

# Aneurin Bevan University Health Board Public Board Meeting

Wed 30 November 2022, 09:30 - 15:00



## Agenda

09:30 - 09:30  
0 min

### 1. Opening Business / Governance Matters

#### 1.1. Chair's Introductory Remarks

Verbal      Chair

#### 1.2. Apologies for Absence for Noting

Verbal      Chair

#### 1.3. Declarations of Interest for Noting

Verbal      Chair

#### 1.4. Draft Minutes of the Health Board Meeting, held on 28th September 2022

Attachment      Chair

1.4 Draft Board Minutes 28 September 2022.pdf (11 pages)

#### 1.5. Summary of Board Business, held In-Committee, on 28th September 2022

Attachment      Chair

1.5 Summary of Board Business held In Committee.pdf (3 pages)

#### 1.6. Board Action Log for Review

Attachment      Chair

1.6 Action Log 28.09.22.pdf (1 pages)

#### 1.7. Report on Sealed Documents and Chair's Actions

Attachment      Chair

1.7 Report on Sealed Documents and Chair's Actions November 2022.pdf (12 pages)

#### 1.8. Report from the Chair

Verbal      Chair

#### 1.9. Report from the Chief Executive

Verbal      Chief Executive

09:30 - 09:30  
0 min

### 2. Patient Experience and Public Engagement

#### 2.1. Report from Aneurin Bevan Community Health Council

Attachment

Chief Officer, CHC

2.1 Community Health Council Report for Aneurin Bevan University Health Board meeting Nov 2022.pdf (15 pages)

## 2.2. Patient Story - Virtual Ward

Presentation

Interim Director Primary, Community and Mental Health Services

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09:30 - 09:30

0 min

## 3. Items for Decision

### 3.1. Neighbourhood Care Network Development and associated Governance

Attachment

Interim Director of Primary, Community and Mental Health Services

3.1 ACD NCN Development programme v0b UPDATED.pdf (12 pages)

### 3.2. Integrated Winter Resilience Plan 2022/23

Attachment

Interim Director of Planning and Performance

3.2 a Winter Plan Board Report 20222023 .pdf (6 pages)

3.2 b Winter Plan 22 FINAL RPB Approved.pdf (34 pages)

### 3.3. Research and Development Strategy

Attachment

Director of Public Health and Strategic Partnerships

3.3 a RD Strategy Board Cover Paper 30.11.22.pdf (4 pages)

3.3 b Research Strategy - a core activity - 2022 - 2027. Final .pdf (18 pages)

### 3.4. Anti-Racist Strategy

Attachment

Director of Workforce and OD

3.4 a Anti-racist Wales Presentation - Executive Board November 2022.pdf (6 pages)

3.4 b Anti-racist Action Plan presentation.pdf (13 pages)

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09:30 - 09:30

0 min

## 4. Items for Discussion/Assurance

### 4.1. Nurse Staffing Levels (Wales) Act - Annual Presentation

Attachment

Director of Nursing

4.1 a NSLWA Annual Presentation to Board - November 2022 v2.docx 24 (002) (002).doc FINALx.pdf (4 pages)

4.1 b Appendix 1 - Annual Presentation of Nurse Staffing Levels to the Board - November 2022.pdf (9 pages)

4.1 c Appendix 2 - Summary of Required Establishments - November 2022.pdf (4 pages)

### 4.2. Director of Public Health Annual Report

To Follow

Director of Public Health and Strategic Partnerships

4.2 a DPH Annual Report Cover Report .pdf (5 pages)

4.2 b ABG DPH Annual Report 2022 (3).pdf (52 pages)

### 4.3. Performance and Outcomes Report, Quarter 2

Attachment

Interim Director of Planning and Performance

4.3 a Quarter 2 Report Cover Paper.pdf (3 pages)



4.3 b IMTP 2022-23 Quarter Two Progress Report Final.pdf (31 pages)

4.3 c Outcomes Framework Q2 Appendix.pdf (6 pages)

4.3 d Performance Dashboard Sept 22 Appendix (005).pdf (4 pages)

#### 4.4. Financial Performance, Month 7 2022/23

*Attachment*                      *Director of Finance and Procurement*

-  4.4 a ABUHB Board Finance Report \_m7\_October 2022 .pdf (30 pages)
-  4.4 b ABUHB Finance board report appendices M7 (Nov22).pdf (20 pages)

#### 4.5. Strategic Risk Report

*Attachment*                      *Chief Executive*

-  4.5 a FINALStrategic Risk Report Nov2022docx.pdf (8 pages)
-  4.5 b Corporate Risk Register OverviewNov2022.pdf (11 pages)


#### 4.6. Public Service Board Update

*Attachment*                      *Director of Public Health and Strategic Partnerships*

-  4.6 ABUHB Board\_Update on Gwent PSB\_30Nov22.pdf (4 pages)

#### 4.7. Regional Partnership Board Update

*Attachment*                      *Director of Primary, Community and Mental Health Services*

-  4.7 RPB Update (Nov 22) .pdf (4 pages)

#### 4.8. Executive Committee's Chair's Report










*Attachment*                      *Chief Executive*

-  4.8 Executive Committee Activity Report V4 (002).pdf (5 pages)

#### 4.9. An overview of Joint Committee Activity



*Attachment*                      *Chief Executive*

- a) WHSSC Update Report
- b) EASC Update Report

-  4.9a a WHSSC Update Report\_Nov22.pdf (4 pages)
-  4.9a b Chairs Summary 8 Nov.pdf (6 pages)
-  4.9a c Chairs Summary QPS 25 Oct.pdf (14 pages)
-  4.9a d WHSSC Quality Newsletter.pdf (16 pages)
-  4.9b a EASC Update Report\_Nov2022.pdf (4 pages)
-  4.9b b Chairs Summary 8 Nov.pdf (10 pages)
-  4.9b c Briefing Session 27 Oct.pdf (8 pages)
-  4.9b d Service Development Proposal.pdf (2 pages)
-  4.9b e Mins 6 Sept.pdf (19 pages)

#### 4.10. Key Matters from Committees of the Board

*Attachment*                      *Committee Chairs*

-  4.10 a Committee and Advisory Assurance Reports .pdf (12 pages)
-  4.10 b SSPC Assurance Report 22 September 2022 (003).pdf (7 pages)

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### 09:30 - 09:30 5. Closing Matters

0 min

Next Meeting: Wednesday 25th January 2023 at 9:30am

**Aneurin Bevan University Health Board  
Minutes of the Public Board Meeting held on  
Wednesday 28<sup>th</sup> September 2022,  
via MS Teams**

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**Present:**

Ann Lloyd	- Chair
Nicola Prygodzicz	- Chief Executive
Pippa Britton	- Interim Vice Chair
Dr Sarah Aitken	- Director of Public Health & Strategic Partnerships
Sarah Simmonds	- Director of Workforce and OD
Dr James Calvert	- Medical Director
Peter Carr	- Director of Therapies and Health Science
Jennifer Winslade	- Director of Nursing
Shelley Bosson	- Independent Member (Community)
Katija Dew	- Independent Member (Third Sector)
Chris Dawson-Morris	- Interim Director of Planning and Performance
Robert Holcombe	- Interim Director of Finance, Procurement and VBHC
Paul Deneen	- Independent Member (Community)
Prof Helen Sweetland	- Independent Member (University)
Cllr Richard Clark	- Independent Member (Local Government)
Louise Wright	- Independent Member (Trade Union)
Dafydd Vaughan	- Independent Member (Digital)
Philip Robson	- Special Adviser to the Board
Iwan Jones	- Independent Member (Finance)
Keith Sutcliffe	- Associate Independent Member (Chair of the Stakeholder Reference Group)

**In Attendance:**

Rani Mallison	- Director of Corporate Governance
Bryony Codd	- Head of Corporate Governance
Leanne Watkins	- Director of Operations
Jemma Morgan	- Community Health Council
Sandra Mason	- Assistant Director of Primary, Community & Mental Health Services
Victoria Taylor	- Head of Primary Care (Item 3.1)
Linda Alexander	- Deputy Director of Nursing (Items 3.7 & 4.1)
Clare Lipetz	- Divisional Director Family and Therapies (Items 3.7 & 4.1)
Jayne Beasley	- Jayne Beasley, Head of Midwifery (items 3.7 & 4.1)
Sam Brooks	- HIW (item 4.2)

**Apologies:**

Dr Chris O'Connor	- Interim Director of Primary Care, Community and Mental Health
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## **ABUHB 2809/01 Welcome and Introductions**

The Chair welcomed members to the meeting. It was noted that the meeting would be recorded and published on the Health Board's website following the meeting.

The Chair welcomed Jennifer Winslade to her first meeting of the Board as Executive Director of Nursing and to Chris Dawson-Morris to his first meeting as Interim Director of Planning and Performance. The Chair also welcomed Nicola Prygodzicz to her first meeting as Chief Executive.

## **ABUHB 2809/02 Declarations of Interest**

Katija Dew, Independent Member (Third Sector), declared an interest in item 3.6 Mental Health and Learning Disabilities Residential Care and Domiciliary Care Proposed Provider Fee Uplifts – 2022/23, as the Director of Services for The Care Collective de Cymru Ltd.

## **ABUHB 2809/03 Minutes of the previous meeting**

The minutes of the meeting held on 27<sup>th</sup> July 2022 were agreed as a true and accurate record.

## **ABUHB 2809/04 Summary of Board Business, held In-Committee, on 27<sup>th</sup> July 2022**

Rani Mallison (RM), Director of Corporate Governance, provided an overview of the formal discussion held by the Board at its private meeting held on 27<sup>th</sup> July 2022.

The Board NOTED the report.

## **ABUHB 2809/05 Action Log and Matters Arising**

It was noted that all actions within the Board's action log had been completed or were in progress, as outlined within the paper.

## **ABUHB 2707/06 Report on Sealed Documents and Chair's Actions**

Rani Mallison (RM), Director of Corporate Governance, provided an overview of the use of the Health Board's Seal and Chair's Actions that had been undertaken during the period 12<sup>th</sup> July to 13<sup>th</sup> September 2022.

The Board NOTED and RATIFIED the use of the common seal and Chair's Actions in line with Standing Orders, as set out within the paper.

## **ABUHB 2809/07 Chair's Report**

The Chair provided her verbal report and an overview of the activities she had undertaken, outside of her routine meetings and visits. These included:

- A positive and supportive catch-up meeting with Healthcare Inspectorate Wales;
- All-Wales Chair's meeting held to discuss urgent and emergency care, progress on planned care recovery and accelerated cluster development.

The financial situation across NHS Wales had been discussed by Chairs and Chief Executives and a letter was being prepared for the Minister regarding the collective position and assurance that circumstances were being managed, whilst being clear on what could be achieved.

An update on the NHS Executive was received with a Welsh Government analysis being undertaken on roles and responsibilities.

- Attended the Care Action Committee which discussed the interface between Health and Social Care and how to strengthen support for social care.
- Chaired two meetings of the Regional Partnership Board.

The Board NOTED the Chair's Report.

### **ABUHB 2809/08 Chief Executive's Report**

Nicola Prygodzicz (NP), Chief Executive, thanked everyone for their best wishes and support since starting the role. She had been out meeting teams and individuals across the organisation, who still had a huge amount of energy and forward thinking, despite the difficulty of the past two years.

NP confirmed that she had spent time with the Executive Team to look at the immediate risks and priorities and agreed a focus on:

- Preparedness for winter – across health and social care;
- Ensuring that patient safety and risk is managed appropriately across the system;
- Cancer performance, in relation to concerns about performance addressing the growing backlog;
- Significant financial challenge, with reducing COVID funding and increasing costs.

NP identified two key themes relating to these risks and priorities – workforce and patient experience/public communication that would also form key areas of focus.

The Chair commented that these were the right priorities, which the Board would endorse and that the Board was here to help the Executive Team and the organisation to succeed.

The Board NOTED the Chief Executive's Report.

### **ABUHB 2809/09 Report from Aneurin Bevan Community Health Council**

Jemma Morgan (JM), Chief Officer of the Community Health Council (CHC), presented the report from the CHC which provided an overview of recent issues of concern and the positive observations or public feedback being addressed by the Community Health Council in relation to the planning and delivery of health services in Gwent.

JM raised the CHC's continued concerns regarding the systems ability to cope over the winter. The CHC had written to the Chief Executives of the Health Board and WAST to seek assurances in relation to this.

JM highlighted the cancelled operations survey that had been undertaken. 2500 surveys were sent out with 208 responses, which indicated that, largely, patients did not cancel their procedure. It was confirmed that the full report would include a breakdown of the figures per division. Leanne Watkins (LW), Director of Operations confirmed that a detailed action plan had been prepared in response to

the report and a summary would be shared with members. **Action: Director of Operations**

The Chair welcomed the analysis of the consequences of emergency pressures and emphasised the need to look at how we care for patients in the community and ensure they go to the right place in the most effective way.

Katija Dew (KD), Independent Member, asked if the Health Board was circulating/highlighting the post COVID syndrome survey. JM confirmed that the CHC had worked closely with the team to ensure the right questions were included and will support circulation. Peter Carr (PC), Director of Therapies and Health Science, welcomed the survey which would be an important part of the new service and the findings would be incorporated into the overall evaluation.

The Board NOTED the update from the Community Health Council.

## **ABUHB 2809/10 Primary Care Sustainability**

### **a) Blaenavon Vacant Practice**

Victoria Taylor (VT), Head of Primary Care presented for noting the recommendation of the Vacant Practice Panel, for the Health Board to assume the responsibility of the contract and directly manage the delivery of GMS services from Blaenavon Medical Practice with effect from 1<sup>st</sup> January 2023, following unsuccessful local and national advertisements.

VT confirmed that patient letters had been issued and meetings with current staff were taking place regarding their transfer to the Health Board from 1<sup>st</sup> January 2023. It was confirmed that there would be no redundancies.

Phil Robson (PR), Special Advisor, raised concerns regarding the number of managed practices and whether there were impacts on the quality of services. It was confirmed that managed practices and quality comparators would be included in the Board Development session in October.

VT commented that the sustainability of practices remained a challenge. The Health Board supported practices where possible and a workforce analysis was being undertaken and shared at an NCN level. This would be included in the development session.

Richard Clark (RC), Independent Member, raised concern regarding the cost of living impact on patients needing to move practices, and whether this would result in patients putting off seeing a doctor/receiving treatment.

The Board NOTED the recommendation of the panel.

It was NOTED that a board briefing session on primary care sustainability was planned for October 2022.

### **b) Ebbw Vale Dental Services**

Victoria Taylor (VT) Head of Primary Care presented the report, requesting ratification of the Chair's Action taken to award Bridge Dental the full allocation of £959k to establish a new NHS contract delivered from new premises in Ebbw Vale, following a tender process. This would ensure NHS dental services continue to be delivered in an area of high need.

The Board RATIFIED the Chairs Action.

### **ABUHB 2809/11 Annual Welsh Language Standards Report 2021/22**

Sarah Simmonds (SS), Director of Workforce and OD, presented for approval the Welsh Language Standards Annual Report, which addresses the statutory duty of the Health Board to provide an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

SS highlighted areas of progress, including:

- Increase in Welsh language communications;
- Developed Welsh language career sessions in order to deliver sessions to the students of Welsh medium schools.
- Conducted a number of events in collaboration with the Equalities specialist within the Health Board around specific areas such as Welsh and dementia, and Welsh and race.

SS outlined the wholistic and community based approach to developing and implementing the standards.

Louise Wright (LW), Independent Member, suggested that the work being undertaken in relation to Welsh Language be recognised at the Staff Recognition Awards. This was supported by members.

The Board APPROVED the Welsh Language Standards Annual Report 2021/22.

### **ABUHB 2809/12 Update in respect of compliance with Smoke Free Legislation**

Sarah Aitken (SA), Director of Public Health and Strategic Partnerships, presented, for assurance, the steps being taken by the Health Board to comply with the smoke free legislation; and requested approval for the proposed approach for compliance with smoke free legislation in Mental Health and Learning Disabilities Units.

SA outlined the approach being taken for staff, visitors and patients - Engage, Educate, Encourage, Enforce - and thanked staff side for their support with the approach. Engagement and education is now complete and further action is now required in relation to encouragement and enforcement.

It was noted that smoke free officers would be trained to be approved witnesses, with fixed penalty notices being introduced for repeat offenders, following the engage, educate, encourage approach.

SA explained that the exemption to the legislation for MH&LD units came to an end from 1 September 2022 and therefore the Health Board needed to take all reasonable steps to ensure that its MH&LD units are compliant.

A thorough review of the designated outdoor smoking areas in all of the Health Board's MH&LD units show they comply with all but one of the conditions in the legislation. That condition is that none of the designated smoking areas is at least 10-metres away from any smoke-free buildings. The Executive Team had agreed a pragmatic approach for designated smoking areas in MH&LD units to be 5-metres from any smoke-free building with the additional provision of self-closing doors and

lockable windows in areas adjacent to outdoor designated smoking areas. This would be in line with the spirit of the legislation in reducing the risk of second-hand smoke for non-smokers.

It was agreed that a letter would be prepared for Welsh Government to raise concern that the regulations, as written, are not practical however the Health Board will work towards compliance. **Action: Director of Public Health and Strategic Partnerships**

The Board NOTED the report and RATIFIED the approach.

### **ABUHB 2809/13 Cellular Pathology**

Leanne Watkins (LW), Director of Operations, presented for approval an approach to outsource the processing and reporting of mostly routine cellular pathology, as an immediate solution on a short term basis to address clinical and patient safety risks associated with an increasing backlog.

LW explained that this was a key service which underpinned a number of cancer pathways. There was a 4-5 months backlog in routine samples. Due to the impact of COVID, increased complexity and delayed presentation of patients there has been a significant increase in urgency profile. Approximately 8% of routine workload is cancerous and such a back log therefore creates a significant patient risk. As a short term response, to recover the position and backlog, whilst longer term solutions are developed, it was proposed that this activity is outsourced, at a cost of £876k.

James Calvert (JC), Medical Director, explained that this was one part of the work being undertaken on cancer pathways. There would be an improvement in cancer performance when histopathology improves; however there was work ongoing in a number of other steps in the cancer pathway. JC also highlighted that there had been a 46% increase in colorectal activity since pre covid, and that the referrals were appropriate.

It was confirmed that the £876k required would be in addition to current cost pressures.

Nicola Prygodzicz (NP), Chief Executive, said that a sustainable solution was beyond that of just the Health Board. A regional pathology approach was required for a sustainable solution. From a patient's point of view, waiting 4-5 months for a cancer diagnosis is not something the Health Board can tolerate.

The Board APPROVED the approach, noting concerns regarding resources, but acknowledging the critical patient and safety outcomes. An update to be provided on the longer-term solutions in January was requested. **Action: Director of Operations / Medical Director**

### **ABUHB 2809/14 South Wales Cochlear Implant and Bone Conduction Hearing Implant Service**

Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, presented for approval the content, process and timeline for a period of targeted engagement regarding the future configuration of the South Wales Cochlear Implant and Bone Conduction Hearing Implant Device Service.

It was noted that this related to a relatively small patient cohort, but for these individuals it was life changing. A single site model, with outreach support was the preferred option, with the rationale for the service change being sustainability, standards and staffing.

It was noted that the options/financial implications would be reviewed following the engagement period.

The Board APPROVED the proposed targeted engagement.

### **ABUHB 2809/15 Mental Health and Learning Disabilities Residential Care and Domiciliary Care proposed provider fee uplifts 2022/23**

Sandra Mason (SM), Assistant Director of Primary, Community and Mental Health Services, presented the proposed increase in fees for both residential care and domiciliary care providers in line with approved fee methodologies with effect from 1<sup>st</sup> April 2022.

The proposed increases were 12.38% in domiciliary care and an average of 12.84% for residential care which, together with the framework provider uplifts agreed nationally, equated to £1.083m over the original IMTP submission directly related to fee uplifts, by the Division. It was noted that there had been a £200k cost saving in complex care, which came from the same divisional budget and therefore there remained an £800k cost challenge.

The Board APPROVED the provider fee uplifts.

### **ABUHB 2809/16 Review of the current arrangements for Midwife Led Services within ABUHB**

Jennifer Winslade (JW), Director of Nursing, introduced the report which provided an update on a review undertaken following the introduction of a temporary service change to maintain safe services in May 2022. JW highlighted that there had been a positive impact on patient safety. It was proposed that the interim arrangements be extended in order to maintain the improved patient safety position.

Linda Alexander (LA), Deputy Director of Nursing, provided an overview of the impact of the interim service position and current staffing position. It was highlighted that there had been no compromise in women's ability to choose their place for birth; births continue to be supported at YAB and YYF with no reported untoward outcomes; there has been no increase in births at home or enroute to hospital; no concerns regarding access; no overall increase in births at GUH; safe service maintained at GUH and across the community and; positive feedback regarding patient care, continuity of care and time to deal with complex safeguarding concerns.

LA outlined the significant work undertaken regarding recruitment and that sickness rates were improving, with robust management in place.

LA outlined 3 options, noting the preferred option to extend the current temporary changes to the service model at YYF, RGH and NHH until 31<sup>st</sup> January 2023, whilst highlighting that a planned review of Midwifery Led Services was in the process of being commissioned.

Louise Wright (LW), Independent Member asked how staff were coping with the changes. JW confirmed that there had been one concern regarding increased phone

calls which had been addressed. Staff were supportive and recognised that further work was required; however, we were making progress in the right direction.

The Board NOTED the report and ENDORSED Option 1 to maintain the current interim arrangements until 31<sup>st</sup> January 2023.

### **ABUHB 2809/17 Maternity and Neonatal Services Self-Assessment**

Jennifer Winslade (JW) Director of Nursing, presented, for assurance, the maternity and neonatal services self assessment. It was noted that, due to the short turn around provided for completion of the assessment, further work would be required in relation to collating the evidence to support the assurance provided. Following this, the number of amber areas in the RAG rating has increased from 4 to 13.

It was agreed that an update would be provided in 6 months. **Action: Director of Nursing.**

The Board NOTED the report.

### **ABUHB 2809/18 Healthcare Inspectorate Wales (HIW) Annual Report 2021/22**

Sam Brooks (SB), HIW Relationship Manager, gave a presentation outlining the role and function of HIW, the adapted approach to reviews and key findings across Wales during 2021/22.

SB highlighted that there had been 3 onsite inspections and 9 Quality Checks undertaken at ABUHB in the 2021/22. These inspections demonstrated evidence of the Health Board working hard through difficult times. Key themes arising from these inspections were:

Good Practice

- Quality embedded in approach
- Access to PPE
- Proactive in sharing learning from our work
- Positive engagement with senior leaders

Areas for improvement:

- Compliance with mandatory training
- Difficulty in recruiting qualified staff.

Members welcomed the presentation, notifying that the priorities for the coming year reflected the current concerns.

### **ABUHB 2809/19 Update Report of the Regional Partnership Board**

Ann Lloyd (AL), Chair, provided an update on the recent programme of work and developments within the Gwent Regional Partnership Board (RPB).

AL highlighted the concerns of the RPB in relation to the practicalities of implementing the requirements of 'eliminating profit from children's services'. The RPB section of the Winter Plan had been agreed, noting the importance of analysing if plans were meeting the required objectives.

It was noted that the Regional Investment Fund brought together two funds and, after the first year, there will be a tapering to the funding of any projects with the

relevant statutory bodies picking up the funding. Individual bodies would need to review/assess how they would do this.

It was also noted that the RPB had commissioned a report on domiciliary care and a paper on the use made of the frailty fund.

The Board NOTED the report.

### **ABUHB 2809/20 Development of the Integrated Winter Plan 2022/23**

Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, presented an overview of the process by which plans for the winter season 2022/23 would be developed.

CDM highlighted that, together with the usual threats such as respiratory disease, there would be additional pressures associated with the cost of living challenges and potential industrial action in a number of sectors.

Modelling had been received from WG regarding flu, COVID and RSV and it was agreed to circulate this to members. **Action: Interim Director of Planning and Performance**

Katija Dew (KD), Independent Member, asked if the impact of the cost of living had been included in the modelling. It was noted that the modelling was based on the Australian flu season and this intensity needed to be added in. Sarah Aitken (SA), Director of Public Health and Strategic Partnerships, highlighted that for every degree the home falls below 18°C, there is an increase in cardiovascular disease, stroke etc.

SA explained that data showed that 50% of the population were already spending less on food and fuel. A Keeping Well in Winter Framework had been in development prior to the pandemic and this would be reviewed.

Leanne Watkins (LW), Director of Operations, highlighted the further needs of those required to run essential equipment from home. Also, the historic response of surge capacity was no longer viable as the staff were not available to staff additional capacity and therefore the ability to respond as a whole system will be essential.

Phil Robson (PR), Special Advisor, said that there was a need to model the cost of people moving through the system, where do they go, what is the cost of them moving out. Until this data is available, the RPB is unable to reprioritise. There was discussion regarding the ability to establish what the unmet need might be whilst people were awaiting social worker assessments and the potential to fast track assessments. The Trusted assessor model had been in place during COVID and should be reviewed.

The Board NOTED the report and the approach to developing the Integrated Winter Plan which would be presented to Board for approval at the appropriate time.

### **ABUHB 2809/21 Performance Overview Report**

Chris Dawson-Morris presented the performance report stating that performance levels reflected pressure across the system, with sustainable progress being made in some areas, but also the clear, robust improvement plans required.

Good progress in mental health assessments was highlighted, along with improving performance against the 52 and 104 weeks targets; however significant



improvement was still required. A key challenge was those patients waiting a long time and ensuring a focus on the right patients. It was agreed that further information would be provided on the reasons for delay in treatment. **Action: Interim Director of Planning and Performance**

The Board NOTED the report.

### **ABUHB 2809/22 Update on the Health Board's Local Public Health Team**

Sarah Aitken (SA), Director of Public Health and Strategic Partnerships, provided an overview of the proposal to transfer staff from PHW to Health Boards, and provided assurance on the financial and TUPE aspects of the transfer.

It was noted that part one of the Memorandum of Understanding, which focussed on business continuity for the public health teams would be signed by the Chief Executive.

The Board NOTED the action taken by the Executive Team in relation to the transfer of employment on the 30 September 2022 and accepting the Local Public Health Team staff into Aneurin Bevan University Health Board, as their new employer from 1 October 2022.

### **ABUHB 2809/23 Financial Performance: Month 5 2022/23**

Rob Holcombe (RH), Interim Director of Finance, Procurement and Value, presented the paper outlining financial performance to the end of August 2022.

It was noted that the current year to date position was a deficit of £17.4m.

The following key issues were noted:

- Income includes anticipated Covid-19 and exceptional cost pressure funding of c.£103m,
- Increased pay spend due to increased bank costs to cover vacancies and enhanced care, particularly in community hospitals.
- Consistent level of non-pay spend.
- Savings below plan with many rated amber.

It was highlighted that an internal turnaround approach had been implemented. Month 6 would be key to review and revise the forecast as necessary as part of the mid year review.

It was noted that energy costs were estimated to increase by £17m to the end of the year, and national work was underway to look at this.

RH emphasised the extremely challenging revenue position. It was noted that the Executive Team had met to prioritise areas of work and introduce different ways of working. It was agreed that the challenge was in reaching a new sustainable position.

The Chair commented on the need for there to be absolute assurance that the Health Board was maximising the funding allocated and that those holding budgets were held to account effectively. It was noted that Chairs and Chief Executives across Wales would be writing a joint letter to the Minister setting out risks and concerns regarding the financial outlook

The Board NOTED the report and the significant risk in achieving financial breakeven at year end.

### **ABUHB 2809/24 Strategic Risk Report**

Nicola Prygodzicz (NP) Chief Executive, presented for assurance the 26 strategic risks within the Corporate Risk Register, noting that there were no significant changes in the risks identified.

The Board NOTED the report.

### **ABUHB 2809/25 Executive Team Report**

Nicola Prygodzicz (NP) Chief Executive, presented the Executive Team report which provided an overview of a range of issues local, regional, and national level.

The Board noted the awards nomination at the recent Health & Care Awards, and the commendation received of the investment in the junior doctors training programme.

The Board NOTED the Executive Team Report.

### **ABUHB 2809/26 An overview of Joint Committee Activity**

Nicola Prygodzicz, Chief Executive provided an update on the issues discussed and agreed at recent meetings of Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC), as joint committees of the Board.

The Board RECEIVED the report for ASSURANCE.

### **ABUHB 2809/27 Key Matters from Committees of the Board**

The Board RECEIVED Assurance Reports from the following Committees:

- Audit Risk and Assurance Committee
- Charitable Funds Committee
- Patient Quality, Safety and Outcomes Committee
- Mental Health Act Monitoring Committee

The Board also noted an update from the NHS Wales Shared Services Partnership Committee.

### **ABUHB 2707/22 Date of Next Meeting**

Wednesday 30<sup>th</sup> November 2022 at 9:30am



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 30<sup>th</sup> November 2022  
Agenda Item:1.5

## Aneurin Bevan University Health Board

### Governance Matters:

### Summary of Board Business held In-Committee

#### Purpose of the Report

The purpose of this report is to share a summary of formal discussion held by the Board at its private meeting held on 28<sup>th</sup> September 2022 and to report any key decisions taken, in-line with good governance principles and requirements set out in the Health Board's Standing Orders.

#### The Board is asked to:

Approve/Ratify the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

Note the Report for Information Only

✓

**Executive Sponsor:** Rani Dash, Director of Corporate Governance

**Report Author:** Bryony Codd, Head of Corporate Governance

**Report Received consideration and supported by:**

**Executive Team**

N/A

**Committee of the Board**  
[Committee Name]

N/A

**Date of the Report:** 7<sup>th</sup> November 2022

**Supplementary Papers Attached:** None

#### Executive Summary

In accordance with its Standing Orders, Aneurin Bevan University Health Board conducts as much of its formal business in public as is possible (Section 7.5). There may, however, be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary [Director of Corporate Governance]) will schedule these issues accordingly and require that any observers withdraw from the meeting. This is sometimes known as a 'Private/Confidential Board meeting' or an 'In-Committee Board meeting'. The legal basis by which observers would be asked to withdraw from such meetings, is as set out within the *Public Bodies (Admission to Meetings) Act 1960, section 1 (2)*.

In circumstances where the Board meets in a private formal session, it shall formally report any decisions taken to the next meeting of the Board in public session.

Aneurin Bevan University Health Board is committed to carrying out its business openly and transparently, in a manner that encourages the active engagement of its citizens, community partners and other stakeholders.

The purpose of this report is therefore to share a summary of formal discussion held by the Board at its private meeting held on 28<sup>th</sup> September 2022 and to report any key decisions taken.

## Background and Context

### Summary of Discussions

#### **Review of Revenue Forecast 2022/23**

The Board held detailed discussion regarding the risks associated with the forecast position for 2022/23, as reported within the Month 5 position within the main part of the Board's meeting, held in public.

The Board noted that it was likely that the Health Board would not be able to achieve financial balance at year end; however, there were several areas to focus on to mitigate risks identified. The Board fully appreciated the breadth of the issues that the Executive Team was focussed on and supported the direction of travel.

The Board ENDORSED the financial forecast of a deficit position being declared at Month 6.

#### **Chepstow PFI**

The Board received an update on the options available to the Health Board when the existing PFI lease arrangements at Chepstow Hospital expire in February 2025 and noted the ongoing discussions underway.

The Board APPROVED the process to commence a negotiation process.

The Board APPROVED the request to appoint PFI Commercial and Legal Advisors to assist in that negotiation process.

#### **Integrated Radiotherapy Solution Business Case**

The Board received the Integrated Radiotherapy Solution Business Case, which was part of the wider plans to transform cancer services in South East Wales; and focussed on the replacement of the Velindre Cancer Centre's fleet of Linear Accelerator Radiotherapy devices and the associated planning software.

The Board APPROVED supporting the Welsh Government process for capital funding.

#### **Welsh Health Specialised Services (WHSSC) Joint In-Committee Notes**

The Board NOTED the briefing of a meeting of the WHSSC Committee meeting, held 6<sup>th</sup> September 2022, in private session. No decisions were taken by the Board that require reporting.

## Assessment and Conclusion

In endorsing this report the Health Board will comply with its own Standing Orders.

## Recommendation

The Board is requested to note this report.

## Supporting Assessment and Additional Information

<b><i>Financial Assessment, including Value for Money</i></b>	There are no financial implications for this report.
<b><i>Quality, Safety and Patient Experience Assessment</i></b>	There is no direct association to quality, safety and patient experience with this report.
<b><i>Equality and Diversity Impact Assessment (including child impact assessment)</i></b>	There are no equality or child impact issues associated with this report as this is a required process for the purposes of legal authentication.

<b>Health and Care Standards</b>	This report would contribute to the good governance elements of the Health and Care Standards.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	There is no direct link to Plan associated with this report.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – Not applicable to this report
	<b>Integration</b> –Not applicable to this report
	<b>Involvement</b> –Not applicable to this report
	<b>Collaboration</b> – Not applicable to this report
	<b>Prevention</b> – Not applicable to this report
<b>Glossary of New Terms</b>	None
<b>Public Interest</b>	Report to be published in public domain

**Aneurin Bevan University Health Board Meetings –  
Wednesday 28<sup>th</sup> September 2022**

**ACTION SHEET**

<b>Minute Reference</b>	<b>Agreed Action</b>	<b>Lead</b>	<b>Progress/ Outcome</b>
<b>ABUHB 2809/09</b>	<b>Report from Aneurin Bevan Community Health Council:</b> Summary of the detailed action plan prepared in response to the Cancelled Operations Survey to be shared with members.	<b>Director of Operations</b>	Complete. Update circulated
<b>ABUHB 2809/12</b>	<b>Update in respect of compliance with Smoke Free Legislation:</b> Letter would be prepared for Welsh Government to raise concern that the smoke free regulations, as written, are not practical however the Health Board will work towards compliance.	<b>Director of Public Health and Strategic Partnerships</b>	Complete.
<b>ABUHB 2809/13</b>	<b>Cellular Pathology:</b> An update to be provided on the longer-term solutions in January.	<b>Director of Operations/Medical Director</b>	Added to Forward Work Programme January 2023
<b>ABUHB 2809/20</b>	<b>Development of the Integrated Winter Plan 2022/23:</b> Circulate the modelling received from WG regarding flu, COVID and RSV	<b>Interim Director of Planning and Performance</b>	Included within Winter Plan report
<b>ABUHB 2809/21</b>	<b>Performance Overview Report:</b> Further information to be provided on the reasons for delay in treatment.	<b>Interim Director of Planning and Performance</b>	Information related to stage of referral included in the Performance and Outcomes Quarter 2 report



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 30<sup>th</sup> November 2022  
Agenda Item:1.7

## Aneurin Bevan University Health Board

### Governance Matters:

### Report of Sealed Documents and Chair's Actions

#### Purpose of the Report

This report is presented for compliance and assurance purposes to ensure the Health Board fulfils the requirements of its Standing Orders in respect of documents agreed under seal and also situations where Chair's Action has been used for decisions.

#### The Board is asked to: (please tick as appropriate)

Approve/Ratify the Report

✓

Discuss and Provide Views

Receive the Report for Assurance/Compliance

Note the Report for Information Only

**Executive Sponsor:** Rani Dash, Director of Corporate Governance

**Report Author:** Bryony Codd, Head of Corporate Governance

**Report Received consideration and supported by :**

**Executive Team**

N/A

**Committee of the Board**  
[Committee Name]

N/A

**Date of the Report:** 14<sup>th</sup> November 2022

**Supplementary Papers Attached:** None

#### Executive Summary

This paper presents for the Board a report on the use of Chair's Action and the Common Seal of the Health Board between the 14<sup>th</sup> September and 14<sup>th</sup> November 2022.

The Board is asked to note that there has been one (1) document that required the use of the Health Board seal during the above period.

Chair's Action in Standing Orders requires approval by the Chair, Chief Executive and two Independent Members, with advice from the Board Secretary. This process has been undertaken virtually, with appropriate audit trails, for the period of adjusted governance and continues in the absence of the attendance of Independent Members at the office during this time. All Chair's Actions require ratification by the Board at its next meeting.

During the period between the 14<sup>th</sup> September and 14<sup>th</sup> November 2022, four (4) Chair's Actions have been agreed. This paper provides a summary of the Chair's Actions taken during this period, which are appended to this report.

## Background and Context

### 1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or Committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a Committee of the Board or under delegated authority.

### 2. Chair's Action

Chair's Action is defined by the Health Board's Standing Orders as:

Chair's action on urgent matters: There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

### 3. Key Issues

#### 3.1 Sealed Documents

Under the provisions of Standing Orders the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. One document was sealed between the between the 14<sup>th</sup> September and 14<sup>th</sup> November 2022, as outlined below.

Date	Title
17.10.2022	ABUHB Ysbyty Ystrad Fawr Unified Breast Unit confirmation notice no. 2 to form of agreement with BAM Construction Ltd

#### 3.2 Chair's Action

All Chair's Actions undertaken between 14<sup>th</sup> September and 14<sup>th</sup> November 2022 are listed below. All of which were approved by the Chair.

Date	Title
12.10.22	Pathology Testing
31.10.22	Cabling Works
03.11.22	SIP and DEL Lines Tender
09.11.22	DELL Laptops and PCs

## Assessment and Conclusion

In endorsing this report the Health Board will comply with its own Standing Orders.



Recommendation	
The Board is asked to note the documents that have been sealed and to ratify the action taken by the Chair on behalf of the Board.	
Supporting Assessment and Additional Information	
<b>Risk Assessment (including links to Risk Register)</b>	Failure to report the sealing of documents to the Health Board would be in contravention of the Local Health Board's Standing Orders and Standing Financial Instructions.
<b>Financial Assessment, including Value for Money</b>	There are no financial implications for this report.
<b>Quality, Safety and Patient Experience Assessment</b>	There is no direct association to quality, safety and patient experience with this report.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	There are no equality or child impact issues associated with this report as this is a required process for the purposes of legal authentication.
<b>Health and Care Standards</b>	This report would contribute to the good governance elements of the Health and Care Standards.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	There is no direct link to Plan associated with this report.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – Not applicable to this report
	<b>Integration</b> –Not applicable to this report
	<b>Involvement</b> –Not applicable to this report
	<b>Collaboration</b> – Not applicable to this report
	<b>Prevention</b> – Not applicable to this report
<b>Glossary of New Terms</b>	None
<b>Public Interest</b>	Report to be published in public domain

## Description of Request:

To consider as Chairs Action the approval of a Request for Approval (RFA) for Pathology Testing.

### Financial Value

Annual Value of new contract £954503.00

Contract period (including extension options) 6 months (1<sup>st</sup> October 2022 to 31<sup>st</sup> March 2023)

At its meeting on 28<sup>th</sup> October 2022, the Board approved £876K (subject to tender) for the period of the contract (Oct 22-March 23), for an outsourcing solution which included administering the outsourcing, the outsourcing fees as well as increasing inhouse reporting capacity via locum consultants (Board paper attached).

The contract value of £954,503.00 (attached for approval) includes existing endoscopy insourcing which the Unscheduled Care Division will be covering the costs of, as per a cross-charge arrangement. It is existing activity not additional for this element of the contract.

Financial assessment of outsourcing options	
Outsourcing routines to Cell Path Services from October (wets to report)	£ 658,460.00
Outsourcing prepared slides (routines) backlog to Cell Path Services for reporting	£ 137,143.00
Outsourcing Endoscopy Insourcing specimens to year end (with Cell Path Services) wets to report *	£ 103,457.00
Outsourcing prepared slides (Endoscopy) backlog to Cell Path Services for reporting *	£ 37,371.00
Transport costs of outsourcing	£ 18,072.00
<b>Total cost projection</b>	<b>£ 954,503.00</b>

\* existing endoscopy insourcing, unscheduled care will be covering this cost as per cross-charge arrangement. It is existing activity not additional for this element of the contract.

## Situation

Request to approve the Request for Approval (RFA) for the period 1<sup>st</sup> October 2022 to 31<sup>st</sup> March 2023.

## Background

With the increased challenges in healthcare access to pathology is under enormous pressure.

Pathology services play a vital role in all cancer pathways providing definitive diagnosis for patients. In many cases a patient's pathway will pass through cellular pathology twice, firstly in the process of diagnosis, and secondly in the post operative analysis of retrieved samples to ensure the completeness of treatment.

The optimal pathways outline that cell path morphology should be completed: Within 3 days of the sample collection, and 10 days for molecular markers.

In its current capacity, the Health Board is working to a 28-day turnaround time for USC samples which is not conducive with a 62-day pathway and sadly even this extended framework is now not achieved in many cancer groups. Whilst the performance position worsens, the numbers of patients on a cancer waiting list continues to grow, and as of the end of August, sat at over 4,500 patients.

No current NHS providers can offer the Health Board an option of service provision to bridge the capacity gap as most are also outsourcing with increasing volumes.

The demand for Histopathology reporting outstrips capacity in both the laboratory (for processing) and Histopathologists for reporting, by an estimated 28% and 25% respectively. Taking into account the current backlog, this increases to a shortfall of 34% and 44%. At the beginning of September, the Laboratory backlog was 1,700 patients (circa 2,430 specimens) and reporting backlog 3,300 patients (5,950 specimens with slides already processed). This does not include outsourced specimens. These numbers are increasing each week. Full year projections indicate a shortfall of core capacity of approximately 14,500 cases by March 2023 at current rate of urgency and demand. A shortfall in capacity was in existence prior to covid with regularly 1,500-2,000 cases awaiting an outcome.

**Request:**

Approval of this request is required to progress urgent outsourcing to mitigate clinical risk and improve reporting turnaround time.

The current cellular pathology position indicates significant capacity constraints, backlog crisis that will result in significant patient harm.

Urgent action is warranted to meet capacity shortfall to mitigate the risks.

If external commissioning is approved a tender process, via the Welsh National Framework Agreement will be followed. Early indication is that this process could be completed quickly (between 2 to 4 weeks).


**Accompanying documents:**



**Approval:**

In accordance with the Delegated Limits set out within the Health Boards SFI's, the Chair is requested to approve the request.



<b>Signatures: Chair / Vice Chair</b>	<b>Date:</b>
	11/10/22
<b>Signature: Chief Executive</b>	<b>Date:</b>
	11/10/22
<b>Signature: Director of Corporate Governance</b>	<b>Date:</b>
	10 <sup>th</sup> October 2022
<b>Signature: Independent member</b>	<b>Date:</b>
S A Bossard	12/10/22
<b>Signature: Independent member</b>	<b>Date:</b>
Pippa Britton approved via email	12.10.22

---- End ----

### Description of Request:

To consider as Chairs Action the approval of a Request for Approval (RFA) for Cabling Works.

#### Financial Value

3 years with the option to extend by 1 + 1 years – contract commencement 1<sup>st</sup> October 2022

Annual value of current contract Approx £390,000.00 ex VAT

Annual value of new contract £450,000.00 ex VAT (draw down)

Total value of new contract £1,350,000.00 ext VAT (draw down)

Total value of new contract (including extensions) £2,250,000.00 ext VAT

#### Situation

Request to approve the Request for Approval (RFA) for a three-year contract, with an option to extend, for Cabling Works.

#### Background

The Health Board requires a structured cabling supplier to support requests for cabling across all sites.

The supplier will be required to provide:

- Install double network points
- Test and Repairs
- Additional patch panel copper
- Telephony re-jumper
- Data repatching
- Additional non-standard project work

RGD King Limited were appointed following an open tender process via Bravo and Sell2Wales offering equal opportunity to suppliers.

#### Request:

Providing the cabling works will support requests across all Health Board sites.

#### Accompanying documents:



RFA785 Signed.pdf



**Approval:**

In accordance with the Delegated Limits set out within the Health Boards SFI's, the Chair is requested to approve the request.

<b>Signatures: Chair / Vice Chair</b>	<b>Date:</b>
	31/10/22
<b>Signature: Chief Executive / Deputy Chief Executive</b>	<b>Date:</b>
	31/10/2022
<b>Signature: Head of Corporate Governance</b>	<b>Date:</b>
	31 <sup>st</sup> October 2022
<b>Signature: Independent member</b>	<b>Date:</b>
PAUL DENEEN – APPROVED BY SEPARATE EMAIL	31/10/22
<b>Signature: Independent member</b>	<b>Date:</b>
PIPPA BRITTON – APPROVED BY SEPARATE EMAIL	1/11/2022

---- End ----

### Description of Request:

To consider as Chairs Action the approval of a Request for Approval (RFA) for SIP & DEL Lines Tender.

#### Financial Value

3 years with the option to extend by 1 + 1 years – contract start date 9<sup>th</sup> December 2022

Annual value of current contract £170,772.67 ex VAT

Annual value of new contract £154,704.60 ex VAT  
breakdown:

£94,704.60 ext VAT Channels

£60,000.00 ext VAT Call Charges

Total value of new contract £464,113.80 ext VAT

Total value of new contract (including extensions)  
£618,818.40 ext VAT

#### Situation

Request to approve the Request for Approval (RFA) for a three-year contract, with an option to extend, for SIP & DEL Telephony Lines.

#### Background

The Health Board's telephony estate is currently in a transition phase. Since the previous contract was awarded, ICT have reduced the number of channels which has reduced the overall costs. For the duration of the contract, the Health Board will be migrating sites to a different product line with the PSTN switch off in 2025.

#### Request:

Supporting this request will support the Health Board's telephony estate and cover a number of products and services.

#### Accompanying documents:



RFA950.docx



Letter 950.docx

#### Approval:

In accordance with the Delegated Limits set out within the Health Boards SFI's, the Chair is requested to approve the request.

<b>Signatures: Chair / Vice Chair</b>	<b>Date:</b>
	2 <sup>nd</sup> November 2022
<b>Signature: Chief Executive / Deputy Chief Executive</b>	<b>Date:</b> 1/11/22
	1 <sup>st</sup> November 2022
<b>Signature: Head of Corporate Governance</b>	<b>Date:</b>
	1/11/22.
<b>Signature: Independent member</b>	<b>Date:</b>
Paul Deneen - Approved by separate email	2/11/22
<b>Signature: Independent member</b>	<b>Date:</b>
Richard Clark - Approved by separate email	3/11/22

---- End ----



**Description of Request:**

To consider as Chairs Action the approval of a Request for Approval (RFA) for Laptops & PCs.

**Financial Value**

Contract Period 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023  
Annual value of new contract £833,000.00 ex VAT  
Total value of new contract £833,000.00 ex VAT  
Total value of new contract (including extensions)  
£833,000.00 ex VAT

**Situation**

Request to approve the Request for Approval (RFA) for a one-year contract, including extensions, for Laptops and PCs.

**Background**

The Health Board required the ability to utilise the SBS framework as a route to market to support the procurement for day-to-day ordering of Dell Laptops and PCs.

Due to all Health Board kit being Dell, ICT recommended the continued purchase of Dell Laptops and PCs. All Dell Kit is built to the Health Board's specification and is reviewed quarterly to ensure the devices are fit for purchase and remain value for money.

**Request:**

Approval of this request will support the Health Board's standardisation of kit and the SBS framework offers fixed pricing on equipment which benefits the Health Board to allow users to purchase via a catalogue.

**Accompanying documents:**

Letter 955.docx



RFA955.docx

**Approval:**

In accordance with the Delegated Limits set out within the Health Boards SFI's, the Chair is requested to approve the request.

<b>Signatures: Chair / Vice Chair</b>	<b>Date:</b>
	7/11/22
<b>Signature: Chief Executive / Deputy Chief Executive</b>	<b>Date:</b>
	7/11/22
<b>Signature: Head of Corporate Governance</b>	<b>Date:</b>
	7 <sup>th</sup> November 2022
<b>Signature: Independent member</b>	<b>Date:</b>
Richard Clark - Approved by separate email	9/11/22
<b>Signature: Independent member</b>	<b>Date:</b>
Paul Deneen - Approved by separate email	9/11/22

---- End ----

Aneurin Bevan Community Health Council (CHC)

# CHC Report

For Aneurin Bevan University Health  
Board Meeting

November 2022

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[www.aneurinbevanchc.nhs.wales](http://www.aneurinbevanchc.nhs.wales)

# **Accessible formats**

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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# About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, videoconferencing, and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

# Introduction

The purpose of this report is to inform Aneurin Bevan University Health Board of recent issues of concern and positive observations, or public feedback being addressed by the Community Health Council in relation to the planning and delivery of health services in Gwent.

The CHC continues its work in respect of engaging with the population, scrutinising and offering independent challenge to the NHS, monitoring and considering routine and urgent service changes and continue to provide an independent Complaints Advocacy Service.

## CHC update

### 1. Whole system pressures

The CHC's long expressed concerns for whole system pressure remains significant.

As expressed in previous CHC reports, we hear regularly from people and partners about long delays for ambulances in the community, sustained pressure at the Emergency Department and slow patient flow through hospitals due to delayed discharges and lack of community/social care provision. CHCs across Wales report the same pressures being seen in all areas of Wales, and Aneurin Bevan CHC acknowledges these pressures are not isolated to the Aneurin Bevan University Health Board area.

Nationally, the pressures, despite all efforts being made, are not improving from a patient experience perspective, and people's feedback to CHCs focus on common themes:

- Long handover times to the Emergency Departments from ambulance crews.
- Long waits for people who self-present to Emergency Departments.
- Difficulties in releasing ambulances back into the community to respond to calls.
- Delayed discharges from a hospital setting when deemed medically fit due to community service / social care constraints.

NHS staff supporting all areas of the NHS system are a credit to the service. People continue to offer high praise for the care being delivered by staff during visibly difficult and strained circumstances, albeit people's lengthy waits, levels of privacy and dignity and comfort when very unwell is severely affected prior to receiving excellent care.

Lost Ambulance hours outside of EDs and people's waits to enter hospital and leave hospital remain a critical concern for the CHC ahead of the challenging winter period expected. The CHC will continue to highlight these concerns to the NHS and relevant stakeholders when necessary.

## **2. Ysbyty Ystrad Fawr Visit**

We have restarted our visiting programme, and on Wednesday 28<sup>th</sup> September our volunteer members attended YYF with the intention to carry out visits to two wards in the hospital.

The CHC expresses thanks to the team at YYF who were able to provide the visiting team with a list of wards in the hospital to assess the COVID-19 risk. Due to COVID-19 positive patients being present on all wards on the day of our visit, the visiting team was stood down.



Although the visiting team were unable to attend the wards as planned, the following observations were made and sent to the UHB for comments:

- A lack of signage was noted across the hospital, making it difficult to way find to any ward/area. The visiting team suggested the benefit of having hanging signage in the corridors, to add ease of navigating around the hospital.
- A lack of disabled parking bays on site and the signage in the carpark could benefit from being clearer to direct the flow of traffic.

The Health Board addressed the above observations at a recent Heads of Department meeting. A response was sent to the CHC addressing each issue.

### **3. The Grange University Hospital Visit – Emergency Department**

On Monday 10<sup>th</sup> and 17<sup>th</sup> October, our visiting team attended the Emergency Department and the Same Day Emergency Care Unit. The purpose of the visits was to engage with patients in the departments at the point they were receiving care.

Below are summaries of the feedback we received in both departments during our two visits:

The Emergency Department:

- Patients felt that they were not kept informed about the waiting times.
- The temperature, size of the waiting area and chairs in the department were reported as “uncomfortable and not suitable” for patients.

- A patient noted the lack of doctors in the department between the hours of 2am and 8am. This same patient felt the volume of people waiting that day was potentially a health and safety risk.
- The waiting area was extremely busy with a lot of patients waiting to be seen.

#### Same Day Emergency Care Unit:

- Patients told our visiting team that the environment was spacious and calm. Patients also told us that they felt safe and well cared for, in a timely manner.
- Patients reported that the waiting area of the department didn't offer enough privacy.
- Some patients didn't feel that the toilet facilities adequately met their needs.

It's important to note that during both visits patients were extremely complimentary of staff. Their friendliness and helpfulness were noted, and one patient told us that staff "couldn't do enough for you".

The CHC understands that on Monday 17<sup>th</sup> October, the Emergency Department at the Grange University Hospital saw significant pressures.

Our visiting team reported that the visit to the Emergency Department on Monday 17<sup>th</sup> October as upsetting given the circumstances, as well as reporting that the patients in the waiting area looked distressed. Key issues that were fed back to our CHC offices by the visiting team were escalated to the UHB for comments.

Both reports have been submitted to the Health Board and responses are expected shortly.

## 4. Monthly public feedback survey.

- 4.1 May 2020, the Community Health Council has been hearing from people via a generic "Care during the Coronavirus" survey, to hear about people's positive and negative experiences in all NHS care areas.

To date we have heard from 1393 people. We have only received feedback from the public in October. All respondents gave us their experiences at the Grange University Hospital. The following feedback was received:

- All comments highlighted the issue of long waits in the Emergency Department. One person told us that they had been waiting over 24 hours in a chair in the waiting area.
- A member of the public also told us they felt there needed to be more staff employed so that patients can be seen in a timely manner. They also mentioned the waiting area in the Emergency Department is not fit for purpose and needs to be "large enough to accommodate the volume of patients it needs to cater for".
- It was also a common theme that patients were left waiting in the Emergency Department with no communication from staff as to how long they will have to wait.

## 5. Upcoming and ongoing CHC activities

### 5.1 Post-Covid Syndrome Briefing – Issue 1

In July 2022, the CHC launched a **Post-Covid Syndrome (Long-Covid) Survey**. The survey will be live until March 2023.

Our first briefing paper included the responses of 38 people who had taken the time to fill in our survey. This briefing paper was sent to the Health Board for information.

Some of the key feedback included:

- Most people told us that they had either been diagnosed with post-covid syndrome (Long Covid) by their GP or via self-diagnosis.
- 50% of respondents told us, they had pre-existing medical conditions, and that these conditions have now worsened since suffering with COVID-19.
- Nearly all 38 respondents told us they did not need to access specialist equipment for their post-covid syndrome needs.
- Unfortunately, most people who filled in our survey, told us that they were unsure of who to contact with any queries, in relation to their post-covid syndrome.

## **5.2 NHS Common Ailments Scheme Survey**

The CHC launched a survey at the beginning of October to gain feedback from the public in relation to the NHS Common Ailments Scheme. To date, we have received 18 responses.

The survey was launched via our social media platforms, website and was sent to our external stakeholders list for further distribution. We have also sent bilingual posters and business cards to all pharmacists in the Aneurin Bevan area. The business cards and posters include a QR code, which makes it quick and easy for the public to pick up a card and scan the code to fill in our survey, at a time convenient to them.

Some of the key feedback included so far:

- It was pleasing to note that most respondents were aware that the NHS Common Ailments Scheme was available to them, and they knew how to use the scheme.

- Only three people told us they were unsure if the scheme was available in their area.
- Most people told us that they were happy with the service provided to them by the pharmacist.

Report to be produced and sent to UHB when this survey ends at the end of December 2022.

### 5.3 Sensory Impairment Survey

At the end of August 2022, the CHC launched a survey to obtain feedback from those who have a sensory impairment to gain their experiences of accessing NHS Services. To date we have received 10 responses.

The survey has been launched on our social media platforms, website and via our stakeholder distribution list to increase circulation.

The survey has been adapted for those who are visually impaired and deaf. Alternative formats can be requested by contacting our office.

A summary of the feedback received so far:

- Most people who have filled our survey in, told us they mostly receive NHS care/treatment from, GP Services, Dentists, Opticians and Pharmacies.
- A respondent told us that it is “mostly” easy to book appointments as they can use their phone that has been adapted to their needs.
- A respondent told us that when they arrive at reception, they are often told to take a seat, even though they arrive with either a cane or guide dog.

The survey will run until the end of November 2022.

## **5.4 Community Rehabilitation Services for Stroke Survivors**

In November, we launched a survey to ask for people's experiences of accessing NHS services in the community, after having a stroke.

The survey launched via our social media pages, website, external stakeholders list and local community to groups. This is to ensure we are reaching as many people as possible.

We will also be hosting a "feedback drop-in session" on Friday 25th November at our offices in Raglan house. This will give members of the public an opportunity to give feedback face-to-face to our volunteer members.

The survey will be live until the end of December 2022.

## **Thanks**

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken the time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

## **Feedback**

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

# Contact details



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@Bevanchc



CIC Aneurin Bevan CHC



## **Community Health Council**



**GIG**  
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**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 30 November 2022  
Agenda Item: 3.1

## **Aneurin Bevan University Health Board**

### **Accelerated Cluster (Neighbourhood Care Network) Development Programme**

#### **Executive Summary**

The Minister for Health and Social Services has articulated the need to accelerate cluster development and for clusters and RPBs to align their respective planning and partnership working arrangements. The Accelerated Cluster Development (ACD) Programme has been established to ensure greater clarity between the planning and delivery functions of NCNs and to align the planning system across clusters and the Regional Partnership Board. The Minister has set out milestones for the ACD programme during the 2022/23 transition year. ABUHB will need to ensure governance arrangements are in place to comply with the Ministerial milestones, whilst also ensuring clear accountability and assurance on overall delivery against the priorities for which they are responsible both individually and in partnership via the RPB.

The Health Board has set up an ACD / NCN Programme Board which is chaired by the Executive Director for Primary Care, Community Services and Mental Health with senior representation from across Health Board divisions, local authority and third sector. This reports into the overarching Clinical Futures Programme Board. It is proposed that the Partnerships, Population Health and Planning Committee will provide Board assurance. In terms of Borough wide planning there is general consensus that the existing Integrated Services Partnership Boards (ISPBs) should take on the role and function of Pan Cluster Planning Groups.

In terms of delivery there are 11 NCNs across the Gwent region that are led by a Clinical Lead with support from the Primary Care and Community Services locality team within each Borough. The Strategic Programme for Primary Care Fund has been used to establish an NCN Office to support with needs assessment, quality improvement projects, evaluating new models of care and spread and scale of new models and ways of working that are shown to be effective. Each NCN receives a relatively small cluster budgets to stimulate innovation, improvement and integration. The broader NCN delivery plans will set out the key service changes, improvements and collaborative approaches required to deliver the Primary Care Model for Wales and place-based care as part of a whole system approach to deliver A Healthier Wales.

Professional collaboratives for GPs, community pharmacy, optometry, dental, nursing and allied health professionals will engender a multi-professional approach within the NCN. These collaboratives will create an environment for continually assessing the quality and safety of local services and where improvements can be made in relation to quality, sustainability and unwarranted variation. This intelligence from local professional collaboratives and community engagement should inform the ISPB priorities and overall strategic direction within the locality.

A collective review of the 11 NCN plans will be undertaken annually to determine overall progress against the Ministerial priorities and assess the pace and scale at which transformation is occurring. This will consider both the sustainability of primary care and community services and evolution to a more proactive and coordinated model care that is delivered through the network

of neighbourhood-based services. The overall impact of the programme will be measured based on the outcomes and experiences of those providing and receiving care and the contribution of the programme to addressing the inverse care law as part of a more ambitious and joined-up approach to tackling health inequalities through the Gwent Marmot region.			
<b>The Committee is asked to:</b> (please tick as appropriate)			
Approve the Report			✓
Discuss and Provide Views			
Receive the Report for Assurance/Compliance			
Note the Report for Information Only			
<b>Executive Sponsor:</b> Dr Chris O'Connor			
<b>Report Author:</b> Will Beer			
<b>Report Received consideration and supported by :</b>			
<b>Executive Team</b>		<b>Committee of the Board [Public Partnerships &amp; Wellbeing Committee]</b>	
<b>Date of the Report:</b>			
<b>Supplementary Papers Attached:</b>			
<ol style="list-style-type: none"> <li>1. Primary Care Model for Wales</li> <li>2. Ministerial milestones during the 2022-23 transition year</li> <li>3. Nationally agreed Pan Cluster Planning Group terms of reference</li> </ol>			

<b>Purpose of the Report</b>
<b>The purpose of this paper is to recommend a governance structure for the Accelerated Cluster Development (NCN Development) programme and associated planning and delivery structures.</b>

<b>Background and Context</b>
<p><b><u>Background</u></b></p> <p>There is a growing body of evidence which shows that place-based systems of care can add value over and above the contributions of individual organisations. These place-based systems should enable the provision of seamless care and support through a network of services at a neighbourhood level (circa. 40,000 to 60,000 population). These networks should adopt an asset-based approach involving primary care, community services, mental health, social care, third sector organisations and community groups.</p> <p>The Welsh Government remains fully committed to the role of clusters in both planning and delivering health and care services responding to the specific needs of individuals and communities. There has been a steady, albeit relatively slow, development of clusters over the past decade since their inception following the publication by Welsh Government of Setting the Direction. Programme for Government 2021-26 sets out a commitment to reform primary care, bringing together GP services with pharmacy, therapy, housing, social care, mental health, community and third sector (see Primary Care Model for Wales, Attachment 1). The Minister for Health and Social Services has articulated the need to accelerate cluster development and for clusters and RPBs to align their respective planning and partnership working arrangements.</p>

During 2021-22, the National Primary Care Board for Wales has overseen a significant piece of work, led by the Strategic Programme for Primary Care, to accelerate the development of clusters. Core to the Accelerated Cluster Development (ACD) Programme is creating greater clarity between the planning and delivery functions of clusters and aligning the planning system across clusters Health Board, Local Authorities and the Regional Partnership Board. The SPPC assert that moving forward it will be important that cluster, pan cluster and regional arrangements work together coherently, ensuring they offer greater value as a whole than just the sum of their constituent parts. However, without carefully design and described alignment, there is a potential risk of duplication of effort or even tension between regional and sub-regional partnership structures.

In March 2022 the Minister for Health and Social Services wrote to NHS Chairs, Leaders of Local authorities and RPB Chairs with a vision for accelerating cluster development during 2022/23 (see Attachment 2). The Ministerial letter states that while RPBs are making good headway in developing regional planning arrangements there is a recognition that Local Authorities may find it easier to undertake pan cluster planning on their own local footprint. The letter acknowledged that care must be taken to ensure this does not destabilise the role of RPBs. To help achieve this alignment the Minister has set out key milestones for 2022-23 as a year of transition into the new accelerated cluster (hereafter referred to as Neighbourhood Care Network or NCN) arrangements.

ABUHB and Local Authorities will need to ensure that their respective governance arrangements enable achievement of the Ministerial milestones, whilst also ensuring clear accountability and assurance, on overall delivery against the priorities for which they are responsible both individually and in partnership via the RPB. ABUHB and Local Authorities will need to ensure that their governance framework robustly interfaces with that of the Regional Partnership Board, confirming delegated decision making, alignment of joint planning and delivery mechanisms with clear lines of accountability and assurance.

There is a specific requirement for Health Boards and their Local Authority partners to establish Pan Cluster Planning Groups [PCPG] and adopt nationally agreed Terms of Reference. There is also a requirement that PCPG governance is embedded into the local architecture. The Strategic Programme for Primary Care highlights that the purpose of PCPGs is to deliver the aims of the Social Services & Well-being Act 2014, Wellbeing of Future Generations Act (2015) and A Healthier Wales. PCPGs seek to increase alignment and engagement between the Regional Partnership Board and clusters to support implementation of the Area Plan and Primary Care Model for Wales. The system leadership, membership and accountabilities of the PCPGs have been set out in a national Terms of Reference agreed by the National Primary Care Board. For the Health Board this will require Director level involvement to ensure an appropriate level of accountability and decision making. They are to be established as sub-groups of health boards and operate under the auspices of the Regional Partnership Board (RPB) giving a direct route for information sharing and decision making between frontline services and strategic leadership within the region.

The nationally agreed Pan Cluster Planning Groups Terms of Reference is set out in Attachment 3. Welsh Government interim planning guidance clarifies the role of the PCPGs as:

- providing the local footprint for the tactical delivery of Regional Partnership Board (RPB) priorities contained within the RPB Area Plans
- coordinating the use of available resources to meet local needs in order to deliver the Primary Care Model for Wales and an integrated model of place-based care
- providing strategic direction to inform the development of respective cluster plans
- commissioning services and developing agreements to support partnership working
- utilising intelligence from NCNs to ensure that the strategic PCPG plan accurately reflects the populations health, care and wellbeing needs, and supports actions to address issues raised across the system

As this is an emergent programme the function, purpose, membership and governance of PCPG will be reviewed annually and the Terms of Reference altered accordingly. There may also be an

identified need to undertake a review at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance. Current NHS Wales Planning Guidance indicates that PCPGs will use the RPB Population Needs Assessment, supplemented with local intelligence flowing from the Professional Collaboratives and NCNs to lead the development of the strategic plan which will outline what services are needed, making prudent use of all funding, workforce, and other resources and which address the health, care and wellbeing needs of the local population.

ABUHB will provide Board assurance for the Accelerated Cluster Development (NCN Development) programme through its Partnerships, Population Health and Planning Committee. This Committee provides the Board with assurance that strategic collaboration and effective partnership arrangements are in place and that there are effective mechanisms in place in respect of improving population health and reducing health inequalities. It also provides assurance on the robustness of the Health Board's approach in relation to the systems and processes for developing strategies and plans, including those developed in partnership.

### **Progress to date**

The ABUHB approach to cluster working has been through Neighbourhood Care Networks (NCNs). There are 11 NCNs across the Gwent region that are led by a Clinical Lead with leadership support from the Primary Care and Community Services locality team within each Borough. Each NCN receives a relatively small cluster budgets to stimulate innovation, improvement and integration. NCN plans set out the key service changes, improvements and collaborative approaches required to deliver the Primary Care Model for Wales as part of a whole system approach to deliver A Healthier Wales.

Since their inception NCNs have included representation from GPs, district nursing, CRT, public health nursing, mental health, community pharmacy, social services and third sector. In some instance this has been extended to wider partners such as leisure trusts, housing associations and nursing homes.

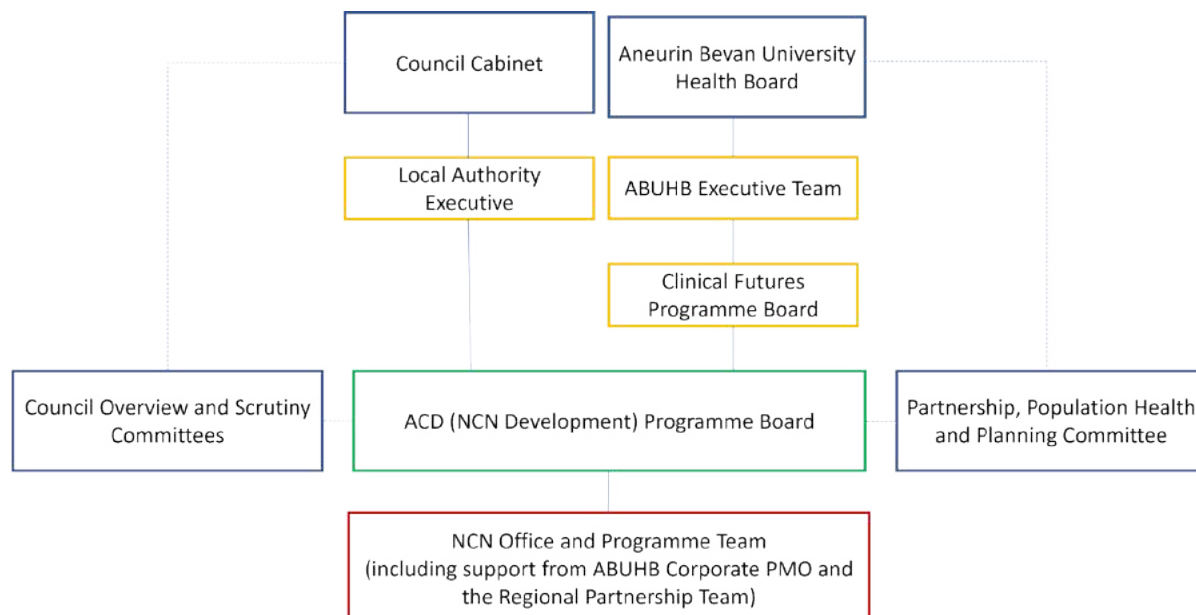
In 2017 the Health Board and Local Authorities established Integrated Service Partnership Boards (ISPBs) which have focussed more broadly on place-based care, particularly intermediate care and specific duties under the Social Service and Wellbeing Act 2014. During the pandemic ISPBs were temporarily disbanded and the focus of NCNs was on management of COVID-19 (including mass vaccination), delivery of essential services, improved access to primary care (particularly urgent primary care) and integrated community care (i.e. Discharge to Recover & Assess, Rehabilitation support, Step-up and step down bedded community services and provision of support to care homes).

### **Proposed governance arrangements**

#### **Programme governance**

The Accelerated Cluster Development (NCN Development) programme governance is important because the statutory partners will need to ensure that the milestones set by the Minister for Health and Social Services are integrated into strategic plans (i.e. the Health Board IMTP and Local Authority corporate plans) with appropriate executive oversight and leadership for delivery. ABUHB has established an ACD (NCN Development) Programme Board which is chaired by the Executive Director for Primary Care, Community Services and Mental Health with senior representation from across Health Board divisions, local authority and third sector.

**Figure 1 – Programme governance structure to ensure delivery against Ministerial milestones**



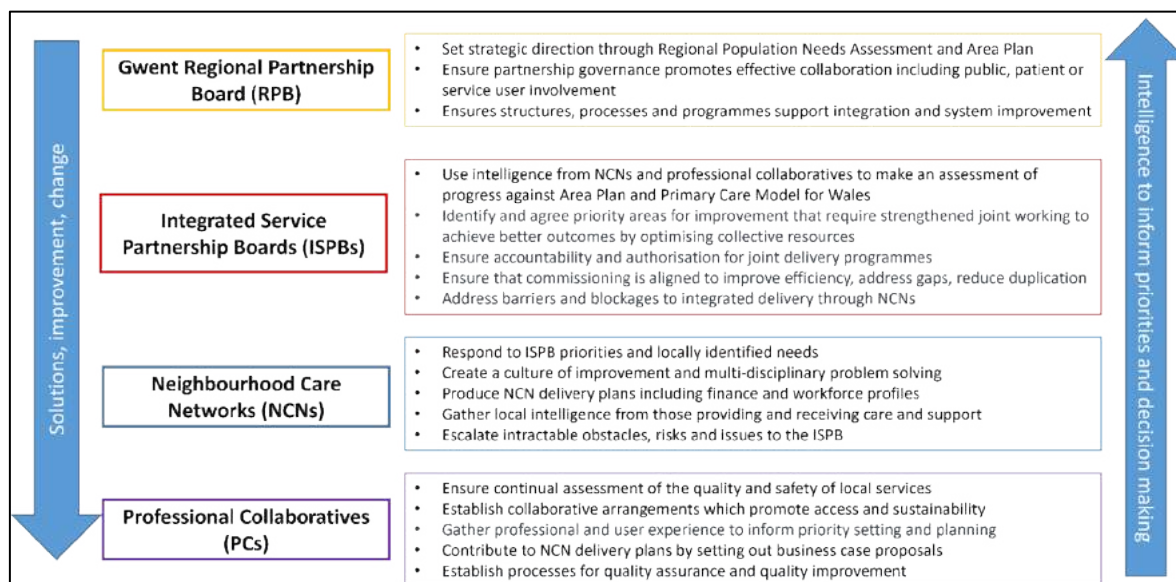
The NCN Development Programme Board receives support from the ABUHB Corporate Programme Management Office and the Regional Partnership Team. Within the Health Board the NCN Development Programme Board will report up to the overarching Clinical Futures Programme Board with Board assurance via the Partnerships, Population Health and Planning Committee. These arrangements (see Figure 1, above) should ensure that an assessment can be made about the robustness of the programme plan (aligned to the Clinical Futures Strategy) with a clear process for reporting progress against milestones, risks and issues to the Board. Similar lines of reporting and scrutiny will need to be put in place for the respective Councils. The programme governance arrangements will also support the Chair of Aneurin Bevan University Health Board and Cabinet Members in providing direct accountability to the Minister for Health and Social Services.

### PCPG governance arrangements

Since the Accelerated Cluster Development programme was launched earlier this year a paper was submitted to RPB Leadership Group to obtain views about whether ISPBs could adopt the terms of reference for PCPGs. This stimulated a governance discussion about how the ISPBs might ensure organisational accountability and authority for joint delivery programmes and establish a process by which the decisions and plans can be ratified by statutory partners. It was agreed that a series of facilitated ISPB development sessions would be put in place to discuss the purpose, functions and governance arrangements. These sessions have been facilitated by PCC which is a not-for-profit social enterprise that provides trusted practical support to health and social care including training, development and advisory services.

Following the initial round of ISPB development sessions there has been general consensus that ISPBs should take on the role and function of Pan Cluster Planning Groups. In order to agree an overall strategic direction and coordinate the use of available resources it was felt that the ISPBs will need to undertake an assessment of needs informed by the RPB PNA and intelligence from NCNs, professional collaboratives and through community engagement. The proposed relationship between the Regional Partnership Board, ISPBs and NCNs is set out in Figure 2, below.

**Figure 2 – Proposed relationship between the ISPB with the Regional Partnership Board and NCNs**



ISPBs provide a forum for information sharing and joint decision making but their shared priorities will be focussed in areas where there is collaborative advantage (i.e. where the benefits achieved by individuals and organisations working together is greater than they would have been independently). The joint delivery programmes which underpin the ISPB priorities will comprise mutually reinforcing activities that are necessary to optimise collective impact across the network of local services. There will need to be delegated authority to ISPB members to develop and deliver these programmes and clear lines of accountability back to statutory bodies.

Given that the RPB does not have a legislative basis for commissioning health and care services, the responsibility of ISPBs to commission services from organisations that can respond to local population need, should be formally delegated from the Health Board or Local Authorities to the RPB via written agreement with the appropriate assurance processes. The level of delegation to PCPGs from Health Board for the planning and/or commissioning of services should be informed by a maturity assessment of PCPGs, including the expertise and capacity available, to ensure the statutory responsibilities of Health Board and Local Authorities can be achieved. An initial step would be to improve the alignment of existing commissioning processes to avoid duplication and ensure the objectives for the suite of services being commissioned are complementary.

## NCN governance arrangements

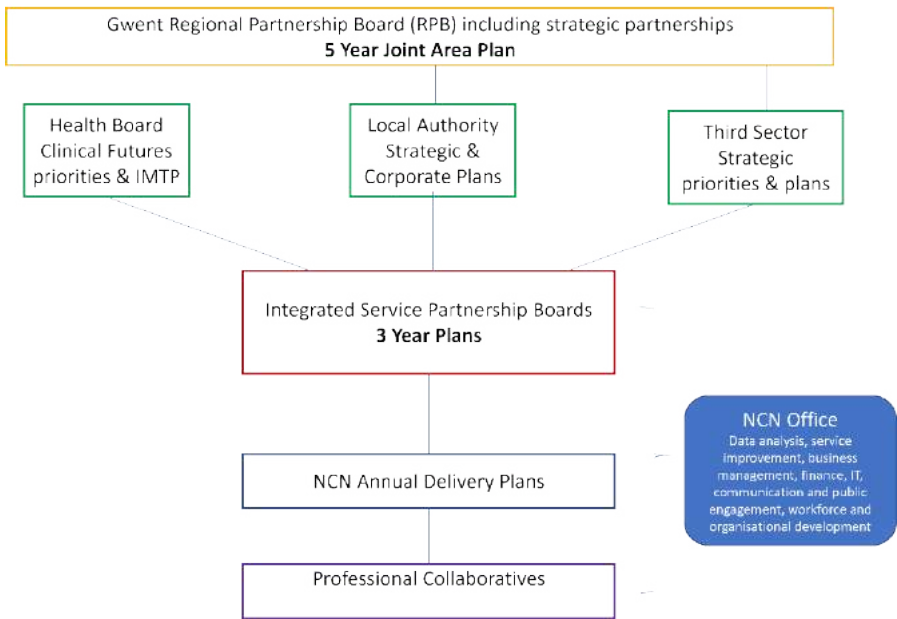
NCNs should bring together the professional leaders who are closest to the community and those with the managerial and change management skills including data analysis, service improvement, business management, finance, IT, communication and public engagement, workforce and organisational development. The Strategic Programme for Primary Care Fund has allocated funding for the ACD programme which has been used in ABUHB to create this capacity and capability through an NCN Office. This blend of professional leadership and managerial capability will enable delivery of Primary Care Model for Wales and wider approach to place based care.

Going forward NCN plans will be informed by the RPB PNA and the local strategic direction set by the ISPB. Together with an assessment of local need the NCN plans should reflect the improvements that are required to develop a seamless network of services that meet the needs of the local population. Conversely the intelligence from local professional collaboratives and community engagement should inform the ISPB priorities and overall strategic direction within the locality. Collectively the annual report against the 11 NCN plans will be used to assess overall progress against the Ministerial priorities and the pace and scale at which transformation is



occurring in relation to the Primary Care Model for Wales and place-based care. The ABUHB Integrated Medium Term Plan (IMPT) and Local Authority Corporate Plans will need to be cognisant of progress overall (and the impact on inequity) when identifying enablers and resources required to advance NCN development. The alignment of between Corporate Planning processes with the RPB, ISPB and NCNs is set out in Figure 3.

**Figure 3 – Alignment of the Corporate Planning processes with the RPB, ISPB and NCNs**



Cluster budgets are determined by Welsh Government and delegated via Health Boards. The Health Board devolves these budgets to the NCNs and, going forward, their delivery and spend plans will be reviewed by the ISPB and approved by the Health Board, through the corporate planning process, to ensure appropriate financial governance. Monitoring of approved NCN budgets will be delegated to the Primary Care and Community Service Division. Over time the Health Board and its partners may delegate additional resources to ISPBs and NCNs to achieve agreed outcomes. All financial decisions must be made in line with agreed Standing Financial Instructions.

**Role of professional collaboratives**

The Ministerial letter and milestones require that ABUHB and its partners establish professional collaboratives for Independent Contractors (GP, Community Pharmacy, Optometry, Dental), Nursing, Allied Health Professionals and potentially Social Care. They will share their experience of providing care to continually assess the quality and safety of local services and consider where greater collaboration could improve quality and sustainability and reduce unwarranted variation. This intelligence from professional and user experience will inform NCN and ISPB priority setting and planning. It will be used to inform business case proposals to NCNs where greater value could be achieved by reorienting or making improvements to local services. The professional collaboratives will help share knowledge and expertise to create an environment where safety, quality assurance and continuous improvement becomes everyone’s business.

**Recommendation**

**The Board is asked to:**

- 1. Endorse the proposed Accelerated Cluster Development (NCN Development) programme governance arrangements with accountability through the Health Board and Local Authorities**



2. Approve the proposal that Integrated Service Partnership Boards (ISPBs) should adopt the terms of reference for Pan Cluster Planning Groups with clear lines of accountability to statutory bodies
3. Approve the proposed governance of NCNs with accountability via the ABUHB Primary Care and Community Service Division and strategic oversight provided by the ISPB at Borough level
4. Note the role of the professional collaboratives for GP, Optometry, Dental, Nursing, Allied Health Professionals and (potentially) Social Care.

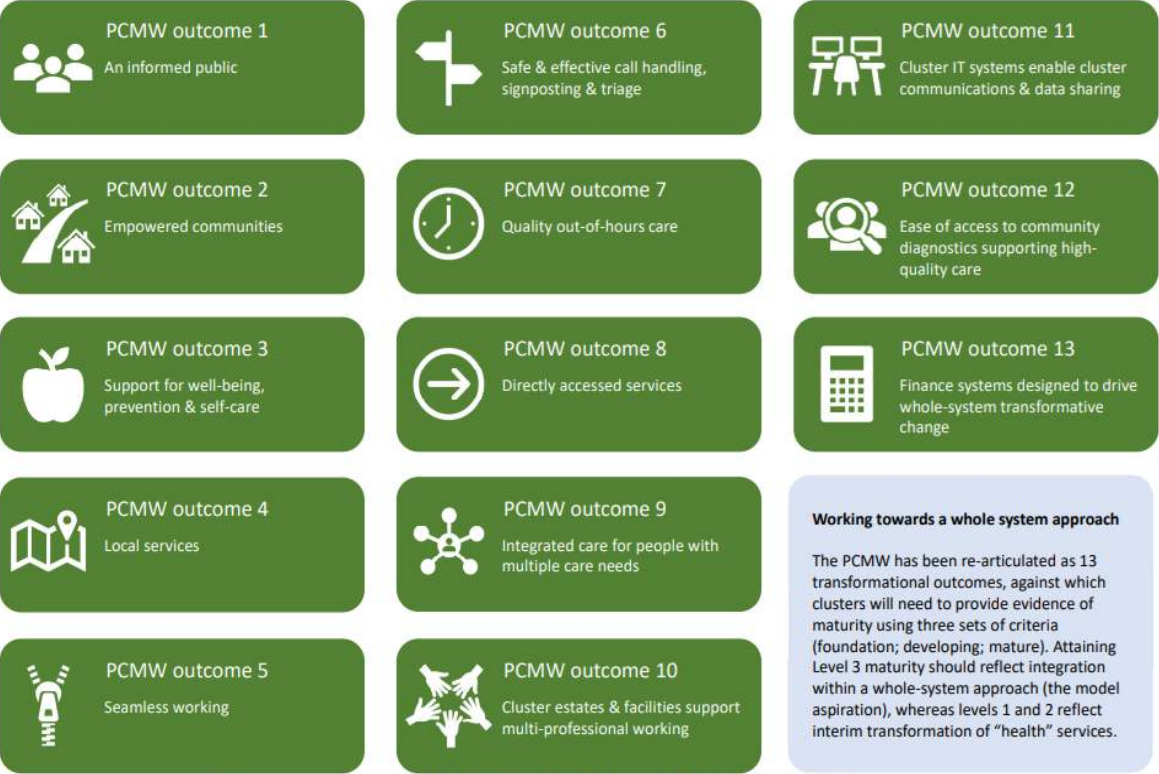
Supporting Assessment and Additional Information	
<b>Risk Assessment (including links to Risk Register)</b>	
<b>Financial Assessment, including Value for Money</b>	<i>The Strategic Programme for Primary Care (SPPC) Fund has been directed towards the Accelerated Cluster Development programme. The remuneration for engagement in professional collaboratives and collaborative lead roles is included with the GMS, Community Pharmacy and Optometry contracts. Welsh Government cluster funding is delegated to the 11 NCN with financial accountability through to the Primary Care &amp; Community Services Division.</i>
<b>Quality, Safety and Patient Experience Assessment</b>	<i>The professional collaboratives will share their experience of providing care to continually assess the quality and safety of local services and consider where greater collaboration could improve access and sustainability. This intelligence from professional and user experience will inform NCN and ISPB priority setting and planning.</i>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<i>Equality impact assessment will be embedded in the planning and delivery structures of the ISPBs and NCNs plans are developed.</i>
<b>Health and Care Standards</b>	<i>This section should outline how the proposal contributes to compliance with the Health and Care Standards and should also indicate to which theme this area of activity is linked.</i>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<p><i>The ACD / NCN Development programme is one of the 9 priorities within the Corporate IMTP.</i></p> <p><i>The NCNs will be engaged in implementation of Service Redesign Programme for Older People and the new Frailty/COTE model.</i></p> <p><i>The NCN Development programme aligns to the Six Goals for Urgent and Emergency Care Goals (Goal 1 – preventing avoidable urgent or emergency care presentations and ensuring the populations at greater risk receive proactive support through enhanced planning and coordination of their health and social care needs.)</i></p>

<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<i>The ACD / NCN Development programme is consistent with the Health Board’s wellbeing objectives particularly 1-5, 9 and 10. It fully embodies the 5 Ways of Working in terms of balancing short term needs with long term outcomes, prevention, collaboration, integration and community involvement.</i>
<b>Glossary of New Terms</b>	<i>ACD – Accelerated Cluster Development PCPG – Pan Cluster Planning Group ISPB – Integrated Services Partnership Board RPB – Regional Partnership Board</i>
<b>Public Interest</b>	<i>This report will be published</i>

Attachment 1 – Primary Care Model for Wales

PCMW | PRIMARY CARE MODEL FOR WALES

Describes how care will be delivered locally, now & in the future, as part of a whole system approach to deliver *A Healthier Wales*



This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

## **Attachment 2 – Ministerial milestones during the 2022-23 transition year**

### **April 2022**

RPBs publish their Regional Population Needs Assessments [RPNA] which will inform Professional Collaborative, Cluster and PCPG level planning.

### **April 2022**

Health Boards and their Local Authority partners establish Pan Cluster Planning Groups [PCPG] ensuring the Terms of Reference are adopted and PCPG governance is embedded into the local architecture.

### **April to June 2022**

The Strategic Programme for Primary Care [SPPC] establishes a Leadership and OD Programme to support the Professional Collaborative and Cluster Leads.

### **April to September 2022**

Supported by Health Boards, individual Professional Collaborative are established in each cluster footprint for GMS, Community Pharmacy, Optometry, Community Nursing, Allied Health Professionals (AHPs) and potentially social services and these are represented on the cluster / PCPG. (Subject to contract reform, Dental Professional Collaborative are expected to be established by March 2023).

### **July to September 2022**

Professional Collaborative (where established) begin to respond to published population needs assessments (such as RPNAs due to be published in April 2022) and identify their service gaps and developments in response to Welsh Government planning guidance.

### **September 2022 to November 2022**

Clusters begin to use the Professional Collaborative' responses to produce a cluster level response to address identified needs assessments and service gaps. December 2022 Pan Cluster Planning Groups use the cluster responses to produce a **prioritised** county wide response to the RPNA and a 3 year plan for 2023-26. These plans also identify those services which are most effectively delivered on a cluster footprint.

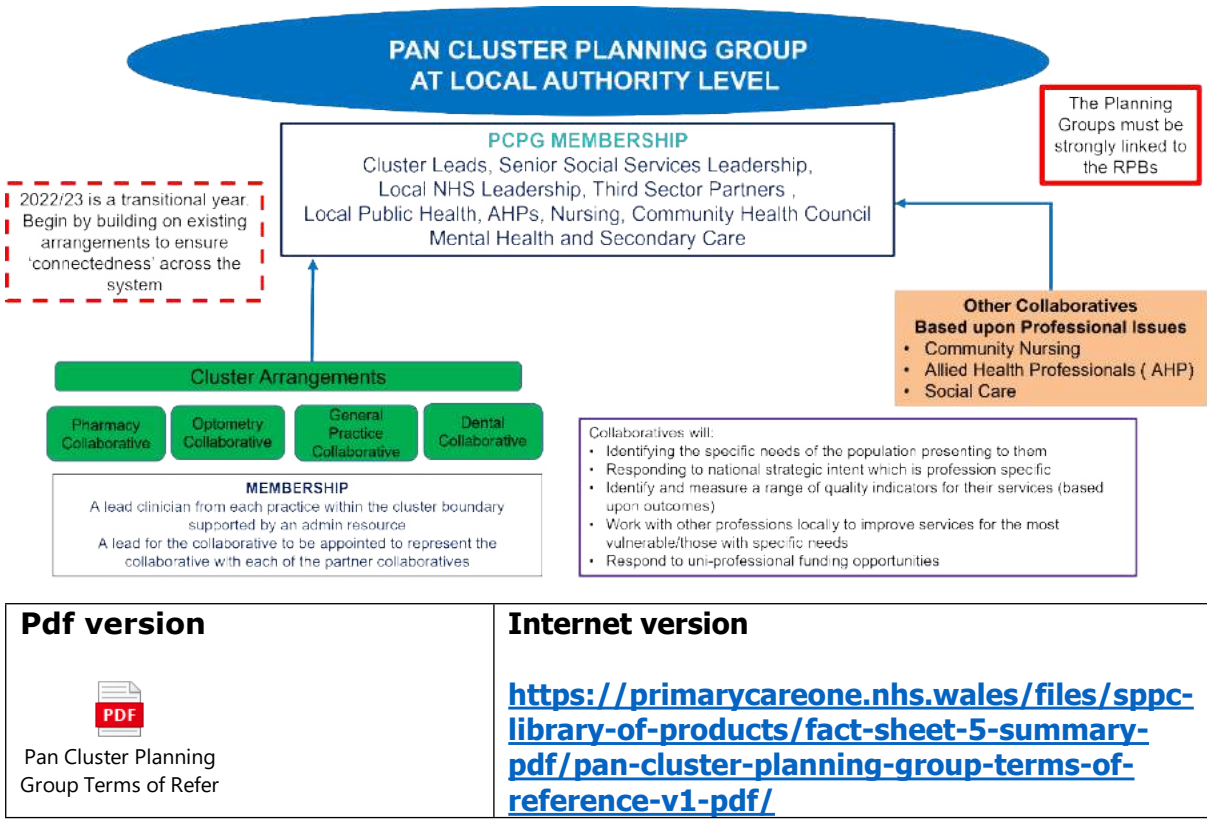
### **January 2023**

Health Boards use Pan Cluster Planning Group response to Regional Population Needs Assessments and 3 year plans to inform their 2023-26 IMTPs January to March 2023 RPBs use Pan Cluster Planning Group responses to the RPNAs and 3 year plans to inform their next Area Plans assessments and plans.

### **April 2023**

RPBs publish their 5 year Joint Area Plan which should be informed by pan cluster responses.

Attachment 3 – Nationally agreed Pan Cluster Planning Group Terms of Reference





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 30 November 2022  
Agenda Item: 3.2

## Aneurin Bevan University Health Board

### Integrated Winter Resilience Plan 2022-2023

#### Executive Summary

This winter, services will face many complex challenges underpinned by significant uncertainty.

An Integrated Winter Plan has been developed through the Regional Partnership Board, presenting a joint response to the complex system wide challenges faced this winter.

This plan was approved by the Regional Partnership Board on the 15<sup>th</sup> November and is submitted to the Aneurin Bevan University Health Board for information.

Through undertaking the actions set out in this plan and focussing joint efforts on the principles of health protection, keeping people well at home, enabling additional capacity and getting people home from hospital, this plan will target the areas of greatest challenge and provide the best opportunity to ensure people access care and support in the right place, first time, whilst optimising effective flow through our system.

The plan addresses the current **most likely** scenario national bed modelling assumptions, albeit with great challenges and risk in relation to maintaining staff well-being and recruiting additional staff within the current climate. The plan accepts that if the **reasonable worst case** national modelling scenario is realised, then business continuity arrangements would need to be deployed across the region to mitigate the risks.

From a health board perspective, there is a clear escalation framework to guide action and decision-making during times of pressure. Work is in progress, in partnership, to develop a system wide approach to managing system escalation and risk and ensure appropriate action is taken, through development of a system thermometer approach.

Winter schemes this year are funded via the Regional Integrated Fund (RIF) and through health board slippage for the health specific schemes.

#### The Board is asked to: (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

Note the Report for Information Only



**Executive Sponsor:** Chris Dawson Morris, Interim Director of Planning and Performance

**Report Author:** Ashleigh O'Callaghan, Senior Planning and Service Development Manager

**Report Received consideration and supported by :**

**Executive Team**



**Committee of the Board**  
**[Committee Name]**

Regional Partnership Board

**Date of the Report:** 16<sup>th</sup> November 2022

**Supplementary Papers Attached:** Winter Plan Document

## Purpose of the Report

The purpose of this paper is to summarise the key messages within the Integrated Winter Plan 2022/2023, which was approved by the Regional Partnership Board on the 15<sup>th</sup> November 2022.

