 May 2023	12 July 2023	1 Nov 2024	31 Jan 2024			
Strategic Planning and Developments									
Approach to developing the Integrated Medium-Term Plan	Annually	Director of Strategy, Planning and Partnerships			✓				
Draft Integrated Medium-Term Plan	Annually	Director of Strategy, Planning and Partnerships	✓		✓	✓			
Regional Planning Update	Standing Item	Director of Strategy, Planning and Partnerships	✓	✓	✓	✓			
A report on the evaluation of the Vascular Services Network	Annually	Director of Strategy, Planning and Partnerships				✓			
Update on the Overarching Clinical Futures Programme	Standing Item	Director of Strategy, Planning and Partnerships	✓	✓	✓	✓			
Placed Based Care, Key IMTP priority (added as per action 1611/06)	tbc	Director of Strategy, Planning and Partnerships							
To review the development of plans in respect of the key Clinical Future Priorities:									
1. Public Health Protection and Population Health Improvement	Annually	Director of Public Health				✓			
2. Accelerated Cluster Development	Annually	Dir. PC,C&MHS							
3. Redesigning Services for Older People	Annually	Medical Director							
4. Mental Health Transformation	Annually	Dir. PC,C&MHS				✓			
5. Planned Care Recovery: *Outpatient Transformation & Pathway Optimisation*	Annually	Director of Operations			✓				
6. Urgent and Emergency Care Improvement, to include an update on SDEC	Annually	Director of Operations	✓						
7. Enhanced Local General Hospital Network	Annually	Director of Operations		✓					

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			17 May 2023	12 July 2023	1 Nov 2024	31 Jan 2024			
8. Transforming Cancer Services	Annually	Medical Director			✓				
9. Net Zero – Decarbonisation	Annually	Director of Finance, Procurement & VBHC	✓		✓	✓			
Enablers: Update on the development and delivery of an Agile Working Strategy	Annually	Director of Workforce & OD		✓					
Enablers: Capital Programme	Annually	Director of Operations		✓	✓				
Enablers: Digital Strategy	Annually	Chief Executive							
Items requested by Committee members/internal stakeholders									
Information on Regional Partnership Boards (RPB) funding plans and allocation- in relation to the Primary Care Evaluation Report- Action transferred from the People & Culture Committee- (2002/05) 2022	Date tbc	Director of Strategy, Planning and Partnerships							
To receive a report from the Primary Care Sustainability Board		Chief Operating Officer	✓						
To receive an update on the development of the Neighbourhood Care Networks		Chief Operating Officer		✓					
Review of the Estates Strategy		Director of Strategy, Planning and Partnerships		✓					
PHW- Working Together for a Healthier Wales- Our Long-Term Strategy 2023-2025		Director of Public Health		✓					
To receive an update on the Vaccination Programme		Director of Public Health			✓				
To discuss and endorse the approach to developing the Long-Term Strategy (Strategic Planning and Developments)		Director of Strategy, Planning and Partnerships			✓				
To receive an update on the National Commissioning Implementation Programme		Director of Strategy, Planning and Partnerships			✓				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			17 May 2023	12 July 2023	1 Nov 2024	31 Jan 2024			
To receive and discuss an update on Regional Planning: A paper outlining the detailed proposal for Hepato-Biliary and Pancreatic Surgery to be presented to members (Action 1207/02.5)	Date tbc	Director of Strategy, Planning and Partnerships							

KEY	
D of CG	Director of Corporate Governance
Dir. PC,C&MHS	Director of Primary, Community and Mental Health Services