## Background and Context

In planning for this winter period the challenges are significant including seasonal respiratory infections, potential further waves of Covid 19, severe weather and the impacts of the increased cost of living on the population. These challenges come following a period of sustained pressure on health and care systems and the continued need to recover activity lost during the first two years of the pandemic.

Responding to these multiple threats requires a whole system response. Therefore, the planning for this period is being delivered through the Regional Partnership Board mechanism drawing together actions taken by health, social care and wider system to support the population, into a single integrated plan.

The process for the development of the Integrated Winter Resilience Plan is set out below:

	Actions
September	Development and Agreement of the allocation of Regional Integrated Funding initiatives (06/09/22)
	Development of Health Board and contractor action plans (Finalised by 28/09/22)
October	Alignment of plans into single Integrated Plans
	First Draft Plan Completed (07/10/22)
	Whole System Workshop (11/10/22)
November	Formal Sign off the Regional Winter Resilience Plan (15/11/22)

Whilst November may seem late for formal sign off, action is already underway, with RIF funded schemes agreed early in September to aid proactive recruitment, and appropriate implementation beginning alongside the sign off process.

Formal guidance and modelling has been issued by Welsh Government, providing a most likely and reasonable worst case scenario to support planning assumptions.

There remains a significant amount of uncertainty around the timing of anticipated peaks and at the time of writing the Welsh Government modelling teams are exploring further modelling scenarios for a second wave of RSV this year and a potential earlier flu scenario, as flu seems to be peaking earlier than usual this year.

This updated modelling is set to be published by the end of November.

With the above caveats in mind, the **most likely** "combined scenario" for covid, flu and RSV equates to 14% of beds occupied with respiratory disease nationally, which translated to our Gwent context equates to circa 270 beds occupied with respiratory disease at the original anticipated peak in early December.



The reasonable worst case “**combined scenario**” for covid, flu and RSV has been reissued following an error in its initial publication, and equates to 28% of beds occupied with respiratory disease nationally, which translated to our Gwent context equates to a circa 534 beds occupied with respiratory disease at the original anticipated peak in early December.

In addition, WG have projected NHS Wales staff absences due to COVID-19 sickness peaking in early December at between 0.5-1.5% (most likely scenario- realistic worse case).

We will continue to review and monitor our plans against updated assumptions as they are published.

**Assessment and Conclusion**

**Key messages within the plan**

**Principles**

The plan organises actions and schemes agreed through the Regional Integrated Fund and additional Health Board focussed schemes around the following principles:



Focusing on these principles will ensure that we target the areas of greatest challenge and provide the best opportunity to ensure people access care and support in the right place, first time, whilst optimising effective flow through our system, enabling us to protect elective capacity whilst being able to respond flexibly to surges in urgent care demand.

**Workforce Challenges**

The plan recognises that traditionally the seasonal pressures of winter are addressed through the creation of additional capacity and workforce expansion. The sustained pressures experienced in social care, urgent care and the necessity of the recovery of planned care means there are limited opportunities to expand the workforce, or the bed base, further.

Where additional workforce is required, there is a risk that services are recruiting from within the same pool of staff and so recruiting in one area can destabilise another.

To mitigate this risk, we have worked as a partnership to assess all schemes in terms of their impact on the wider health and care system and to prioritise areas of greatest need and benefit. All partners in the Gwent region recognise there is a requirement to improve integration and transform roles at a regional level if we are to solve staffing short falls and attract people to the sector.



Whilst workforce is a golden tread throughout the plan, the workforce section assesses the key challenges facing the Health and Social Care workforce and actions being put in place to support the resourcing of winter plans and sustainability of services.

Workforce modelling demonstrates that meeting the workforce demand will be extremely challenging due to current vacancies, bank supply, increasing absence (in accordance with epidemiology predictions) and our plan to reduce reliance on agency staff.

**Hospital Capacity and System Wide Escalation**

Additional bed capacity in hospital, alternative bed capacity or bed equivalent capacity in the community this winter has been assessed as 270 beds (185 of those provided through the RPB RIF funded plan as part of the contribution to the 1000 beds initiative).

With the mostly likely scenario reflecting the need for an additional 270-530 beds at our peak in December (most likely-reasonable worst case scenario) currently plans for additional capacity fall significantly short of meeting this demand should the worst case scenario be realised.

It is important to note that are a limited number of options to provide additional capacity within the hospital system this winter. Unlike in previous years, opportunities to utilise additional surge capacity are extremely limited given the fact that many of the winter surge beds have remained in operation since last winter, with an estimated 300-350 medically optimised patients in our hospital beds at any one time, with discharge dates that are delayed for a multitude of reasons.

Physical bed capacity is not a constraint; we know it is staff who make hospitals and will be the rate limiting factor in increasing our capacity.

Therefore, it will be more important than ever to focus on keeping people well at home wherever possible and getting people home when their hospital treatment is complete to ensure that we protect core hospital capacity for those who need it most.

It is recognised there may be times where escalated action is required and decisions may have to be made in relation to the balance of risk between urgent and planned services. To support this, operational escalation plans are in place and a full hospital protocol is being developed, alongside a system wide ‘thermometer’ to ensure we have clear processes for decision making should this be needed.

Clear public communication through this period will be essential and forms part of the plan.

**Key risks to plan delivery**

In summary, the most significant risks to plan delivery are set out below:

RISK AREA	DESCIRPTION	MITIGATION
Workforce not available to meet service need resulting in harm to patients and staff	Workforce is our biggest risk, availability of bank, agency and locum staff is constrained as these staff are already deployed. Existing staff are tired and there is less flexibility for redeployment with the recovery of services	As set out in the Workforce section: <ul style="list-style-type: none"><li>- Continue to recruit to vacancies</li><li>- Agency and locum staff where no other option</li><li>- Partnership working to develop</li></ul>

		joint solutions to maximise supply of workforce - Wellbeing initiatives	
Patient harm as a consequences of challenging service access	Patients coming to harm in our communities and services as a consequences of delayed or lack of access	As set out in the plan: - Increase community services - Urgent Care Plan - Focus on keeping people at home and early facilitated discharge - Surge acute capacity (although opportunities are extremely limited as services are already in surge)	
Patient harm as a consequences of overwhelming respiratory disease demand	A combination of a new variant of Covid-19, high flu and RSV season increasing service demand	As set out in the plan: - Vaccination - Early warning systems - Flexible services	

The Gwent RPB approved the Integrated Winter Plan 2022/2023 noting:

- The enduring risks and challenges associated with sustainable workforce to meet anticipated demand and maintaining workforce well-being across our system and the continued partnership working required to mitigate these risks over the winter period
- The significant uncertainty in terms of planning assumptions and predicting the likely peak of respiratory demand this year
- The significant gap in bed capacity to meet expected demand for the reasonable worst-case scenario and the need for a continued focus on keeping people well at home and protecting core hospital capacity for our most urgent cases
- The continued urgent work required to refine a system wide approach to escalation, mitigation, and monitoring of system impact through the RPB and its sub-groups

### Recommendation

The Board are asked to note the Integrated Winter Plan and the ongoing work through the RPB to develop a system wide approach to escalation, mitigation, and monitoring of system impact through the RPB and its sub-groups.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	The report highlights key risks for the Winter period.
<b><i>Financial Assessment, including Value for Money</i></b>	There is no additional Welsh Government Finance proposed for Winter. Further funding has been allocated through the Regional Integrated Fund and through Health Board slippage for health specific schemes.
<b><i>Quality, Safety and Patient Experience Assessment</i></b>	These actions seeks to mitigate QPS incidents in the Winter period.
<b><i>Equality and Diversity Impact Assessment (including child impact assessment)</i></b>	Plans need to ensure equity as they are developed.
<b>Health and Care Standards</b>	This proposal supports the delivery of Standards 1, 6 and 22.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	Actions for Winter represent an acceleration of priority programmes in some areas, such as Six Goals for Urgent Care and Redesigning Services for Older People.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	An implementation programme, specific to ABUHB has been established to support the long term sustainable change needed to achieve the ambitions of the Act. The programme, will support the Health Board to adopt the five ways of working and self-assessment tool has been developed, and working with corporate divisions through a phased approach sets our ambition statements for each of the five ways of working specific to the Division and the action plan required to achieve the ambitions.
	<b>Long Term –</b>
	<b>Integration –</b>
	<b>Involvement –</b>
	<b>Collaboration –</b>
	<b>Prevention –</b>
<b>Glossary of New Terms</b>	RPB- Regional Partnership Board RIF- Regional Integrated Fund
<b>Public Interest</b>	



# **Integrated Winter Resilience Plan 2022-2023**

**Version 7**



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## **1. Context**

### **1.1 Introduction**

This plan sets out how the Gwent region will respond to the challenges which will be faced by the care system over the coming months. Partnership, whole system working and transparency will be essential in planning and meeting the tasks that lie ahead.

The Gwent health and social care system continues to operate under sustained and significant pressure and continues to balance responding to COVID-19 with recovery and tackling backlogs for treatment.

This year there is anticipated to be an early wave of influenza (flu), and it will be the first time COVID-19 and flu will be in co-circulation since the start of the pandemic.

Against the backdrop of persistent staffing deficits across the system, a growing cost-of-living crisis and potential industrial action, services across the region will be required to meet the health and well-being needs of both staff and the population in evermore complex and pressured circumstances.

Within this context, this plan sets out the actions that will be delivered, in partnership between health and social care through the Regional Partnership Board, alongside the specific actions Aneurin Bevan Health Board will take to increase service resilience over this winter period.

Importantly, this plan builds upon local urgent and emergency care plans, delivered through the Health Board's Six Goals for Urgent Care programme, and Redesigning Services for Older People programme, which focuses upon enhancing capacity within the community and providing alternatives to admission. Both programmes are intrinsically linked and are dependent upon the principle of partnership working.

From a health board perspective, there is a clear escalation framework to guide action and decision-making during times of pressure. Work is in progress, in partnership, to develop a system wide approach to managing system escalation and risk and ensuring appropriate action is taken, through development of a system thermometer approach.

It is frontline staff who will once again have to bear the challenge of meeting the needs of our citizens in pressured circumstances and this plan seeks to provide assurance to teams that we are doing all we can to support them in acting in the best interests of our citizens.

### **1.2 Planning Assumptions**

Flu activity and other acute respiratory illness levels were extremely low in Wales during 2021/22 and therefore a lower level of population immunity against flu and other acute respiratory illnesses is expected this year.

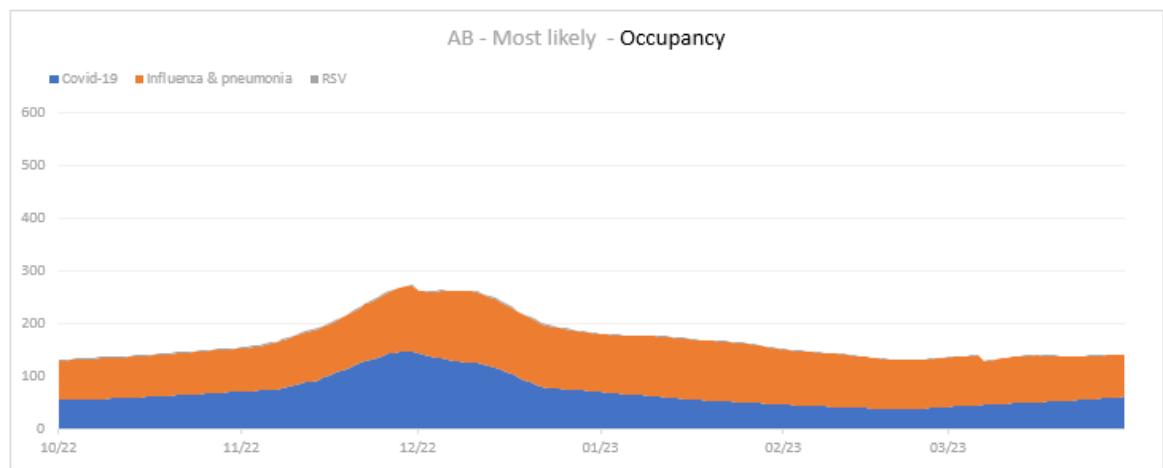
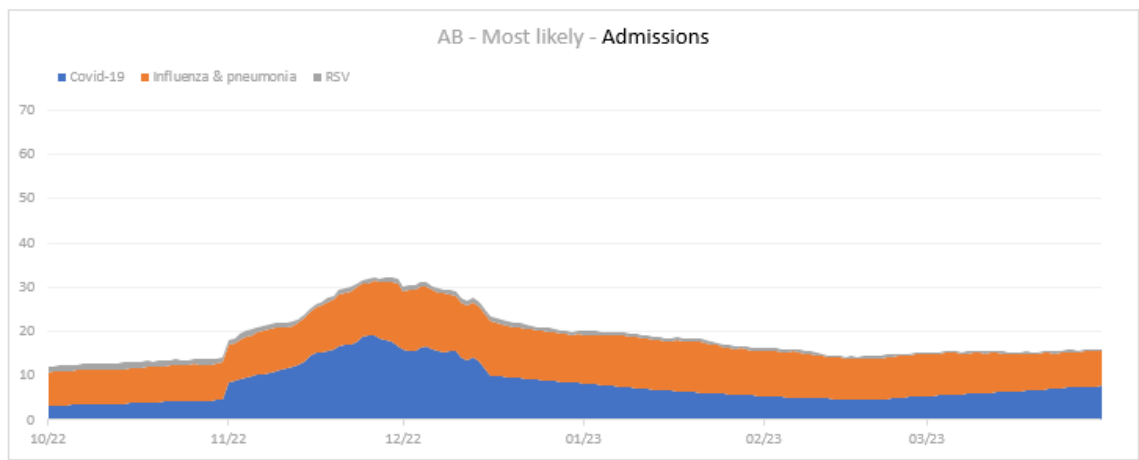
In the current situation where social mixing and social contact returns towards pre-pandemic norms, it is expected that this will be the first winter when seasonal flu virus and other respiratory viruses including COVID-19 will co-circulate.

This means that planning assumptions for this winter are based on levels of flu and other respiratory viruses being higher compared with the last two years.

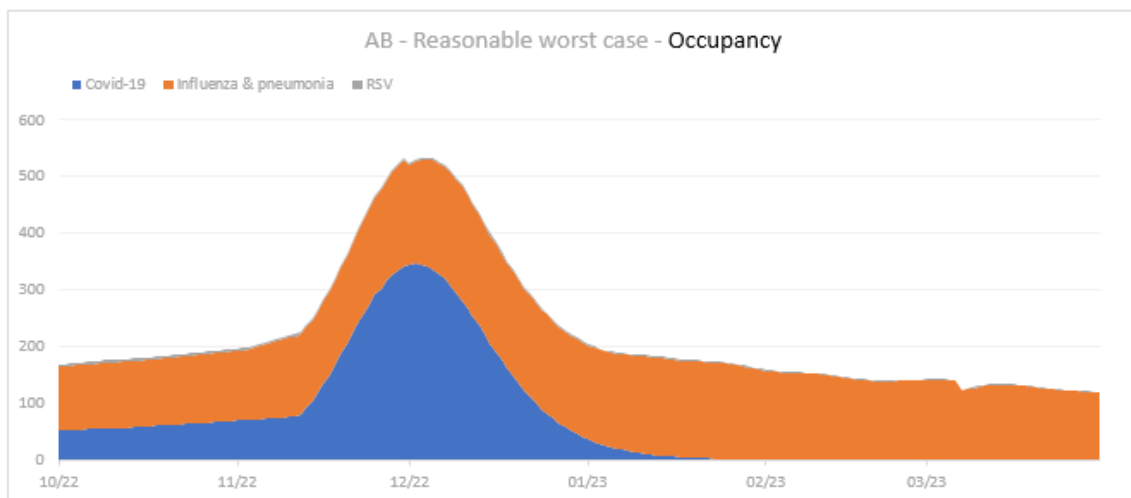
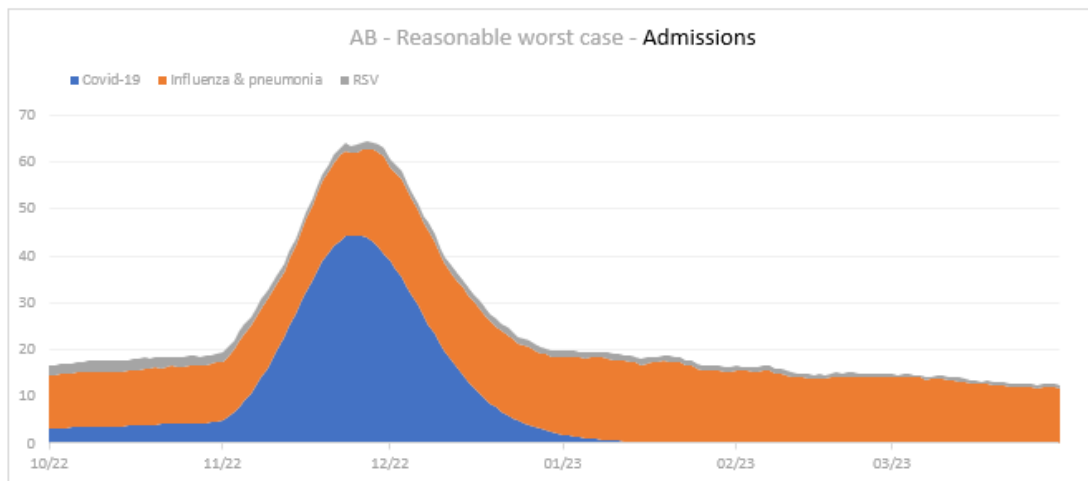
This will have a significant impact on population health and system wide impact. To support our planning, the Welsh Government (WG) has modelled a number of scenarios.

There remains a significant amount of uncertainty around the timing of anticipated peaks and at the time of writing the Welsh Government modelling teams are exploring further modelling scenarios for an RSV second wave this year and a potential earlier flu scenario as flu seems to be peaking earlier than usual. This updated modelling is set to be published by the end of November.

With the above caveats in mind, the **most likely** “combined scenario” for covid, flu and RSV equates to 14% of beds occupied with respiratory disease nationally, which translated to our Gwent context equates to circa 270 hospital beds occupied with respiratory disease at the original anticipated peak in early December.

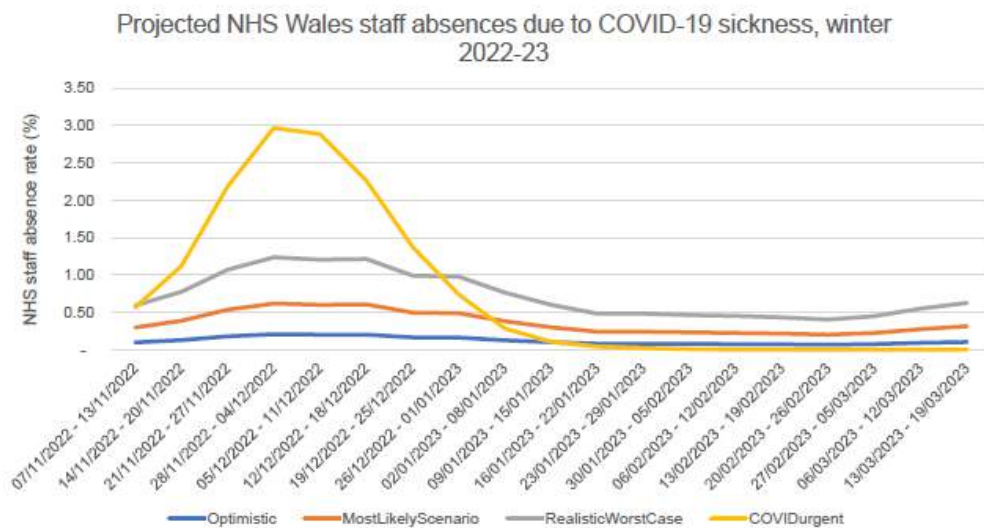


The **reasonable worst case** “combined scenario” for covid, flu and RSV has been reissued following an error in its initial publication and equates to 28% of beds occupied with respiratory disease nationally, which translated to our Gwent context equates to a circa 534 hospital beds occupied with respiratory disease at the original anticipated peak in early December.





In addition, WG have projected NHS Wales staff absences due to COVID-19 sickness peaking in early December at between 0.5-1.5% (most likely scenario-realistic worse case).



The health and social care system heads into winter facing complex and interrelated challenges, which have persisted since the last winter season, all of which impact upon maintaining patient quality, safety and experience, staff morale and maintaining effective flow across the system.

- There are significant staff shortages across social care and particularly in the domiciliary care market leading to deficits in the number of packages of care available to meet demand
- There are significant staffing and capacity challenges across our community services including reablement and occupational therapy, resulting in delayed discharges
- There are approximately 300-350 medically optimised patients in our hospital beds at any one time, with discharge dates that are delayed for a number of reasons
- People are waiting longer than we would like to be seen and treated in our Emergency Departments

- Many of the hospital sites remain in surge capacity since last winter and are reliant upon locum and agency staff, impacting upon sustainability of services
- High levels of patients requiring enhanced care is driving up staffing demand across our hospital sites
- Medical rotas are fragile and we are recruiting to safe staffing levels
- Services are highly reliant on agency and bank for registered nurses and health care support workers to maintain safe staffing levels across our sites
- Many GP practices are experiencing significant workforce sustainability challenges, impacting upon access
- Many people are waiting longer than we would like to receive their planned treatment

The context set out here represents a significant challenge ahead and we should not underestimate the task before us this winter.

Staff and the workforce of our partners have shown incredible resilience to meet the demands of the pandemic; teams are tired and to meet the needs of our citizens this winter as a region, we must also meet the wellbeing needs of our staff.

This integrated plan aims to focus targeted action towards these complex challenges to ensure services can be sustained to meet the needs of our population.

## 2. Principles for Winter

The following principles underpin our plans and will guide our decision making through the winter period:



Focussing on these principles will ensure that we target the areas of greatest challenge and provide the best opportunity to ensure people access care and support in the right place, first time, whilst optimising effective flow through the system, enabling us to protect elective capacity whilst being able to respond flexibly to surges in urgent care demand.

The following sections outline the plan and key actions aligned to each of these principles.

Traditionally the seasonal pressures of winter are addressed through the creation of additional capacity and workforce expansion. The sustained pressures experienced in social care, urgent care and the necessity of the recovery of planned care means there are limited opportunities to expand the workforce further.

Where additional workforce is required, there is a risk that services are recruiting from within the same pool of staff and so recruiting in one area can destabilise another.

To mitigate this risk, we have worked as a partnership to assess all schemes in terms of their impact on the wider health and care system and to prioritise areas of greatest need and benefit.

### 3. Our Integrated Plan

## Health Protection

An effective vaccination programme is our first line of defence in protecting our population from COVID-19 and flu.

Given that we could see much higher or unseasonal activity and expect to see flu and COVID-19 both circulating, achieving high vaccination uptake is an important priority this coming autumn/winter.

As part of maximising uptake of both COVID-19 and flu vaccinations, and following a successful pilot last year, frontline ABUHB staff will be offered co-administration of both vaccines at mass vaccination centres– subject to the flu vaccine being available.

There is likely to be a substantial amount of co-administration for other eligible groups in general practice as they deliver the autumn COVID-19 booster and flu vaccination programmes together. This will happen where it is expedient for the practice to do so, rather than it being a mandated requirement within the contract.

### COVID-19 Booster Programme

The aim of the autumn booster programme is to boost the immunity of those at higher risk from COVID-19, improving their protection against severe illness and to protect the NHS over winter 2022-23. The ambition is to achieve 75% uptake overall among all eligible groups.

Our vaccination programme commenced on the 1st September and will finish at the end of December - subject to vaccine availability. An 'evergreen' and a 'leave no-one behind' offer will remain in place from January 2023 onwards.

The eligible groups this autumn are:

- Residents and staff in older adult care homes;
- Frontline health and social care staff;
- All adults aged 50 years and older;
- Persons aged 5 to 49 years in a clinical risk group, including pregnant women;
- Persons aged 5 to 49 years who are household contacts of people with immunosuppression;
- People aged 16-49 who are carers.

Five to 11 year olds will also continue to be offered vaccination as they become eligible through the autumn/winter period.

The number of residents in the ABUHB area eligible for vaccination as part of the autumn booster programme is just over **290,000**. The implementation plan is dependent on vaccine supply and any unplanned requirement to surge during the

autumn/winter period. The scheduling of invitations will be based on priority group and interval since last vaccination.

The autumn booster programme will be delivered through a blended model of mass vaccination centres (MVCs), primary care, locality district nursing teams and mass vaccination mobile teams vaccinating in care homes and the community.

All older adult care home residents will be visited within the first 7 working days of the programme starting. This focused effort was successful during the spring booster delivery, and will be repeated for the autumn. Eligible Gwent residents that are deemed housebound will be offered the autumn booster vaccination at their home by either the mass vaccination mobile teams or the locality nursing teams, identifying those patients from a district nursing caseload. The mass vaccination mobile teams will also be responsible for other enclosed settings e.g. in-patients eligible for an autumn booster. As a result of a Vaccine Clinical Advisory and Prioritising Group (VCAP) recommendation to classify prisons as closed settings this autumn, all prisoners regardless of priority group will be included in the autumn booster programme. This will be undertaken by the staff in the prisons who have been trained to deliver the vaccine.

Detailed implementation and workforce plans are in place, and weekly meetings are established to monitor delivery.

Should eligibility criteria change or a requirement to surge vaccinations in response to new variants, plans are in place to deliver population vaccinations based on the experience of the booster programme in 2021/22.

## Flu Vaccination Campaign

Children under the age of 5 years have the highest hospital admission rates for flu compared with other age groups. Not only does the flu vaccine protect the children themselves, it also reduces the spread of infection by helping to protect family members, particularly elderly relatives, and others in the local community.

The vulnerable populations most at risk of adverse outcomes resulting from influenza are those 65 years and over and those in at risk clinical groups. However, there are specific cohorts, particularly vulnerable people in enclosed settings such as residents in care homes or patients in hospital, where the impact of flu is greatest.

The Primary Care and Community teams deliver the flu vaccination programme to the public, and an outline of their plan for each cohort is included within the table below

Cohort	Plan
2-3-year-olds	A new delivery model for this group has been developed involving pre-school settings and health visiting

	teams in communities where uptake has previously been low.
Care Homes	An enhanced delivery model will more effectively coordinate administration of vaccines to staff and residents.
Under 65 at risk clinical groups	We will explore potential for better information sharing and coordination between GP practices and community pharmacies to optimise the use of available vaccine to reach priority cohorts (e.g. younger adults with asthma) who have not previously taken up the offer of vaccination.

### **Staff Vaccination Programme**

Vaccination of health and social care staff will protect themselves and the people they care for. Vaccination coverage amongst staff will also help ensure business continuity over the Winter by reducing staff related illness.

Protecting our staff is of vital importance; our flu champions were recruited and trained in August and the staff vaccination campaign launched in September to coincide with the Public Health Wales Launch.

Outreach clinics will be targeted at low uptake areas and activity will be monitored weekly.

## Keeping people well at home

There is a significant amount of improvement work across our system, both within the context of our 6 Goals for Urgent Care Programme, and our Redesigning Services for Older People Programme.

A golden thread between both programmes is the principle of “*My Front Door, Not Yours*”, amplifying our aim that care is provided in or closer to a person’s own home wherever possible, with admission to an acute hospital only when necessary.

The following section presents the actions that will be undertaken to ensure that acute admissions to hospital are prevented wherever possible through:

- ensuring resilient primary care and community capacity so that more care can be delivered closer to home
- optimising the use of urgent primary care to ensure patients are seen in the right place, first time
- where people do require acute services, optimising use of same day services/ambulatory care models wherever possible and
- improving flow and turnaround within the ED department, so that people who do not require admission can receive the care and treatment they need quickly before returning to their own homes

Scheme	Description	Impact	Lead
Additional winter capacity within Community Resource Teams	Supporting the ability to offer additional hours of work to mitigate further staff shortages due to sickness/leave over the winter period (provided via overtime/additional hours of existing staff).	Stabilised workforce capacity to provide 7 day working (e.g. brokerage over the weekend).	Regional Partnership Board
Proactive Frailty Transformation Project <i>Redesigning Services for Older People</i>	Developing a robust method of identification of high-risk patients in the community and collaborative planning.	Indications suggest that approximately 60% (LFS) of actual beds are utilised to support these individuals. The Redesign programme is working to avoid admission for these individuals.	Regional Partnership Board

Scheme	Description	Impact	Lead
Overnight Team <i>Redesigning Services for Older People</i>	Overnight team of healthcare support workers to bolster District Nursing Teams and deliver 24/7 care in order to prevent admissions where night time calls are required.	Admission avoidance	Regional Partnership Board
Increase number of Direct Access Pathway beds in Monmouthshire <i>6 Goals for Urgent Care</i>	Increase number of direct access pathway beds available for GP and Frailty referrals in Monmouthshire from 1 to minimum of 2 and maximum of 5 in line with expanding the Rapid medical Model.	Increase availability to GPs & Frailty team  Referral of high Frailty score patients  Promotes ambulatory Frailty service  Avoids acute admission	Health Board
Dedicated Immunisation Teams for patients who are housebound	Dedicated Housebound Immunisation Teams will conduct immunisations for patients in their own home.	Protecting District Nursing and CRT capacity to focus on management of core caseloads	Health Board
Rapid Blood Service (Blaenau Gwent)	Introduce Rapid Blood Service (taking of urgent bloods) through recruitment of HCSW and procurement of point of care testing equipment (Blaenau Gwent).	Prudent skills mix  Release time spent by band 6 and 7 nurses taking bloods  Admission avoidance	Health Board
Increase GMS capacity	Maximise use of 'additional clinical sessions' match funding (WG) to increase GMS capacity.	Increase in capacity  Increase in access	Health Board
Psychological Well-being Practitioners	Maintain services in the community over winter	Care closer to home	Health Board
Increase capacity for Primary Care Mental Health Support Services	Offer extended therapies and commissioned additional counselling	Reduce waiting times/increase access	Health Board



Scheme	Description	Impact	Lead
Sanctuary Service	Provide a safe place for individuals to seek support. This will provide an alternative to contacting a GP, attending ED or using other emergency services.	Provide alternative to contacting a GP  Reduce ED attendances	Health Board
Support House	Assessment undertaken through the Crisis/Home Treatment Team.	Alternative to admission  Facilitate early discharge from acute adult wards	Health Board
Older Adults Psychiatric Liaison service	Extended working hours to cover up to 8pm on weekday evenings and on weekends.	Provide more care in the community	Health Board
Utilisation of Urgent Primary Care NHH hub	Establish process to utilise Urgent Primary Care NHH hub capacity to support with demand in surges in primary care in particular for home visiting.	Improved sustainability of GMS through management of overflow on-the-day demand	Health Board
SDEC at GUH  <i>6 Goals for Urgent Care</i>	Prioritise the phasing-up of the SDEC model, including the pull from ED at the point of Triage and expedite engagement with Specialties to ensure that we are maximising on the SDEC environment to improve flow and patients' experiences.	Improved patient flow  Reduced bed occupancy  Reduction in waiting times  Reduced hospital admissions  Avoiding unnecessary overnight admission	Health Board
APP pilot; provision of senior WAST decision maker with enhanced clinical assessment skills	Implement and learn from this pilot at the Flow Centre and consider the potential of the opportunity to progress APP opportunities in other Urgent Care environments.	Reduction in the number of patients conveyed to ED by ambulance	Health Board

Scheme	Description	Impact	Lead
<i>6 Goals for Urgent Care</i>			
Nurse Staffing <i>6 Goals for Urgent Care</i>	Provide additional nurses to support MAU in GUH to deliver the full fundamentals of care, especially to manage patients who are in chairs / corridor spaces. Additional RN(s) to support Triage in MAU/AMUs and High Impact service nurse to reduce number of frequent attenders.	Improved patient safety & experience  Improved staff morale  Reduce number of frequent attenders	Health Board
ED Medical Staffing	Using the work being undertaken by Cardiff University (Staff modelling and capacity simulation), to provide improved roster efficiencies and ensure better coverage of Senior Decision Makers in the ED, to support faster assessment times, improve patient flow and patient experience.	Faster assessment times  Support flow and help manage the safety of the department	Health Board
Improving the environment in the Emergency Department GUH	Support improved efficiencies and redefined processes that can be generated from the re-configuration of the GUH first floor.	Improved patient flow  Improved efficiencies	Health Board
Enhanced Urgent Care Front Door Therapy Service - GUH	Ensuring timely intervention and turnaround of patients at front door.	Reduction in LoS  Reduction in unnecessary transfers  Admissions avoidance	Health Board
Physio and OT Front door service at YYF and RGH	Ensuring timely intervention and turnaround of patients at front door.	Reduction in LoS  Reduction in unnecessary transfers  Admissions avoidance	Health Board

<b>Scheme</b>	<b>Description</b>	<b>Impact</b>	<b>Lead</b>
Paediatrics-Satellite GP assessment unit (Fox pod)	Moving location of GP assessment unit for children and young people to improve flow.	Better patient experience  Increased support at the front door	Health Board
Out of hours cover microbiology	24/7 Cover for respiratory testing in place (out of hours cover is in RGH)- improved turnaround of Flu A&B, RSV (and covid) testing out of hours.	Improved turnaround of Flu A&B, RSV (and covid) testing out of hours	Health Board
Blood sciences weekend cover	Blood Sciences Weekend cover for laboratories consolidated at GUH (NHH and RGH specimens to be processed at GUH)- improved resilience for GUH.	Improves resilience of service delivery at GUH	Health Board
Respiratory Ambulatory Care Unit (RACU)	Same day emergency respiratory care provision.	Admissions avoidance  Improved patient experience	Health Board
Cost of living support for citizens	Providing a compendium of support and grants available to help citizens navigate the support available	Increased support for citizens	Local Authorities

The combined impact of these schemes will be monitored via the Regional Whole System data viewer utilising the following proxy indicators for system flow:

- ED attendances
- WAST conveyances
- WAST lost hours
- Admissions
- Bed occupancy
- Length of stay
- Delayed transfers of care broken down by reasons for delay

Work is ongoing to ensure social care and primary care and community measures are reflected in the viewer to provide a system view.

## Enabling additional capacity

The Gwent RPB winter plan contributes to the national 1000 alternative beds initiative, developed to generate additional capacity with the intention of reinvigorating flow in preparation for the winter period 2022-23.

The Gwent contribution and guided target was 122 alternative beds, or equivalent beds in terms of community/other alternatives. The current RPB plan anticipates delivery of an additional 185 beds or bed equivalents.

Latest modelling in terms of hospital demand anticipates the need for an additional 270 beds at our peak in December in line with the most likely scenario, and an additional 534 beds in line with the reasonable worse- case scenario.

It is important to note that there are a limited number of options to provide additional capacity within the hospital system this winter. Unlike in previous years, opportunities to utilise additional surge capacity are extremely limited given the fact that many of the winter surge beds have remained in operation since last winter.

Physical bed capacity is not a constraint; we know it is staff who make hospitals and will be the rate limiting factor in increasing our capacity.

The additional bed or bed equivalent capacity that will be generated across the system is described in the table below.

It is important to note that some of this capacity is already open, some schemes will provide additional physical beds and that all bed equivalent schemes are based on modelling/ best case scenarios.

Each of the schemes have been risk assessed in terms of impact on the health and care system and viability. Risks and mitigations associated with the schemes have been developed, and consideration given to the reliance on workforce to support continued delivery of core services along with the actions included in the plan. The Gwent Workforce Development Board, a strategic partnership under the governance of the Regional Partnership Board, will be advising on how best to maximise supply of our workforce.

Scheme	Description	Additional beds/bed equivalent	Notes	Lead
Create 80 additional beds in care home setting- Step Closer to Home Unit	Supporting reablement and/or convalescence whilst individuals waiting for reablement to commence.  Assessment beds will be utilised to support either 'step up' from the community to prevent hospital admission or facilitate discharge via a step-down approach.	80	Additional	Regional Partnership Board
Commissioning of New Directions for up to 20 patient Domiciliary Care Runs	Continue to provide domiciliary care commissioning via complex care (inc. within current Step Closer 2 Home pathway)	20	Bed equivalent /best case modelling	Regional Partnership Board
Extension of CRT Rapid Medical Hours to 8pm  <i>Redesigning Services for Older People</i>	Extend the operational hours for CRT rapid medical up to 8pm Monday to Friday to cover busiest time for GP referrals into hospital therefore providing more care closer to home.	22	Bed equivalent /best case modelling	Regional Partnership Board
Expansion of Home First  <i>6 Goals for Urgent Care</i>	Existing home first resource from RGH & NHH spread to GUH. Proposal is to strengthen the capacity to reflect the 3-hospital model.	18	Bed equivalent /best case modelling	Regional Partnership Board
Same Day Emergency Care @ YYF <i>6 Goals for Urgent Care</i>	The development of the SDEC treatment space alongside other improvements in AMU will ensure that YYF is in a position to meet the demand and requirements for the	45	Bed equivalent /best case modelling	Regional Partnership Board

<b>Scheme</b>	<b>Description</b>	<b>Additional beds/bed equivalent</b>	<b>Notes</b>	<b>Lead</b>
	Caerphilly population, supporting whole system flow and optimising patient outcomes. The Flow Centre will direct GP referred patients directly to SDEC, avoiding prolonged waits in AMU. In addition, this will free up space in AMU for patients directly transferred from GUH ED and GUH AMU.			
Intermediate Care Beds in Spring Gardens	Two intermediate beds provided in Spring Gardens to facilitate discharge from hospital or Newport CRT- service specifically for those with dementia and associated delirium	2	Additional	Health Board
Maintain Surge Capacity on Tyleri Ward	Ensure sustainability of Community Hospital through establishing substantive workforce for surge Capacity in Ysbyty Aneurin Bevan	16	Already open	Health Board
Develop an additional winter ward at NHH	Provision of an additional 28 medical beds across the winter period	28	Additional	Health Board
Trauma Step Down	<p>Convert D7E into a trauma stepdown ward.</p> <p>This ward will be criteria led with minimal medical input required.</p> <p>This will improve flow at GUH.</p>	20	Already open	Health Board

<b>Scheme</b>	<b>Description</b>	<b>Additional beds/bed equivalent</b>	<b>Notes</b>	<b>Lead</b>
Protected capacity for urgent cancer activity	Use of Pod Space in Critical Care to provide protected beds for urgent cancer activity in the Grange University Hospital	5	Additional	Health Board
Convert 14 surgical beds to a Homeward Bound Unit in YYF	Develop a focussed environment for Medically Optimised patients- streamline local authority and therapies input and reduce length of stay	14	Additional	Health Board
<b>Total</b>		<b>270</b>		

Whilst this plan, utilising a blend of physical hospital beds, alternative beds and equivalent capacity, supports the most likely scenario of an additional 270 beds at our peak in December, it is significantly short of meeting the reasonable worst-case scenario which anticipates the need for an additional 534 beds.

Therefore, it will be more important than ever to focus on keeping people well at home wherever possible and getting people home when their hospital treatment is complete to ensure that we protect core hospital capacity for those who need it most.

It is recognised there may be times where escalated action is required and decisions may have to be made in relation to the balance of risk between urgent and planned services. To support this, operational escalation plans are in place and a full hospital protocol is being developed, alongside a system wide 'thermometer' to ensure we have clear processes for decision making should this be needed- further information can be found in the escalation section.

## Getting people home from hospital

Prolonged stays in hospital can be detrimental for patients, especially for those who are frail or elderly.

Spending a long time in hospital can lead to an increased risk of falling, sleep deprivation, catching infections and sometimes mental and physical deconditioning.

This winter we will continue to work in partnership to focus upon reducing length of stay through early discharge planning, so that patients, once medically optimised, are able to go home to recover, with the right support in place.

Scheme	Description	Impact	Lead
Additional equipment for GWICES to facilitate hospital discharge	Procurement and supply of equipment	Reduction in DTOCs relating to equipment needs	Regional Partnership Board
Re-introduce trusted assessor model across all localities	There are an average of 70 patients every day awaiting allocation to or assessment by a social worker to plan their discharge from hospital. Time to allocate a social worker is 5.2 days and time to complete an assessment is 5.6 days. Trusted assessor model is a potential solution to this problem.	Reduction in delays for social worker assessment  Lessened impact when patient is admitted to a community site outside of their locality of residence	Regional Partnership Board
Increased pharmacy support to GUH ED	Pharmacist support to GUH ED front door	Improved medicines reconciliation  Improved flow  Discharge support	Health Board
Implementation of Pharmacy Transcribing	Pilot – commence October at NHH, YYF, RGH to	Improved discharge planning	Health Board



Scheme	Description	Impact	Lead
	generally aid discharges and flow through the system	Reduced time for medics writing discharges  Expedited pharmacy dispensing of TTO's	
Ward based nutritional support workers targeted on ortho-geriatric and COTE wards	Successful pilot undertaken last year. Support for wards in meeting nutritional needs of patients through a blended model of nutritional support workers, health care support workers and volunteers	2.5-day reduction in LoS  Reduction in levels of infections – respiratory/UTI's  16% Reduction in delirium	Health Board
Develop Homeward Bound Units on each ELGH site	Develop a focussed environment for Medically Optimised patients	Streamline local authority and therapies input  Reduce length of stay	Health Board

The combined impact of these schemes will be monitored via the Regional Whole System data viewer utilising the following proxy indicators for system flow:

- Length of stay
- Delayed transfers of care broken down by reasons for delay

Work is ongoing to ensure social care and primary care and community measures are reflected in the viewer to provide a system view.

## **4. Supporting our Workforce**

We know we have greater health and care needs in the population, coupled with significant workforce gaps and a fatigued workforce who have continued to respond to the challenges of the Covid-19 pandemic and its impact in remarkable ways.

All partners in the Gwent region recognise there is a requirement to improve integration and transform roles at a regional level if we are to solve staffing short falls and attract people to the sector. Embracing actions to build a skilled and valued workforce developing the talents of those within our local communities.

Workforce is a golden tread throughout the plan. This section of the plan assesses the key challenges facing the Health and Social Care workforce and actions being put in place to support the resourcing of winter plans and sustainability of services.

### **4.1 Current workforce challenges**

#### **Health Board Absence and Turnover**

Currently, 6.8% of our staff are absent with an evident continued impact of Covid on absence. Absence relating to stress, anxiety, and depression represent 27% of our total absence. Our workforce requires greater health and wellbeing support than ever before. The Employee Wellbeing Service has experienced a consistent increase in demand for individual psychological support over the past 10 months with the average number of self-referrals increasing from 45 staff per month in 2021 to 59 staff in 2022.

Current turnover is over 11% (which is a 2% increase on pre-pandemic levels). This has contributed to an increase in vacancies in Registered Nursing (RN) and our Health Care Support Worker (HCSW) workforces with fierce recruitment market competition.

There are a number of factors affecting the increase in turnover including the age profile of our workforce.

#### **Vacancies**

We currently have 170 WTE medical and dental vacancies across all grades and despite advertising globally, with enhanced and bespoke recruitment techniques, we continue to experience a number of hard-to-fill medical vacancies. We continue to use all opportunities to attract medical and dental staff where they are available nationally and internationally and have introduced a local Locum Rate Card providing transparency and consistency of locum rates of pay.

At the end of September there were 350 WTE RN vacancies within inpatient settings which is expected to reduce through 137 WTE newly qualified nursing recruits before winter. We have appointed 52 RNs through an international recruitment campaign who will also support nursing teams across the hospital network before winter.

Health Care Support Worker bank and agency usage during the summer months was higher than at any period previously recorded. This has been driven by an increase in HCSW vacancies (currently 140 WTE) due to service demands including demand for enhanced care, turnover and higher than average sickness absence within this workforce. 54 WTE HCSW have been appointed centrally with a further 126WTE currently being progressed by the Divisions. An additional 35 WTE has been agreed to support winter pressures.

Domiciliary care services have reached critical levels due to staffing availability and this is likely to get worse as demand for care at home increases and the national drive to support additional capacity in the system (1000 Alternative Beds) begins to take shape to relieve pressure in hospitals over the winter. Adult social care and in particular, domiciliary care remains the greatest area of need in Gwent. As of data collected on 4th July 2022, Local Authorities in Gwent reported 3643.40 hours of domiciliary care remain unallocated. These unallocated hours contribute to delayed transfers of care from local hospitals creating 'bottlenecks' across the wider health and social care system. (*ref: Recruitment and Retention Report Gwent Workforce Board*)

Our workforce challenges are also extended to other parts of our workforce. Pharmacy is experiencing high vacancies and the inability to recruit to key posts. There is limited supply of locum and agencies for this workforce. Student streamlining recruitment has supported a reduction in therapy vacancies, although several key posts remain vacant along with a number of band 6 posts in service improvement areas such as Musculoskeletal Conditions Service. Therapies are currently supporting additional inpatient capacity and increasing bed capacity further will necessitate the prioritisation and reduction in services.

As a result of increased patient demand and acuity, our workforce requirements have not reduced during the summer periods, which was the usual trend pre-pandemic. This meant that our reliance on bank and agency throughout the summer months is comparable with previous winter periods. This will mean that the agency supply currently relied on in previous winters is currently within our workforce.

Our priority will be to continue to recruit to vacancies rather than reliance on agency workforce recognising the impact that this will have on improving patient care. However, high vacancies across a number of industries means that competition from other sectors is high.

### **Other pressures**

There are a number of pressures which are also impacting on staff or our ability to resource services:

- During the pandemic the workforce were unable to take leave and were able to carry over leave at a higher number of days than usual. This is likely to have an impact of workforce availability until the end of the annual leave year (March 23).
- The cost-of-living crisis is impacting on recruitment and retention of staff across the health and social care system. Higher rates of pay in retail and

catering industries and the increased cost of fuel forces is having a direct impact on our ability to recruit.

- A number of recognised trade unions are currently balloting for industrial action in response to the recent pay award. Preparation is in progress to respond to the prospect of industrial action including the identification of essential services and the minimum number of staff required based on the life preserving care model.
- The mandatory registration of care home workers in October 2022 could further impact retention of existing staff and the sector's ability to attract new workers.

## 4.2 Winter workforce plan

Details of the schemes to support these are included in the various sections of the plan. A reconfiguration of medical inpatients (Homeward Bound) is likely to reduce the impacts of RNs and HCSWs vacancies during the winter. This may take some time to be realised due to higher acuity of patients during the winter period.

The table below shows the total workforce requirements for proposed schemes, acknowledging that a number are still subject to Executive Team approval.

Scheme WTE	Medical	Nursing	HCSW	Therapy/ Healthcare Science	Pharmacy	FM/Admin
Total Schemes WTE	4.5	28.4	54.02	14	3.3	4.28
Total Mass Vacc (max surge requirements) WTE		42	127			40.00

*Includes schemes approved by RPB*

The workforce requirements will be resourced through substantive and fixed term contracts, locum or through temporary staffing solutions such as bank and the use of agency where no other option is available. We have undertaken workforce modelling to assess our workforce supply and demand over the next 6 months which demonstrates that meeting the workforce demand will be extremely challenging due to current vacancies, bank supply, increasing absence (in accordance with epidemiology predictions) and our plan to reduce reliance on agency staff.

## 4.3 Priority actions for winter

We will continue to expedite and prioritise the actions within the Health Board People Plan 2021-25 and support our partners in delivery of the Gwent Workforce

Board programme of work. We recognise that staff wellbeing, recruitment and retention of staff is crucial to maintain services throughout winter.

## **4.2 Wellbeing**

Supporting employee wellbeing over the winter will continue to be a challenge. The Employee Wellbeing Service and Organisational Development will continue to:

- Offer their core and much valued support to individuals and teams as well as promote new methods of promoting wellbeing by helping to remove secondary stressors.
- Use the bi-annual staff wellbeing survey (due in December) to identify and respond to hotspots of poor wellbeing.
- To help meet demand for individual support we have proposed a plan to recruit an additional 0.6 WTE Counsellor on a fixed term contract until end of March 2023.
- Enhance our Occupational Therapy provision within Occupational Health services to support staff with long term conditions including long covid, to remain and return to work.
- The development of a refurbished Wellbeing centre on the Llanfrechfa Grange site which will open early 2023.

The Wellbeing Bus provided in partnership with aviation industry "Project Wingman" will be placed throughout the region and available to all staff including partnership organisations. The service offers a warm and personable welcome, light refreshments, a quiet zone, a colleague chat zone, chats with crew, and hospitality treats.

We acknowledge that financial wellbeing can affect physical, mental and social health impacting on our staff performance. We have compiled a comprehensive compendium of services. These range of support such as HRMC tax relief when working from home, food redistribution charities, budget management and financial assistance provided by trade unions. We have included signposting to existing bureaux such as Citizen's Advice who can provide information regarding grants and support for those struggling with energy and utility bills. In addition to our internal wellbeing services, we have listed external agencies who offer mental health support.

## **4.4 Retention and Recruitment**

Retaining our staff is one of the most important factors for our organisation to deliver care. A healthy, motivated and engaged workforce will result in improved retention. The proposed interventions over winter will focus what people find most rewarding in their roles and what are the issues that make them want to leave;

- Undertake a range of organisational wide retention engagement events.
- Increase communication to support collection of a richer data set for assessing staff views on causes of turnover and motivation for retention.
- Increase line management awareness and impact on retention.
- Review and implementation of policies to support staff work in a more flexible way.

As noted above, we continue to recruit large numbers of HCSW's and have developed an ambitious tracker to recruit to the majority of vacancies by December, notwithstanding turnover is likely to continue. This action will be supported by a new approach to on-boarding practices by NWSSP Recruitment Services which will be implemented from the 17<sup>th</sup> October 2022 to reduce hire timelines.

The second cohort of Aneurin Bevan Apprentices will be recruited throughout the winter, providing an entry level route into a career with the health board. Twenty apprentices will join nursing, administration and facilities teams whilst studying for an NVQ with a view to progressing into a fixed term or substantive post.

A new role has been created to support a "volunteer to career" pathway. We recognise that our volunteers are a significant part of our workforce and will be invited to apply for the role of a Wellbeing Assistant to enhance the care provided to our patients. There are also plans to promote personal development by exploring how volunteers may achieve an apprenticeship qualification with ABUHB.

The Gwent Workforce Board has agreed to expand its programme scope to include workforce attraction, recruitment and retention alongside workforce development and planning. The Health Board will continue to be innovative in its recruitment and retention approach in partnership with the Gwent Workforce Board.

#### **4.5 Governance**

The governance frameworks and performance dashboards supporting the delivery of the People Plan will ensure we have an agile approach to continually review and prioritise the most value-added interventions.

## 5. Keeping Informed: Communications and Engagement

Throughout the Winter period, we aim to further strengthen our Communications and Engagement activities with our staff, the public we serve, and our partners. We will build on the audience growth and links we made during the COVID-19-19 Pandemic and last year's Winter campaign.

The Health Board will continue to lead the way on the use of Digital Communications, as well as more traditional methods of sharing important messages, to ensure widespread coverage of the population we serve. Our plan will link with the Health Board's Communications and Engagement plans covering the following areas:

- Clinical Futures
- Primary Care
- The Health Board's Integrated Medium Term Plan

Our Winter Communications and Engagement campaign will align with the Six Goals for Urgent and Emergency Care and include a particular focus on accessing the right healthcare services, the COVID-19-19 and flu vaccination programmes, recruitment, and celebrating our staff. We will also continue to develop our Clinical Futures campaign to inform and engage people on the changes to NHS health services in the Health Board area, as well as promoting the national Help Us Help You campaign.

The Health Board's Communications and Engagement Team will focus on:

- Helping local residents understand what to do and where to go when they are unwell or injured
- Providing a 'trusted voice' to convey timely and accurate information
- Increasing face-to-face and digital engagement with local people
- Reaching more people with important winter messaging
- Improving our communication and engagement with diverse and hard-to-reach communities
- Improving the health and wellbeing of residents through our Population Health communications and engagement
- Responding to comments and concerns, helping and reassuring people throughout the winter period; and
- Ensuring our staff are well informed and supported in their roles.

The Communications and Engagement Team will continue to invest a significant time into co-ordinating and responding to patient and public approaches on a day-to-day basis.

We will continue to hold engagement events around Gwent to enable us to speak directly to residents and seek their views. Any feedback given will be recorded by our Engagement Team and fed back directly to the Health Board through a reporting system. Details of our engagement events are published and shared beforehand to ensure local people in each area are given the opportunity to come along and speak with us face-to-face. This will help to build mutual understanding and relationships with the communities we serve.

Geographical spread of events will be well balanced, with a focus to capitalise on routine, established events (market days), attendance at natural high footfall venues (supermarkets and town centre locations) and a presence at high profile events.

We will continue to work with our partners and diverse communities to develop initiatives to engage with all our communities. Meetings will take place at regular intervals throughout the winter period to ensure that key Health Board messages are delivered and shared.

The Communication & Engagement team will continue to hold weekly meetings with **Nyes Communities Champions** to ensure that champions are kept informed and supported to keep themselves and their networks well throughout winter.



## 6. Escalation

### 6.1 Early Warning

Through the pandemic we have developed a range of useful tool and measures to provide early warning on system pressures. These arrangements will continue into the winter and provide us the opportunity to take actions ahead of predictable surges in demand.

<b>111 Calls for Covid/ Respiratory Disease</b>	<b>Covid Community Cases</b>	<b>Flu Surveillance</b>
<b>Hospital Occupancy</b>	<b>Care Homes Settings in incident</b>	<b>Staff Absence</b>

Similarly, it is important that we take an intelligence led approach to our decision making. It is not possible to have a single system measure on which escalation decisions can be made; it is important that we have rounded system data to inform decision making.

Within the Gwent Region, we have developed a Whole System Data Viewer which is in the process of finalisation ahead of the winter period and which will enable real time system data to support decision making.

The metrics below are agreed by the RPB operational subgroup and will be monitored over the winter period to support early escalation and system wide accountability. These metrics are likely to evolve over the winter.

<b>Health</b> <ul style="list-style-type: none"> <li>• Number of ambulance attendances to ED</li> <li>• Time of day attendance</li> <li>• % discharged</li> <li>• Arrival to triage time</li> <li>• Arrival to first seen clinician time</li> <li>• Overall time in ED</li> <li>• Number of admissions</li> <li>• Admission specialty</li> <li>• Time in ED before admission</li> <li>• Number of patients LOS over 21 days, split by age bands</li> <li>• # patients delaying by discharge, broken down by category and locality</li> </ul>	<b>Local Authority</b> <ul style="list-style-type: none"> <li>• People waiting in community <ul style="list-style-type: none"> <li>• # awaiting OT</li> <li>• # awaiting Physio</li> <li>• # awaiting Social Worker</li> <li>• # awaiting Reablement</li> <li>• # awaiting Hospital Social Worker</li> </ul> </li> <li>• People waiting in hospital</li> <li>• People requiring additional hours</li> <li>• Returned Point of Care</li> <li>• Hours in community <ul style="list-style-type: none"> <li>• Domiciliary Care deficit</li> </ul> </li> <li>• Hours in Hospital</li> <li>• Number of additional hours</li> <li>• POC hours returned</li> </ul>
<b>Welsh Ambulance Service Trust</b> <ul style="list-style-type: none"> <li>• WAST calls from police and fire, broken by response by LOA</li> </ul>	<b>Gwent Police</b>

<ul style="list-style-type: none"> <li>• Ambulance lost hours</li> <li>• Monthly 999 demand</li> <li>• Sickness and absence breakdown</li> </ul>	<ul style="list-style-type: none"> <li>• Number of calls police receive from WAST per week and % that result in an incident</li> <li>• Monthly 999 demand broken down by number of calls, % answers and % answered in &lt;6 seconds</li> <li>• Number of incidents created by a WAST call per week broken down into: <ul style="list-style-type: none"> <li>• Number attended scene and hospital</li> <li>• Adverse incidents by month</li> <li>• Police response times by LOA</li> <li>• Adverse incident breakdown</li> </ul> </li> <li>• Sickness and absence breakdown</li> <li>•</li> </ul>
<b>South Wales Fire and Rescue</b> <ul style="list-style-type: none"> <li>• Number of incidents created by other services per week broken down in to: <ul style="list-style-type: none"> <li>• Number attended scene and hospital</li> <li>• Fire response times by LOA</li> </ul> </li> <li>• Sickness and absence breakdown</li> </ul>	

## 6.2 Escalation Arrangements

Within the Health Board we have a clear escalation framework for our services when there is pressure across our system.

<b>ESCALATION PLAN – LEVEL 1 – STEADY STATE (Risk score 1-4)</b> <b>Note:</b> This is Generally Business as Usual or Ongoing Best Practice	<b>Site Bronze – Delivery and maintain situational awareness</b>
<b>ESCALATION PLAN – LEVEL 2 – AMBER LOW: MODERATE PRESSURE (Risk score not &gt;10)</b>	Site Bronze – Delivery and maintain situational awareness- implement actions as set out in policy to deescalate to Level 1
<b>ESCALATION PLAN – LEVEL 3 – AMBER HIGH: SEVERE PRESSURE</b>	Tactical System Leadership and Response – Review actions with clinical leadership
<b>ESCALATION LEVEL 4 – RED: EXTREME PRESSURE (Risk score 20 or above)</b>	Tactical System Leadership and Response – Review and escalate recommended actions for implementation of Local Options Framework

## ESCALATION LEVEL 5- BLACK: CRITICAL INCIDENT

Against each stage in the escalation framework is a set of action cards for our clinical and operational leadership against which to act. Through the winter period we will continue with our enhanced arrangements to ensure clear and effective decision-making processes are in place.

Work is in progress to develop a system wide approach to managing system escalation and risk and ensuring appropriate action is taken, through the development of a system thermometer approach.

At a system level under the Civil Contingencies framework we have the ability to establish a Strategic Coordinating Group. The purpose of a Strategic Co-ordinating Group (SCG) is to take overall responsibility for the multi-agency management of an incident and establish a strategic framework within which lower levels of command and co-ordinating groups will work. Its guiding objectives are:

- Protect and preserve life
- Contain the incident: mitigate and minimise its impacts; maintain critical infrastructure and essential services
- Create conditions for recovery: promote restoration and improvement activity in the aftermath of an incident to return to the new normality

### 6.3 Risk

As is clear throughout this plan there are risks to delivery through this next winter period. The table below identifies the more significant risks;

RISK AREA	DESCIRPTION	MITIGATION
Workforce not available to meet service need resulting in harm to patients and staff	Workforce is out biggest risk, availability of bank, agency and locum staff is constrained as these staff are already deployed. Existing staff are tired and there is less flexibility for redeployment with the recovery of services	As set out in the Workforce section: <ul style="list-style-type: none"><li>- Continue to recruit to vacancies</li><li>- Agency and locum staff where no other option</li><li>- Wellbeing initiatives</li></ul>

Patient harm as a consequences of challenging service access	Patients coming to harm in our communities and services as a consequences of delayed or lack of access	<p>As set out in the plan:</p> <ul style="list-style-type: none"> <li>- Increase community services</li> <li>- Urgent Care Plan</li> <li>- Focus on keeping people at home and early facilitated discharge</li> <li>- Surge acute capacity (although opportunities are extremely limited as services are already in surge)</li> </ul>
Patient harm as a consequences of overwhelming respiratory disease demand	A combination of a new variant of Covid-19, high flu and RSV season increasing service demand	<p>As set out in the plan:</p> <ul style="list-style-type: none"> <li>- Vaccination</li> <li>- Early warning systems</li> <li>- Flexible services</li> </ul>

## 7. Summary

This winter, our services will face many complex challenges underpinned by significant uncertainty.

Through undertaking the actions set out in this plan and focussing our joint efforts on the principles of health protection, keeping people well at home, enabling additional capacity and getting people home from hospital, our plan will target the areas of greatest challenge and provide the best opportunity to ensure people access care and support in the right place, first time, whilst optimising effective flow through our system.

The plan addresses the current **most likely** scenario national modelling assumptions, albeit with great challenges and risk in relation to maintaining staff well-being and recruiting additional staff within the current climate. The plan accepts that is the **reasonable worst case** national modelling scenario is realised, then business continuity arrangements would need to be deployed across the region to mitigate the risks.

From a health board perspective, there is a clear escalation framework to guide action and decision-making during times of pressure. Work is in progress, in partnership, to develop a system wide approach to managing system escalation and risk and ensuring appropriate action is taken, through development of a system thermometer approach and a suite of indices against which we will be able to hold the system to account.

Winter schemes this year are funded via the Regional Integrated Fund (RIF) and through health board slippage for the health specific schemes.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 30<sup>th</sup> November 2022  
Agenda Item: 3.3

## Aneurin Bevan University Health Board

### Research and Development Strategy: Research A Core Activity 2022 - 2027

#### Executive Summary

It has been five years since the Board approved the Health Board's Research & Development (R&D) Strategy. Much has changed in that time not least as a result of the COVID-19 pandemic, which focused hearts and minds and raised the profile of the importance of research not just across the Health Board but worldwide. Finding treatments, vaccines and genetic links was vital and the Health Board has made a significant and impactful contribution to that effort.

This strategy to embed research as a core activity builds on those successes and the benefits of the Health Board's new Clinical Research Centre. The strategy aligns to national UK and NHS Wales policy and the Health Board's IMTP.

**The Board is asked to:** (please tick as appropriate)

Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

**Executive Sponsor:** Dr Sarah Aitken

**Report Author:** Jeanette Wells

**Report Received consideration and supported by :**

<b>Executive Team</b>	✓	<b>Committee of the Board [Public Partnerships &amp; Wellbeing Committee]</b>	
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**Date of the Report:** 18<sup>th</sup> November 2022

**Supplementary Papers Attached:** Research and Development Strategy

#### Background and Context

##### BACKGROUND

The Health Board has always recognised the value of research, now known as 'the research effect', described as such because NHS organisations who are more active in pursuing research have been shown to provide a better care experience and improved outcomes for patients and increased recruitment and retention of staff.

In March 2021, all four nations of the UK published a new 10-year vision for research - Saving and Improving Lives: The Future of UK Clinical Research Delivery - which sets out

the ambition to create a world-leading UK clinical research environment. This Health Board's 'Research – A Core Activity' strategy aligns to that UK vision.

On the 21<sup>st</sup> July 2022, the Chief Medical Officer (CMO) wrote to Health Boards and Trusts in Wales referring to the UK vision for research. In his letter, the CMO outlined the influential role Health Boards and NHS organisations can play in supporting this work programme by:

- ensuring that research is more visible at Board level and championed by an Independent Member
- working with Health and Care Research Wales in Autumn 2022 to co-produce a new framework for research in NHS
- supporting all Executive Directors and their teams to embed research throughout NHS operational delivery, working in close partnership with R&D Directors/Leads.
- supporting efforts to increase awareness of the importance of research among the wider workforce to ensure more patients and members of the public are given an opportunity to be involved in research.
- ensuring that R&D is meaningfully integrated as a key pillar within the University Designation Programme.

**CONTEXT**

The income the Health Board receives from Health and Care Research Wales (HCRW) provides the core funding for the Health Board's research activity. The HCRW budget is under significant pressure and in recent years HCRW funding to Health Boards has been reduced. Funding for the development of local research now falls outside of the scope for HCRW funding and funding for R&D Directors has been removed, with an expectation they become core funded Health Board posts.

It is important therefore that the Health Board diversifies its income sources for research to achieve the Health Board's full potential as a research organisation. This strategy 'Research A Core Activity 2022-2027' sets out how that intention will be achieved through three high level strategic objectives and 8 strategic actions. The aim is to develop the Health Board's infrastructure where research can flourish and where the Health Board can maximise the benefits of its investment in the new Clinical Research Centre at the Royal Gwent Hospital. The detail of how each of these objectives and actions will be achieved will be set out in an action plan that will be taken to the Executive Team for approval.

The final document will be published on the Health Board's website in English and Welsh and produced as a high specification booklet that covers the strategy and promotes the new Clinical Research Centre. The Medical Director, as the newly designated Executive Lead for R&D will provide the Board with annual reports on progress against the strategy and action plan.

Recommendation
The Board is asked to approve the Health Board's Research and Development Strategy: Research A Core Activity 2022 - 2027

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	Health & Care Research Wales(HCRW) funding for NHS Wales R&D Director posts was removed in April 2022 as part of a move towards Welsh Government expecting Research to be a core function of a University Health Board. The HCRW funding for the Assistant Director is a risk from April 2023.
<b>Financial Assessment, including Value for Money</b>	The Health Board has contributed to the R&D Department through Capital Funding resulting in the new Clinical Research Centre at RGH. Funding for staff and running the centre comes from HCRW (c80%) with the remainder received through grant income, commercial income and capacity building. Value can be demonstrated through 'the research effect ', described as such because NHS organisations who are more research active have been shown to provide a better care experience and improved outcomes for patients and increased recruitment and retention of staff.
<b>Quality, Safety and Patient Experience Assessment</b>	The quality, safety and patient experience for research is governed through a legal framework managed and overseen by an established research governance team and senior management team. All studies are scrutinised by an external NHS Ethics committees and can not open without their approval and then subsequent research governance agreement. This is reflected in the strategy and detail will be added to the action plan.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	All research studies are evaluated at the time of development for equality and diversity. It is also a criterion for most funding bodies that equality and diversity have been taken into account.
<b>Health and Care Standards</b>	Research is a thread that runs through Health and Care Standards.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	The strategy fulfils the commitment within the IMTP. The strategy is aligned the IMTP.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	All research activity underpins the wellbeing of future generations by establishing evidence of what does and doesn't work. This directly influences future care and policy decisions.
<b>Glossary of New Terms</b>	N/A
<b>Public Interest</b>	<p>The strategy is written in the public interest as it aspires to ensure patients and members of the public:</p> <ul style="list-style-type: none"> <li>• are given the opportunity to be involved in research regardless of location.</li> <li>• are offered specialist research opportunities through referral to specialist centres, equally referrals from other areas are accepted by the health board R&amp;D team where the specialist research is hosted by the Health Board.</li> </ul>



	<ul style="list-style-type: none"><li>• can expect that research developed locally will utilise a full community of practice including university partners, AB Connect, HCRW Faculty, HCRW Centres and Units and funding opportunities to ensure the studies developed meet the needs of our population.</li></ul>
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# 2022 -2027

**Delivering and developing research that is core to clinical services and meets the needs of our population**



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## 1 Introduction

Much has changed in the five years since the last Aneurin Bevan University Health Board (ABUHB) Research and Development (R&D) strategy was approved by the Board. The COVID pandemic focused hearts and minds and raised the profile of research not just in ABUHB but worldwide. Finding treatments, vaccines and genetic links was of paramount importance and ABUHB made a significant and impactful contribution to that effort.

The lesson from the pandemic is that ABUHB achieved high levels of recruitment to high impact studies when research was part of normal clinical care and not seen as an additional activity requiring time and capacity. As we recover from the pandemic, the time is right to develop and implement a strategy that fully embeds research into core ABUHB NHS service delivery.

In March 2021, all four nations of the UK published a new 10-year vision for research - Saving and Improving Lives: The Future of UK Clinical Research Delivery - which sets out the ambition to create a world-leading UK clinical research environment. This Aneurin Bevan UHB Strategy 'Research – A Core Activity' aligns to both the UK vision and the HCRW Support and Delivery Strategic Framework.

Welsh Government's expectation is that research should be a core function of a University Health Board. As such, research needs to be an integral part of delivering the ABUHB Clinical Futures Strategy and achieving the Health Board's mission to reduce health inequalities across Gwent.

## 2 Background

Reports from bodies such as the Academy of Medical Sciences<sup>1</sup> and the Royal College of Physicians<sup>2</sup> have emphasised the value of research to the NHS. NHS organisations who are more research active have been shown to benefit from 'the research effect'. Those benefits include a better care experience improved outcomes for patients and increased recruitment and retention of staff.

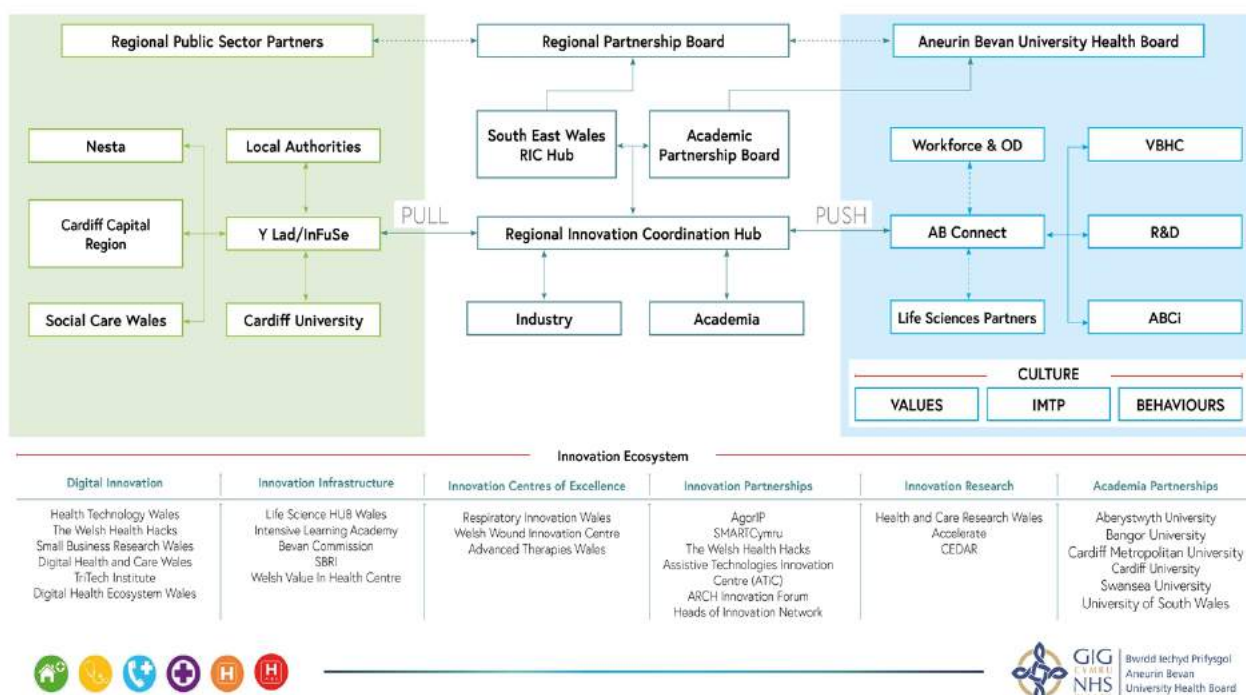
ABUHB has always recognised the value of research working with local, national, and international university partners to design research projects, gain grant funding, and build research workforce capacity and capability to meet the needs of our population. The Health Board has strong partnerships with Health and Care Research Wales (HCRW), university partners, trials units, industry partners, Public Health Wales (PHW) and the voluntary sector.

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<sup>1</sup> <https://acmedsci.ac.uk/policy/policy-projects/nhs-academia-interface>

<sup>2</sup> <https://www.rcplondon.ac.uk/projects/outputs/research-all-developing-delivering-and-driving-better-research>

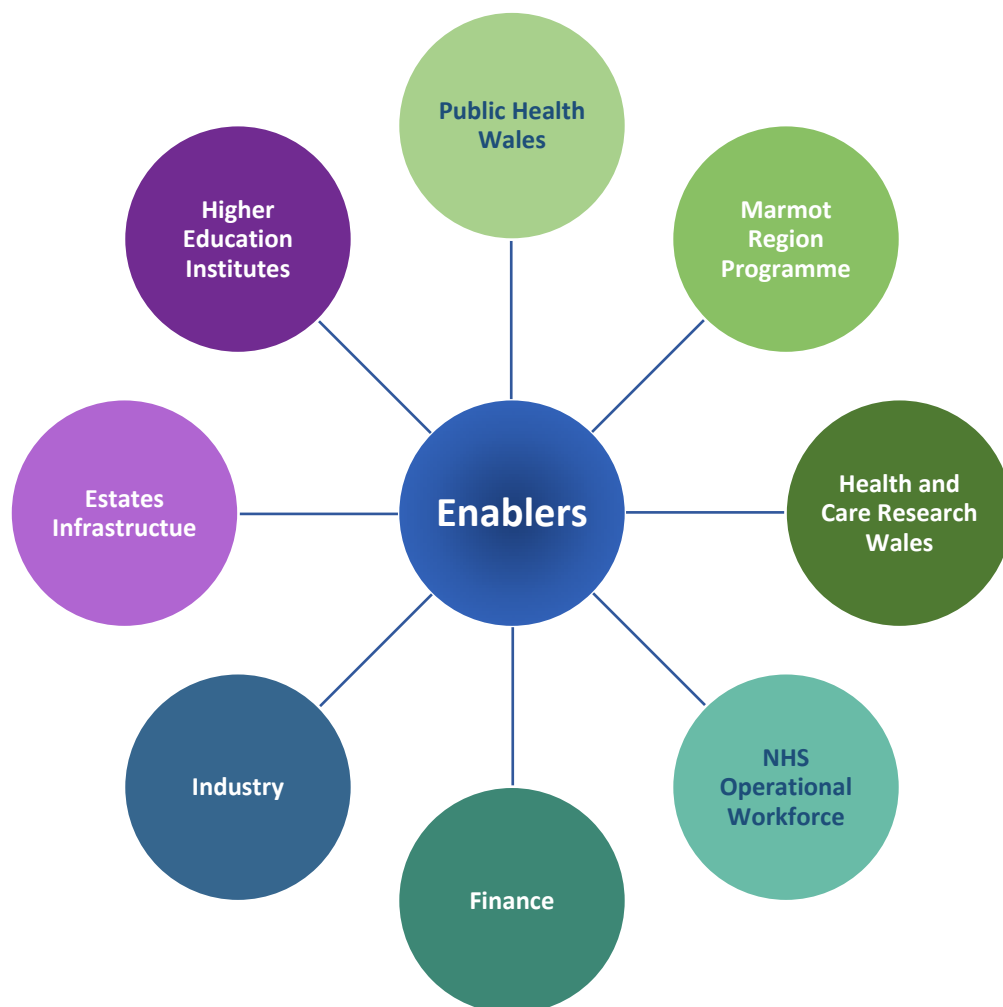
## USING VALUE AND IMPROVEMENT PRINCIPLES TO CO-ORDINATE INNOVATION, RESEARCH & WORKFORCE



This strategy should be read in conjunction with the ABUHB IMTP. Together these documents demonstrate R&Ds involvement in wider networks that enable research and innovation to be developed, delivered, and outcomes put into practice through service improvement.

The income ABUHB receives from HCRW provides the core funding for the Health Board's research activity. The HCRW budget is under significant pressure and in recent years, HCRW has shifted its criterion for funding to one key performance indicator, which is to recruit participants into studies within an agreed time and target (RTT). Achieving this demonstrates that Wales can deliver what is promised and gives sponsors and commercial companies the assurance they need to bring their studies to Wales.

The HCRW and Welsh Government expectation is that the development of research capability and capacity should be a core function of a University Health Board and should be funded accordingly. The shift in HCRW funding criterion away from developing Health Board research capability and capacity has led to a reduction in HCRW income to support core ABUHB R&D team staffing in recent years.



It is important that the Health Board diversifies its income sources for research to their full potential. The ABUHB R&D team are restarting research that was stopped during the pandemic and opening new studies across all healthcare areas whilst still supporting COVID follow up studies.

The new Clinical Research Unit in the Royal Gwent Hospital and ABUHB's strong track record of recruitment to internationally important COVID-19 research provide a strong foundation on which to build. This strategy sets out how that intention will be achieved.

### **STRATEGIC OBJECTIVE 1: A sustainable and supported research workforce**

The research delivery workforce in ABUHB has grown with more specialist research staff employed than ever before. In the last year, despite the reduction in grant and commercial income due to the pandemic halting many studies, the Health Board were able to spend over £2.2m on research delivery. The funding was made up of HCRW Research-Needs Based funding model (including an award from the COVID Vaccine funding stream), commercial capacity building income, charitable funds and capital funding.

**Strategic Action 1:** For research to grow ABUHB must fully exploit potential external funding streams and develop the capability and capacity of ABUHB staff to embed research in core service delivery.



### External Income Opportunities

- Increase Commercial Trials: pays for research, adds to capacity building income and can be a source for cost avoidance.
- Harness Grant Income: where ABUHB is the Sponsor organisation, grant bids should direct income towards development and funding of an ABUHB Trial Management team.
- HCRW Research-Needs Based funding: a limited resource that in real terms across Wales has decreased significantly over the last ten years. In ABUHB it currently pays for around 80% of the specialist Research and Development Team.

## ABUHB Workforce Opportunities

- The Health Board together with its university partners should work together to promote joint working opportunities across NHS and Universities (not just medical consultants but across the whole spectrum of research posts). Stripping out duplication and utilising each other's resources to develop and deliver trials that are set up in alignment with clinical practice and thereby more efficient and effective to run.
- AB Connect:
  - aligning research to the ABUHB Innovation Strategy and the all-Wales Intellectual Property Policy
  - sharing research outcomes to inform service improvement
- Incorporate research sessions into the job plans of research active medical consultants: research active can be defined as:  
Either, working in an official capacity as a Principal or Chief Investigator on:
  - HCRW/(NIHR) National Institute for Health Research Portfolio studies
  - Pathway to portfolio studies
  - Commercially funded researchOr, undertaking developmental activity that leads to one of the above, usually in conjunction with a university.

## Embedding research into NHS Operational Delivery

The pillars of university designation; education, innovation and research are everyone's business. As research is embedded further into ABUHB operational delivery, directorates involved in research (supported by the specialist Research & Development team) should ensure open studies are discussed at directorate meetings, appropriate MDTs or quality meetings to align the research with clinical pathways. All eligible patients should be offered the opportunity to participate (regardless of which clinician is Principal Investigator (PI)/Chief Investigator (CI)) and all staff involved in the specific area of care should be afforded the opportunity to become involved.

The complexity of research activity will determine the level of specialist R&D Team support a directorate will need to run a particular study. The R&D Team maintain oversight of all research activity and will raise the level of support if necessary. The levels of specialist R&D support include:



- Low complexity, low risk: Directorate operational team with light touch research specialist team.
- Medium complexity, medium to low risk: Research specialist team working alongside directorate operational team in tandem.
- Complex research requiring specialist knowledge with low-risk elements that can be undertaken by directorate operational team: Specialist research team with light touch directorate operational team.
- Highly complex, medium to high risk. Specialist team supporting PI: Trial runs by specialist research team.

## Education

The specialist Research & Development Team will lead an awareness and education programme for the wider ABUHB workforce to engage, explain and encourage recruitment of patients into existing research plus participation in and development of new research.



**Strategic Action 2:** Develop and deliver a training programme for all research active staff and those aspiring to become researchers. Including:

### International Conference on Harmonization Good Clinical Practice

International Conference on Harmonization Good Clinical Practice (ICH GCP) training is mandatory for anyone involved in clinical research that involves human subjects. It is the international ethical and scientific quality standard for designing, conducting, recording and reporting such trials. ICH-GCP aims to provide a unified standard for the ICH regions to facilitate the mutual acceptance of clinical data by the regulatory authorities in these jurisdictions.

Both the Health Research Authority (HRA) and the Medicines and Health Products Regulation Agency (MHRA) advocate a proportionate approach to the application of GCP to the conduct of research and the appropriate training of staff involved, including those seeking consent from potential participants.<sup>3</sup>

The ABUHB specialist research delivery team members will be trained to facilitate and deliver bespoke, proportionate GCP training for ABUHB staff leading/participating in clinical research activities.

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<sup>3</sup> Joint Statement on the Application of Good Clinical Practice to Training for Researchers (HRA, MHRA, Devolved Administrations for Northern Ireland, Scotland and Wales) 10 Feb 2020

## Research Apprenticeship

The aim of research apprenticeships is to support the integration of clinical research into NHS clinical care by offering opportunities for nurses and Allied Health Professionals (AHPs) to step into clinical research within their chosen specialty, supported by a specialist research delivery team member. Through continuing to develop this scheme, clinical research capacity will be built in specialist areas, in turn increasing the opportunities for patients to participate in research and embed clinical research into ABUHB clinical care.

## CPD Events

CPD events are aimed at current and potential researchers. Training is proportionate to the research experience of the participant and aims to provide them with the knowledge and skills required to progress their research careers. That may be at ward level, supporting the specialist research team and local PI, getting involved in a simple evaluation, progressing to PI or taking on the more senior role of CI. Participants will be introduced to the research and development framework, the local infrastructure, available tools and signposted to the most appropriate training opportunities, for example HCRW Clinical Research Time Awards.

- Participation in senior leader education programmes including the Senior Clinician CPD sessions and Physicians Associate CPD sessions.
- Bimonthly Principal Investigator Training programme. Supporting new and established Principal Investigators through taught content and facilitated group learning.
- Bespoke consent training for multi-disciplinary teams new to research. Building quality research capacity through training and development.

## Student placements

One of the pillars of university designation is to educate our future workforce. The R&D team regularly provide placements for student nurses, who through training and mentorship are made aware of research as a career pathway. The benefits are that the student will grow to understand what being involved in research means not only to them but also to their patients. Students who do not choose a career in clinical research but go on to work in clinical areas will be able to put their learning into practice working alongside the specialist research team as research is embedded into routine clinical care.

- Active student placement in the Registered Nurse Training Programme - Cardiff University and University of South Wales.
- Opportunities to explore Allied Health Professionals Training programmes - Cardiff University and University of South Wales.
- Working with MSc students.

## NIHR Associate Principal Investigator (PI) Scheme

The Associate PI Scheme is a six month in-work training opportunity, providing practical experience for healthcare professionals starting their research career. Staff who would not normally have the opportunity to get involved in clinical research in their day-to-day roles have the chance to experience what it means to work on and deliver an NIHR portfolio trial under the mentorship of an enthusiastic local PI.

- The local research delivery facilitator will raise awareness and provide support for both potential learners and mentors to participate in the NIHR Associate PI scheme.

## NIHR Clinical Research Practitioner (CRP) professional registration programme

The NIHR CRP programme provides the opportunity to develop the research workforce by upskilling non-registered practitioners to perform clinical roles. Participation in the all-Wales CRPs registration and accreditation working group (HCRW). 'CRPs are working in research delivery roles that involve direct contact with patients or other study participants. CRPs are now identified as an occupational group in health and care in the UK by the UK Professional Standards Authority (PSA). The PSA is the body that sets the standards for accredited registers of people who work in health and social care. In April 2020 accredited registration for CRPs was approved by the PSA as part of the Academy for Healthcare Science (AHCS) Accredited Register'.

- Participate in the HCRW steering group aimed at developing career pathways for CRPs.

## Enhanced skills – specialist delivery team


The Health Boards investment in a new clinical research centre provides facilities for research, clinical trials and interventions to be managed on site. The specialist research team can perform clinical tests; for example, phlebotomy, spinning and processing of samples; treatments; for example, infusion or chemo therapies and also specialist tests; for example, spirometry, ECG, and ultrasound scanning. Enhancing the skill set of the specialist research team enables the Health Board to take full advantage of the new facility and opens up opportunities for R&D to offer a wider range of studies, treatments and interventions to our patients.

- Developing the specialist delivery team to ensure research nurse competencies in infusion, chemotherapy and pump skills are in place and maintained to deliver phase II – IV clinical trials.

Develop the research officer role; either within the specialist team or within the NHS operational teams to take observations, venepuncture and ECGs to support the research team.

## STRATEGIC OBJECTIVE 2: Investment in staff and infrastructure

### Specialist Research Team




**Strategic Action 3:** Align research delivery and governance to consolidate knowledge and expertise to ensure the ABUHB workforce are fully supported to develop and deliver research and to ensure timely study set-up.

Delivering trials within the framework of ICH GCP and following good governance is critical to the quality and integrity of the research undertaken across the Health Board.

As the Health Board moves towards fully integrating research into routine care the specialist research team will:

- work seamlessly to support the strategic objectives and actions within this strategy, and
- work with the HCRW support and delivery centre to ensure ABUHB works within the standard required for clinical research

### Research Active Consultant Time



**Strategic Action 4:** The R&D Director will work alongside the Medical Director to oversee the SPA infrastructure provided through SPA sessions and additional responsibility sessions awarded through job planning. The R&D Director will be aware of all SPA and additional responsibility sessions awarded for research and will be able to align and supervise that work to ensure clinical research is supported and enabled to flourish.

It is often the case that only one or two consultants within a Directorate undertake 'true' research; That is working in an official capacity as Principal Investigator or Chief Investigator on:

- HCRW/NIHR Portfolio studies
- Pathway to portfolio studies
- Commercially funded research

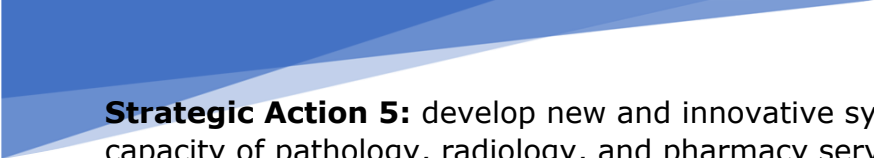
Or working with a university:

- Undertaking developmental activity that leads to one of the above

To undertake research in a *Principal Investigator (PI)* or *Chief Investigator (CI)* role or to develop studies in partnership with the HEIs often requires more time than is awarded through a single or half of an SPA. To address this in discussion with the R&D Director:

- Job plans for research active consultants will be include 1 research SPA.
- where 1 SPA is insufficient the job plan review for the research active consultant should include directorate funded additional responsibility sessions/research sessions.
- directorates may consider employing a consultant research lead who has fewer clinical sessions and more dedicated research sessions to lead the directorate research portfolio.

## NHS Support Services



**Strategic Action 5:** develop new and innovative systems to enhance the capacity of pathology, radiology, and pharmacy services to support research and development.


Pathology, Radiology and Pharmacy are support services within the NHS that are crucial to the delivery of clinical trials.

- Limited availability of these resources impedes capacity to open and deliver trials. In addition, as services are moved or redesigned it is important to factor in the impact that the move/change will have on the ability of that service to run clinical trials and the impact that would have on patients.

Increased capacity of support services will be achieved by drawing on a pool of skills to streamline the way trials are set up and delivered through support services. Research specialists currently employed within the support services (who have the knowledge of the trial protocol and the governance that needs to be in place), and the wider directorate support service team (who have the knowledge of the disease area/medication/test) will work together supported by the research senior management team to break down barriers and enable directorates to run clinical trials as part of their operational service.

- Pharmacy: An example being explored in Haematology will involve the directorate specialist pharmacist working alongside the research pharmacist, unpicking new research protocols to establish mechanisms of enabling the study to run. By working together and streamlining the review process duplication can be avoided, valuable time saved, and it can be determined much more quickly whether or not the study is able to run in ABUHB. If successful, this process will roll out to other directorates.

## Developing joint appointments between the NHS and HEIs



**Strategic Action 6:** ABUHB will work with Higher Education Institutions, Health Education & Improvement Wales and Welsh Government to remove barriers and open opportunities for joint appointments.

It has long been recognised that joint consultant posts are of benefit to NHS organisations and Higher Educational Institutes (HEIs) alike. There are not enough joint consultant posts, and it is important that the Health Board works with the universities to find ways to develop that valuable resource.


Opportunities for joint posts, however, should not be limited to consultant posts and the Health Board together with its university partners need to explore the whole spectrum of research posts across the NHS and HEIs:

Example: Trial Manager.

- Combining the role of an NHS trial manager and a university trial manager would realise the following benefits:
  - career and education development opportunities in the NHS and university. (Employee job satisfaction)
  - access to specialists in both sectors broadening the shared knowledge and expertise. (Better understanding across sectors)
  - trials would benefit from an informed coordinated design and set up meeting the needs of the NHS and HEIs.
  - potential for grant funding to go further as overhead costs are reduced

A Healthier Wales looks towards a future where barriers to working across sectors are broken down. In 2022, at the University Designation Showcase joint NHS/HEI posts were discussed. This discussion identified a number of barriers: (contracts, pensions, salaries, IT connectivity) and suggested an enabler would be an all-Wales joint NHS/HEI strategy looking at the benefits of joint posts and how to remove barriers.

## Infrastructure




**Strategic Action 7:** align the estate strategy to the research strategy to create an infrastructure that will support research delivery across multiple sites.

In 2021/22 the Health Board opened the doors of its new clinical research centre in Royal Gwent Hospital (RGH) supported by a satellite unit in Nevill Hall Hospital

(NHH) and a small team working out of the Grange University Hospital (GUH). The unit enables trial participants to visit and/or have their treatments in one department. This benefits the patients and the research team in maximising value for money, saving time and ensuring trial participants are cared for in a comfortable environment. This development will be key to enabling the delivery of this strategy. Whilst taking full advantage of the new facility the specialist research team continue to work out of clinical facilities on all sites and in the community where this remains the best way to deliver the research.

## Community of Practice



**Strategic Action 8:** develop a multi professional community of practice where individuals can come together to share ideas and support the implementation of this strategy in conjunction with the ABUHB IMTP and Innovation Strategy.

## STRATEGIC OBJECTIVE 3: A streamlined, efficient, and innovative research programme

Patients and members of the public should:

- be given the opportunity to be involved in research regardless of location.
- be offered specialist research opportunities through referral to specialist centres, equally referrals from other areas are accepted by the health board R&D team where the specialist research is hosted by ABUHB.
- expect that research developed locally will utilise a full community of practice including university partners, AB Connect, HCRW Faculty, HCRW Centres and Units and funding opportunities to ensure the studies developed meet the needs of our population.

The specialist research team will work alongside NHS operational teams across all sites constantly working to remove barriers.

The Health Board drive to realise strategic objective 3; developing a streamlined, efficient, and innovative research programme will be implemented in three phases.

## **Phase 1: Areas of strength and opportunity**

Cardiology: Critical Care: Haematology (and cancer services generally):  
Midwifery: Neurology: Respiratory: Public Health: Rheumatology: Surgery

### **Strengths:**

- established research portfolios
- commercial and non-commercial
- directorate funding in Haematology for a Research Nurse
- Research Officer in cardiology funded through commercial income
- critical care and midwifery integrate research into jobs throughout the teams and have widespread ICH GCP training in place
- critical care and surgery – running apprentice Research Nurse scheme
- innovative ways of working – haematology specialist pharmacist working with research pharmacist

### **Weaknesses:**

- dedicated time for research active consultants
- pathology, radiology and pharmacy services are often unable to support studies
- shared posts with universities
- clinicians developed to Chief Investigator level

### **Opportunities:**

- map and monitor SPA and additional responsibility sessions awarded for research in these areas
- reach out to directorate pharmacists
- capitalise on the reputation already established running commercial trials and the new research unit to develop commercial portfolios across all areas of strength
- feed research priorities into the pharmacy workforce strategy
- promote a midwifery research portfolio that is delivered as an integral operational service overseen and supported by the Research Midwives
- roll out apprentice Research Nurse scheme to all areas of strength
- develop the research portfolio to fully utilise the day case infusion suite and ward space available within the Royal Gwent Clinical Research Facility





## Phase 2: Health Board Priorities

Priority 1: giving every child the best start in life

Priority 2: getting it right for children and young adults

Priority 3: adults in Gwent live healthier and age well

Priority 4: older adults are supported to live well and independently

Priority 5: dying well as part of life

Strengths:

- Midwifery
- The Marmot Region programme
- Public Health
- Palliative care (cancer)
- Research Nurse apprenticeship scheme
- CAMHS
- Mental Health

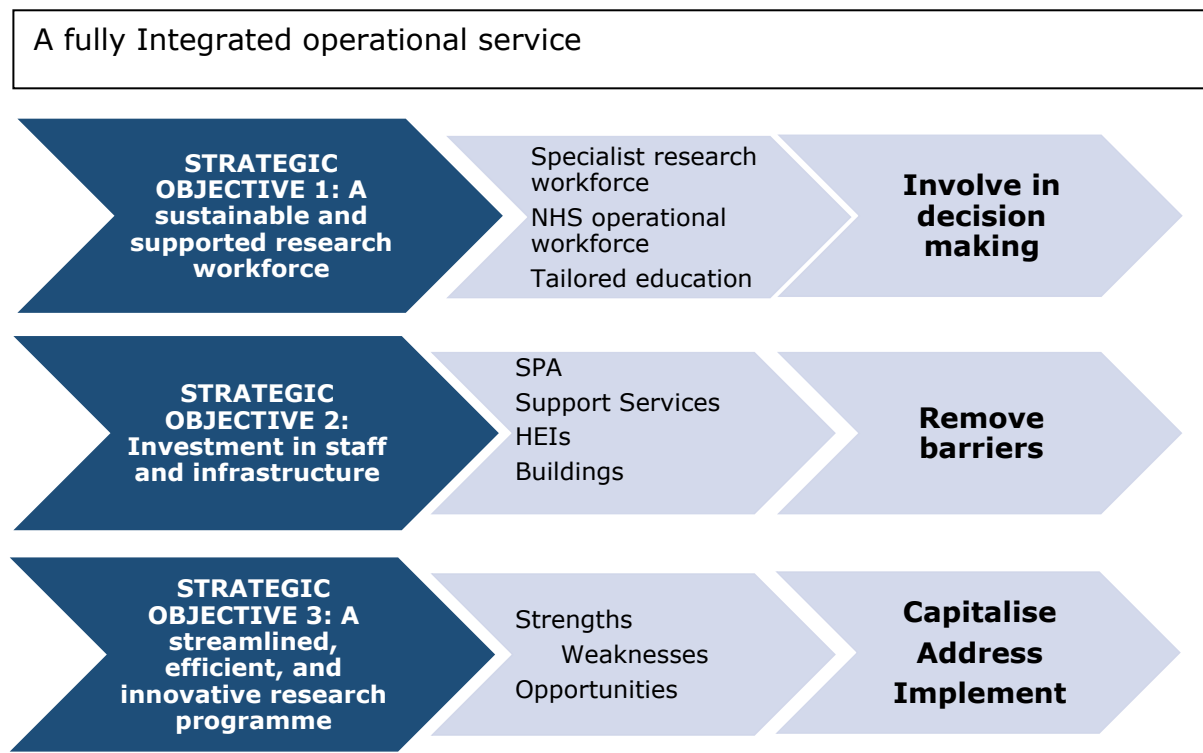
Weaknesses:

- Priorities 4 and 5 would benefit from research developed and delivered alongside our social care and third sector partners: whilst there are robust processes in place to ensure research in the NHS is set-up and carried out in accordance with ICH GCP there is no process in place to govern social care research or third sector research. This currently means that the Health Board are unable to run clinical trials easily across all sectors. HCRW are working towards addressing this and ensuring processes are developed so that this important phase of research can begin.

Opportunities:

- Midwifery as an exemplar from phase 1 will:
  - lead the way for Priority 1: giving every child the best start in life
  - be a role model for how further services can operationalise research
- The Health Board Marmot Region programme will focus initially on the early years promoting family centred interventions and improved long-term outcomes for children. The aim of the project is to reduce health inequalities across the five priority areas.
- Public Health Wales and ABUHB have worked together to research vaccines and diabetes
- Building on palliative care in cancer research palliative care for everyone
- Extend the research nurse apprenticeship scheme to primary care

Phase 3: Research Delivery – a fully integrated operational service



## Conclusion

- In March 2021, all four nations of the UK published a new 10-year vision for research - Saving and Improving Lives: The Future of UK Clinical Research Delivery - which sets out the ambition to create a world-leading UK clinical research environment. This ABUHB 'Research – A Core Activity' strategy aligns to that UK vision.
- On the 21<sup>st</sup> July 2022, the Chief Medical Officer (CMO) wrote to Health Boards and Trusts in Wales referring to the UK vision for research. In his letter, the CMO outlined the influential role Health Boards and NHS organisations can play in supporting this work programme.
- The income the Health Board receives from Health and Care Research Wales (HCRW) provides the core funding for the Health Board's research activity. The HCRW budget is under significant pressure and in recent years HCRW funding to Health Boards has been reduced.
- It is important therefore, that the Health Board diversifies its income sources for research to achieve the Health Board's full potential as a research organisation.
- This strategy 'Research A Core Activity 2022-2027' sets out how ABUHB will achieve that intention through three high level strategic objectives and 8 strategic actions.
- The aim is to develop the Health Board's infrastructure to be an organisation where research can flourish and where the Health Board can maximise the benefits of its investment in the new Clinical Research Centre at the Royal Gwent Hospital.
- The final document will be published on the Health Board's website in English and Welsh and produced as a high specification booklet that promotes the new Clinical Research Centre and ABUHB as an organisation where research is a core activity.

## Aneurin Bevan University Health Board

### Welsh Government Anti-Racist Action Plan

#### Executive Summary

The purpose of this report is to highlight the objectives and timeframe set out within the Welsh Government Anti-Racist action plan.

The Board are asked to review and agree an approach to how the Health Board can meet the outlined objectives.

The paper provides an overview of the work that has already begun within the Health Board and forthcoming areas of work over the next 18 months.

The recommendations in this paper and accompanying presentation are to;

- Agree to support the development of an Anti-Racist action plan for the Health Board, which will align with the current Strategic Equality Objectives, IMTP, People Plan and other strategic key documents.
- To identify an Executive Committee/Board Champion for Race as well as the wider equality areas. This can be part of a wider Equality, Diversity, and Inclusion (EDI) Board Development Programme.
- In line with Welsh Government requirements, commit that all NHS Board members will undertake an Anti-Racist Education Programme and report against personal objectives to meet the vision of an Anti-Racist Wales.
- Support resources for both staff and public engagement and co-production of the action plan, so that it makes a real difference to the lives of ethnic minority staff, patients and the wider community. This involves releasing staff to attend engagement forums and working with the Corporate Communications Team on an Engagement plan.

#### The Board is asked to: (please tick as appropriate)

Approve the Report	<input checked="" type="checkbox"/>
Discuss and Provide Views	<input checked="" type="checkbox"/>
Receive the Report for Assurance/Compliance	<input type="checkbox"/>
Note the Report for Information Only	<input type="checkbox"/>

**Executive Sponsor:** Sarah Simmonds, Executive Director of Workforce & Organisational Development

**Report Author:** Ceri Harris, Equality, Diversity and Inclusion Specialist

**Report Received consideration and supported by:**

<b>Executive Board</b>	<b>Committee of the Board</b> <b>[Public Partnerships &amp; Wellbeing Committee]</b>
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**Date of the Report:** 18th November 2022

**Supplementary Presentation Attached:** Appendix 1, Anti-Racist Action Plan

## Purpose of the Report

The purpose of the report is to explain the Welsh Government expectations in relation to the Anti-Racist Action Plan and highlight the actions and recommendations identified within the plan.

The Board are asked to review the actions and recommendations identified within the action plan, agree key recommendations and provide guidelines and support on the Health Board's approach to meeting the actions and expectations.

This includes support resources for both staff and public engagement and co-production of the action plan, so that it makes a real difference to the lives of ethnic minority staff, patients and the wider community.

## Background and Context

On the 7<sup>th</sup> June 2022, Welsh Government published its Anti-Racist Action Plan, with the overarching aim to be an Anti-Racist Wales by 2030. During 2020-21 Welsh Government consulted on its draft action plan, listening to the experiences of Black, Asian and Minority Ethnic people, who told them that the Government needed to move from a passive non-racist standpoint to be anti-racist, by challenging the negative views within society and systemic racism.

The disproportionate impact ethnic minority people experienced during COVID, and the growing Black Lives Matter movement as a result of the death of George Floyd in the US, brought the conversation about racism into everyone's home, office and organisation. As a nation we have started to have difficult discussions about how we define our history, what we do about monuments that celebrate slavery, and how and what we should teach the next generation. Unfortunately, many people, including many who were born within Gwent, still experience racism.

Within the NHS the action plan asks us to look at and question: *what has led to the health inequalities and negative experiences of Black, Asian and Minority Ethnic communities, including the experiences of our own workforce*. Adopting an Anti-Racist approach requires the Health Board to look at how racism may unintentionally exist within our policies, formal and informal rules and regulations and generally in the ways in which we work.

The aim of the action plan is to make a real difference to current and future generations of ethnic minority people.

The action plan (appendix 1) identifies the priority areas across:

- Leadership within Welsh Government and across public services
- Education and Welsh Language
- Culture Heritage and Sport
- Health

- Social Care
- Local Government
- Employability and Skills, including Social Partnership and Fair Work and Entrepreneurship
- Nation of Sanctuary – support for refugees and asylum seekers
- Crime and Justice
- Childcare and Play

Within the health section of the action plan, 5 priority actions have been identified and linked to a goal. These are:

- Leadership
- Workforce
- Data
- Access to services
- Health Inequalities

Timelines have been established for the actions within the plan and it is for each NHS Wales organisation to set out a plan as to how they will progress these actions.

Work has already been established within the Health Board to support the actions in the action plan. These include:

- Establishment of Race Advisory Group and development of Workforce Race Equality Plan.
- Funding for 4 Divisions to attend Diverse Cymru's Cultural Accreditation programme, with Maternity services prioritised to undertake the accreditation process.
- The Health Board began a 6-month programme of Active Bystander training with 300+ staff trained.
- The Health Board is committed to the Zero Racism Pledge.
- The Health Board has established a Voices@ABUHB staff network.
- The model of Equality Diversity Inclusion (EDI) champions is expanded to the Workforce and Organisational Development team, as they are the operational point of contact for many staff and managers.

It is important that whilst considering actions to improve the lives and experiences of Black, Asian and Minority Ethnic people we also acknowledge intersectionality (the interconnection and overlap of peoples / groups protected and other characteristics and identities) and the additional impact of different experiences, such as ethnic minority from the LGBTQ+ community, or black men and mental health barriers. Accordingly, the Health Board cannot look at race in isolation.

Within the context of the Anti-Racist Action Plan, it is noted that the Welsh Government will publish its LGBTQ+ action plan and a disability action plan in the next 12-18 months. The key actions, deadlines and effort to date are outlined in the accompanying presentation.

## Recommendation

The Board are asked to review the recommendations:

- Agree to support the development of an Anti-Racist action plan for the Health Board, which will align with the current Strategic Equality Objectives, IMTP, People Plan and other strategic key documents.
- To identify an Executive Committee/Board Champion for Race as well as the wider equality areas. This can be part of a wider Equality, Diversity, and Inclusion (EDI) Board Development Programme.
- In line with Welsh Government requirements, commit that all NHS Board members will undertake an Anti-Racist Education Programme and report against personal objectives to meet the vision of an Anti-Racist Wales.
- Support resources for both staff and public engagement and co-production of the action plan, so that it makes a real difference to the lives of ethnic minority staff, patients and the wider community. This involves releasing staff to attend engagement forums and working with the Corporate Communications Team on an Engagement plan.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	<p>The Health Board will be required to provide regular updates to Welsh Government on its progress towards the actions in the All Wales action plan.</p> <p>Failure to meet the actions in the plan could result in additional scrutiny and special measures being put in place.</p>
<b>Financial Assessment, including Value for Money</b>	<p>Many of the actions in the Welsh Government action plan do have a financial implication such as training costs, engagement costs which will include communication needs assessments. As well as staff resources to undertake the work identified.</p> <p>The Health Board Equality, Diversity and Inclusion lead will progress and lead many of the key areas of work, but the action plan identifies the shared responsibility to create change in all areas of NHS services.</p> <p>Currently the Welsh Government has not provided additional resources to public bodies to meet the actions, as it is for organisations to mainstream from existing resources.</p>
<b>Quality, Safety and Patient Experience Assessment</b>	<p>Many of the areas of focus in the action plan, focus of the patient experience and recognising the commitment of the Health Board to provide person centred care and this also needs to be culturally competence care.</p>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<p>The finalised Anti-Racist action plan will include an Equality Impact Assessment that will include the legal implications and risks as well as recommendations of what can be done to ensure that negative impacts can be either removed or</p>

	mitigated and to celebrate the positive impact of key areas of work within the Health Board.
<b>Health and Care Standards</b>	<p>The development of the health boards Anti-Racist action plan would link to standards:</p> <ul style="list-style-type: none"> <li>1.1 Health promotion, protection and improvement.</li> <li>2.2 Preventing pressure and tissue damage.</li> <li>2.5 Nutrition and hydration</li> <li>2.7 Safeguarding children and adults</li> <li>2.8 Blood management</li> <li>3.1 Safe and clinically effective care</li> <li>3.2 Communicating effectively</li> <li>3.3 Quality improvement, research and innovation</li> <li>3.4 Information governance and communications technology</li> <li>3.5 Record keeping</li> <li>4.1 Dignified care</li> <li>4.2 Patient information</li> <li>5.1 Timely access</li> <li>6.1 Planning care to promote independence</li> <li>6.2 People's rights</li> <li>6.3 Listening and learning from feedback</li> <li>7.1 Workforce</li> </ul>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<p>Many of the actions identified within the Welsh Government Anti-Racist action plan and within the Health Board's action plan link to the IMTP priorities such as:</p> <p>Priority Action 1 – Every child has the best start in life.</p> <p>Priority Action 2 – Getting it right for children and young adults,</p> <p>Priority Action 3 – Adults in Gwent live healthily and age well</p> <p>Priority Action 4 – Older adults are supported to live well and independently</p> <p>Priority Action 5 – Dying well as a part of life</p> <p>In the Welsh Government action plan, priority action 4 focuses on the Maternity and Neonatal Programme, recognising the barriers that have prevented equitable access to maternity services while priority action 5, focuses on health inequalities across all the other IMTP priority areas.</p>
<b>The Well-being of Future Generations (Wales) Act 2015 –</b>	The Welsh Government Anti-Racist action plan is fully aligned to the Well-being Future Generations Act 2015 and the 5 ways of working.



<b>5 ways of working</b>	<p>The key focuses of the Welsh Government Anti-Racist Action plan is co-production, this is with both staff, patients and the wider community. This links to the <b>collaboration</b> and <b>involvement</b> principles.</p> <p><b>Long Term</b> – Looking at the changes the Health Board make now to improve accessibility, behaviours and understanding will improve health inequalities.</p> <p><b>Prevention</b> – The action plan seeks to create an Anti-Racist Wales by 2030. With the focus on prevention of the historical barriers and attitudes that ethnic minority people have experiences up to this point.</p> <p><b>Integration</b> – The key policy areas of the Anti-Racist action plan is to look at how all pubic bodies have a role to play to ensure that there is an Anti-Racist focus on all aspects of public services.</p>
<b>Glossary of New Terms</b>	N/A
<b>Public Interest</b>	It is with intention that the Health Board’s Anti-Racist report will be published.

Cymru  
Wrth-hiliol



An Anti-racist  
Wales



Llywodraeth Cymru  
Welsh Government



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Anti-racist Wales Action Plan

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# Background

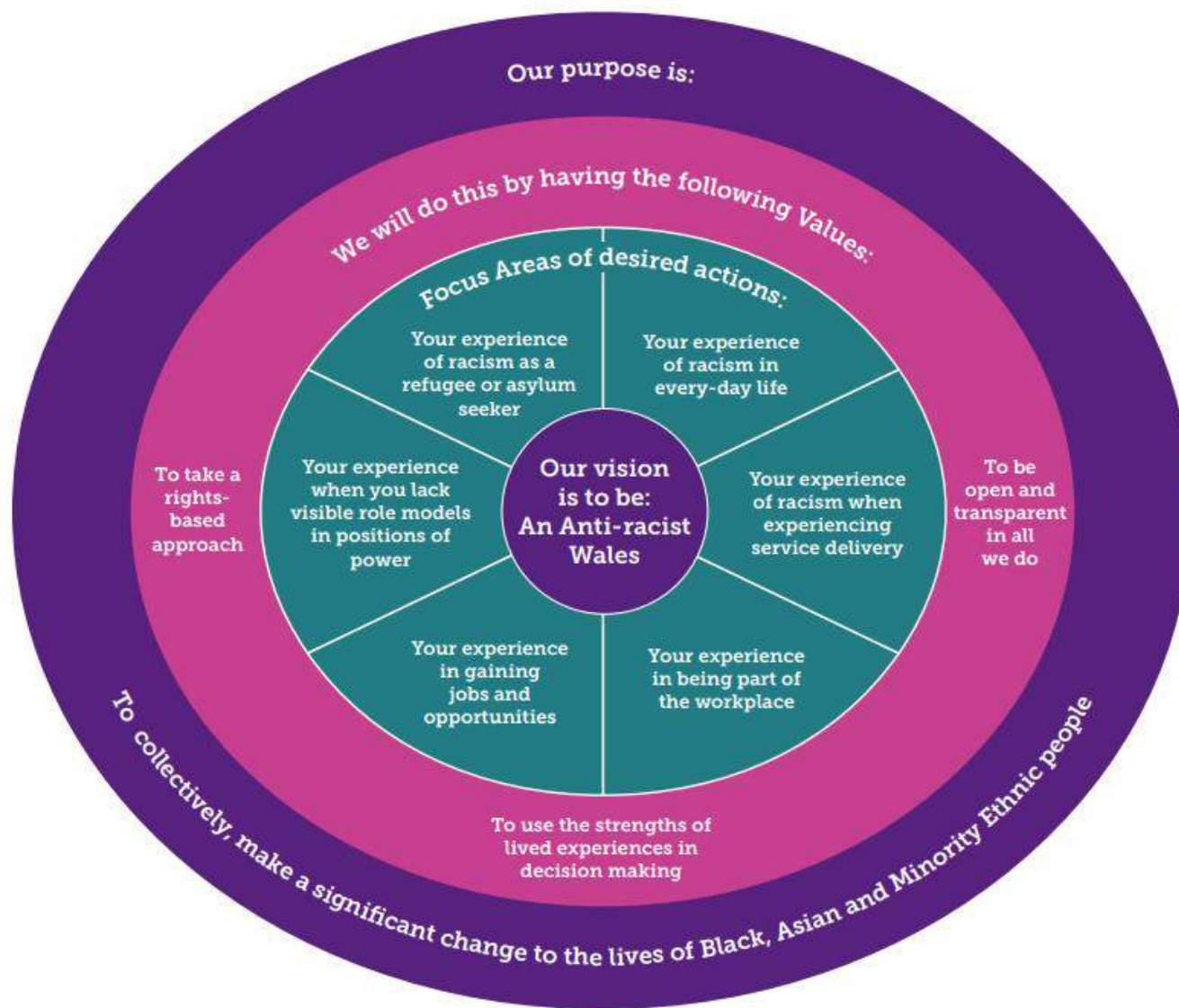
An anti-racist Wales.



A pre-consultation was commissioned that involved:

- ▶ Evidence Review
- ▶ Face-to-face meetings
- ▶ Work by the First Minister's Black Asian and Minority Ethnic COVID-19 Advisory Group
- ▶ Discussions with the Wales Race Forum
- ▶ Community Mentors, and experts on anti-racism policy:
- ▶ A series of 'Community-led dialogues
- ▶ Policy-themed events:
- ▶ Assessing Impact

# Vision, purpose & values



# What we need to know as an NHS organisation

As one of the largest and most diverse employers in Wales, the NHS is a key provider of essential services.

Our staff must be able to work in safe, inclusive environments, confident of support to meet their potential, and of visible ally-ship.

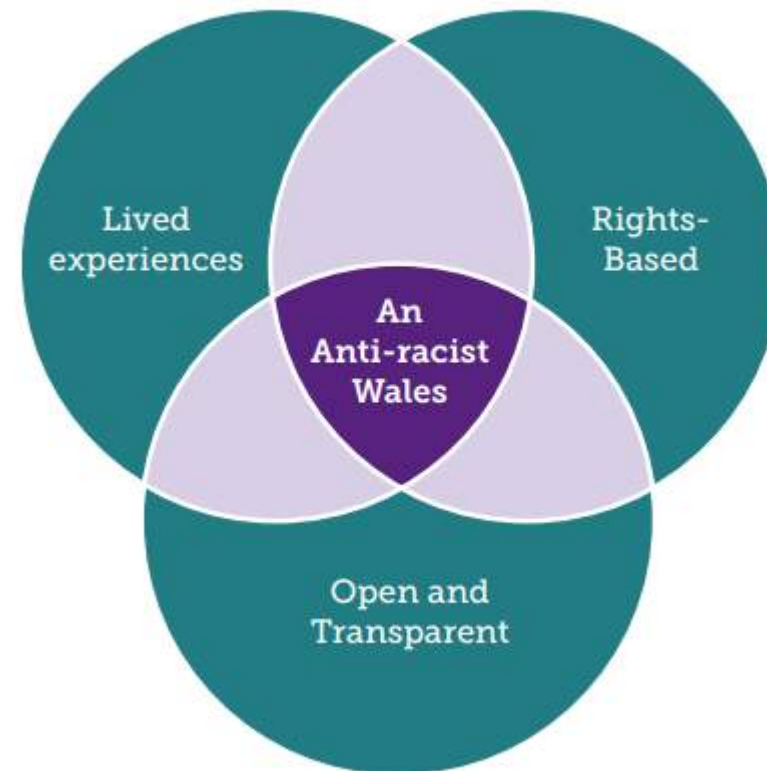
Black, Asian and Minority Ethnic people make a very much valued contribution to the success of the NHS at all levels, and to the wider society in Wales.

This, in turn, will provide Black, Asian, and Minority Ethnic citizens with access to services suitable to their needs, and will help address historic health inequalities, without fear of racism.



# Priority Actions

- ▶ 1: Leadership
- ▶ 2: Workforce
- ▶ 3: Data
- ▶ 4: Access to services(NA)
- ▶ 5: Health Inequalities





Priority action 1: Require anti-racist leadership at all levels by direction. All NHS Boards, Trusts, and Special Authorities to report demonstrable progress in driving anti-racism at all levels

Goal: The NHS in Wales will be anti-racist, and will not accept any form of discrimination or inequality for employees or service users.

Actions	Date	Impact
Appointing 'Equality Champions' and 'Cultural Ambassadors in the Exec Team and within WOD team	September 2023	Visible representation and allyship at all levels
People Plan action to develop a leadership and progression plan for Black, Asian, and Minority Ethnic staff	September 2023	Clear leadership route for Black, Asian and Minority Ethnic staff
Providing Voices@ABUHB our Ethnic Minority staff network with appropriate levels of resources and access to the Board.	September 2022	Expand the staff network and empower staff to share their lived experiences to improve support and services. Impacting on the future development of the Health Boards annual plans and reporting via IMTP
Develop a revised intersectional anti-racism action plans; for both employment and service delivery as a specific part of their wider approach to equality, inclusion and diversity	December 2022	Implementation of anti-racism action plans will reduce people's experience of racism while being recruited, progressing, and working or accessing services
All NHS Board members will undertake an anti-racist education programme and implement and report progress against personal objectives (for all Board members) to meet vision of an anti-racist Wales.	December 2022	Visible evidence of development Visible change, where required, in decision making, evidencing that anti-racism, equality, diversity, and inclusion have been considered Visible and transparent allyship and leadership



Priority action 2: Commission an independent audit of all existing workforce policies and procedures

Goal: Staff will work in safe, inclusive environments, built on good anti-racist leadership and allyship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practices.

Actions	Date	Impact
Completed Independent Audit of current workforce policies with recommendations to strengthen anti-racist principles. This will specifically include policies around grievances, complaints and use of Non-Disclosure Agreements.	December 2022	Confidence in workforce that anti-racist principles are threaded through policies and scrutinised independently.
Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes.	December 2023	Visible mandated education providing confidence in workforce that the organisation is serious about anti-racist principles. Staff more confident in providing allyship and calling out racism.
Each NHS organisation will commit to their involvement in the Aspiring Board Members Programme, ensuring education, mentoring and support to participants who will be from a Black, Asian and minority ethnic background.	December 2022	Increase the number of people from a Black, Asian and Minority Ethnic background into non-executive member roles and increase diversity on Boards.
HEIW will ensure all commissioned programmes provide evidence of anti-racist principles and reflect HEIW's Strategic Equality Plan in order to meet objectives regarding differential attainment, widening access and under-representation of Black, Asian and Minority Ethnic people in NHS Wales.	September 2022	Anti-racist principles embedded in commissioning process.



### Priority action 3: Improve workforce data quality & introduce a Workforce Race Equality Standard (WRES)

Goal: Data in relation to race, ethnicity, and intersectional disadvantage will be routinely collated, shared, and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients.

Actions	Date	Impact
Implemented Welsh WRES to include data about NHS Black, Asian, and Minority Ethnic workforce career progression, leadership representation, discrimination, and bullying. Implementation of systemic monitoring of concerns of workforce discrimination and bullying raised by staff through the Joint Executive Team process	September 2023	High quality Workforce data, underpinned by a culture where staff can be safe and confident to provide ethnicity data and speak up about racist discrimination and practice.
Welsh Government Health and Social Care services Health Improvements to lead and Co-design and revise population health data collection, creating an evidence base to develop policies and provide equitable health and social care services.	2023	Refined and cohesive population health data



Priority action 4. The Maternity and Neonatal Safety Programme, co-designed and developed with Black, Asian and Minority Ethnic People

Goal: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic People

Actions	Date	Impact
The Maternity and Neonatal Safety Programme, co-designed and developed with Black, Asian and Minority Ethnic People and stakeholders will detail and implement specific changes to maternity services that will improve the outcome and experiences of Black, Asian and Minority Ethnic people who experience health inequalities.	January 2023	A reduction in perinatal mortality in minority ethnic woman and babies.  Improved experiences of care in pregnancy and birth including pain management and labour.



Priority action 5: Establish a dedicated working group on health inequalities to address barriers in accessing services and make recommendations to improve.

Goal: Black Asian and Minority Ethnic people will have confidence that action is being taken to address Health inequalities and their voice is shaping decisions which affect them.

Actions	Date	Impact
Establish a dedicated working group on health inequalities to address barriers to in accessing services and make recommendations to improve.	December 2023	Greater awareness of barriers and recommendations based on lived experience of how to remove them.
Ensure our COVID-19 recovery plans are fully inclusive and targeted to address known health inequalities in access to care and service provision.	September 2023	Delivery of more culturally competent care with improved access.
"Time to change Wales" will develop and deliver an anti-racist mental health and anti-stigma programme which is co-designed with people with lived experiences and from Black, Asian and Minority Ethnic People.	March 2023	Program based on lived experience will be more authentic and impactful and raise confidence within the communities that their voices are being heard.
Work with community organisations and the third sector to ensure the needs of Black, Asian and Minority Ethnic people are considered when developing <ul style="list-style-type: none"><li>• New strategies for Mental Health</li><li>• Proposals to address the unmet needs of asylum seekers, refugees and migrants</li><li>• Proposals to reduce health inequalities amongst, Gypsy, Roma and Traveller communities.</li></ul>	September 2023	Black, Asian and Minority Ethnic people will know how to access mental health services and the service they receive is delivered with an understanding of their individual needs.
Work with representatives of ethnic minority communities to promote the Putting Things Right (PTR) concerns and complaints procedure, in addition to revising the guidance to include information on how to respond to complaints about racism in the provision of NHS services. System in place to monitor whether Black, Asian and Minority Ethnic People are using the process.	December 2023	Empowered citizens feeling safe and supported in making complaints about the NHS services confident that they will be taken seriously.

The Welsh Government Equality, Race and Disability Evidence Units, in partnership with public sector and third sector organisations will work together to establish the Equality, Race and Disability Evidence Units made up of:

- Equality Evidence Unit
- Disability Disparity Evidence Unit
- Race Disparity Evidence Unit



# Actions Health Board has already taken

## ABUHB Actions

Race Advisory Group already established in 2021, existing Workforce Race Equality Plan in place. Experts and community partners identified and Terms of Reference and meetings scheduled.

Health Board has funded for 4 divisions in the Health Board to go through the Cultural Competency Accreditation programme with Diverse Cymru. Maternity Services were prioritised to undertake the accreditation process.

The Health Board began a 6 month programme of Active Bystander training for staff in March 2021. Over 300 staff have signed up for this and future training to date.

Health Board is currently developing and integrated Race Equality Action Plan that will reflect the Welsh Government Anti-racist Actions as well as established actions and areas of work set out in exiting Workforce Race Action Plan, Strategic Equality Objectives 2020-2024, IMTP, and People Plan. The Health Boards Race Equality Advisory Group and Voices@ABUHB ethnic minority staff network are co-developers of the document. Staff Engagement sessions are planned for August and Sept 2022. With a view to publish a draft action plan for wider consultation in December 2022.

Earlier this year the Health Board signed up to the Zero Racism Pledge, committing to end racism by 2030.

Work has started on introducing video relay interpretation services that can be accessed via desktop, laptop, iPad and Mobile devices, improving communication with patients and families where English or Welsh is not their first language. This service will be available 24/7.

People Plan includes areas such as;

- Widening Access Programmes
- EQIA of policies for accessibility of language and support.
- Inclusive cultural competence recruitment initiatives
- Development of Workforce Equality Ambassadors
- Development of Diversity panels as part of recruitment.
- Development of Race Pay Audit

# Next Steps

## Communications

- ▶ Engage with staff to increase representation on Voice@ABUHB staff network via onsite Equality Roadshows and communications team.
- ▶ Create a Task and Finish Group of Black, Asian and Minority Ethnic staff to develop, evaluate and monitor Race Equality Plan.

## Coproduction with Teams

- ▶ EDI Specialist to work with OD to develop and deliver EDI Board Development Programme.
- ▶ EDI Specialist to work with WOD working groups on Recruitment & Retention initiatives. As well as Education and Development, EDI training roll-out, all staff.
- ▶ EDI Specialist to work service areas to undertake EQIA's and culturally competence services



GIG  
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Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 30<sup>th</sup> November 2022  
Agenda Item:4.1

## Aneurin Bevan University Health Board

### Annual Presentation of Nurse Staffing Levels to the Board

#### Executive Summary

The statutory guidance issued in support of The Nurse Staffing Levels (Wales) Act (NSLWA) 2016, requires an annual presentation of the nurse staffing levels to the Board, for all wards under Section 25B of the Act.

The Board is asked to receive this report, detailing the nurse staffing levels for all Section 25B wards. This report is to assure the Board all legislative requirements associated with the 'duty to calculate' nurse staffing levels within acute adult wards and paediatric in-patient wards are being maintained.

#### The Committee is asked to: (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

✓

Note the Report for Information Only

**Executive Sponsor:** Jennifer Winslade– Executive Director of Nursing

**Report Author:** Linda Alexander – Deputy Director of Nursing

**Report Received consideration and supported by:**

**Executive Team**

✓

**Committee of the Board  
[Public Partnerships &  
Wellbeing Committee]**

**Date of the Report:** 14 November 2022

#### Supplementary Papers Attached:

- Appendix 1 - Annual Presentation of Nurse Staffing Levels to the Board
- Appendix 2 - Summary of Required Establishment

#### Purpose of the Report

The purpose of this report is to assure the Board of the nurse staffing levels for all wards included under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 (NSLWA) within the review period October 2021 to September 2022 and that the Health Board are meeting its statutory requirements.

## Background and Context

The attached annual presentation report (Appendix 1) details the method, output, conclusions, and actions arising from the recent (Autumn 2022) nurse staffing recalculation cycle. In line with the requirements of the NSLWA, the triangulated methodology for calculating the nurse staffing levels for adult medical, surgical, and paediatric in-patient wards has been carefully applied to determine the required nursing establishments for all 25B wards.

The process of review and re-calculation has highlighted the continued challenges of increased acuity of patients and high levels of enhanced care on the 25B wards along with the associated risk of high use of temporary staff. Despite the success in recruiting International Nurses and an improved profile in regards attracting registered nurses via the streamlining process to fill a significant number of vacancies, recruitment and retention of staff remains a challenge.

At the commencement of this reporting period 32 wards including paediatrics within the Health Board were included under Section 25B of the Act. At the end of this period the Health Board is now reporting 34 wards under Section 25B.

Despite rigorous recalculation exercises using the triangulated approach following the opening of the GUH and the repurposing of the 3 ELGH sites, the June 2022 recalculations have identified the continuing challenges of ensuring the 25B wards have the required workforce establishments to deliver sensitive care to service users.

The June 2022 All-Wales acuity audit progressed in-line with statutory requirements which further demonstrated and confirmed the findings of the January audit and supported the changes required for future establishments.

In total, 14 wards require amendments to previously agreed rosters, 12 of which require an uplift. The uplift costs associated with individual wards appointing substantively are articulated in Appendix 1. The appointment of substantive staffing demonstrates the Health Board is taking all reasonable steps to meet the NSLWA, ensuring continuity in care and providing safer quality care to patients.

Total RN and HCSW costs to appoint substantively: £1,242,910

It is not possible with the current systems to link bank and agency costs incurred to specific posts, but the costs for months 1 to 6 associated with the 12 wards requiring uplift is: £6.1m. These costs are in excess of current substantive establishments. However, the expectation is costs associated with temporary staffing, in particular agency, will reduce significantly as a result of appointing substantively. The Health Boards agency reduction plan and Project Board will ensure the appropriate governance arrangements are in place to monitor agency reduction.

The Board is requested to consider the continued extraordinary and unprecedented pressures the Health Board has encountered during this reporting period.



## Recommendation

The Health Board has a duty to implement the statutory guidance and ensure compliance with the requirement of the Nurse Staffing Levels (Wales) Act.

The Board is asked to: -

- Acknowledge the Health Board is meeting its statutory requirement to calculate the nurse staffing levels for all wards that fall under Section 25B of the NSLWA.
- Agree the substantive staff funding required to meet the Health Board statutory requirements: £1,242,910
- Note the expected reduction in agency costs

## Supporting Assessment and Additional Information

### **Risk Assessment (including links to Risk Register)**

The biggest risk to the implementation of the Act relates to RN vacancies associated with a national shortage of nurses. The Health Board is facing an unprecedented winter with projections of high rates of flu, ongoing long term Covid and increasing demand on services. We anticipate these issues to impact on staff absenteeism, staff wellbeing and staff retention. The HB has a robust recruitment and retention working group ensuring all avenues are covered with regards recruiting nursing into areas of most concern.

### **Financial Assessment, including Value for Money**

Extensive use of temporary staffing is currently being utilised to maintain nurse staffing levels. In order to maintain patient safety and quality there is a requirement to convert this reliance to substantive staffing arrangements.

Cost: £1,242,91m

### **Quality, Safety and Patient Experience Assessment**

Nurse Staffing Act sets into law an obligation for Health Boards in Wales to ensure there are sufficient nurse staffing levels to meet the needs of patients receiving care.

The evidence unequivocally identifies that having the right number of registered nurses and the right skill mix reduces patient mortality and improves patient outcomes.

Moving away from a reliance on temporary staffing to a substantive nursing workforce will have a positive impact on patient safety and quality and a reduction in nurse staffing costs as well as improving staff morale.

<b><i>Equality and Diversity Impact Assessment (including child impact assessment)</i></b>	All Wales statutory guidance for implementation. Aligns to relevant staff policies for recruitment and retention of staff.
<b>Health and Care Standards</b>	Contributes to compliance with the Health and Care Standards: safe care, effective care, dignified care, timely care and staff and resources.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	This paper links with the IMTP in terms of the implementation of the Nurse Staffing Act (Wales) Act 2016.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	
	<b>Long Term</b> – Workforce planning to meet population need.
	<b>Integration</b> – All Wales approach to implementation.
	<b>Involvement</b> – All Wales approach and consultation
	<b>Collaboration</b> – All Wales approach and implementation.
	<b>Prevention</b> – The evidence unequivocally identifies that having the right number of registered nurses and the right skill mix reduces patient mortality and improves patient outcomes
<b>Glossary of New Terms</b>	<ul style="list-style-type: none"> <li>• 25A Duty to have regard to providing sufficient nurses</li> <li>• 25B Duty to calculate and take steps to maintain nurse staffing levels</li> <li>• 25C Nurse staffing levels: method of calculation</li> <li>• 25D Nurse staffing levels: guidance</li> <li>• 25E Nurse staffing levels: report</li> </ul>
<b>Public Interest</b>	<i>No reason not to be available to the Public</i>

Annual Presentation of Nurse Staffing Levels to the Board	
Health Board	Aneurin Bevan University Health Board (ABUHB)
Date of annual presentation of Nurse Staffing Levels to Board	30th November 2022
Period covered	October 2021 to September 2022
<p><b>Number and identity of section 25B wards during the reporting period.</b></p> <ul style="list-style-type: none"> <li>• <b>Adult acute <u>medical</u> inpatient wards</b></li> <li>• <b>Adult acute <u>surgical</u> inpatient wards</b></li> </ul> <p>(Ref: paragraph 26-30)</p>	<p>The board is required to consider and have due regard to the duty on them under Section 25A of the Act to have sufficient nurses to allow time to care for patients sensitively wherever they are receiving nursing services. There is a requirement to constantly review and carry out comprehensive and systematic reviews of all nurse staffing levels and not only those wards that sit under section 25B of the Act.</p> <p>The Act requires the Health Board to report the nurse staffing levels for all wards included under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 (NSLWA). This report lists all wards categorised as 25B within the review period October 2021 to September 2022 (Appendix 1).</p> <p>Within this time period there are 33 Adult Acute in-patient wards, out of a possible 34, which fulfil the criteria of Section 25B of the NSLWA. The orthopaedic ward, D7E, in the Royal Gwent Hospital is closed and is excluded from the report.</p> <p>In October 2020 the Paediatric in-patient ward were included under the statutory requirements of the NSLWA.</p> <p>The 25B wards include:</p> <ul style="list-style-type: none"> <li>21 Adult Acute Medical Wards</li> <li>12 Adult Acute Surgical Wards</li> <li>01 Paediatric Ward (50 Beds)</li> </ul>

**Using the triangulated approach to calculate the nurse staffing level on section 25B wards**

(Ref: paragraph 31-45)

**Evidence of Triangulated Approach**

The triangulated methodology prescribed within the NSLWA is the required approach to calculate the nurse staffing levels for each 25B ward, this process is now fully embedded as routine within the Health Board. A 6-monthly cycle, January and June, is undertaken with the nursing teams, finance, and HR representative, responsible for each 25B ward.

The reviews embrace the triangulated approach: -

- Patient acuity/workload bi-annual data collation analysis of all medical, surgical, and paediatric wards (utilising Welsh Levels of Care).
- Review and analysis of quality indicators: -
  - Health Care Acquired Pressure Ulcers – Grade III, IV and unstageable
  - Falls resulting in significant harm - resulting in serious harm or death (i.e. level 4 and 5 incidents).
  - Never event medication errors
  - Complaints as a consequence of nurse staffing levels
- Professional judgement – in-depth roster reviews are undertaken ensuring professional judgement is applied to meet the requirements of the Act. Examples of such are - skill mix, competencies, experience, RN:HCSW ratios, complexities of patient needs in addition to their medical/surgical, paediatric need.
- Additional staffing related quality indicators are also discussed as part of the review process to enhance the triangulated approach such as: use of temporary staffing, sickness, PADR compliance, mandatory training, and compliments.

These detailed discussions have been captured for each ward area using the 'Once for Wales' template. Following completion of the bi-annual re-calculation a challenge and support exercise was conducted with the Executive Director of Nursing, the Deputy Director of Nursing, Nurse

Staffing Programme Lead and the Divisional Nurses – to understand and review any requests to alter establishments.

In line with the requirements of the Act assurance was sought that:

- All Section 25B wards have a 26.9% uplift applied to the Registered Nurse workforce within their calculated establishments to allow for annual, sick and study leave.
- Ward Managers are supernumerary to the planned rosters. The 26.9% uplift has also been applied to the Ward Manager establishment to cover sick leave, study leave and to enable the continuing provision of the supervisory role in the ward manager's absence.

Themes identified, during the challenge and support meetings, again highlighted an increase in the number of patients requiring an enhanced level of care on acute wards. This increased requirement has led to a reliance on temporary staffing which has both financial and patient quality and safety implications. This report demonstrates the required increase in establishments is, in the main, associated with HCSW's to manage acuity and dependency.

It will be noted from the re-calculation that the majority of establishments requiring an uplift to current rosters are associated with the Medical Division, specifically the Royal Gwent Hospital and Ysbyty Ystrad Fawr Hospital. Both hospitals have several care of the elderly wards, YYF has the added complexity of nursing these patients in single rooms.

## Finance and workforce implications

### Workforce Implications

The Board has previously been apprised of the significant workforce recruitment strategies and workforce re-design undertaken within ABUHB. There remains a significant focus on the 'prudent registered nurse'. This approach led to a significant reduction in vacancies across the Health Board. However, despite best efforts, the registered nurse vacancy position has deteriorated over the last year. In September 2022, the registered nurse vacancy count was circa 330 WTE. Recent recruitment by means of International Nurses and Student Streamlining should reduce the vacancy factor to 210 WTE.

Reasons for increased registered nurse vacancies include:

- Increased establishments to include: Emergency Department, Surgical Assessment Unit, High Care Respiratory Facility, Minor injuries Unit etc.
- Increased establishments associated with the NSLWA
- Increased staff turnover – 2% for both HCSW and Registered Nurses. 42% of leavers from the Health Board are retirees in previous years this was approximately 30-35%.

Despite significant efforts by the Health Board to reduce vacancies and a proactive approach to incentivised pay rewards, there remains a substantial reliance on temporary staffing. The reliance on temporary staffing carries a high risk to the Health Board in ensuring the delivery of high-quality patient care, patient safety and continuity of care. A notable increase in concerns and complaints involving agency workers, July-10, August-22 and September-23, gives cause for concern in regards the utilisation of a temporary nursing workforce. The use of agency staff can also be unreliable, short notice cancellations and at times 'no shows' can create a patient safety risk and places significant pressures on ward staff. By way of assurance all incidents relating to agency workers are managed by the Health Boards resource bank and appropriate action taken.

ABUHB continues to consider ways of retaining and recruiting staff to ensure sensitive care can be delivered to our patients. All reasonable steps are taken to ensure planned rosters are maintained. It is anticipated the imminent winter pressures, the need for additional capacity, staff absenteeism and long term Covid 19 will add to the pressures of an already burdened service.

The Health Board is cognisant in regards staff retention, as such, #People First# Cynnal Cynefin: re-creating an engaged workforce, commenced in October 2021. The essence of this work has focused on staff engagement. The impact of the pandemic has and continues to be broad and understanding the impact remains complex. What the Health Board has learnt from a range of surveys is that it has damaged people's relationships to their work, to their colleagues and to the organisation. In order to move forward the organisation proactively moved toward the staff, to understand their needs, repair relationships to continue delivering the best patient care. In November 2021 a series of executive engagement events commenced. To date over 50 events have been undertaken, a range of issues have been raised, 22% complex, 49% complicated and 30% simple. Local solutions for simple issues have been implemented and complex issues continue to be explored.

In addition, a range of retention events have taken place including welcome events for newly registered nurses and midwives, providing an opportunity for nurses to meet their manager, senior nurses, lead and Divisional Nurses before starting in post. Chat cafes for our international nurses, and local listening and engagement sessions are in place to support staff. Exit questionnaires continue to be analysed to inform deliberate interventions/projects which are intended to affect retention.

The recent launch of the Nursing and Midwifery academy and alumni to support our senior nurses and midwives and create a community of shared learning, support, and growth has received excellent feedback and evaluation to date.

### **Financial Impact**

In total, 14 wards require amendments to previously agreed rosters (no financial impact associated with OSU and D2W). Twelve wards require an uplift to maintain high quality patient care, support increased levels of enhanced care and reduce use of temporary staff.

Twelve wards, outlined below, are currently utilising significant agency staff to ensure all reasonable steps are taken to meet the required establishments. Any agreement to increase nurse staffing establishments will be tracked via the agency reduction plan to ensure agency usage is reduced as a consequence.

	<p>Finance Business Partners and Workforce Business Partners (BPA's) have fully participated in the triangulated approach of all 25B wards. The financial information within the report has been provided by Divisional BPA's.</p>
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DRAFT



Scheduled Care											
Site	Ward	Budgeted Pre-Calculation			Post-Calculation Requirement			Difference		Cost	
		RN WTE	HCSW WTE	Total WTE	RN WTE	HCSW WTE	Total WTE	RN WTE	HCSW WTE	RN - £ per annum	HCSW - £ per annum
RGH	C7E	15.48	19.61	35.09	15.48	22.40	37.90		2.80		£96.63K
	C7W	15.48	16.81	32.29	15.48	19.61	35.09	0.8 convert Band 5 – Band 6	2.80	£6k	£96.63K
	D2E	12.69	11.22	23.85	15.48	8.38	23.86	2.84	-2.84	£12k – up-lift from Band 4-5	
	D2W	13.91	5.59	19.50	12.89	5.59	18.48	-1.02		NIL	NIL
St Woolos	OSU	17.32	8.38	25.70	17.92	8.39	26.31	0.60		NIL	NIL as reverting to pre GUH template, budget already in place
GUH	A3 Gynae	20.35	11.18	31.53	21.16	13.98	35.14	0.81	2.8	£48.61k	£96.63k

Medicine Care											
Site	Ward	Pre-Calculation			Post-Calculation			Difference		Cost	
		RN WTE	HCSW WTE	Total WTE	RN WTE	HCSW WTE	Total WTE	RN WTE	HCSW WTE	RN	HCSW
RGH	C5W /B3	15.48	22.42	37.90	15.48	25.22	40.70	-	2.80		£96.63K
NHH	3-1	15.48	22.42	37.90	15.48	25.20	40.70		2.80		£96.63K
	3-3	15.48	22.42	37.90	15.48	25.20	40.70		2.80		£96.63K
	4-3	15.48	22.42	37.90	15.48	25.20	40.70		2.80		£96.63K
YYF	Bedwas	Not 25B	Not 25B	34.29	18.32	22.36	40.68		6.39		£210K
	Bargoed	15.48	22.42	37.90	15.48	25.20	40.70		2.80		£96.63K
	Oakdale	18.32	19.56	37.90	18.32	22.36	40.68		2.80		£96.63K
	Risca	18.32	19.56	37.90	18.32	22.36	40.68		2.80		£96.63K

## Conclusion & Recommendations

- A total of 13 wards under Section 25B require an uplift to previously agreed planned rosters.
- Budgeted rosters must be aligned to demand templates.
- Introduction and spread of “safecare” to all 25B wards in the Health Board is progressing to assist managers in monitoring patient acuity and ensuring patient safety by re-deploying staff to where needed most.
- The continuation of the recruitment strategy is required to convert agency spend to substantive staffing.
- In addition to the Health Board’s central recruitment wheel, a targeted and bespoke recruitment strategy is being delivered for specialist areas.
- Work is in progress in regards HCSW career progression, to include:
  - Further roll out of the apprenticeship scheme across all areas of the organisation
  - Volunteer to career
  - Assistant Practitioner (Band 4) and Trainee Assistant Practitioner (Band 3)
- Significant and essential work is underway within the Health Board which focuses on engagement and staff retention.
- Succession planning and investment in education, training and development is essential to retain our existing nursing workforce.

## APPENDIX 2: SUMMARY OF REQUIRED ESTABLISHMENT

<b>Health Board:</b>	Aneurin Bevan University Health Board
<b>Period reviewed:</b>	Start date: 1 <sup>st</sup> October 2021
	End date: 30 <sup>th</sup> September 2022
<b>Number of ward where section 25B applies:</b>	Medical: 21
	Surgery: 12
	Paediatrics: 1

MEDICAL												
Ward	Required establishment at the start of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period	Required establishment at the end of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the end of the reporting period	Bi-annual calculation cycle reviews and reasons for any changes made			Any review outside of bi-annual calculation. If yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
GUH Med A2	19.91 Miss calculation	16.78	Yes	21.16	16.78	Yes	Yes	No		No	No	
GUH Med A4	26.85	22.37	Yes	26.86	22.38	Yes	Yes	No		No	No	
GUH Med B4	19.32 miss calculation	17.4 miss calculation	Yes	18.32	16.77	Yes	Yes	No		No	No	
GUH Med C4	41.07	27.97	Yes	41.07	27.97	yes	Yes	No		No	No	
RGH Med C4E	15.48	25.22	Yes	15.48	25.20	Yes	Yes	No		No	No	
RGH Med C5E	15.48	16.78	Yes	15.48	16.78	Yes	Yes	No		No	No	

Ward	Required establishment at the start of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period	Required establishment at the end of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the end of the reporting period	Bi-annual calculation cycle reviews and reasons for any changes made			Any review outside of bi-annual calculation. If yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
<b>RGH Med C5W (B3)</b>	15.48	22.42	Yes	15.48	25.22	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	Relocated to ward C5W in August 2022	<b>No</b>	<b>No</b>	
<b>RGH Med C6E</b>	15.48	22.42	Yes	15.48	22.42	Yes	Yes	No		No	No	
<b>RGH Med C6W</b>	18.48	22.42	Yes	18.48	22.42	<b>Yes</b>	<b>Yes</b>	<b>No</b>		<b>No</b>	<b>No</b>	
<b>RGH Med D4E</b>	15.48	25.17	Yes	15.48	25.20	Yes	Yes	No		No	No	
<b>RGH Med D4W</b>	15.48	25.17	Yes	15.48	25.20	Yes	Yes	No	High levels of enhanced care	No	No	
<b>NHH Med 3/1</b>	15.48	22.42	Yes	15.48	25.20	Yes	Yes	Yes	High levels of enhanced care	No	No	
<b>NHH Med 3/2</b>	15.48	22.42	Yes	15.48	22.42	Yes	Yes	No		No	No	
<b>NHH Med 3/3</b>	15.48	22.42	Yes	15.48	25.20	Yes	Yes	Yes	High levels of enhanced care	No	No	
<b>NHH Med 3/4</b>	15.48	22.42	Yes	15.48	22.42	Yes	Yes	No		No	No	
<b>NHH Med 4/3</b>	15.48	22.42	Yes	15.48	25.20	Yes	Yes	Yes	High levels of enhanced care	No	No	
<b>NHH Med 4/4</b>	21.16	13.98	Yes	21.16	13.98	Yes	Yes	No		No	No	
<b>YYF Med Bedwas</b>	Not25B	Not 25B	Yes	18.32	22.36	Yes	Yes	Yes	Ward layout & high levels of enhanced care	No	No	Newly included in 25B- (separated from (AMU) agreed in principle in January to increase to 3 HCSW by night and 4 LD on weekends. Due to

Ward	Required establishment at the start of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period	Required establishment at the end of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the end of the reporting period	Bi-annual calculation cycle reviews and reasons for any changes made			Any review outside of bi-annual calculation. If yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
												continued high levels of enhanced care, request to increase to 4 by night this time.
<b>YYF Med Bargoed</b>	15.48	22.42	Yes	15.48	25.20	Yes	Yes	Yes	Ward layout & high levels of enhanced care	No	No	
<b>YYF Med Oakdale</b>	18.32	19.56	Yes	18.32	22.36	Yes	Yes	Yes	Ward layout and high levels of enhanced care	No	No	
<b>YYF Med Risca</b>	18.32	19.58	Yes	18.32	22.36	Yes	Yes	Yes	Ward layout and high levels of enhanced care	No	No	

SURGICAL												
Ward	Required establishment at the start of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period	Required establishment at the end of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the end of the reporting period	Bi-annual calculation cycle reviews and reasons for any changes made			Any review outside of bi-annual calculation. If yes, reasons for any changes made.		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
<b>GUH Surg B0</b>	23.17	21.16	Yes	26.85	25.2	Yes	Yes	No		No	No	
<b>GUH Surg C0</b>	23.17	21.16	Yes	26.85	25.2	Yes	Yes	No		No	No	
<b>GUH Surg A3 Gynae</b>	20.18	11.48	Yes	21.16	13.98	Yes	Yes	Yes	High acuity and ward layout	No	No	
<b>RGH Surg C7E</b>	15.48	19.61	Yes	15.48	22.40	Yes	Yes	Yes	High levels of enhanced care	No	No	
<b>RGH Surg C7W</b>	15.48	16.81	Yes	15.48	19.61	Yes	Yes	Yes	High acuity by night	No	No	
<b>RGH Surg D2E</b>	12.64	11.19	Yes	15.48	8.38	Yes	Yes	Yes	Swap RN AP, high acuity	No	No	
<b>RGH Surg D2W</b>	13.91	5.59	Yes 2 shifts per week	12.89	5.59	Yes	Yes	No		No	No	
<b>RGH Surg D3E</b>	16.48 miss calculation	21.37	Yes	18.32	19.61	Yes	Yes	No		No	No	
<b>RGH Surg D5W</b>	15.48	22.37	Yes	15.48	22.46	Yes	Yes	No		No	No	
<b>RGH Surg D7E</b>	12.64	11.19	<b>Closed 12.64 HCSW 8.43 Plan to re-open in October 2022</b>									
<b>SWH Surg OSU</b>	17.32	8.38	Yes	17.92	8.39	Yes	Yes	Yes	Pre GUH template and budget	No	No	Reverting to template and budget pre-opening of GUH
<b>NHH Surg 4/2</b>	15.48	22.42	Yes	15.48	22.40	Yes	Yes	No		No	No	
<b>GUH Paeds</b>	70.75	17.06	Yes									



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 30 November 2022  
Agenda Item: 4.2

## Aneurin Bevan University Health Board

### Director of Public Health Annual Report 2022

#### Executive Summary

This paper provides a summary of the content of the Director of Public Health Annual Report 2022. The overarching theme of the report is discussed, and the content of each chapter is summarised.

#### The Board is asked to: (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

Note the Report for Information Only

X

**Executive Sponsor: Dr Sarah Aitken, Director of Public Health**

**Report Author: Stuart Bourne, Consultant in Public Health**

**Report Received consideration and supported by :**

**Executive Team**

X

**Committee of the Board  
[Committee Name]**

**Date of the Report: 30/11/22**

**Supplementary Papers Attached: Director of Public Health Report 2022 – to follow**

#### Purpose of the Report

This paper has been written to provide Board members with a summary of the Director of Public Health Annual Report 2022. It has been written as a cover paper for the main report included in the Board papers.

#### Background and Context

This year's report is centred on the theme of inequity and the impact of the social determinants of health. In taking this approach, the report is structured around the eight Marmot principles developed by Professor Sir Michael Marmot:

1. Give every child the best start in life;
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives;
3. Create fair employment and good work for all;
4. Ensure a healthy standard of living for all;
5. Create and develop healthy and sustainable places and communities;
6. Strengthen the role and impact of ill-health prevention;
7. Tackle racism, discrimination and their outcomes;



## 8. Pursue environmental sustainability and health equity together.

The Marmot principles are central to this year's report for two reasons; firstly, the aim is to help Gwent PSB partners understand what being a Marmot Region might look like, and secondly, it provides the Director of Public Health with an opportunity to reflect on progress three years on from the 2019 Annual Report 'Building a Healthier Gwent'.

### Assessment and Conclusion

The opening to this year's report re-states the ambition set out in the 2019 report to ensure: "In 2030 the places where we live, work, learn and play make it easier for people in our communities to live healthy, fulfilled lives". Three years on, this remains the ambition, framed through the lens of the Marmot principles. The following summarises the key messages in each chapter.

Chapter 1 acknowledges that achieving this ambition has in many ways got harder. The COVID-19 pandemic has acted to exacerbate and magnify health inequalities, an effect that will endure in communities experiencing the poorest health outcomes into the future. Alongside this, the economic situation in the UK is about to make life harder for many individuals and communities, and to limit the ability of public services to intervene. Whether measured by differentials in healthy life expectancy, childhood obesity or consumer spending, the present position makes tackling inequity both more difficult but also more urgent.

Chapter 2 explains the Marmot principles, as well some other important concepts such as proportionate universalism and the social determinants of health. Importantly from a health board perspective, this chapter also includes a framework for how the NHS can respond to the social determinants of health. Developed by the Health Foundation, this contains four quadrants through which NHS organisations can think about how they should address the social determinants of health. Each of these quadrants is explored further in chapter 2.

Figure 1: A framework for NHS action on the social determinants of health

	Individual level	Population level
Within the NHS	<b>Adapt NHS care to account for patients' social needs</b> Eg use data on patients' housing conditions to inform treatment and medication decisions	<b>Use NHS resources to improve social conditions in the community</b> Eg widen access to high quality employment in the NHS for more deprived groups
NHS in partnership	<b>Connect patients with resources to address social needs</b> Eg link patients to food banks or advice about benefits if they are experiencing food insecurity	<b>Align local resources to improve population health</b> Eg joint planning between the NHS and local partners to identify and respond to local needs
Implementation depends on a mix of system-level changes, such as data collection on social needs, community involvement, staff capacity and training		

Source: The Health Foundation<sup>1</sup>

Chapters 3 – 10 of the report concentrate on each of the Marmot Principles in turn. In each chapter, the importance of each principle is discussed, examples of what organisations in Gwent can do are highlighted, and a case study is included to illustrate work that is already taking place. Taken in turn, these chapters recommend the following:

Chapter 3 (Give every child the best start in life) makes the case that collective action from all public service partners needs to focus on ensuring a consistent universal offer of support to all families throughout the early years AND a focus on enhanced support for families with a low income to ensure that they don't get left behind. In this context, the importance of addressing adverse childhood experiences is highlighted, as well as the importance of the Healthy Child Wales Programme and the Early Years Integration Transformation Programme.

Chapter 4 (Enable all children, young people and adults to maximise their capabilities and have control over their lives) suggests a starting point is sharing good practice about what each organisation in Gwent is doing in respect of recruitment. Commitments set out in the Health Board People Plan 2022–2025 are put forward as examples of good practice, including supporting widening access for school leavers and the unemployed into work, designing workforce plans that ensure an inclusive workforce and trialling new selection methods in place of traditional interviews to encourage applications from all parts of the population.

Chapter 5 (Create fair employment and good work for all) lists six areas where partners in Gwent can have an effect on inclusive, fair, sustainable work:

- Area and place-making;
- Job creation and attracting fair work employers;
- Encouraging and incentivising fair work practice;
- Supporting pathways to access to that work;
- Being exemplars as good employers and anchor institutions;
- Implementation of the Socio-Economic Duty.

Gwent Public Services Board can set the direction by incorporating fair work into the Gwent Well-being Plan, with partners translating that collective commitment into action by their own organisations. Regional Economic Frameworks and Implementation of City and Growth Deals, supported by Regional Skills Partnerships are also cited as having an important role in embedding fair work approaches.

Chapter 6 (Ensure a healthy standard of living for all) recommends the following actions:

- Purchasing goods and services from local businesses and organisations.
- Opening buildings and spaces to support local communities and staff.
- Widening access to quality work, including reviewing whether current 'difficult to recruit' vacancies can be converted into wider opportunities such as apprenticeships and placements, to provide local employment.
- Ensuring that services across Gwent remain accessible financially and physically to service-users, e.g., cost of travelling to an appointment; time of appointment to avoid having to take unpaid absence from work.
- Providing brief intervention and signposting service-users to help on financial inclusion, mental health and well-being, plus having referral pathways in place for support with fuel and food poverty.

- Supporting staff visiting service-users' homes to recognise and take action on the signs of fuel and food poverty and assist with access to social support, e.g. Healthy Start and Pension Credit.

Chapter 7 (Create and develop healthy and sustainable places and communities) makes the case for ensuring community buildings continue to operate to address isolation and loneliness, as well as being safe warm spaces offering information and signposting. Digital inclusion should become everybody's business, and be available at community level. Frontline staff and volunteers need to have the knowledge and skills to signpost community members to wellbeing services and support in the place people live and work. Finally, there should be community support available for individuals to address isolation and loneliness.

Chapter 8: (Strengthen the role and impact of ill-health prevention) recommends embedding Make Every Contact Count across organisations, supporting staff to make healthier choices whilst at work through encouraging breaks, incorporating physical activity into the day, promoting healthy eating habits and access to NHS Stop Smoking Services. Specifically for the NHS, chapter 8 recommends building healthy lifestyle changes into care pathways, such as support to lose weight as part of the All Wales Diabetes Prevention pathway, stopping smoking during pregnancy and maximising the potential of 'teachable moments' when people have contact with NHS services

Chapter 9: (Tackle racism, discrimination and their outcomes) suggests local economic partnerships and chambers of commerce work with businesses, the NHS, local authorities and other public sector bodies to gather ethnicity data by pay and grade, and to use this data to address wage gaps and inequalities in seniority. All businesses, public sector and third sector organisations should ensure legal equality duties are met in recruitment and employment practices, including pay, progression and terms. All efforts should be made by health and social care providers to ensure equitable access to their services. Organisations should improve the workforce's cultural literacy and invest in the human and other resources required to develop the workforce to be fully culturally competent and inclusive. All significant policy and planning should have equality built in from the start. Finally, reducing ethnic health inequities should be included as a well-being goal for organisations.

Chapter 10 (Pursue environmental sustainability and health equity together) recognises the draft steps set out in the draft Gwent PSB Well-being Plan to protect and improve the natural environment. In consulting on the Well-being Plan, Gwent PSB are recommending the following steps:

1. Reducing the environmental impact of production and consumption.
2. Declaring a nature emergency in Gwent.
3. Responding to the climate emergency and protecting and preparing communities for the risk associated with climate change.
4. Exploring and promoting community energy projects.
5. Transforming food transport and energy in Gwent.
6. Recognising biodiversity as an asset, addressing the root causes of biodiversity loss and better managing the pressures on natural environments.

The final chapter of this year's report contains a series of reflections of the departing DPH.

<b>Recommendation</b>	
ABUHB Board is asked to <b>DISCUSS</b> and <b>NOTE</b> the main points in the Director of Public Health Annual Report 2022.	

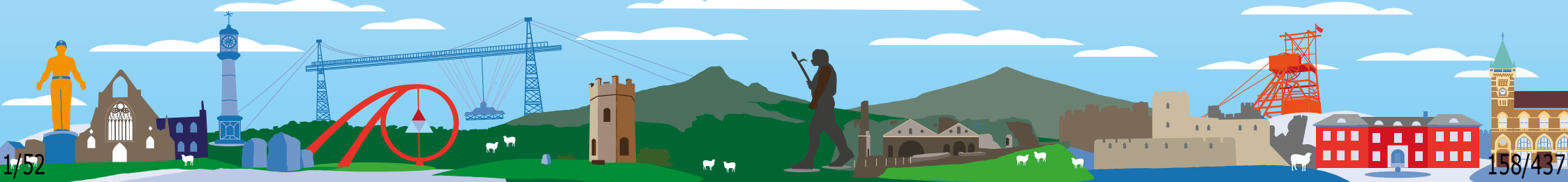
<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	Not formally assessed.
<b>Financial Assessment, including Value for Money</b>	Not formally assessed.
<b>Quality, Safety and Patient Experience Assessment</b>	Not formally assessed.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	Not formally assessed.
<b>Health and Care Standards</b>	Not formally assessed.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	The report links to comments in the IMTP relating to population health.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> The recommendations in the report respond to some of the long term issues affecting health and well-being in Gwent.
	<b>Integration</b> – The report seeks to align and integrate the response of partners to issues of common concern.
	<b>Involvement</b> – A wide range of stakeholders are engaged in the work on inequity via Gwent PSB.
	<b>Collaboration</b> – Addressing the Marmot principles will be subject to public engagement and collaboration.
	<b>Prevention</b> – The report is working to address some of the underlying structural issues at the root of health inequalities.
<b>Glossary of New Terms</b>	N/A
<b>Public Interest</b>	Written for the public domain

## References

1. Maria Luisa Buzelli, Phoebe Dunn, Samuel Scott, Laura Gottlieb, Hugh Alderwick (2022) A framework for NHS action on social determinants of health. [Online]. Accessed on 08/10/22. Available at: <https://www.health.org.uk/publications/long-reads/a-framework-for-nhs-action-on-social-determinants-of-health>

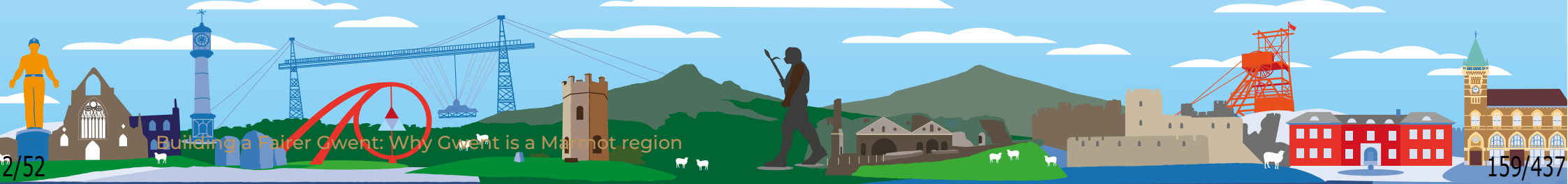
# Building a Fairer Gwent: Why Gwent is a Marmot region

#BAFG



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# Foreword

I'm very pleased to publish my new report. Why Gwent is a Marmot Region. When I published my last report in 2019 Building a Healthier Gwent, I set out an ambition that by 2030 it would be easier for people in all our communities to live their lives in good health. Unfortunately, the events of the last three years have made it harder, not easier. A combination of the pandemic, followed by the cost-of-living crisis, means that many of the things that people need to help them live their lives in good health have got harder.

But this report is about what can be done. It is about what is possible if we all work together. The report adopts the principles first articulated by Professor Sir Michael Marmot, starting with the people at the point that they are born and how we can support them throughout their lives in order to help them to live long, healthy lives. Doing the things in this report and working together, we can build a fairer Gwent.



**Dr Sarah Aitken,**  
Director of Public Health & Strategic Partnerships,  
Aneurin Bevan University Health Board

A handwritten signature in black ink, appearing to read 'Sarah Aitken'.

## The Building a Healthier Gwent 2019 Ambition

**In 2030 the places where we live, work, learn and play make it easier for people in our communities to live healthy, fulfilled lives.**



# Acknowledgements

**My thanks go to all those who have contributed to the production of this report.  
In particular, I would like to thank:**

**Editorial Team:**

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Scott Wilson-Evans • Anna Morgan • James Adamson.

**Contributors:**

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Matthew Lane • Jonny Currie • Kathryn Cross • Emma Davies-McIntosh.

**Aneurin Bevan Gwent Public Health Team**

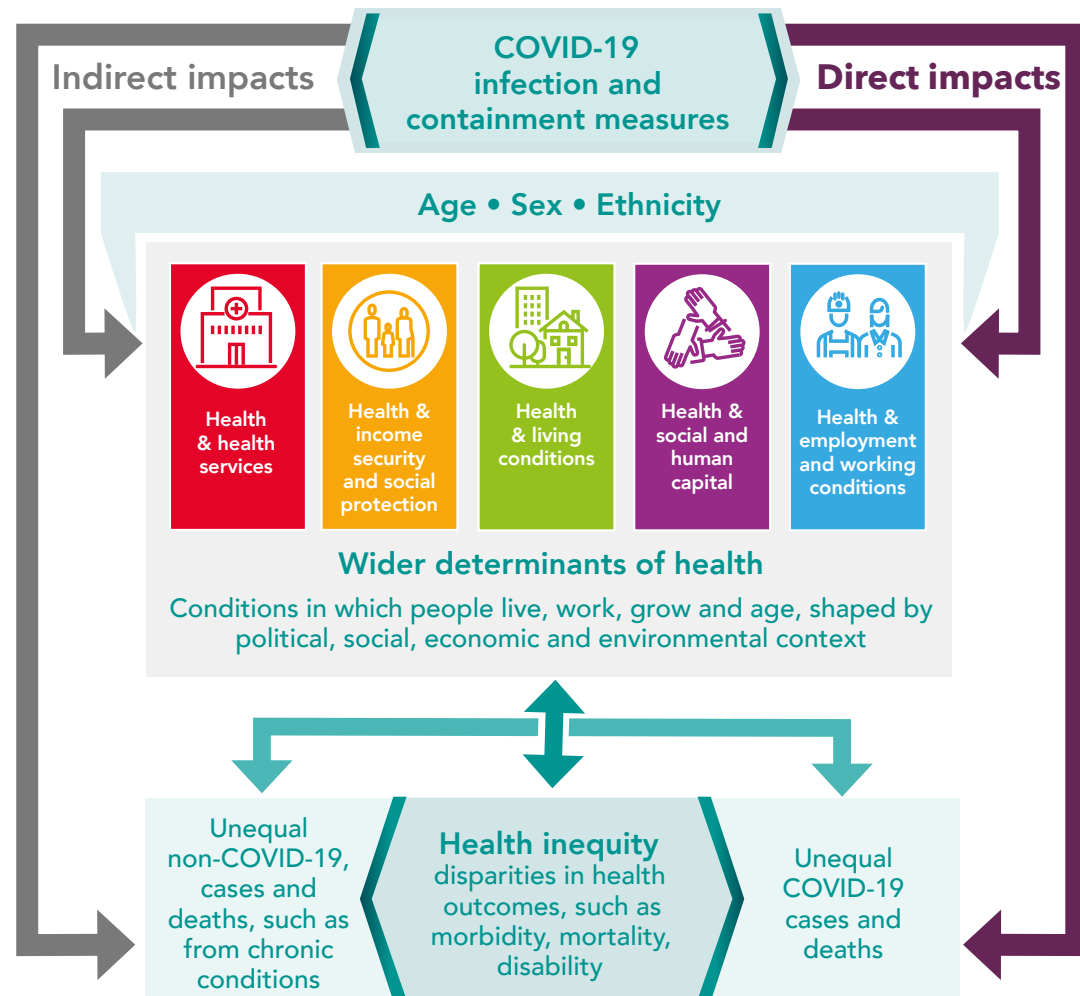


# Chapter 1: The Challenge

Three years after the publication of 'Building a Healthier Gwent'<sup>1</sup>, the data tells us that it is getting harder not easier for people in communities across Gwent to live healthy, fulfilled lives. Inequities have been amplified by the direct and indirect harms of COVID-19 and the cost of living crisis<sup>2,3</sup>.

The COVID-19 pandemic has been described as a 'syndemic' pandemic, interacting with and exacerbating existing inequities in chronic diseases, as well as inequities in the conditions in which people live, work, grow and age<sup>4</sup>. Risk factors interact and multiple aspects of disadvantage come together, meaning the risks are cumulative and increase with each additional risk factor. The long-term direct and indirect impact on health and other inequities will take several years to become fully apparent.

Figure 1: COVID-19 syndemic direct and indirect impact on health inequities

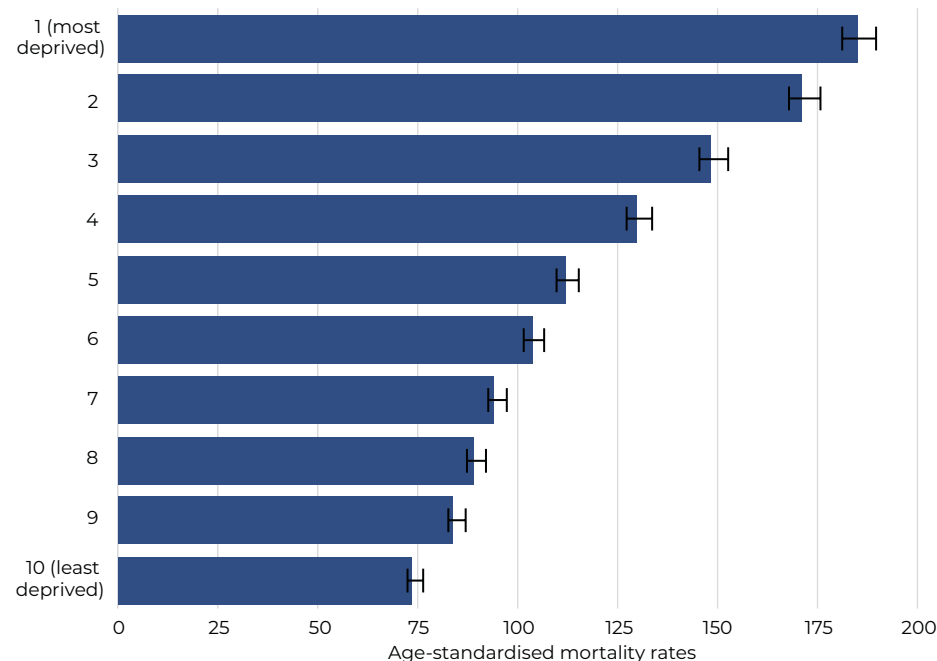


Source: Public Health Wales<sup>5</sup>

**Mortality from COVID-19** has been higher in more deprived areas, accounting for 15% of the gap in life expectancy between the most and least deprived fifths of the population during the two year pandemic period 2020 to 2021<sup>6</sup>. Figures 2 and 3 show the different rates of mortality from COVID-19 between socioeconomic groups in 2021 in both England and Wales.

The most deprived areas of England had the highest age-standardised mortality rate for COVID-19 deaths in 2021 (185.0 deaths per 100,000 people) which was two and a half times higher than in the least deprived areas (74.0 deaths per 100,000 people). There was a statistically significant increase in mortality with each decile of deprivation.

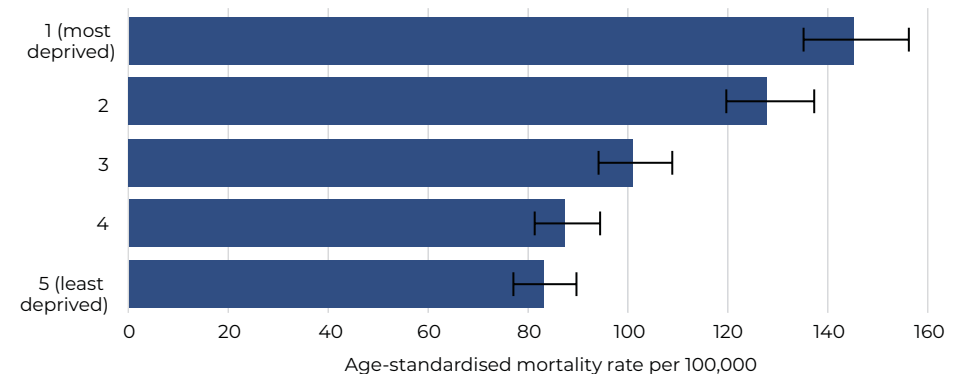
**Figure 2: Age-standardised mortality rates for deaths due to COVID-19 by Index of Multiple Deprivation decile, deaths registered in 2021, England**



Source: Office for National Statistics<sup>7</sup>

Similarly, in Wales, the age-standardised mortality rate for deaths due to COVID-19 was highest in the most deprived areas, at 146.1 deaths per 100,000 people (quintile 1), significantly higher than the 83.9 deaths per 100,000 people in the least deprived areas (quintile 5).

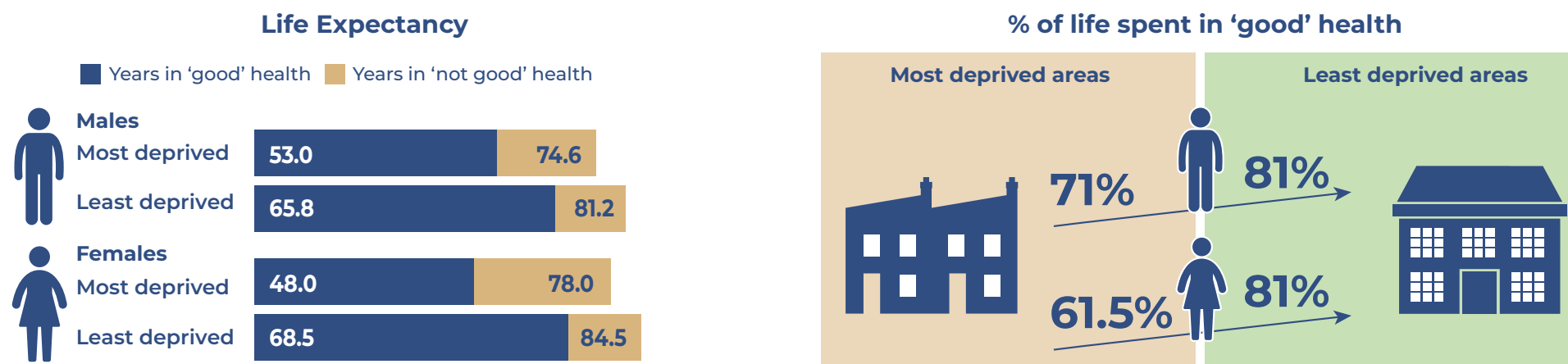
**Figure 3: Age standardised mortality rates for deaths due to COVID-19 by Index of Multiple Deprivation quintile, deaths registered in 2021, Wales**



Source: Office for National Statistics<sup>7</sup>

**The socioeconomic gap in healthy life expectancy** has remained largely unchanged at 13 years for men, but has widened to 20 years for women over the period 2011-13 to 2018-20. This means that on average, a man living in the most deprived communities in Gwent today lives just 53 years of life in good health and a woman lives just 48 years of life in good health (see Figure 4)<sup>8</sup>.

Figure 4: Life expectancy and healthy life expectancy at birth in the most and least deprived areas of Gwent 2018-20



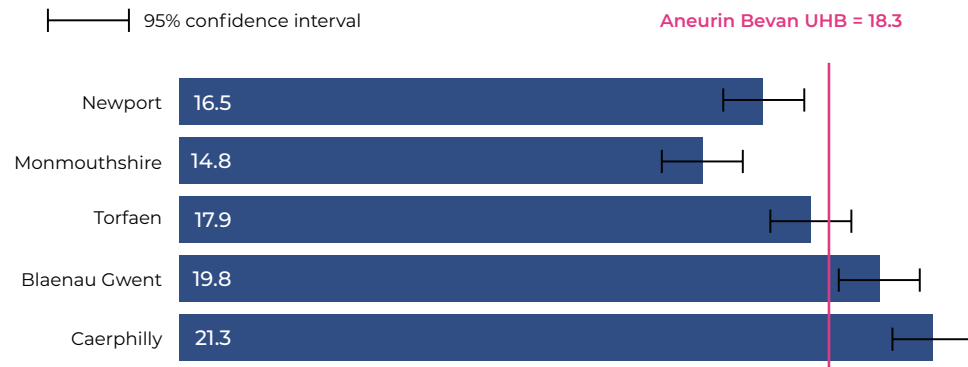
Source: Public Health Wales<sup>1</sup>



**Childhood overweight and obesity** has both immediate and long-term consequences. Data for 2020/21 demonstrates a significant rise in the average rate of obesity among 4-5 year-old children in the Gwent region, up from 11.8% in 2018/19 to 18.3% in 2020/21. This 6.5 percentage point increase means that, in 2020/21, an estimated 1,097 4-5 year-olds in Gwent started school already obese<sup>9</sup>.

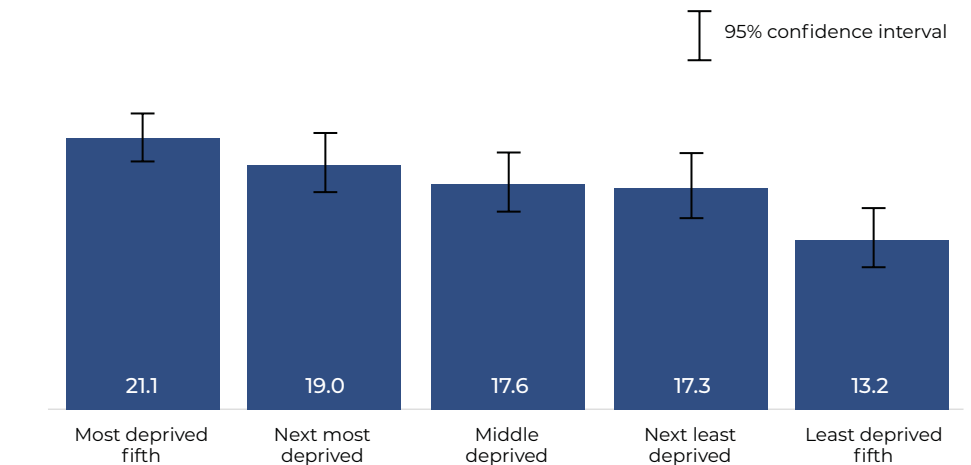
There is wide variation in the rate of childhood obesity at local authority level in Gwent (Figure 5). When the figures are analysed by socioeconomic status, there is an almost eight percentage point difference in child obesity rates between the most and least deprived population quintiles in Gwent (Figure 6).

**Figure 5: Percentage of children aged 4 to 5 years with obesity, Gwent local authorities, 2020/21**



Source: Public Health Wales<sup>9</sup>

**Figure 6: Percentage of children aged 4 to 5 with obesity, deprivation fifths, Aneurin Bevan University Health Board, Child Measurement Programme, 2020-21**



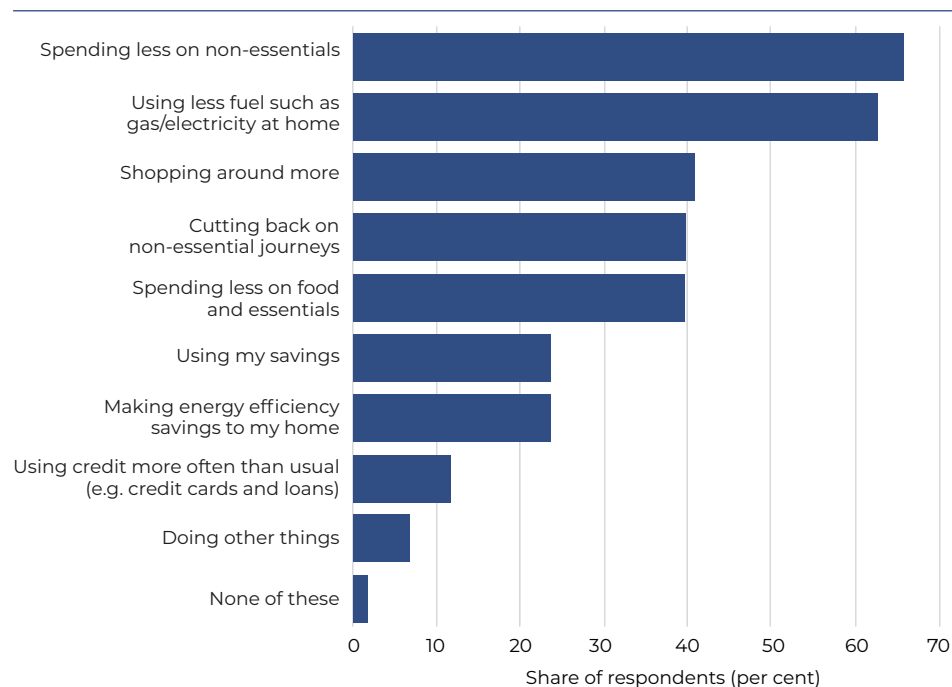
Source: Public Health Wales<sup>9</sup>



**Sharp cost of living increases** are being experienced directly by people across Gwent. Since 1<sup>st</sup> April 2022 consumers have experienced a 54% increase in the energy price cap for gas and electricity<sup>10</sup>. People are struggling to cope and are approaching Citizens Advice in crisis in larger numbers than in any of the past three years<sup>11</sup>.

As prices rise, people are making difficult choices on what to cut back on. Almost 50% of households responding to a recent ONS survey (Figure 7) reported they are using less fuel at home and spending less on food. Over the next few months and potentially years, the impact of higher prices is likely to be felt more acutely by those on lower incomes, because items such as food and energy make up a higher proportion of their spending<sup>12</sup>.

**Figure 7: Cost of living increases and effect on consumer spending**



Source: Office for National Statistics<sup>12</sup>

Three years on from the publication of 'Building a Healthier Gwent' it is even more important that public, private and voluntary sectors work together with communities across Gwent to address the social determinants of health to achieve the ambition of making it easier for people in all our communities to live healthy, fulfilled lives.

# Chapter 2: The Marmot Principles



*“Why treat people and send them back to the conditions that made them sick?”*

is the opening line (and question) of ‘The Health Gap’ by Professor Sir Michael Marmot, Professor of Epidemiology and Public Health at University College London. Professor Marmot has over 40 years of experience in leading research on health equity and is the Director of the University College London Institute of Health Equity.

In 2010, Professor Marmot first proposed a set of guiding principles as the framework for action to reduce inequity<sup>2</sup>. He has continued to advocate for these guiding principles in his subsequent review of inequity in England 10 years on<sup>3</sup> and of COVID-19 and health equity<sup>4</sup>.

The Marmot principles are informed by the **social determinants of health**; the ‘causes of the causes’ of ill health<sup>2</sup>. In other words, the building blocks we need in place for everybody to be able to live healthy, fulfilled, dignified lives: warm homes, healthy food, fair work, good education and skills, secure income, transport, pleasant surroundings and supportive family, friends and communities.

Professor Marmot has introduced the concept of **proportionate universalism** where, “to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage”<sup>2</sup>. Taking this approach in delivering services across the life course will help to reduce inequity between our communities.

Figure 8: The Marmot principles

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together

Concerned by widening inequity, a growing number of cities and regions in England are working with the Institute of Health Equity as Marmot communities to develop local programmes of work to take action to improve health equity. There is much to learn from the practical experience of these areas which currently include: Coventry<sup>5</sup>, Greater Manchester<sup>6</sup>, Luton, Waltham Forest, Cheshire and Merseyside<sup>7</sup>, Lancashire and Cumbria<sup>8</sup>, Leeds, Tendring<sup>9</sup>, and North of Tyne.

Professor Marmot talks about the opportunity for reducing inequity in Wales through the legislative framework of the Well-being of Future Generations (Wales) Act 2015<sup>10</sup>. The establishment of the Gwent Public Services Board (Gwent PSB) through the architecture of the Act, provides an opportunity unique to Wales to address inequity by bringing together public services – the NHS, councils, fire, police, housing, education, environment and voluntary organisations<sup>11</sup>.

In March 2022, the Gwent PSB became the first area in Wales to commit to become a Marmot region, signalling its strategic intent to work with the Institute of Health Equity to address inequity between communities across Gwent<sup>13</sup>. This includes adopting the Marmot principles as the framework for collective action. The approach will be developed and delivered through the five-year Gwent Well-being Plan 2023-28, building on Gwent's assets of a diverse economy, rich culture and heritage, iconic natural environment and strong communities<sup>11</sup>.

Figure 9: Well-being of Future Generations Act's 7 Well-being Goals and 5 Ways of Working



Source: Welsh Government<sup>12</sup>



Translating the strategic intent into action on the ground in communities will require system transformation, not just minor adjustments. Doing more of the same will see the level of inequity continue to widen.

The Health Foundation has recently published a framework which seeks to frame and provide examples of practical action at individual and population level to address the social factors that shape health<sup>14</sup>, through actions delivered in partnership as well as by the NHS alone.

Figure 10: A framework for NHS action of the social determinants of health

	Individual level	Population level
Within the NHS	<b>Adapt NHS care to account for patients' social needs</b> E.g. use data on patients' housing conditions to inform treatment and medication decisions	<b>Use NHS resources to improve social conditions in the community</b> E.g. widen access to high quality employment in the NHS for more deprived groups
NHS in partnership	<b>Connect patients with resources to address social needs</b> E.g. link patients to food banks or advice about benefits if they are experiencing food insecurity	<b>Align local resources to improve population health</b> E.g. joint planning between the NHS and local partners to identify and respond to local needs
<b>Implementation depends on a mix of system-level changes, such as data collection on social needs, community involvement, staff capacity and training</b>		

Source: The Health Foundation<sup>14</sup>



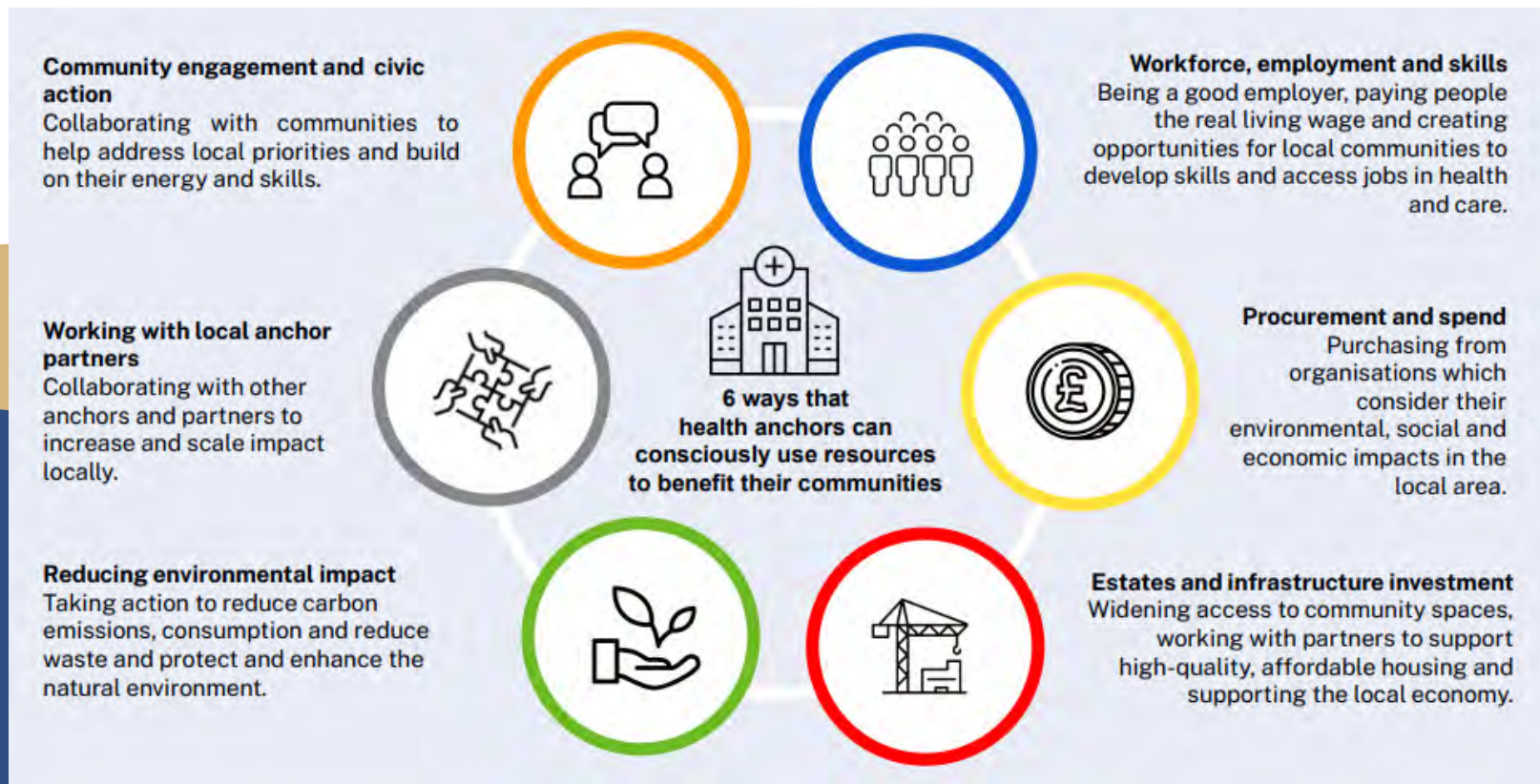
First is more systematic understanding and adjustments to the way care and services are provided, to account for an individual's social needs to reduce the barriers to accessing high quality care and services that vulnerable groups often face. Shared decision making is one practical approach that can help elicit and incorporate social needs into clinical practice and service delivery.

Second is addressing social needs by connecting people with support in the community, for example, by helping those experiencing food insecurity to connect with food banks or signposting to advice about benefits. The impact on social needs is linked to the availability of resources in the community, which can be increased by organisations acting collectively in partnership to avoid duplication and fill gaps.

Third is using resources to improve social conditions in the community, which is the concept of an anchor institution. The Health Anchors Learning Network has identified six ways anchor institutions can benefit their local communities. The member organisations of the Gwent PSB have a unique opportunity to act collectively to realise those benefits at a greater scale than any one organisation could achieve acting alone.

Fourth is improving collaboration between the NHS, local government and other sectors to improve social conditions for the local population. The member organisations of the Gwent PSB have a unique opportunity to translate their commitment to becoming a Marmot region into real system transformation on the ground in communities.

Figure 11: The six ways that health anchors can benefit communities



Source: Health Anchors Learning Network<sup>15</sup>

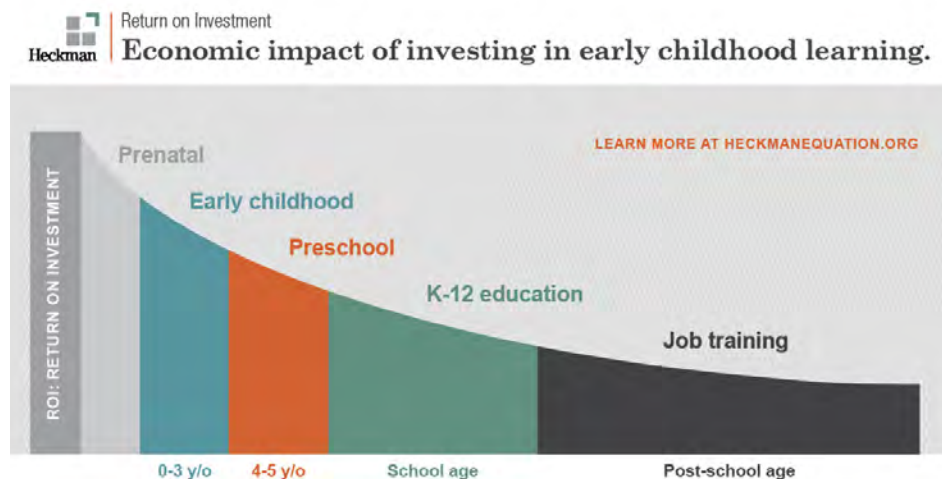


# Chapter 3: Give every child the best start in life

## Why is this important?

The first, and most important, Marmot principle is to give every child the best start in life. To reduce inequity across the life course we need to start from preconception. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. This is critical in the first thousand days of life, from conception through to age two. What happens during these early years has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and socioeconomic status.

Figure 12: Rate of return to early investment



Source: Heckman<sup>1</sup>



The highest rate of return on investment in reducing inequity comes from investing as early as possible in the quality of early childhood development, from birth to age five, through additional support proportionate to need.

## What can organisations in Gwent do?

In order to reduce inequity, collective action from all public service partners needs to focus on ensuring a consistent universal offer of support to all families throughout the early years plus a focus on enhanced support for families with a low income to ensure that they don't get left behind.

There are three existing programmes in Gwent to build on to achieve a reduction in the current inequity of outcomes for children in their early years:

## Adverse Childhood Experiences (ACEs)

Adverse childhood experiences are traumatic events that negatively affect people's health and well-being, especially when they occur early on in childhood<sup>2</sup>. Preventing ACEs is a vital part of ensuring a healthy and happy life and a public health priority. This is because children who have low-quality, stressful childhoods are more likely to experience poor mental health and adopt health-harming behaviours during adolescence which can lead to diseases later in life such as cancer, heart disease and diabetes. The Gwent Public Services Board has previously acknowledged that tackling ACEs is an important step in addressing inequalities. The proposal for Gwent to become a Marmot region mapped its well-being objectives to the Marmot principles and the delivery programmes that can support change<sup>3</sup>, providing the required framework for action.

## Healthy Child Wales Programme

The Healthy Child Wales Programme (HCWP) sets out what planned NHS contacts children and their families can expect from conception to the first years of schooling (0-7 years). These universal contacts cover three areas of intervention: screening, immunisation plus monitoring and supporting child development (surveillance). At its core is an agreed all Wales universal schedule of midwifery, health visiting and school nursing contacts for every pregnant woman and child, with enhanced and intensive interventions for those families and children with increased levels of need.

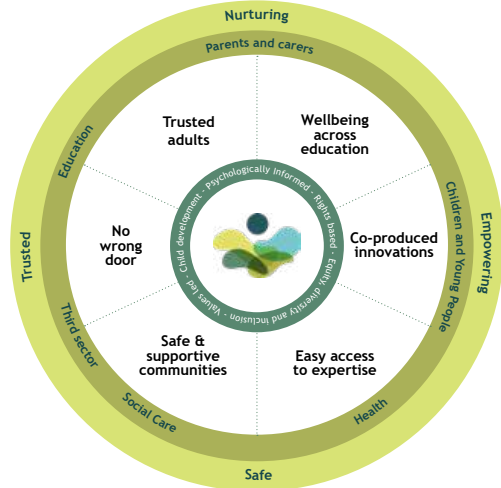
Children and their families in the early years are supported by universal and specialist services across the NHS and its partners. These services range from families' first point of contact and the family GP, to a wide range of services including: maternity, health visiting, school nursing; mental health, including community perinatal mental health services; social services; education; NHS Wales Direct; minor injuries; specialist and critical care; dentistry; and Flying Start. It is essential that all these services work together and take every opportunity to engage, advise and support families and children during this crucial period of their development<sup>4</sup>.

## Early Years Integration Transformation Programme

The Early Years Integration Transformation Programme is a partnership programme between the NHS, local authorities, third sector and communities in Gwent. Its aim is to work alongside families to ensure every child has the best start in life by taking into account what matters to them and accessing support where needed. The programme enables early years services and programmes to meet a family's needs at the right time, in the right place and by the right person through a Midwifery and Early Years Core Programme which sets out the support provided by Community Midwives, Health Visiting, Family Workers, GPs and School Health Nurses.

**Table 1** sets out the system changes needed across Gwent to systematically implement at population scale the evidence based interventions that would reduce inequities and give every child the best start in life.

Table 1: Evidence based early years programmes in Wales

<p><b>The Healthy Child Wales Programme<sup>4</sup></b></p> <p>Encourage all families to engage with the Healthy Child Wales Programme through their midwife, health visitor and school nurse. Expand support for families identified as needing additional help through the programme without waiting for a crisis to happen.</p>	<p><b>Support to stop smoking in pregnancy</b></p> <p>Encourage all pregnant women to stop smoking while pregnant. Extend smoking cessation support in pregnancy as part of routine ante natal care.</p>
<p><b>Adverse Childhood Experiences (ACEs)</b></p> <p>Research by Public Health Wales into interventions that work at a community level<sup>5</sup> has shown that open-ended support, where families can access help in a safe-space, as and when required, work best. These services need to be well-publicised and enduring in the communities they operate. To do this, organisations and projects of all sizes need stable sources of funding to allow them to recruit, train and retain staff who understand their communities. Addressing language barriers, discrimination and cultural awareness is critical to helping people overcome ACEs and this should be integrated into the support offered. Providing play, arts and outdoor activities for children were highlighted as vital components to help young people develop social skills and overcome upsetting experiences. The Gwent PSB should now review its governance and partnership structures to determine where projects tackling ACEs will sit as part of the Marmot region delivery process. Areas of attention should include:</p> <ul style="list-style-type: none"><li>• A needs assessment on substance misuse for children and young people, linking to related ACEs and a partnership mechanism to address them</li><li>• Alignment of interventions with the Integrated Well-being Networks to provide proportionate support and increase publicity of available help.</li></ul>	<p><b>Breastfeeding</b></p> <p>Encourage breastfeeding for all new babies and expand infant feeding support for new mothers. At community level, encourage all public spaces to be welcoming and supportive of breastfeeding.</p>
	<p><b>Smoke-free hospitals, schools and playgrounds</b></p> <p>Take active steps to implement the Smoke-free legislation to achieve the culture change of children and young people across Gwent growing up in a smoke-free environment so that they collectively consider it normal not to smoke when older.</p>
	<p><b>Healthy and Sustainable Pre-school Scheme</b></p> <p>Encourage all early years settings to participate in the Healthy and Sustainable Pre-school Scheme, with a particular focus on early years settings in deprived areas.</p>
<p><b>Early Years Integration Transformation Programme</b></p> <p>At community level, establish fully integrated working between midwives, health visitors, school nurses, Flying Start teams and local authority early years teams.</p>	<p><b>NEST Framework</b></p> <p>Implement the NEST (Nurturing, Empowering, Safe, Trusted) Framework for planning mental health, well-being and support services for babies, children, young people, parents, carers and their wider families.</p>
<p><b>Childhood immunisation</b></p> <p>Promote and encourage the uptake of all childhood immunisations. Work with local communities to understand and reduce vaccine hesitancy.</p>	<p><b>Figure 13: The NEST Framework</b></p>  <p>Source: NHS Wales Health Collaborative<sup>6</sup></p>
<p><b>Weight management during pregnancy</b></p> <p>At community level, expand opportunities for all pregnant women to eat well and keep moving while pregnant. Provide weight management support for all pregnant women with a BMI over 25.</p>	



## Case study: 'Talk with me!' early years language resource

### Background

Learning to talk is one of the most important skills that children need before they go to school. Being able to talk and communicate well helps children make friends, learn to read and do well at school.

Children not developing early language skills can lead directly to poor educational attainment and consequent inequalities in employment opportunities, income and physical and mental health inequalities associated with socio-economic deprivation.

### Talk with me! resources

- A bilingual resource to promote early years speech and language development was developed by professionals in collaboration with parents and carers across Gwent. The 10 key messages were updated in line with current evidence, informed by the insight provided by parents and carers to achieve the greatest impact, and who also indicated they wanted a paper and an electronic resource.
- A 14-page A5 information booklet was developed with the 10 key messages and suggested activities parents/carers could do to support their child's language development. A poster was also developed containing the 10 key messages. These resources are used by Midwives, Health Visitors and Early Years partners in Local Authorities in their work with parents.
- The electronic resources were used as part of a social media campaign run by the ABUHB Speech and Language Team during the Covid-19 pandemic to support parents with practical activities they could do at home.



Professionals were asked to provide feedback on the resource and how they have used it:

*"I use this at every visit from birth onwards. I find the leaflet and resources really good for parents."*

*"The messages are easy to explain and embed within examples for parents."*

*"Without parents' support we have limited opportunity to facilitate change and the more a parent can create positive language environments the more passive change will happen without the child needing to be aware."*

This work has now been adapted by Welsh Government and rolled out across Wales as part of the National 'Talk with me!' campaign. – [www.gov.wales/talk-with-me](http://www.gov.wales/talk-with-me)

# Chapter 4: Enable all children, young people and adults to maximise their capabilities and have control over their lives

## Why is this important?

To achieve equity from the start, investment in the early years is crucial but is not enough on its own. Reducing inequity requires a sustained commitment to children and young people throughout their years of education and beyond across their life course.

If we are serious about reducing health inequity, we must focus on reducing the large inequity in educational outcomes in Gwent. Central to children, young people and adults maximising their capabilities is the acquisition of cognitive and non-cognitive skills. Both are strongly associated with educational achievement linked to a whole range of other outcomes including better employment, income and physical and mental health.

Figure 14: Highest qualification of working age adults (age 18 – 64, Dec 2021)

	No qualifications	Qualified to NQF* level 2 or above	Qualified to NQF level 3 or above	Qualified to NQF level 4 or above
Caerphilly	10.9	75.5	53.8	35.4
Blaenau Gwent	15.3	69.1	48.1	28.9
Torfaen	9.2	75.6	51.8	30.4
Monmouthshire	3	86.6	75.5	56.8
Newport	7	78.5	61.4	42.7
Wales	8.1	80.1	62.5	41.6

Source: Stats Wales<sup>1</sup>

Learning does not just happen in schools and it does not stop when individuals leave school. To enable people to fulfil their potential, opportunities for lifelong learning and skills development need to be promoted, not only in formal educational settings, but also in the workplace and in communities.

Findings show that there is a growing trend of working-age adults in Wales who are under-qualified and lacking in essential skills<sup>2</sup>. Almost half of adults from the lowest socioeconomic groups have not received any training since they left full-time education.

Lifelong learning has the potential to impact on inequity in two ways. Indirectly, it is important for providing the skills and qualifications for employment and progression in work. Directly, there is evidence that participation in adult learning in itself impacts on health behaviours and outcomes. Analysis of cohorts of adult learners shows that participation in adult learning contributes to positive and substantial changes in health behaviours<sup>3</sup>.

## What can organisations in Gwent do?

There is much that individual organisations are already doing to support people into work, but the impact could be amplified further through a co-ordinated approach across the member organisations of the Gwent PSB. A comprehensive range of commitments implemented in a co-ordinated way could make a significant contribution to enabling people in all communities in Gwent to maximise their capabilities and have control over their lives.

A starting point could be to share good practice and understand what each organisation is doing, with a view to aligning recruitment processes and making it as easy as possible for people in all communities. The ABUHB People Plan 2022–2025, 'Putting People First', already includes a number of commitments:

- Delivering wider implementation of employability schemes e.g., Kickstart and Restart to support widening access for school leavers and the unemployed into work.
- Designing workforce plans that ensure an inclusive workforce, reflective of communities in Gwent.

- Building connections with schools, education providers, third sector and community groups to promote the wide range of roles on offer and the opportunities that exist to develop long-term career pathways.
- Trialling new selection methods in place of traditional interviews to encourage applications from all parts of the population.





## Case study: Stronger, fairer, greener Wales: a plan for employability and skills<sup>5</sup>

Welsh Government is committed to creating a Wales where individuals of all ages can receive a high quality education, with jobs for all, where businesses can thrive in a net zero economy that champions fairness and equality. The Plan for Employability and Skills seeks to signal clear policy and investment priorities and sharpen the delivery focus on actions over this Government term that will leave a positive legacy for future generations.



The key priorities are:

- Young people realising their potential.
- Tackling economic inequality.
- Championing fair work for all.
- Supporting people with a long-term health condition to work.
- Nurturing a learning for life culture.

For further information go to:  
<https://gov.wales/stronger-fairer-greener-wales-plan-employability-and-skills>

Key developments so far include:

- Promoting collective responsibility for advancing fair work for all, through the Social Partnership and Public Procurement (Wales) Bill.
- Prioritising and consolidating Welsh Government led, national employability support to target young people, those under-represented in the labour market and those in and out of work with long-term health conditions to find work and progress in employment.
- Expanding support for career switchers and older workers through mid-career reviews, and personal learning accounts to support workers to upskill or reskill to access a wider range of job opportunities.
- Pursuing a strengthened concordat with the Department for Work and Pensions to improve early engagement and joint planning in Wales to ensure that together we best meet the needs of priority and disadvantaged groups.
- Championing fair work to improve the offer for workers, particularly in areas of staff shortages, to encourage employers to draw on a more diverse talent pool, by increasing workforce diversity, improving pay and conditions, and flexible working conditions.
- Strengthening the core role of health boards in prevention and early intervention, through social prescribing, and increased employability, vocational rehabilitation and multi-professional occupational health services for people in and out of work with mental ill-health and long-term health conditions.

# Chapter 5: Create fair employment and good work for all

## Why is this important?

Being in (good, fair) employment is protective of health. Conversely, unemployment contributes to poor health. Getting people into work is the first step to reducing inequity, but jobs also need to provide fair employment and good work that promotes well-being.

The Marmot Review proposes a minimum level of quality for jobs to provide good, fair work. Jobs should not only be sustainable and provide a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health<sup>1</sup>.

The Health Equity Status Report Initiative identifies five essential conditions for health equity<sup>2</sup>. Employment and working conditions is one of these, associated with 7% of the difference in self-reported health.

For children, the income and work of their parents is a pivotal factor in the length of time spent in child poverty and the ability to exit poverty<sup>3</sup>.

There are many different definitions of good, fair or decent work, whether developed by governments, academics or workers' organisations. The Fair Work Commission in Wales considered the many alternatives and identified the following characteristics of fair work<sup>4</sup>:

Figure 15: What is fair work?



Source: Public Health Wales<sup>5</sup>

## What can organisations in Gwent do?

Public Health Wales (PHW) has recently published a guide to fair work for local and regional organisations in Wales<sup>5</sup>. This guide was informed by the work and recommendations of the Participation in Fair Work for Health, Well-being and Equity Expert Panel. The resulting framework for action is illustrated below.

Figure 16: Summary of actions to increase inclusive participation in fair work

Source: Public Health Wales<sup>6</sup>

In the PHW guide, local and regional organisations are described as having a pivotal role, increasing inclusive participation in fair, sustainable work through the following:

- Area and place-making;
- Job creation and attracting fair work employers;
- Encouraging and incentivising fair work practice;
- Supporting pathways to access work;
- Being exemplars as good employers and anchor institutions;
- Implementation of the socio-economic duty.

The Gwent Public Services Board can set the direction by incorporating fair work into the Gwent Well-being Plan. Making fair work and good employment a reality in communities across Gwent will depend on member organisations translating that collective commitment into action by their own organisations. Regional Economic Frameworks and the implementation of City and Growth Deals, supported by Regional Skills Partnerships, also have an important role in embedding a fair work approach into their work for a more prosperous, more equal and healthier Gwent.

## Case study: Managing Transformation modules

As a result of a collaborative approach to care in the community, a two-day Managing Transformation management and leadership development programme has been developed for health and social care partners in Gwent. All learning was facilitated via Microsoft Teams and of modular format covering the following topics:

- Well-being through change
- Leading meaningful change
- The trusted leaders – compassionate and collaborative
- Excellence in communication – engaging the team

Whilst addressing the ‘traditional’ aspects of management and leadership skills, well-being was also of importance. Recognising that staff well-being, along with compassionate and inclusive leadership has a direct influence on providing exceptional patient care in the community.

The main objectives for the Managing Transformation programme were to:

- Increase management and leadership capability
- Create a collaborative approach to patient care in the community
- Offer development opportunities to both local authority and third sector colleagues
- Share common goals and aims in relation to the transformation agenda
- Consider our impact on patient care
- Lead with compassion
- Improve colleague well-being.

In total, 58 attended over eight cohorts, from an array of job roles (see box below). Ninety-three percent of participants on the Managing Transformation modules course participants would recommend to a colleague if the training is offered again in the future.



Although aimed at health and social care staff, many of the components of this training are generalisable to other public sector partners. This includes content on how to manage and support staff through organisational change, the principles of compassionate and collaborative leadership and how to engage teams in a change process. Member organisations of Gwent Public Services Board may want to take the principles from this training and apply them more generally to other staff groups to improve well-being and engagement in other sectors.



# Chapter 6: Ensure a healthy standard of living for all

## Why is this important?

To realise the ambition of ‘*Building a Healthier Gwent*’, all people in our communities need to be able to afford to live, work, learn and play to benefit from healthy, fulfilled, dignified lives.

As discussed elsewhere in this report, the working-age population of Gwent need access to fair employment and good work, which provides a secure income to be able to access the building blocks for healthier lives: warm homes, healthy food, good education and skills, quality transport, access to digital services, and stimulating culture and leisure.

But right now, in too many of our communities across Gwent, these building blocks are missing. Too many families are experiencing poverty, including in-work poverty, which without system transformation will be passed on to future generations and the cycle of the negative impacts of poverty will continue.

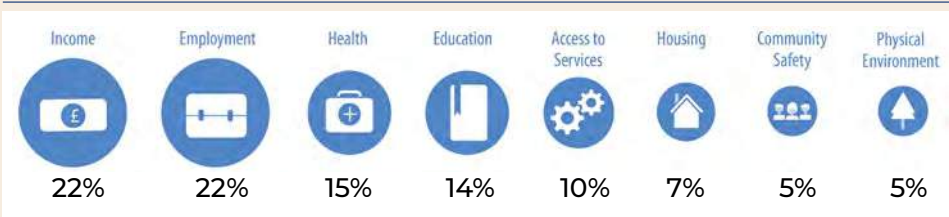
Figure 17: Weekly earnings by local authority of residence

Weekly earning by residence (£)	B. Gwent	Caerphilly	Mon'shire	Newport	Torfaen	Wales	GB
Full-time workers <sup>1</sup>	523.3	562.7	688.8	573.2	547.7	570.6	613.1
Male full-time workers	610.7	609.5	693.9	642.3	566.5	599.7	655.5
Female full-time workers	497.9	490.9	613.4	477.3	523.7	528.3	558.1
% of workless households <sup>2</sup>	21.2	16.1	10.8	13	19.3	16.5	13.6

Source: Nomis<sup>3</sup>

The Welsh Index of Multiple Deprivation is used to compare the levels of socio-economic deprivation across Wales. It is made up of eight separate domains of deprivation, which are given different weights. Each domain is compiled from a range of different indicators.

Figure 18: Welsh Index of Multiple Deprivation weightings

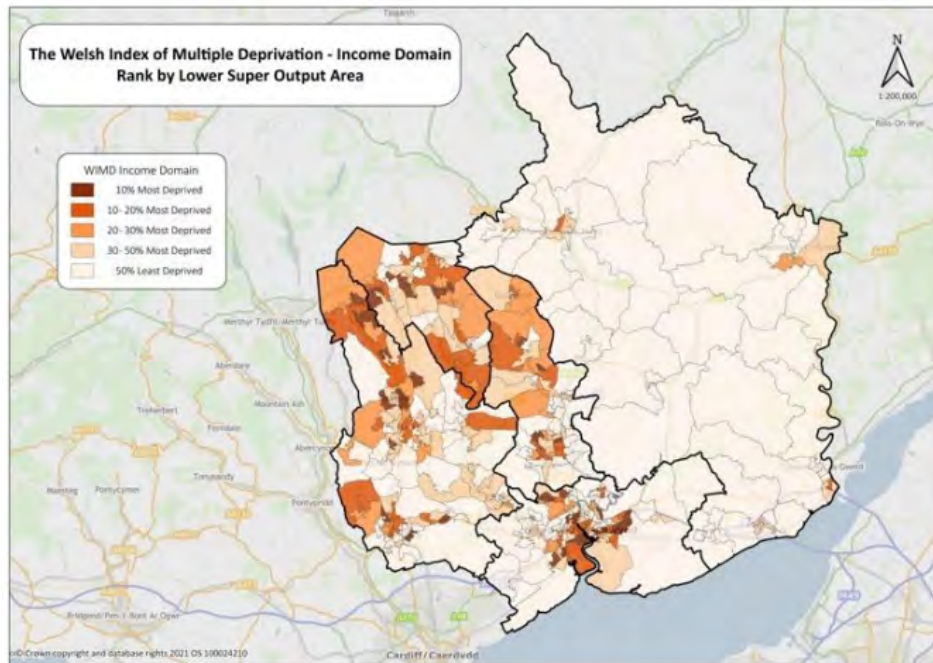


Source: Statistics for Wales<sup>2</sup>



The percentage of lower super output areas (LSOAs) which are in the highest fifth for income deprivation in Wales are: 36% in Blaenau Gwent, 33% in Newport, 25% in Caerphilly, 23% in Torfaen and 4% in Monmouthshire. The map below illustrates the income-deprivation rankings in Gwent<sup>3</sup>.

Figure 19: Gwent in the Welsh Index of Multiple Deprivation (income-deprivation)



Source: Gwent PSB<sup>3</sup>

A person is defined as living in 'relative income poverty' if they live in a household where total income is less than 60% of the average UK household income. In Wales, between 2017-20, 23% of adults were living in relative income poverty. Over the same period, 31% of children were included in this classification<sup>4</sup>.

In Wales, a household is defined as being in fuel poverty if it has to spend more than 10% of its income on maintaining a warm home. As at October 2021, 196,000 households in Wales (14% of households) were estimated to be living in fuel poverty. A further 38,000 households (3%) were estimated to be living in severe fuel poverty (spending more than 20% of income on fuel), and an additional 153,000 households (11%) were estimated to be at risk of fuel poverty (spending between 8-10% of income on fuel)<sup>5</sup>.

The UK, along with other countries in Europe, is currently facing a situation of extremely high energy prices<sup>6</sup>. The reason for these surging prices is two-fold: the world emerging from the COVID-19 pandemic (increasing demand), and the war in Ukraine leading to a reduction in gas supplies to international markets. On the 1<sup>st</sup> October 2022, the energy price guarantee was introduced which will see a typical household bill of £2,500 a year. Even with the price guarantee, energy bills this winter will be nearly double what they were last winter<sup>7</sup>.

In September 2022, Professor Sir Michael Marmot published his review, '*Fuel Poverty, Cold Homes and Health Inequalities*'<sup>8</sup>. This latest Marmot review predicts significant inequity – health, social and educational – for a new generation of children if, as forecast, 55% of UK households (15 million people) fall into long-term fuel poverty.

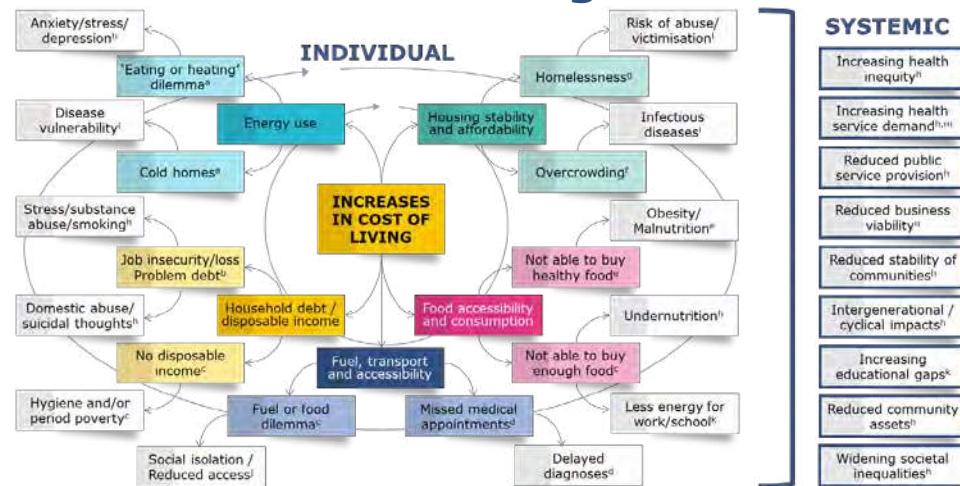
As prices rise, people make difficult choices on what to cut back on, including fuel and food. In the UK in April 2022, 7.3 million adults lived in households that said they had gone without food. These households include 2.6 million children<sup>10</sup>.

Citizens Advice is reporting that people are struggling to cope and are approaching the charity in crisis in larger numbers than in any of the past three years. Referrals to food banks have increased dramatically for all demographics, but in particular for single people, social housing tenants, and disabled people<sup>11</sup>.



### Figure 20: Impacts of increases in cost of living

## How does cost of living link to health?



Source: Public Health Wales<sup>9</sup>

Both fuel poverty and food poverty are important health concerns. People who live in homes which are cold, damp and unsafe are more at risk of poor physical and mental well-being, cancers, circulatory, cardiovascular and respiratory ill-health, falls and serious injury, and arthritic and rheumatic conditions. There is evidence that 10% of excess winter deaths can be attributed to fuel poverty<sup>12</sup>.

The immediate priority with food insecurity is access to food to address hunger, and understandably this may take precedence over sourcing/providing foods which are lower in fat, sugar and salt. The initial crisis of food insecurity is therefore a further challenge to improving the current food environment, which is one of the aims of the Welsh Government's '*Healthy Weight: Healthy Wales*' overweight/obesity strategy to reduce the prevalence of Type 2 diabetes and other diet-related health conditions<sup>13</sup>.

## What can organisations in Gwent do?

Organisations in Gwent can individually and collectively play a leading role to ensure a healthy standard of living for all in Gwent, underpinned by health and well-being at the heart of all organisational planning, policies and services, through:

- Purchasing further goods and services from local businesses and organisations, to strengthen the Gwent supply-chain.
- Opening buildings and spaces to support local communities and staff. This could include:
  - Developing green space for well-being and food growing
  - Providing access to broadband and telephone services as well as a warm space.
- Widening access to quality work, including reviewing whether current 'difficult to recruit' vacancies can be converted into wider opportunities such as apprenticeships and placements, to provide local employment.
- Ensuring that services across Gwent remain accessible financially and physically to service-users, e.g., cost of travelling to an appointment; time of appointment to avoid having to take unpaid absence from work.
- Providing brief intervention and signposting service-users to help on financial inclusion, mental health and well-being, plus having referral pathways in place for support with fuel and food poverty.
- Supporting staff visiting service-users' homes to recognise and take action on the signs of fuel and food poverty and assist with access to social support, e.g. Healthy Start and Pension Credit. <sup>6,14,15,16,17</sup>

## Case-study: Gwent Sustainable Food Places

Across Gwent, a food movement is emerging that is tackling food insecurity as one of its top priorities. Food partnerships are in place in Monmouthshire, Torfaen and Blaenau Gwent, with Caerphilly and Newport convening food networks. At the heart of this movement is the belief that everyone deserves access to nutritious, healthy, sustainable food as part of healthy, fulfilled, dignified lives.

Gwent food partnerships recognise that whilst action to address food insecurity inevitably requires a national response, there is much that can be achieved at a local/regional level. Emergency food responses that began during the period of austerity, and heightened during the COVID-19 pandemic, are now maturing as stakeholders consider longer term strategies and the need to reduce dependency on crisis food provision.

The **Blaenau Gwent Food Partnership**, hosted by Tai Calon Housing Association, brings together Blaenau Gwent County Borough Council, Gwent Association of Voluntary Organisations (GAVO), ABUHB and Natural Resources Wales. The partnership is soon to launch its ambitious plan to transform the local food system. Better access to affordable, healthy food will be at its core. The linked Slow Cooker Club run by Llanhilleth Miners' Institute is a 6-week programme that provides local families with slow cookers and supports them to use fresh vegetables to produce healthy family friendly meals.



In Newport the **Third Sector Food Providers Network**, hosted by GAVO in partnership with Newport City Council, brings together organisations focusing on food provision and sustainability. Funding is being offered by Newport City Council to community food providers who are currently struggling with increased demand alongside increasing costs in the current cost of living crisis.

**Torfaen Food Partnership** is hoping to join Blaenau Gwent and Monmouthshire in becoming a member of the Sustainable Food Places Network. Their early preparation has included mapping the local food system, interviewing key stakeholders, and holding workshops with a specific focus on food poverty. Their Community Food Scheme grant funding is supporting food access and growing initiatives.

The launch event of the **Caerphilly Food Network**, convened by Caerphilly County Borough Council in March 2022, brought together 80 people from food banks and community groups, along with the hospitality sector and food producers, to share successes and identify new solutions to food poverty. Food system mapping has included a focus on food banks, community fridges and community pantries which are able to support local communities.

In Monmouthshire there is a long history of both community food work and support for local food supply chains. The newly refreshed **Monmouthshire Food Partnership** will build on this good food movement, and has identified food insecurity and the cost of living crisis as its top priorities. Work is underway to develop a strategy and action plan to deliver these priorities.



# Chapter 7: Create and develop healthy and sustainable places and communities

## Why is this important?

Demand on health and care services is reported to be rising year after year<sup>1</sup>; communities in more deprived circumstances are reported as being left behind<sup>2</sup>. How can the health and care agencies respond to such challenges in a sustainable and equitable manner? How do we make the shift to prevention and early intervention?

Tackling these challenges can only be achieved through a paradigm shift that positions communities at the centre of service provision while ensuring communities have the conditions that allow self-sufficiency, reciprocity and community capital to flourish<sup>3</sup>. Community-centred approaches are crucial to addressing the complex causes of poor health and well-being that lead to individuals in crisis and accessing health and social care services<sup>4</sup>. A community-centred approach

Figure 21: How Integrated Well-being Networks work



means organisations tailoring their approach to the available community assets and needs. Communities can influence health through the development of social capital and cohesion and feelings of safety, low levels of which are associated with higher stress and worse physical and mental health.

The aim of the Integrated Well-being Network (IWN) programme (figure 21) is to develop a whole system approach to community well-being and prevention that brings together a wide range of well-being assets on a place-basis.

The Integrated Well-being Network programme is funded by the Regional Integration Fund under the governance of the Gwent Regional Partnership Board for Health and Social Care. Delivery of the programme is led by a group of service development leads working within localities across Gwent with a particular focus on supporting community collaborative networks in targeted areas identified as likely to benefit from greater strengthening of community assets.

The objectives of the Gwent Integrated Wellbeing Network (IWN) programme are:

Objective 1	To establish place-based co-ordination & development of well-being resources
Objective 2	To identify ways that hubs can be centres for well-being resources in the community
Objective 3	To develop the well-being workforce (people delivering services & support)
Objective 4	To ensure easy access to well-being information & support

### What can organisations do in Gwent?

No one organisation is responsible for improving community well-being and all organisations across Gwent have a role to play. Existing investment in resources to support people’s well-being is often not connected or aligned across organisations and sectors in Gwent and has poor connectivity to community needs and aspirations. Investment in community assets is often fragile and is at greater risk since the cost of living crisis.

The Gwent PSB can set the direction by including the development of healthy and sustainable places and communities in the Gwent Well-being Plan. Turning that collective commitment into reality in communities across Gwent will depend on member organisations translating it into action by their own organisations, ensuring:

- Financial support is available for community buildings to continue to operate to address isolation and loneliness, and become safe warm spaces offering information and signposting
- Digital inclusion becomes everybody’s business. Access to digital devices, the internet and support to use technology is available at community level
- Frontline staff and volunteers have the knowledge and skills to signpost community members to well-being services and support in the places people live and work
- There is community support available for individuals to address isolation and loneliness.



## Case study: Gwent Integrated Well-being Network Programme

### Case study 1 - Place-based collaboration and well-being collaboratives

Place-based collaboratives are spaces where statutory and community partners can network and work. The aim is to enable spaces for people, both professionals and community, to have conversations and connect with each other in ways they would not usually have done.

In Torfaen, Blaenavon Town Council has funded a community well-being officer who has been forming relationships across the community, listening and creating opportunities for people to connect. A movement known as Healthy Blaenavon has been developed with Healthy Blaenavon branded projects taking place in schools, churches and leisure facilities to enable an increase in community connections and help people to make friends, feel connected to their community and contribute to reducing loneliness and isolation.



### Case study 2 – Community-based hubs providing opportunities to connect



Community-based hubs provide a place for people to connect with each other and undertake activities in their local community.

In Blaenau Gwent, a network of people managing community buildings, including statutory spaces such as libraries, work collaboratively to deliver a shared vision, which is to provide welcoming, warm spaces that can provide information, advice, support or simply a friendly chat for people that visit. The network meets regularly to share experience and resources, enhancing their knowledge of other local hubs and support services that they can signpost their own users to. Community link workers and other professionals are aware of the network of hubs and can use them to meet clients or host drop-in sessions. The development of the network of community hubs is being accelerated in response to the cost of living crisis. The new Bevan Health and Well-being Centre being built in Tredegar will provide an additional hub when it opens in 2023.

### Case study 3 – Supporting the development of people who deliver services and support

Working together with people to build on their strengths and find their own solutions is the principle that underpins the development of the Integrated Well-being Network (IWN) collaboratives, which have created opportunities for Asset-Based Community Development.

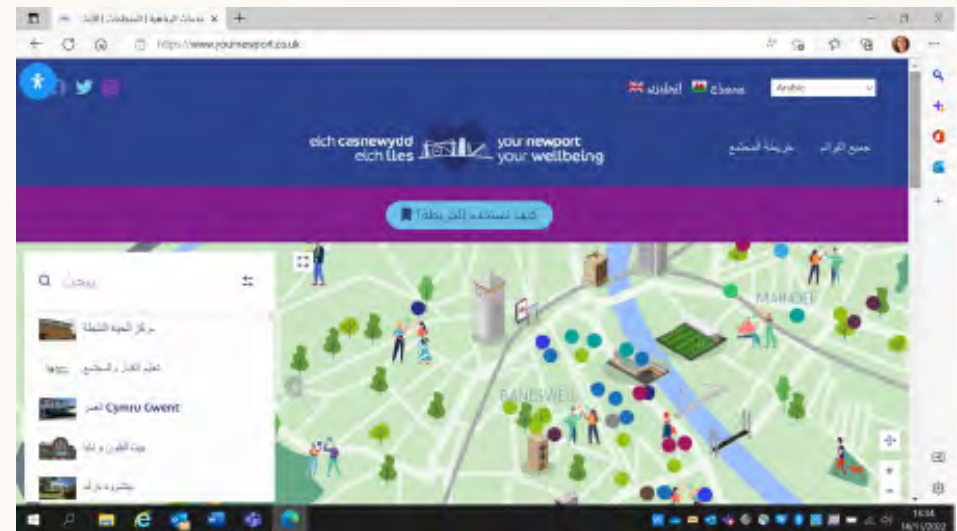
In Caerphilly, a model of green prescribing has been piloted to connect primary care to well-being resources for their patients. Six GP practices in east Caerphilly were invited to refer participants to engage in nature and outdoor projects in their local area. The initiative worked collaboratively with practice staff, including Psychological Well-being Practitioners, and was delivered by a network of nature health partners in Caerphilly. The project will inform implementation in Gwent of Welsh Government's National Framework for Social Prescribing<sup>5</sup>.



### Case study 4 - Providing ways for people to access reliable well-being information

Providing ways for people to access reliable well-being information is a challenge, with several methods being tested across Gwent.

In Newport, as in other areas, interactive well-being maps have been created as a useful resource for community members and professionals alike. The interactive map and list of options provide a mixture of community and online well-being support. Accessibility features on the portal enable easy orientation, with easily identifiable landmarks that are visually recognisable. Care has been taken to ensure the interactive map experience is accessible to those with disabilities and health conditions.



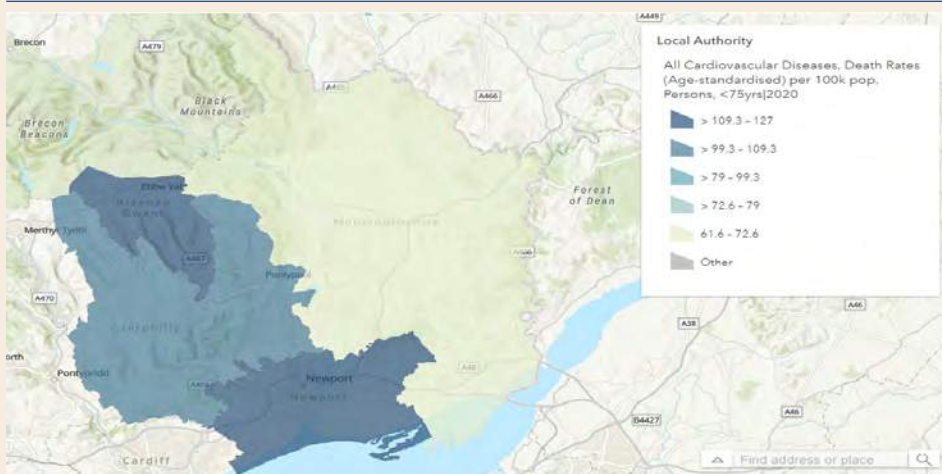
# Chapter 8: Strengthen the role and impact of ill-health prevention

## Why is this important?

Elsewhere in this report it has been shown that people in some communities in Gwent live more of their life in good health and live longer than in other communities in Gwent. A large proportion of that difference is caused by the following diseases:

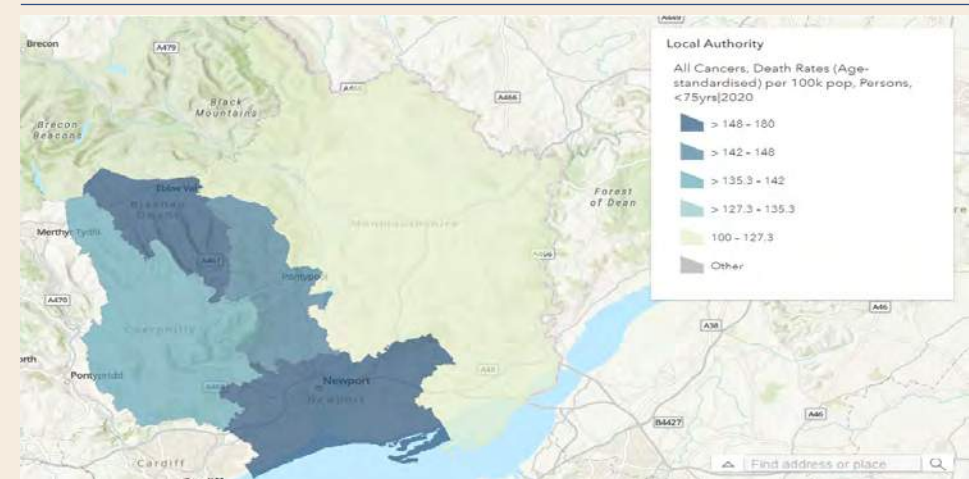
- Cardiovascular disease
- Cancers
- Chronic respiratory diseases
- Musculoskeletal disorders
- Mental ill health

Figure 22: Mortality from cardiovascular disease, less than 75yrs, age standardised rate per 100,000 population, 2020.



Source: HealthMapsWales<sup>1</sup>

Figure 23: Mortality from cancer, less than 75yrs, age standardised rate per 100,000 population, 2020.



Source: HealthMapsWales<sup>2</sup>

The development of these illnesses can be largely attributed to preventable risk factors, including smoking, lack of physical activity and unhealthy diets. In the report '*Health and its determinants in Wales*'<sup>3</sup> Public Health Wales categorised the preventable risk factors into behavioural risk factors and clinical risk factors.



# Behavioural risk factors

The difference in lifestyle risk factors reported by adults across Gwent explains the major part of the difference in the average number of years people live in good health and how long they live. On average, people living in disadvantaged communities have a greater number of unhealthy behaviours.

**Smoking** is a significant public health challenge. It is the leading cause of preventable disease and premature deaths. Smoking is more prevalent among low income groups, and the differences in smoking prevalence translate into differences in disease burdens and death rates between social groups.

**Obesity.** The PHW *Obesity in Wales Report*<sup>4</sup> found a difference of 12% in the prevalence of overweight and obesity between the most and least deprived areas of Wales. Gwent has the highest percentage of people who are overweight or obese in Wales and this is projected to rise. A high Body Mass Index (BMI) is one of the top three leading risk factors of disability adjusted life years and the leading risk factor for years lived with disability. The top three risk factors are directly linked to

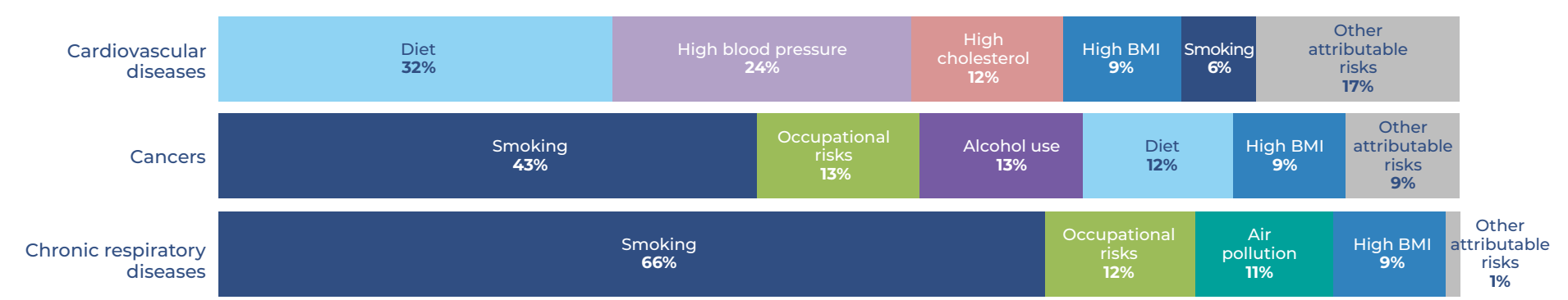
diet and obesity - high BMI, high systolic blood pressure and high fasting plasma glucose.

The majority of known risk factors for cardiovascular disease (CVD) are linked to diet and obesity. High BMI contributes to 9% of the known risk factors for CVD, neoplasms and chronic respiratory illness<sup>4</sup>.

An inverse association between a low intake of fruit and vegetables and higher risk of coronary heart disease, stroke, CVD, total cancer and all-cause mortality has been found<sup>6</sup>.

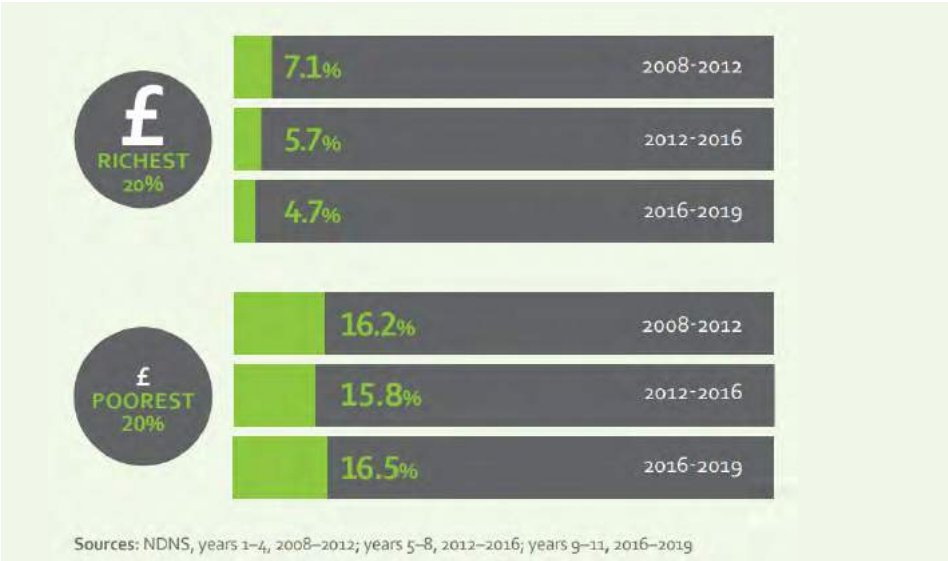
Vegetable consumption follows a strong income gradient, with the poorest 20% eating an average of one portion of vegetables less a day than the richest 20%. There has been an improvement drop in the numbers in high income groups eating less than one portion a day, but the same cannot be said for low income groups, suggesting a widening of dietary inequality<sup>7</sup>.

Figure 24: Modifiable lifestyle factors are the leading risk factors for diseases with the highest number of disability-adjusted life years



Source: Building a Healthier Gwent<sup>5</sup>

Figure 25: The proportion of people aged 11 years and over eating less than one portion of vegetables per day (UK)



Source: Food Foundation<sup>7</sup>

Welsh residents spent 18% less on fruit and vegetables in 2015-2017 compared to 2006-2008<sup>7</sup>. One in ten Welsh residents reported that they could not always afford to eat a balanced diet<sup>7</sup>.

**Physical activity** levels are closely related to physical and mental health outcomes. There are inequalities in levels of physical activity and more affluent groups tend to have higher levels of physical activity. Exercising outside can have a more positive impact on mental health, but there are inequities in access to gardens, green spaces, leisure centres and walking and cycling infrastructure.

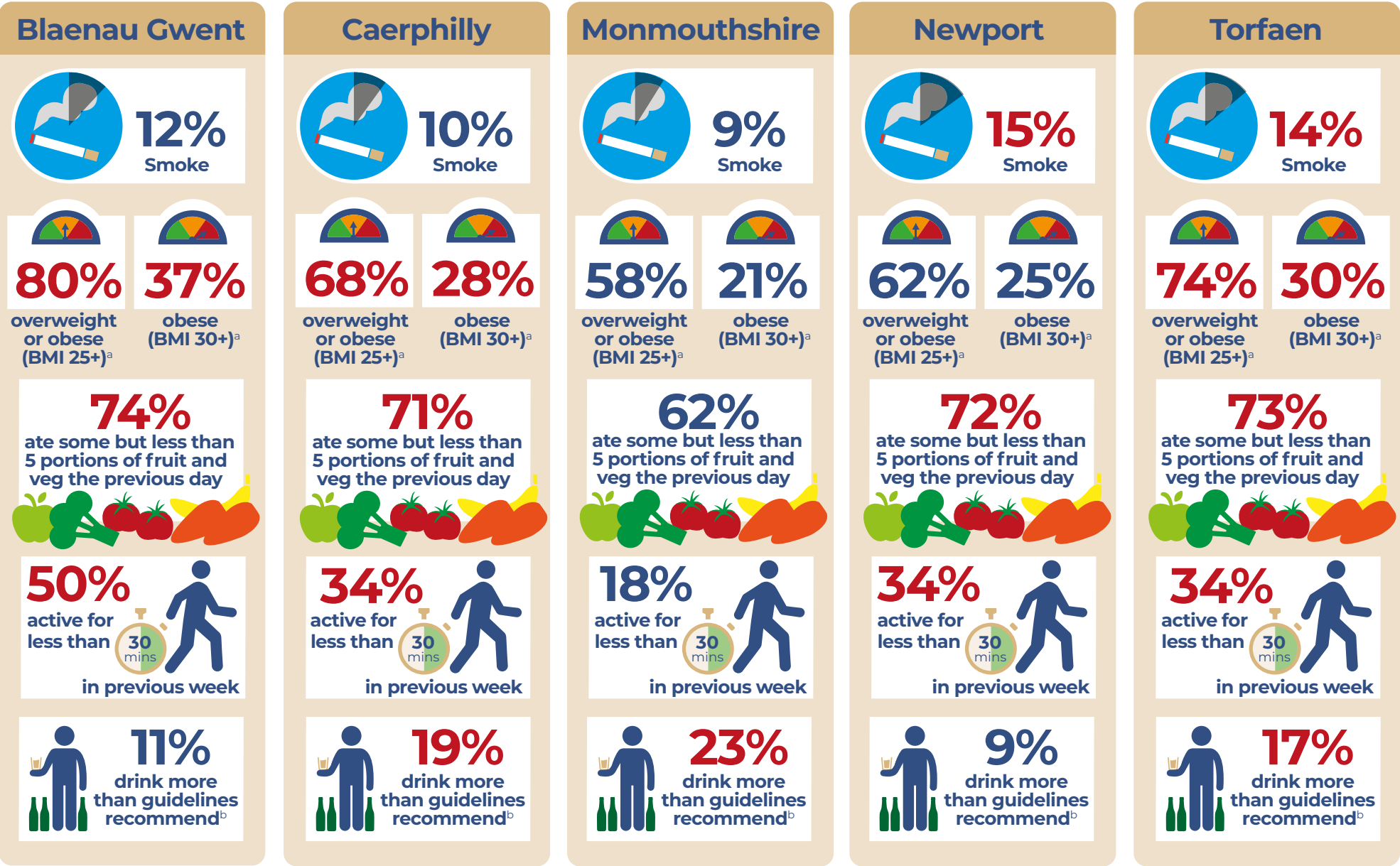


**Alcohol** misuse has been associated with a number of adverse health and social consequences. There is an inverse social gradient for alcohol consumption: with consumption generally increasing with increasing levels of household income. However, health harms run in the opposite way with harm from alcohol consumption increasing with decreasing level of household income.



Figure 26: Key behaviours reported on average by adults across Gwent

% of adults ( 16+)



Red = above the Wales average. Source: Adapted from Public Health Wales Observatory using National Survey for Wales (WG)<sup>8</sup> <sup>a</sup>Overweight = Body Mass Index of 25 to under 30; obese = Body Mass Index of 30 and over  
<sup>b</sup>Weekly alcohol consumption above 14 units. Please note that this infographic uses National Survey for Wales data, not Welsh Health Survey. The NSW uses some different definitions and a smaller sample size. They can not be compared.

## Clinical risk factors

**Mental health** challenges are being experienced disproportionately across groups within society based on factors such as ethnicity, socioeconomic background and pre-existing mental health conditions. Various stressors arising from the pandemic could serve to prompt or exacerbate adverse mental health outcomes, including stress associated with financial loss or loss of employment, frustration, loneliness, boredom, worries about the future and concerns about access to goods and services. Moderate or severe mental distress was reported by 34.4% of the ABUHB population who responded to the Wales well-being survey in 2020<sup>9</sup> and this had increased to 44.7% by the following year.

**High blood pressure** (hypertension) is the leading modifiable risk factor for CVD in Wales. The prevalence of hypertension in GP registered populations in the ABUHB area is 16.11% (range: 13.31% to 19.3%) which is higher than the Welsh average (15.66%). People from the most deprived areas are 30% more likely than the least deprived to have high blood pressure<sup>10</sup>.

**Diabetes** prevalence in GP registered populations in the ABUHB area is 6.46%. Around 90% of those diagnosed are living with Type 2 diabetes.

The health board's IMTP 2022/25<sup>4</sup> states that 2% of the population occupy 60% of the bed base at any one time. This 'High Risk Adult Cohort' (HRAC) are people who are repeatedly admitted following falls or an exacerbation of one or more of their co-existing conditions. Strengthening ill health prevention for this group would help them to live well with their comorbidities regardless of age and would help to reduce pressure on NHS beds, particularly during the winter months.

## What can organisations in Gwent do?

To achieve the ambition set out in '*Building a Healthier Gwent*'<sup>11</sup>, services will need to re-orientate towards prevention, supporting people's well-being by stopping problems arising in the first place.

Addressing health behaviours through the lens of inequity can only be achieved through systematic population interventions that target the underlying causes of poor health.

### At an organisational level

- Embed a Make Every Contact Count approach across the organisation.
- Achieve and retain the Platinum Corporate Health Standard.
- Review progress against the commitments in the Gwent Healthy Travel Charter.

### At a team level

- Enable staff to make healthier choices whilst at work, through encouraging breaks, incorporating physical activity into the day, promoting healthy eating habits and access to the NHS stop smoking service, Help Me Quit.

### At an individual level

- Take all opportunities to make healthy lifestyle changes.

## What can the NHS do?

- Build support to adopt healthy lifestyle changes into care pathways, such as support to lose weight as part of the All Wales Diabetes Prevention pathway, stopping smoking during pregnancy and maximising the potential of 'teachable moments' when people have contact with NHS services.

## Case study: Melo

Melo is a website that contains a wide range of information, advice and self-help resources, all available for free, so that people can look after their own mental health and well-being. There are also free courses for professionals including Gwent Connect 5 which provides participants with the confidence and tools to have conversations on mental health.

Melo is funded by the Regional Integration Fund under the governance of the Gwent Regional Partnership Board for Health and Social Care. Since its launch in January 2020, the site has been continually improved to ensure it is easy for people to access the wide range of digital and printable self-help resources that are available. Accessibility is a priority and a tool embedded within Melo enables the information on the website to be read aloud in over 100 languages. This is vital for people whose first language isn't English or Welsh, or if they have sight or reading difficulties.

If you want to visit the Melo website, go to [www.melo.cymru](http://www.melo.cymru) or scan this QR code.



**Scan me!**

Download our social media pack, digital flyers, logos and much more to help you promote Melo.

You can follow the development of new content by the Melo team, which will include developing content for young people with Coleg Gwent. Please follow and share Melo team posts:



Victoria provides mental health training across Gwent and had this to say about Melo:

*"I regularly use the information and resources on Melo. I actively try and incorporate the Five Ways to Well-being in my daily life. It really helps with my mental well-being. As well as information and tips on the Five Ways to Well-being, Melo contains a wealth of resources on an easy to navigate platform. It is wonderful to have a one stop shop to signpost people to who would benefit from information and advice to help them prioritise their self-care help. It truly is inspirational and so empowering to have everything at your fingertips! I am so proud as a mental health professional to work within Gwent, which has been so proactive in ensuring such high quality easy to access information is available to all, which truly enhances people's well-being on an innovative website!"*

Kirsty works for Caerphilly County Borough Council and has found Melo really helpful in her role, she had this to say:



*"I recently attended the Gwent Connect 5 training, where I learnt about the Melo website. I was really grateful I had, as the following week a client told me he was really struggling with his mental health. He actually told me he was feeling suicidal. I was able to use my knowledge of what was on Melo, and in particular the helplines page. We looked at the website together and as a result he phoned the Samaritans. Prior to the pandemic, one of the main challenges for me was finding self-help information you could trust. Now the information is in one place which makes things a lot easier".*

# Chapter 9: Tackle racism, discrimination and their outcomes

## Why is this important?

Tackling racism was not an area of focus in the original 2010 Marmot Review<sup>1</sup>. At that point, inequities in the distribution of power, money and resources were seen as the structural drivers of inequities in daily life. These were the 'causes of the causes', and were addressed through the conceptual framework of the six original Marmot principles.

This changed when the experience of ethnic communities during the COVID-19 pandemic came to light. International work conducted by the Institute of Health Equity illustrated pervasive patterns of health disadvantage in people of African descent and in Indigenous peoples<sup>2</sup>.

In the 2020 COVID-19 Marmot Review<sup>3</sup>, the strong correlation between high risk occupations for COVID-19 infection and the proportion of people in those occupations from different minority ethnic backgrounds was identified. Mortality data from the COVID-19 pandemic also showed that only about half to two-thirds of the excess mortality among certain ethnic groups could be attributed to socioeconomic characteristics.

This raised questions about why people of African, Caribbean, and South Asian origin should be more exposed to adverse socioeconomic conditions and high risk occupations, and what else explained the excess mortality not accounted for by socioeconomic factors? In this context, structural racism was proposed as the missing element and was added as a further Marmot Principle in 2022<sup>4</sup>.



## What can organisations in Gwent do?

There are a number of actions that local organisations can take, including the following:<sup>5,6,7</sup>

- Local economic partnerships and chambers of commerce can work with businesses, the NHS, local authorities and other public sector bodies to gather ethnicity data by pay and grade, and to use this data to address wage gaps and inequalities in seniority.
- All businesses, public sector and third sector organisations should ensure legal equality duties are met in recruitment and employment practices, including pay, progression and terms.
- All efforts should be made by health and social care providers to ensure equitable access to their services.
- There should be effective engagement with all ethnic minority populations in the development and delivery of services and interventions.
- Improve the workforce's cultural literacy and invest in the human and other resources required to develop the workforce to be fully culturally competent and inclusive where effective communication directly influences outcomes.
- Ensure all significant policy and planning has equality built in from the start.
- Provide public engagement which ensures that services are appropriate, acceptable and accessible to individuals of all ethnicities.
- Include reducing ethnic health inequity as a well-being goal for the organisation.

## Case study: ABUHB Maternity and Antenatal Services

After formal and informal feedback highlighted health inequities for women who do not speak English or understand written English, ABUHB midwives and the maternity services user engagement group put together a project to address this gap. Funding was successfully achieved from Safer Beginnings and volunteers were recruited.

The volunteers attended a workshop with the consultant midwife and maternity services user group representatives, to share ideas and develop their vision of the project. The role of the volunteers is to attend the service user forum representing the views of non-English speaking women and to direct women and families to resources, raise awareness of the service, build trust and confidence in maternity services, and to befriend the service users.

Some of the volunteers (all mothers who have recently had babies within ABUHB) reported that being a volunteer has already helped with overcoming loneliness and giving them a sense of purpose. The project is for a year and whilst further volunteers are being recruited, currently the nationalities and languages supported are Hungarian, Polish, Romanian, Russian and Italian.

ABUHB maternity services have also committed to the Diverse Cymru Cultural Competence Accreditation Programme.





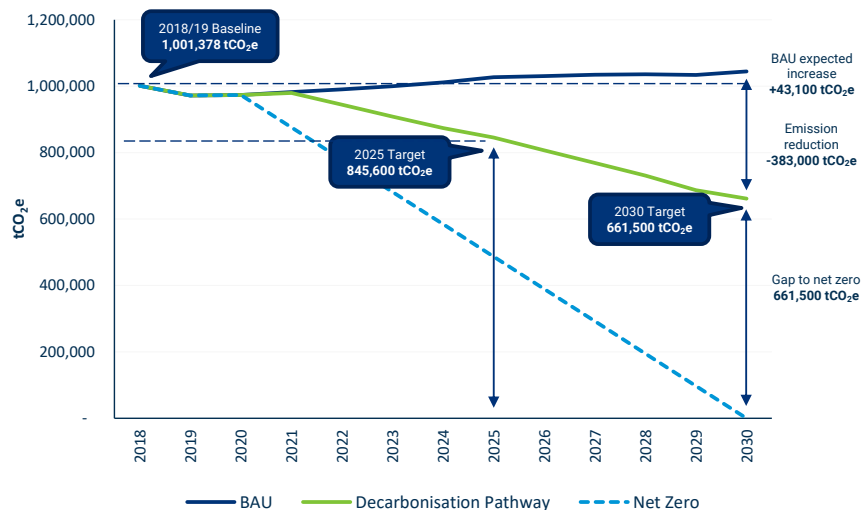
# Chapter 10: Pursue environmental sustainability and health equity together

## Why is this important?

The 2020 and 2010 Marmot reviews into health equity in England identified climate change as a fundamental threat to health<sup>1,2</sup>. However, it is also recognised that reducing carbon emissions presents an opportunity to reduce the prevalence of non-communicable diseases<sup>3</sup>.

A positive effect on reducing inequity from reducing greenhouse gas emissions could be maximised by ensuring interventions reach people with the most potential to benefit – for example, by improving energy efficiency in privately rented homes in areas of socioeconomic deprivation.

Figure 27: NHS Wales target emissions by 2030



Source: The Carbon Trust/NHS Wales Shared Services Partnership<sup>4</sup>

An NHS Wales Decarbonisation Strategic Delivery Plan was published in 2021<sup>4</sup>. This sets out an ambition for the NHS in Wales to be net zero by 2030, with a clear commitment to reduce the environmental impact of climate change and to drive the wider benefits of actions to reduce emissions and pollution to improve population health.

## What can organisations in Gwent do?

The Gwent Public Services Board has chosen the environment as one of three objectives for its Well-being Plan for the next five years<sup>5</sup>. This is in recognition of a situation where natural resources are in decline in Gwent, the challenges of transitioning to a low carbon future are significant, and there is a need to prepare in areas such as housing to deal with climate instability. In its draft Gwent Well-being Plan, Gwent PSB is proposing the following steps:

1. Reduce the environmental impact of production and consumption.
2. Declare a nature emergency in Gwent.
3. Respond to the climate emergency and protect and prepare communities for the risk associated with climate change.
4. Explore and promote community energy projects.
5. Transform food transport and energy in Gwent.
6. Recognise biodiversity as an asset, addressing the root causes of biodiversity loss and better managing the pressures on natural environments.

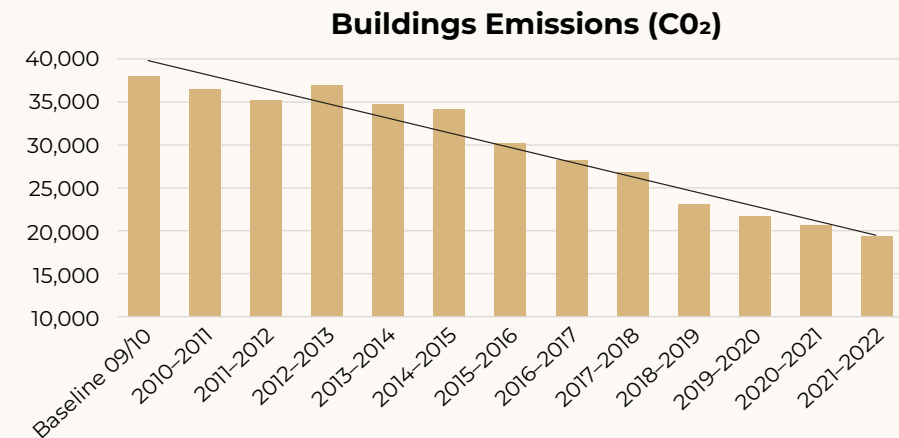
## Case study: ABUHB Energy and Carbon Savings

The Health Board was awarded circa £2 million Welsh Government Estates Funding Advisory Board (EFAB) decarbonisation funding to implement a series of projects across the Health Board's estate, including:

- Building Management Systems (BMS) at Nevill Hall Hospital (NHH), Ysbyty Ystrad Fawr (YYF) and St. Cadoc's Hospital (SCH).
- LED lighting upgrades were installed at the three education centres (Royal Gwent Hospital, YYF, NHH) as well as street lighting upgrades at the Royal Gwent Hospital.
- A full LED lighting upgrade of Ysbyty Aneurin Bevan (YAB).
- Infrastructure upgrades to install "Pod Point" electric vehicle charging facilities for both staff and visitors at SCH, YYF, YAB and NHH.
- Installations also took place to facilitate a future transition to an all-electric facilities fleet, by installing charging points at each of the main hospital sites.

The Welsh Government funded programme is part of the wider ABUHB Decarbonisation Programme established to achieve the NHS Wales ambition of net zero by 2030. In 2021/22, ABUHB realised a 9% energy saving compared to the previous year and a 3.9% reduction on carbon emissions from building energy use, achieved through LED lighting replacements, continued optimisation of building management systems and agile working practices reducing building occupancy.

Figure 28: ABUHB Buildings Emissions (CO<sub>2</sub>)



Source: ABUHB Energy strategy<sup>7</sup>

LED Lighting upgrade  
at YYF Education Centre

ELECTRIC  
VEHICLE  
CHARGING  
ONLY



# Chapter 11: Summary

## Chapter 1: The Challenge

**Inequities across Gwent have been amplified by the direct and indirect harms of COVID-19 and the cost of living crisis.**

Mortality from COVID-19 has been highest in the most socio-economically deprived communities and there is now a 20 year difference in how many years women live in good health in the most and least socio-economically deprived communities.

Across Gwent, in the academic year 2020/21, the proportion of children age 4-5 years who were obese had increased to 18.35% from 11.8% in 2018/19, with the proportion being 21.1% in the most socio-economically deprived communities and 13.2% in the least.

The cost of living crisis means people are cutting back on buying food and keeping their home warm, with those on the lowest incomes cutting back most.

## Chapter 2: The Marmot Principles

**Working with Professor Sir Michael Marmot and his team at the Institute of Health Equity, Gwent has become a Marmot Region to work together to reduce inequities and build a fairer Gwent for all communities.**

***“Why treat people and send them back to the conditions that made them sick?”***

The Marmot principles are the building blocks for a fairer Gwent and are informed by the **social determinants of health**, the ‘causes of the causes’ of ill health. They are:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention
7. Tackle racism, discrimination and their outcomes
8. Pursue environmental sustainability and health equity together





### Chapter 3: Give every child the best start in life

**The first, and most important, Marmot Principle is to give every child the best start in life.**

The foundations for virtually every aspect of human development – physical, intellectual and emotional– are laid in the first thousand days of life, from a child's conception to second birthday.

Inequities in child development during the early years have lifelong effects.

The highest rate of return on investment to reduce inequity across the life course is from preconception to age five

Reducing inequities in early child development needs collective action by all public service organisations in Gwent to:

- ensure a consistent, universal offer of high quality support for all families throughout the early years
- provide enhanced support for families that is proportionate to need, to ensure that children don't get left behind.

### Chapter 4: Enable all children, young people and adults to maximise their capabilities and have control over their lives

**Reducing the large inequity in educational outcomes across Gwent is central to reducing inequities in adult employment, income, physical and mental health.**

Children, young people and adults in all communities need to be enabled to maximise their cognitive and non-cognitive capabilities and fulfil their potential

Opportunities for lifelong learning and skills development need to be created and promoted across Gwent, not only in formal educational settings, but also in the workplace and in communities.

A starting point could be for organisations in Gwent to share good practice and align recruitment processes to make them as easy as possible for people in all communities.

### Chapter 5: Create fair employment and good work for all

**Being in good, fair employment is protective of health. Conversely, unemployment contributes to poor health.**

Getting people into work is the first step to reducing inequity, but jobs also need to provide fair employment and good work that promotes wellbeing.

Public Health Wales (PHW) has published a framework that local and regional organisations can use to inform action to create fair employment for all [INSERT LINK](#).

## Chapter 6: Ensure a healthy standard of living for all

**Too many families across Gwent are experiencing poverty, including in-work poverty.**

Organisations in Gwent can play their part to break the cycle of the negative impacts of poverty being passed on to future generations by:

- Purchasing goods and services locally in Gwent to strengthen local supply.
- Opening buildings and spaces to support local communities and staff.
- Widening access to good, fair work
- Ensuring that services across Gwent remain financially and physically accessible to all service-users
- Providing brief intervention and signposting service-users to help on financial inclusion, mental health and well-being, plus having referral pathways in place for support with fuel and food poverty.
- Supporting staff visiting service-users' homes to recognise and take action on the signs of fuel and food poverty and assist with access to social support

## Chapter 7: Create and develop healthy and sustainable places and communities

**Community-centered approaches are crucial to creating and developing healthy and sustainable places and communities.**

In Gwent, the Integrated Well-being Network programme is taking a whole system, place based, approach to bringing together a wide range of assets to support community well-being and ill-health prevention

The Integrated Well-being Network programme objectives are:

1. To establish place-based co-ordination & development of well-being resources
2. To identify ways that hubs can be centres for well-being resources in the community
3. To develop the well-being workforce (people delivering services & support)
4. To ensure easy access to well-being information & support

Organisations in Gwent can help to create and develop healthy and sustainable places and communities by supporting achievement of the Integrated Wellbeing Network programme objectives



## Chapter 8: Strengthen the role and impact of ill-health prevention

**People in some communities in Gwent live more of their life in good health and live longer than in other communities in Gwent.**

That difference can largely be explained by the difference in preventable risk factors for cardiovascular disease, cancers, chronic respiratory diseases, musculoskeletal disorders and mental ill health

Those preventable risk factors include smoking, physical inactivity, an unhealthy diet and drinking too much alcohol.

Organisations in Gwent can help to encourage healthy lifestyle behaviours and strengthen ill-health prevention by:

At an organisational level:

- Embedding a Make Every Contact Count approach across the organisation
- Achieving and retain the Platinum Corporate Health Standard
- Reviewing progress against the commitments in the Gwent Healthy Travel Charter

At a team level

- Enabling staff to make healthier choices whilst at work, through encouraging breaks, incorporating physical activity into the day, promoting healthy eating habits and access to the NHS stop smoking service, Help Me Quit

At an individual level

- Taking all opportunities to make healthy lifestyle changes.

## Chapter 9: Tackle racism, discrimination and their outcomes

**The 2020 Covid-19 Marmot Review identified a strong correlation between high risk occupations for exposure to COVID-19 and the proportion of people in those occupations from different minority ethnic backgrounds. Mortality data also showed that only about a half to two-thirds of the excess mortality among certain ethnic groups from COVID-19 could be attributed to socioeconomic characteristics.**

In this context, tackle racism, discrimination and their outcomes was added as a further Marmot Principle in 2022.

To tackle racism and discrimination, organisations in Gwent can:

- Systematically gather ethnicity data by pay and grade, and to use this data to address wage gaps and inequalities in seniority
- Ensure legal equality duties are met in recruitment and employment practices, including pay, progression and terms
- Ensure equitable access to their services, informed by effective engagement with all ethnic minority populations in the development and delivery of services and interventions
- Improve their workforce's cultural literacy and invest in the human and other resources required for their workforce to be fully culturally competent and inclusive in their communications
- Ensure all significant policy and planning has equality built in from the start
- Provide public engagement which ensures that services are appropriate, acceptable and accessible to individuals of all ethnicities.



## Chapter 10: Pursue environmental sustainability and health equity together

**The 2020 and 2010 Marmot reviews identified climate change as a fundamental threat to health as well as an opportunity to reduce inequalities in non-communicable diseases by ensuring carbon reduction interventions reach people with the most potential to benefit.**

The draft Gwent Public Service Board Well-being Plan is proposing the following actions:

1. Reduce the environmental impact of production and consumption.
2. Declare a nature emergency in Gwent.
3. Respond to the climate emergency and protect and prepare communities for the risk associated with climate change.
4. Explore and promote community energy projects.
5. Transform food transport and energy in Gwent.
6. Recognise biodiversity as an asset, addressing the root causes of biodiversity loss and better managing the pressures on natural environments.

Organisations in Gwent can pursue environmental sustainability and health equity together by ensuring carbon reduction interventions reduce inequities and don't increase them.

I'm very pleased to publish my last annual report: **Building a Fairer Gwent, why Gwent is a Marmot region**. This report builds on my previous reports highlighting the inequalities in health across our area and the causes of those inequalities. Which is why Gwent Public Service Board have made the decision for Gwent to become a region so that we can build a fairer Gwent, by working together.

This will be my last report and it has been an absolute privilege to be the latest in a long tradition of Directors of Public Health building on the tradition started 175 years ago with the first medical officer of health in Liverpool. I wish every success to Gwent Public Service Board and to those who are going to strive together to 'Build a Fairer Gwent'.



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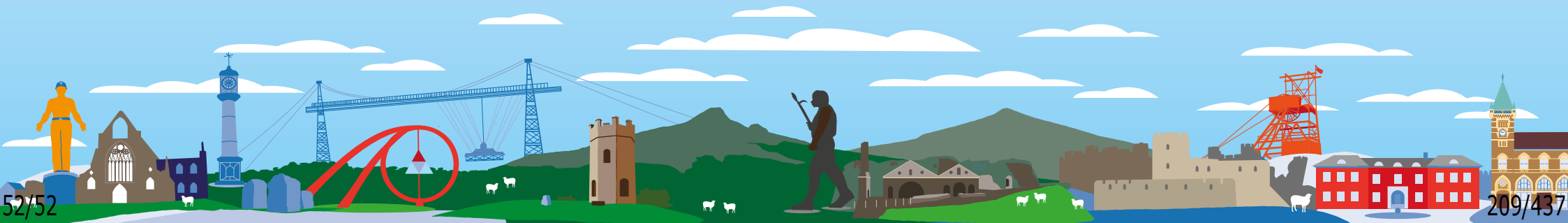
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## Contact us

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Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 30<sup>th</sup> November 2022  
Agenda Item: 4.3

## Aneurin Bevan University Health Board

### Integrated Medium-Term Plan (IMTP) 2022/25 Quarter 2 Progress Report

#### Executive Summary

The purpose of this paper is to provide the Board with a progress report against the Aneurin Bevan University Health Boards Integrated Medium Term Plan (IMTP). This report summarises the Health Boards progress during Quarter 2, bringing together these following key components:

- Outcomes Framework and Performance summary
- A review of the planning scenarios as set out in the Minimum Data Set (MDS) of the IMTP
- Clinical Futures Priority Programme progress

The Board is asked to:

- Note the progress achieved during Quarter 2
- Note sustained performance during this quarter in line with forecasted activity levels

#### The Board is asked to: (please tick as appropriate)

Approve the Report	✓
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

#### Executive Sponsor:

Chris Dawson-Morris, Interim Director of Planning and Performance

#### Report Author:

Trish Chalk, Assistant Director of ABCi & Interim Deputy Director of Planning

#### Report Received consideration and supported by :

<b>Executive Team</b>		<b>Committee of the Board</b>	
		<b>[Committee Name]</b>	

#### Date of the Report:

**Supplementary Papers Attached:** IMTP 2022/25 Q2 Outcomes Report. Sept Performance Dashboard. Q2 Minimum Data Set (MDS)(in supporting appendices)

#### Background and Context

The IMTP for 2022 to 2025 sets out the vision for the organisation, that is to improve population health and reduce health inequalities experienced by our communities. In order to achieve this vision, the IMTP focusses on 5 life course priorities.

## **Outcomes and Performance Framework**

With the IMTP vision and 5 life course priorities in mind, the Health Board has developed a set of supporting outcomes and associated indicators that help measure delivery against these areas. Indicators have been included that cover the full spectrum of what the organisation understand the health system to be, and what can be realistically measured at the moment. The aim is to provide information and measurement at a system and population level to support the understanding of progress against the IMTP. Alongside this, the report provides a high-level overview of activity and performance at the end of September 2022, with a focus on delivery against key national targets included within the performance dashboard. The update focuses on the areas of RTT, Diagnostics, unscheduled care access, cancer and Mental Health.

## **Priority Programme Progress**

The IMTP sets out key priorities and programmes of work, which, based on the understanding of the system, will deliver the biggest impact and improve the sustainability of the health and care system. By their very nature, these key strategic priorities are complex, system wide and the programmes of work are designed to implement these changes during the course of the IMTP. This report provides an update against the key milestones and progress made against each of the key priorities.

## **IMTP Planning Scenario as set out in the MDS**

Working with a data partner, the organisation adopted a dynamic planning approach to understand the potential demand, risks and capacity requirements of the system. Working with each clinical team by speciality using real time data, realistic workforce assumptions, emerging experience of how patients are returning to their services and known system constraints, the health board developed a clear understanding of predicted demand on the system and the capacity needed against what is available. This report provides an update against what was planned, what took place and forward projections.

This information has supported refreshed profiles included in the updated Minimum Data Set for Quarter 2, this is required to be submitted to Welsh Government as part of the IMTP process.

## **Assessment and Conclusion**

Quarter 2 has continued to see sustained pressure on our services as the Health Service comes out of pandemic measures and manages Covid pressures alongside recovery and day to day service delivery. Despite these challenges there have been performance improvements as the organisation aims to return to pre-pandemic levels of service and to deliver service transformation. The planning scenario has, in aggregate form, largely followed the forecasts as predicted by the services and their scenarios.

In Quarter 2 the Health Board delivered:

- ✓ Increased childhood immunisation of 2 doses of MMR vaccine by age 5 and compliance of target of Hexavalent vaccine by age 1
- ✓ Increased levels of GMS activity with more face-to-face activity
- ✓ Maintenance of Urgent Care performance within expected range
- ✓ Improved access to elective, urgent and essential services
- ✓ Increased capacity for new outpatient appointments

- ✓ Same Day Emergency Care facility launched for surgery
- ✓ Commenced building work for the Endoscopy and Breast units
- ✓ Maintenance of ambulatory services models

The sustained urgent care pressures and challenges faced by the social care system have impacted upon service recovery, and the organisation has not therefore seen the step change required to significantly revise the forecasts of planned activity for Quarters 3 and 4. This is a realistic position based on the Health Board's current performance, staff sickness rates and the number of patients delayed but medically fit for discharge. We have therefore maintained the current forecast taking into account the constraints of the current system, with focus on our longest waiting patients. The aim to ensure all 2 and 3 year outpatient waits will access the care they need before March 2023.

## Recommendation

Board is asked to:

- Note the progress achieved against the IMTP during Quarter 2
- Note sustained performance during this quarter in line with forecasted activity levels. The forecasts for quarter 3 and 4 remain with a note of caution with regards to winter pressures, potential impact of industrial action and continued demand pressure on all parts of the system.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	The report highlights key risks for delivery against the IMTP
<b>Financial Assessment, including Value for Money</b>	The delivery of the outcomes framework, key performance, delivery against the planning scenario and risk management is a key part of the Health Board's service and financial plans.
<b>Quality, Safety and Patient Experience Assessment</b>	There are no adverse implications for QPS.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	There are no implications for Equality and Diversity impact.
<b>Health and Care Standards</b>	The Health and Care Standards underpin the IMTP and Quarterly reports.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	This is a Quarterly report against the Integrated Medium Term Plan and the key organisational priorities informed by our detailed understanding of how our system operates.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	The IMTP demonstrates an integrated approach to working across the Health Board and with partners and combined both short and long term goals.
<b>Glossary of New Terms</b>	Any new terms are explained as they occur within the document.
<b>Public Interest</b>	This report has been written for the public domain.



# IMTP

Integrated Medium-Term Plan

2022/25

Quarter 2 Report





## 1. INTRODUCTION

This report summarises the Health Board's progress for Quarter 2 against the Integrated Medium-Term Plan (IMTP), bringing together reporting on outcomes, performance, priority programmes and a review of the underpinning planning scenarios.

The Health Board has remained under sustained operational pressure at the levels that, pre Covid, would have been seen in the winter period only. Covid-19 bed occupancy decreased over the reporting period (around 6% of the pandemic peak) however, the numbers of medically fit patients have continued to increase along with and sickness levels across all clinical teams. This has continued to present challenges in maintaining consistent services across primary and secondary care.

Despite these challenges there have been performance improvements as the organisation aims to return to pre-pandemic levels of service and to deliver service transformation. Our planning assumptions were set out in the IMTP and they are in line with current delivery.

In Quarter 2 the Health Board delivered:

- ✓ Increased childhood immunisation of 2 doses of MMR vaccine by age 5 and compliance of target of Hexavalent vaccine by age 1
- ✓ Increased levels of GMS activity with more face-to-face activity
- ✓ Maintenance of Urgent Care performance within expected range
- ✓ Improved access to elective, urgent and essential services
- ✓ Increased capacity for new outpatient appointments
- ✓ Same Day Emergency Care facility launched for surgery
- ✓ Commenced building work for the Endoscopy and Breast units
- ✓ Maintenance of ambulatory services models

The sustained urgent care pressures and challenges faced by the social care system have impacted upon service recovery, and the organisation has not therefore seen the step change required to significantly revise the forecasts of planned activity for Quarters 3 and 4. This is a realistic position based on the Health Board's current performance, staff sickness rates, the number of patients delayed but medically fit for discharge. We have therefore maintained the current forecast taking in to account the constraints of the current system, with focus on our longest waiting patients, to ensure all 2- and 3-year waits will access the care they need before March 2023.

There are areas of risk within the following pathways that will need attention over the next quarter, due to known capacity constraints and sustained urgency profiles that mean reducing the numbers of patients waiting will continue to be challenging. These pathways are:

- Eye Care , ENT and Orthopaedic Spines
- Single Cancer Pathway, specifically diagnostics
- Continued medical and community bed pressure
- Sustainability of Primary Care access
- Urgent Care system, including ambulance waits

The actions to improve the position and risk level have been included in our plans set out later in this document.

The Health Board will remain alert to further waves and potential new variants of Covid-19, which may affect the organisation's ability to tackle backlogs of demand for planned care services. The realistic prospect of industrial action over the winter is also being factored into our planning, the trajectories and winter activity plan have been based on a most likely scenario for the prevalence on increased respiratory presentations and admissions.

### Structure

This report is structured across three sections as follows:

**Outcomes Framework and Performance Summary** – This section reports against the life cycle priority outcome measures. It provides population and system outcomes measures to support understanding of IMTP delivery.

**Progress of Clinical Futures Priority Programmes**– This section reports on the progress of the Clinical Futures Programmes set out in the IMTP.

**Planning Scenarios**- This section reports against the planning scenarios as set out in the Minimum Data Set of the IMTP.



## 2. OUTCOMES FRAMEWORK & PERFORMANCE SUMMARY – QUARTER 2

The vision set out in the IMTP 2022-2025 is to:

Improve population health and reduce the health inequalities experienced by our communities.

In order to achieve this vision, the IMTP focuses on 5 life course priorities. The Outcomes Framework is updated quarterly and, depending on data availability, the latest data is reported for each indicator. This is the second production of these measures and further development is still required. The timescales for indicators vary according to the data source. Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

A total of 43 indicators are reported upon and of those, 38 have been measured with the remaining 5 currently in development. Of these indicators, 18 measures have shown improvements over the last reporting time period, including 3 measures that have met or sustained their target. A total of 13 indicator values have deteriorated and 7 are statistically similar. A breakdown of the type of change by priority can be seen in the table below:

Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	4	2	6	2	4	18
Similar	1	2	4	0	0	7
Deteriorated	3	1	6	3	0	13
No data	0	2	1	1	1	5
Total indicators	8	7	17	6	5	43



Our Outcomes:

Improving Good Health in Pregnancy



Optimising a child's long term potential



Increasing childhood immunisation

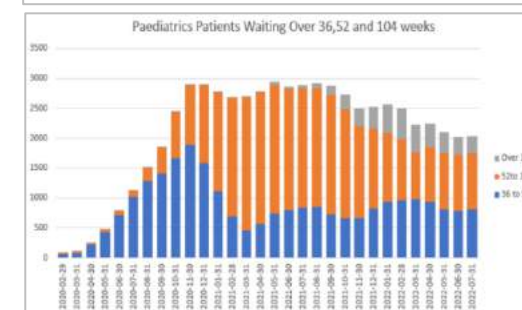
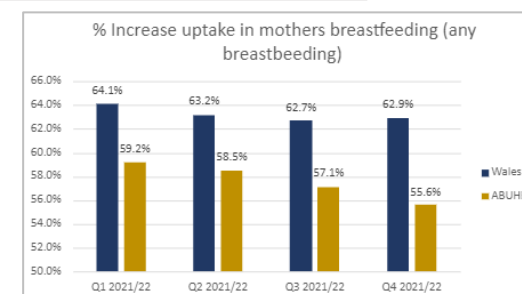


Early childhood experiences, including before birth, are key to ensuring improved health outcomes. The Health Board's IMTP committed to working with partners to take forward actions and activities that have a positive impact on the first 1000 days of life. The table below sets out three core outcomes to be achieved in this area. Alongside identified measures, this information is used to target actions and identify priorities for the organisation.

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (June 22)		Current reported position (Sept 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Improving Good Health in Pregnancy	Decrease in low birth rates	5.6%	4%	2021	5.1%	-	-	Improved	Decrease in indicator over the last 3 years. Significantly lower than the all Wales average.
		Decrease in smoking status at birth	16%	10%	2021	13.7%	-	-	Improved	Significant decrease between 2020 and 2021.
		Decrease in stillbirths	4.8	3.0	2021	3.9	-	-	Improved	<b>"New Reported Indicator"</b> 18.75% decrease in stillbirths over the last 5 years.
	Optimising a child's long term potential	Increase update in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q3 2021/22	57.1%	Q4 2021/22	55.6%	Deteriorated	Decrease in indicator over the last 4 quarters and significantly lower than the welsh average.
		Increase of eligible children measured and weighed at 8 weeks	62.5%	60%	Q3 2021/22	52.3%	Q4 2021/22	40.1%	Deteriorated	Continued decrease in indicator. Significant decrease from 52.3% Q3 to 40.1% Q4.
		Increase of eligible children with contact at 3.5 years pre-school	64.4%	60%	Q3 2021/22	59.6%	Q4 2021/22	36.6%	Deteriorated	Decrease in indicator, however, remains significantly higher than the welsh average.
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%	Q3 2021/22	90.0%	Q4 2021/22	92%	Improved	Indicator value has improved during Q4.
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q3 2021/22	97.0%	Q4 2021/22	95%	Similar	Indicator value has remained stable and target has been met.

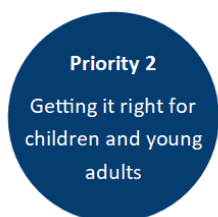
Deterioration in the outcome **'Optimising a child's long-term potential'** was reported at both a Health Board and all Wales level across all three indicators. Breastfeeding rates in the UK are amongst the lowest in the world with rates lowest in areas of higher deprivation and exacerbating health inequalities. Wider cultural attitudes and practices continue to influence how a woman may choose to feed her baby and if breastfeeding, the length of time she continues. The **rate in mothers breastfeeding** within Aneurin Bevan was reported at 55.6% during Quarter 4 2021/22. The Health Board's Response Feeding Service work closely alongside Midwives and Health Visitors to offer advice to mothers and families with both breastfeeding as well as support with emotional health and wellbeing within 3 days of discharge from hospital. All midwives and maternity support staff are UNICEF baby friendly trained in breastfeeding support and have many support services in the community and close links with local peer support groups. During Quarter 2, a new breastfeeding support group was launched in Caerphilly and the Response Feeding Service are continuing to identify opportunities to further encourage the uptake in breastfeeding in Wales in line with the All Wales 5 Year Breastfeeding Action plan.

There has been a reported improvement in the outcome **'Increasing childhood immunisation and preventing outbreaks'** with a particular improvement noted in the percentage of children who received 2 doses of the MMR vaccine by the age of 5.



Additionally, the met target for the percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 has been maintained, demonstrating sustained strong performance.

The number of children on the Health Board's waiting lists who have been waiting over 36 weeks increased during the pandemic and peaked during the summer of 2021. There is a focus in Quarter 3 on paediatric ENT patients and a plan for all children who have waited more the 52 weeks an appointment to have had their appointment by December 2023. Additionally, the Health Board are working alongside the Welsh Health Specialities Services Committee (WHSSC), who are undertaking a deep dive of a range of paediatric sub-specialities and are developing options with a focus on addressing increased waiting lists, in particular those waiting over 2 years.



Nurturing future generations is essential for our communities. There is strong evidence that healthy behaviours in childhood impact throughout life; therefore, targeting actions to improve outcomes in these areas has a long-lasting impact on delivery. Young adult mental health is a Ministerial priority area with CAMHS a focus in the national performance framework.

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (June 22)		Current reported position (Sept 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Improvement in the mean mental health wellbeing score for children			Indicator to be developed				No data	Indicator to be developed.
		Decrease in 4 week CAMHS waiting list	95%	80%	Q1 2022/23	97.4%	-	-	Improved	Due to the implementation of WCCIS, it is not possible to currently provide a Q2 update. Sustained and improved compliance against indicator target. Target met.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Q1 2022/23	49.3%	-	-	Deteriorated	Due to the implementation of WCCIS, it is not possible to currently provide a Q2 update. The indicator value has continued to decline since July 2021 due to a significant (103%) increase in demand. A recovery plan is in place to attain target by end of year and during quarter 1, compliance improved by 4%.
	Support being a healthy weight	Increase in children age 5 of a healthy weight	73.1%	80%	2017	74.9%	-	-	Improved	Indicator has shown continued increases since 2006.
		Increase in adolescents of healthy weight			Indicator to be developed				No data	Indicator to be developed (Spring 2023)
	Improve healthy lifestyle behaviours	Increase in the percentage of children (aged 2-7 years) who are active for at least 1 hour seven days a week	62%	70%	2020	63%	-	-	Similar	Indicator value has shown signs of improvement.
		Increase in the percentage of children who eat vegetables every day	67%	70%	2020	68%	-	-	Similar	Indicator value has shown signs of improvement.

This increase in demand, the impact of the easing of COVID-19 lockdown and the restarting of face-to-face appointments resulted in a backlog of follow up appointments for the children undergoing a neuro-developmental assessment. The recovery plan working with Local Education teams, with the help of our Schools In Reach, School Nurses, the Locality Community support services and School staff to help schools produce a tailored school setting support plan has seen an improvement by 4% between Quarter 1 and Quarter 2.

Access to services is a focus of the national performance framework. At the end of June 97.4% of **patients were waiting less than 28 days for a first appointment**. The implementation of the SPACE wellbeing (development of single point of access, multi-agency panels) which is operational in all five local authority areas has continued to have a positive impact on access to services.

**Priority 3**  
Adults in Gwent live  
healthily and age  
well

**Our Outcomes:**



Our ambition is for citizens to enjoy a high quality of life and to be empowered to take responsibility for their own health and care. A significant number of measures fall within this area, particularly in relation to maximising an individual's time. The outcomes and performance set out below underpin the work of the priority programmes and in particular the work of the 6 Goals for Urgent and Emergency Care, Planned Care and Mental Health. The progress for these can be found in Section 3.

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (June 22)		Current reported position (Sept 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individual's time	Reduction in the number of patients waiting more than 36 weeks for treatment	32202	32168	Q1 2022/23	32959	Q2 2022/23	35395	Deteriorated	Indicator value has continued to increase during Quarter 2, following the trend observed over the last 12 months.
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113107	69288	Q1 2022/23	114441	Q2 2022/23	119848	Deteriorated	Indicator value has increased by 4.7% from Quarter 1 to Quarter 2.
		Increase in Urgent Primary Care Consultations/Treatments	6969	10000	Q1 2022/23	8336	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant and continued increase in rate since 2021. On track to meet target.
		Increase in Think 111 calls	493	800	Q1 2022/23	673	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant improvement in indicator value since Autumn 2021. On track to meet target.
		Reduction of handovers >1 hour	737	0	Q1 2022/23	793	Q2 2022/23	789	Similar	Similar to last reported period. Overall trend reported an the increase in value since 2021. Indicator is breaching target.
		Reduction in patients never waiting in ED over 16 hours	417	0	Q1 2022/23	445	Q2 2022/23	480	Deteriorated	Continued significant increase in indicator value. Rate has increased by 15% from baseline.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Q1 2022/23	1.8 hours	Q1 2022/23	2 hours	Deteriorated	Continued significant increase in indicator value. Rate has increased by 25% from baseline.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Q1 2022/23	11.9 hours	Q1 2022/23	13.1 hours	Deteriorated	Continued significant increase in indicator value. Rate has increased by 13.9% from baseline.
	Adults living healthily and aging well	Increase in adults active at least 150 minutes a week	53.0%	60%	2019/20	55%	-	-	Improved	Increased and continued improvement rate (1% year on year). Indicator value is consistently performing higher than the all Wales average.
		Decrease in the % of adults smoking	19%	15%	2019/20	18%	-	-	Improved	Decreased in indicator value, although remains higher than the all Wales average.
		Decrease in the number overweight or obese adults (BMI over 25)	65%	50%	2019/20	65%	-	-	Similar	No change observed.
		Increase in working age adults in good or very good health	69%	80%	2020/21	74%	-	-	Improved	Significant improvement in indicator value (+7.2%) from 2019/20 and 2020/21, however, value remained lower than the all Wales average.
		Increase uptake of National Screening Programmes	Indicator to be developed						No data	
	Improved mental health resilience in adults	Increase in Mental Health Well-being score for adults	50.3%	55	2018/19	50.5%			Similar	Small increase in value.
		Increase in percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	80%	90%	Q1 2022/23	75%	-	-	Deteriorated	Indicator value has decreased from baseline by 5%.
	Maximising cancer outcomes	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	56.9%	75%	Q1 2022/23	53.4%	Q2 2022/23	54.2%	Similar	Slight improvement in indicator value from 53.4% (Quarter 1) to 54.2% (Quarter 2)
		Increase in 5 year cancer survival	51.0%	60%	2014-2018	58%	-	-	Improved	Significant improvements in rate reported over the last 10 years.



### Maximising an individual's time

Time-based waiting measures form a large element of the Minister's Priority Delivery Measures. In this framework, a smaller number of core measures have been selected to represent key areas of delivery as proxy measures of effective use of an individual's time. However, as part of the organisation's forecast performance against the core Ministerial measures, the table below shows actual performance in Quarter 2 against the plan.

Measure	Target	Forecast			
		Mar-22	JULY	AUGUST	SEPTEMBER
<b>Number of patients waiting more than 104 weeks for treatment</b>	Improvement trajectory towards a national target of zero by 2024	8,946	5,778	5,730	5,856
	Planned		4485	3692	5573
<b>Number of patients waiting more than 36 weeks for treatment</b>	Improvement trajectory towards a national target of zero by 2026	32,720	34,998	36,051	35,395
	Planned		32,120	30,500	29,900
<b>Percentage of patients waiting less than 26 weeks for treatment</b>	Improvement trajectory towards a national target of 95% by 2026	58.00%	61.20%	61.20%	60.9%
	Planned		58.00%	58.00%	58.00%
<b>Number of patients waiting over 104 weeks for a new outpatient appointment</b>	Improvement trajectory towards eliminating over 104 week waits by July 2022	1,884	1,443	1,565	1,704
	Planned		1,800	1,764	1,728
<b>Number of patients waiting over 52 weeks for a new outpatient appointment</b>	Improvement trajectory towards eliminating over 52 week waits by December 2022	9,975	10,253	10,564	11,169
	Planned		9,700	9,579	9,380
<b>Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%</b>	A reduction of 30% by March 2023 against a baseline of March 2021	17,910	21,650	21,306	21,676
	Planned		17,845	17,583	17,255
<b>Number of patients waiting over 8 weeks for a diagnostic endoscopy</b>	Improvement trajectory towards a national target of zero by March 2026	2,986	3,212	2,967	2,836
	Planned		2,752	2,345	2,155
<b>Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</b>	Improvement trajectory towards a national target of 75%	65.00%	50.4%	53.00%	54.2%
	Planned		50.00%	50.00%	50.00%



## Maximising an Individuals Time- Planned Care

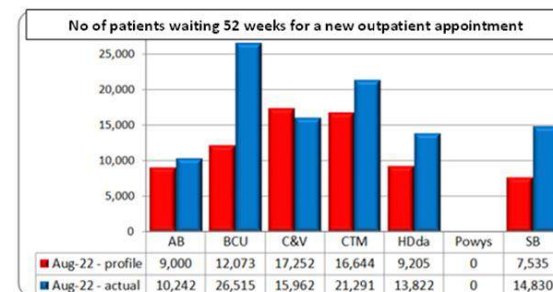
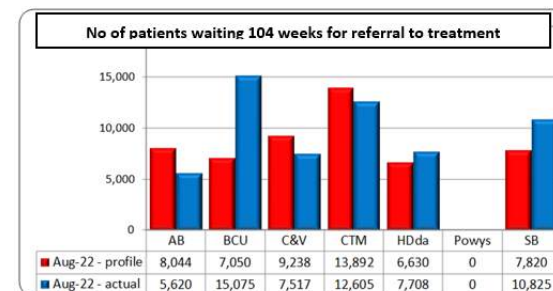
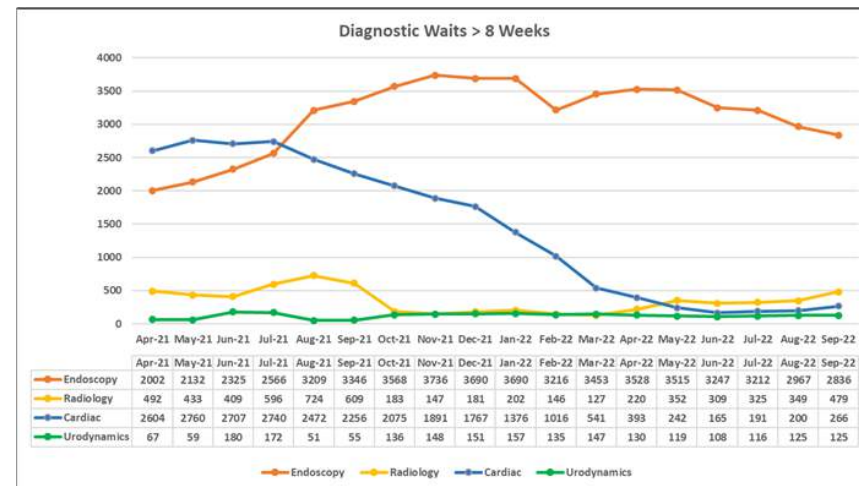
Maximising an individual's time is a core element of planned care. There has been some progress in quarter 2 **treating the longest waiting patients** those waiting over 104 weeks, however, performance is not yet achieving target delivery against the plan. The work in outpatients has progressed the SoS/Pifu Implementation Plan with 12 new SoS/Pifu pathways developed. To maximise time, a One Stop Treatment Unit at RGH has been opened undertaking general surgery lumps and bumps, colorectal infusions and dermatology from September 2022. In October Nephrology infusions, max fax will go live and ENT in November. The treatment waiting list in three specialties remains high risk and has grown (Orthopaedics, Ophthalmology, and ENT). There has been targeted work in all three specialities to treat the longest waiting cohort and with the exception on ENT, where for example the total capacity available for ENT is less than total cohort to meet the target. Improvements will mean that there should not be any long waiting patients by quarter 4 with a commitment to see all Paediatric patients by December. Improvement in outpatient performance remains essential to make the most of individual's time and is a core focus of the Planned Care Programme as set out in section 3.

In relation to treatments, the Specialties are balancing the principle of undertaking activity defined by clinical prioritisation, and a time-based approach for the longest waiting patients; this enables timely care for the most urgent patients and clinically-led decision making. Aneurin Bevan has one of the smallest proportion of patients waiting more than 52 weeks for a new outpatient appointment and during August 2022, was one of only 3 Health Boards to see an increase in activity compared to the previous month. Activities in the next quarter to maintain our current performance include a refresh of demand and capacity for IMTP next year, review of GIRFT Outpatient Model work when released for the 9 specialty outpatient models and clinical review of the INNU progress.

## Maximising and Individuals Time- Diagnostics

Endoscopy is included in the national measures. Services have increased capacity for all patients; the overall over 8-week position improved slightly in quarter 2, with 3706 waiting over 8 weeks compared with in June. As seen in the graph on the right, cardiology has seen significant improvement, driven by use of an insourcing company to deliver additional echo capacity. Further key areas in diagnostics include:

- Continued insourcing of additional endoscopy capacity has supported a maintenance in the 8-week backlog with a small decrease in the numbers of people waiting at the end of September (2836)
- Radiology diagnostics have seen a sustained increasing trend in the numbers waiting in MRI and ultrasound .
- The future developments of the RGH endoscopy unit has progressed this quarter with approval of to recruit ahead of the new unit opening in 2023. It should be noted that this is to sustain services and is predicated on the backlog being cleared by the point of opening and will be monitored in quarters 3 and 4.



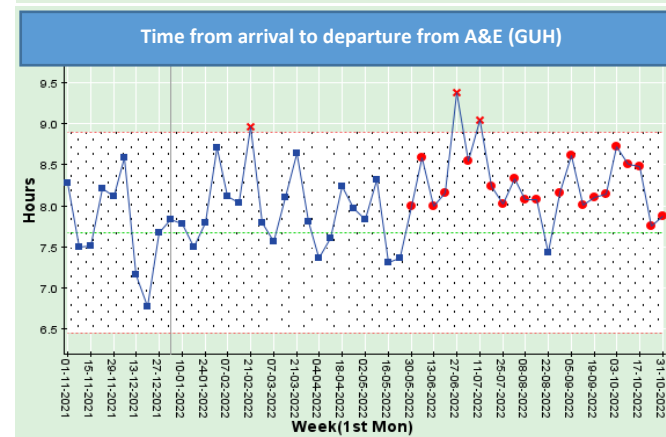
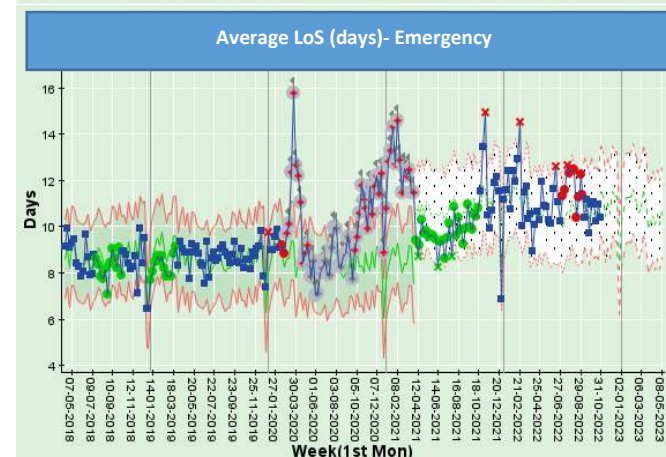
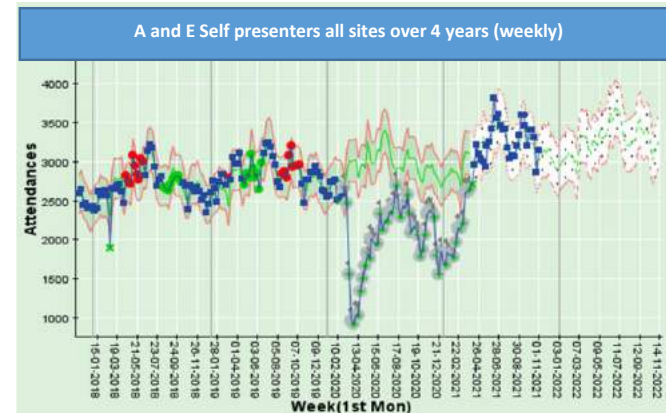
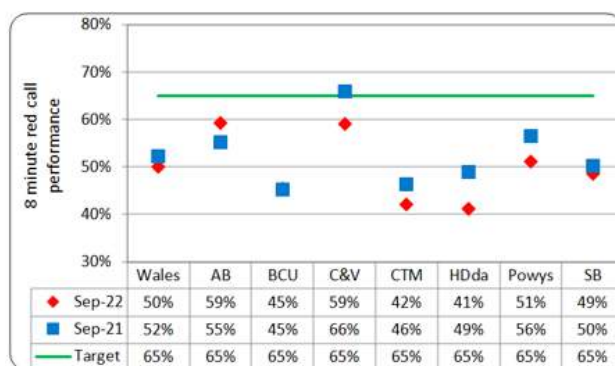
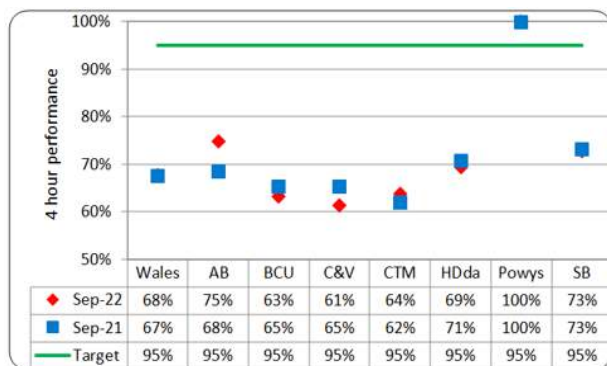
## Maximising an Individuals Time- Urgent Care

The picture for urgent care system is the same for Quarter 2 as Quarter 1. The services continue be under significant pressure both nationally, regionally and locally, making delivering timely care challenging. This is in the context of significant workforce challenges, increasing demand for urgent primary care, increased ambulance call demand, increasing numbers of self-presenters at Emergency Departments and Minor Injury Units, increased acuity linked to post lockdown impact, increased bed occupancy for emergency care and high levels of delayed discharges linked to significant social care workforce challenges.

This pressure on the urgent care system has resulted in patients staying in hospital for longer. The **average length of stay** for emergency admissions is at its highest point ever.

Attendance at the Health Board's Emergency Departments (ED) have followed the seasonal trends with an average of 15,921 attendances per month during quarter 2 (Jul=16,447 Aug=15,833 Sep=15,485). The length of stay in the GUH ED department continues to be significantly above target. This is as result of poor flow through the system for those who need to be admitted, the sustained numbers referred to specialty but discharged from ED is a key indicator of the pressure across the system, and the pressure to enable patients who are medically fit to return home.

During September, Aneurin Bevan was the best performing Health Board across Wales with 75% of patients treated within 4 hours and whilst the 95% target hasn't been met, its performance is significantly higher than the all Wales average of 67.8%. During quarter 2 a total of 2,379 patients waited over 60 minutes to be transferred to the Emergency Department from the Ambulance. However, during September, the Health Board was the best performing in Wales in it's compliance with red call response rates with 59% of red calls responded to within 8 minutes. Additionally, the Health Board is one of only three Health Boards in Wales to see an improvement in performance compared to previous months.



## Improved Mental Health Resilience in Adults

Access to mental health care services is of equal importance to physical healthcare services and there are a range of measures that provide further details on performance in this area and support the organisation's understanding of future delivery. In relation to Primary Care Mental Health:

- Performance against the 80% target to provide an assessment by the LPMHSS within 28 days of referral further improved in July 2022 (latest validated position) to 91.6% compared to 78.3% in the previous month.
- The position for intervention under 28 days remains below the target. However, this measure has seen a significant improvement from 10.7% (April 2022) to 27.8% (July 2022).
- Non-compliance against the intervention within 28 days performance measure is partly due to the service focusing on the assessment in line with Welsh Government guidance, to ensure that all patients receive the initial assessment with a registered mental health practitioner. This is an approach which aims to minimise the number of interactions with different practitioners and to direct patients to the most appropriate care and support first time.
- The recovery plan continues to be aimed at reducing waiting lists for therapeutic treatments. Though waiting lists for counselling and low intensity intervention have reduced to some extent, it is unlikely that the target can be achieved in the short term.

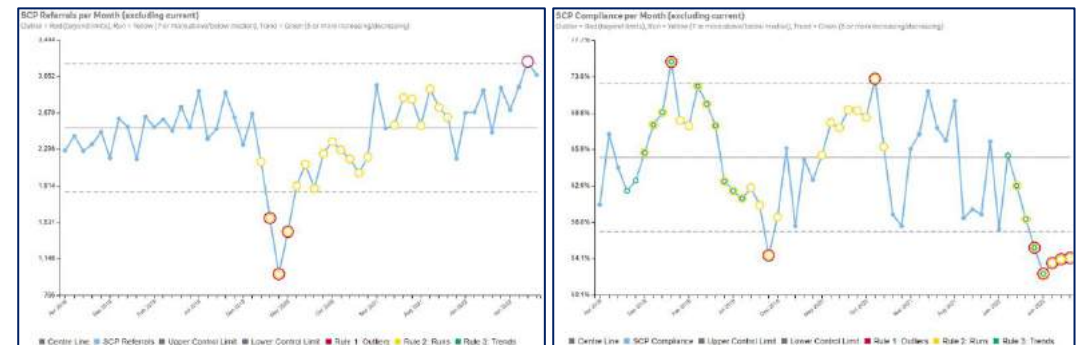
### Psychological Therapy:

- A sustained position in performance is reported for psychological therapy in Specialist Mental Health Services, with 72% of patients waiting less than 26 weeks for treatment at the end of July 2022, against a target of 80%.
- Performance is calculated based on combined compliance for Adult, Older Adult and Learning Disabilities (LD) services. However, the Older Adult service has consistently achieved performance levels above 80% with 84% in July 2022.
- With regards to Adult Services, the service has plans to continue to improve performance and reduce long waiters.
- The Adult service has consistently improved and achieved 67.7% in July 2022.

## Maximising cancer outcomes

Compliance against the **62-day target** for definitive cancer treatment has been maintained at 54.2% at the end of September and is breaching the target. Increases in demand relating to suspected cancer referrals has continued to exceed 2,500 referrals per month and is continuing to have an impact on performance creating capacity challenges throughout the pathway for services provided by the Health Board and those provided at tertiary centres.

There are a number of factors which have had an impact on overall performance, a primary driver is a considerable reduction in skin treatments. The volumes for this specialty have historically contributed in increasing the performance denominator. This reduction has been influenced by the current pathology pressures. The pressure on the diagnostics part of the pathway is a significant constraint with action continuing in Quarter 2 to improve the position through outsourcing. Transforming Cancer Services is a Clinical Futures Priority Programme and further action is set out in section 3.





**Priority 4**  
Older adults are supported to live well and independently

**Our Outcomes:**

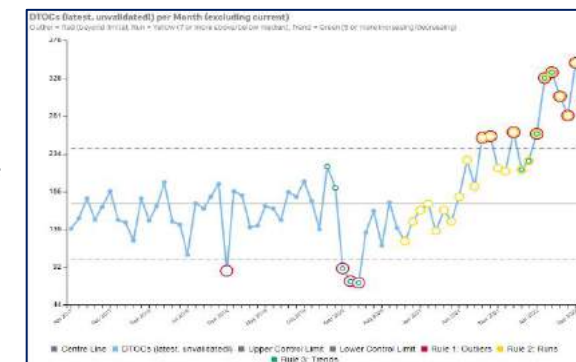


Supporting older adults to live well and independently is a core component of the Health Boards' plan for a sustainable health and care system. We know we need to deliver improvement for this section of our population in our service offer. Redesigning services for older people is a Clinical Futures priority programme.

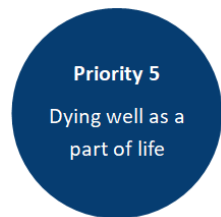
Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (June 22)		Current reported position (Sept 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people in good health	Indicator to be developed						No data	Indicator to be developed.
	Delivering Care Closer to Home	Increase in Rapid Response within 4 hours	38%	50%	Q1 2022/23	35%	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Decrease in indicator value over the last 12 months across all 4 Local Authority areas (excludes Monmouthshire).
		Reduction in the number of short stay patients (<7 days)	12%	5%	Q1 2022/23	11%	Q2 2022/23	13%	Deteriorated	Short stay patients have increase from 11% to 13%
		Reduction in average LOS case load	39.9 days	30 days	Q1 2022/23	52.7 days	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant increase (32%) in indicator value.
	Reducing admissions and time spent in hospital	Increase in Admission avoidance (month)	71	100	Q1 2022/23	68	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. An improvement in the indicator value across all 4 Local Authority areas (excludes Monmouthshire).
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q1 2022/23	60%	Q2 2022/23	56%	Improved	Increases in the indicator value since 2021/22.

The 'Delivering Care Closer to Home' outcome has seen a deterioration in 1 indicator values, however, a Cyber incident in August 22, has impacted on the system that captures and hosts the data therefore it is not possible to provide a Quarter 2 update for 3 of the metrics. At the end of Quarter 1, **Rapid response within 4 hours** had decreased across all 4 reported Borough areas (data excludes Monmouthshire) from 38% to 35%. There was also an increase reported in the **average length of stay of case load**. This is most notable in Blaenau Gwent and Newport Boroughs. The '**reduction in number of length of stays over 21 days**' indicator value has improved and an decrease from 60% to 56% has been observed, with now over 600 patients in hospital with a length of stay greater than 21 days.

Older people, including those receiving acute care, active treatment including rehabilitation and those who are waiting to move to the next phase of their pathway occupy approximately 430-450 beds in our acute system and up to 50% of these people are designated medically fit for discharge. This is a core area of focus for action through the Redesigning Services for Older People Programme. The position at the end of September for those who have had their **discharge or transfer of care delayed** was 348 per day and with the pressure across the health and care system, this number is expected to continue to increase in the coming months. As set out in section 3, this is a core element of focus for the Redesigning Services for Older People Programme.



For the winter and Quarters 3 and 4 this is an area of focus in partnership with the Integrated Service Partnership Board and Regional Partnership Board structures, to support the care home sector, enhance our Rapid Response Model, and access to hot clinics, providing single points of access and direct admissions pathways.



Our Outcomes:



The IMTP sets out the commitment to continuously improve what we do to meet the need of people of all ages who are at the end of life. The measures represent indicators to support the organisations understanding of how it is delivering in this area to support the population to die in their place of choice and have access to good care.

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (June 22)		Current reported position (Sept 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in the % of hospital as a place of death	53%	40%	2022	50%	-	-	Improved	Decrease reported over the last 3 years.
		Increase in compliance of issuing of Medical Certificates within 5 days	81%	90%	Q1 2022/23	80%	Q2 2022/23	83%	Improved	The reported rate is similar to baseline value and therefore current performance levels have remained. Target to be amended from 5 to 7 days.
		Reduction in compliants	Indicator to be developed						No data	Indicator to be developed.
	Improved planning and provision of end of life care	Increase in proportion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Q1 2022/23	97%	Q2 2022/23	99%	Improved	Significant improvement in the indicator value since July 2020 and on track to meet target.
		Increase in the number of Advanced Care Plans in place	Indicator to be developed						Improved	Indicator to be developed.

For the 'Improved planning and provision of end-of-life care' outcome, there has been a significant increase in the proportion of **Urgent Palliative Care referrals assessed within 2 days** since July 2020 and a further increase from 97% to 99% during Quarter 2.

Further outcome measures and indicators are still being developed nationally and this priority will evolve to incorporate the relevant outcomes.

The Health Board is leading the way in providing compassionate, personalised support for bereaved families. The priority for the Care After Death Team, which unites the Health Boards bereavement and mortuary services, is to look after families at an emotional and sometimes distressing time. Across the Health Board, the service provides a single face-to-face support function covering from the passing away of a patient, up to the release of the patient to funeral directors and preparation of documentation. During Quarter 2, the percentage of medical certificates issues within 5 days was reported at 83%, an increase from 80% reported during Quarter 1. The Care After Death Team are continuing to implement the national bereavement framework pathways across ABUHB and are exploring the opportunity to implement a 7 day service.

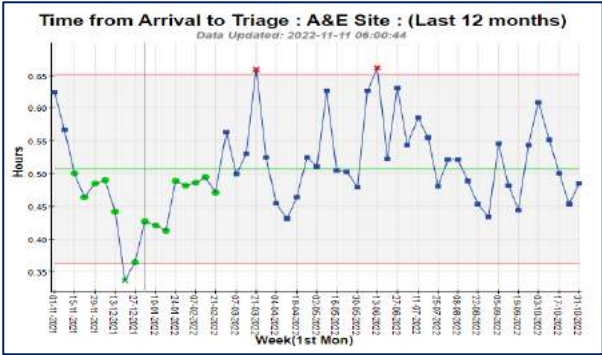


Key Enablers

Quality and Safety

Quality and safety is at the centre of our work to secure improvements in the quality of care and services we deliver and to improve outcomes for the population we serve. A patient quality, safety and outcomes dashboard has been developed around the themes of the Health and Care Standards (HCS) and is reported weekly to the operational group and directly to the committee in order to provide assurance in relation to priority areas that are deemed to be higher risk.

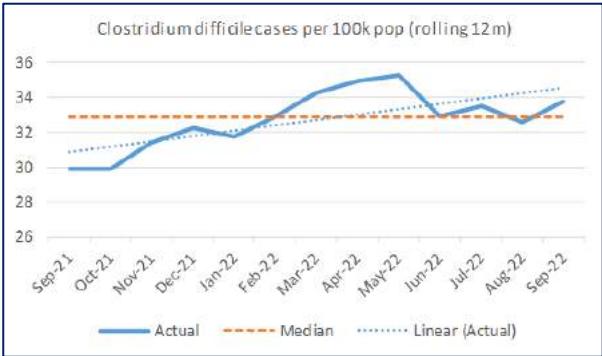
Urgent Care remains one of the top organisational risks, an issue mirrored nationally, with the Emergency Department at Grange University Hospital seeing an increasing trend in the number of attendances. The Health Board is committed to delivering safe and effective care to the population of Gwent and in order to be able to identify the level of risk within the department, a clear focus has been placed on triage which will have an impact on the time for a patient to be **seen by a clinician**. Knowing the triage category of patients helps to manage the risk for individuals. Whilst the target of <15minutes for triage has not yet been met, the Health Board has been operating either in-line or below forecasted levels. A focus has been on addressing the increasing trend in ambulance handover times and a review of criteria, which enable patients to be moved from ambulance to sit within the department has been undertaken. In addition, a Standard Operating Process (SOP) has been developed which references the actions required when there are off-loading delays for patients, and in particular, to ensure the release of red requests.



There were on average **480 patients per month waiting in ED >16hrs** during Quarter 2 and the time **bed allocation remains high at an average of 13.1hrs**. Quality metrics are regularly monitored by the Senior Management Team (SMT), the Divisional Management Team (DMT) and escalated accordingly. Patient falls, medication incidents and violence and aggression incidents are reducing.

With the exception of C difficile, the Health Board has the lowest rates for Staph aureus and gram negative bacteraemia in Wales. There has been an **increase in C difficile** during Quarter 2 with a current rate of 33.77 per 100,000 population at the end of September.

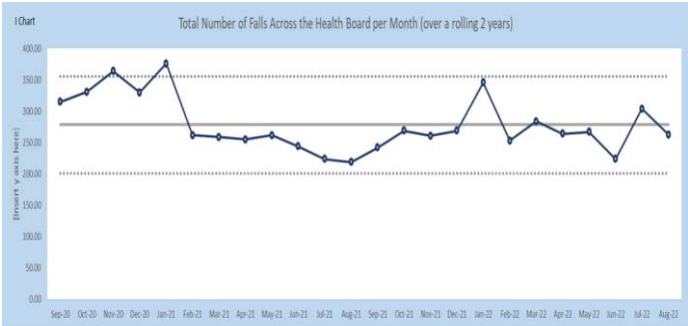
One of the key preventable measures to reduce HCAI is the Hydrogen Peroxide Vapour (HPV) proactive clean. There has been a significant slippage in the delivery of the programme at the Grange University Hospital and community hospitals due to inpatient capacity, where bed occupancy is high and the ability to secure adequate space to decant wards to facilitate HPV cleaning is challenging.



Falls

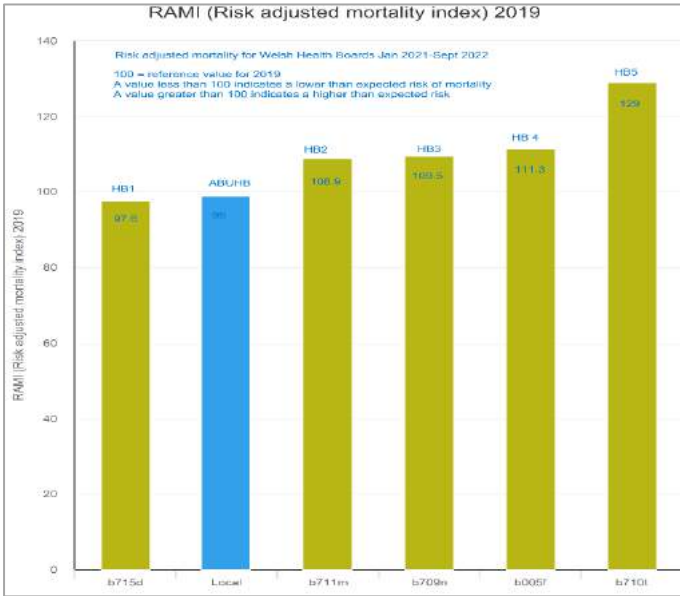
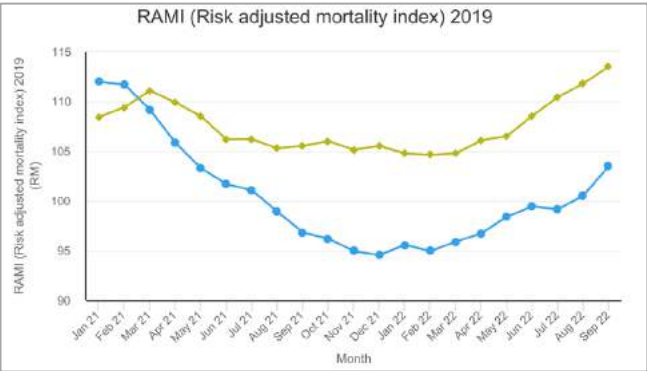
Analysis of data associated with Inpatient (IP) falls management continues to be monitored over a two-year rolling period to provide assurance. This approach identifies any changing trajectories or statistical variation in the numbers of falls incidents. August 2022 has demonstrated a position (6.4) in which the average number of falls per 1000 occupied bed days remains aligned to or is below the national average of 6.8. Apart from January 2022, a sustained position of improvement has been seen.

The total numbers of Inpatient falls for the same period demonstrate a similar trajectory. 92% of the falls incidents reported are categorised as no or minimal harm.



Risk Adjusted Mortality Index

The Risk Adjusted Mortality Index (RAMI) is a mortality rate that is adjusted for predicted risk of death. A value less than 100 indicates a lower than expected risk of mortality and a value greater than 100 a higher than expected risk. During January 2021 and September 2022, the reported RAMI measure for Aneurin Bevan was 99, indicating that overall there is a lower than expected risk of mortality compared to other Health Boards in Wales.



Workforce

In relation to the Ministerial measures, two indicators for workforce were included in the Minimum Data Set as required for the IMTP submission. The table to the right sets out actual performance against the plan with the latest validated position. Sickness absence reporting does not include medical exclusion and as that is not classed as sickness absence, it does include Covid related absence, this brings the average percentage for the quarter to nearly 6%.

The Agency reduction plan is in place to support the development of a sustainable workforce to support improvement against the agency spend, this has seen an improvement over the quarter, with a plan to sustain the position over the winter whilst ensuring safe service provision.

		Forecast March 22	April	May	June	July	August	September
Agency spend as a percentage of the total pay bill	12 month reduction trend	8.2%	9.2%	10%	9.2%	9.5%	8.3%	7.3%
	Planned		8.2%	8.2%	8.2%	8.5%	8.5%	8.5%
Percentage of sickness absence rate of staff*	12 month reduction trend	6.5%	6.9%	6.1%	6.2%	6.2%	6.2%	
	Planned		6.5%	6.5%	5.5%	5.5%	5.5%	5.8%



## Outcomes and Performance Summary

Further details on the individual outcome measures are provided in Appendix 1. Overall, the indicators show that the Health Board is making some progress in key areas. Childhood immunisation rates have increased and a reduction in paediatric patients waiting over 36 weeks has been observed. In addition, progress has been made in decreasing the 4-week CAMHS waiting list and neurodevelopment (SCAN) wait lists. These are positive indicators of the impact of recovery plans and the implementation of the SPACE wellbeing model.

In relation to our adult population, progress is mixed. We are making progress in cancer survival and improved Mental Health resilience which reflect longer term outcomes. However, in relation to making the best use of an individual's time, progress is challenging due to the urgent care and post pandemic pressures in our system. This demonstrates the importance of our Clinical Futures programmes which is focussing on urgent care and planned care. Similarly, in relation to supporting people to live well in the community, the system is holding too many patients in hospitals, and consequently redesigning services for older people is a fundamental component of the Clinical Futures Programme, and a key focus for our population through Regional Partnership work programme. Many of the metrics are still very much process measures and more work is underway during 2022/23 to look at more outcome-based measures and their reporting timelines.

## 2. IMTP PRIORITY PROGRAMME UPDATE – QUARTER 2

The IMTP set out key priorities based on the understanding the system and what will deliver the biggest impact and improve the sustainability of services for the local communities.

The Health Board delivers these priorities utilising a Programme Management approach through the Clinical Futures Programme Team. By their very nature, these key strategic priorities are complex, system wide and the programmes of work we are designing to implement these changes will be realised incrementally over the life of this three-year plan and beyond. Notwithstanding this, progress against each priority for Quarter 2 are shown below.



### 1. Urgent and Emergency Care Improvement (6 Goals)

A revised programme structure aligned to Six Goals improvement has been established with clinical and managerial leadership roles for each of the 6 Goals. This ensures leadership of our system from those across all services both within the health Board and with partner agencies.

#### Some areas of progress include:

- Establishment of Same Day Emergency Care (SDEC) at the Grange University Hospital in August 2022 following capital and revenue investment from Welsh Government.
- Development of SDEC at Ysbyty Ystrad Fawr following funding via Regional Partnership Board.
- Development of eTriage pilot, supported by the national 6 Goals Innovation fund, to modernise patient flow at the start of their Emergency Department arrival and assist with signposting and data gathering.
- Development of speciality same day services (Respiratory, Gastroenterology and Frailty) to reduce Emergency Department attendance and Assessment Unit stays.
- Review of Flow Centre clinical model and processes to ensure optimum utilisation and reduce unrequired attendance at the Emergency Department.
- Commencement of review at eLGH Front Door services and links to community services via Redesigning Services for Older People programme.
- Development of patient discharge pathways from the Grange University hospital and eLGH sites to improve system flow.
- NHS 111 Option 2 – mental health single point of accessed to be launched in December 2022.



#### Why is this a priority?

Prior to the pandemic, the situation in Emergency Departments was increasingly difficult, with demand soaring and the percentage of people being seen within the four-hour target reaching an all-time low over the 2019/20 winter. Since the start of the pandemic, ED attendance decreased significantly which led to performance improvements. Since lockdown eased, demand has steadily risen, and a greater number of people with serious problems are presenting themselves in our urgent and emergency care system.

The establishment of SDEC is an important addition to our emergency care services and provides significant opportunities to stream patients from same day to next day and act as a catalyst for speciality ambulatory service development. Since the opening of SDEC at the Grange University Hospital, 1,248 patients have been seen (average 20-25 daily attendances) and 79% discharged the same day with a median length of stay time of under 3 hours.

Further development of the acute medicine at the Grange University Hospital are linked with the broader review of acute medicine across our eLGH hospital network. Phases 2 and 3 of SDEC roll-out will increase connections to community services via the Flow Centre and support the redirection of attendances from the Emergency Department attendances (linked to eTriage opportunities) in quarter 4.

**There are a broad range of actions for the next quarter and key actions include:**

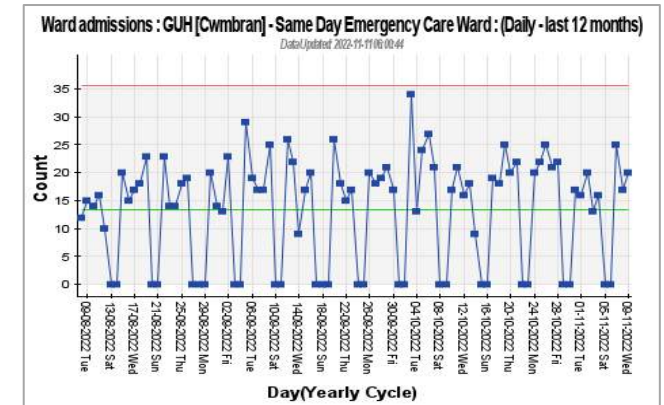
- Further development of SDEC services – implementation of phase 2 and 3 at GUH and launch of SDEC pilot at YYF.
- Use of SDEC for ambulatory trauma cases, reducing reliance on bed admissions for day case trauma surgery, reducing cancellations and reducing ED and SAU congestion.
- Reorganisation of the 1<sup>st</sup> floor of the GUH to realign bed capacity with demand and improve SAU and MAU flow as a consequence of SDEC.
- Focus on services for older people – hot clinic and rapid access to specialist advice implemented and developed.
- Increasing front door resilience – recruiting to dedicated ED Therapies roles, eTriage Pilot.
- Implementation of 6 Goals communication plan for staff, partnership and public.
- Launch of Advanced Paramedic Practitioner within the Flow Centre pilot.
- Recruitment to additional front door therapies staff to support Home first model.
- Opening of Nurse Led Wards for patients who are Medically fit for discharge.
- Launch of Discharge framework, roles and responsibilities and Educational Task and Finish Groups aligned to Goal 5 & 6.

## 2. Enhanced Local General Hospital

This workstream is focused on optimising the design of the hospital network across the Health Board, This programme oversees capital developments for both major schemes and the utilisation of existing spaces to support recovery and ultimately the delivery of a sustainable system of care. In addition, the remit has been expanded to consider the future acute medical model for the eLGH sites and options for long term sustainability of service delivery.

**Some areas of progress include:**

- £778k approval for a Breast Cancer centre of excellence at Ysbyty Ystrad Fawr and an application for further All Wales Capital funding submitted to Welsh Government for approval.
- Full Business Case for Satellite Radiotherapy Centre at Nevill Hall Hospital has been submitted to WG for approval.
- Establishment of Acute Medicine workstream to review workforce and patient flows post the GUH opening and the establishment of the eLGH acute medicine model.



**Why is this a priority?**

The Enhanced Local General Hospital structure was established when the GUH opened in November 2020. The roles of the Royal Gwent (RGH) and Nevill Hall (NHH) Hospitals changed to be more similar to Ysbyty Ystrad Fawr (YYF). The eLGH model provides local emergency care services, outpatients and diagnostics, planned care day case and inpatient surgery and medical inpatient beds on all 3 sites. They hold key roles in providing direct emergency care and supporting patients who have received emergency and inpatient care at the GUH but who are not yet ready for discharge due to ongoing care needs including rehabilitation. In addition, each eLGH is developing specialist Health Board wide or regional services roles, for example the Breast Care Unit at YYF and the proposed developments of local cancer services at NHH.

- Stabilisation of junior medical staffing acute medicine model with collaboration from HEIW and a revised rota for the August 2022 intake.

**There are a broad range of actions for the next quarter and key actions include:**

- Following Welsh Government approval works will commence on the Breast Cancer Unit at Ysbyty Ystrad Fawr during Quarter 3.
- 'Home Ward Bound' to support those who are medically optimised to discharge be established at 3 enhanced Local General Hospitals. Implementation in process, first facility to open in early December 22.
- Developing and modelling options for a sustainable acute medicine model for our system in collaboration with the 6 Goals and RSfOP programme developments.
- Agreement on utilisation of unallocated capacity at NHH against the key priority areas particularly around Planned Care Recovery and opportunities to optimise delivery of day case, endoscopy and Ophthalmology.
- Continued work on the NHH cancer services capital business cases.

### 3. Redesigning Services for Older People

The system urgently needs further transformation to ensure that older people can access evidence based clinical interventions that respond to their needs, in the context of what matters to them and ensuring that the care they receive helps prevent dependency now and later in life.

**Some areas of Progress include:**

- The full Programme Board is now established and the delivery plans for workstream 1 – early intervention and workstream 2 – ambulatory care and admission avoidance.
- Funding was awarded for 3 workforce sustainability & transformation (RIF) winter bids to support and/or expedite activities in Workstream 1, which includes additional Community Resource Team staff to bolster out of hospital care and prevent avoidable hospital admissions and expedite discharge, increased Urgent Responsive Care (Emergency Care at Home); and focus on supporting the Proactive Frailty (HRAC) cohort who we know are high users of our hospital system. This is to support system safety over the winter and test intervention to support capacity gaps.
- The mapping of resources to target limited resources in the right area has commenced and is supported by the Value Based Health Care team.

**Why is this a priority?**

The importance of getting things right for older people has been reinforced through our dynamic planning approach. It shows, in the starkest of terms, the cost to our system because the offer to older people falls short of what is needed to support them to live well and independently. As we emerged from the direct impacts of COVID-19 emerged, older people including those receiving acute care, active treatment including rehabilitation and those who are waiting to move to the next phase of their pathway occupy over 430 beds in our acute system, up to 50% of these people are designated fit for discharge.

**There are a broad range of actions for the next quarter and key actions include:**

- Undertake comprehensive staff engagement for Workstream 1 and 2, leading to extensive consultation exercise.
- Determine enablers for rapid services/Community Resource Teams to increase capacity and provide care for more people in the community.
- Develop Emergency Care at Home model to support people at home, including out of hours, across all areas and recruit overnight HCSWs.
- Map the existing Hot Clinic provision across the Health Board to develop a navigable pathway for Health care professionals to understand the offer of the various clinics and how/when/where to refer.
- Gap analysis to identify any staffing or resource gaps.
- Assessment of unmet need for further Hot Clinics and develop proposal.
- Realign nursing teams to remove barriers across a borough or a place to meet the needs of people and reduce handoffs.
- Scope potential for a small- scale proactive frailty pilot in one area.

#### 4. Neighbourhood Care Network Development Programme (Accelerated Cluster Development)

A core programme team is established and includes the Clinical Director for Primary Care, Workforce, Finance, Planning and Clinical Futures Programme support to develop a local programme plan to deliver a regional response to the nationally set ministerial milestones. The focus to date has been to undertake a core briefing and engagement work for setting up the professional collaboratives, establishing an NCN office to enhance support front line staff in planning and delivering for their local population, and undertake the readiness assessment exercise and closing the required actions.

##### Why is this a priority?

The Primary Care Model for Wales set out how primary and community health services will work within the whole Public sector system to deliver Place-Based Care. Collaborative work is at the core of this bringing together local health and care services to ensure care is better coordinated to provide care closest to home and promote the wellbeing of people and communities.

##### Some areas of progress include:

- Recruitment and establishment of NCN Office (including business support, workforce transformation, and service improvement expertise) to increase capacity and capability for NCN led population-based planning and service delivery.
- Welsh Government readiness assessment submitted.
- Population needs based planning framework developed and socialised.
- Developed Population Needs Toolkit to inform NCN and Pan-Cluster Planning.
- Engagement with RPB and Integrated Service Partnership Boards regarding the latter adopting the function of the Pan-Cluster-Planning Groups.

##### There are a broad range of actions for the next quarter and key actions include:

- Facilitated workshops to support each Integrated Service Partnership Board to develop their Integrated Three-Year Plans by December in line with ministerial milestones.
- Continue to seek to recruit a data analyst for the NCN office (challenges in finding a suitable candidate).
- NCN office will support NCNs in delivery of their plans including supporting evaluating and scaling up projects.
- Individual Professional Collaboratives to be established for GMS, Community Pharmacy, Optometry, Community Nursing, Allied Health Professionals (AHPs) and potentially social services and these are represented on the cluster / PCPG. (Subject to contract reform, Dental Professional Collaborative are expected to be established by March 2023).
- Professional Collaboratives (where established) will begin to respond to published population needs assessments (such as RPNAs due to be published in April 2022) and identify their service gaps and developments in response to Welsh Government planning guidance.

## 5. Planned Care Recovery

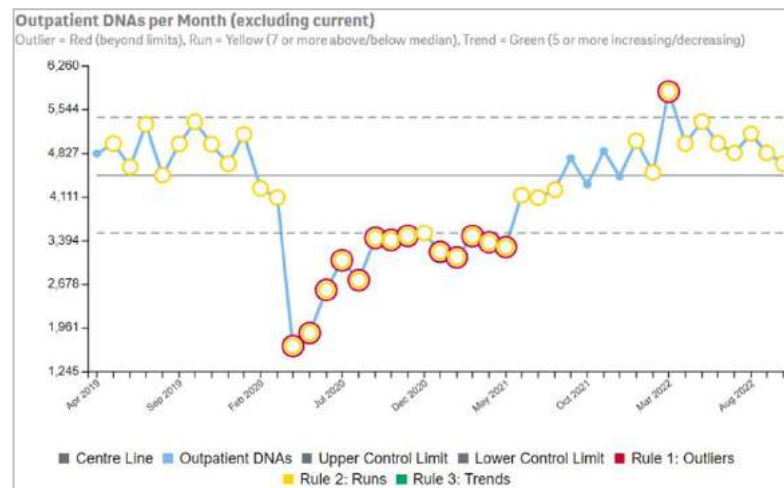
In April 2022, Welsh Government published the 'Transforming and modernising planned care and reducing waiting lists' plan to encourage focus on key areas. These are: transforming outpatient services; prioritising diagnostic services; early diagnosis and treatment of suspected cancer patients; patient prioritisation to minimise health inequalities; those waiting a long time; building sustainable planned care capacity; and improving communication and support. These national objectives are in line with those identified in our IMTP and continue to endorse our focus on these key areas of recovery.

### Some areas of progress include:

- Development of 12 new seen on symptom/patient initiation follow-up outpatient pathways.
- One-stop treatment unit at RGH open at part of a phased implementation to undertake general surgery lumps and bumps, colorectal infusions and dermatology.
- Implementation of outpatients DNA Plan (currently 7.26% against a 5% target) and Hospital Cancellation Plan (currently 18,950 compared to 40,952 in 21/22).
- Evaluation of outpatient clinic space allocation and utilisation undertaken (pre-covid vs current) to maximise facilities and assist with reduction of waiting lists.
- Progress in the theatre utilisation workstream with an initial focus on day case activity which will be supported with the development of a day case dashboard.
- Collaborative working between clinicians and Value-Based Health Care team to prioritise initial health care pathways for localisation based on national and local priorities.
- Regional cataracts and Vitreo-Retinal project started, supported by a three-stage plan.
- Regional Business Case for Welsh Government funding for cataracts expansion developed.
- Protocol for accelerated imaging of cancers diagnosed at endoscopy was implemented at the end of quarter 2.
- IR Rapid Biopsy pathway has reached its 7-day target in 2 major sites (lung and liver) with service expansion plans ongoing.
- MSK workstream recruitment commenced with identified accommodation for the soon to be launched community therapy MSK pathway service.
- MSK Orthopaedic Improvement steering group established and improvement action plan developed.

### Why is this a priority?

During the pandemic, services had to be paused to respond to the immediate demands and challenges of COVID-19 and capacity has been reduced by infection prevention and control requirements. As a result, the number of people waiting – and the time people are waiting – for planned care services are now longer than ever. This position is further exacerbated by those who did not access health care during the pandemic and in addition to the backlog of patients known to the services there is a potentially significant cohort of 'unreferred demand'.





### There are a broad range of actions for the next quarter and key actions include:

- Further increase outpatient activity and implement transformation change i.e. virtual clinics, patient-initiated follow-up/see on symptom.
- Focus on delivery of agreed trajectories for 52 week and 104 week cohorts.
- Resolution of all patients waiting over 154 weeks by March 2023.
- Sign off of key measures and targets to provide focus to Programme Board.
- Develop capacity increase options for theatres for specialties with significant backlogs e.g. MSK and Ophthalmology, as well as focusing on ensuring appropriate capacity is maximised.
- Theatre Collaborative re-initiated.
- Approval of Regional Ophthalmology Strategy and cataracts expansion business case completion.
- Commencement of Health Pathways programme in line with nationally procured software solution.
- Scoping up and development of Diagnostics programme.
- Patient Activation and Access workstream initiate.

## 6. Maximising Cancer Outcomes

Planned Care and Cancer Services are interconnected; it is 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 and identifying and distinguishing areas of work and activity
- Instigation of a Clinical Reference Group (Inaugural meeting 30th September).
- A clear action plan of work was developed during Quarter 2 following two Cancer workshops held, resulting in the identification of four priority areas (14 days to first contact, Outsourcing pathology, Pilot of Cancer Navigator, and Real Time demand and capacity modelling), and the development of a 46 point Implementation Plan.
- The Cancer Board has been focussed on developing the four priorities, with leads allocated, activity underway and monthly reporting to the Board. Progress includes: improvements in 14 day to first contact in Lung, Haem and H&N; Patient Flow Navigator funding secured for priority area pilot; outsourcing agreed and; Demand and Capacity Dashboards created
- Continued focus to delivery against 62 day pathway, and ministerial challenge to hit 70% by March 2023.



### Why is this a priority?

Cancer outcomes need to be improved. The Single Cancer Pathway, supported by Optimal Cancer Pathways for individual tumour sites, provides the roadmap to shorten diagnostic and treatment pathways once a person is suspected as having cancer. The Cancer Strategy, Delivering a Vision 2020-2025 sets out the broader context with prevention, early detection, patient experience, living and dying with cancer, cancer research and access to novel therapies also key components of the approach to transforming cancer services for our population.

Whilst it is too early to be able to measure the impact of successive pandemic waves on morbidity and mortality for cancers, there is concern that a reluctance by patients to attend primary care and hospital, together with the temporary suspension of national screening programmes and longer waiting times for diagnostic tests and treatment will result in patients presenting at a later stage in their cancers which will make improving cancer outcomes more challenging.



- Roll out of Business as Usual Implementation Plan with allocated owners.
- Agreement of Outsourcing pathology paper to support improvements to diagnostic access will increase timeliness and throughput.
- Developing of a business justification case for the proposed Cancer Centre at Nevill Hall Hospital.
- Cancer Partnership Board agreed (between VCC and ABUHB) and operational meeting initiated
- Stakeholder mapping completed.

**There are a broad range of actions for the next Quarter key actions include:**

- Patient Navigator pilot to launch, focussing on Gastroenterology in the first instance.
- Development of Suspected Cancer Pathway dashboard/ measurement tool.
- Following the completion of the stakeholder mapping exercise, a stakeholder engagement and communication plan will be developed to support engagement with external partners.
- Prehabilitation test of concept in Lower GI and mapping of cancer prehabilitation activity alongside planned care Patient Access and Activation workstream.
- Development of research opportunities to commence.
- Draft Strategic Cancer Vision to be completed.
- Patient Reference Group initiated.
- Completion and submission of NHH BJC.
- Increased adherence against SCP target- identified by minister as 70% for end of Quarter 4.
- Re-instigation of Rapid Diagnostic Centre.

## 7. Public Health Protection and Population Health Improvement

**Some areas of progress include:**

- Programme board and terms of reference established.
- Project Initiation Document completed for Direct Observation Therapy.
- Developed Covid-19 urgent plan for TTP for Autumn/Winter or new variant.
- Development of the Integrated Health Protection Service business case.
- Testing to continue developing Project Initiation Document for Direct Observation Therapy.

**There are a broad range of actions for the next Quarter key actions include:**

- Sign-off the project plan for the Integrated Health Protection Service business case.
- Develop a more sustainable workforce plan to support the Ukrainian refugee's health screening and support.
- To implement the Monkeypox vaccination programme, working towards competency sign-off for individuals trained to ensure a pool of vaccinators available.
- Develop a more sustainable workforce plan to support wide range of health protection work, this includes Paediatrics phlebotomy which commence later this month.



**Why is this a priority?**

COVID-19 has shone a spotlight on the inadequate level of preparedness for the challenges faced by our population, our workforce, and our services. The level of ambition for Public Health Protection (including preparedness for managing infectious outbreaks, contact tracing, protecting most vulnerable populations and workforce, effective surveillance and higher vaccination uptake must be stronger.

As a population health organisation, reducing health inequality and improving health is at the core of everything we do. Our long-term ambition to reduce demand for healthcare is fundamental to a sustainable system of care. This can only be achieved through systematic, population scale interventions that target the underlying causes of poor health, such as lifestyle choices and socio-economic deprivation, and the uptake of screening to improve early detection and optimal treatment of disease.

## 8. 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 2 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:

- Digital patient stories have been completed.
- WG Service Improvement Funding awarded for a range of service improvements.
- Point of contact – 111 recruitment of staff completed for mental health point of contact roles; 1st cohort of staff have been recruited.
- Expansion of MAS provision; 4 ANPS employed to support timely assessment & diagnosis.
- Since the opening of Ty Cannol Crisis/Support House at the end of 2021/22, 90% of the patients that have been admitted onto Ty Cannol have prevented them from being admitted into the wards.
- Programme manager recruited to lead implementation of Learning Disabilities Community Services Review outcomes.
- Expansion of Shared Lives for Mental Health.
- Diagnostic assessment service for adults with ADHD commenced in July 2022.
- Funding for ED sanctuary extended until March 2023.

### There are a broad range of actions for the next Quarter key actions include:

- Implement findings from the Gateway review for the Specialist Inpatient Secure Unit (SISU).
- Complete Outline Business Case for SISU.

### Why is this a priority?

Throughout 2021 we set out and discussed our proposals to Transform Mental Health Services with our population. The detrimental impact of COVID-19 on the mental health and wellbeing of our population has been significant. Demand is likely to exceed capacity threefold over the next three to five years with significant increases in conditions such as severe anxiety under pressure and disproportionate impact on individuals with existing mental health conditions. Demand for mental health services is sharply increasing and we need to find ways of supporting people earlier within the community to better support crisis prevention and recovery.



- Commission “Mindfulness for Everyday” sessions.
- Tackling the waiting list backlog for primary care intervention by recruiting Support Time and Recovery workers and practitioners.
- Commence 111 test of change & onboard staff for pilot in advance of developing bid to extend to a 24/7 model.
- Continue to roll out Connect 5 and the use of a locally developed App to further evaluate training.

## 9. Decarbonisation (Net Zero)

### Some areas of progress include:

- The Health Board is the first in Wales to totally remove with immediate effect the use of Desflurane, an inhalation anaesthetic agent which is one of the most polluting agents in modern practice. 1 hour of general anaesthetic with Desflurane is equivalent to driving between 200-400km in a car. By switching to Nitrous Oxide, the carbon footprint will be reduced by 50-75%.
- Executive and workstreams leads have been agreed for all 4 of the workstreams including governance structure & reporting. A total of 46 targets across the decarbonization workstreams have been identified by Welsh Government, of which 35 have been aligned to local plans and the remaining 11 initiatives sitting with WAST and NWSSP.
- Funding awarded via the Health & Social Care Climate Emergency Funding scheme to 2 successful bids. The first bid to support the elimination of Desflurane across the Health Board (successful outcome noted above) and the second bid to work in collaboration with Powys Teaching Health Board on a joint Biodiversity contract to evaluate potential Health Board sites for Carbon off setting opportunities.
- Roll out of Electric Vehicle Charging points has been completed and additional charging points for RGH as part of a new capital bid has been made.
- Continued progress on the ReFit programme with the tender specification and contract documents developed in order to deliver efficiency and renewable energy solutions.

### Why is this a priority?

Welsh Government declared a Climate Emergency in 2019 and set out their ambition that the public sector in Wales should be in a carbon ‘Net Zero’ position by 2030. The response to the pandemic had demonstrated how significant and impactful changes can be incorporated into day-to-day life of the public and the approach to work for example remote working. Our ambition, now, is for a sustainable and healthy recovery with concerted actions within and across our system to tackle the climate emergency.

### There are a broad range of actions for the next Quarter key actions include:

- Continuation of SusQI sustainable health care training, funded through ABCi, throughout quarters 3 and 4.
- Develop a communication and engagement plan to support ABUHB staff engagement by raising awareness and promoting the decarbonisation and sustainability agenda throughout the Health Board during quarter 3.
- Continuation of ReFit project with collaborative working between the Health Board and Welsh Government to design and deliver an efficiency and renewable energy solution. Tender specification is now complete and ready to commence the procurement process.
- Progressing the outcomes of the solar panel report looking at roof space alternatives for solar panel systems.

## 10. Agile Working

### Some areas of progress include:

- Delivery plan to support the roll out of the Agile Framework has been developed.
- Mapping of staff at St Woolos has been completed to support the assessment of re-accommodation of existing requirements on the RGH site and other sites.
- Progress made at Grange House with next steps to review all space as an opportunity to increase agile working space or well-being working area.
- Caerleon House 8 agile spaces created within the open plan area with all ICT equipment in place, with an additional 3 meeting rooms that can also be utilised, the booking of this facility is now live on the internet.
- Good agile working arrangements in place with 30% of staff working in an agile manner, thus meeting the Welsh Government target.
- Outcomes of survey requesting staff feedback regarding agile working analysed and some highlights include 77% of staff believing their role allow for agile working and 87% having a very good experience of agile working.
- Desk/room/site booking system agreed with clear specification.

### There are a broad range of actions for the next quarter and key actions include:

- Finding the space opportunities to create 5 additional agile working hubs across the organisation.
- Evaluating the new agile hub at Caerleon House in Newport.
- Engagement with staff to continue, along with newsletters and specific departmental meetings to discuss agile working principles and ways of working. This includes sharing of good practice and initiatives in specific areas.
- Proposal to support the delivery of the hubs
- Implementation of Room Booking system subject to implementation processes and timelines.

### Summary

Whilst there is progress across all priority programmes, some are more advanced than others. However, all programmes are established through quarters 1 and 2 with governance and structures in place. The second half of the financial year should expect to see greater emphasis on delivery and more robust plans that can assess the opportunities to support the financial challenges and the key metrics to measure success and impact.

#### Why is this a priority?

Welsh Government have developed an approach to agile working following the need to work differently through the recent Covid 19 Pandemic. Based on service needs, providing a variety of options for employees on where, and how they want to work. It means offering mixed-use spaces with a variety of services, workspaces, and environments. More modern agile workspaces are not just about working from home, hot desking and sharing office space, but changing the cultural mind-set and ensuring working environments support break-out spaces to encourage communication, providing areas for impromptu meetings and collaborative work.

## 4. IMTP PLANNING SCENARIO – QUARTER 2

As part of the IMTP submission the organisation was required to submit a Minimum Data Set (MDS) outlining a profile of activity for the year alongside forecast performance and workforce information. This information has been updated for the first quarter and a full data set presented in the refreshed MDS at Appendix 3.

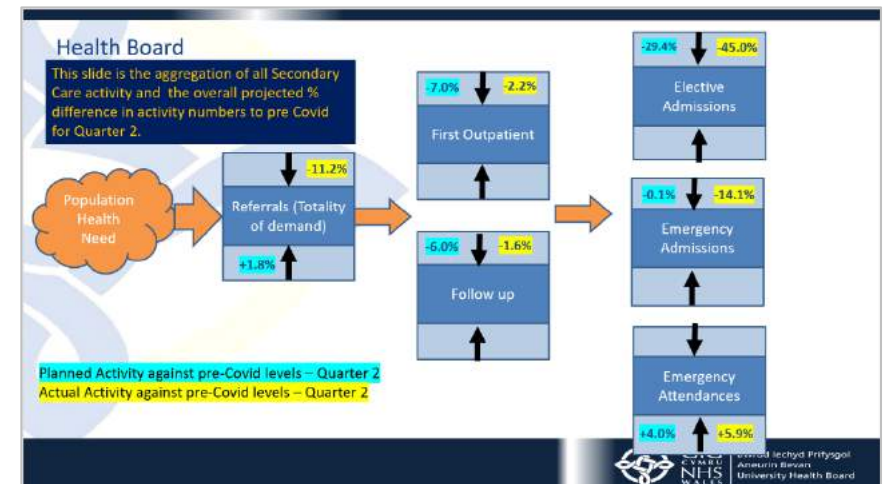
As set out in the IMTP, the Health Board adopted a dynamic planning approach for secondary care to understand the potential demand, risks, and capacity requirements of the system. By working with each clinical team by specialty using real time data, realistic workforce assumptions, emerging experience of how patients are returning to their services and known system constraints for our IMTP we developed a clear understanding of:

- The baseline position
- Predicted demand on the system (this includes known backlog, and a clinical assessment of unreferral needs in our communities)
- The capacity needed in comparison to what is available
- How much has changed and what is the new normal
- Most likely/realistic activity profiles in context of known constraints
- Potential impacts on population health
- A realistic 'most likely' scenario

The Planning scenario has, in aggregate form, largely followed as predicted by the services and their scenarios with the exception of elective admissions and is in line with the pressure on the availability of capacity due to delayed discharges and length of stay. Outpatient activity is ahead of projections for the quarter, reflecting the priority that services are placing on addressing the longest waiting patients and managing demand.

- Referrals during Quarter 2 are lower than pre-Covid range and the predicted increase has not yet materialised
- Overall, there have been significant increases in the numbers of first and follow-up outpatient appointments delivered across all services returning quickly to pre Covid levels
- Increases in first outpatient appointment activity has been sustained and in line with the re-forecasted trajectories.
- Elective inpatient activity remains below the forecasted scenario, due to the staffing, urgent pressures, and the challenges services are experiencing with job planning. These include Pensions and local variation of the Welsh Contract.
- Bed occupancy is in line with the forecast, with utilisation for non-protected areas running at 95% - 97%.

With continued pressure on our urgent care system, sustained levels of staff sickness and sustained issues with patient flow given the high numbers of medically fit patients who are unable to be discharged, maintaining performance at this rate and prevention of further deterioration is an achievement.



### **MDS Highlights Q 2-4**

The Q2 review reflects the organisation is planning appropriately for activity which is broadly in line with the planning scenario. The following changes have been noted this quarter:

#### **Improvements:**

- Improvement in the number of new face to face outpatient appointments above projected from 26,163 to 28,135
- Improvement in the number of follow up outpatient appointments above projected from 43,371 to 47,391
- Sustained the numbers of face to face and virtual outpatient appointments which has been increase by 18% against the original forecast
- Increase in the number of day cases
- Cancer performance has been sustained at the forecast at 50-55%% compliance with the outsourcing of diagnostic to support the improvement to 60% by the end of the year

#### **Areas to look at in Q2**

- Endoscopy, the re - forecast has been revised in Q2 however due to the urgent and suspected cancer demand the routine forecasts are likely to be revised down further
- A and E attendances - attendances were above forecast in Q2 as with Q1

### **Waiting lists**

The Health Board continues to make progress in the reduction in the volume of patients waiting for planned care treatments and outpatient appointments. There has already been significant progress in bringing down the longest waiting patients in the last six months. There has been a full review of the waiting list, cohorts, our rate of current additions and unreferral demand scenario (this was the consideration of patients who did not come forward during the pandemic but may now enter the system). Services continue to review their plans focusing on treating those that have waited the longest whilst balancing the urgent and prioritised work. As noted in the report whilst this influences RTT performance it is in keeping with the principles of treating the patients with the greatest clinical need first.

As at Quarter 2 there are 4 specialties who remain a focus for the Health Board with targeted support and review; Ophthalmology, ENT, Orthopaedics, and Urology. It is forecasted that all 4 specialties will have patients waiting for more than 104 weeks for treatment by March 2022, however for first Outpatients all but ENT are in a realistic position to have no patients waiting for a first out patient appointment. Gynae, Max Fax and General Surgery have made significant improvements to performance and removed the longest waiting patients from the lists.

For ENT, there is a focus on treating Paediatric and urgent patients, with no Paediatric patients on the waiting list by December 2022.

With the rate of referrals and current focus on treat in turn, there is a risk of greater waiting list growth due to the profile and will mean the Year 2 position may be even more challenging without changes in activity.



## Unreferred Demand

The planning scenario in the IMTP was predicated on unreferred demand presenting during Year 1 of this planning cycle. We have factored this scenario into our demand and capacity assumptions on a specialty by specialty basis. It is still early to start to draw any firm conclusions on the presentation of unreferred demand for Q2. Overall the numbers forecasted have shown that unreferred demand for Gynae has returned to the system and therefore presents a risk in Year 2 treatment capacity, General Surgery has also seen an increase in the number of urgent referrals and indicates unreferred demand has returned, Orthopaedics has not seen this increase or the return of unreferred demand, and maybe due to the nature of the specialty this maybe seen in Q4 and Year 2. There are increases in emergency activity, and increased referrals for Gynae, General Surgery and Gastroenterology. This suggests patients who did not get referred in during the pandemic are now presenting in our emergency care system.

## Cancer

The Cancer forecasts for the numbers of referrals and patients starting treatment are in line with the forecasted planning scenario. The Suspected Cancer Pathway compliance has deteriorated against forecasted performance this quarter. There is a recovery programme of work in place to improve this position, however it is prudent to reforecast the yearly profile at this point. The expected compliance is expected to be maintained at around 50% -55% with an aim to reach 60% by the end of the year and a best-case scenario if the diagnostic pathway capacity issues are resolved in year.

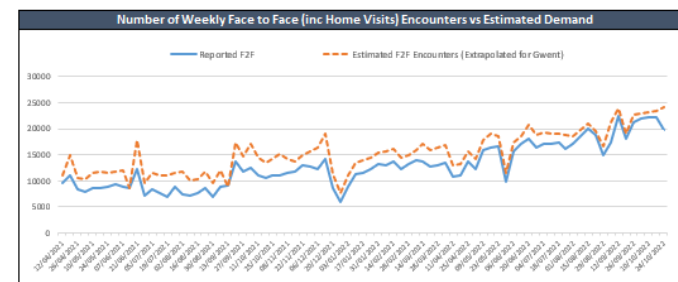
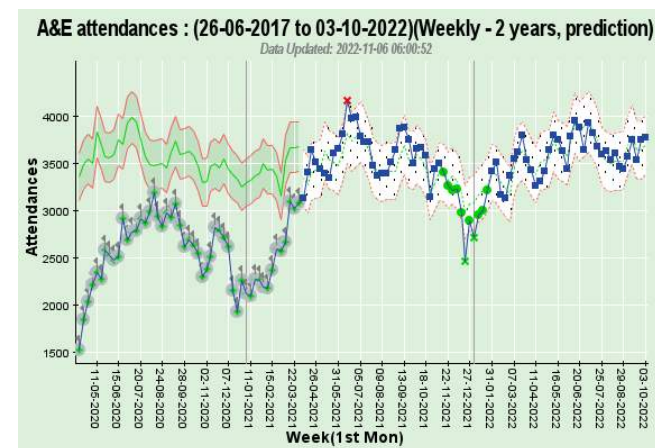
## Urgent Care

The Quarter 2 forecasts were in line with the actual activity for ED attendances. The forecasts remain within the planned range however should be noted any small increase in demand is a significant challenge on an already pressured system. Emergency admissions are in line with the forecasted position and the forward projections will not be amended.

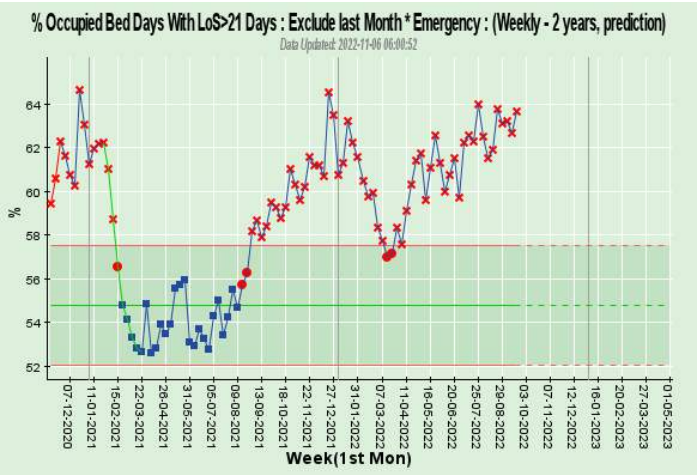
## Primary Care

The following is noted for Primary Care in quarter 2 and continues to influence the forecasted projections:

- GMS activity levels have increased with more face-to-face activity. Increased demand is reported by practices. Nationally estimates vary from 9 – 18% (NHS England, RCGP, 2022) with inter-practice variation.
- This is a similar picture for Pharmacy with increased workload in community pharmacies. associated with dispensing & clinical services. There have been 225 temporary closures & 95 breach notices from April to Oct 2022 - 8 progressed to 'action plan' for improvement - this can be destabilising to neighbouring pharmacies.
- GP referrals for urgent assessments via Rapid Response, Emergency Departments or Assessment Units has been maintained at pre-pandemic levels.
- Community hospitals are continuing to operate with maximum surge capacity open, this continued position has not been descaled as forecast.
- The greatest proportion of bed days lost for patients with complex needs awaiting discharge from hospital are associated with allocation of social workers this continues to be noted Newport and additionally Caerphilly in Quarter 2.



Bed Plan



The bed plan has continued to follow the overall expected occupancy levels and demand patterns. During Quarter 2, the Medicine Division were running at 98% utilisation against their bed plan and Community Division 107%. Both Medicine and Primary Care Division continue to operate above forecasted and expected levels.

Beds occupied by patients cared for by Care of the Elderly was in line with forecast and continues to drive the need for additional inpatient capacity which present associated workforce challenges.

Whilst the numbers admitted as an emergency who stay over 21 days has seen an improvement through Q2 returning to pre Covid levels, the percentage of occupied bed days remains out of range.

Summary

This report provides information to support the organisation to understand the progress it is making against the IMTP and enable effective decision making looking to future quarters of activity.

Overall, there has been sustained performance in this quarter in line with the forecasted activity levels, with increases in activity and strong indicators that the Health Board is recovering activity to pre-Covid levels. The forecasts for quarters 3 and 4 will remain with a note of caution as we head into the winter with the potential impact of any industrial action and continued demand pressure on all parts of the system with particular attention to social care capacity and front door demand.

The Quarter 2 assessment that the organisations understanding of its system and plans remains robust and the priorities decision made in the IMTP remain valid areas of focus now and into next year’s IMTP planning.



## Priority Indicator Summary

### Quarter 2

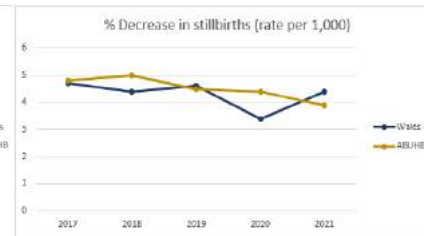
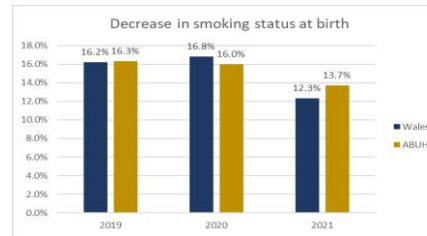
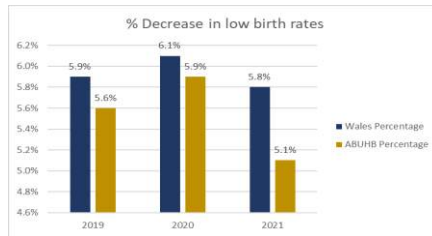
Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	4	2	6	2	4	<b>18</b>
Similar	1	2	4	0	0	<b>7</b>
Deteriorated	3	1	6	3	0	<b>13</b>
No data	0	2	1	1	1	<b>5</b>
<b>Total indicators</b>	<b>8</b>	<b>7</b>	<b>17</b>	<b>6</b>	<b>5</b>	<b>43</b>

Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

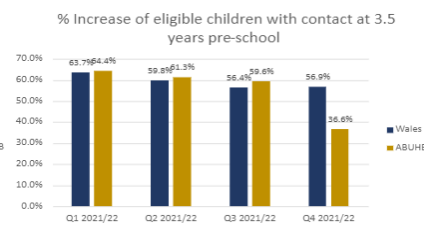
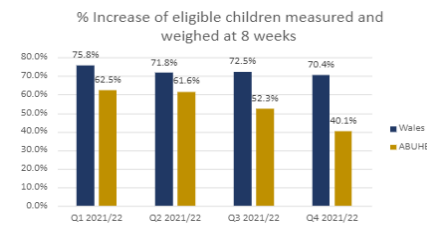
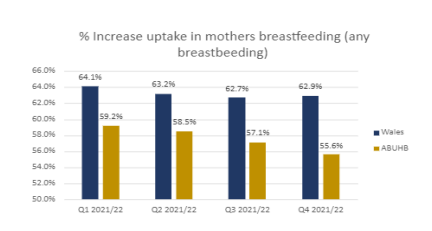
# Priority 1 - Every Child has the best start in life

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (June 22)		Current reported position (Sept 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Improving Good Health in Pregnancy	Decrease in low birth rates	5.6%	4%	2021	5.1%	-	-	Improved	Decrease in indicator over the last 3 years. Significantly lower than the all Wales average.
		Decrease in smoking status at birth	16%	10%	2021	13.7%	-	-	Improved	Significant decrease between 2020 and 2021.
		Decrease in stillbirths	4.8	3.0	2021	3.9	-	-	Improved	<b>*New Reported Indicator*</b> 18.75% decrease in stillbirths over the last 5 years.
	Optimising a child's long term potential	Increase uptake in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q3 2021/22	57.1%	Q4 2021/22	55.6%	Deteriorated	Decrease in indicator over the last 4 quarters and significantly lower than the welsh average.
		Increase of eligible children measured and weighed at 8 weeks	62.5%	60%	Q3 2021/22	52.3%	Q4 2021/22	40.1%	Deteriorated	Continued decrease in indicator. Significant decrease from 52.3% Q3 to 40.1% Q4.
		Increase of eligible children with contact at 3.5 years pre-school	64.4%	60%	Q3 2021/22	59.6%	Q4 2021/22	36.6%	Deteriorated	Decrease in indicator, however, remains significantly higher than the welsh average.
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%	Q3 2021/22	90.0%	Q4 2021/22	92%	Improved	Indicator value has improved during Q4.
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q3 2021/22	97.0%	Q4 2021/22	95%	Similar	Indicator value has remained stable and target has been met.

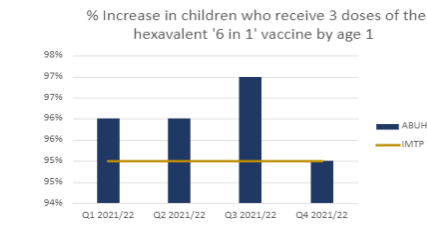
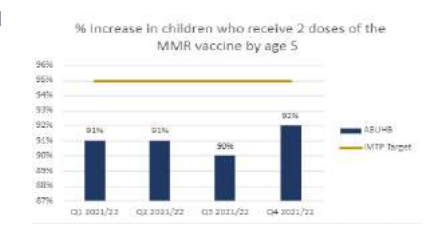
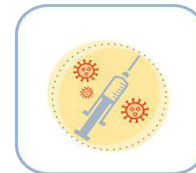
## Improving Good Health in Pregnancy



## Optimising a child's long term potential



## Increasing childhood immunisation



## Priority 2 - Getting it right for children and young adults

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (June 22)		Current reported position (Sept 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Improvement in the mean mental health wellbeing score for children	Indicator to be developed						No data	Indicator to be developed.
		Decrease in 4 week CAMHS waiting list	95%	80%	Q1 2022/23	97.4%	-	-	Improved	Sustained and improved compliance against indicator target. Target met.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Q1 2022/23	49.3%	-	-	Deteriorated	The indicator value has continued to decline since July 2021 due to a significant (103%) increase in demand. A recovery plan is in place to attain target by end of year and during quarter 1, compliance improved by 4%.
	Support being a healthy weight	Increase in children age 5 of a healthy weight	73.1%	80%	2017	74.9%	-	-	Improved	Indicator has shown continued increases since 2006.
		Increase in adolescents of healthy weight	Indicator to be developed						No data	Indicator to be developed (Spring 2023)
	Improve healthy lifestyle behaviours	Increase in the percentage of children (aged 2-7 years) who are active for at least 1 hour seven days a week	62%	70%	2020	63%	-	-	Similar	Indicator value has shown signs of improvement.
		Increase in the percentage of children who eat vegetables every day	67%	70%	2020	68%	-	-	Similar	Indicator value has shown signs of improvement.

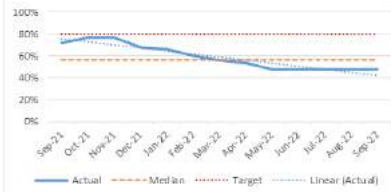
### Improve mental health resilience



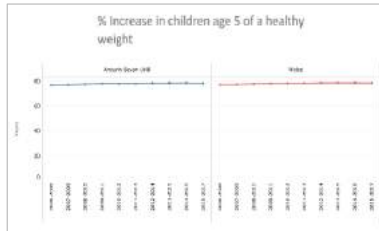
% Decrease in 4 week CAMHS waiting list



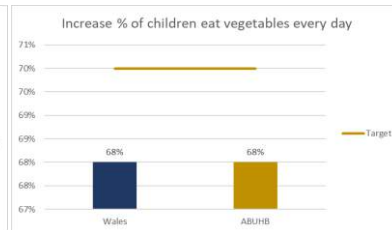
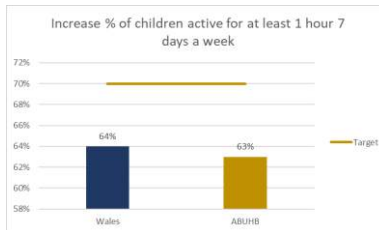
% Decrease in SCAN waiting list



### Support being a healthy weight



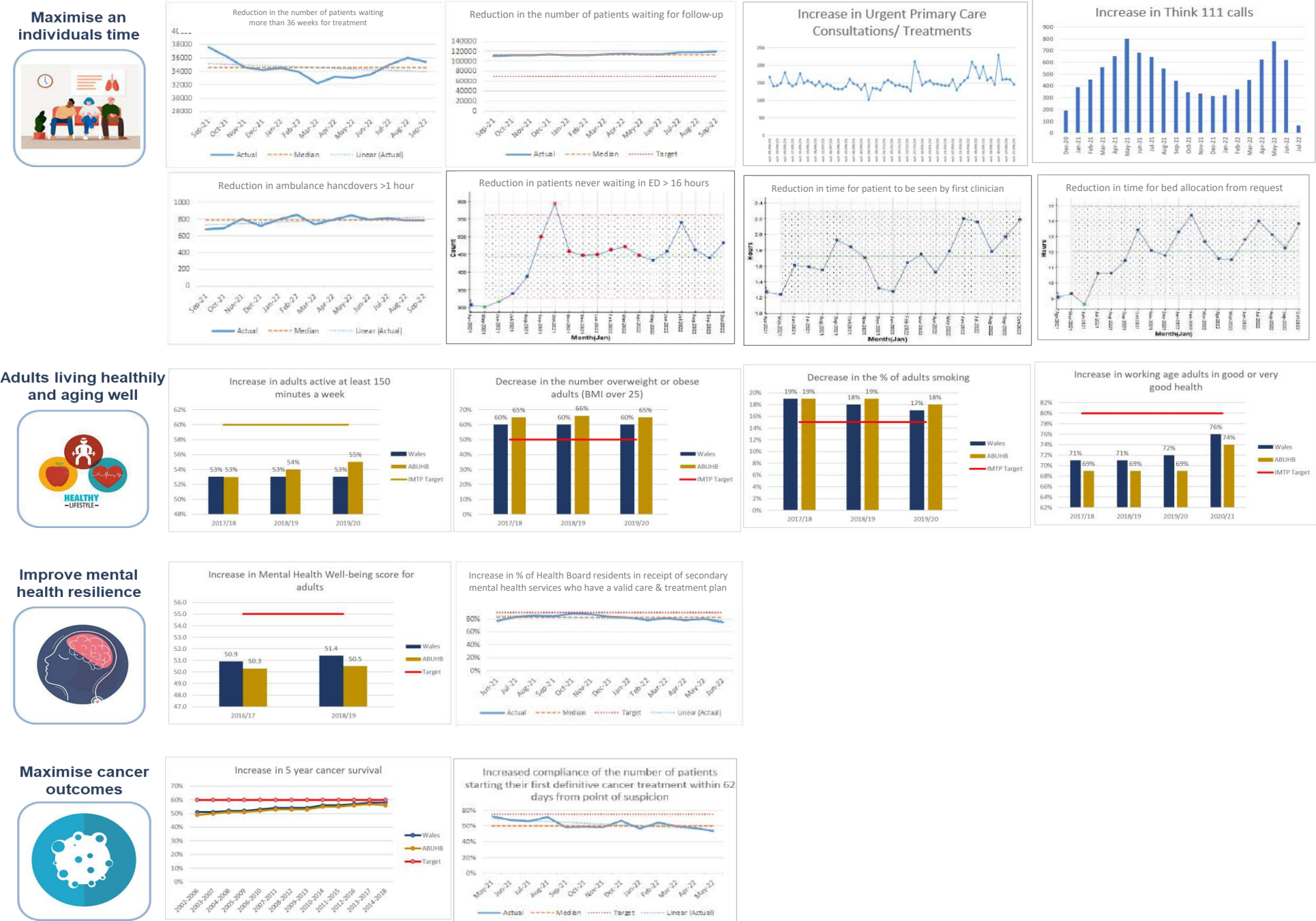
### Improve healthy lifestyle behaviours





Priority 3 - Adults living healthily and aging well

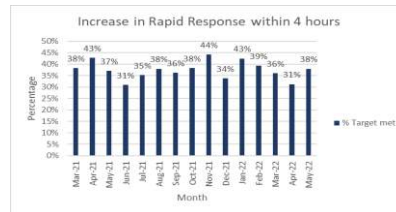
Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (June 22)		Current reported position (Sept 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	32202	32168	Q1 2022/23	32959	Q2 2022/23	35395	Deteriorated	Indicator value has continued to increase during Quarter 2, following the trend observed over the last 12 months.
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113107	69268	Q1 2022/23	114441	Q2 2022/23	119848	Deteriorated	Indicator value has increased by 4.7% from Quarter 1 to Quarter 2.
		Increase in Urgent Primary Care Consultations/Treatments	6969	10000	Q1 2022/23	8336	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant and continued increase in rate since 2021. On track to meet target.
		Increase in Think 111 calls	493	800	Q1 2022/23	673	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant improvement in indicator value since Autumn 2021. On track to meet target.
		Reduction of handovers >1 hour	737	0	Q1 2022/23	793	Q2 2022/23	789	Similar	Similar to last reported period. Overall trend reported an increase in value since 2021. Indicator is breaching target.
		Reduction in patients never waiting in ED over 16 hours	417	0	Q1 2022/23	445	Q2 2022/23	480	Deteriorated	Continued significant increase in indicator value. Rate has increased by 15% from baseline.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Q1 2022/23	1.8 hours	Q1 2022/23	2 hours	Deteriorated	Continued significant increase in indicator value. Rate has increased by 25% from baseline.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Q1 2022/23	11.9 hours	Q1 2022/23	13.1 hours	Deteriorated	Continued significant increase in indicator value. Rate has increased by 13.9% from baseline.
	Adults living healthily and aging well	Increase in adults active at least 150 minutes a week	53.0%	60%	2019/20	55%	-	-	Improved	Increased and continued improvement rate (1% year on year). Indicator value is consistently performing higher than the all Wales average.
		Decrease in the % of adults smoking	19%	15%	2019/20	18%	-	-	Improved	Decreased in indicator value, although remains higher than the all Wales average.
		Decrease in the number overweight or obese adults (BMI over 25)	65%	50%	2019/20	65%	-	-	Similar	No change observed.
		Increase in working age adults in good or very good health	69%	80%	2020/21	74%	-	-	Improved	Significant improvement in indicator value (+7.2%) from 2019/20 and 2020/21, however, value remained lower than the all Wales average.
		Increase uptake of National Screening Programmes	Indicator to be developed						No data	
	Improved mental health resilience in adults	Increase in Mental Health Well-being score for adults	50.3%	55	2018/19	50.5%	-	-	Similar	Small increase in value.
		Increase in percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	80%	90%	Q1 2022/23	75%	-	-	Deteriorated	Indicator value has decreased from baseline by 5%.
	Maximising cancer outcomes	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	56.9%	75%	Q1 2022/23	53.4%	Q2 2022/23	54.2%	Similar	Slight improvement in indicator value from 53.4% (Quarter 1) to 54.2% (Quarter 2)
		Increase in 5 year cancer survival	51.0%	60%	2014-2018	58%	-	-	Improved	Significant improvements in rate reported over the last 10 years.



# Priority 4 - Older adults are supported to live well and independently

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (June 22)		Current reported position (Sept 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people in good health	Indicator to be developed						No data	Indicator to be developed.
	Delivering Care Closer to Home	Increase in Rapid Response within 4 hours	38%	50%	Q1 2022/23	35%	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Decrease in indicator value over the last 12 months across all 4 Local Authority areas (excludes Monouthshire).
		Reduction in the number of short stay patients (<7 days)	12%	5%	Q1 2022/23	11%	Q2 2022/23	13%	Deteriorated	Short stay patients have increase from 11% to 13%
		Reduction in average LOS case load	39.9 days	30 days	Q1 2022/23	52.7 days	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant increase (32%) in indicator value.
	Reducing admissions and time spent in hospital	Increase in Admission avoidance (month)	71	100	Q1 2022/23	68	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. An improvement in the indicator value across all 4 Local Authority areas (excludes Monmouthshire).
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q1 2022/23	60%	Q2 2022/23	56%	Improved	Increases in the indicator value since 2021/22.

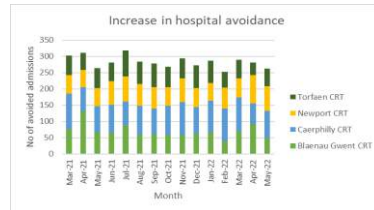
## Delivering care closer to home



## Reduction in the average LOS case load



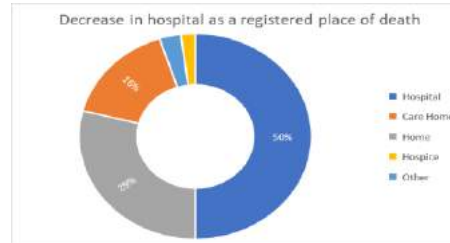
## Reducing admissions and time spent in hospital



## Priority 5 - Dying well as part of life

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (June 22)		Current reported position (Sept 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in the % of hospital as a place of death	53%	40%	2022	50%	-	-	Improved	Decrease reported over the last 3 years.
		Increase in compliance of issuing of Medical Certificates within 5 days	81%	90%	Q1 2022/23	80%	Q2 2022/23	83%	Improved	The reported rate is similar to baseline value and therefore current performance levels have remained. Target to be amended from 5 to 7 days.
		Reduction in compliants	Indicator to be developed						No data	Indicator to be developed.
	Improved planning and provision of end of life care	Increase in proportion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Q1 2022/23	97%	Q2 2022/23	99%	Improved	Significant improvement in the indicator value since July 2020 and on track to meet target.
		Increase in the number of Advanced Care Plans in place	Indicator to be developed						Improved	Indicator to be developed.

### Improved end of life care experience



### Improved planning and provision of end of life care



## Integrated Performance Dashboard

September 22

Appendix 1

Domain	Sub Domain	Measure	Report Period	National Target	Current Performance	Previous Period Performance	In Month Trend	Performance Trend (13 Months)	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Aim 2: People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement management	RTT	Patients waiting less than 26 weeks for treatment	Sep-22	95%	60.9%	61.2%	↓		58.5%	58.5%	59.4%	58.4%	58.3%	59.8%	61.9%	61.2%	61.4%	62.1%	62.1%	61.2%	60.9%
		Patients waiting more than 36 weeks for treatment	Sep-22	0	35395	36051	↑		37602	36247	34582	34254	34542	33947	32202	33177	32959	33570	34998	36051	35395
		Patients waiting more than 8 weeks for a specified diagnostic	Sep-22	0	3706	3641	↓		6406	6015	5979	6120	5495	4574	4300	4305	4266	3871	3882	3641	3706
		Patients waiting more than 14 weeks for a specified therapy	Sep-22	0	518	419	↓		506	526	629	891	1111	997	866	574	412	403	371	419	518
	Follow Up	Number of patients waiting for a follow-up outpatient appointment	Sep-22	69268	119848	117586	↓		111078	112419	112915	113705	112312	112359	113107	114624	113809	114441	117711	117586	119848
		Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Sep-22	3903	21676	21306	↓		17449	18293	17895	18504	18604	18032	17939	18787	18402	19055	21650	21306	21676
	HRF	% of RT patients who are waiting within 25% in excess of their clinical target date	Sep-22	95%	54.7%	54.4%	↑		58.3%	57.3%	60.0%	59.4%	58.6%	59.0%	59.5%	57.7%	56.8%	55.4%	53.6%	54.4%	54.7%
		% stroke patients directly admitted to acute stroke unit 54 hours	Sep-22	50%	25.0%	25.0%	↑		24.6%	19.3%	8.2%	18.5%	12.5%	14.0%	14.9%	10.3%	21.7%	25.9%	10.7%	25.0%	25.0%
	STROKE	% of stroke patients assessed by a stroke consultant 624 hours	Sep-22	85%	92.7%	50.0%	↑		96.8%	91.5%	87.1%	77.8%	78.9%	93.0%	94.3%	96.7%	100.0%	94.5%	89.7%	50.0%	92.7%
		% of stroke patients receiving the required minutes for speech and language therapy	Sep-22	57%	26.7%	33.1%	↓		27.9%	27.8%	15.5%	13.1%	28.1%	53.5%	13.8%	20.0%	46.9%	39.0%	39.4%	33.1%	26.7%
		Percentage of stroke patients who receive mechanical thrombectomy	Sep-22	10%	2.5%	0.0%	↑		1.0%	1.4%	2.0%	1.4%	1.4%	1.5%	0.5%	0.8%	1.6%	1.9%	3.4%	0.0%	2.5%
		Category A ambulance response times within 8 minutes	Sep-22	65%	59.3%	56.1%	↑		55.1%	56.3%	57.2%	57.6%	56.9%	58.1%	57.4%	59.6%	59.3%	55.0%	62.7%	56.1%	59.3%
	ED	Number of ambulance handovers over one hour	Sep-22	0	789	782	↓		674	694	804	720	791	853	737	794	847	793	808	782	789
		% patients waiting < 4 hrs in A&E/figures inc. YAB & YYF	Sep-22	95%	74.8%	75.6%	↓		68.4%	66.9%	71.9%	74.1%	76.3%	74.9%	73.7%	76.4%	74.2%	71.4%	73.0%	75.6%	74.8%
		Number patients waiting > 12 hrs in A&E/figures inc. YAB & YYF	Sep-22	0	1415	1437	↑		1499	1724	1413	1270	1241	1354	1509	1229	1378	1658	1607	1437	1415
		Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Sep-22	75%	54.2%	53.0%	↑		58.4%	59.1%	58.1%	66.7%	56.6%	64.4%	59.7%	56.9%	53.4%	49.4%	50.4%	53.0%	54.2%
	Mental Health	Assessment by LPMHS within 28 days of referral	Jul-22	80%	91.6%	78.3%	↑		84.4%	89.9%	88.9%	86.3%	48.2%	83.7%	77.5%	65.6%	82.7%	78.3%	91.6%		
		Interventions < 28 days following assessment by LPMHS	Jul-22	80%	27.8%	18.1%	↑		29.3%	20.7%	22.6%	22.3%	14.1%	13.1%	10.7%	11.2%	14.6%	18.1%	27.8%		
		Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jun-22	80%	72.0%	72.0%	↑		68.8%	74.6%	77.5%	75.7%	77.2%	74.6%	72.3%	69.3%	72.0%	72.0%			
	CAMHS	4-Weeks Waiting List	Jul-22	80%	98.1%	97.7%	↑		100.0%	98.2%	100.0%	94.7%	96.2%	97.2%	100.0%	96.3%	98.3%	97.7%	98.1%		
		Neurodevelopmental (SCAN) Waiting List	Sep-22	80%	47.7%	47.7%	↑		71.5%	77.2%	76.8%	68.1%	65.7%	60.1%	56.2%	53.2%	47.3%	47.5%	47.2%	47.7%	
	HCAS	Cases of e coli per 100k population (rolling 12m)	Sep-22	67	56.84	57.17	↑		51.99	54.16	54.66	55.5	56.34	57.17	58.01	56.84	57.51	55.67	55.02	57.17	56.84
		Cases of staph aureus per 100k pop (rolling 12m)	Sep-22	20	23.24	22.74	↓		24.91	24.57	24.24	23.91	22.57	22.74	22.4	22.07	22.07	23.07	22.01	22.74	23.24
		Giastidium difficile cases per 100k pop (rolling 12m)	Sep-22	25	33.77	32.6	↓		29.9	29.92	31.43	32.26	31.76	32.93	34.27	34.94	35.27	32.93	33.51	32.6	33.77
		Cases of klebsiella per 100k population (rolling 12m)	Sep-22		17.22	15.38	↓		16.55	17.22	17.55	17.55	16.38	16.22	15.55	15.88	15.88	15.38	18.51	15.38	17.22
		Cases of aeruginosa per 100k population (rolling 12m)	Sep-22		4.18	4.35	↑		5.18	5.18	5.52	5.18	5.02	5.18	5.18	5.18	4.85	4.68	3	4.35	4.18
		Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp	Sep-22	8	15	8	↓		4	11	7	8	4	6	6	10	9	9	9	8	15
		Cumulative number of laboratory confirmed bacteraemia cases - Aeruginosa	Sep-22	2	1	3	↑		2	4	4	0	3	2	2	0	1	3	2	3	1

Aim 1: People in Wales have improved health and well-being with better prevention and self-management	SMOKING CESSATION	Percentage of adult smokers who make a quit attempt via smoking cessation services	Mar-22	1.25%	4.3%	na	↓		2.2%				3.2%			4.3%					
	CHILDHOOD IMMUNISATION	Percentage of children who received 2 doses of the MMR vaccine by age 5	Mar-22	95%	92%	na	↓		91%				90%			92%					
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Mar-22	95%	95%	na	↓		96%				97%			95%					
	MENTAL HEALTH	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18)	Jun-22	90%	99%	99%	↓		93%	98%	98%	94%	98%	95%	80%	99%	99%	99%			
		Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	Jun-22	90%	75%	80%	↓		84%	88%	87%	83%	82%	78%	81%	78%	80%	75%			

Aim 3: The health and social care workforce is motivated and focused on outcomes	COMP	Timely (30 day) handling of concerns and complaints	Sep-21	75%	76%	0%	↑		76%												
	W&D	% PADR / medical appraisal in the previous 12 months	May-22	85%	59%	57%	↑		58%	58%	59%	59%	61%	60%	58%	57%	59%				
		Monthly % hours lost due to sickness absence	May-22	7%	6%	7%	↑		7%	7%	7%	7%	6%	6%	7%	7%	6%				
		Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	Mar-22	85%	74%	73%	↑		77%	76%	77%	78%	73%	73%	74%						

Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	CRITICAL CARE	Critical care delayed transfers of care (4 hrs) days lost - GUH	Dec-21	75.5	65.0	67.0	↑		87	83	67	65									
	MORTALITY	Crude hospital mortality rate (74 years of aged or less)	Mar-22	1.08%	0.84%	0.88%	↑		1.2%	1.2%	1.2%	1.2%	1.2%	0.9%	0.8%						
	SEPSIS SIX	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	Nov-21	54%	100%	0%	↑		63%	0%	100%										
		Percentage of patients who presented to the Emergency Department with a positive screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	Nov-21	3%	0%	8%	↓		3%	8%	0%										
	CODING	Percentage of episodes clinically coded within one reporting month post episode discharge and date	Apr-22	95%	87%	86%	↑		87%	87%	86%	86%	85%	85%	86%	87%					
	AGENCY	Agency spend as a percentage of total pay bill	Mar-22	9%	11%	10%	↓		8%	8%	10%	10%	10%	10%	11%						

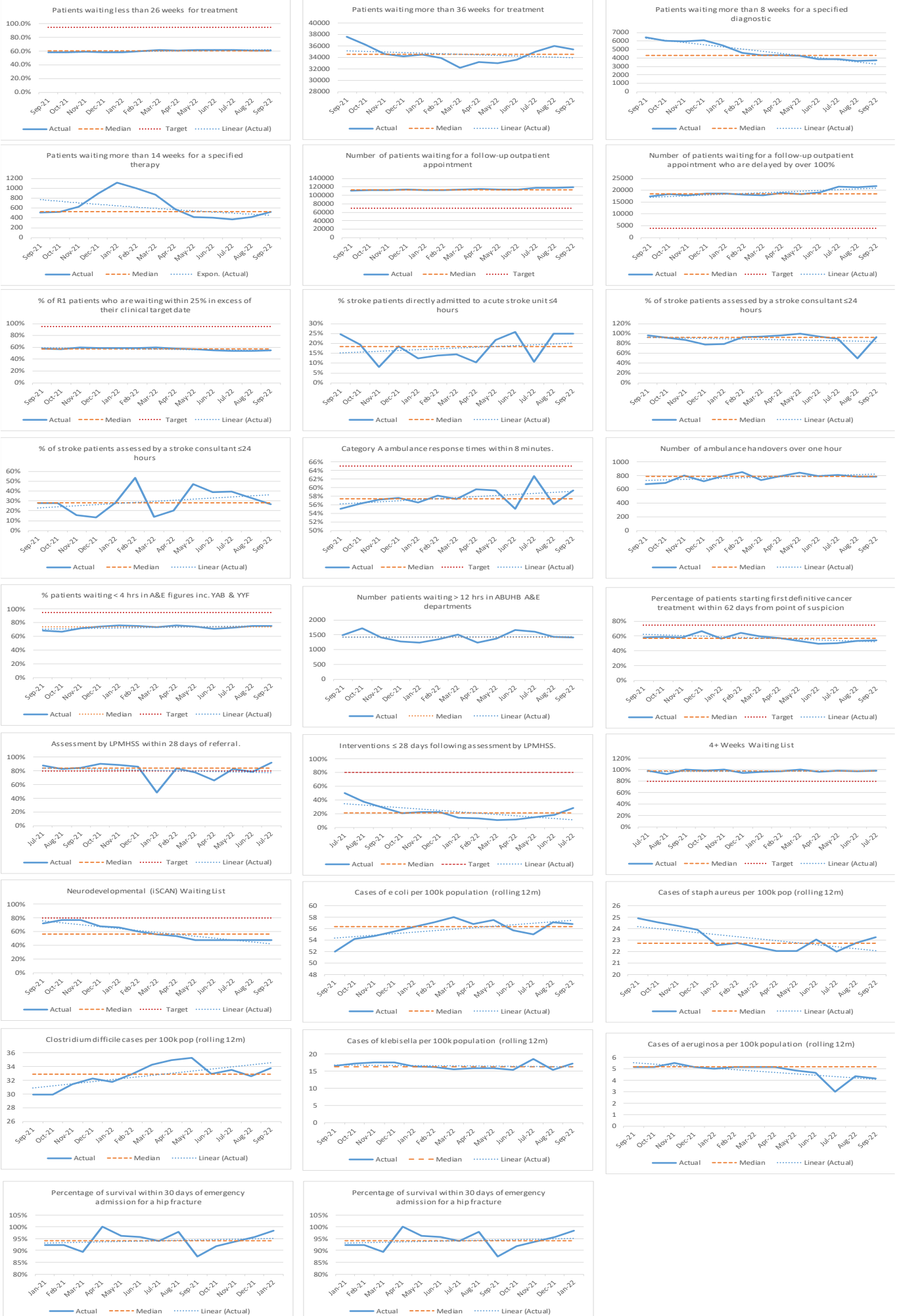
Trend Key

↑ Achieving rating target and improved against previous reported position  
↓ Achieving rating target but deteriorated against previous reported position  
↔ Not achieving rating target but improved against previous reported position  
↔ Not achieving rating target and deteriorated against previous reported position

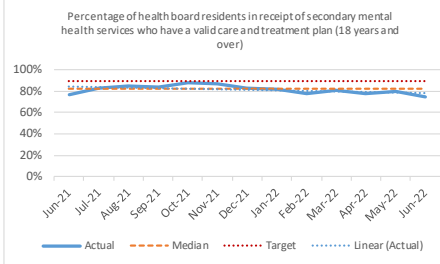
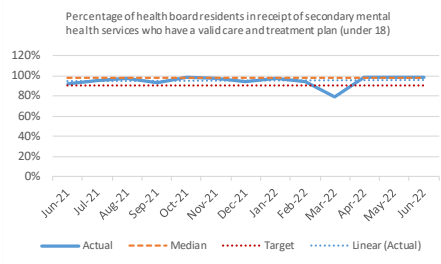
If measures are no longer in the Delivery Framework, current performance is measured against previous month



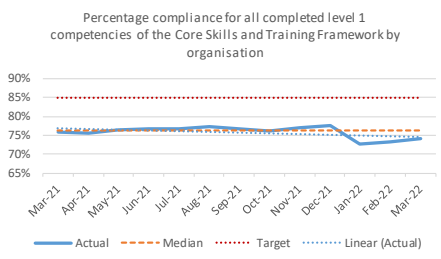
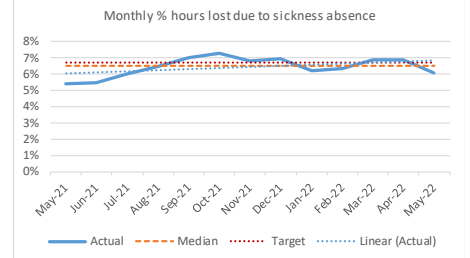
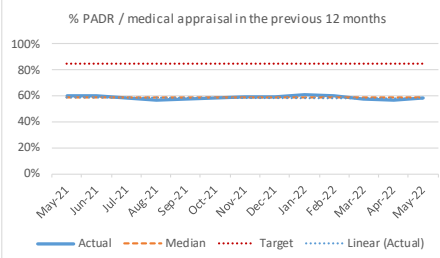
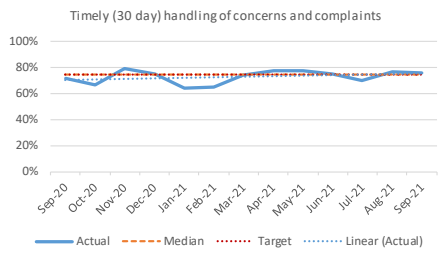
## Aim 2: People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement



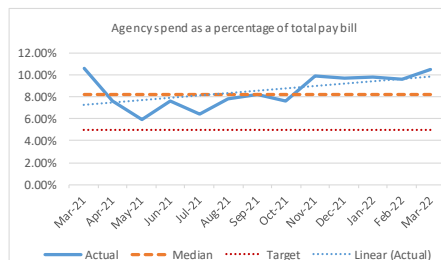
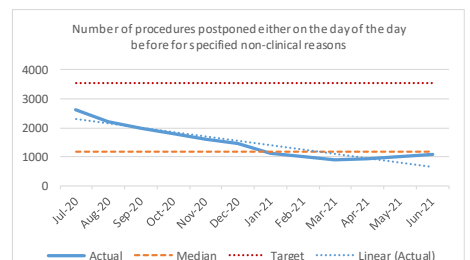
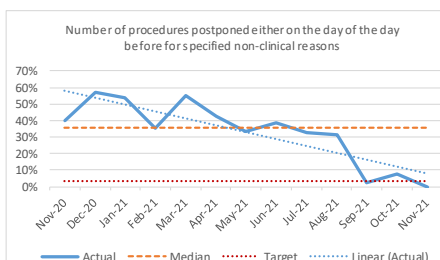
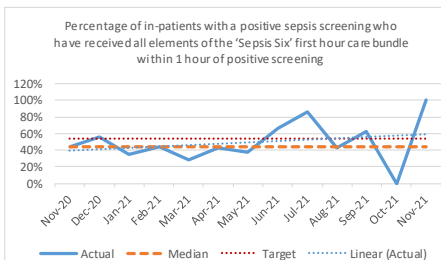
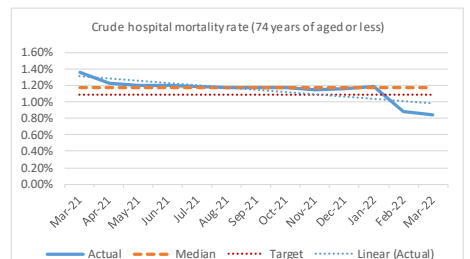
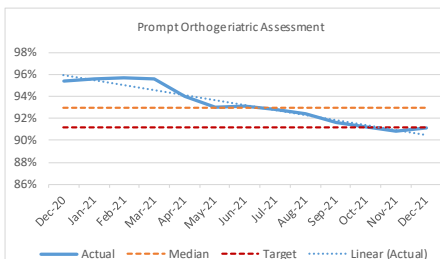
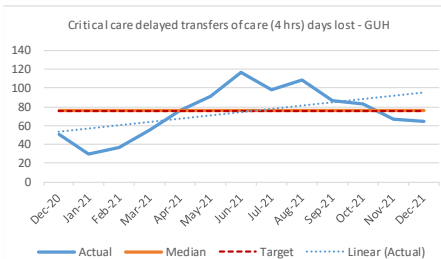
## Aim 1: People in Wales have improved health and well-being with better prevention and self-management



## Aim 3: People in Wales have improved health and well-being with better prevention and self-management



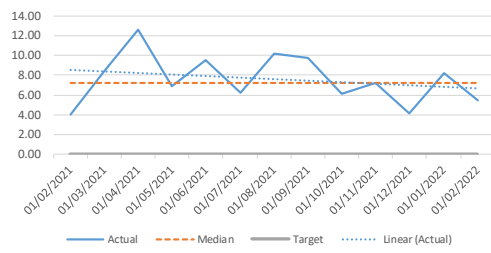
## Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and



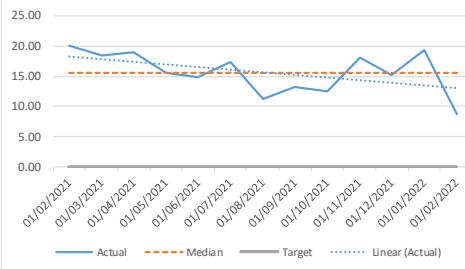


Local Measures

Emergency readmissions within 28 days following hip fracture



Heart failure readmissions within 30 days



## Aneurin Bevan University Health Board




### Financial Performance Report – October (Month 7) 2022/23




#### Executive Summary

This report sets out the financial performance of Aneurin Bevan University Health Board, for the month of October 2022 (month 7) and the year-to-date performance position for 2022/23.

The 2022/23 financial performance is measured by comparing the expenditure with the budgets as delegated in the Budget Delegation papers agreed at the March & July 2022 Board meetings and updated during the year. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

**Oct-22**  
**Performance against key financial targets 2022/23**  
+Adverse / ( ) Favourable

Target	Unit	Current Month	Year to Date	Trend	Year-end Forecast
<b>Revenue financial target</b> To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	2,962	25,748		<b>37,000</b>
<b>Capital financial target</b> To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000 £35,740	2,155 6.0%	12,209 34.2%		<b>0</b>
<b>Public Sector Payment Policy</b> To pay a minimum of <b>95%</b> of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	96.4%	94.7%		<b>&gt;95%</b>

Performance against requirements 21/22		19/20	20/21	21/22	3 Year Aggregate (19/20 to 21/22)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue		(32)	(245)	(249)	(526)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital		(28)	(13)	(50)	(91)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers					

Underlying Financial Position (Brought Forward ULP)	19/20	20/21	21/22
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	<b>£11.405m Deficit</b>	<b>£16.261m Deficit</b>	<b>£20.914m Deficit</b>

**Note:** The Health Board has submitted an IMTP for 2022/23 – 2024/25, which has been approved by WG on the basis of achieving financial balance.

Key points to note for month 7 include:

- A reported year to date position of **£25.7m deficit**, (the original IMTP plan for month 7 was £2.39m deficit), the revised in year profile for month 7 was expected to be £25.7m year to date deficit.
- Income - includes anticipated Covid-19 and exceptional cost pressure funding of £75m,
- Pay Spend (excluding annual leave provision and in-month agency adjustments) – has decreased by £11.0m (15.0%), reflective of back pay of £11m paid in September, therefore similar run rate to previous months. Variable pay excluding bank pay award costs remains at similar levels to previous months to cover vacancies and enhanced care across the Health Board.
- Non-Pay Spend (excluding capital adjustments) - has decreased by c£1.9m (2.4%) due to reduced LTA costs for Cardiff and Vale and Velindre, and Mental Health CHC costs.
- Savings – overall achievement is £4.7m YTD and £10.2m forecast as 'green' achieved, with £12.9m amber savings expected to be delivered. There are on-going risks with delivery of a number of savings opportunities where achievement is assumed in quarter 4.

***At Month 7, the year to date reported revenue position is a £25.7m deficit and the reported capital position is break-even. The forecast year end revenue position is now £37m deficit (capital forecast is break-even). The revenue position still has significant risks in order to achieve the reported deficit forecast.***

The financial deficit forecast is made up of the following key areas:-

- Additional bed costs and enhanced care above clinical futures plan – £12m
- Unachieved savings plans, urgent care system variable pay - £20m
- CHC / Prescribing costs above funded levels – £15m
- Further risks incurred outside of IMTP, income, planned care and cancer- £5m
- Testing costs above funded levels - £1.6m
- Mitigating actions to reduce testing expenditure – (£1.6m)
- Revised savings and mitigating actions – (£15.0m)
- **Total 2022/23 forecast deficit = £37m**

The underlying financial deficit coming into 2022/23 (£20.9m) will need to be addressed to support financial sustainability and recurrent balance in future years. The IMTP assumed recurrent savings opportunities will need to be achieved to reduce the underlying financial deficit for 2023/24 (to £8m). Given the forecast deficit and review of savings plans, the revised underlying financial deficit for 2023/24 is being developed. For month 7 the Health Board is reverting to the opening position and assuming no improvement, thus a £21m underlying deficit is reported. The assumption is the underlying position will need to be adjusted to reflect the levels of non-recurrent funding and on-going recurrent expenditure. This revised underlying deficit position will be considered by the Executive Team and reported to the Board.

The Board has approved the 2022/23 – 2024/25 IMTP initial Budget delegation plan for 2022/23 as well as an update for quarter 2. WG has approved the IMTP which assumes financial balance.

The Board are asked to give approval to the Accountable Officer to submit an application for strategic cash support because of the forecast deficit impacting on cash availability.

**The Board is asked to:** (please tick as appropriate)

Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

<b>Executive Sponsor: Rob Holcombe – Director of Finance, Procurement &amp; VBHC</b>			
<b>Report Author: Suzanne Jones – Interim Assistant Director of Finance</b>			
<b>Report Received consideration and supported by:</b>			
<b>Executive Team</b>	√	<b>Committee of the Board</b>	
<b>Date of the Report:</b> 11 <sup>th</sup> November 2022			
<b>Supplementary Papers Attached:</b> <ol style="list-style-type: none"> <li>1. Glossary</li> <li>2. Appendix</li> </ol>			
<b>Purpose of the Report</b>			
<p>This report sets out the following:</p> <ul style="list-style-type: none"> <li>➤ The financial performance at the end of October 2022 and forecast position – against the statutory revenue and capital resource limits,</li> <li>➤ The savings position for 2022/23,</li> <li>➤ The significant level of risk to the financial position,</li> <li>➤ The revenue reserve position on the 31<sup>st</sup> of October 2022,</li> <li>➤ The Health Board’s underlying financial position,</li> <li>➤ The Capital position, and</li> </ul> <p>Requests the <b>approval</b> for the Accountable Officer to submit an application for strategic cash support because of the forecast deficit.</p>			

<b>Assessment &amp; Conclusion</b>
<ul style="list-style-type: none"> <li>• <b>Revenue Performance</b></li> </ul> <p>The month 7 position is reported as a <b>£25.748m deficit</b>, The forecast position was agreed by the CEO and UHB Board on the 12<sup>th</sup> of October as <b>a likely deficit of £37m</b>. A CEO accountability letter was forwarded to the Director General for NHS Wales to accompany the WG monthly monitoring return on the 13<sup>th</sup> October 2022.</p> <p>This forecast position still has risk built in since it relies on further savings achievement and mitigating actions across a range of areas. These actions remain a key standing item on weekly Executive meetings.</p> <p>The financial deficit is made up of the following elements:-</p> <ul style="list-style-type: none"> <li>• Additional bed costs and enhanced care above clinical futures plan – £12m</li> <li>• Unachieved savings plans, urgent care system variable pay - £20m</li> <li>• CHC / Prescribing costs above funded levels – £15m</li> <li>• Further risks incurred outside of IMTP, income, planned care and cancer- £5m</li> <li>• Testing costs above funded levels - £1.6m</li> <li>• Mitigating actions to reduce testing expenditure – (£1.6m)</li> <li>• Revised savings and mitigating actions – (£15.0m)</li> <li>• <b>Total 2022/23 forecast deficit = £37m</b></li> </ul> <p>A summary of the financial performance is provided in the following table.</p>

Summary Reported position - October 2022 (M07)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
<b>Operational Divisions:-</b>				
Primary Care and Community	275,823	(1,066)	(796)	(270)
Prescribing	99,193	5,457	4,168	1,289
Community CHC & FNC	71,813	(2,076)	(2,029)	(47)
Mental Health	107,621	5,981	5,704	277
Director of Primary Community and Mental Health	739	(92)	(79)	(13)
<b>Total Primary Care, Community and Mental Health</b>	<b>555,189</b>	<b>8,203</b>	<b>6,968</b>	<b>1,235</b>
Scheduled Care	181,057	11,119	9,035	2,084
Clinical Support Services	50,646	3,558	3,191	368
Medicine	110,199	13,965	11,788	2,177
Urgent Care	42,240	3,768	3,214	554
Family & Therapies	124,004	(316)	(383)	66
Estates and Facilities	102,684	212	420	(208)
Director of Operations	7,555	577	617	(40)
<b>Total Director of Operations</b>	<b>618,385</b>	<b>32,883</b>	<b>27,882</b>	<b>5,000</b>
<b>Total Operational Divisions</b>	<b>1,173,573</b>	<b>41,085</b>	<b>34,850</b>	<b>6,235</b>
Corporate Divisions	115,049	(8,665)	(7,735)	(930)
Specialist Services	172,685	(2,091)	(1,445)	(646)
External Contracts	83,325	191	739	(548)
Capital Charges	34,734	(408)	(163)	(245)
<b>Total Delegated Position</b>	<b>1,579,366</b>	<b>30,111</b>	<b>26,246</b>	<b>3,866</b>
Total Reserves	9,932	(4,364)	(3,460)	(903)
Total Income	(1,589,298)	(0)	(0)	0
<b>Total Reported Position</b>	<b>0</b>	<b>25,748</b>	<b>22,785</b>	<b>2,962</b>

The year to date overspend is £23.4m higher than forecast in the submitted IMTP, but is in line with the revised forecast profile submitted to WG at month 6. The position has been underpinned by appropriately releasing part of the annual leave accrual, maximising available non-recurrent opportunities and assuming an on-going level of funding for Covid-19 and exceptional pressures to match related costs. Current service pressures being experienced remain incredibly challenging, presenting a significant risk to the Health Board's ability to meet its forecast.

The CEO has established additional focussed sessions of the Executive team to review income opportunities and cost reduction opportunities and likely delivery levels for 22/23. The areas for progression include with targets:-

- RTT opportunities - £1.2m
- Variable pay - Medical, Enhanced Care, HCSW agency - £2.8m,
- Bed reductions - £1.5m
- Additional Medicines Management - £1m
- CHC (Mental Health and Complex Care) - £0.7m
- Further procurement - £0.5m
- Investment opportunities slippage - £4.4m
- Minimise/avoidance of new expenditure - £0.7m
- Corporate / commissioning - £2.2m

- Income

An update on these areas is provided later in the report.

To ensure delivery of the IMTP service, workforce and financial plans, progress must be made to deliver transformational change to support value-driven efficiency improvement and financial sustainability. While transformation is the preferred sustainable solution for long term efficiency and value gain, short term actions need to be strengthened to support 2022/23 balance in parallel with accelerating efficiency delivery through the IMTP priority transformation programmes.

### **Financial impact of service and workforce pressures**

- During October 2022, pay expenditure (excluding the effect of reduced annual leave provisions) decreased compared with September due to the pay award and associated back-pay costs paid in month 6, therefore providing a similar run rate to previous months for month 7. Variable pay costs excluding the bank pay award costs paid in September remain at similar levels to previous months. Variable pay costs are mainly within nursing and medical staff categories to provide cover for vacancies and enhanced care. Medical agency costs are being incurred as a result of the need to provide vacancy cover alongside service recovery costs. Significant operational pressures continue due to vacancies, enhanced care hours and sickness. Non-Pay Spend (excluding capital adjustments) - has decreased by c£1.9m (2.4%) due to reduced LTA costs for Cardiff and Vale and Velindre, Mental Health CHC costs and specific schemes such IT – video consultation costs in line with external funding.
- The number of Covid-19 positive patients in hospital has increased throughout October. The total number of patients (positive, suspected and recovering) is 274 (31<sup>st</sup> October 2022) which is now at similar levels to October 2021 (259 as at 26<sup>th</sup> October 2021). There are a considerable number of patients recovering from Covid-19 across several wards in the Health Board. The temporary staffing cost to operate these areas, some of which are surge capacity, remains significant and is impacting on efficient bed utilisation.
- Demand for emergency and urgent care across all services, including primary care, mental health, acute and community hospitals- remains in many cases above the pre pandemic levels. There are around 292 inpatients who are fit for discharge as at the end of October, approximately 22% of the blocked bed days are health related, 49% are social care and package of care related with the remaining 29% relating to other reasons e.g. patient/family related, nursing homes etc.
- The extrapolated cost of the associated blocked bed days which are social care and package of care related is c.£8.3m using a £150 cost per bed day. The surge capacity required for this as well as the increased Covid measures in place continues to result in overspends across the UHB. There also remain challenges in terms of demand and flow across the UHB. The challenge is now to reduce the requirement for this capacity to achieve a safe and sustainable aligned service, workforce and financial plan across the UHB.
- The operational factors above with enhanced care as well as increasing elective activity, result in significant financial pressures. If the service response to Covid-19 implications could be de-escalated it should result in cost reductions to some of the operational factors currently in place where funding is assumed, which is a requirement of WG.

Additional local Covid-19 costs are being incurred due to the following:

- Additional services established to deal with exceptional emergency pressures across all sites,
- 'green' patient pathways to minimise infection,



- GUH ward A1 urgent care temporary ward,
- additional bed capacity across hospital sites,
- the number of patients requiring enhanced care,
- delayed discharges for patients waiting for social care support and packages of care, and
- service models being flexed to respond to service pressures faced.

To mitigate, key areas of focus for the Health Board are:

- System level working – reviewing DTOCs, updating bed capacity forecasts & additional capacity requirements
- Urgent care and elective care re-design,
- Demand and flow management, - reviewing the social care community actions,
- Workforce efficiency, reducing variable pay in particular HCSW agency and medical temporary pay costs,
- Review of Medicines management,
- Review of CHC pathways within Mental Health and Complex Care,
- Review of current savings plans, current investments made and service options across Divisions,
- Corporate opportunities and Executive Director options, and
- Other actions to improve the financial position e.g. review of income/allocations

These areas for mitigation aligned with turnaround actions need to be invigorated and implemented as a priority, whilst maintaining patient safety.

## Workforce

The Health Board spent £62.4m on workforce in month 7 22/23 a decrease of £11.0m compared with month 6 (21/22 monthly average of £58.3m). **The workforce costs for the Health Board have continued at the same level since quarter 3 2021/22 despite a reduction in Covid demand.**

Substantive staffing costs (excluding notional 6.3% pension costs in March) have decreased by £10.5m (16.5%) compared with September due to the pay award back pay paid in September.

Compared with month 6, bank costs have decreased by £0.5m (11.6%) due to pay award costs paid in September. Agency costs have remained static (£5.2m in October). Bank HCSW costs remain significant due to increased enhanced care shifts covered by this group of staff particularly within the Primary Care and Community Division. There continues to be on-going high levels of enhanced care provision across the UHB.

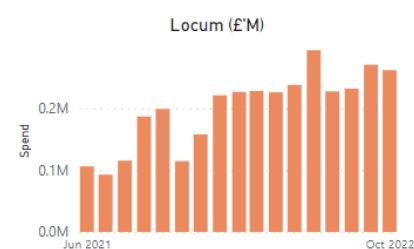
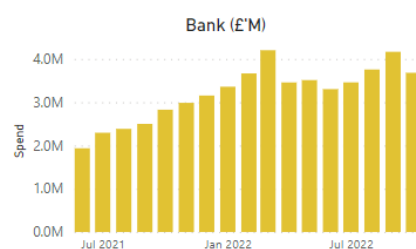
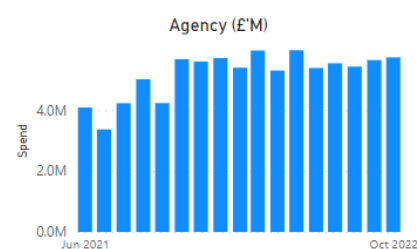
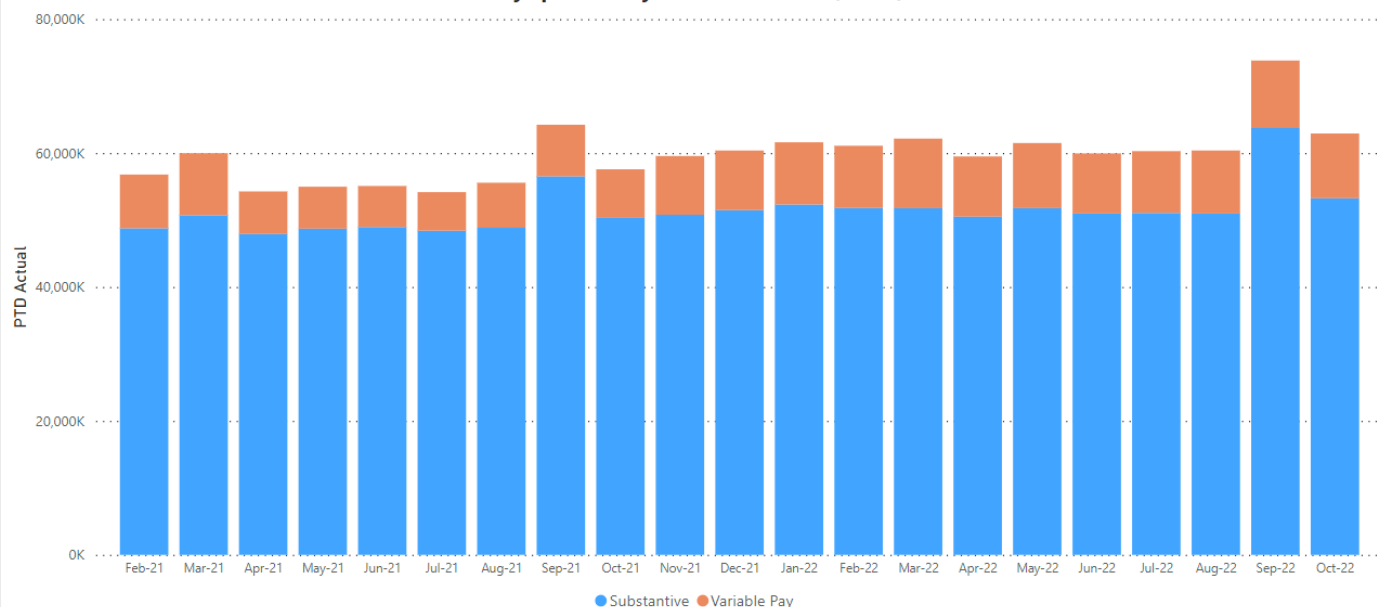
There is still a continued and significant reliance on the use of agency and bank staff.

Workforce expenditure is shown below differentiating between substantive and variable pay<sup>1</sup>:

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<sup>1</sup> To enable useful comparisons and trends all references to 21/22 pay expenditure exclude the month 12 expenditure for: Covid-19 annual leave provision (£2m), and Additional employer pension contributions (6.3%/£27m).

Pay spend analysis 20/21 - 22/23 (£'000)



## Substantive staff

Substantive staff pay was £53m in October (exc. annual leave related adjustments) – a £10.5m decrease compared with September. Administrative & Clerical costs have increased linked to National Covid schemes. Medical costs (excluding pay award) have increased as a result of service recovery plans.

## Variable pay

Variable pay (agency, bank and locum) was £9.7m in October – a decrease of £0.4m compared with September due to bank pay award costs paid in September.

The Executive Team has agreed a variable pay programme which is aimed at reducing high cost variable pay and developing alternative solutions. This includes a number of areas including recruitment of substantive staff, review of specialist rates, reduction in HCSW agency as well as a detailed review of nurse staffing across ward areas. Current service demand for agency as well as the on-going use of off-contract agencies is challenging the level of achievement.

It should be noted that the number of unfilled nursing shifts remains at a high level throughout the HB (181wte for the week commencing 29<sup>th</sup> October which was approximately 8% of all shifts required). If all these shifts were filled through variable pay the cost impact would be significant.

Additional work to reduce medical agency costs has included the revision to the internal locum rate card; this standardises the rates and when they are applied across the Health Board, should encourage further locum hours rather than agency.

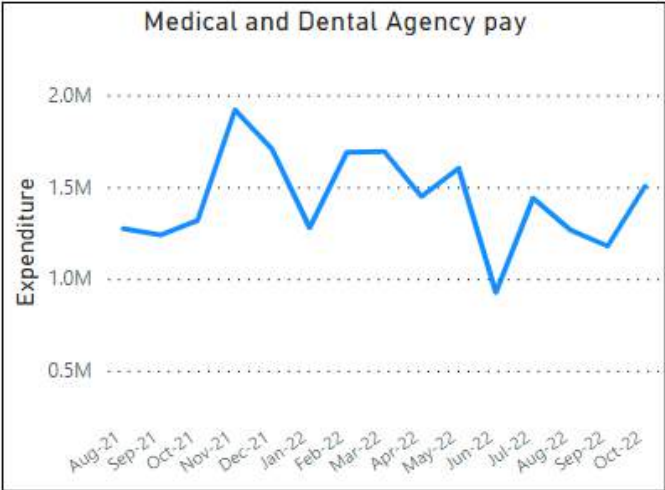
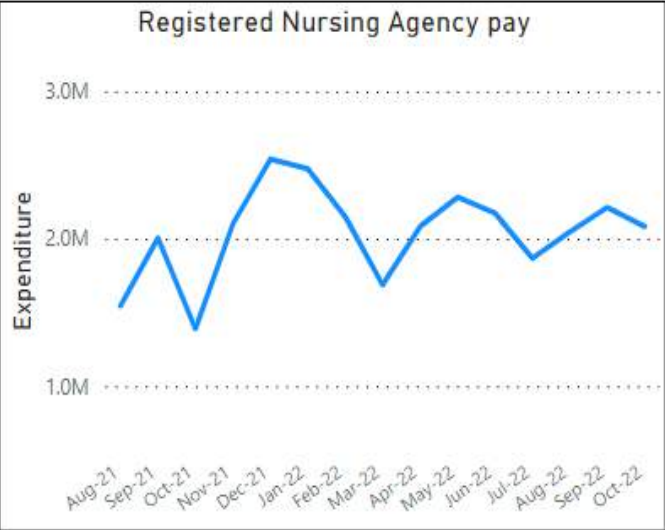
## Bank staff

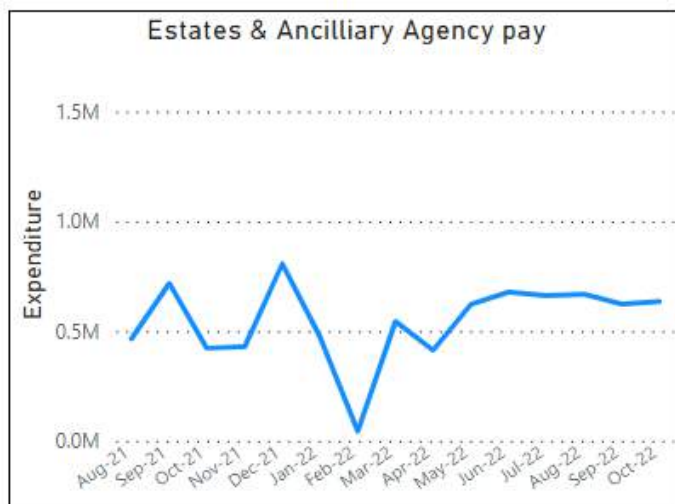
Total bank spend in October was £3.7m – a decrease of £0.5m compared with September. There remains continued high usage of enhanced care shifts especially within the Medicine Division.

Other areas where bank usage remains high include Community Hospitals, Mental Health, and GUH Medicine.

Agency

Total agency spend in October was £5.7m (excluding the on-going nurse agency adjustments) an increase of £0.1m compared with September. Costs stated below exclude the on-going agency review of cancelled shifts across all Divisions.

<div><p>Medical and Dental Agency pay</p><table border="1"><caption>Medical and Dental Agency pay (Estimated)</caption><thead><tr><th>Month</th><th>Expenditure (M)</th></tr></thead><tbody><tr><td>Aug-21</td><td>1.3</td></tr><tr><td>Sep-21</td><td>1.2</td></tr><tr><td>Oct-21</td><td>1.3</td></tr><tr><td>Nov-21</td><td>1.9</td></tr><tr><td>Dec-21</td><td>1.7</td></tr><tr><td>Jan-22</td><td>1.3</td></tr><tr><td>Feb-22</td><td>1.7</td></tr><tr><td>Mar-22</td><td>1.7</td></tr><tr><td>Apr-22</td><td>1.5</td></tr><tr><td>May-22</td><td>1.6</td></tr><tr><td>Jun-22</td><td>0.9</td></tr><tr><td>Jul-22</td><td>1.4</td></tr><tr><td>Aug-22</td><td>1.3</td></tr><tr><td>Sep-22</td><td>1.2</td></tr><tr><td>Oct-22</td><td>1.5</td></tr></tbody></table></div>	Month	Expenditure (M)	Aug-21	1.3	Sep-21	1.2	Oct-21	1.3	Nov-21	1.9	Dec-21	1.7	Jan-22	1.3	Feb-22	1.7	Mar-22	1.7	Apr-22	1.5	May-22	1.6	Jun-22	0.9	Jul-22	1.4	Aug-22	1.3	Sep-22	1.2	Oct-22	1.5	<ul style="list-style-type: none"><li>• In-month spend of £1.5m, a £0.3m increase compared to September.<ul style="list-style-type: none"><li>◦ Continued pressures in Medicine wards, GUH ED and community hospitals.</li><li>◦ Increases in Mental Health and Gynaecology for operational pressures.</li><li>◦ Increase in radiology and Ophthalmology to cover vacancies and additional recovery activity.</li><li>◦ On-going costs for managed practices (£0.27m in October) with a likely further increase from January 2023 due to notice of closure in 22/23.</li></ul></li><li>• Medical agency spend averaged c.£1.3m per month in 2021/22.</li></ul>
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<div><p>Registered Nursing Agency pay</p><table border="1"><caption>Registered Nursing Agency pay (Estimated)</caption><thead><tr><th>Month</th><th>Expenditure (M)</th></tr></thead><tbody><tr><td>Aug-21</td><td>1.5</td></tr><tr><td>Sep-21</td><td>2.0</td></tr><tr><td>Oct-21</td><td>1.4</td></tr><tr><td>Nov-21</td><td>2.1</td></tr><tr><td>Dec-21</td><td>2.5</td></tr><tr><td>Jan-22</td><td>2.6</td></tr><tr><td>Feb-22</td><td>2.4</td></tr><tr><td>Mar-22</td><td>1.7</td></tr><tr><td>Apr-22</td><td>2.1</td></tr><tr><td>May-22</td><td>2.3</td></tr><tr><td>Jun-22</td><td>2.2</td></tr><tr><td>Jul-22</td><td>1.9</td></tr><tr><td>Aug-22</td><td>2.1</td></tr><tr><td>Sep-22</td><td>2.3</td></tr><tr><td>Oct-22</td><td>2.1</td></tr></tbody></table></div>	Month	Expenditure (M)	Aug-21	1.5	Sep-21	2.0	Oct-21	1.4	Nov-21	2.1	Dec-21	2.5	Jan-22	2.6	Feb-22	2.4	Mar-22	1.7	Apr-22	2.1	May-22	2.3	Jun-22	2.2	Jul-22	1.9	Aug-22	2.1	Sep-22	2.3	Oct-22	2.1	<ul style="list-style-type: none"><li>• In-month spend of £2.1m a decrease of £0.1m compared to September (excluding accrual adjustment)</li><li>• Reasons for use of registered nurse agency include:<ul style="list-style-type: none"><li>◦ Additional service demand including opening additional hospital beds, support for recovering Covid-19 patients,</li><li>◦ Enhanced care and increased acuity of patients across all sites,</li><li>◦ On-going sickness and international recruitment costs,</li><li>◦ vacancies, and</li><li>◦ enhanced pay rates.</li></ul></li><li>• Registered Nursing agency spend averaged c.£1.9m per month in 2021/22.</li></ul>
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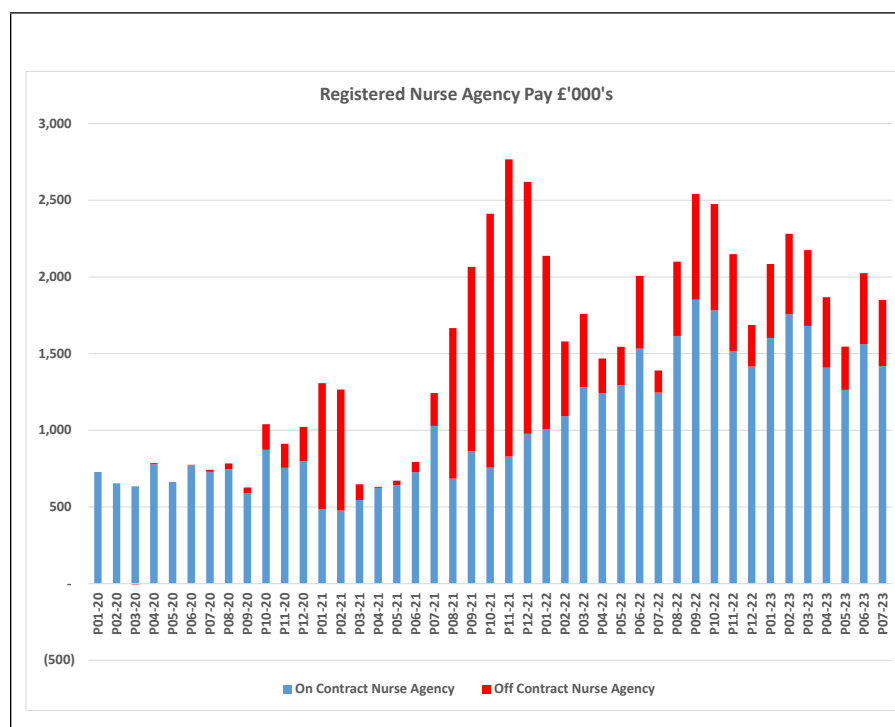


- In month spend of £0.6m on Estates & Ancillary (similar to September), which is primarily within GUH and related to Covid.
- Reasons for use of agency include:
  - Meeting enhanced cleaning standards,
  - Covid-19 and surge capacity
  - Enhanced care and increased acuity of patients,
  - Sickness,
  - Vacancies and
  - Supporting the Mass Vaccination Programme.
- Estates and Ancillary agency spend averaged c.£0.5m per month 2021/22.

## Registered Nurse Agency

Registered nurse agency spend totalled £22.8m in 2021/22, £18.1m in 2020/21 and £10.2m in 2019/20.

Health Board spend for the year to date is £13.8m on nurse agency. If this level of use continues throughout the financial year it would cost c.£24m in 2022/23. The use of “off-contract” agency – not via a supplier on an approved procurement framework – usually incurs higher rates of pay and remains significant in month.



The Health Board spent £0.4m on ‘off’ contract RN agency in October which is at a similar level to September and reflects the on-going vacancy hours used and the usage of agency to cover enhanced care hours. The main reasons for its usage are:

- Enhanced care,
- Additional capacity,
- Nursing vacancies,
- Patient safety,
- Covid-19 responses (especially for recovering patients), and
- Increased sickness and cover for staff in isolation.

As part of the new Variable Pay savings programme for 2022/23, the Nurse Agency Reduction Plan will form a key part of delivering efficiencies.

## Medical locum staff

Total locum spend in October was £0.26m which is at a similar level to September. Gastroenterology and Palliative Care costs increased in October whilst Radiology remains the area of highest expenditure relating to on-going operational pressures, elective recovery and substantive vacancies.

## Enhanced Care

Enhanced Care, also known as 'specialling', can be provided for a variety of reasons ranging from the provision of assistance to help a patient mobilise, through to one-to-one patient monitoring. Enhanced care is designed to ensure an appropriate level of safety and supervision for patients with additional care needs.

A review of the financial impact of 'enhanced care' – including the use of bank and agency staff – has identified the following use of nursing staff:

	2020/21	2021/22	2022/23 (forecast costs)	2022/23 increase
Average number of hours used per month	15,305	35,446	41,916	17%
Average monthly notional expenditure (£m)	0.24	0.70	0.93	
Increase in average notional cost per month compared to prior year				£0.2m
Estimated increase in the calculated annual cost based on average hours				£2.7m
<b>Total annual costs (£m)</b>	<b>2,826</b>	<b>8,413</b>	<b>11,155</b>	<b>2,742</b>

In October, enhanced care hours and associated costs remained high within the Medicine Division with significant use in the Primary Care and Community and the Scheduled Care Divisions. It should be noted that the hours quoted are the number of bank and agency hours worked using 'enhanced care' as the reason for booking. Notional costs are calculated using average registered/unregistered hourly rates incurred. These have been updated for 2022/23 using shift time, type and specialist rates where defined. Further updates will be completed to reflect the off-contract nature of many shifts which will inevitably increase the costs described. The E-Systems team within the Workforce and OD Division are continuing to undertake a review of previously booked shifts which may result in future amendments for previous months.

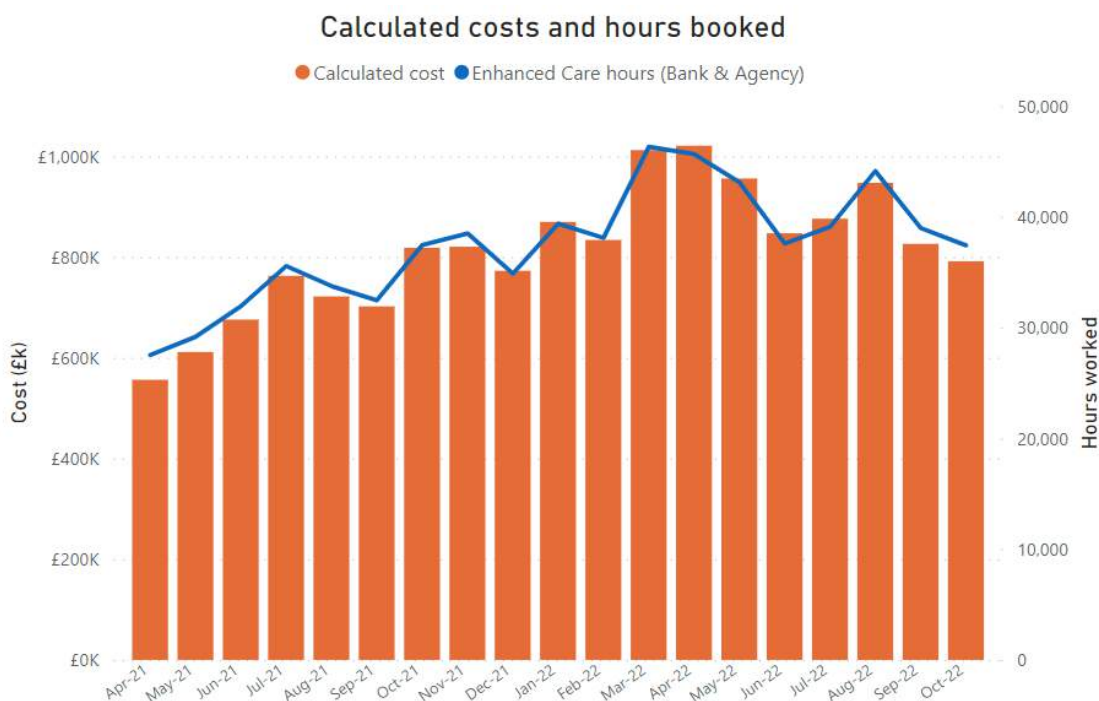
There is a distinct increasing trend in the use of enhanced care hours (and associated costs) from February 2022 (see graph below). The monthly average from April 2021 to February 2022 was approx. 34,400 hours and £0.68m cost. The October cost of £0.8m is an increase of £0.12m above that average and continues to indicate a step change which reflects the change in acuity of patients across the UHB.

The level of the provision of enhanced care on beds within Medicine for October 22 is shown below:

	M1	M2	M3	M4	M5	M6	M7
<b>RGH</b>							
Total no of Medicine beds	192	192	192	192	192	192	192
monthly average enh care patients	42	44	43	30	45	55	58
%age of beds in receipt of enh care	22%	23%	22%	16%	23%	29%	30%
<b>NHH</b>							
Total no of Medicine beds	164	164	164	164	164	164	164
monthly average enh care patients	62	59	59	39	35	28	26
%age of beds in receipt of enh care	38%	36%	36%	24%	21%	17%	16%
<b>GUH</b>							
Total no of Medicine beds	91	91	91	91	91	91	91
monthly average enh care patients	40	29	24	18	32	41	36
%age of beds in receipt of enh care	44%	32%	26%	20%	35%	45%	40%
<b>YYF</b>							
Total no of Medicine beds	148	148	148	148	148	148	148
monthly average enh care patients			63	46	35	49	52
%age of beds in receipt of enh care	0%	0%	43%	31%	24%	33%	35%
<b>Total</b>							
Total no of beds	595	595	595	595	595	595	595
Total monthly average enh care patients	144	132	188	134	147	173	172
	24%	22%	32%	22%	25%	29%	29%

The following graph highlights the increase in hours attributed to enhanced care for the period April 2021 to October 2022 using bank and agency registered nurses and health care support workers.

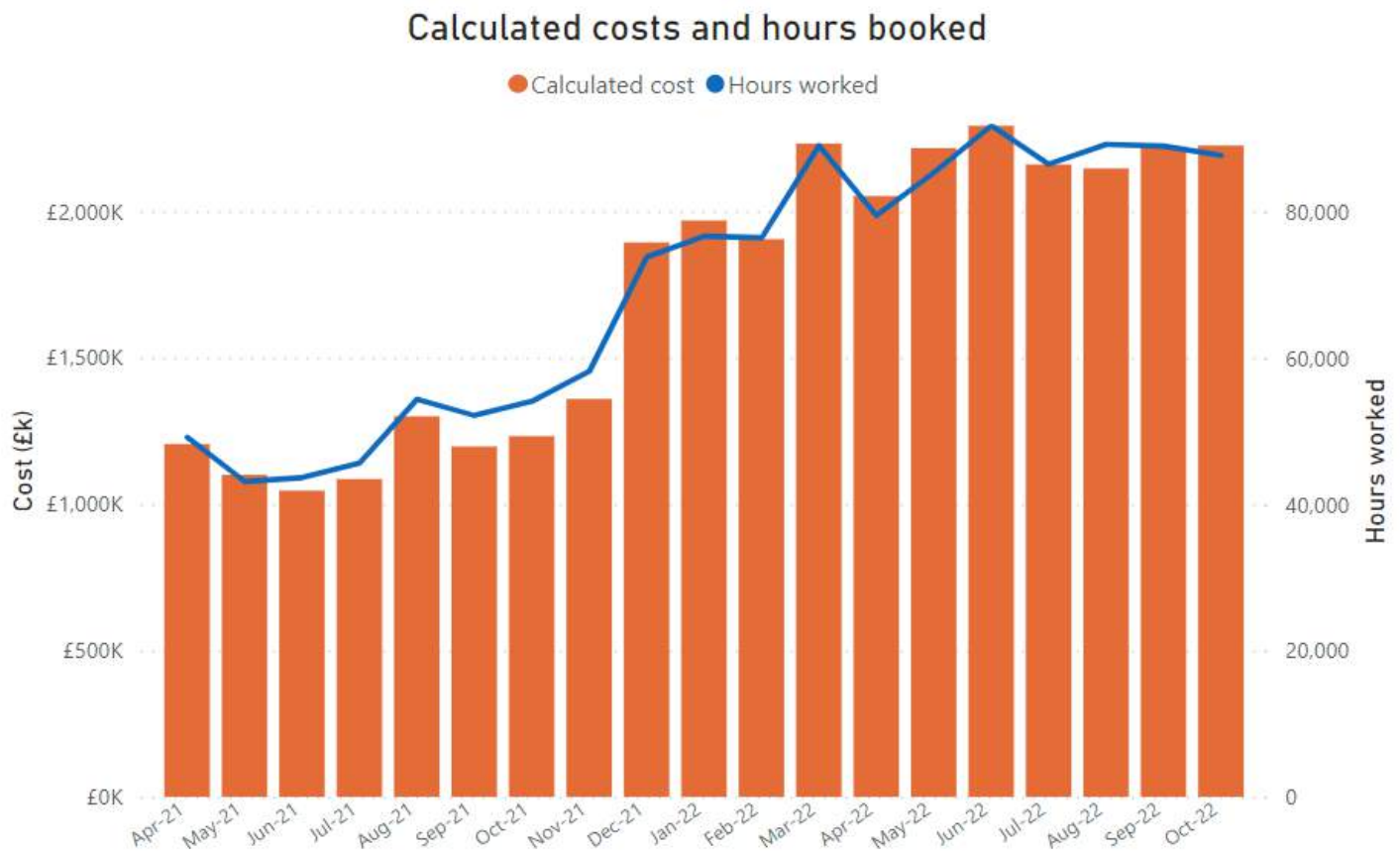
### Enhanced Care bank and agency calculated costs and hours booked



The graph below describes the bank and agency hours and costs relating to those booked to cover vacancies. The graph highlights that in October that variable pay relating to vacancies remains significant and over £2.2m of 'notional calculated' expenditure.



## Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies



### Non-Pay

Expenditure (excluding capital) was £78.8m in October which is £1.9m decrease in comparison with September. LTA costs for Cardiff and Vale and Velindre reduced due to lower activity performance. Mental Health CHC costs reduced following on-going patient database and individual package reviews; however these benefits were offset by increased Primary Care contract costs in line with profile. The in-month energy costs reflect the volatility in energy prices, which is regarded by Welsh Government as an exceptional cost pressure. Further additional funding anticipated for this volatile cost pressure is now estimated at £12.9m which is a decrease from earlier months; however updated data from NWSSP will inevitably adjust this. Future month forecasts will continue to be updated in line with the latest data received from NWSSP and internally for those energy costs outside of this arrangement.

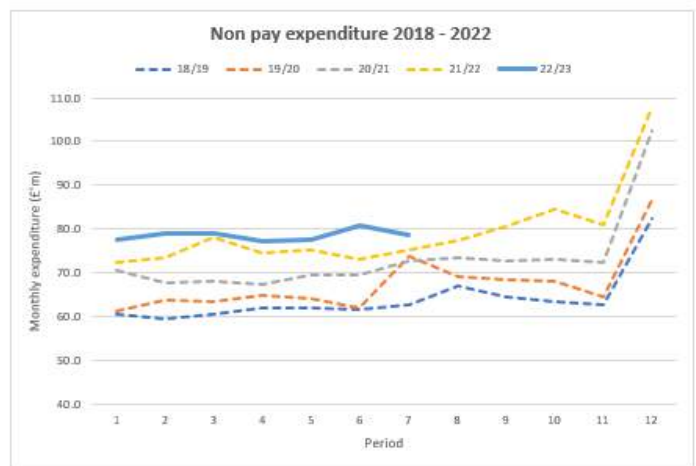
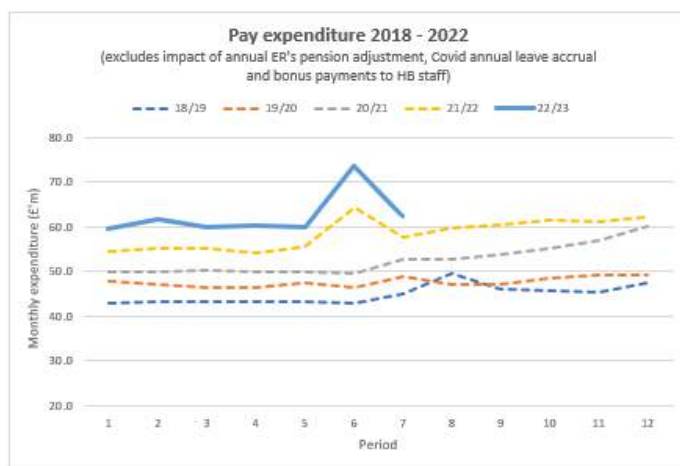
Other areas to note are:

- CHC Mental Health – the current patient numbers at the end of October were 403 (at a cost of £2.7m in October) which is a net decrease of 1 MH&LD patient in month. A review of the Mental Health CHC database has resulted in a reduction in cost assumptions for packages of care which has lowered expenditure for 2022/23.
- CHC Adult / Complex Care - 665 active CHC and D2A placements (decrease of 13 from September). There was a decrease of 8 D2A patients and a decrease of 6 placements on the 'Step Closer to Home' pathway (43 total) in October. The 2022/23 forecast cost is £1.6m which assumes this pathway will cease in December 2022. The table below summarises the current position:

Activity	September 2022	October 2022	Movement
D2A	58	50	-8
Step Closer to Home	49	43	-6
All Other CHC	571	572	+1
Total	678	665	-13

- FNC - currently 889 active placements, which is a decrease of 13 from end of September placements (expenditure of £776k in October).
- Primary Care medicines – the expenditure year to date is £63.3m. The October 2022 year-end forecast is based on growth in items of 2% (using underlying growth estimate) with an average cost per item of £7.06 (an increase of £0.15 per item), Non-category M drugs prices continue to fluctuate but present a continued in-month pressure for October prices. Price increases compared with pre-Covid levels have not been mitigated through medicines management actions due to redeployment of pharmacy staff. Mitigating actions and resources to deliver cost reductions in prescribing costs are being progressed through Medicines Management Programme Board.

Pay and Non-Pay expenditure run-rates for the last four financial years are shown below to demonstrate the on-going step change in expenditure particularly for pay. If the service response to Covid-19 implications could be de-escalated it should result in cost reductions to some of the operational factors currently in place where funding is assumed.



Current operational forecasts based on March bed and activity plans, are assuming a similar level of spending through to the end of the year. Bed and activity assumptions are subject to on-going detailed review as part of financial recovery 'turnaround' work to re-assess the 22/23 operational service, workforce and financial plans. These plans will inform revisions to the service, workforce and financial forecast for the Health Board as part of the savings plans to meet the £37m deficit forecast.

## Service Pressures & Activity Performance

### Bed Capacity

Additional medical beds have been opened as part of responding to the system pressures described previously. Additional capacity beds have reduced to 142 in October as described in the table below:

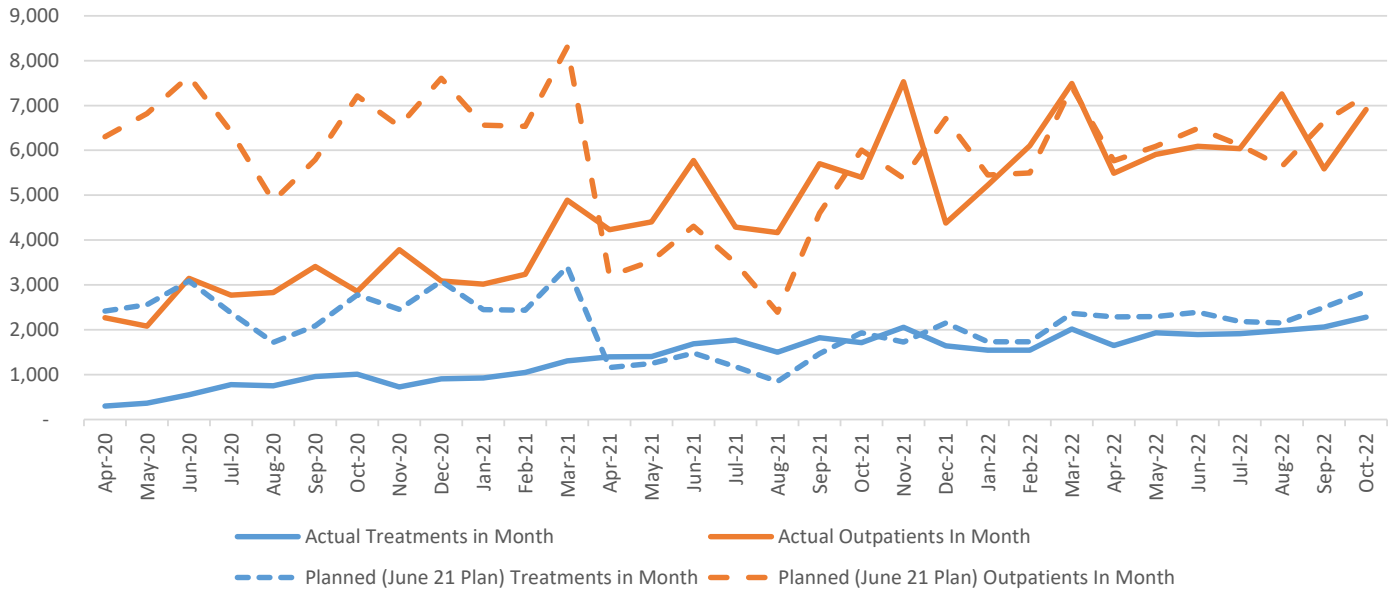
No. of Additional Beds									
Site	Ward	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Description
RGH	B3 Winter Ward	0	0	0	0	0	0	0	26 Additional Capacity
	C6E Med Additional Capacity from Oct	0	30	28	28	30	30	28	Old Resp Ward converted to Add Cap
	Other wards		6	0	0	0	0	0	
NHH	3rd Floor	7	8	11	11	11	11	11	32 (flexed up from 28)
	4th Floor	6	7	9	9	9	9	8	28 (flexed up from 30)
	4/1 winter	0	0	0	0	0	0	0	Winter ward from 27th Dec (flexed up from 28)
	AMU	0	0	0	6	2	5	0	
GUH	C4	0	0	0	0	0	0	0	2 Covid beds in March
	B4	8	8	8	8	8	8	8	
	A4	1	1	1	1	1	2	1	Using Ringfenced beds
	A1					8	8	8	
	Fox Pod	8	8	8	8	8	0	0	Closed 18th August
	Other wards					5	7	6	Includes AMU chairs
YYF	MAU				27	0	27	27	Open for part of August, remaining open with 14 trollies, 27 beds
RGH AMU	AMU / D1W	18	0	8	16	10	10	6	D1W closed in July
Sub-total Medicine		48	68	73	114	92	117	103	
STW	Ruperra	24	24	24	24	24	24	24	
	Holly	10	10	10	10	0	0	0	
YAB	Tyleri	11	15	15	15	15	15	15	
Sub-total Community		45	49	49	49	39	39	39	
Total		93	117	122	163	131	156	142	

The number of medically fit and delayed transfers of care remain at significant levels, in the region of 292 patients as at the end of October. Approximately 50% of these patients relate to social and package of care delays. These patients are across multiple sites and are generally within the Medicine and Community specialities. These delays affect patient flow, increasing the level of additional capacity across the HB resulting in significant additional costs. This is above any level factored into the IMTP for 2022/23. Further discharge support solutions have been implemented to mitigate some of the flow pressures, which increase the financial pressure for the Health Board.

#### Scheduled Care treatments and outpatients

Elective activity in October was slightly higher than previous months but remains significantly below planned levels (year to date 2,925 treatments under plan). Activity remains below plan due to a range of reasons including vacancies, reduced theatre utilisation and a low uptake to provide additional sessions. T&O activity remains under plan due to on-going long-term sickness. Outpatient activity had a significant increase in-month mainly due to an increase in core General Surgery activity and T&O WLI activity. Virtual clinics are also being used as well as on-going review of clinic templates to potentially increase future activity with demand and capacity plans being updated for a number of specialities. Whilst most routine elective services have fully resumed, elective activity remains lower than pre-Covid-19 levels. The forecast plans are being reviewed.

### Scheduled Care Treatments & Outpatients (RTT)



- Elective Treatments for October '22 was 2,277 (September '22 was 2,063).
- Outpatient appointments for October '22 was 6,908 (September '22 was 5,589).

### Medicine Outpatient Activity

Medicine Outpatient activity for October '22 was 1,773 attendances (September '22 was 1,734 attendances and 2021/22 activity 15,581, a monthly average of 1,298) the year to date activity is presented by specialty below:

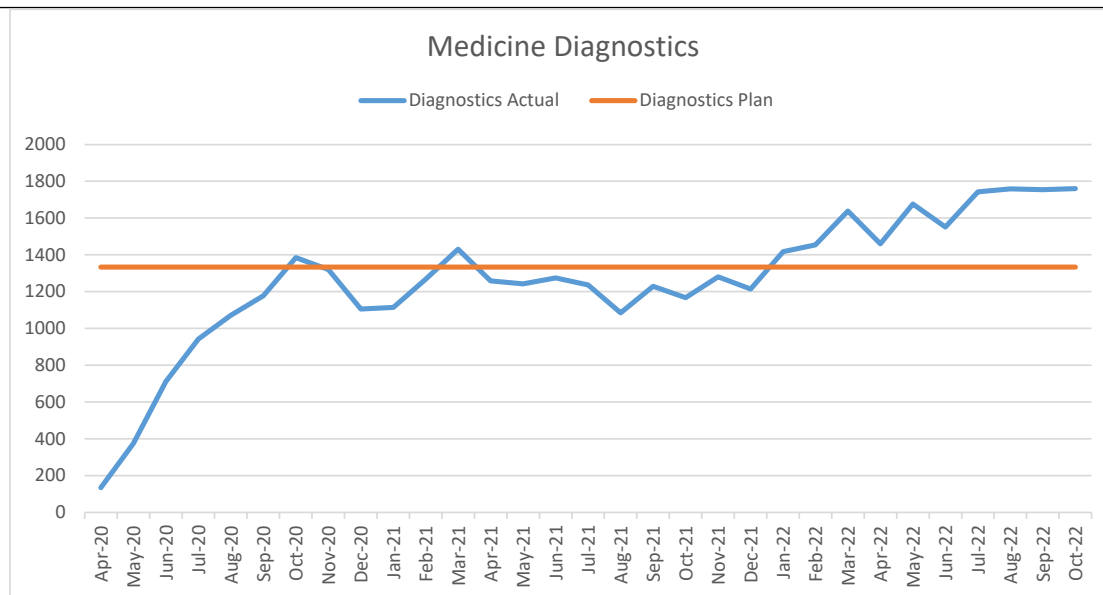
#### Oct-22

YTD Oct-22	PREVIOUS Assumed monthly activity	Actual activity	Variance	Variance
Gastroenterology	3500	1666	-1834	52%
Cardiology	3625	2283	-1342	37%
Respiratory (inc Sleep)	3940	2336	-1604	41%
Neurology	1809	1669	-140	8%
Endocrinology	1582	1137	-445	28%
Geriatric Medicine	1781	1180	-601	34%
<b>Total</b>	<b>16237</b>	<b>10271</b>	<b>-5966</b>	<b>37%</b>

### Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for October '22 was 1,760 procedures which is 426 cases more than plan.

The activity undertaken since April '20 is shown below;



## Covid-19 – Revenue Financial Assessment

Total Covid-19 costs are shown as c.£72.5m and at this stage the Health Board is including matched funding, these are full year forecasts unless otherwise stated:

- Testing - £4.58m. This funding includes Testing Team and Pathology department testing costs. The latest forecast is approximately in line with funding pending some assumptions for pathology but requires Executive sign-off.
- Tracing - £6.06m
- Mass Vaccination - £9.15m
- Extended flu - £1.5m
- PPE - £2.7m
- Cleaning standards - £2.2m
- Long Covid - £0.9m
- Nosocomial investigation - £0.8m, and
- Other additional Covid-19 costs (now including dental income target reduction) - £44.7m.

The Health Board is reporting costs for additional capacity and maintaining Covid-19 safe and compliant operational service delivery across all sites, as part of the other additional Covid-19 costs section.

The cost impact of responding to Covid-19 and emergency system pressures along with increased patient acuity will be closely monitored.

Though a higher cost, the assumptions are in line with those used for the submitted IMTP, correspondence from WG and the IMTP financial assumptions letter sent in March 2022. In addition, forecast costs decreased for discharge support, facilities and enhanced cleaning; this is linked to revised workforce plans for later in the financial year. On-going review of the local schemes will be required to ensure forecasts and classifications remain in line with the assumptions described.

The Health Board is not including costs for Velindre Trust Covid-19 (recovery or outsourcing) within these figures, in line with the All Wales LTA agreement. The table below describes allocations which have been confirmed and received versus those which remain anticipated.

Type	Covid-19 Specific allocations - October 2022	£'000
HCHS	Tracing	4,069
HCHS	Extended flu	1,517
HCHS	Testing (inc Community Testing)	2,746
HCHS	PPE	1,180
HCHS	Mass COVID-19 Vaccination	2,751
GMS	Mass COVID-19 Vaccination	719
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	2,308
HCHS	Nosocomial investigation and learning	753
	<b>Total Confirmed Covid-19 Allocations</b>	<b>16,043</b>
HCHS	Testing (inc Community Testing)	1,831
HCHS	Tracing	1,989
HCHS	Mass COVID-19 Vaccination	5,680
HCHS	PPE	1,495
HCHS	Cleaning standards	2,201
HCHS	Long Covid	887
HCHS	A2. Increased bed capacity specifically related to C-19	10,749
HCHS	A3. Other capacity & facilities costs	7,301
HCHS	B1. Prescribing charges directly related to COVID symptoms	50
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	14,609
HCHS	D1. Discharge Support	7,737
HCHS	D4. Support for National Programmes through Shared Service	0
HCHS	D5. Other Services that support the ongoing COVID response	1,911
	<b>Total Anticipated Covid-19 Allocations</b>	<b>56,440</b>
	<b>Total Covid-19 Allocations</b>	<b>72,483</b>

The Health Board is expected to manage these costs downwards; indeed forecast costs decreased in month 7 (c£0.5m) linked to enhanced cleaning, discharge support and facilities costs linked to surge capacity. There is a risk of costs increasing linked to workforce costs linked to acuity and winter Covid response. This will be updated in month 8 as necessary.

### Exceptional Cost Pressures

The exceptional cost pressures recognised by Welsh Government for 22/23 includes energy prices, employers NI and the Real living wage costs for social care contracts. It has been agreed that these be managed with WG on a collective basis with funding assumed to cover costs, albeit the funding is not confirmed. The Health Board still has a duty to mitigate these costs within its financial plan to reduce the collective risk.

- Real living wage costs only relate to CHC, the agenda for change element will receive an allocation in line with wage award funding once confirmed.
- It should be noted that increased energy costs are based on forecasts provided by NWSSP adjusted for any local information. Energy prices were adjusted based on latest information received on the 7<sup>th</sup> October coupled with forecast assumptions received in early November. As a result, there has been a further significant decrease in the anticipated allocation.
- Anticipated Employers NI costs have decreased from the original IMTP value given the cessation of this increase as of 6<sup>th</sup> November.



Type	Exceptional items allocations - October 2022	£'000
HCHS	Energy prices increase	12,925
HCHS	Employers NI increase	2,953
HCHS	Real living wage	2,154
	<b>Total Exceptional items allocations (anticipated)</b>	<b>18,032</b>

Welsh Government has stated that they do not expect any further increases to the expected funding for Covid and exceptional items. The Health Board is expected to manage these costs downwards wherever possible.

### • Revenue Reserves

Health Board reserves are held by the Board, until such time as they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer. Agreed funding delegations per the Board Budget Setting paper have been actioned, however, some funding allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific purpose.

The following reserves, relating to WG Funding, were approved for delegation by the CEO in Month 7.

(£50k) Welsh Risk Pool risk sharing, delegation to Corporate (Litigation)	£84k Independent MCA and Liberty Protection Safeguard – delegate to Director of Workforce and OD
£400k C19 additional testing funding – delegate funding to Director of Therapies	£315k Pay award C19 National Programmes - delegation to Director of Therapies and Public Health
(£17.818m) Exceptional items: Energy costs delegation to Estates and Facilities. Note further anticipation for energy price adjustments to be reflected in future months.	(£5k) Clinical Placement Service Increment for teaching (SIFT) – adjustment to central income budget to reflect latest WG schedule.
£576k Pharmacy contract 22-23 delegation to Primary Care and Community	£3k Planned Care Dermatology lead Q3/Q4 - delegation to Scheduled Care
£68k ESCMP resource WAST - delegation to EASC	£205k ARRP - delegation to EASC
£34k Mobile data vehicle solution - delegation to EASC	£1.17m Mental Health Service Improvement – delegation to Mental Health and Family & Therapies
£50k Learning Disabilities Health checks – delegation to Mental Health	(£481k) VAT recovery Video Consultation Service – delegation to Director of Planning
£17k Strategic Primary Care additional posts – confirmation of previously advised funding	

There is no contingency reserve held by the Board in 22/23.

### Long Term Agreements (LTA's)

LTA agreements have been signed with all Welsh providers/commissioners in accordance with the DOF LTA Financial Framework for 2022-23. Initial performance data shows significant variation from baselines levels (both under and over performance) depending on the provider / commissioner.

A forecast Velindre NICE drugs pressure of £1.8m, a forecast overperformance on the C&VUHB LTA of £0.4m and projected income shortfall on NCAs/English Contracts of £0.7m has been reported offset by forecast underperformance on the CTMUHB LTA of £1.1m, the £2.9m projected

underspend on the WHSSC position and a £0.1m projected underspend on the EASC position reflecting slippage against the IMTP.

Further work is ongoing to understand the performance variation by provider/commissioner and to understand the financial risk that may crystallise in future. Velindre forecasting remains a particular risk due to the implementation of the new commissioning currencies in 2022-23 and the volatility in NICE forecasting based on limited data received to date.

### **Underlying Financial Position (ULP)**

Given the forecast deficit and review of savings plans, the revised underlying financial deficit for 2023/24 is being developed, for month 7 the Health Board is reverting to the opening position and assuming no improvement, thus a £21m underlying deficit is reported. The assumption is the underlying position will need to be adjusted to reflect the levels of non-recurrent funding and on-going recurrent expenditure. This revised underlying deficit position will be considered by the Executive Team and reported to the Board.

Financial sustainability is an on-going priority and focus for the Health Board.

The Health Board's 2022-25 IMTP identifies several key priorities where the application of Value-Based Health Care principles – improving patient outcomes along with better use of resources – should result in delivering greater service, workforce and financial sustainability whilst improving the health of the population. The actions being taken through transformation programmes to improve financial sustainability are integral to this approach.

Health Board savings schemes for 2022/23 need to be implemented in full and on a recurrent basis both to manage future cost pressures and reduce the underlying deficit. This position is assumed at present but will require constant management and implementation of new schemes to mitigate new cost pressures and manage risks as they arise.

### **Savings delivery**

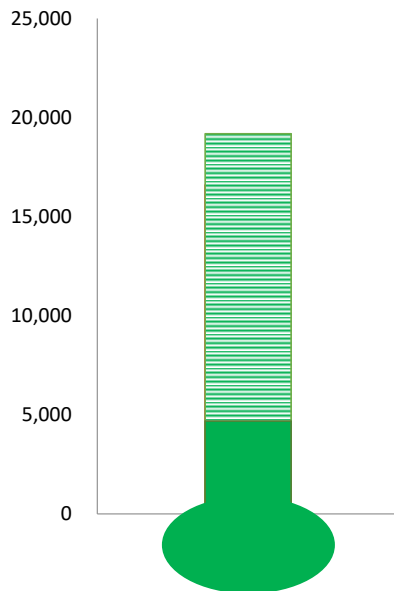
As part of the IMTP submitted by the Board to Welsh Government (March 2022), the financial plan for 2022/23 identifies a core savings requirement of £26.2m and cost mitigation of £19m.

As at Month 7 forecast savings achievement in 22/23 is £23.1m however this includes a high level of on-going risk to ensure full delivery of savings and cost avoidance from opportunities identified.

In agreement with the Executive team previous savings schemes are now forecast not to deliver, but these have been replaced with a number of further savings plans which are required to deliver in full in order to achieve the £37m deficit forecast. The revised savings forecast is made up as follows:-

	£'000
Original IMTP plan	26,238
Remove amber schemes which will not be achieved and adjustments for forecast schemes being achieved	(19,818)
Additional amber schemes input in month 6	16,663
<b>Revised 2022/23 savings forecast</b>	<b>23,083</b>

Savings – overall achievement is £4.7m YTD and £10.2m forecast as ‘green’ achieved, with £12.9m amber savings expected to be delivered. There are on-going risks with delivery of a number of savings opportunities where achievement is assumed in quarter 4.



## Month 7 Forecast Savings Plans

	Green Forecast	Amber forecast (Non Recurrent)
CHC and Funded Nursing Care	0	648
Commissioned Services	1,468	69
Medicines Management (Primary and Secondary Care)	3,848	714
Pay	2,638	2,080
Non Pay	2,210	7,630
Primary Care		1,778
<b>Total</b>	<b>10,164</b>	<b>12,919</b>

Further scheme detail is provided in the appendices

Green schemes are assumed to be fully deliverable. Amber schemes require either progression or equivalent alternative plans as soon as possible to mitigate this risk. The schemes remain amber, despite the WG requirement to classify schemes as green (deliverable) or red (not achievable) by the end of quarter 1 (M3).

Savings by WG monitoring return (MMR) and general category are shown as per the table below:-

Category	Sub-category	Forecast		
		Green	Amber	Total
Medicines Management	Prescribing	2,320		2,320
	Scheduled Care rationalisation / switching	286		286
	Scheduled Care Lenalimide	944		944
	Further medicines management	297	713	1,010
Pay	Variable pay - sickness / overseas & medical agency	2,378	-	2,378
	MSK	83	-	83
	Further medical agency	-	1,098	1,098
	Enhanced Care		1,071	1,071
	HCSW agency		582	582
	DTOC / Surge beds		1,500	1,500
	All others	177	400	577
Non-pay	Corporate / transformation		1,152	1,152
	Procurement revised		375	375
	Facilities related	232	150	382
	Mental Health		100	100
	Adult & Paediatric CHC		648	648
	Other non-pay / schemes	67	2,437	2,504
Income / other schemes	Specific funding queries	378	750	1,128
	Hospital / Out of hospital efficiency		650	650
	Testing reduction	1,600	-	1,600
	Commissioning	1,402	69	1,471
	RTT review		1,224	1,224
<b>Total</b>		<b>10,164</b>	<b>12,919</b>	<b>23,083</b>

There are a range of updated savings plans/mitigating actions, agreed by the Executive Team as part of the month 6 financial recovery programme that are required to achieve the forecast position. These amount to an extra £16.7m (above the £6.4m previously reported IMTP 'green' schemes) and are listed with profiles in the table below. It is an urgent requirement to confirm and progress these plans with key actions in line with the profiles listed.

Description	Unit	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	2022/23 Forecast total
Medical and other agency and locum	£'000	-	-	276	276	276	270	1,098
Enhanced Care	£'000	-	-	-	357	357	357	1,071
HCSW Agency	£'000	-	117	117	117	117	114	582
DTOC / RPB plans - surge beds	£'000	-	-	-	-	-	1,500	1,500
Medicines Management	£'000	-	-	253	253	253	253	1,010
CHC	£'000	-	-	374	307	33	33	748
Procurement	£'000	-	75	113	113	113	113	525
Transformation	£'000	-	-	-	33	33	33	100
Specific Divisional reviews	£'000	16	10	60	807	807	803	2,503
Funding review	£'000	378	-	-	-	-	550	928
Corporate opportunities	£'000	-	290	290	290	290	290	1,452
Commissioning	£'000	818	117	117	117	117	186	1,472
Testing	£'000	-	1,600	-	-	-	-	1,600
Income / efficiency	£'000	-	-	-	217	217	417	850
RTT	£'000	-	245	245	245	245	244	1,224
<b>Total</b>	<b>£'000</b>	<b>1,212</b>	<b>2,454</b>	<b>1,844</b>	<b>3,132</b>	<b>2,858</b>	<b>5,163</b>	<b>16,663</b>

Forecast savings by Division and RAG rating are shown below:-

Category	IMTP & Green/Amber (as at Month 6)	Forecast Savings												Total
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	
Complex Care	IMTP													0
	Green													0
	Amber	-	-	-	-	-	-	-	-	274	307	33	33	648
Medicine	IMTP	42	42	42	251	251	251	251	251	251	251	251	251	2,388
	Green	8	12	18	15	21	13	12	12	14	14	14	14	166
	Amber	-	-	-	-	-	-	-	64	173	556	556	554	1,903
Urgent Care	IMTP	-	-	-	102	102	102	102	102	102	102	102	102	915
	Green	6	8	10	24	24	24	24	24	24	24	8	5	202
	Amber	-	-	-	-	-	-	-	-	92	211	211	209	723
Scheduled Care	IMTP	48	175	175	1,305	1,305	1,305	1,305	1,305	1,305	1,305	1,305	1,305	12,144
	Green	166	192	122	131	131	131	132	150	239	257	257	257	2,163
	Amber	-	-	0	-	-	-	-	309	418	834	834	830	3,224
Clinical Support Services	IMTP													0
	Green													0
	Amber										17	17	17	50
Primary Care and Community	IMTP	54	54	54	54	54	54	54	54	54	54	54	54	646
	Green	219	150	192	202	233	286	226	233	222	204	214	244	2,627
	Amber									184	274	274	1,762	2,494
Mental Health and Learning Disabilities	IMTP	32	32	32	32	32	32	32	32	32	32	32	32	378
	Green	-	-	-	-	-	54	448	64	64	64	64	69	827
	Amber									105	105	105	105	420
Family & Therapies	IMTP	25	25	25	125	125	125	125	125	125	125	125	125	1,202
	Green	25	25	25	53	25	25	25	25	25	44	44	43	383
	Amber	-	-	-	-	-	-	-	64	69	186	186	185	689
Estates and Facilities	IMTP	29	29	29	84	84	84	101	101	101	101	101	101	947
	Green	29	29	29	55	55	55	55	55	55	55	55	55	579
	Amber	-	-	-	-	-	-	-	-	40	90	90	90	310
Corporate	IMTP	18	18	18	245	245	245	888	888	888	888	888	888	6,118
	Green	18	18	18	18	18	18	18	1,618	18	18	18	18	1,814
	Amber	-	-	-	-	-	-	-	290	293	355	355	1,099	2,392
Commissioning	IMTP				167	167	167	167	167	167	167	167	167	1,500
	Green							818	117	117	117	117	117	1,402
	Amber												66	66
Total	IMTP	247	374	374	2,365	2,365	2,365	3,025	3,025	3,025	3,025	3,025	3,025	26,238
	Green	471	434	414	497	506	604	1,757	2,297	777	796	791	821	10,164
	Amber	-	-	0	-	-	-	-	727	1,647	2,935	2,661	4,950	12,919

Savings classified as amber were required to be re-classified as green or red at month 3 reporting; the impact of not finalising plans to achieve these savings will put the forecast at risk. In addition, further cost avoidance plans are required to ensure that any other financial pressures are mitigated.

Savings schemes straddle transformational, transactional, and operational plans. Aligned to progressing the savings and mitigating actions, a value focussed pathway approach is being employed. The Health Board has agreed ten priority areas for focussed support using a programme management approach with MDT support through an Executive lead, value, performance, workforce, service, planning and finance representation. These now need to be accelerated.

In addition, further programmes have been added given the difficulty in obtaining 'traction' to progress these opportunities. Variable Pay, CHC, Procurement/Non-pay and Medicines Management programmes will need to drive savings delivery during 2022/23.

Furthermore, the Health Board will continue to identify and implement transactional and operational savings including the reduction in agency spend, to leverage the benefits of digital investment and will fully utilise the Health Board's opportunities compendium and other sources where appropriate.

To deliver greater levels of savings and to achieve better use of resources, which improves health outcomes – and does not adversely impact on safety and quality – a greater focus is required on savings and efficiency improvement related to:

- Eliminating unwarranted clinical variation
- Transformational service change

- Reducing waste

It is important to note that a number of Divisions are pursuing savings plans internally to mitigate local cost and underlying pressures.

The Executive has implemented an internal financial recovery 'turnaround' approach to accelerate financial cost reduction for 2022/23; this is a standing item at Executive Team meetings and reports are being provided through the FPC and to the Board.

## Forecast

The month 7 forecast has been reported as a £37m deficit but with further risk. An accountability letter has been sent to Welsh Government outlining the reasons for this, and these are described on page 2.

The Executive Team meet on a weekly basis with financial recovery 'Turnaround' being a standing item. The programme of work will monitor delivery of the £16.7m savings programme, include regular organisational re-assessment of priorities and forecast service demand, with conclusions considered by the Executive and the Board as part of financial recovery.

### 2022/23 IMTP revenue plan profile

The in month variance profile as submitted as part of the IMTP (@ M1) for 2022/23 is presented below:

£m Deficit (Surplus)	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total Year End Position
Forecast Monthly Position	1.67	1.27	1.01	- 0.39	- 0.39	- 0.39	- 0.45	- 0.45	- 0.45	- 0.45	- 0.45	- 0.52	0.00

This profile has now been updated for month seven to reflect slippage in savings and cost reduction delivery profiles, however, this assumes the additional £16.6m of amber savings are still achievable, and is now shown as follows in the table below:-

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Revised forecast position	1.67	3.21	3.48	5.97	3.10	5.35	2.96	3.09	4.45	1.92	2.46	(0.66)	37.00

## Risks & Opportunities (2022/23)

There are serious, immediate and significant risks to managing the 2022/23 financial position, which include:

- Ensuring full delivery of the savings plans identified in the IMTP
- Identifying savings to mitigate any further financial risks identified outside of the IMTP,
- Quarter 3-4 additional Covid cost pressures (assumed to be minimal at present but the risk remains),
- Workforce absence / self-isolation / vacancies, availability of staff for priority areas,
- Responding to any specific Covid-19 impacts e.g., new variants, outbreaks,
- Continued or increased delayed discharges of care / medically fit patients in hospital beds including delays in social services and packages of care, (c.£16m of which £8m relates to social care reasons),
- Unconfirmed levels of funding for exceptional cost pressures and the local covid responses, that the Health Board is currently assuming (£75m),



- Additional operational pressures including increased managed practice, prescribing and nurse vacancy cover,
- Funding for any wage award or change in terms and conditions,
- Responding to the ongoing impact of Covid-19 and associated preventative and Public Health services,
- Addressing backlogs in waiting times for services, due to the Covid-19 pandemic,
- Specific economic factors/Ukraine conflict issues such as energy costs, supply chain issues, Monkey pox, and non-pay inflation including travel expense costs,
- Maximising the opportunity to change services resulting in improved health outcomes for the population,
- IFRS16 - implementation of IFRS16 (lease accounting) in NHS Wales will go live in April 2022. The Board assumes that any revenue or capital resource implications of implementation will be managed by Welsh Government, with no financial impact to Health Boards or Trusts across Wales,
- Additional costs of new trainee doctor and dentist contract,
- Additional Welsh Risk Pool and/or Litigation costs,
- Additional Bank Holiday costs,
- Unfunded Covid-19 enquiry costs,
- Cash availability, and
- Any potential industrial action in 2022/23.

The table below presents the risks reported to Welsh Government for month 7:

Risk narrative	Likelihood	£'000
Operational pressures and revised amber savings schemes	High	13,972
Funding for exceptional cost pressures	High	18,032
Funding for local Covid response	High	44,558
Funding for National Covid response	Low	11,882
<b>Sub-total</b>		<b>88,444</b>
Current reported forecast outturn		37,000
<b>Total</b>		<b>125,444</b>

**Managing the financial risk is dependent on delivering savings plans and developing service and workforce plans that are sustainable during 2022/23 and in the future.**

## Capital

The approved Capital Resource Limit (CRL) as at Month 7 totals £35.708m. In addition, grants totalling £32k have been received to fund works and R&D equipment requirements. During the month all AWCP scheme allocations have been revised in line with forecast spend and are now fixed. The current forecast outturn is breakeven.

The GUH final account is now being agreed following the completion of all Laing O'Rourke works. Tenders for the Well-being works to Grange House have been received with works due to complete in April 2023. The forecast of £2.422m reflects the delay to the anticipated VAT recovery claim into 2023/24 and reimbursement to the Discretionary Capital Programme (DCP) of £321k in relation to prior year overspends.

The works at YYF Breast Centralisation Unit have recommenced on site in month. WG have also confirmed they will fund the additional costs associated with the renegotiated contract.

Further potential delays of up to 10 weeks have been notified by the contractor on the Tredegar H&WBC scheme which would push completion of Phase 1 back to July 2023. There continues to

be significant cost risks to the scheme including the re-design of the foundations (potential additional £750k plus VAT), EV charging points (not a requirement at Design Stage – a bid has been submitted for potential EFAB funding to mitigate), culvert diversion, Heart building stabilisation, brick supply cancellation (£720k plus VAT) and inflation. The current forecast overspend on the total scheme is £389k which will impact on the DCP in 2023/24 if further WG funding cannot be secured. If the foundations and brick supply cancellation compensation events are found to be valid these will increase the overspend in 2023/24 significantly as they are not currently built into the forecast spend position.

Funding totalling £0.514m has been returned to WG in month in relation to the Multi Use Games Area (MUGA) that has been constructed on behalf of Newport City Council. The council will now be given a grant to refund the Health Board for the costs incurred.

The RGH Endoscopy scheme works are on-going. The 2022/23 allocation includes the purchase of all associated equipment and ICT requirements. These orders are being progressed to meet the end of year deadline.

Funding of £701k has been returned to WG from the National Imaging Programme funding. This is an accounting adjustment as the ultrasounds the allocation related to will now been actioned as transfers and therefore do not require a funding allocation.

Additional funding has been received during October for RGH – Blocks 1 and 2 Demolition and Car Park (£303k) and Emergency Department Waiting Area Improvements (£260k).

The FBC for the NHH Satellite Radiotherapy Centre has concluded and has been submitted to WG for approval. The Outline Business Case for the Mental Health SISU is on-going.

The Health Board Discretionary Capital Programme (DCP) forecast outturn for 2022/23 is £7.035m funded by:

- 2022/23 DCP Funding - £8.227m (a reduction of 24% compared to 2021/22)
- RGH Endoscopy fees reimbursement - £164k
- Newport East enabling works reimbursement - £194k
- GUH prior year overspends reimbursement - £321k
- Grant funding received (Sparkle and R&D) - £32k
- Less All Wales Capital Programme scheme brokerage & overspends – (£1.903m)

The unallocated contingency budget as at the end of October is £318k.

## **Cash**

The cash balance at 31<sup>st</sup> October is £3.618m, which is below the advisory figure set by Welsh Government of £6m.

The Health Board requires cash support directly related to the forecast revenue deficit of £37m. The cash support is called 'strategic cash' and an application for it must be made to the Chief Executive of NHS Wales by 8<sup>th</sup> December 2022 by the Health Board's Accountable Officer. Strategic cash doesn't come with specific repayment terms and is non-interest bearing.

Strategic cash differs from working capital cash which is available to all Health Boards each year for dealing with working capital fluctuations in-year.

The exact amount of the application may not be £37m because of cash mitigation relating to year end creditors balances. We are reviewing this and are in discussion with Welsh Government regarding the amount and treatment.

**The Board are asked to note the requirement for strategic cash support because of the deficit and give approval for the Accountable Officer to submit an application to be made by 8<sup>th</sup> December. The amount of the application will be established as part of month 8 reporting to WG and will be subject to mitigation measures and this will be reported to the Board.**

### **Public Sector Payment Policy (PSPP)**

The Health Board achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in October (96.4%) the cumulative target slightly improved to 94.7% in October. We are continuing to work with those departments where invoices are being processed outside of the 30 day payment terms.

## **Recommendation**

### **The Board is asked to note:**

- The financial performance at the end of October 2022 and forecast position – against the statutory revenue and capital resource limits,
- The savings position for 2022/23,
- The significant level of risk to the financial position,
- The revenue reserve position on the 31<sup>st</sup> of October 2022,
- The Health Board's underlying financial position,
- The Capital position, and

To give **approval** to the Accountable Officer to submit an application for strategic cash support because of the forecast deficit.

## **Supporting Assessment and Additional Information**

<b>Risk Assessment (including links to Risk Register)</b>	Risks of achieving the Health Board's statutory financial duties and other financial targets are detailed within this paper.
<b>Financial Assessment, including Value for Money</b>	This paper provides details of the year to date and forecast financial position of the Health Board for the 2022/23 financial year.
<b>Quality, Safety and Patient Experience Assessment</b>	This paper links to AQF target 9 – to operate within available resources and maintain financial balance. This paper provides a financial assessment of the Health Board's delivery of its IMTP priorities and opportunities to improve efficiency and effectiveness.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	The Assessment forms part of the IMTP service plan.
<b>Health and Care Standards</b>	This paper links to Standard for Health services One – Governance and Assurance.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	This paper provides details of the financial position that supports the Health Board's 3 year plan. The Health Board has a statutory requirement to achieve financial balance over a rolling 3 year period.

<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<p><b>Long Term</b> – Long-term financial linked to IMTP completion</p> <p><b>Integration</b> – Regional partnership and integration with other NHS Wales organisations</p> <p><b>Involvement</b> – use of environmental fund and specific investment as well as on-going links with services for engagement</p> <p><b>Collaboration</b> – collaboration with external partners</p> <p><b>Prevention</b> – long-term strategy to provide investment and savings through preventative measures across the UHB.</p> <p>The Health Board Financial Plan has been developed based on the approved IMTP, which includes an assessment of how the plan complies with the Act.</p>
<b>Glossary of New Terms</b>	See Below
<b>Public Interest</b>	Circulated to board members and available as a public document.

## Glossary

<b>A</b>		
A&C – Administration & Clerical	A&E – Accident & Emergency	A4C - Agenda for Change
AME – (WG) Annually Managed Expenditure	AQF – Annual Quality Framework	AWCP – All Wales Capital Programme
AP – Accounts Payable	AOF – Annual Operating Framework	ATMP – Advanced Therapeutic Medicinal Products
<b>B</b>		
B/F – Brought Forward	BH – Bank Holiday	
<b>C</b>		
C&V – Cardiff and Vale	CAMHS – Child & Adolescent Mental Health Services	CCG – Clinical Commissioning Group
C/F – Carried Forward	CHC – Continuing Health Care	Commissioned Services – Services purchased external to the Health Board both within and outside Wales
COTE – Care of the Elderly	CRL – Capital Resource Limit	Category M – category of drugs
CEO – Chief Executive Officer	CEAU – Children’s Emergency Assessment Unit	
<b>D</b>		
DHR – Digital Health Record	DNA – Did Not Attend	DOSA – Day of Surgery Admission
D2A – Discharge to Assess	DoLS – Deprivation of Liberty Safeguards	DoF – Director(s) of Finance
<b>E</b>		
EASC – Emergency Ambulance Services Committee	EDCIMS – Emergency Department Clinical Information Management System	eLGH – Enhanced Local general Hospital
ENT – Ear, Nose and Throat specialty	EoY – End of Year	ETTF – Enabling Through Technology Fund
<b>F</b>		
F&T – Family & Therapies (Division)	FBC – Full Business Case	FNC – Funded Nursing Care

FPC – Finance and Performance Committee		
<b>G</b>		
GMS – General Medical Services	GP – General Practitioner	GWICES – Gwent Wide Integrated Community Equipment Service
GUH – Grange University Hospital	GIRFT – Getting it Right First Time	
<b>H</b>		
HCHS – Health Care & Hospital Services	HCSW – Health Care Support Worker	HIV – Human Immunodeficiency Virus
HSDU – Hospital Sterilisation and Disinfection Unit	H&WBC – Health and Well-Being Centre	
<b>I</b>	IMTP – Integrated Medium Term Plan	INNU – Interventions not normally undertaken
IPTR – Individual Patient Treatment Referral	I&E – Income & Expenditure	ICF – Integrated Care Fund
<b>L</b>		
LoS – Length of Stay	LTA – Long Term Agreement	LD – Learning Disabilities
<b>M</b>		
MH – Mental Health	MSK - Musculoskeletal	Med – Medicine (Division)
MCA – Mental Capacity Act	MDT – Multi-disciplinary Team	
<b>N</b>		
NCN – Neighbourhood Care Network	NCSO – No Cheaper Stock Obtainable	NICE – National Institute for Clinical Excellence
NHH – Neville Hall Hospital	NWSSP – NHS Wales Shared Services Partnership	
<b>O</b>		
ODTC – Optometric Diagnostic and Treatment Centre	OD – Organisation Development	
<b>P</b>		
PAR – Prescribing Audit Report	PCN – Primary Care Networks (Primary Care Division)	PER – Prescribing Incentive Scheme
PICU – Psychiatric Intensive Care Unit	PrEP – Pre-exposure prophylaxis	PSNC –Pharmaceutical Services Negotiating Committee

PSPP – Public Sector Payment Policy	PCR – Patient Charges Revenue	PPE – Personal Protective Equipment
PFI – Private Finance Initiative		
<b>R</b>		
RGH – Royal Gwent Hospital	RN – Registered Nursing	RRL – Revenue Resource Limit
RTT – Referral to Treatment	RPB – Regional Partnership Board	RIF – Regional Integration Fund
<b>S</b>		
SCCC – Specialist Critical Care Centre	SCH – Scheduled Care Division	SCP – Service Change Plan (reference IMTP)
SLF – Straight Line Forecast	SpR – Specialist Registrar	
<b>T</b>		
TCS – Transforming Cancer Services (Velindre programme)	T&O – Trauma & Orthopaedics	TAG – Technical Accounting Group
<b>U</b>		
UHB / HB – University Health Board / Health Board	USC – Unscheduled Care (Division)	UC – Urgent Care (Division)
ULP – Underlying Financial Position		
<b>V</b>		
VCCC – Velindre Cancer Care Centre	VERS – Voluntary Early Release Scheme	
<b>W</b>		
WET AMD – Wet age-related macular degeneration	WG – Welsh Government	WHC – Welsh Health Circular
WHSSC – Welsh Health Specialised Services Committee	WLI – Waiting List Initiative	WLIMS – Welsh Laboratory Information Management System
WRP – Welsh Risk Pool		
<b>Y</b>		
YAB – Ysbyty Aneurin Bevan	YTD – Year to date	YYF – Ysbyty Ystrad Fawr

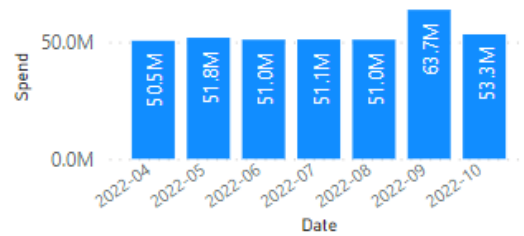


<b>Aneurin Bevan University Health Board</b>
<b>Finance Report – October (Month 7) 2022/23</b>
<b>Appendices</b>

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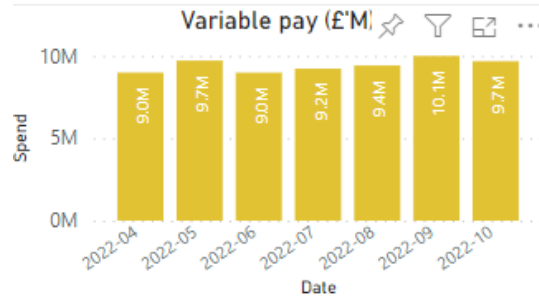
## Pay Summary (1) (subject to change excluding annual leave and Pension employer costs):

Substantive pay (£'M)



Substantive (£'000)

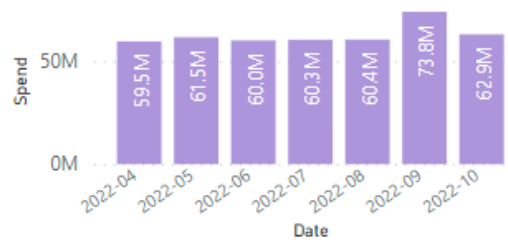
Pay category	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Change	%	Avg 21/22
ADD PROF SCIENTIFIC AND TECHNICAL	1,916	1,939	1,909	1,896	1,889	2,277	1,970	-307	-13.5%	2,219
ADDITIONAL CLINICAL SERVICES	6,352	6,693	6,504	6,561	6,519	8,952	6,974	-1,978	-22.1%	6,550
ADMINISTRATIVE & CLERICAL	8,593	8,655	8,710	8,562	8,792	10,817	9,074	-1,743	-16.1%	8,262
ALLIED HEALTH PROFESSIONALS	3,558	3,630	3,542	3,550	3,538	4,439	3,729	-710	-16.0%	3,249
ESTATES AND ANCILLIARY	2,529	2,704	2,520	2,594	2,578	3,494	2,647	-848	-24.3%	2,611
HEALTHCARE SCIENTISTS	977	1,000	996	989	975	1,087	1,021	-66	-6.1%	996
MEDICAL AND DENTAL	12,059	12,146	12,087	12,287	12,175	14,814	12,740	-2,074	-14.0%	11,744
NURSING AND MIDWIFERY REGISTERED	14,523	15,008	14,695	14,614	14,492	17,845	15,087	-2,758	-15.5%	15,021
STUDENTS	6	6	9	9	10	16	9	-7	-44.3%	3
<b>Total</b>	<b>50,512</b>	<b>51,781</b>	<b>50,972</b>	<b>51,064</b>	<b>50,967</b>	<b>63,741</b>	<b>53,251</b>	<b>-10,490</b>	<b>-16.5%</b>	<b>50,655</b>



Variable pay (£'000)

Pay category	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Change	%	Avg 21/22
Agency	5,301	5,968	5,384	5,538	5,430	5,644	5,733	89	1.6%	4,774
Bank	3,458	3,512	3,304	3,460	3,757	4,166	3,681	-485	-11.6%	2,812
Locum	226	238	294	228	232	271	262	-9	-3.3%	152
<b>Total</b>	<b>8,986</b>	<b>9,718</b>	<b>8,982</b>	<b>9,226</b>	<b>9,420</b>	<b>10,082</b>	<b>9,677</b>	<b>-405</b>	<b>-4.0%</b>	<b>7,738</b>

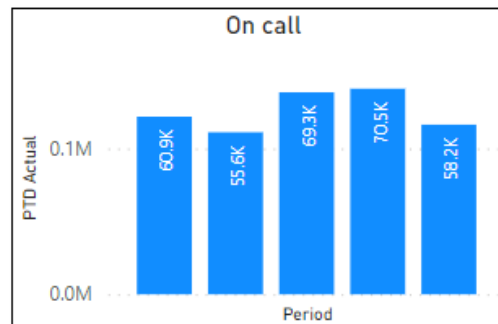
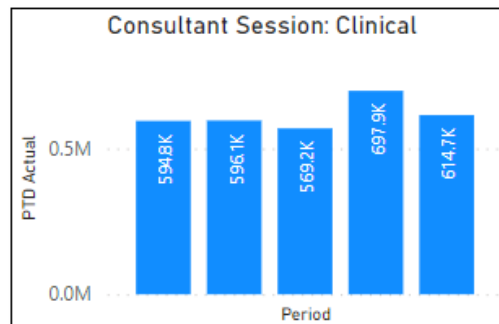
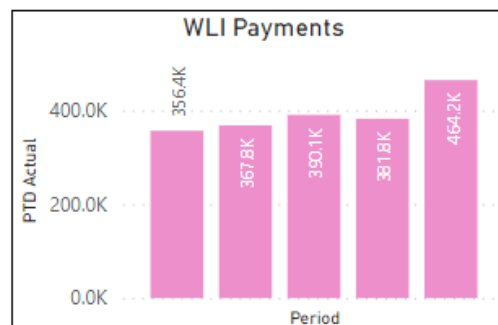
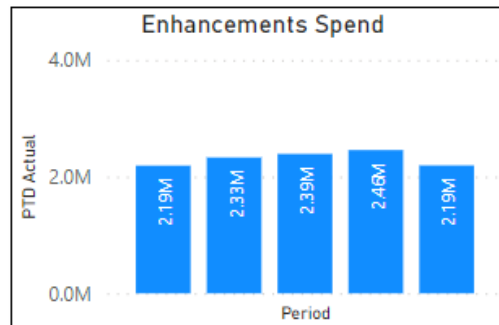
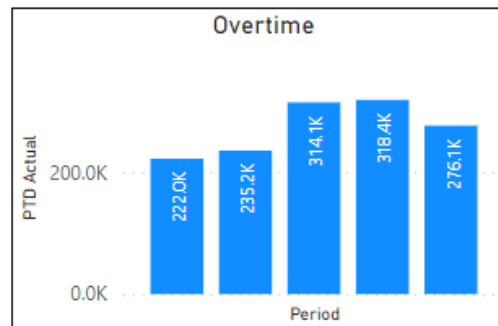
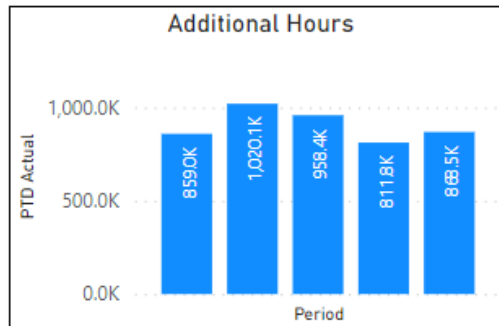
Total Pay (£'M)



Total pay (£'000)

Pay category	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Change	%	Avg 21/22
Pay	59,498	61,499	59,955	60,289	60,387	73,823	62,927	-10,896	-14.8%	58,392

## Pay Summary (2): Substantive Pay

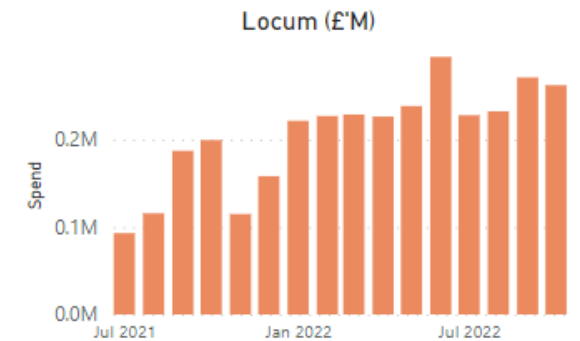
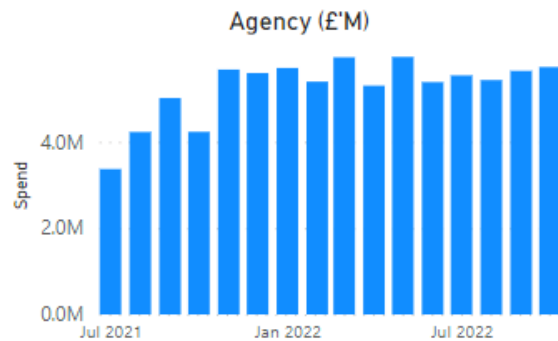


### Analysis type by Division

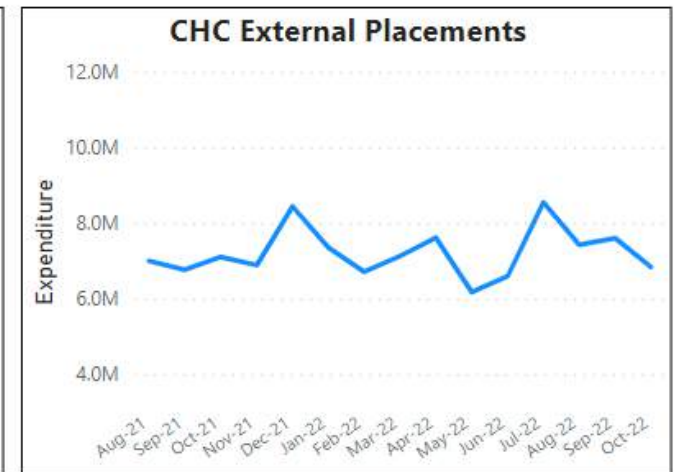
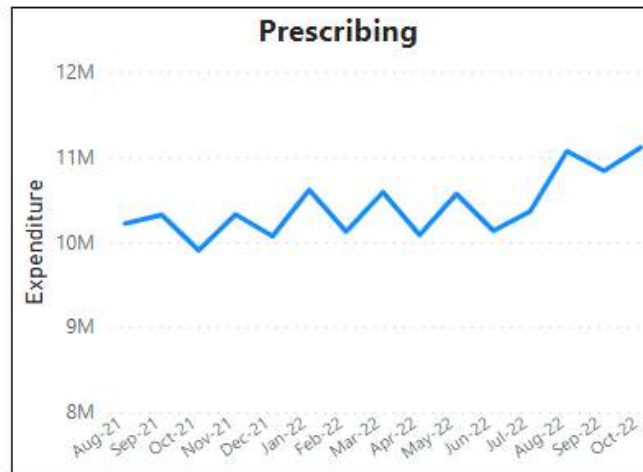
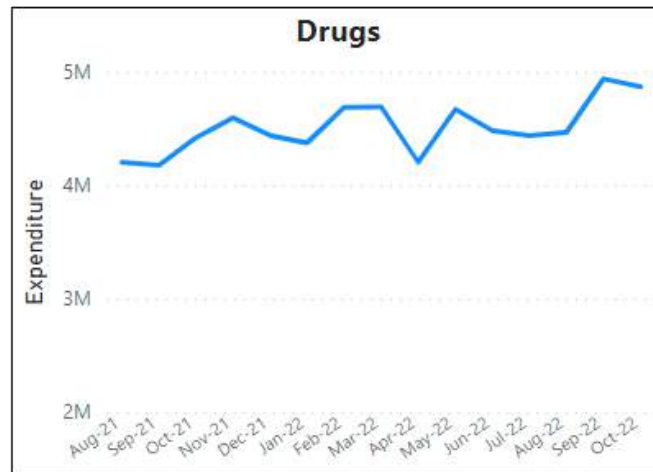
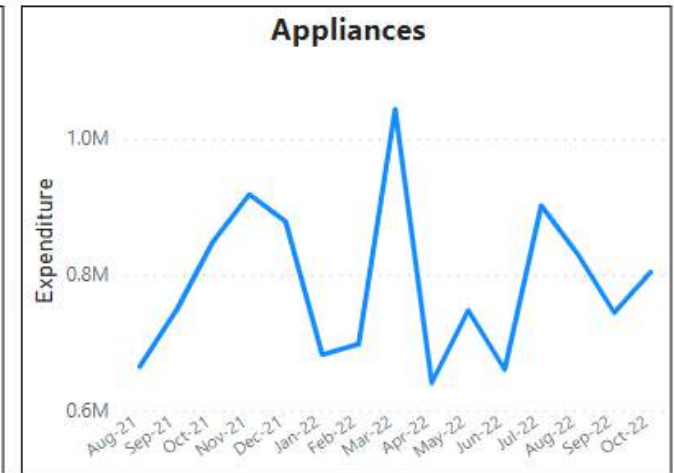
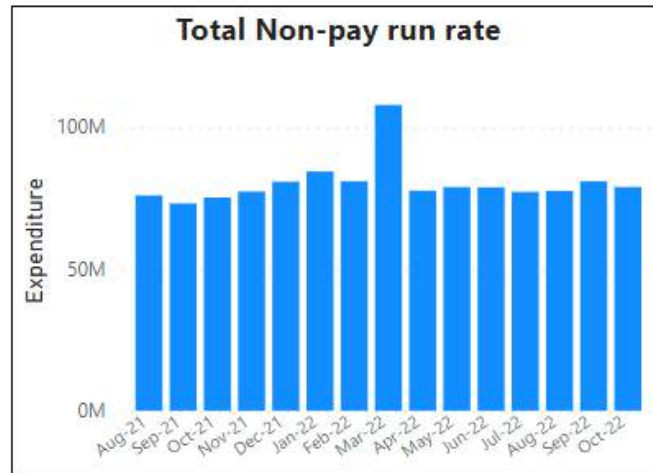
Analysis type	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Total
<b>Enhancements</b>						
Medicine	339	349	362	378	330	1,758
Scheduled Care	327	343	369	372	335	1,746
Estates and Facilities	303	331	334	379	314	1,660
Primary Care & Community	302	335	306	295	289	1,527
Family & Therapies	278	291	305	305	273	1,452
Mental Health	195	205	210	210	191	1,010
Urgent Care	171	189	201	200	177	937
Clinical Support Services	98	106	113	112	100	528
CHC/FNC	94	99	109	112	99	512
Corporate	82	83	82	94	86	427
<b>Total</b>	<b>2,189</b>	<b>2,329</b>	<b>2,390</b>	<b>2,456</b>	<b>2,193</b>	<b>11,557</b>
<b>ADDITIONAL HOURS</b>	<b>859</b>	<b>1,020</b>	<b>958</b>	<b>812</b>	<b>869</b>	<b>4,518</b>
<b>CONSULTANTS SESSION: CLINICAL</b>	<b>595</b>	<b>596</b>	<b>569</b>	<b>698</b>	<b>615</b>	<b>3,073</b>
<b>WAITING LIST PAYMENTS: CONSULTANTS</b>						
Scheduled Care	135	133	140	112	245	764
Clinical Support Services	120	119	140	152	140	673
Medicine	90	116	87	94	79	466
Mental Health	7		20	1		29
Corporate			0	22	0	22
Family & Therapies	3		2	1		6
Urgent Care					1	1
<b>Total</b>	<b>356</b>	<b>368</b>	<b>390</b>	<b>382</b>	<b>464</b>	<b>1,960</b>
<b>Overtime</b>	<b>222</b>	<b>235</b>	<b>314</b>	<b>318</b>	<b>276</b>	<b>1,366</b>
<b>ON CALL</b>	<b>61</b>	<b>56</b>	<b>69</b>	<b>71</b>	<b>58</b>	<b>314</b>
<b>Total</b>	<b>4,283</b>	<b>4,604</b>	<b>4,691</b>	<b>4,736</b>	<b>4,474</b>	<b>22,788</b>

### Pay Summary (3): Variable Pay

Pay category	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Change	%
<b>Agency</b>																		
Admin & Clerical Agency	128	208	82	182	115	191	243	237	412	148	179	164	204	126	118	85	-33	-28.1%
Allied Health Prof Agency	76	91	124	88	104	172	144	155	213	108	136	169	155	97	319	187	-132	-41.4%
Estates & Ancillary Agency	483	465	717	422	428	807	474	44	544	413	622	677	663	669	623	635	11	1.8%
Medical Agency	531	1,272	1,238	1,318	1,920	1,704	1,278	1,688	1,693	1,448	1,602	927	1,439	1,265	1,179	1,503	324	27.4%
Nurse HCA/HCSW Agency	611	590	756	729	880	67	917	951	1,020	1,101	1,086	1,185	1,122	1,080	1,092	1,135	43	4.0%
Other Agency	71	59	92	103	128	114	180	170	390	-1	61	87	88	146	100	105	6	5.6%
Registered Nurse Agency	1,469	1,544	2,006	1,390	2,100	2,540	2,475	2,148	1,687	2,084	2,282	2,175	1,867	2,048	2,213	2,083	-130	-5.9%
<b>Total</b>	<b>3,369</b>	<b>4,228</b>	<b>5,015</b>	<b>4,232</b>	<b>5,674</b>	<b>5,594</b>	<b>5,711</b>	<b>5,395</b>	<b>5,958</b>	<b>5,301</b>	<b>5,968</b>	<b>5,384</b>	<b>5,538</b>	<b>5,430</b>	<b>5,644</b>	<b>5,733</b>	<b>89</b>	<b>1.6%</b>
<b>Bank</b>																		
Admin & Clerical Bank	129	120	111	134	111	108	131	102	117	104	111	102	101	105	136	104	-32	-23.7%
Estates & Ancillary Bank	119	142	145	154	146	148	153	142	173	159	168	172	181	192	217	169	-48	-22.3%
Nurse HCA/HCSW Bank	1,005	1,079	1,102	1,185	1,114	1,193	1,217	1,397	1,427	1,276	1,313	1,140	1,243	1,408	1,660	1,378	-282	-17.0%
Other Bank	-2	2	-1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-113.9%
Registered Nurse Bank	1,044	1,043	1,144	1,355	1,616	1,706	1,858	2,026	2,486	1,919	1,920	1,889	1,934	2,052	2,154	2,031	-123	-5.7%
<b>Total</b>	<b>2,295</b>	<b>2,386</b>	<b>2,500</b>	<b>2,828</b>	<b>2,987</b>	<b>3,155</b>	<b>3,359</b>	<b>3,667</b>	<b>4,203</b>	<b>3,458</b>	<b>3,512</b>	<b>3,304</b>	<b>3,460</b>	<b>3,757</b>	<b>4,166</b>	<b>3,681</b>	<b>-485</b>	<b>-11.6%</b>
<b>Locum</b>																		
Medical Locum	93	116	187	199	115	158	221	227	229	226	238	294	228	232	271	262	-9	-3.3%
<b>Total</b>	<b>93</b>	<b>116</b>	<b>187</b>	<b>199</b>	<b>115</b>	<b>158</b>	<b>221</b>	<b>227</b>	<b>229</b>	<b>226</b>	<b>238</b>	<b>294</b>	<b>228</b>	<b>232</b>	<b>271</b>	<b>262</b>	<b>-9</b>	<b>-3.3%</b>
<b>Total</b>	<b>5,757</b>	<b>6,729</b>	<b>7,702</b>	<b>7,259</b>	<b>8,775</b>	<b>8,907</b>	<b>9,292</b>	<b>9,289</b>	<b>10,389</b>	<b>8,986</b>	<b>9,718</b>	<b>8,982</b>	<b>9,226</b>	<b>9,420</b>	<b>10,082</b>	<b>9,677</b>	<b>-405</b>	<b>-4.0%</b>



## Non-Pay Summary:



## Referral to Treatment (RTT):

Elective activity has significantly reduced as part of the Health Board's Covid-19 planned response. Whilst routine elective services have resumed, elective activity is still lower than pre-Covid-19 levels.

- Elective Treatments for October '22 was 2,277.

Planned Treatments (M07)						Actual Treatments (M07)						Treatment Variance (M07)					
Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total
Derm	165	0	81	0	246	Derm	220	0	29	0	249	Derm	55	0	(52)	0	3
ENT	159	0	38	0	197	ENT	100	4	0	0	104	ENT	(59)	4	(38)	0	(93)
GS	322	82	4	0	408	GS	273	82	0	0	354	GS	(49)	0	(4)	0	(53)
Max Fax	221	12	24	0	257	Max Fax	182	9	9	0	200	Max Fax	(39)	(3)	(15)	0	(57)
Ophth	347	24	6	0	377	Ophth	261	0	0	0	261	Ophth	(86)	(24)	(6)	0	(116)
Rheum	0	0	0	0	0	Rheum	0	0	0	0	0	Rheum	0	0	0	0	0
T&O	556	121	154	0	831	T&O	413	106	80	0	599	T&O	(143)	(15)	(74)	0	(232)
Urology	521	18	0	0	539	Urology	465	24	20	0	508	Urology	(56)	6	20	0	(31)
	2,291	257	307	0	2,855		1,915	225	137	0	2,277	Estimate	(376)	(32)	(170)	0	(577)

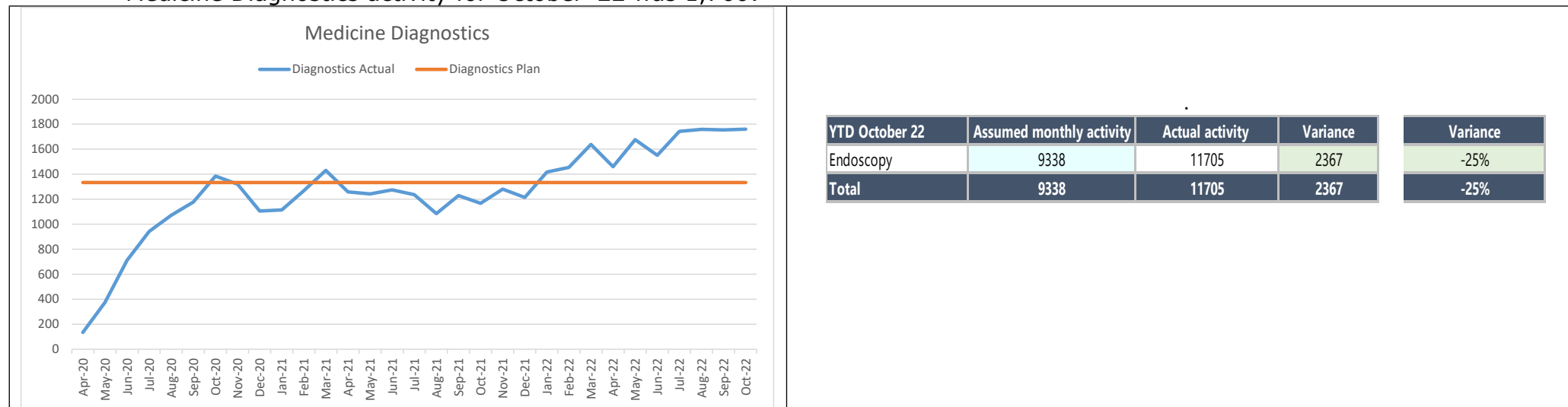
- Outpatient activity for October '22 was 6,908.

Planned Outpatients (M07)						Actual Outpatients (M07)						Outpatient Variance (M07)					
Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total
Derm	1,344	0	36	0	1,380	Derm	1,245	0	0	0	1,245	Derm	(99)	0	(36)	0	(135)
ENT	515	0	90	0	605	ENT	433	0	0	0	433	ENT	(82)	0	(90)	0	(172)
GS	1,361	3	60	0	1,424	GS	1,694	76	43	0	1,814	GS	333	73	(17)	0	390
Max Fax	362	0	0	0	362	Max Fax	304	0	33	0	337	Max Fax	(58)	0	33	0	(25)
Ophth	951	0	100	0	1,051	Ophth	750	35	114	0	899	Ophth	(201)	35	14	0	(152)
Rheum	189	0	0	0	189	Rheum	214	0	0	0	214	Rheum	25	0	0	0	25
T&O	1,276	118	320	0	1,714	T&O	718	0	712	0	1,430	T&O	(557)	(118)	392	0	(283)
Urology	472	0	30	0	502	Urology	488	0	49	0	536	Urology	16	0	19	0	34
	6,470	121	636	0	7,227		5,846	112	951	0	6,908	Estimate	(624)	(9)	315	0	(319)

- Medicine Outpatients activity for October '22 was 1,773:

Oct-22				<u>Outpatients</u>					
	Assumed monthly activity	Actual activity	Variance	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
Gastroenterology	475	312	-163	198	235	194	245	201	
Cardiology	430	420	-10	140	385	311	333	272	
Respiratory (inc Sleep)	455	412	-43	232	355	319	330	281	
Neurology	257	227	-30	193	193	244	318	243	
Endocrinology	186	182	-4	121	171	133	176	173	
Geriatric Medicine	313	220	-93	151	185	171	120	141	
<b>Total</b>	<b>2116</b>	<b>1773</b>	<b>-343</b>	<b>1035</b>	<b>1524</b>	<b>1372</b>	<b>1522</b>	<b>1311</b>	

- Medicine Diagnostics activity for October '22 was 1,760:





## **Waiting List Initiatives:**

Medicine have spent £79k in October 22:

- Gastroenterology (£61k): the number of endoscopy lists undertaken was 83 in August. Patients seen in August 2022 was 501.
- Cardiology (£9k): for clinic sessions including virtual, telephone, Tilt, and Echo (7 in August) seeing 55 patients (144 in September), plus Cath lab sessions treating patients (14 sessions and 42 patients in August).
- Diabetes (£7k): for 15 clinic sessions including telephone, face to face, virtual and audit (15 in August seeing 97 patients) seeing 97 patients.
- COTE (£2k)

Scheduled Care / Clinical Support Services Divisions have spent £385k in October:

- Radiology (£110k)
- Pathology (£30k)
- Trauma & Orthopaedics (£160k)
- Anaesthetics (£50k)
- General Surgery (£8k)
- Urology (£15k)
- Ophthalmology (£2k)
- Dermatology (£5k)
- Oral Surgery (£1k), PAC/ISU (£3k), ENT (£1k)

Urgent Care Division spent £1k, no costs were incurred for Mental Health Division and Family & Therapies spent £1k in Gynaecology.

## Covid-19 and Exceptional items Funding Assumptions

The Health Board has anticipated WG funding for Covid-19 as listed below;

Type	Covid-19 Specific allocations - October 2022	£'000
HCHS	Tracing	4,069
HCHS	Extended flu	1,517
HCHS	Testing (inc Community Testing)	2,746
HCHS	PPE	1,180
HCHS	Mass COVID-19 Vaccination	2,751
GMS	Mass COVID-19 Vaccination	719
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	2,308
HCHS	Nosocomial investigation and learning	753
	<b>Total Confirmed Covid-19 Allocations</b>	<b>16,043</b>
HCHS	Testing (inc Community Testing)	1,831
HCHS	Tracing	1,989
HCHS	Mass COVID-19 Vaccination	5,680
HCHS	PPE	1,495
HCHS	Cleaning standards	2,201
HCHS	Long Covid	887
HCHS	A2. Increased bed capacity specifically related to C-19	10,749
HCHS	A3. Other capacity & facilities costs	7,301
HCHS	B1. Prescribing charges directly related to COVID symptoms	50
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	14,609
HCHS	D1. Discharge Support	7,737
HCHS	D4. Support for National Programmes through Shared Service	0
HCHS	D5. Other Services that support the ongoing COVID response	1,911
	<b>Total Anticipated Covid-19 Allocations</b>	<b>56,440</b>
	<b>Total Covid-19 Allocations</b>	<b>72,483</b>

Type	Exceptional items allocations - October 2022	£'000
HCHS	Energy prices increase	12,925
HCHS	Employers NI increase	2,953
HCHS	Real living wage	2,154
	<b>Total Exceptional items allocations (anticipated)</b>	<b>18,032</b>

## Covid-19 Funding & Delegation

The UHB has assumed Covid funding totalling £72.5m. £16m of this has been confirmed with the remaining £56.4m anticipated. The UHB has anticipated funding of £18m for exceptional items listed in the WG letter dated 14<sup>th</sup> March.

Only funding for specific Covid-19 Programmes has been delegated at this stage with some schemes having funding for Q1 delegated only.

It should be noted that a review of local Covid schemes continues to be undertaken to ensure assumptions link with WG guidance. Costs decreased slightly in month 7 (c.£0.6m) linked to discharge support and estates/facilities costs.

Exceptional costs decreased given a reduction in energy prices alongside the cessation of the Health and Social Care levy from the 6<sup>th</sup> November.

## Savings – list of Green schemes as at month 7

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	Recurrent / Non Recurrent	Current Year Annual Plan £'000	Plan FYE £'000	Current Year Forecast	Scheme RAG rating
Corporate	Corporate	CORP02	Workforce variable pay	R	214	214	214	Green
Estates and Facilities	Estates and Facilities	EF01	Minor works	NR	138	0	138	Green
Estates and Facilities	Estates and Facilities	EF03	Park Square car park	NR	94	0	94	Green
Estates and Facilities	Estates and Facilities	EF05	Workforce variable pay	R	347	347	347	Green
Family & Therapies	Family & Therapies	FT02	MSK	R	250	250	83	Green
Family & Therapies	Family & Therapies	FT03	Workforce variable pay	R	300	300	300	Green
Medicine	Medicine	MED05	Endoscopy Backfill Cost Reduction	R	100	120	100	Green
Medicine	Medicine	MED06	Retinue Savings	NR	8	0	66	Green
Medicine	Medicine	MM Med1	Antibiotic Savings	R	0	0	0	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH01	Workforce variable pay	R	378	378	378	Green
Primary Care and Community	Primary Care and Community	PCC01	Workforce variable pay	R	646	646	300	Green
Primary Care and Community	Primary Care and Community	PCC02	Prescribing support dieticians (Prescribing)	R	100	100	100	Green
Primary Care and Community	Primary Care and Community	PCC03	Waste reduction scheme (Prescribing)	R	168	168	168	Green
Primary Care and Community	Primary Care and Community	PCC04	Pharmacy led savings (Prescribing)	R	50	50	31	Green
Primary Care and Community	Primary Care and Community	PCC05	Scriptswitch (acute) (Prescribing)	R	180	180	180	Green
Primary Care and Community	Primary Care and Community	PCC06	Scriptswitch (repeat) (Prescribing)	R	390	390	442	Green
Primary Care and Community	Primary Care and Community	PCC07	Darifenacin to Solifenacin switch	R	80	80	64	Green
Primary Care and Community	Primary Care and Community	PCC08	Respiratory Inhaler Switches	R	349	349	189	Green
Primary Care and Community	Primary Care and Community	PCC09	Rebate - total (Prescribing)	R	1,000	1,000	1,146	Green
Scheduled Care	Scheduled Care	SCH09	SACU / POCU	R	77	77	77	Green
Scheduled Care	Scheduled Care	SCH12	Workforce variable pay	R	571	571	571	Green
Scheduled Care	Scheduled Care	MM SCD2	Lenalidomide Price Reduction	R	944	944	944	Green
Scheduled Care	Scheduled Care	MM SCD3	Bortezomib rationalisation	R	70	72	70	Green
Scheduled Care	Scheduled Care	MM SCD8	Lucentis to Ongavia	R	216	216	216	Green
Urgent Care	Urgent Care	URG01	Medical staffing roster	R	141	141	110	Green
Urgent Care	Urgent Care	URG03	Retinue	NR	6	0	92	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH02	CHC Commissioning balance sheet review	NR	0	0	0	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH03	Community Sanctuary service stopped	NR	50	0	50	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH04	Recovery workers under performance Q1	NR	16	0	16	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH05	Paliperidone change	R	5	65	5	Green
Contracting and Commissioning	Commissioning	COMM02	Improvement in Velindre/Cwm Taf forecast id M7	NR	706	0	706	Green
AB	WHSSC	WHSC01	WHSSC IMTP Slippage	NR	291	0	291	Green
AB	EASC	EASC01	EASC IMTP Slippage	NR	405	0	405	Green
Primary Care and Community	Primary Care and Community	PCC10	Low Value Medicines - Test Strips	R	6	75	6	Green
Primary Care and Community	Primary Care and Community	PCC11	Low Value Medicines - Rubifacients	R	0	4	0	Green
Primary Care and Community	Primary Care and Community	PCC12	Low Value Medicines - Lidocaine Patches	R	1	7	1	Green
Scheduled Care	Scheduled Care	MM SCD9	Adalimumab to biosimilar Idacio	NR	125	0	125	Green
Scheduled Care	Scheduled Care	MM SCD10	Lenalidomide switch to new biosimilar	NR	160	0	160	Green
Mental Health (Dementia)	Mental Health (Dementia)	MH 103	WG and other funding slippage	NR	378	0	378	Green

## Savings – list of revised amber schemes tracker

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	Recurrent / Non Recurrent	Current Year Annual Plan £'000	Plan FYE £'000	Current Year Forecast	Scheme RAG rating
Medicine	Medicine	MED 100	Medical and other agency and locum	NR	366	0	366	Amber
Scheduled Care	Scheduled Care	SCH 100	Medical and other agency and locum	NR	366	0	366	Amber
Urgent Care	Urgent Care	URG 100	Medical and other agency and locum	NR	366	0	366	Amber
Medicine	Medicine	MED 101	Enhanced Care	NR	357	0	357	Amber
Scheduled Care	Scheduled Care	SCH 101	Enhanced Care	NR	357	0	357	Amber
Urgent Care	Urgent Care	URG 101	Enhanced Care	NR	357	0	357	Amber
Medicine	Medicine	MED 102	HCSW Agency	NR	194	0	194	Amber
Scheduled Care	Scheduled Care	SCH 102	HCSW Agency	NR	194	0	194	Amber
Families & Therapies	Families & Therapies	FT 100	HCSW Agency	NR	194	0	194	Amber
Primary Care and Community	Primary Care and Community	PCC 100	DTOC / RPB plans - surge beds	NR	1,500	0	1,500	Amber
Primary Care and Community	Prescribing	PCC 101	Medicines Management	NR	1,010	0	714	Amber
Mental Health	Mental Health	MH 101	Mental Health	NR	100	0	100	Amber
CHC	CHC	CHC 101	Complex Care	NR	548	0	548	Amber
CHC	CHC	CHC 102	Other	NR	100	0	100	Amber
Medicine	Medicine	MED 103	Procurement - overall	NR	125	0	125	Amber
Scheduled Care	Scheduled Care	SCH 103	Procurement - overall	NR	125	0	125	Amber
Families & Therapies	Families & Therapies	FT 101	Procurement - overall	NR	125	0	125	Amber
Facilities	Facilities	EF 100	Divisional specific	NR	150	0	150	Amber
Corporate	Corporate	CORP 100	Transformation schemes	NR	100	0	100	Amber
Scheduled Care	Scheduled Care	SCH 104	All schemes not within other sections	NR	1,056	0	708	Amber
Medicine	Medicine	MED 104	All schemes not within other sections	NR	1,056	0	709	Amber
Families & Therapies	Families & Therapies	FT 102	All schemes not within other sections	NR	320	0	320	Amber
Mental Health	Mental Health	MH 102	All schemes not within other sections	NR	320	0	320	Amber
Facilities	Facilities	EF 101	All schemes not within other sections	NR	160	0	160	Amber
Corporate	Corporate	CORP 101	All schemes not within other sections	NR	160	0	91	Amber
Primary Care and Community	Primary Care	PCC 102	All schemes not within other sections	NR	128	0	128	Amber
Corporate	Corporate (Project 111)	CORP 102	WG and other funding slippage - Project 111	NR	150	0	150	Amber
Corporate	Corporate (WCCIS)	CORP 103	WG and other funding slippage - WCCIS	NR	400	0	400	Amber
Corporate	Public Health	CORP 104	Corporate opportunities / slippage	NR	1,052	0	1,052	Amber
Corporate	Corporate	CORP 105	Corporate vacancy review	NR	400	0	400	Amber
Commissioning	Commissioning	COMM 101	External contracts	NR	375	0	69	Amber
Commissioning	Commissioning	COMM 102	WHSSC/EASC	NR	400	0	0	Amber
Corporate	Director Finance	CORP 106	Testing	NR	1,600	0	1,600	Amber
Corporate	Director Finance	CORP 107	Any potential additional allocations	NR	200	0	200	Amber
Scheduled Care	Scheduled Care	SCH 105	Efficiency opportunities in hospital	NR	250	0	250	Amber
Medicine	Medicine	MED 105	Efficiency opportunities in hospital	NR	150	0	150	Amber
Families & Therapies	Families & Therapies	FT 103	Efficiency opportunities in hospital	NR	50	0	50	Amber
Clinical Support	Clinical Support	CSS 101	Efficiency opportunities in hospital	NR	50	0	50	Amber
Primary Care and Community	Primary Care and Community	PCC 103	Efficiency opportunities out of hospital	NR	150	0	150	Amber
Scheduled Care	Scheduled Care	SCH 106	RTT slippage	NR	1,224	0	1,224	Amber

## Savings – summary by Division and Category programme

Division	Forecast		
	Green	Amber	Total
Complex Care	-	648	648
Medicine	166	2,248	2,414
Urgent Care	202	723	925
Scheduled Care	1,878	3,572	5,450
Clinical Support Services		50	50
Primary Care and Community	2,620	2,788	5,408
Mental Health and Learning Disabilities	378	798	1,176
Family & Therapies	383	689	1,072
Estates and Facilities	579	310	889
Corporate	214	4,062	4,276
Commissioning	-	775	775
<b>Total</b>	<b>6,420</b>	<b>16,663</b>	<b>23,083</b>

Category	Sub-category	Forecast		
		Green	Amber	Total
Medicines Management	Prescribing	2,320		2,320
	Scheduled Care rationalisation / switching	286		286
	Scheduled Care Lenalimide	944		944
	Further medicines management	297	713	1,010
Pay	Variable pay - sickness / overseas & medical agency	2,378	-	2,378
	MSK	83	-	83
	Further medical agency	-	1,098	1,098
	Enhanced Care		1,071	1,071
	HCSW agency		582	582
	DTOC / Surge beds		1,500	1,500
	All others	177	400	577
Non-pay	Corporate / transformation		1,152	1,152
	Procurement revised		375	375
	Facilities related	232	150	382
	Mental Health		100	100
	Adult & Paediatric CHC		648	648
	Other non-pay / schemes	67	2,437	2,504
Income / other schemes	Specific funding queries	378	750	1,128
	Hospital / Out of hospital efficiency		650	650
	Testing reduction	1,600	-	1,600
	Commissioning	1,402	69	1,471
	RTT review		1,224	1,224
<b>Total</b>		<b>10,164</b>	<b>12,919</b>	<b>23,083</b>

- There are currently no savings / efficiencies arising from the prioritisation programmes, many are focussing on transformation which may increase costs in the first instance.

## Reserves

### 7769-ALLOCATIONS TO BE DELEGATED

Confirmed or Anticipated	R / NR	Description	22/23
Anticipated	NR	Training Grade salary adjustments as HEIW schedule	9,045
Confirmed	NR	Bereavement support	60,000
Confirmed	NR	Additional testing funding + pathology underspend	1,000,000
Anticipated	R	Pay award 22-23	4,312,571
Anticipated	NR	Exceptional-Incremental National Insurance	2,952,545
Anticipated	NR	Pay award 22-23: Covid National and Local	552,000
Anticipated	R	C19 anticipated funding reductions to be recovered from Divisions	(859,460)
<b>Confirmed Allocations to be apportioned</b>			<b>8,026,701</b>

### 7788-COMMITMENTS TO BE DELEGATED

Description	22/23
Value Based Recovery (balance of funding)	1,083,000
Value Based Recovery - funding recovered	369,000
Recovery of pay budget relating to VERS	56,421
Other (inc.B1&2 enhancement alloc)	397,260
<b>Total Commitments</b>	<b>1,905,681</b>

### Reserves Delegation:

The UHB Board approved the quarter 2 budget delegation paper on the 28<sup>th</sup> July. As a result, the majority of anticipated allocations for Covid-19, exceptional items, mental health and other primary care elements were delegated based on quarter 1 estimates. A small number of other committed reserves are held which are due to be delegated once values and plans are finalised.

Any residual reserve leftover will be used to help manage national anticipated funding adjustments rather than claw back from delegated budgets.

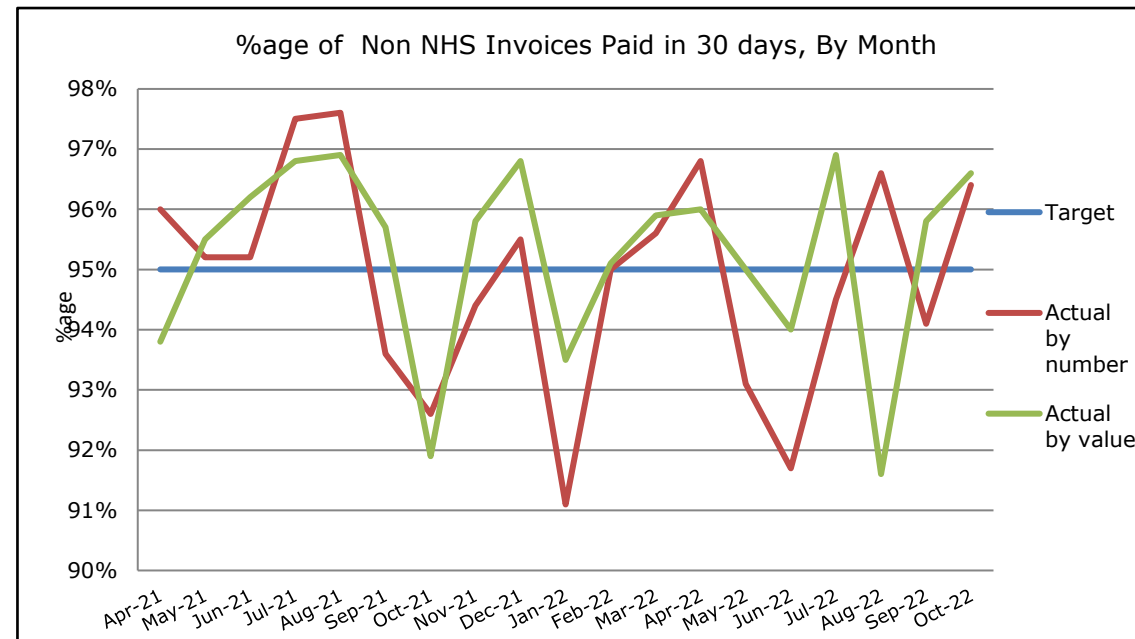
The funding for Covid-19 and exceptional costs has been anticipated at risk and will be monitored quarterly. Elements of funding will be recovered from Divisions in future months in line with forecast expenditure.

## Cash Position

- The cash balance at the 31<sup>st</sup> October is £3.618m, which is below the advisory figure set by Welsh Government of £6m.

## Public Sector Payment Policy (PSPP)

- The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in August and there has been an improvement in the cumulative target from the previous month. We are continuing to work with those departments where invoices are being processed outside of the 30 day payment terms.



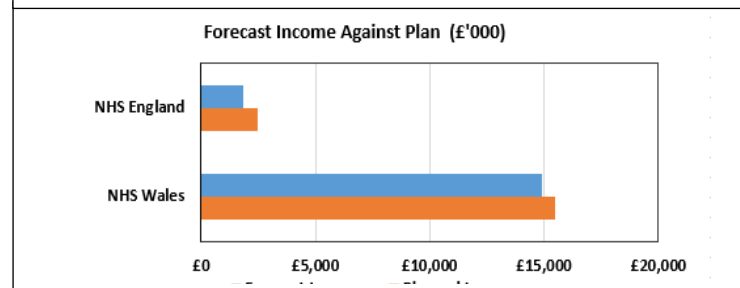
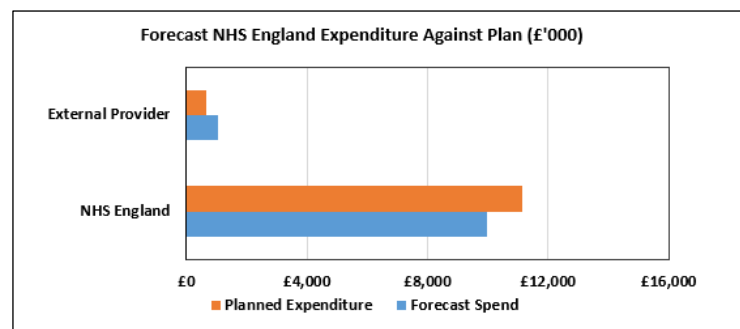
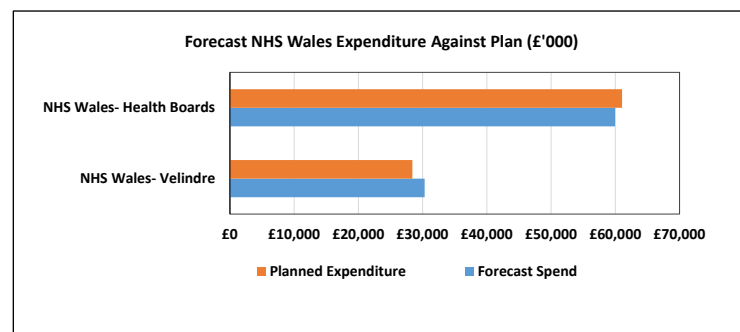


## Contracting & Commissioning – LTA Spend & Income

**Month/Financial Year:-** Month 7 (October) 2022-23

At Month 7 the financial performance for Contracting and Commissioning is a YTD adverse variance of £250k (forecast var. £1.495m).

The key elements contributing to this position at Month 7 are as follows:



### NHS Wales Expenditure

There is increased activity (£700k) and drug spend (£1.2m) being forecast at Velindre for ABUHB patients receiving cancer treatment.

ABUHB are, however, forecast to recover c£1,500k in underperformance due to less activity being delivered by Cwm Taf

### NHS England Expenditure

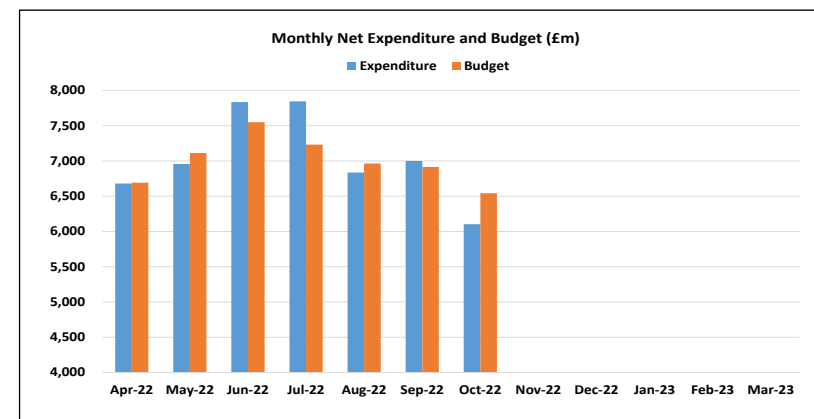
Contract Expenditure with NHS England organisations has to move away from Block agreements in 2022-23

There is a risk of increased expenditure if English providers deliver additional activity in 2022/23.

### Provider Income

There is a c£2.3m cost pressure expected from the reduced activity being delivered for Powys LHB following the opening of the GUH hospital.

This has been partly funded by £1.6m budget delegated.



### **Key Issues 2022-23**

All LTAs signed and agreed in compliance with 30 June 2022 deadline.

The nationally agreed inflationary uplift of 2.8% and the impact of the 21-22 NHS Pay Award has been funded and is reflected in the above position

Directors of Finance have agreed a contract mechanism within Wales to 'block' non admitted patient care charges based on 2019/20 and to apply a 10% 'tolerance' to admitted patient care to reduce volatility in the contracting position. Enhanced rates will be available for recovery/increased activity.

Underperformance through the DoF framework from Cwm Taf UHB is expected to be c£1.5m this year as a result of reduced emergency admissions

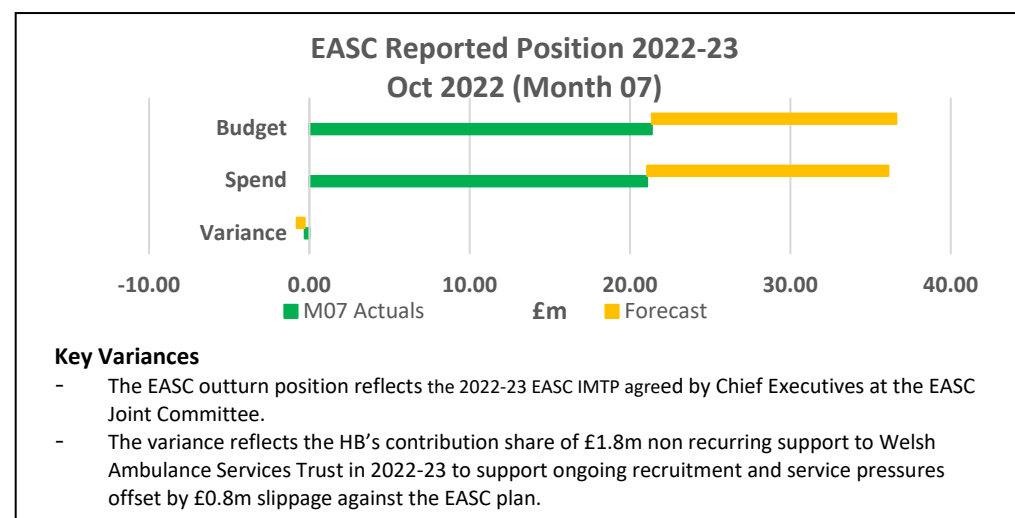
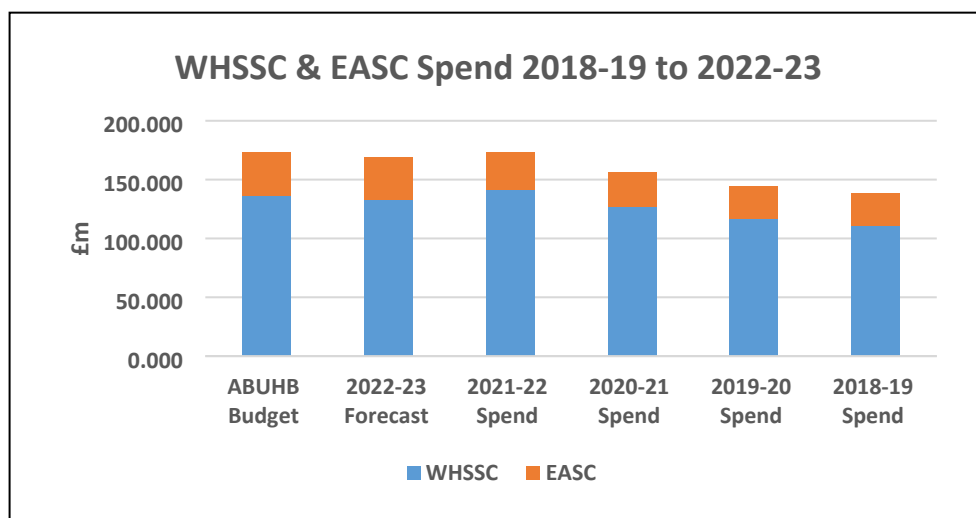
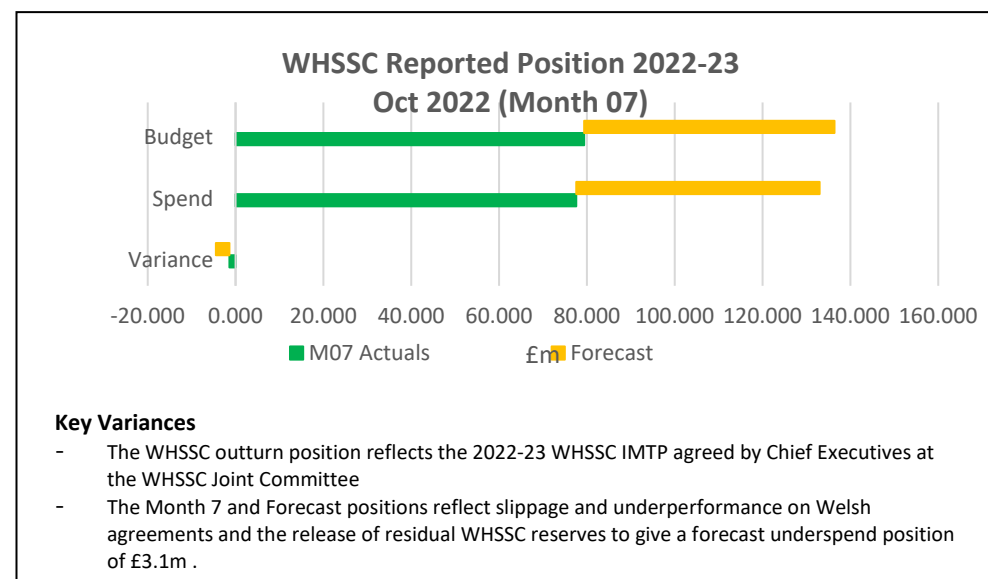
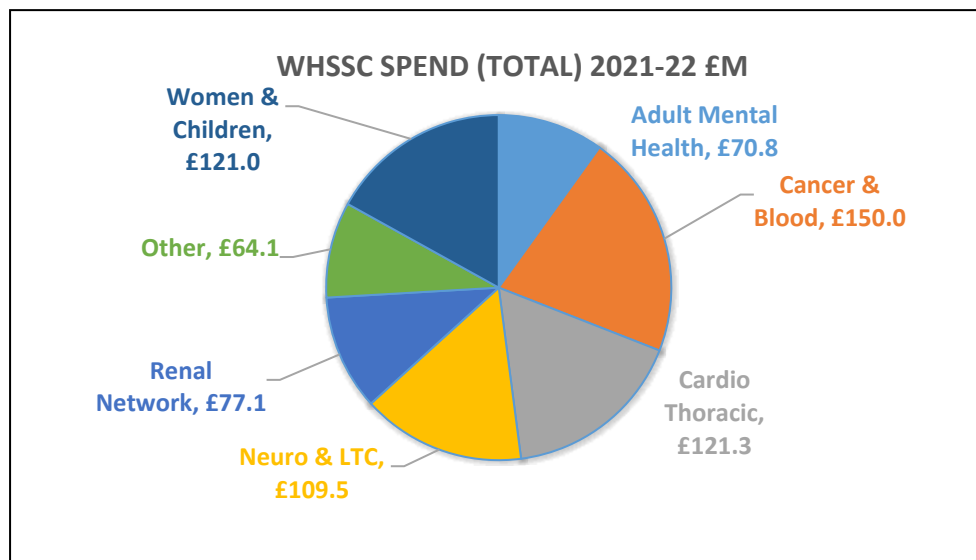
NICE costs continue to operate on a pass through basis and there is a c£1.2m unfunded growth in these recharges forecast from Velindre in 2022/23

There is a c£2.5m cost pressure from the reduced activity being delivered for Powys LHB following the opening of the GUH hospital partly funded by c£1.6m budget delegated in year

There is a c£800k cost pressure expected from outsourcing activity to St Josephs hospital to support endoscopy and MRI (c£958k expenditure partly offset by £160k funding allocated in year)

## WHSSC & EASC Financial Performance Period: Month 07 2022-23

The Month 07 financial performance for WHSSC & EASC is a YTD underspend of £2.092m with a forecast underspend of £3.584m. The Month 07 position reflects the agreed IMTP & LTA agreements with providers.



## Balance Sheet

### Balance sheet as at 31st October 2022

	2022/23 Opening balance £000s	31st October 2022 £000s	Movement £000s
<b>Fixed Assets</b>	810,479	858,370	47,891
<b>Other Non current assets</b>	131,429	128,220	-3,209
<b>Current Assets</b>			
Inventories	8,726	9,089	363
Trade and other receivables	133,807	107,126	-26,681
Cash	1,720	3,618	1,898
Non-current assets 'Held for Sale'	0	0	0
<b>Total Current Assets</b>	<b>144,253</b>	<b>119,833</b>	<b>-24,420</b>
<b>Liabilities</b>			
Trade and other payables	226,999	226,712	-287
Provisions	195,707	175,372	-20,335
	422,706	402,084	-20,622
	<b>663,455</b>	<b>704,339</b>	<b>40,884</b>
<b>Financed by:-</b>			
General Fund	530,429	538,744	8,315
Revaluation Reserve	133,026	165,595	32,569
	<b>663,455</b>	<b>704,339</b>	<b>40,884</b>

### Fixed Assets:

- An increase of £12.016m in relation to new 2022/23 capital expenditure incurred.
- A reduction of £23.631m for depreciation charges to the October period.
- An increase of £42.157m for the Quinquennial Valuations of Land and Buildings
- An increase of £17.349m in relation to IFRS16 lease assets.

### Other Non-Current Assets:

- This relates to a decrease in Welsh Risk Pool claims due in more than one year £1.6m and a decrease in intangible assets £1.7m since the end of 2021/22.

### Current Assets, Trade & Other Receivables:

The main movements since the end of 2021/22 relate to:

- An increase in the value of debts outstanding on the Accounts Receivable system since 2021/22 to the end of October £2m. A decrease in the value of both NHS & Non-NHS accruals of £31.9m, of which £18m relates to a decrease of Welsh Risk Pool claims due in less than one year and £12.9m relates to a decrease in NHS & Non NHS accruals and £1m relates to VAT/other debtors decrease.
- An increase in the value of prepayments held of £3.2m.

### Cash:

- The cash balance held in month 7 is £3.618m.

### Liabilities, Provisions:

- The movement since the end of 2021/22 relates to a number of issues the most significant of which are:- a decrease in Capital accruals (£8.3m), an increase in NHS Creditor accruals (£0.7m), a decrease in the level of invoices held for payment from the year end (£13.4m), an increase in non NHS accruals (£8.3m), an increase in Tax & Superannuation (£14.6m), a decrease in other creditors (£12.0m), an increase in liability for lease payment (£17.4m).
- Due to the decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £19.5m and the decrease in pensions & other provisions £0.8m.

### General Fund:

- This represents the difference in the year-to-date resource allocation budget and actual cash draw down including capital.

## Health Board Income WG Funding Allocations: £1.58bn

Confirmed Allocations as at October 2022 (M7 2021/22)

	£'000
HCHS	1,297,938
GMS	105,625
Pharmacy	33,407
Dental	33,249
<b>Total Confirmed Allocations - October 2022</b>	<b>1,470,219</b>

<b>Plus Anticipated Allocation - October 2022</b>	<b>106,780</b>
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<b>Total Allocations - October 2022</b>	<b>1,576,999</b>
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## Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £105.5m. (£109m for 21/22). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.68bn for 22/23.

## WG Anticipated allocations: £106.78m

WG Revenue Resource Limit : Anticipated Allocations (October)				
Funding Type	Description	Hide this column	Value £'000	Recurrent / Non Recurrent
HCHS	(Provider) SPR's	R	112	R
HCHS	(Provider) Clinical Excellence Awards (CDA's)	R	298	R
HCHS	Technology Enabled Care National Programme (ETTF)	R	1,491	R
HCHS	Informatics - Virtual Consultations	R	1,068	R
HCHS	National Clinical Lead for Falls & Frailty	R	26	R
HCHS	AHW: Prevention & Early Years allocation	R	1,041	R
HCHS	Healthy Weight-Obesity Pathway funding 21-22	NR	550	NR
HCHS	TTP Tracing 22/23	NR	1,989	NR
HCHS	WHSSC - National Specialist CAMHS improvements	R	139	R
HCHS	Same Day Emergency Care (SDEC)	R	1,560	R
HCHS	OP Transformation-Dermatology Specialist Advice and Guidance	R	22	R
HCHS	OP Transformation-Dermatology Nurses Surgical Skills Study Day	R	4	R
HCHS	Digital Priority investment fund (DPIF)	R	500	R
HCHS	Strategic programme Primary Care within A Healthier Wales (additional posts)	R	113	R
HCHS	WHSSC All Wales Traumatic Stress Quality Imprmt (ANEHFS 13 21/22)	R	159	R
HCHS	Children & Young People MH & Emotional Wellbeing (ANEHFS 16 21/22)	R	200	R
HCHS	Memory Assessment Services - Gwent RPB (ANEHFS 37 21/22)	R	565	R
HCHS	EASC/WAST Improvements in MH Emergency Calls (ANEHFS 54 21/22)	R	51	R
HCHS	WHSSC - Impl of National Specialist CAMHS Improv. (ANEHFS 90 21/22)	R	131	R
HCHS	NHS Pay enhancement Band 1 to 2 - 3% uplift 21-22 (ANEHFS 21/22)	R	152	R
HCHS	Adferiad Programme	NR	887	NR
HCHS	C19 Response-Cleaning Standards	NR	2,201	NR
HCHS	C19 Response-Increased bed capacity	NR	10,749	NR
HCHS	C19 Response-Other Capacity & facilities costs	NR	7,301	NR
HCHS	C19 Response-Increased workforce costs	NR	14,609	NR
HCHS	C19 Response-Discharge Support	NR	7,737	NR
HCHS	C19 Response-Other Services that support the ongoing COVID response	NR	1,911	NR
HCHS	Exceptional-Incremental National Insurance	NR	2,953	NR
HCHS	Exceptional-Incremental Real Living Wage	NR	2,154	NR
HCHS	Exceptional-Increase in Energy Costs (net of baseline costs)	NR	12,925	NR
HCHS	C19 National-Covid Mass Vaccination programme	NR	5,680	NR
HCHS	C19 National-Covid PPE	NR	1,495	NR
HCHS	C19 National-Covid Testing	NR	1,831	NR
HCHS	Capital - AME Donated Assets Depn	NR	342	NR
HCHS	Capital - DEL Accelerated Depn	NR	483	NR
HCHS	Capital - AME Impairments	NR	(13,929)	NR
HCHS	Urgent Primary Care	NR	1,400	NR
HCHS	Primary Care 111 service	NR	623	NR
HCHS	End of Life Care Board	NR	112	NR
GMS	GMS Refresh	R	1,603	R
HCHS	C19 Response-Prescribing charges Covid symptoms	NR	50	NR
HCHS	Real Living Wage Bands 1 & 2	NR	658	NR
HCHS	Dementia Action Plan-Age Cymru National advocacy project	NR	412	NR
HCHS	Capital - Removal of donated assests / Gvnt grant receipts	NR	(150)	NR
HCHS	VBH: Heart Failure and Rehab in the Community	R	297	R
HCHS	VBH: High risk surgical wound management	NR	34	NR
HCHS	Digital Medicines transformation team	R	119	R
HCHS	Six Goals Urgent and Emergency Care Prog	NR	4,529	NR
HCHS	Removal of IFRS leases	NR	23	NR
HCHS	Pay award funding 22-23	R	27,568	R
<b>Total Anticipated: Per Ledger</b>			<b>106,780</b>	

## Capital Planning & Performance

Summary Capital Plan Month 7 2022/23	2022/23			
	Original Plan £000	Revised Plan £000	Spend to Date £000	Forecast Outturn £000
<b>Source:</b>				
<b>Discretionary Capital:</b>				
Approved Discretionary Capital Funding Allocation	8,227	8,227		8,227
Less AWCP Brokerage	-1,534	-1,859		-1,859
Grant Income Received	0	32		32
NBV of Assets Disposed	0	0		0
<b>Total Approved Discretionary Funding</b>	<b>6,693</b>	<b>6,400</b>		<b>6,400</b>
<b>All Wales Capital Programme Funding:</b>				
AWCP Approved Funding	24,615	29,340		29,340
<b>Total Approved AWCP Funding</b>	<b>24,615</b>	<b>29,340</b>		<b>29,340</b>
<b>Total Capital Funding / Capital Resource Limit (CRL)</b>	<b>31,308</b>	<b>35,740</b>		<b>35,740</b>
<b>Applications:</b>				
<b>Discretionary Capital:</b>				
Commitments B/f From 2021/22	1,317	1,304	213	1,290
Statutory Allocations	576	821	338	821
Divisional Priorities	587	1,368	590	1,254
Corporate Priorities	2,182	849	405	854
Informatics National Priority & Sustainability	1,800	2,498	1,609	2,498
Remaining DCP Contingency	231	240	0	318
<b>Total Discretionary Capital</b>	<b>6,693</b>	<b>7,079</b>	<b>3,154</b>	<b>7,035</b>
<b>All Wales Capital Programme:</b>				
Grange University Hospital Remaining works	-1,408	2,743	1,173	2,422
Tredegar Health & Wellbeing Centre Development	10,023	6,796	2,649	6,796
Fees for NHH Satellite Radiotherapy Centre Development	198	257	149	257
YYF Breast Centralisation Unit	8,989	2,798	378	2,798
Newport East Health & Wellbeing Centre Development	0	2,684	1,467	2,490
Fees for MH SISU	258	263	133	263
Covid Recovery Funding	1,400	1,620	1,635	1,644
National Programme - Imaging	4,700	3,494	510	3,494
Digital Eyecare	0	66	73	80
National Programme - Infrastructure	12	12	17	18
NHH SRU Enabling Works	400	403	403	403
SDEC Equipment	0	79	55	79
ICF Discretionary Fund Schemes	43	153	-4	153
RGH Endoscopy Unit	0	7,395	401	7,231
DPIF - Digital Medicines Transformation Portfolio	0	14	13	14
RGH – Block 1 and 2 Demolition and Car Park	0	303	0	303
Emergency Department Waiting Area Improvements	0	260	0	260
<b>Total AWCP Capital</b>	<b>24,615</b>	<b>29,340</b>	<b>9,054</b>	<b>28,705</b>
<b>Total Programme Allocation and Expenditure</b>	<b>31,308</b>	<b>36,419</b>	<b>12,209</b>	<b>35,740</b>
<b>Forecast Overspend / (Underspend) against Overall Capital Resource Limit</b>				<b>0</b>

The approved Capital Resource Limit (CRL) as at Month 7 totals £35.708m. In addition, grants totalling £32k have been received to fund works and R&D equipment requirements. During the month all AWCP scheme allocations have been revised in line with forecast spend and are now fixed. The current forecast outturn is breakeven.

The GUH final account is now being agreed following the completion of all Laing O'Rourke works. Tenders for the Well-being works to Grange House have been received with works due to complete in April 2023. The forecast of £2.422m reflects the delay to the anticipated VAT recovery claim into 2023/24 and reimbursement to the Discretionary Capital Programme (DCP) of £321k in relation to prior year overspends.

The works at YYF Breast Centralisation Unit have recommenced on site in month. WG have also confirmed they will fund the additional costs associated with the renegotiated contract.

Further potential delays of up to 10 weeks have been notified by the contractor on the Tredegar H&WBC scheme which would push completion of Phase 1 back to July 2023. There continues to be significant cost risks to the scheme including the re-design of the foundations (potential additional £750k plus VAT), EV charging points (not a requirement at Design Stage – a bid has been submitted for potential EFAB funding to mitigate), culvert diversion, Heart building stabilisation, brick supply cancellation (£720k plus VAT) and inflation. The current forecast overspend on the total scheme is £389k which will impact on the DCP in 2023/24 if further WG funding cannot be secured. If the

foundations and brick supply cancellation compensation events are found to be valid these will increase the overspend in 2023/24 significantly as they are not currently built into the forecast spend position.

Funding totalling £0.514m has been returned to WG in month in relation to the Multi Use Games Area that has been constructed on behalf of Newport City Council. The council will now be given a grant to refund the Health Board for the costs incurred.

The RGH Endoscopy scheme works are on-going. The 2022/23 allocation includes the purchase of all associated equipment and ICT requirements. These orders are being progressed to meet the end of year deadline.

Funding of £701k has been returned to WG from the National Imaging Programme funding. This is an accounting adjustment as the ultrasounds the allocation related to will now been actioned as transfers and therefore do not require a funding allocation.

Additional funding has been received during October for RGH – Blocks 1 and 2 Demolition and Car Park (£303k) and Emergency Department Waiting Area Improvements (£260k).

The FBC for the NHH Satellite Radiotherapy Centre has concluded and has been submitted to WG for approval. The Outline Business Case for the Mental Health SISU is on-going.

The Health Board Discretionary Capital Programme (DCP) forecast outturn for 2022/23 is £7.035m funded by:

- 2022/23 DCP Funding - £8.227m (a reduction of 24% compared to 2021/22)
- RGH Endoscopy fees reimbursement - £164k
- Newport East enabling works reimbursement - £194k
- GUH prior year overspends reimbursement - £321k
- Grant funding received (Sparkle and R&D) - £32k
- Less All Wales Capital Programme scheme brokerage & overspends – (£1.903m)

The unallocated contingency budget as at the end of October is £318k.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 30<sup>th</sup> November 2022  
Agenda Item: 4.5

## Aneurin Bevan University Health Board

### STRATEGIC RISK REPORT

#### Executive Summary

This report provides an overview of all **25** strategic risks described on the Corporate Risk Register.

Response to the COVID-19 pandemic, through front line service delivery, restart and recovery plans, Primary and Secondary Care demand increase and associated risks continue to have the greatest impact on service delivery. This sustained response alongside increased demand for services continues to represent the most significant risks to the Health Board's delivery of its non-COVID-19 services and the achievement of the objectives outlined within the IMTP.

The Board is requested to note the overview of the Corporate Risk Register at **Appendix 1**. This report also highlights the 7 **additional risks** to the **Corporate Risk Register** that have been endorsed and supported by the Executive Team.

#### The Board is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	X
Note the Report for Information Only	

**Executive Sponsor: Rani Mallison, Director of Corporate Governance**

**Report Author: Danielle O'Leary, Head of Corporate Services, Risk and Assurance**

**Report Received consideration and supported by :**

<b>Executive Team</b>	<b>X</b>	<b>Committee of the Board</b>	
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**Date of the Report: 18<sup>th</sup> November 2022**

**Supplementary Papers Attached:**

**Appendix 1 – Dashboard/Overview of Corporate Risk Register**

#### Purpose of the Report

This report seeks to provide a summary of the current key risks which encompass the Corporate Risk Register and form the organisational risks for the Health Board.



## Background and Context

This report provides the Board with an opportunity to review the organisational risks which receive oversight across all Committees and the Board.

The Health Board utilises the All-Wales Risk Matrix to assess the potential impact and likelihood of occurrence of all predicted risks to form an overall risk score. Risks may then be tolerated, treated, transferred or terminated in line with the Health Board Risk Management Strategy and 'risk decision' processes.

Internal controls and action plans are then developed to mitigate the risk and reduce either the likelihood, consequence, or both. Committees are then responsible for the active monitoring and review of all risks which receive oversight from each respective committee.

Risk Management ensures that the Health Board focuses on the risks and concerns that may impact on the Health Board's ability to deliver its objectives. Whilst active risk management is performed daily at an operational level, the Health Board's risk management strategy and process ensures that the Board is informed, engaged, and assured about the approach that Health Board uses to identify and respond to perceived risks.

The approach adopted by the Health Board to strengthen the alignment between Board and Committee business and the Board Assurance Framework continues to embed and provide a foundation for Board and Committee business to be risk based and focussed on assurance needs. This approach will also help to ensure the correct business is directed to the most appropriate committee.

## Assessment and Conclusion

### Current Organisational Risk Profile:

There are currently **25** Organisational Risk Profiles, of which **16** form Principal Risks due to the scoring being 15 or greater and are included within the Board Assurance Framework. The following table provides a breakdown of the risks and level of severity:

<b>High</b>	<b>16</b>
<b>Moderate</b>	<b>8</b>
<b>Low</b>	<b>1</b>

A high-level breakdown dashboard of all strategic risks including, current score, target score, risk appetite level, risk treatment and trend since last reporting period is included at **Appendix 1**. The Board can be assured that the risks which comprise the corporate risk register continue to be reviewed and monitored via the Executive Team with complimentary Health Board escalation arrangements in place.

## Changes in Risk Status Since Last Reporting Period

The Board is requested to note that 4 risks on the Corporate Risk Register continue to be actively managed within an approved and agreed risks appetite/tolerance level, these are:

**CRR023 – Avoidable harm to the population**

**CRR004 – WboFG Act and Socio-Economic Duty**

**CRR008 – Health Board estate being fit for purpose**

**CRR013 – Infection Prevention and Control (IPC)**

During the last reporting period, the Finance and Performance Committee received a request to de-escalate CRR020 WCCIS implementation. This was on the basis that the software is now operational within the Health Board. This recommendation was endorsed by the **Finance and Performance Committee** and is reflected in the overall position reported to the Board.

At the last **Audit, Risk and Assurance Committee** in October 2022, an update was provided on the escalating position of **CRR016 Financial breakeven 2022/23** and it was noted that although the risk score had remained stable, a further escalation of the position continues to be anticipated. The Board is asked to note this position as part of the strategic risk update.

At the September 2022 meeting of the **People and Culture Committee**, the Committee agreed to escalate the following potential risks for Board consideration:

- *Industrial Action*
- *Nursing and HCSW agencies refusing to contract with the Health Board*

The risk in relation to industrial action has been added to the Corporate Risk Register however, the risk in relation to nursing and HCSW agencies refusing to contract with the Health Board as been added as an element of the overarching workforce risk to **CRR002**. We also acknowledge that the cause of this risk (an inability to process invoices internally to an appropriate level of efficiency) has already manifested and will continue to be monitored as part of the **CRR016** financial breakeven risk. These elements are referenced in the overview of the Corporate Risk Register.

## Engagement with Key Partners and Horizon Scanning Risk Management

At a recent Gwent Local Resilience Forum (GLRF) meeting, the Winter Planning Risk Register for all partners in Gwent was presented. A discussion took place in relation to risk scoring, descriptors and impacts and as an outcome, a mutually agreed risk register was developed and endorsed. It is important to note that many of the risks highlighted through partners reflected the internal Health Board position and took into consideration the National Security Risk Assessment (NRSA) highlighted risks. The Committee is requested to acknowledge that risks are being discussed across key partner organisations to provide reassurance that the approach to Winter Planning and associated risk mitigation, has been executed collaboratively.

## Committee Engagement and Wider Recommendations

Following discussions across the organisation, a review of data available on DATIX, through various fora and through direct Executive Director escalation, the Executive Team has recently received a paper outlining a number of proposed new risks to be added to the Corporate Risk Register. These new risks are outlined in the table below:

Description of Risk	Escalation Route	Consequence/ Impact	Risk Appetite Level	Executive Owner	Initial/Inherent Risk Rating (L)x(C) =
<b>Safeguarding CRR030</b> – (New risk/re-framed Nov 2022) <i>*this risk has interdependencies with CRR002 Workforce Risk*</i> <b>Risk of:</b> ‘Hidden Safeguarding Harms’ experienced by patients in their homes and communities due to the COVID-19 pandemic and significantly increased demand on Health Board services.	Through discussions with Corporate Nursing Team and Director of Nursing	Increasing disclosures impact on the amount of time and activity required from all directorates to manage; challenging conversations with patients and staff, completing DTR’s, conducting investigations, liaising with the MDT and safeguarding meetings.	Low (averse to risk) Risk Appetite Level 2	<b>Director of Nursing</b>	4x4= 16
<b>Putting Things Right (PTR) – New Risk –</b> Continued and sustained non-compliance with The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011	Through discussions with Corporate Nursing Team and Director of Nursing	Adverse patient experience and satisfaction and potential significant reputational damage to the Health Board.	Low (averse to risk) Risk Appetite Level 2	<b>Director of Nursing</b>	4x5= 20
<b>Industrial Action – New Risk –</b> Prospect of industrial action is growing as the RCN has already balloted its members. This presents an inability to deliver care to our patients should staff invoke their right to strike.	Recommendation from Director of WOD, endorsed by People and Culture Committee.	Detrimental impact on patients as care will not be able to be provided. Potential significant impact on financial position due to over-reliance on agency. Impact on staff morale for staff who do not choose to strike.	Low (averse to risk) Risk Appetite Level 2	<b>Director of Workforce and OD</b>	4x5 = 20
<b>External escalation of displaced people/migrants –</b> Expected increase of displaced people into	Recommendation from HoRA <sup>1</sup> due to spiralling position of conflict in Europe	Primary and Community Services continues to support the resettlement programme in	Low (averse to risk) Risk Appetite Level 2	<b>Director of Public Health/Director of Primary, Community</b>	4x4 = 16

<sup>1</sup> Head of Risk and Assurance

the Gwent area under the Home Office commissioned [section 98] accommodation. This presents a potential risk of further compounded demand for services across areas of Gwent.	and external environmental FIRM risk assessments.	Gwent, impacting on capacity in Primary Care and eventually will impact on Secondary Care services as numbers increase and patient demographic changes.		and Mental Health Services	
<b>Cost of living crisis – impact on population of Gwent and staff – New Risk</b> – Levels of staff absence may increase due to the costs associated with travelling to and from work, increased demand for services as population unable to heat their homes adequately, especially impacting the elderly population of Gwent.	Recommendation from the Chair, substantive item requested for January 2023 People and Culture Committee.	Staff well-being and physical health compromised leading to an inability to staff shifts appropriately. Increased demand over Winter due to people not eating or heating themselves appropriately due to costs. Increased pressure on Primary Secondary Care services and potentially increased demand for Mental Health services.	Moderate (cautious risk taking) Risk Appetite Level 3	Director of Workforce and OD/Director of Public Health	4x5 = 20
<b>Non-compliance with a key component of the new vision (2022-2027) for children’s services is the Programme for Government commitment to remove private profit from the care of looked after children -</b> Unregulated placements are used for children and young people who present with significant risk and need bespoke care packages when spaces are not available in registered accommodations. While the unregulated placements may not be registered as ‘non-profit’ there is pressure on health and social care to safely accommodate these young people. There is a high risk that the	Highlighted at the Quality Patient Safety Operational Group (QPSOG) and recommended by the DoN for inclusion on the CRR.	Restraining patients take place in environments not fit for purpose. Ethically unsustainable and staff feel unsafe. Impact also includes concerns on physical and emotional impact on children and young people.	Low (averse to risk) Risk Appetite Level 2	Director of Operations	4x5=20

health board will be expected to provide 'safe care' for young people who do not have access to safe accommodation. There is additional risk to staff who are managing high risk behaviours (suicidal threats, self-harming, violence, aggression) in unregulated placements					
<b>LINC Programme –</b> New Risk - There is a risk that the new LIMS service will not be fully deployed before the contract for the current LIMS expires in June 2025 impacting business continuity of pathology services and thereby impacting the quality and safety of a broad spectrum of clinical services. There would also be finance and workforce impacts.	Recommended for escalation by CEO and Director of Therapies and Health Science	Impact on patient and staff experience and business continuity/pathology service plans.	Low (averse to risk) Risk Appetite Level 2	<b>CEO</b>	<b>5X5=25</b>

A high-level breakdown dashboard of all strategic risks including, current score, target score, risk appetite level, risk treatment and trend since last reporting period is included at **Appendix 1**.

The Board is requested to note that detailed risk assessments for the newly identified risks will be presented to the respective Committee meetings, for which they are responsible.



**Recommendation**

- The Board is requested to:
- **RECEIVE** the overview of the Corporate Risk Register and acknowledge that Committees have reviewed their respective risks.
  - **NOTE** the 7 new risks that have been included on the Corporate Risk Register, taking the total number of risks to **33**.





<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	The monitoring and reporting of organisational risks are a key element of the Health Boards assurance framework.
<b><i>Financial Assessment, including Value for Money</i></b>	This report has no financial consequence although the mitigation of risks or impact of realised risks may do so.
<b><i>Quality, Safety and Patient Experience Assessment</i></b>	This report has no QPS consequence although the mitigation of risks or impact of realised risks may do so.
<b><i>Equality and Diversity Impact Assessment (including child impact assessment)</i></b>	This report has no Equality and Diversity impact but the assessments will form part of the objective setting and mitigation processes.
<b>Health and Care Standards</b>	This report contributes to the good governance elements of the H & CS.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	The objectives will be referenced to the IMTP
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	Not applicable to the report, however, considerations will be included in considering the objectives to which the risks are aligned.
<b>Glossary of New Terms</b>	Not required.
<b>Public Interest</b>	Report to be published.



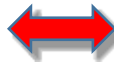




Risk ref and Descriptor	Current Score	Target Score (informed by Appetite level)	Risk Appetite Level	Managed to Agreed Level Y/N?	Risk Treatment	Date and Trend Since Last Reporting Period	Assurance/ Oversight Committee	Risk Owner
<b>CRR019</b> Failure to meet the needs of the population who require high levels of emergency supportive care and inability to release ambulances promptly to respond to unmanaged community demand. <b>(re-framed Dec 2021)</b>	20	15	<p><b>Low</b> level of risk appetite in relation to patient safety risks.</p> <p><b>Moderate</b> levels of risk with regard to innovation around mitigations to prevent demand and better manage the demand.</p>	No	<p><b>Treat</b> the potential impacts of the risk by using internal controls.</p> <p><b>Tolerate</b> the impacts of some mitigations and acknowledge that some may not work.</p>	<p><b>(Oct 2022 ARAC)</b></p> 	PQSO	Director of Operations
<b>CRR002</b> Failure to recruit and retain staff across all disciplines and specialties leading to adverse impacts on delivery of care to patients across acute and non-acute settings and non-compliance with safe staffing principles and standards. Nursing and	20	10	<p><b>Low</b> level of risk appetite in relation to potential patient safety risks.</p> <p><b>Moderate</b> levels of risk with regard to innovation and changing roles to attract more staff and deliver services in different ways through new roles.</p>	No	<p><b>Treat</b> the impact of the risk by using internal controls.</p>	<p><b>(Oct 2022 ARAC)</b></p> 	PCC	Director of Workforce and OD




# Appendix 1 – ABUHB Board, Strategic Risk Report

HCSW agencies refusing to contract with the Health Board. <b><sup>1</sup>(re-framed Nov 2022)</b>								
<b>CRR013</b> Failure to prevent and control hospital and community acquired infections to include COVID-19	10	10	<b>Zero or low</b> due to patient safety and quality of service.	<b>Yes</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Oct 2022 ARAC) 	PQSO	Director of Nursing
<b>CRR023</b> Potential risk to population health in relation to avoidable harm due to priority being given to management of the COVID pandemic.	20	20	<b>Zero or low</b> level of risk appetite in terms of protecting patient safety and the quality of services. <b>Moderate</b> level of risk appetite in relation to different ways of working to address backlog. This would include the use of technologies and innovations.	<b>Yes</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Tolerate</b> the impacts of some mitigations and acknowledge that some may not work.	(Oct 2022 ARAC) 	PQSO	Director of Operations
<b>CRR007*re-framed July 2022*</b>  The Health Board model of care does not take into consideration the evolving needs of the population at this time	16	12	<b>Zero or low</b> level of risk appetite in terms of protecting patient safety and the quality of services. <b>Moderate</b> level of risk appetite in relation to some risk controls and mitigations is required due to interdependencies with partner organisations.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Tolerate</b> the impacts of some mitigations and acknowledge that some may not work and some are out of the Health Board's control.	(Oct 2022 ARAC) 	PPHPC	Director of Primary, Community and Mental Health Services & Director of Public Health and Strategic Partnerships
<b>CRR010</b> Inpatients may fall and cause	15	10	<b>Zero or low</b> in the interests of patient safety.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Oct 2022 ARAC) 	PQSO	Director of Therapies and Health Science




<sup>1</sup> Links to **CRR016** financial position due to impact of this part of the risk being realised.

injury to themselves.								
<b>CRR027</b> Effectiveness of COVID vaccination and booster programme compromised leading to a Variant of Concern <sup>2</sup>	25	20	<b>Moderate</b> risk appetite level will need to be applied to this risk profile, given the unpredictability of the potential of variants of concern. The Health Board will ensure that it can behave appropriately to address the risk, should it materialise however, emergence of a variant of concern is beyond the Health Board's control.	<b>No</b>	<b>Treat</b> the potential impact of the risk with mitigations.  <b>Tolerate</b> the unpredictable element of the VoC and other mutations.	(Oct 2022 ARAC) 	PQSO	Director of Public Health and Strategic Partnerships
<b>CRR028</b> Continued inappropriate admissions of Children and Young People to adult mental health in-patient beds.	20	10	<b>Low</b> risk appetite level in relation to patient safety and experience.  <b>Moderate</b> level risk appetite would be encouraged in order to explore more innovative ways of managing this risk alongside Health Board partners.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Oct 2022 ARAC) 	PQSO	Director of Primary, Community and Mental Health Services
<b>CRR003</b> Mental Health services will fail to meet the anticipated increased demand of the Health Board population, for Mental Health support, in light of the COVID 19 pandemic.	12	8	<b>Low</b> risk appetite level in the interests of patient safety.  <b>Moderate</b> risk appetite levels will need to be taken to explore further innovations and appropriately reconfigure services and implement new arrangements.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Tolerate</b> the impacts of some mitigations and acknowledge that some may not work.	(Oct 2022 ARAC) 	PQSO	Director of Primary, Community and Mental Health Services







<sup>2</sup> This risk to incorporate CRR001 to describe an overarching population health vaccination risk for the next Board meeting.





<b>CRR026</b> Risk to the general population and patients already within our services, due to less than adequate surge capacity to address any further exponential increase in pandemic response. <b>*links to Workforce risk – CRR002</b>	20	5	<b>Low</b> risk appetite level will be applied.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	<b>(Oct 2022 ARAC)</b>  	PQSO	Director of Operations
<b>CRR004</b> Failure to comply with WBoFG Act and Socio-Economic Duty	4	4	<b>Low to Moderate</b> - Risk appetite in this area is low in terms of compliance with the Legislation.  However, further innovation is required to develop new approaches and ways of working therefore, risk appetite in this area is defined at a moderate level.	Yes	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Take Opportunities</b> and use positive risk management to realise efficiencies, better ways of working and realise our long-term strategic aims.	<b>(Oct 2022 ARAC)</b>  	ARAC	Director of Public Health and Strategic Partnerships and Board Secretary
<b>CRR017</b> Partial or full failure of ICT infrastructure and cyber security	15	12	<b>Low</b> appetite in relation to adverse impact on Quality, Safety.  <b>Moderate to High</b> level risk appetite for innovating to identify digital ICT system solutions.		<b>Treat</b> the potential impacts of the risk by using internal controls.	<b>(Oct 2022 ARAC)</b>  	FPC	Director of Planning, Performance and ICT
<b>CRR016</b> Achievement of Financial Balance <small><sup>3</sup> Links to</small>	16	4	<b>Low</b> level of risk appetite in relation to the Health Board's financial statutory requirements. However, responding to COVID 19	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	<b>(Oct 2022 ARAC)</b>	FPC	Director of Finance and Procurement

Appendix 1 – ABUHB Board, Strategic Risk Report

			implications and maintaining safe services take precedence.					
<b>CRR012</b> Inability to address health inequalities across the population leading to increased dependency on Health Board services in the longer term and impacts ability of achievement of strategic aims/objectives. <b>(re-framed Dec 2021)</b>	12	4	<b>Low</b> risk appetite in terms of patient safety and services.  <b>Moderate</b> risk appetite with regard to innovation and developments in primary care and public health initiatives.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	<b>(Oct 2022 ARAC)</b>  	<b>PPHPC</b>	<b>Director of Public Health and Strategic Partnerships</b>
<b>CRR008</b> Health Board Estate not fit for purpose <b>(Re-framed Dec 2021)</b>	15	15	<b>Low</b> risk appetite in relation to adverse staff and patient experience due to poor Health Board estate.  <b>Moderate</b> risk appetite with regard to innovation and developments across the Health Board estate.	<b>Yes</b>	<b>Treat</b> the potential impacts of the risk by using internal controls and continue to maintain the current position with ongoing monitoring and review.  <i><b>Although this has reached its target score, it is recommended that this risk continues to be monitored strategically as the impact/consequence should the risk be realised, is significant.</b></i>	<b>(Oct 2022 ARAC)</b>  	<b>FPC</b>	<b>Director of Operations</b>
<b>CRR032</b> Failure to achieve underlying	16	12	<b>Low</b> level of risk appetite in relation to the Health Board's financial statutory requirements.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	<b>(Oct 2022 ARAC)</b>	<b>FPC</b>	<b>Director of Finance and Procurement</b>

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recurrent financial balance								
<b>CRR033 (Dec 2021)</b> Civil Contingencies Act Compliance	20	9	<b>Low</b> risk appetite in this area is low in terms of compliance with the Legislation.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Oct 2022 ARAC) 	FPC	Director of Planning, Performance and ICT
<b>CRR021</b> Welsh Language Act Compliance	12	8	<b>Low</b> risk appetite in this area is low in terms of compliance with the Legislation.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Oct 2022 ARAC) 	P&C	Director of Workforce and OD
<b>CRR025</b> Well Being of Staff and normalisation of risk	12	8	<b>Low</b> risk appetite in relation to adverse staff experience due to current and ongoing significant operational pressures.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Oct 2022 ARAC) 	P&C	Director of Workforce and OD
<b>CRR034 (April 2022)</b> Disruption to Health Board services due to the Ukraine crisis.	10	5	<b>Low</b> risk appetite in this area in respect of patient safety however, a <b>higher</b> risk appetite will need to be applied when reviewing regional responses to the crisis and how the Health Board and its Partners can work collectively to address and mitigate the risks.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Oct 2022 ARAC) 	ARAC	Director of Planning, Performance and ICT
<b>CRR035</b> Sustainability of Primary Care Services due to increased demand, revised working patterns and continued response to	12	8	<b>Low</b> risk appetite in this area in respect of patient safety however, a <b>higher</b> risk appetite will need to be applied when exploring new and innovative ways of providing Primary Care Services.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Tolerate</b> the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	(Oct 2022 ARAC) 	PPHPC	Director of Primary, Community and Mental Health Services

Ukrainian refugee crisis.								
<b>CRR036</b> Inability to deliver components of the Health Board's strategy and key priorities where the involvement of key Partners is essential	12	8	<b>Low</b> risk appetite in this area in respect of patient safety however, a <b>higher</b> risk appetite will need to be applied when exploring new and innovative ways of working alongside key Partners and acknowledge that some controls and mitigations are outside of the Health Board control.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Oct 2022 ARAC) 	PPHPC	<b>Director of Planning, Performance and ICT.</b>
<b>CRR037</b> Clinically unsafe and inappropriate inter-site patient transfers and into communities	15	5	<b>Low</b> risk appetite in this area in respect of patient safety.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Oct 2022 ARAC) 	PQSO	<b>Director of Operations</b>
<b>CRR038</b> Increased levels of patient acuity presenting resulting in an inability to staff appropriately and provide acceptable levels of care in line with best practice and guidelines.	15	5	<b>Low</b> risk appetite in this area in respect of patient safety.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Oct 2022 ARAC) 	PQSO	<b>Director of Nursing/Director of Operations</b>
<b>CRR039</b> Delays in discharging medically fit patients partly	20	10	<b>Low</b> risk appetite in this area in respect of patient safety however, a <b>higher</b> risk appetite will need to be applied when exploring new and innovative ways of working alongside key Partners and	No	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Tolerate</b> the impacts of some mitigations and acknowledge	(Oct 2022 ARAC) 	PQSO	<b>Director of Operations and Director of Primary, Community and</b>



Appendix 1 – ABUHB Board, Strategic Risk Report

due to delays in accessing packages of care from Partners - <b>*covered in part by CRR019 on CRR (unmet demand and ambulance delays)*</b>			acknowledge that some controls and mitigations are outside of the Health Board control.		that some contributing factors are outside of the Health Board's control.			<b>Mental Health Services.</b>
<b>Safeguarding CRR030 – (New risk/re-framed Nov 2022) *this risk has interdependencies with CRR002 Workforce Risk*</b> <b>Risk of:</b> 'Hidden Safeguarding Harms' experienced by patients in their homes and communities due to the COVID-19 pandemic and significantly increased demand on Health Board services.	16	8	<b>Low (averse to risk) Risk Appetite Level 2</b>	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	<b>NEW RISK</b>	<b>PQSO</b>	<b>Director of Nursing</b>
<b>Putting Things Right (PTR) –</b> New Risk – Continued and sustained non-compliance with	20	8	<b>Low (averse to risk) Risk Appetite Level 2</b>	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	<b>NEW RISK</b>	<b>PQSO</b>	<b>Director of Nursing</b>

The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011								
<b>Industrial Action</b> – New Risk – Prospect of industrial action is growing as the RCN has already balloted its members. This presents an inability to deliver care to our patients should staff invoke their right to strike.	20	5	<b>Low (averse to risk) Risk Appetite Level 2</b>	<b>No</b>	<p><b>Treat</b> the potential impacts of the risk by using internal controls.</p> <p><b>Tolerate</b> the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.</p>	<b>NEW RISK</b>	<b>PCC</b>	<b>Director of Workforce and OD</b>
<b>External escalation of displaced people/migrants</b> – Expected increase of displaced people into the Gwent area under the Home Office commissioned [section 98] accommodation. This presents a potential risk of further compounded demand for	16	10	<b>Low (averse to risk) Risk Appetite Level 2</b>	<b>No</b>	<p><b>Treat</b> the potential impacts of the risk by using internal controls.</p> <p><b>Tolerate</b> the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.</p>	<b>NEW RISK</b>	<b>PPHPC</b>	<b>Director of Public Health/Director of Primary, Community and Mental Health Services</b>

services across areas of Gwent.								
<b>Cost of living crisis – impact on population of Gwent and staff</b> – New Risk – Levels of staff absence may increase due to the costs associated with travelling to and from work, increased demand for services as population unable to heat their homes adequately, especially impacting the elderly population of Gwent.	20	12	<b>Moderate (cautious risk taking) Risk Appetite Level 3</b>	No	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Tolerate</b> the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board’s control.	<b>NEW RISK</b>	<b>PPHPC</b>	<b>Director of Public Health/Director of Workforce and OD</b>
<b>Non-compliance with a key component of the new vision (2022-2027) for children’s services is the Programme for Government commitment to remove private profit from the care of looked after children - Unregulated</b>	20	10	<b>Low (averse to risk) Risk Appetite Level 2</b>	No	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Tolerate</b> the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board’s control.	<b>NEW RISK</b>	<b>PQSO</b>	<b>Director of Operations</b>

placements are used for children and young people who present with significant risk and need bespoke care packages when spaces are not available in registered accommodations.								
<b>LINC Programme</b> – New Risk IF the new LIMS service is not fully deployed before the contract for the current LIMS expires in June 2025 THEN operational delivery of pathology services may be severely impacted RESULTING IN potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	25	5	<b>Low (averse to risk) Risk Appetite Level 2</b>	No	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Tolerate</b> the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	<b>NEW RISK</b>	<b>FPC</b>	<b>CEO</b>



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Wednesday 30<sup>th</sup> November 2022  
Agenda Item: 4.6

## Aneurin Bevan University Health Board

Overview of the current activity of Gwent Public Services Board (PSB)

### Executive Summary

This paper provides an overview of the current activity of Gwent Public Services Board (PSB), including the recent publication the draft Gwent Well-being Plan, including objectives and proposed next steps for the statutory 12-week consultation. Additional items of discussion by the Gwent PSB at 30<sup>th</sup> June and 29<sup>th</sup> September meetings are the Gwent PSB response to the cost-of living crisis and the humanitarian crisis in Ukraine.

#### The Board is asked to: (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

Note the Report for Information Only

**X**

**Executive Sponsor: Dr Sarah Aitken, Director of Public Health**

**Report Author(s): Stuart Bourne, Consultant in Public Health, Gwent Marmot Region Programme Manager**

**Report Received consideration and supported by :**

**Executive Team**

**Committee of the Board**  
**[Committee Name]**

**Date of the Report: 29/10/2022**

**Supplementary Papers Attached: None**

### Purpose of the Report

To provide Board members with an update on the current activity of Gwent Public Services Board.

### Background and Context

Gwent Public Services Board is responsible, under the Wellbeing of Future Generations (Wales) Act (2015), for overseeing the development and implementation of a local Well-being Plan for the Gwent area that demonstrates the five ways of working defined in the Act. Gwent Public Services Board (PSB) has eight statutory member organisations (including ABUHB), as well as nine other invited bodies who share the aims of the PSB and who help deliver the local Wellbeing Plan. Gwent PSB was created in September 2021, following the amalgamation of five local authority PSBs. Further information about the work of Gwent PSB is available at: <http://www.gwentpsb.org/en/>

## Assessment and Conclusion

Gwent PSB last met on Thursday 29<sup>th</sup> September 2022. At that meeting, the PSB:

- Discussed the draft Gwent Well-being Plan including objectives and proposed next steps for the statutory 12-week consultation.
- Discussed the Marmot Region Programme delivery and the importance of aligning the Marmot Principles within the Well-Being Plan Framework.
- Discussed the PSB response to the humanitarian crisis in Ukraine and shared action to be taken.
- Discussed the progress of the Regional Scrutiny Committee development and its governance arrangements.
- Received an update on the Gwent Community Safety Review, including an integrated PSB approach to provide a full report with recommendations in December 2022.
- Discussed the cost-of-living crisis and how the PSB can support citizens and business.

### Draft well-being plan

On 29<sup>th</sup> September 2022, the PSB agreed the draft framework for the Gwent Well-being Plan which is now out for public consultation. The statutory 12-week consultation period will continue until December 2022.

Within the 12-week consultation period, several stakeholder events have been arranged, an online survey is available and local authority policy officers are meeting hard to reach community groups to facilitate participation and engagement. A copy of the draft Well-being Plan is available at:

<https://www.gwentpsb.org/wp-content/uploads/2022/09/03-Appendix-1-Draft-WBP-for-consultation-Gwent-PSB-29-Sept-22.pdf>

### Gwent Marmot Region Programme

On 21<sup>st</sup> October 2022, PSB leaders came together for the Gwent Marmot Region launch at the Lysaght Institute in Newport.

Professor Sir Michael Marmot, Director of the IHE, presented information on health inequalities and what actions have worked both globally and in Marmot regions in England. Keynote speakers sat on a Q&A panel and answered questions from delegates who were both present and online.

The appetite for change in the room was evident, and the launch provided a clear call to action to work together to address inequities across Gwent. Work will continue with partners over the coming months to form a plan of action on what is achievable together. A video of the event is being made available at this link:

<https://www.gwentpsb.org/en/gwent-marmot-region/marmot-leadership-launch-event/>

### Humanitarian Crisis in Ukraine and shared action

Gwent Humanitarian Leadership Group provided a verbal update to the Gwent PSB. It was noted that within each local authority there are independent task groups that have been set up to support and engage with our Ukrainian families to initiate integration into the local communities of Gwent. There are various schemes that are running including the Ukraine Family Scheme, the Homes for Ukraine scheme and the WG sponsored Super Sponsor Scheme.

### **Regional Scrutiny Committee**

The Regional PSB Scrutiny Committee is being developed to allow strategic oversight of the PSB and will hold the regional PSB and partners to account for the delivery of the Well-being Plan and supporting projects. A draft terms of reference document has been agreed. The plan is to maintain the individual local authority scrutiny committees in order to continue to monitor progress under existing Well-being Plans, and also to scrutinise local activity.

The Regional Scrutiny Committee will operate from Autumn 2022 and will scrutinise the development of the Well-being Plan. There will be elected representation from the five local authorities and representation from the three other statutory members.

### **Gwent Community Safety Review**

The chair of Safer Gwent provided an update on the Gwent community safety review. A Safer Gwent working group has been formed to provide highlight and exception reports to the PSB once the framework, timeline and workplan has been developed and agreed.

### **Cost-of-living Crisis**

In response to the cost-of-living crisis, at the Gwent PSB meeting on 29<sup>th</sup> September the ABUHB Director of Public Health presented a paper identifying the impact of price rises on the population of Gwent, including the national political response on a UK and Wales level.

The recommendation from the Gwent PSB was to consider the content of the report and discuss whether the PSB through GSWAG takes collective action to pool together the advice and assistance available across partner organisations and publish on partners' and the PSB websites.

### **Recommendation**

The Board is asked to **NOTE** the contents of this paper.

### **Supporting Assessment and Additional Information**

<b>Risk Assessment (including links to Risk Register)</b>	The purpose of the programme of work is to mitigate the risk of widening health inequalities
<b>Financial Assessment, including Value for Money</b>	The work programme is funded from existing budgets. Widening health inequalities is a financial risk to the Health Board which this work is intended to mitigate
<b>Quality, Safety and Patient Experience Assessment</b>	The programme of 'Marmot Region' workshops is being designed in a way to enable residents to participate, learning from the 2019 Building a Healthier Gwent programme
<b>Equality and Diversity Impact Assessment</b>	The work programme directly addresses health inequalities
<b>Health and Care Standards</b>	The work programme directly addresses providing access to health promotion services proportionate to population need
<b>Link to Integrated Medium Term Plan</b>	Links to the IMTP core strategic priority to reduce health inequalities
<b>The Well-being of Future Generations (Wales) Act 2015 –</b>	<b>Long Term</b> – The Gwent Well-being Plan will cover a period of five years and respond to some of the long term issues affecting health and well-being in Gwent.



<b>5 ways of working</b>	<b>Integration</b> – Gwent PSB is a partnership body looking to align and integrate the response of partners to issues of common concern.
	<b>Involvement</b> – A wide range of stakeholders are engaged in the work of Gwent PSB.
	<b>Collaboration</b> – Both the Well-being Assessment, the Well-being Plan and the Marmot Region work will be subject to public engagement and collaboration.
	<b>Prevention</b> – The PSB is working to address some of the underlying structural issues at the root of health inequalities
<b>Glossary of New Terms</b>	N/A
<b>Public Interest</b>	Written for the public domain



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Wednesday 30<sup>th</sup> November 2022  
Agenda Item: 4.7

## Aneurin Bevan University Health Board

### Gwent Regional Partnership Board Update

#### Executive Summary

The Gwent Regional Partnership Board continues to progress its programme of work, with emphasis on the mobilisation and delivery of partnership winter plans. The reliance on system resilience to respond to the predicted demands over the winter period has dominated recent conversations, noting that ongoing and worsening capacity constraints experienced within the system may impact the intended gains from winter plans.

Whilst responding to immediate pressures, the Regional Partnership Board continues to develop a longer term strategic programme, ensuring relevancy in the context of current pressures and future demands.

#### The Board is asked to:

Approve the Report	
Discuss and Provide Views	X
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

**Executive Sponsor:** Dr Chris O'Connor, Executive Director Primary Care, Community & Mental Health

**Report Author:** Roxanne Green, Assistant Director of Partnership & Integration

**Report Received consideration and supported by:**

Executive Team		Committee of the Board [Committee Name]	
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**Date of the Report:** 14 November 2022

**Supplementary Papers Attached:** N/A

#### Purpose of the Report

This report seeks to provide an update to the Board on the recent programme of work and developments within the Gwent Regional Partnership Board.

#### Background and Context

The Gwent Regional Partnership Board currently meet on a bi-monthly basis to discuss joint priorities, with significant attention given to the resilience of the system under current operational pressures.

These operational pressures are being experienced across Health and Social Care in Wales. In response Welsh Government has introduced a national 1000 alternative beds initiative to provide additional capacity into the system to enable patients who no longer require an acute episode of medical intervention to be discharged from hospital.

Ministerial directive was provided to Regional Partnership Boards on the use of the Regional Integration Fund to support winter operational pressures. In September 2022, Gwent RPB approved a partnership winter plan outlining a joint response to the operational pressures enabled by £4.3million investment from the RPB's Regional Integration Fund.

## Assessment and Conclusion

The key issues considered at the RPB meeting of 15 November 2022 are summarised below:

### Winter Planning and Delivery

Consideration was given to recent correspondence from Welsh Government in relation to the delivery of the initiative to support operational pressures. The partnership winter plan is aligned to two strategic programmes under the Regional Partnership Board; Improving System Flow and Place Based Graduated Care.

The region is required to quantify the additional capacity intended to support the national initiative as bed equivalents. The following components of the RPB winter plan are reportable to the Delivery Unit on a bi-weekly basis:

Workstream Detail	Category	Bed/bed equivalent capacity
Commissioning of New Directions for up to 20 patient Dom Care Runs	Increase in Community Capacity (Dom Care, Reablement, etc.)	20
Step Closer to Home Beds in Care Homes	SD2R Beds in Hospital or Care Home	80
Extension of CRT Rapid Medical Hours to 8pm	Increase in Community Capacity (Dom Care, Reablement, etc.)	22
Expansion of Home First	Admission Avoidance	18
Same Day Emergency Care @ YYF	Admission Avoidance	45
<b>Total</b>		<b>185 bed equivalents</b>

### Integrated Winter Resilience Plan

In considering the plan Gwent RPB acknowledged:

- the enduring risks and challenges associated with sustainable workforce to meet anticipated demand and maintaining workforce well-being across our system and

the continued partnership working required to mitigate these risks over the winter period

- The significant uncertainty in terms of planning assumptions and predicting the likely peak of respiratory demand this year
- The significant gap in bed capacity to meet expected and current demand for the reasonable worst-case scenario and the need for a continued focus on keeping people well at home and protecting core hospital capacity for the most urgent cases
- The continued urgent work required to refine a system wide approach to escalation and mitigation through the RPB operational sub-groups

The ongoing challenges experienced with capacity in the community is noted as a worsening position at present, with provider sustainability materialising as acute issues within two local authority areas.

With the deteriorating position being experienced across health and social care, the additional capacity sought from the partnership winter plan may not materialise the gains intended over the winter period. The additional capacity will not accommodate the pressures which already exist in the system.

### **Regional Integration Fund**

The Regional Integration Fund is the primary enabler for transformation activity within the RPB programme. The funding model introduced by Welsh Government prescribes a tapered arrangement, intended to support sustainability. All statutory partners are required to provide a response to the RPB on their considerations relating to the tapering arrangement, to allow for the Regional Partnership Board to consider its position at a special meeting in December 2022.

### **Capital Funding**

Gwent RPB considered a range of capital proposals aligned with the funding objectives established within the Housing with Care Fund and the Integration and Rebalancing Capital Fund. The majority of these schemes are profiled for commencement within this financial year. However, for all schemes over £100,000, Welsh Government is the final decision making authority for project approval. Gwent RPB approved all proposals considered, and have submitted to Welsh Government for scrutiny. Whilst prioritisation has been given to the early development periods within a new capital programme commencing 2022-23, a capital strategic needs assessment will be undertaken to aid the development of a regional capital strategy and associated 10 year delivery plan as required by Welsh Government.

### **Neurodiversity**

Welsh Government has introduced a new Neurodivergent Improvement Programme and has delegated responsibility to the RPB for the development and delivery of a regional programme. An interim plan has been approved by the RPB that brings together

Children's Neurodevelopment Assessment services, Adults Integrated Autism Services, and Adult ADHD Assessment services into one strategic programme. With Welsh Government direction in year 1 focussing on the reduction of waiting times for assessment and support within neurodivergent services, the interim plan will provide additional dedicated capacity that will enable 144 additional children to be assessed, 80-90 additional appointments within the Integrated Autism Service, and an estimated 280 individuals assessed for ADHD. Activity will also include development of a medium term programme in anticipation of further communication from Welsh Government in January 2023 on the future national programme.

### **Strategic Priorities**

The strategic priorities enabled by the Regional Partnership Board are currently under review, with special meetings taking place during the week commencing 21 November to reconsider regional strategic priorities in the context of current operational pressures and the health and care needs of the communities. This process will review the 17 strategic programmes to ensure our priorities and activity remains relevant and provide the transformation activity needed within the region. The outcome will be reviewed within the special meeting of the RPB in December 2022.

### **NCN Development Programme**

Gwent Regional Partnership Board considered the activities associated with a regional NCN Development Programme, as a regional response to the national Accelerated Cluster Development programme. The national programme has been developed against predetermined layers of governance arrangements. The consideration of the RPB was:

1. RPB endorsed the proposed Accelerated Cluster Development (NCN Development) programme governance arrangements with accountability through the Health Board and Local Authorities
2. RPB approved the proposal that Integrated Service Partnership Boards (ISPBs) should adopt the terms of reference for Pan Cluster Planning Groups with clear lines of accountability to statutory bodies and the RPB
3. RPB approved the proposed governance of NCNs with accountability via the ABUHB Primary Care and Community Service Division and strategic oversight provided by the ISPB at Borough level

The RPB requested that Health Board colleagues lead on this work programme to advocate for further consideration and streamlining within the national developments.

### **Recommendation**

The Board is asked to note the contents of this report for information and provide views on the developments undertaken within the Gwent Regional Partnership Board.



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Wednesday 30<sup>th</sup> November 2022  
Agenda Item: 4.8

## Aneurin Bevan University Health Board

### EXECUTIVE COMMITTEE ACTIVITY – NOVEMBER 2022

#### Introduction

The Chief Executive Officer is responsible for the overall organisation, management and staffing of the Health Board and its arrangements related to quality and safety of care as well as matters of finance, together with any other aspect relevant to the conduct of the Health Board's business in pursuance of the strategic directions set by the Health Board's Board, and in accordance with its statutory responsibilities.

The Executive Committee is the executive decision-making committee of the organisation, chaired by the Chief Executive as Accountable Officer.

The Executive Committee is therefore responsible for ensuring the effective and efficient co-ordination of all functions of the organisation, and thus supporting the Chief Executive/Accountable Officer to discharge her responsibilities.

This report provides the Board with an overview of a range of issues discussed by the Executive Committee at meetings held during October and November 2022. Due to the nature of the business of the Executive Committee, not all issues will be suitable for disclosure into the public domain and so this summary may not be all encompassing of the Executive Committee's business.

#### The Committee is asked to:

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

**Executive Sponsor:** Rani Dash, Director of Corporate Governance

**Report Author:** Bryony Codd, Head of Corporate Governance and Catherine Currier, Senior Corporate Support and Governance Officer

**Date of the Report:** 7<sup>th</sup> November 2022

**Supplementary Papers Attached:** None

## Summary

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Weekly Informal Executive Team Sessions which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A monthly Clinical Futures Programme Board which enables the Executive Team to oversee implementation of the Board's strategic priorities, take decisions and resolve issues which may be impacting delivery.
- A monthly Finance Recovery & Turnaround Oversight Board which enables the Executive Team to monitor the Health Board's financial position and the delivery of financial recovery actions.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

Much of the business of the Executive Committee informs onward reporting to the Board's assurance committees, providing assurance to the Board on the effective management of the organisation and achievement of the Board's strategic objectives. The Executive Committee's business also informs much of the Board's formal meetings agendas, given the Executive Team's responsibilities in strategy development and its delivery.

The Workplan of the Executive Committee is based on 5 key areas to ensure appropriate focus and oversight of the organisation's business and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

- Quality, Safety and Culture
- Delivery, Performance and Efficiencies
- Strategic Planning and Service Development
- Strategic Partnership arrangements
- Transformational programmes (IMTP/Clinical Futures).

During October and November 2022, the following matters were some of the issues considered by the Executive Committee:

### **Quality, Safety & Culture**

- At each weekly meeting, the Executive Team receives a safety briefing which includes a summary of recent Patient Safety Incidents, Complaints, Never Events and Injurious Falls.
- An update on the Health Board's COVID-19 Investigations and Scrutiny Panel process was received. It was noted the Service had received a positive assessment from the Delivery Unit on the Health Board's processes and approach. The Executive Committee was provided with information on the status of investigations from the first COVID wave. Assurance on this is due to the Board's Patient Quality, Safety & Outcomes Committee in December 2022.
- An update on the Patient Advice & Liaison Service and its effectiveness, which had been developed during the pandemic.
- An updated Staff Risk Assessment following changes to Welsh Government Guidance on Staff Testing.
- An update following the Safe Care Collaborative Foundation Visits and the development of Safe Care Collaborative workstreams throughout the Health Board.



- On 27<sup>th</sup> October 2022, the Executive Committee held a 'Systems Safety Leadership' Workshop. The session brought together Clinical and Divisional Directors with a Social Services representative to discuss the unprecedented demand for urgent and emergency care services, increased levels of acuity and workforce supply issues. The discussions produced key actions to progress into the winter period that focus on patient safety, system risk and the escalation process.

### **Delivery, Performance & Efficiencies**

- At each weekly meeting, the Executive Team focusses on systems pressures and escalation and identifies action and support needed.
- An update on the COVID-19 Public Inquiry and the Health Board's preparation for its involvement in the Inquiry.
- An update on the implementation of the Pensions Flexibilities: Model Alternative Payment Policy following its introduction in March 2022 and the number of applications received. This was supported, subjected to approval by the Board's Remuneration & Terms of Service Committee.
- Consideration of the introduction of a Locum Card Rate, aimed to provide a fairness and equity in the application of rates across the Health Board, reduce reliance on agency staff and provide better quality of care to patients. This was supported, subjected to approval by the Board's Remuneration & Terms of Service Committee.
- An update on the Health Board's progress against our Annual Audit Plan.
- An update on the evaluation and impact of the completed Capital Programme for 2021/22.
- An overview of progress on the development and delivery of the Health Board's Agency Reduction Plan.
- Discussed and supported financial initiatives to support the workforce during the current cost of living crisis.
- Reviewed an update of the Financial Control Procedure Capital Assets & Charges.
- Received an update on the Health Board's Cancer Performance.
- Supported an updated process and guidance for the Extension to Sick Pay Policy.
- An update on Financial Performance and the development of recovery action plans.

### **Strategic Planning & Service Development**

- An overview of performance of the Adferiad Covid Recovery Programme and ongoing service model opportunities.
- The establishment of Homeward Bound Units across the Health Board on a phased implementation. The facilities would provide support to patients, who no longer needed medical care, but required a package of care to return home and provide better patient experience and outcomes.
- The development of a Mass Vaccination Workforce Surge Plan to allow the Health Board to proactively plan and respond to the need to escalate the Mass Vaccination Programme, without impacting on critical areas of the organisation.
- Considered the NHS Wales Planning Assumptions for flu and other respiratory viruses for the upcoming winter period, in the context of the Integrated Winter Resilience Plan.
- Reviewed Charitable Funds Bids for submission to the Charitable Funds Committee.
- Discussed the development of an Innovation Strategy.
- Supported the development of a 'Volunteer to Career Initiative', which could provide these highly valued individuals to gain employment with the Health Board, through an alternative route.

- Received an update on the Welsh Government Anti-Racist Action Plan and agreed an approach to meet the objectives.
- Received an update on the current workforce challenges within the Acute Pharmacy service, noting there had been a positive improvement in the level of vacancies, although the current levels still required management, given associated risks. Support was provided to the service to address the challenges in recruiting posts via the bank process, where possible.
- Considered and approved a business case for investment in a Pharmacy Team providing a clinical medicines management service to the Emergency Department (ED) at the Grange University Hospital (GUH), with a view to extend to all Medical Admission Units (MAUs) throughout the Health Board after a period of review.

### **Strategic Partnership Arrangements**

- Discussed the business of the Regional Partnership Board and discussed Health Board specific actions in response.
- Discussed and supported the development of the Health Board components of the Regional Partnership Board's Integrated Winter Plan 2022/23.
- Discussed Emergency Planning Arrangements and Business Continuity Plans.
- Received an update on NHS Wales 111 Programme Governance.

### **Clinical Futures**

The Executive Committee (meeting as the Clinical Futures Programme Board) continues to oversee the delivery and coordination of the key health Board priority change programmes as outlined in the Integrated Medium-Term Plan (IMTP):

1. Urgent and Emergency Care Improvement
2. Enhanced Local General Hospital Network
3. Redesigning Services for Older People
4. Neighbourhood Care Network
5. Planned Care Recovery
6. Transforming Cancer Services
7. Public Health Protection and Population Health Improvement
8. Mental Health Transformation
9. Decarbonisation
10. Agile Workforce

In particular, the Clinical Futures Programme Board has:

- Maintained strategic and senior oversight and decision making in respect of the Clinical Futures Programmes;
- Received updates from all key programmes in the form of highlight reports; and
- Received programme critical updates in more depth on items relevant or required to ensure programme delivery.

These discussions then informed assurance reporting to the Board's Partnerships, Population Health and Planning Committee, held on 16<sup>th</sup> November 2022.

### **Recommendation**

The Board is asked to **NOTE** the update of the Executive Committee and an overview of some of its activities.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	There are no key risks associated with this highlight report.
<b><i>Financial Assessment, including Value for Money</i></b>	There is no direct financial impact associated with this report.
<b><i>Quality, Safety and Patient Experience Assessment</i></b>	A quality, safety and patient experience assessment has not been undertaken for this report as it is for assurance purposes.
<b><i>Equality and Diversity Impact Assessment (including child impact assessment)</i></b>	An Equality and Diversity Impact Assessment is not required to be undertaken for this report.
<b>Health and Care Standards</b>	This report will contribute to the good governance elements of the Standards.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	There is no direct link to the Plan associated with this report, however the topics and issues considered by the Executive Committee contributes to the overall implementation and monitoring of the IMTP.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	Not applicable to this specific report, however WBFGA considerations are included within committee's considerations.
<b>Glossary of New Terms</b>	None
<b>Public Interest</b>	This report is written for the public domain.



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Wednesday 30<sup>th</sup> November 2022  
Agenda Item: 4.9a

## Aneurin Bevan University Health Board

### WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) Update Report – November 2022

#### Purpose of Report

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Welsh Health Specialised Services Committee (WHSSC) as a Joint Committee of the Board.

#### The Board is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

**Executive Sponsor:** Interim Chief Executive Officer

**Report Author:** Director of Corporate Governance

**Report Received consideration and supported by:** N/A

**Date of the Report:** 20<sup>th</sup> November 2022

#### Supplementary Papers Attached:

- 1) Chair's Summary of the Joint Committee Meeting held 8<sup>th</sup> November 2022



WHSSC Joint  
Committee Briefing (P)

- 2) Chair's Summary of WHSSC's Quality and Patient Safety Committee meeting held 25<sup>th</sup> October 2022



4.4.2 Quality &  
Patient Safety Commit

- 3) WHSSC Quality Newsletter, Autumn 2022



4.4.2a Appendix 2  
WHSSC Quality Newsl

## Background and Context

WHSSC was established in 2010 by the seven Health Boards in Wales to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is therefore responsible for the joint planning of Specialised and Tertiary Services on behalf of Health Boards in Wales.

In establishing WHSSC to work on their behalf, the seven Health Boards recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

The Joint Committee is led by an Independent Chair, appointed by the Minister for Health and Social Services, and membership is made up of three Independent Members, one of whom is the Vice Chair, the Chief Executive Officers of the seven Health Boards, Associate Members and a number of Officers. The Standing Orders of each of the seven Health Boards include the Governance Framework for WHSSC, including a Scheme of Delegation as published on the WHSSC website [Schedule 4 \(nhs.wales\)](https://www.nhs.uk/whsc/governance/schedule-4/).

Whilst the Joint Committee acts on behalf of the seven Health Boards in undertaking its functions, the responsibility of individual Health Boards for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

Specifically, the role of the WHSSC Joint Committee (as set out in Standing Order 1.1.4 [Schedule 4 \(nhs.wales\)](https://easc.nhs.wales/the-committee/governance/easc-standing-orders-july-2021-and-sfis-march-2022/)<https://easc.nhs.wales/the-committee/governance/easc-standing-orders-july-2021-and-sfis-march-2022/>) is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the in-year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

Each of the seven Health Boards have agreed a Memorandum of Agreement (<https://whssc.nhs.wales/publications/governance/whssc-memorandum-of-agreement-2021/> )

in respect of the Joint Committee and in doing so have agreed that each Health Board recognises the following principles, aligned to the agreed Standing Orders:

- the Management Team will be held to account by the Joint Committee for the delivery of a strategy for the provision of specialised and tertiary services for Wales as well as providing assurance that the systems of control in place are robust and reliable.
- that any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB.
- that each individual LHB is responsible for the people who are resident in their area. This means that the Joint Committee of which each Chief Executive is a member is acting on behalf of the 7 LHBs in undertaking its role.
- that their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to act transparently in the performance of their functions.
- that each Chief Executive as a member of the Joint Committee will require the Management Team of the Joint Committee to ensure that, in the timetabling of the annual work programme, sufficient time will normally be allowed to enable each Chief Executive to consult with their own LHB and appropriate local partners and stakeholders.
- that when an individual Chief Executive is unable to attend a meeting of the Joint Committee, he/she will appoint in advance and identify to the Committee Secretary a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

### Assessment and Conclusion

This report provides an update regarding business undertaken during the last reporting period.

The Joint Committee held its most recent meeting on 8<sup>th</sup> November 2022. The papers for the meeting are available at: <https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/20222023-meeting-papers/jc-public-agenda-bundle-nov-22/>

The Committee was attended by Nicola Prygodzicz, Chief Executive Officer.

A summary of the business held is outlined at **Appendix A**, provided by the Chair of the Joint Committee.

This report also provides, at **Appendix B**, a Summary of WHSSC's Quality and Patient Safety Committee meeting held 25<sup>th</sup> October 2022 and WHSSC's Quality Newsletter, Autumn 2022 edition, at **Appendix C**.

### Recommendation

The Board is asked to discuss and receive this report for assurance.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	There are no key risks with this report.
<b><i>Financial Assessment, including Value for Money</i></b>	There is no direct financial impact associated with this report.
<b><i>Quality, Safety and Patient Experience Assessment</i></b>	A quality, safety and patient experience assessment has not been undertaken for this report as it is for assurance purposes.
<b><i>Equality and Diversity Impact Assessment (including child impact assessment)</i></b>	An Equality and Diversity Impact Assessment has not been undertaken for this report as it is for assurance purposes only.
<b>Health and Care Standards</b>	This report will contribute to the good governance elements of the Standards.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	There is no direct link to the Plan associated with this report, however the work of the Joint Committee contributes to the overall implementation and monitoring of health board IMTPs.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	Not applicable to this specific report, however WBFGA considerations are included within the Joint Committee's considerations, where appropriate.
<b>Glossary of New Terms</b>	IPFR – Individual Patient Funding Requests WHSSC – Welsh Health Specialised Services Committee
<b>Public Interest</b>	This report is written for the public domain.



## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 8 NOVEMBER 2022**

The Welsh Health Specialised Services Committee held its latest public meeting on the 8 November 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

### **1. Minutes of Previous Meetings**

The minutes of the meeting held on the 6 September 2022 were **approved** as a true and accurate record of the meeting.

### **2. Action log & matters arising**

Members **noted** the progress on the actions outlined on the action log.

### **3. Draft Integrated Commissioning Plan (ICP) 2023-2026**

Members received an informative presentation on the draft Integrated Commissioning Plan (ICP) 2023-2026.

Members discussed the financial elements of the plan and noted the constrained economic environment, recovery challenges and the volatile inflationary pressures. Members noted that the draft ICP was brought to Joint Committee early on in the planning process in order to support Health Boards (HBs) in developing their own Integrated Medium Term Plans (IMTPs), and that WHSSC will work closely with HBs to develop the ICP in line with HB expectations.

Members **noted** the presentation and that the final plan will be considered at the next meeting 17 January 2023.

### **4. Recovery Update (incl Progress with Paediatric Surgery)**

Members received a presentation providing an update on recovery trajectories since the workshops held with the Joint Committee on the 12 July and 6 September 2022.

Member noted updates on recovery trajectories for paediatric surgery recovery and recovery in key speciality areas including for the six accountability conditions specialities – cardiac, neurosurgery, paediatric surgery, bariatrics, thoracics and plastics.

Members **noted** the presentation and that a further recovery update will be provided at the next meeting 17 January 2023.

## 5. Chair's Report

Members received the Chair's Report and **noted**:

- The recommendation to appoint two new WHSSC Independent Members (IMs) following a fair and open selection process,
- The recommendation to extend the tenure of the of the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel until 31 March 2023,
- Attendance at the Integrated Governance Committee 11 October 2022; and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Approved** the recommendations to appoint two new WHSSC Independent Members (IMs) from 1 December 2022 for a period of 2 years; and (3) **Approved** the recommendation to extend the tenure of the Interim Chair for the Individual Patient Funding Request (IPFR) panel until 31 March 2023.

## 6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- **Paediatric Radiology Consultant Recruitment** - units in NHS England (NHSE) had agreed to host NHS Wales funded paediatric radiology training posts for trainees on the Wales Radiology Training Programme. HEIW are taking this forward,
- **Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process Update** – Further to the HBs agreeing the approach for engagement at their Board meetings in September 2022, it was planned that the engagement process would commence on 24 October 2022, however this had unfortunately been delayed and the engagement will now commence in November,
- **Evaluation of 4th Thoracic Surgeon activity** - WHSSC supporting the appointment of a 4th consultant surgeon post in CVUHB to provide continued support for the Major Trauma Centre (MTC) and to support the future needs of the service; and
- **Briefing Duty of Candour and Duty of Quality** – WHSSC received a briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour and the soon to be launched consultation process on the duty of quality.

Members **noted** the report.

## 7. Delivering Thrombectomy Capacity in South Wales

Members received a report outlining WHSSC's position on the commissioning of Mechanical Thrombectomy for the population of Wales.

Members noted the proposed plan for a Mechanical Thrombectomy service at the Neurosciences centre, CVUHB and that WHSSC continued to work with CVUHB to progress the Business Case to develop a Mechanical Thrombectomy centre in south Wales and the financial model had been shared and was being worked through. It was proposed that the service would be implemented in a phased approach over a number of years.

Members (1) **Noted** the report, (2) **Noted** the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy and **requested** that a revised report be brought back to the Joint Committee to include additional detail on the networked approach, interdependencies around the network approach and to include additional elements concerning the stroke pathway, (3) **Noted** the associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres; and (4) **Noted** the NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.

## 8. Mental Health Strategy Development

Members received a report advising the Joint Committee of the stakeholder feedback received from the engagement exercise for the Specialised Services Strategy for Mental Health and outline the next steps and proposals to move into implementation of the strategy from April 2023.

Members discussed the need for the demand and capacity work to inform the final version of the strategy and to ensure that it is focussed on delivering sustainable services which offer value for money.

Members (1) **Noted** the stakeholder feedback received from the 12-week engagement exercise on the draft Specialist Mental Health Strategy; and (2) **Agreed** the proposals to:

- Undertake an 8 week consultation process using the draft consultation document,
- Commission demand and capacity modelling with immediate effect; and
- Develop a programme approach to implementation of the Strategy following the consultation exercise; and

(3) **Noted** that the final version of the strategy and the timescales for implementation will need to take into account the demand and capacity modelling.

## **9. Single Commissioner for Secure Mental Health Services**

### **Proposal**

Members received a report presenting the options for a single national organisation to commission integrated secure mental health services for Wales for HBs to consider. The report had been prepared following a request received from WG for the WHSSC Joint Committee to provide the mechanism for the recommendation from the "Making Days Count" review to be considered, and for the Joint Committee to make a recommendation to WG on the preferred option.

Members discussed the report and agreed to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022 in readiness for the Joint Committee meeting 17 January 2023.

Members (1) **Noted** the report, (2) **Considered** the options for a single national organisation to commission integrated Secure Mental Health Services for Wales; and (3) **Agreed** to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022; and (4) **Noted** that the proposal will return to the Joint Committee for decision on 17 January 2023.

## **10. Gender Identity Development Service (GIDS)**

Members received a report updating members about the Gender Identity Development Service (GIDS) for Children and Young People including what the changes mean for children and young people in Wales and next steps.

Members (1) **Noted** the information presented within the report; and (2) **Noted** the information presented at Appendix 1 regarding the decommissioning of the Tavistock and Portman NHS Foundation Trust (TPNFT) and the NHS England (NHSE) transformation programme.

## **11. Individual Patient Funding Requests (IPFR) Engagement Update**

Members received a report seeking support for the proposed engagement process for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.

Members noted that the engagement process would commence on the 10 November 2022 for a 6 week period with key stakeholders, including the All Wales Therapeutics and Toxicology Centre (AWTTC), the IPFR Quality Assurance Advisory Group (QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT).

Members noted that the process adhered to the specific request from WG for the engagement for the IPFR panel ToR and the specific and limited review of the All Wales IPFR Policy.

Members (1) **Noted** the report; and (2) **Supported** the proposed process for engagement for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.

## **12. COVID-19 Period Activity Report for Month 5 2022-2023**

### **COVID-19 Period**

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

## **13. Financial Performance Report – Month 6 2022-2023**

Members received the financial performance report setting out the financial position for WHSSC for month 6 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 6 for WHSSC is a year-end outturn forecast under spend of £13,711k.

Members **noted** the current financial position and forecast year-end position.

## **14. Corporate Governance Matters**

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

## **15. Other reports**

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel

## **16. Any Other Business**

- **Skin Camouflage Pilot Service** – members noted that on 28 October 2022 WHSSC received a formal request from WG following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service. This service will support the national commitment to “Pledge to be Seen”. A further formal update will be provide at the next meeting,
- **CMTUHB Audit Lead Independent Member (IM)** – on behalf of the Joint Committee the Chair formally thanked Ian Wells, IM

CTMUHB for all of his support since he was appointed as CTMUHB audit lead for WHSSC eighteen months ago. The Chair advised that he had been an invaluable member of the team and that WHSSC were extremely grateful to him for his commitment of time and effort, which was especially notable given his normal HB responsibilities; and

- **Retirement of CEO BCUHB** – The Chair acknowledged what would have been Joe Whitehead’s last meeting with the Joint Committee, and on behalf of the Joint Committee offered thanks for her time and commitment to the Joint Committee’s business and wished her well in her retirement.



GIG  
CYMRU  
NHS  
WALES

Tim Gwasanaethau Iechyd  
Arbenigol Cymru  
Welsh Health Specialised  
Services Team



PARCH  
-  
RESPECT



PARTNERIAETH  
-  
PARTNERSHIP



GWELLA AC  
ARLOESI  
-  
IMPROVEMENT  
& INNOVATION

<b>Reporting Committee</b>	<b>Quality Patient Safety Committee (QPSC)</b>
<b>Chaired by</b>	<b>Ceri Phillips</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>25 October 2022</b>
<b>Summary of key matters considered by the Committee and any related decisions made</b>	
<p><b>1.0 Patient Story</b></p> <p>The committee heard a patient video/story from a couple who had accessed neonatal intensive care for their two children. The family were very complimentary of the service they received both from the tertiary and local unit focusing on the importance of communication and bringing care as close to home as soon as possible. The family were thanked for sharing their story and how the issues they raised can feed into the current work being undertaken re cot configuration.</p> <p><b>2.0 Welsh Kidney Network (WKN)</b></p> <p>QPS members were advised of 3 high risks on the WKN risk register. One risk referred to the introduction by Welsh Government of a Quality Statement for kidney disease and the capacity of the WKN as currently configured to ensure delivery of all components of the Statement. They noted that further clarity is being sought from Welsh Government regarding the role of the WKN in this regard. Two further high risk relate to vascular access capacity at BCUHB and dialysis capacity at Ysbyty Glan Clwyd. Members were informed of actions being undertaken to mitigate these risks. A Peer Review on vascular access has recently been undertaken at BCUHB. The report and subsequent action plan is in the process of being completed. The actions are intended to address the vascular access capacity issue. With regard to dialysis capacity, members noted that this facility is independent sector provided and discussion are ongoing with the provider and the HB regarding options to increase capacity. Members noted that patients access to dialysis is not being compromised whilst these discussions conclude.</p> <p>Members were also informed that a governance review of the WKN had recently been completed, an action plan was being developed and this would be brought to the Joint Committee in January 2023. They were also appraised of the recent Annual Audit Day held by the Network which was well attended and an informative learning event.</p>	



### **3.0 Commissioning Team and Network Updates**

Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service are summarised below:

- **Cancer & Blood**

The risk register for the commissioning team was presented to the committee. There was one new risk relating to the management of outreach clinics delivered by St Helen's & Knowsley NHS Trust on two sites in Betsi Cadwalader University Health Board. Assurance and progress were provided against the two services that are in escalation and further information is provided in the summary of services in the escalation table, which is attached.

- **Cardiac**

The risk to bariatric services remain unchanged; however conversations with an alternative provider remain ongoing. WHSSC is still awaiting the Royal College of Surgeons' report for Swansea Bay University Health Board. The committee requested that this was escalated if not received shortly.

- **Neurosciences**

A neurosciences update was received by the committee. Members noted that the risk that patients were being prevented access to the Thrombectomy services in North Bristol, due to the current 3D biotronics-imaging platform not meeting the current Welsh Government cyber security credentials was now resolved and had subsequently been closed by the Commissioning team in October 2022. The risk relating to neurosurgery in South Wales had also been lowered, due to an improvement in both theatre and bed capacity and will be monitored over the coming months. The committee was informed that the Community Health Council (CHC) had undertaken a positive visit to the spinal unit in Llandough Hospital and the report would be published shortly. The quality team would follow this up with CVUHB.

- **Women & Children**

The committee was updated re the risks and, in particular, the risk regarding Paediatric surgery and noted the ongoing work being undertaken. Information had been requested from the Health Board and options regarding outsourcing were continuing to be explored and a detailed recovery paper was due to go to Joint Committee on the 8<sup>th</sup> November 2022.

It was noted that there is now a Commissioning Assurance Group meeting for each specialised paediatric service at CHfW. There is a rolling monthly schedule, to capture every service. Within the Quality agenda, work is currently being undertaken to address how assurance is reported with the aim of creating a dashboard to gain assurance for each specialised service.

The committee received a progress update on Paediatric neurology and pathology, noting an improved position and the work that was ongoing to secure a longer term sustainable position.

- **Mental Health & Vulnerable Groups**

The committee received a report on any Quality and Patient Safety issues for services relating to the Mental Health & Vulnerable Groups Commissioning Team portfolio. This included a summary of the services in escalation which contained a progress update on the work being undertaken in Tŷ Lliidiard.

Members were provided with an update regarding service on Eating Disorders. Following the end of the contract with Cotswold House on 31st August 2022, arrangements have been made to secure beds with the Priory Group for Welsh patients. These arrangements are in place until January 2023, in the first instance, with options to extend this arrangement. In the interim, options are being scoped and considered to inform an options appraisal exercise for long term sustainable options for eating disorder services, through the Specialised Services Strategy for Mental Health, and a medium term solution to stabilise services for the next 3-5 years.

In July 2022, in response to the recommendations of the Cass Review Interim Report, NHS England took the decision to de-commission the Tavistock and Portman NHS Foundation Trust and introduce two early adopter providers from Spring 2023. The committee was assured that WHSSC are involved in the NHS England programme work and noted that the interim service specification has been released for a 45-day consultation. An update paper on GIDS has been submitted to Corporate Directors Group Board and Management Group for information.

The committee was pleased to note that NHS England has provisionally allocated £5m capital funding to the North West Mother Baby Unit scheme at Chester. It is expected that the provider, Cheshire & Wirral Partnership Trust, will develop a full business case for submission to NHS England in next 3 months.

The Committee noted the work that the Commissioning Team was undertaking and felt it would be helpful to receive a deep dive and invite the newly appointed Director of Mental Health to present the work at the next meeting. The Secure Services review was also outstanding and would therefore be an opportune time to fully understand how the strands will fit in the Mental Health Strategy going forward.

- **Intestinal Failure (IF) – Home Parenteral Nutrition**

A detailed report was received by the committee. Reassurance was received regarding the substantial work that had been undertaken and it was pleasing to note that the risk had reduced since the last report. A query was raised regarding the invoicing position, which would be addressed outside of the meeting and reported in the next report if there were ongoing concerns or had an impact on quality and patient safety issues.

#### **4.0 Other Reports Received**

Members received reports on the following:

- **Services in Escalation Summary**

WHSSC currently has seven services in escalation. The status of each service in escalation remains unchanged. However, the Cardiac services are making good progress and it is hoped that WHSSC will be in a position to de-escalate these over the next few months. The North Wales Adolescent Unit is also waiting for the NCCU review and should also be in a position to be de-escalated. The template for reporting would alter from next year in line with the work presented at the Development Day.

- **CRAF Risk Assurance Framework**

Members were provided with an updated position regarding the WHSSC CRAF and noted the proposed engagement work to support the IPFR risk. Members noted the risk workshop that had taken place on September 20<sup>th</sup> and the SWOT analysis undertaken on each risk to support the process of review and updating.

- **Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update**

The committee received the report and agreed that any inspections undertaken by the CHC would be included in the future.

- **Incident and Concerns report**

An update report was noted and received by the committee for assurance. There have been 10 new incidents reported to WHSSC over the period July 2022 to end September 2022.

- **Development Day summary report**

A second Development Day was held on the 16<sup>th</sup> September 2022. Committee members received a summary from each of the sessions and a copy of the presentations. Six out of the seven Health Boards were represented and positive comments were received regarding the content of the day. An evaluation of the day had been circulated and will be used to consider the content for forthcoming days and any improvements that could be made.

- **WHSSC Quality Unit Final Internal Audit Report**

A copy of the Final Internal Audit report, undertaken in June 2022, was received by the Committee. Substantial assurance was received with one matter requiring management attention:

- There was limited evidence to suggest that Health Boards are submitting the WHSSC Quality and Patient Safety Chair's report to their own quality committee meetings for scrutiny and assurance.

The agreed management plan has been accepted and a discussion was initiated at the Development Day. It was agreed that the report would to be considered by the All Wales Health Board Chairs QPS Committee and future auditing of compliance would be monitored through that group. Assurance was received that Health Boards do already have reporting systems in place to address the issue. A copy of the report is attached.

- **Quality Newsletter**

A copy of the second Quality Newsletter was received by the committee and is an Appendix to this report

### **5.0 Items for information:**

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee 6 September 2022,
- Welsh Risk Pool and Legal & Risk Services Annual Review
- QPSC Distribution List; and
- QPSC Forward Work Plan.

### **Key risks and issues/matters of concern and any mitigating actions**

Key risks are highlighted in the narrative above.


### **Summary of services in Escalation (Appendix 1 attached)**


### **WHSSC Quality Unit Final Internal Audit Report (Appendix 2 attached)**

### **Quality Newsletter (Appendix 3 attached)**

<b>Matters requiring Committee level consideration and/or approval</b> The committee requested that the findings of the Quality Internal Audit Report were noted and considered by the Health Boards.	
<b>Matters referred to other Committees</b> As above	
Confirmed minutes for the meeting are available upon request	
<b>Date of next scheduled meeting:</b>	23 January 2023 at 13.00hrs

SERVICES IN ESCALATION


Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	<ul style="list-style-type: none"> <li>Medical workforce and shortages operational capacity</li> <li>Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of- Area admissions</li> </ul>	<ul style="list-style-type: none"> <li>QAIS report outlined key areas for development including the recommendation to consider the location of NWAS due to lack of access on site to other health board provision – This is being considered in the Mental Health Specialised Services Strategy.</li> <li>Bed panel data submitted electronically</li> <li>NCCU undertook Annual Review on 29<sup>th</sup> June 2022 report yet to be published.</li> <li>Escalation status will be considered thereafter.</li> </ul>	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
March 2018  Sept 2020  Aug 2021	Ty Llidiard	CTMUHB	4	<ul style="list-style-type: none"> <li>Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance</li> <li>SUI 11 September</li> </ul>	<ul style="list-style-type: none"> <li>Escalation meetings held monthly, Exec Lead identified from Health Board. Last escalation meeting 11<sup>th</sup> October</li> <li>Improvement Board established to oversee delivery of an integrated improvement plan</li> <li>Emergency SOP has been fully implemented</li> <li>Majority of posts recruited to or start dates agreed.</li> <li>Candidate withdrew from Physician Associate post and further advertisement to be progressed.</li> <li>Psychologist/Family Therapist post interviews scheduled for w/c 17th October</li> <li>JD under development for Psychology Assistant post with recruitment to progress following the appointment of the Family Therapist</li> <li>Improved leadership evident via escalation meetings</li> </ul>	




Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
September 2020	FACTS	CTMUHB	3	<ul style="list-style-type: none"> <li>Workforce issue</li> </ul>	<ul style="list-style-type: none"> <li>Last escalation meeting was held on 01/09/22</li> <li>Next meeting is on 09/11/22</li> <li>Consultant Psychiatrist Interviews are on 1<sup>st</sup> November and will be followed by Clinical Lead appointment</li> <li>Recommendation will be made to CDGB on November 7th that service is de-escalated to level 2 if all outstanding issues are addressed at next escalation meeting</li> </ul>	↔
Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
July 2021	Cardiac Surgery	SBUHB	3	<ul style="list-style-type: none"> <li>Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review</li> </ul>	<ul style="list-style-type: none"> <li>Continued six weekly meetings in place to receive and monitor against the improvement plan.</li> <li>The service was de-escalated on delivery of the immediate actions required by the GIRFT recommendations (per</li> </ul>	↔

					<p>March update), but has remained in level 3 whilst the impact of these actions is ascertained.</p> <ul style="list-style-type: none"> <li>• The escalation level was discussed again in October 2022 and significant progress towards the GIRFT benchmarks was noted.</li> <li>• WHSSC is waiting for the final report of the recent Royal College of Surgeons of England (RCS England) Invited Service Review to be submitted, with the Health Board's response, after which the potential for further de-escalation and revised monitoring arrangements will be considered in line with the Escalation Framework.</li> </ul>	
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<p>July 2021 (original escalation)</p> <p>April 2022 (escalated from 2-3)</p>	Cardiac Surgery	C&VUHB	3	<ul style="list-style-type: none"> <li>Lack of assurance regarding processes and patient flow which impact on patient experience</li> </ul>	<ul style="list-style-type: none"> <li>C&amp;VUHB had previously agreed a programme of improvement work to address the recommendations set out in the GIRFT report.</li> <li>In view of a failure to provide the requested GIRFT improvement plan and HEIW report, the service was re-escalated in April 2022.</li> <li>The service has now provided both GIRFT improvement plan and HEIW report (and action plan), and WHSSC has developed de-escalation criteria based on the GIRFT recommendations and action plans.</li> <li>The de-escalation criteria will be discussed at the next escalation meeting.</li> <li>Level 3 meetings were held in June and July, and a meeting was scheduled for September, but this was postponed due to staff availability.</li> <li>In view of the following meeting being scheduled for November, an updated action plan was requested</li> </ul>	
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					(due for submission 11 October 2022)	
Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 19.10.2022	Movement from last month
November 2021	Adult burns	SBUHB	3	At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2002. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model	<ul style="list-style-type: none"> <li>Escalation monitoring meetings held on 12<sup>th</sup> August and 27<sup>th</sup> September 2022.</li> <li>The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023.</li> <li>The next escalation monitoring meeting is arranged for 1<sup>st</sup> December 2022.</li> </ul>	↔

February 2022	PETIC	Cardiff University	3	<ul style="list-style-type: none"> <li>• Concern over management capacity within the service to ensure a safe, high quality timely service is maintained for patients.</li> <li>• Recent suspension of population of PSMA due a critical quality control issue identified during MHRA inspection. Service slow to address impact on service for patients.</li> <li>• Failure to undertake a timely recruitment exercise leading to isotope production failures.</li> <li>• Failure to produce a business case of sufficient quality in a timely manner for replacement of the scanner.</li> </ul>	<ul style="list-style-type: none"> <li>• PETIC is taking forward the agreed actions with regard to increasing management capacity within the service and clarifying the governance arrangements for the service.</li> <li>• The next escalation monitoring meeting is arranged for 5<sup>th</sup> December.</li> </ul>	
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Level of escalation reducing / improving position



Level of escalation unchanged from previous report/month



Level of escalation increasing / worsening position

# Welsh Health Specialised Services Commissioning NEWSLETTER

2<sup>nd</sup> Edition, Autumn 2022

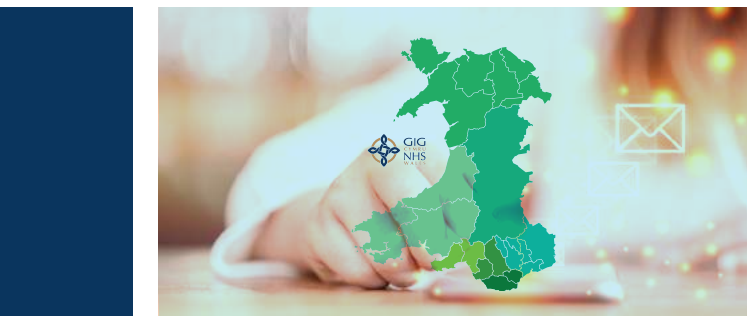


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Welsh Health Specialised  
Services Committee



## South Wales Neonatal Units



This is the 2<sup>nd</sup> edition of the Quality newsletter from the Welsh Health Specialised Services team in Wales. Our plan is for these to be published on a quarterly basis to supplement reports and data already provided through different forums into Welsh Health Boards.

**This Newsletter is available  
in Welsh on request.  
Mae'r Cylchlythyr hwn ar  
gael yn Gymraeg ar gais.**



This gives an overview of some of the work we are involved with, and presents some of the highlights from a commissioning perspective. The services commissioned from Welsh Health Specialised Services Committee (WHSSC) are provided both in Wales and in England this will only provide a snapshot of our work.



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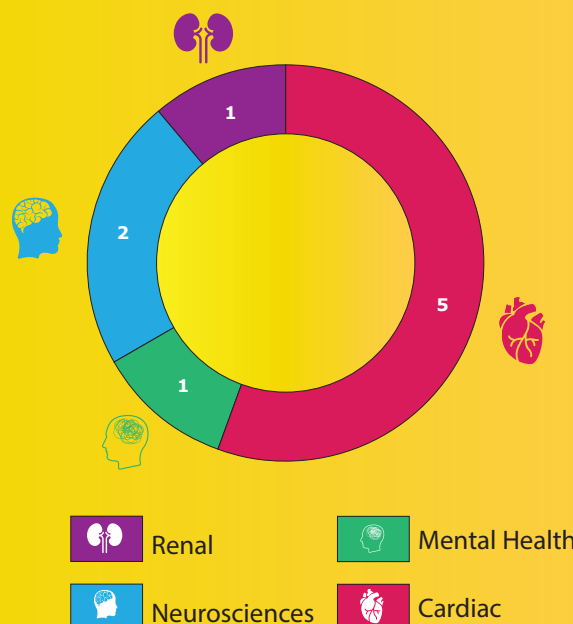
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# Reporting for the Last Quarter

WHSSC do not investigate incidents but are responsible for supporting the investigations into these alongside the monitoring and reporting to the Health Boards. WHSSC are responsible for ensuring the delivery of safe services and ensure that trends or themes arising from concerns have action plans which are completed and support learning. WHSSC facilitates the continued monitoring of commissioned services and work with providers when issues arise.

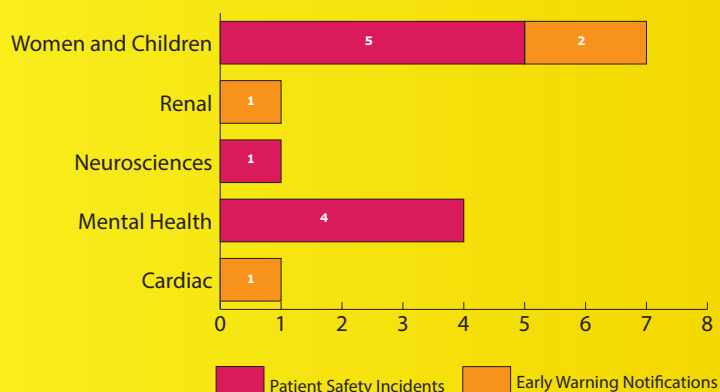
## Patient Safety Incidents

Between March to July 2022, there were **9** Patient Safety Incidents closed:



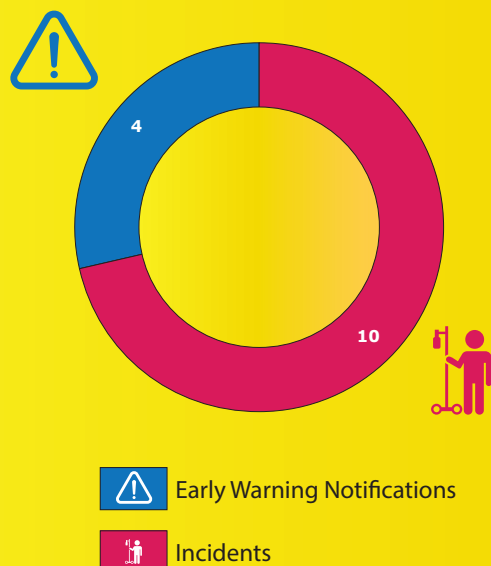
Concerns raised with WHSSC may involve a direct response from the organisation or involve a joint response with the commissioning Health Board or WHSSC may need to ask the Health Board to respond directly.

## Type by Commissioning Team



## Patient Safety Incidents and Early Warning Notifications

Between March to July 2022, there were **10** Patient Safety Incidents and **4** Early Warning Notifications logged:



Concerns



Incidents



Putting Things Right



Complaints



## Update from the Patient Care Team IPFR (Individual Patient Funding Request)

The Patient Care Team receives and manages individual patient funding requests for healthcare that falls outside of agreed range of services.

### An overview of IPFRs processed in Quarter 1 2022-23:

	Number of Requests discussed as Chairs Actions	Number of Requests discussed by All Wales IPFR Panel
<b>April 2022</b>	16	-
<b>May 2022</b>	7	14
<b>June 2022</b>	2	10

## Welsh Gender Service

The Welsh Gender Service published their first ever Newsletter in Spring 2022 and a Summer edition is to follow. For now though, please see the Spring edition here:



[Welsh Gender Service: Spring Edition Newsletter April 2022](#)



## April and June 2022 Patient Safety Updates



[Patient Safety Update: 5 April 2022](#)



[Patient Safety Update: 28 June 2022](#)



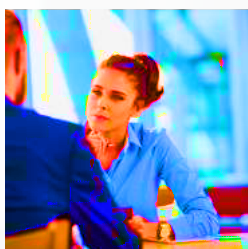


# Quality and Patient Safety Development Day

WHSSC will be holding a Quality and Patient Safety Development Day on 26th September 2022. Quality Clinical Colleagues and Independent member from across Welsh Health Boards will be in attendance. The day will feature data systems presentations from NHS England, the data team in WHSSC and presentations from the Delivery Unit team and NWSPP. A recap and feedback from the day will be provided in the next newsletter!



Patient Safety  
Incidents



Listening



Never Events



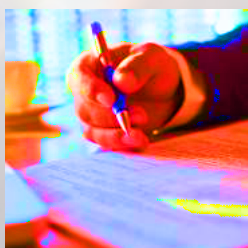
Reassurance



Reporting



Learning



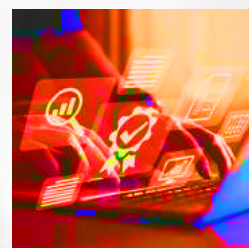
Compliance



Quality



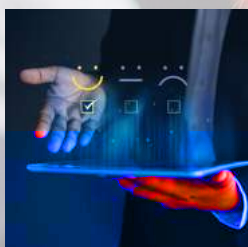
Culture



Assurance



Feedback



Experience



Improving



Developing



Innovation



# Ty Llidiard Co-production Event

Ty Llidiard have recently hosted a co-production event that involved young people, their carers and the staff based at Ty Llidiard. The event focused on the four C's: Compassionate, Calm, Confident and Caring.



Through consultation with Staff and the Young People who use Ty Llidiard, Scarlett Design came up with 4 potential design proposals with examples of how we would like to use them to create an internal and external philosophy and identity.



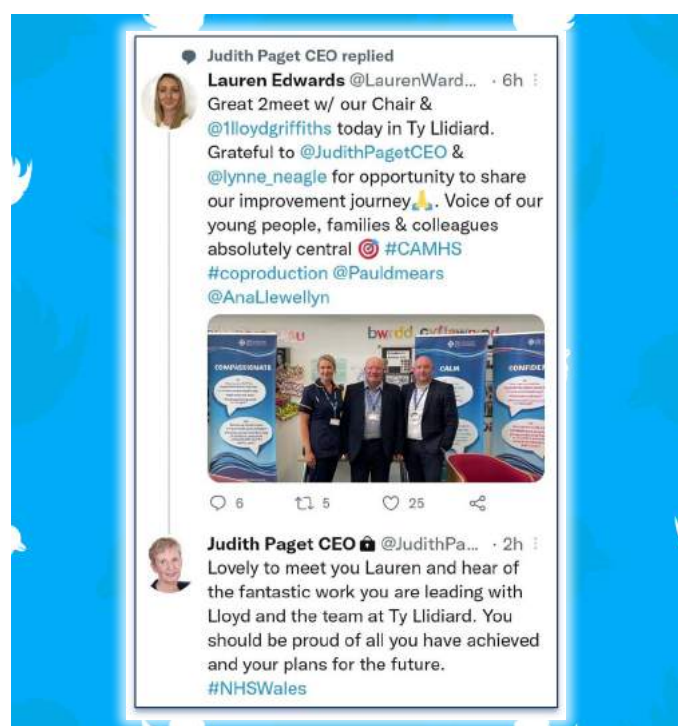
The day was split into 3 sessions:-

- ✓ Former service users and their families along with external stakeholders.
- ✓ The young people who were admitted at the time.
- ✓ The Ty Llidiard staff.

Over 70 people attended on the day with another 50 giving feedback electronically and by using the feedback forms and box that was left in the Ty Llidiard foyer for 6 weeks after.

The main themes to come from the young people were reducing boredom through engagement and activities and from the staff it was around communication and support.

Over 100 people voted on the visual identity / logo with nearly 70% voting on this design. The next steps are to use the agreed logo on uniforms, signage and on the exterior of Ty Llidiard. Positive feedback was received from the Director General of Health & Social Services/Chief Executive NHS Wales.







## North Wales Adolescent Unit

There are positive developments for Children & Young People (CYP) who are being treated for Eating Disorders (ED) within the service. Over time, there has been a recognition that, the needs of young people admitted to Kestrel ward with an eating disorder have changed. Historically, Kestrel ward had a high proportion of admissions associated with Anorexia Nervosa (AN).

Across North Wales, there has been an increase in young people presenting with complex presentations around eating who require intervention. This is in line with the referrals and presentations seen within the inpatient context.

Kestrel ward have historically followed a weight restoration model for eating disorders, there has been no formal review of the ED pathway completed within the last decade. The recognised change in presentation of CYP has driven the change of pathway from one of weight restoration to a

pathway with a stronger focus on Young People engagement. The inpatient ward is committed to developing an Autism friendly environment working alongside the National Autistic Society (NAS). The journey to accreditation with NAS has begun with the first meeting taking place in August 2022. Following a review of the environment, the NAS advisor was able to make suggestions as to what could be developed to ensure that the service could improve meeting the needs of CYP with a diagnoses of Autism Spectrum Disorder. The development of the environment is clinically led by the nursing team and operationally partnered by the broader MDT.

The service has welcomed a new role this year, the Patient Liaison Officer role was developed following a trend in concerns noted by CYP & families that recognised how communication between the service and families was not as effective as it could be.

The liaison officer has taken an active role in enhancing parts of the admission pathway including the information that is distributed to CYP & families pre admission, this includes the development of an North Wales Adolescent Service (NWAS) [specific website](#).

There is a strong emphasis on what the role is and how this can support the CYP & family journey. In addition, the liaison officer is also closely linked to the regional Betsi Cadwaladr University Health Board (BCUHB) Child and Adolescent Mental Health Services (CAMHS) patient experience leads who have developed an action plan for improved patient experience in practice.

The liaison officer supported the children's charter events held by the CAMHS BCUHB patient experience leads, building on the existing principles of CYP engagement and enhancing the focus of patient centred care.

The development of the Advanced Nurse Practitioner (ANP) pathway is now complete, the service currently has 4 ANP trainees with a 5th joining in December, all of which are in the final phase of their academic studies, during their training phase the trainees are undertaking advanced level nursing tasks under supervision to ensure that they are able to meet all 4 pillars of their advanced level training.

## Ty Llewellyn Medium Secure Unit

A meeting with the quality team in WHSSC took place with Ty Llewellyn Medium Secure Men's Adult Mental Health Unit in July 2022. An update was provided on the progression of the environmental, workforce and quality developments which have been underway to support a more therapeutic environment and clear recognition of physical health monitoring in mental health patients.

These have included the development of a more robust handover, physical health check monitoring, NEWS training and access to medical cover 24 hours 7 days a week and a policy to support individual therapeutic monitoring.

Staff sessions on physical health checks have included further training around sepsis management and the recognition and monitoring of side effects which may occur following the long term use of medications.

A culture of openness and transparency is continuously being encouraged and supported.

Outcome measure training is being facilitated for some of the staff and there are some further developments within the unit to capture patient experience, which will be shared once completed.





# Moondance Awards

The Moondance Cancer Awards 2022 held on June 16<sup>th</sup> to celebrate 'brilliant people across NHS Wales and its partners who maintained, and innovated, cancer services despite the extraordinary circumstances of the last two years'.

Among the lucky shortlist of delegates eagerly awaiting the results were colleagues from the All Wales Positron Emission Tomography (PET) Advisory Group who submitted an application to the 'Achievement: Working Together' category and All Wales Genomics Oncology Group (AWGOG), All Wales Medical Genomics Services (AWMGS) and Velindre Cancer Centre (VCC) who submitted a co-application to the 'Innovation in Treatment' category.

Presiding over judging of the innovation category were an esteemed panel of judges including UK Medical Director of the Telemedicine Clinic, Cancer Clinical Director for Wales Prof Tom Crosby, CEO of Tenovus Judi Rhys MBE and Prof Neil Mortensen, President of the Royal College of Surgeons.

The judges were reportedly *"delighted and humbled by the number and quality of submissions received"*.



**WHSCC staff enjoying the Moondance Awards, from left to right:** Professor Iolo Doull, Dr Andrew Champion and Sarah McAllister. Dr Champion and Sarah McAllister were part of the shortlisted All Wales PET Advisory Group!

Upon declaring the winning result to the AWMGS/AWGOG/VCC application, the judges noted the formidable achievements of each of the following three initiatives commissioned via WHSCC:

1. The DPYD gene testing pilot in collaboration with VCC saw Wales become the first UK nation to routinely offer DPYD pharmacogenetic screening for cancer patients in receipt of certain types of chemotherapy
2. The All Wales Genetics Oncology Group (AWGOG) since its formation has published timely clinical guidance on NTRK gene and FGFR2 gene fusion diagnostic testing for cancer treatment following NICE recommendations
3. Cymru Service for Genomic Oncology Diagnosis (CYSGODI) launched in 2021 offer high-quality oncology precision medicine services using next generation sequencing technology to screen for targeted genes in a tumour and haematological malignancy.

A huge congratulations to The All Wales Genomics Oncology Group for winning the Innovation in Treatment Award and also to The All Wales PET Advisory Group for being shortlisted in the Working Together category!

# South Wales Neonatal Units

**T**he WHSSC Quality team are undertaking scheduled neonatal visits within South Wales. The face to face meetings are intended to strengthen relationships and to develop an understanding of the role of the quality team within commissioning. WHSSC are responsible for commissioning the ITU and HDU cots in South Wales.

This is alongside supporting the importance of reporting and data collection in light of publications such as the Independent Maternity Services Oversight Panel (IMSOP) and Ockenden report and an awareness that the services have had a great deal of activity and had a number of workforce pressures. During the visits, the units have been encouraged to share evidence of Quality Improvement, good practice alongside areas of concern including workforce plans and recruitment.

Discussions have also included capturing patient experience and signposting to the Health Board team to support facilitation of this.



During the visits there was evidence of inspiring innovations to benefit patients, families and the staff and we have asked that this be continuously shared with WHSSC.

Alongside some workforce initiatives to utilise some of the current vacancies more successfully into advanced practice role development and Band 4 role development. To date the team have visited Hywel Dda University Health Board (H DUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), Swansea Bay University Health Board (SBUHB) and Cardiff and Vale University Health Board (CVUHB).



## H DUHB

H DUHB provided the WHSSC Quality team with the opportunity to visit the new unit and to meet with the neonatal team. It was evident moving into a better environment and managing the care of neonates within the new facility had a positive impact on the team.

## CTMUHB

Very positive visit to the team in CTMUHB, it provided the opportunity to understand how the team have worked to address the issues identified by Independent Maternity Safety and Oversight Panel. There was evidence of practice development and support for the clinical team alongside the rotation of staff into different clinical areas and support to work with the regional Centres.



## SBUHB

The Team have recently had nurses join them from overseas and are in the process of supporting their development with specific clinical programs. These have included the development of Objective Structured Clinical Examinations to enable a smooth transition into the workforce and to meet the NMC requirements. During the visit alongside meeting the Neonatal Intensive Care Unit (NICU) team the Quality team met with the midwifery team who demonstrated the work which had been undertaken with a Neonatologist and maternity to enable the Transitional care model to be better utilised to support a model of more rapid step down from Special Care Baby Unit (SCBU).

## CVUHB

The NICU visit provided the Quality team with an opportunity to understand how the Operational Team are continuously addressing the daily priorities of managing the ever changing clinical picture. This was demonstrated through their facilitation of a twice daily huddle and their reporting to the Clinical Board. The clinical team welcomed an opportunity to share their concerns regarding workforce, repatriation and training issues.

These included the difficulties of sometimes having families who had become dependent on the regional Centres and their concerns about being repatriated back to their local health boards, due to a perceived lack of understanding on how their particular specialist needs would be met. This concern was highlighted from both a family perspective and the clinical teams perspective. The clinical team raised concern around local skill and knowledge in relation to managing some of the more complex surgical cases.

There had been recent recruitment event with some success at external recruitment. A number of nursing vacancies exist within the team and there is a plan to support student streamlining with over recruitment into some of these vacancies.



## Maternity and Neonatal Safety Summit

Sue Tranka, Chief Nursing Officer for Wales has launched the Maternity and Neonatal Safety Support Programme to improve safety, experience and outcomes for mothers and babies in Wales. Maternity and neonatal champions will be appointed to every health board in Wales to improve the quality of services and to support the Maternity Five Year Vision.

The Programme aims to create national standards to ensure that all pregnant individuals, babies and their families will experience safe, high quality health care along with influencing their decisions regarding the care they receive.

The Maternity and Neonatal Safety Summit was held in August 2022 and was well attended both in person and remotely. There was engagement from the participants, who were encouraged to submit online questions to the presenting panel. This identified collaborative themes amongst the audience and facilitated an opportunity to network in person.

## Welsh Pharmacy Awards 2022



The Blueteq High Cost Drugs (HCD) software programme was procured for NHS Wales by the WHSSC and the Welsh Government via the Advanced Therapies Wales Board, to support the implementation of Advanced Therapy Medicinal Products (ATMPs) and other HCDs commissioned by WHSSC. A Blueteq Project Working Group piloted the system in May 2021. In January 2022, the system went live for all WHSSC commissioned HCDs.

This new system allows NHS Wales to audit the initiation of complex HCDs in line with evidence based health technology appraisal recommendations, to support clinical data collection and evaluation and to strengthen financial governance.

A Blueteq form is created for all WHSSC commissioned National Institute for Health and Care Excellence (NICE) Technology Appraisals, Highly Specialised Technologies and All Wales Medicines Strategy Group approved medicines by the WHSSC Medical team in collaboration with Welsh clinical experts.

The implementation of Blueteq ensures equitable and timely access to specialised HCDs for eligible patients across Wales. The Blueteq project has been shortlisted as a finalist in the Welsh Pharmacy Awards 2022, which is a fantastic achievement.

**Well done team!**



# FINALIST

THE VALE RESORT,  
GLAMORGAN  
WEDNESDAY 7TH  
SEPTEMBER 2022

DRINKS RECEPTION  
6.30 PM

AWARDS BEGIN  
7.30 PM



# Quick Round up of Commissioning Teams



## Mental Health

5 year strategy being developed and well underway with excellent engagement and support from the Welsh Clinical Teams.



## Women and Children's

Paediatric Strategy is gaining momentum and out for consultation.



## Neurosciences and long term condition

All Wales strategy to improve outcomes and experience of patients receiving specialised rehabilitation is underway.



## Cancer and Blood

Thoracic and Inherited Bleeding Disorder Service Improvement and Innovation Day to be organised. ENETS won a Patient Experience award and will be hosting a celebration event on 13<sup>th</sup> October.



## Cardiac

Cystic Fibrosis Service Improvement and Innovation Day scheduled for 11th November 2022.



## Intestinal Failure

Ongoing work being undertaken with the recently formed Intestinal Failure commissioning team and as a result of the Intestinal Failure review and Service Improvement and Innovation Day.

## Recognition of significant events, thank you's and useful links

Adele Roberts, Head of Quality at WHSSC, receives a special parcel from a patient who was supported through the NHS England Gender pathway:



### Lieutenant Colonel

On behalf of the whole military in Wales I am very grateful for the enhance patient care the systems providers and for the friendly, flexible and efficient way it is administered by you and Catherine. Patients enjoy fantastic care from the providers in Wales. The options for select-ed individuals to be seen quickly in order to make them fit for duty and progress their care is transformational.....This support to the military in Wales is envied by my colleagues in other parts of the UK



### Ministry of Defence (MOD)

A thank you from a Lieutenant Colonel with the MOD was received into WHSSC by the Director of Finance Stuart Davies and Catherine Dew IPFR manager.

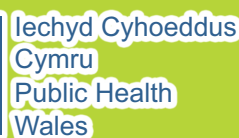
### Useful Links

- [Welsh Health Specialised Services Committee](#)

## Public Health Wales - 30 month implementation evaluation for NIPT (Non-invasive Prenatal Testing) evaluation

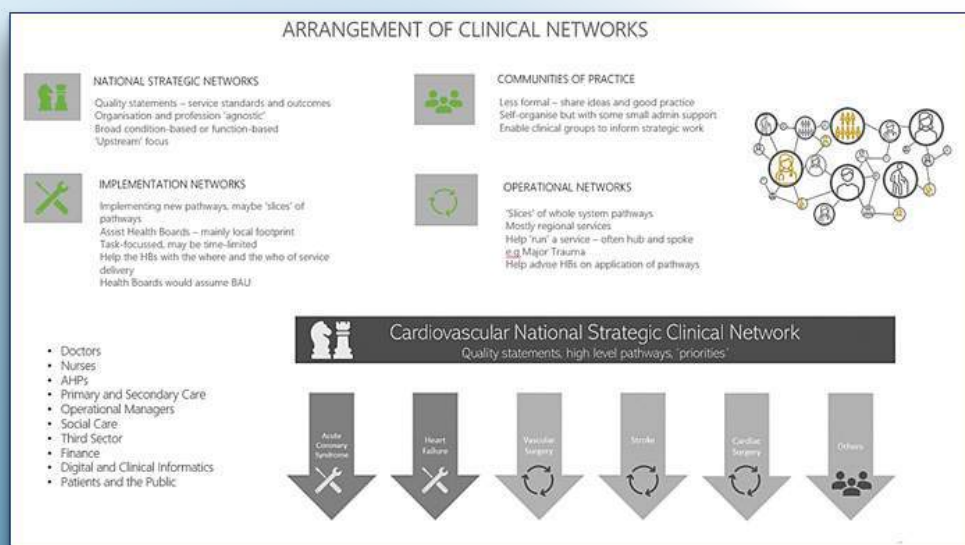
WHSSC commission NIPT and were informed by Public Health Wales of the evaluation findings from the first 30 months following the implementation of this as a contingent test as part of the antenatal Screening programme in Wales were formally published in the May edition of Prenatal Diagnosis, a peer reviewed journal.

**Implementation of non-invasive prenatal testing within a national UK antenatal screening programme: Impact on women's choices - Bowden - 2022 - Prenatal Diagnosis - Wiley Online Library**



# Clinical Network Programme

As part of the strategy work WHSSC has been working closely with the Clinical Network Programme and whilst the names and arrangements of networks in the diagram below are still under discussion we felt it would be helpful to share as part of the stakeholder engagement that has been undertaken over the past year. The Clinical Networks Programme is part of the National Clinical Framework implementation within the NHS Executive.



## NETS

South Wales Neuroendocrine Cancer Service has received a Centre of Excellence Accreditation with ENETS (European Neuroendocrine Tumour Society) – a massive congratulations to Dr Mohid Khan:

**ENETSCoE**  
ASSURING QUALITY SINCE 2009



DR Mohid Khan, Cardiff and Vale University Health Board

*A well-done from Dr Sian Lewis, Managing Director for WHSSC the neurosciences commissioning team received substantial assurance form the Audit and Assurance team and to the pharmacy team Eleri Schiavone, Dr Andy Champion and Professor Iolo Doull on reaching the pharmacy finalist awards.*

*"Well done team we are proud of you!"*



**ENETS Audit Checklist/ Report Cardiff**





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# Welsh Health Services Specialised Commissioning **NEWSLETTER**



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***whssc.nhs.wales***

**Autumn 2022**

For queries or detail on any aspect within this Newsletter, contact Adele Roberts, Head of Patient Safety and Quality or Leanne Amos, Quality Administration Support Officer.

**Email:** Adele.Roberts@wales.nhs.uk / Leanne.Amos@wales.nhs.uk



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Cydwasaethau  
Shared Services  
Partnership

Designed by NHS Wales Shared Services  
Partnership Communications



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Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 30<sup>th</sup> November 2022  
Agenda Item: 4.9b

## Aneurin Bevan University Health Board

### EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) Update Report – November 2022

#### Purpose of Report

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Emergency Ambulance Service Committee as a Joint Committee of the Board.

#### **The Board is asked to:** (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

**Executive Sponsor:** Chief Executive Officer

**Report Author:** Director of Corporate Governance

**Report Received consideration and supported by:**

**Date of the Report:** 20<sup>th</sup> November 2022

#### Supplementary Papers Attached:

- 1) Chair's Summary of the Joint Committee Meeting held 8<sup>th</sup> November 2022



Chair's EASC  
Summary from 8 Nov

- 2) Confirmed notes of the briefing session held 27<sup>th</sup> October 2022 and a Service Development Briefing Note



Confirmedminutes\_EA Service Development  
SCbriefing session 27, proposal Briefing note

- 3) Confirmed Minutes of the Joint Committee Meeting held 6<sup>th</sup> September 2022



Confirmedminutes\_EA  
SC6Sept2022\_EASC\_8

## Background and Context

The Emergency Ambulance Services Committee is a Joint Committee of all Health Boards in NHS Wales. The Minister for Health and Social Services appointed an Independent Chair through the public appointment process to lead the meetings and each Health Board is represented by their Chief Executive Officer; the Chief Ambulance Services Commissioner is also a member.

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make joint decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (Related Services), the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Non-Emergency Patient Transport Service and in accordance with their defined Delegated Functions. The Standing Orders of each of the seven Health Boards include the Governance Framework for EASC, including a Scheme of Delegation as published on the EASC website [Schedule 4 \(nhs.wales\)](https://www.nhs.uk/easc/schedule-4).

Although the Joint Committee acts on behalf of the seven Health Boards in discharging its functions, individual Health Boards remain responsible for their residents and are therefore accountable to citizens and other stakeholders for the provision of Emergency Ambulance Services (EAS); Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and Non-Emergency Patient Transport Services (NEPTS).

Specifically, the role of the EASC Joint Committee (as set out in Standing Order 1.1.3 [Schedule 4 \(nhs.wales\)](https://www.nhs.uk/easc/schedule-4)) is to:

- Determine a long-term strategic plan for the development of emergency ambulance services and non-emergency patient transport services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance and non-emergency patient transport services;
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual Health Boards Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each Health Board for those services (which will include the running costs of the Joint Committee and the EASC Team) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the commissioning risks; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance and non-emergency patient transport services and take appropriate action.

Each of the seven Health Boards have agreed a Memorandum of Agreement ([MEMORANDUM OF AGREEMENT \(nhs.wales\)](https://www.nhs.uk/easc/memorandum-of-agreement)) in respect of the Joint Committee and in doing so have agreed that each Health Board recognises the following principles, aligned to the agreed Standing Orders:

- The Emergency Ambulance Services Committee Team (EASCT) will be held to account by the EAS Joint Committee for the delivery of a strategy for the provision of emergency and non-emergency ambulance services for Wales as well as providing assurance that the systems of control in place are robust and reliable.
- That any decision taken and approved by the Joint Committees in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB.
- That each individual LHB is responsible for the people who are resident in their area. This means that the Joint Committee of which each Chief Executive is a member is acting on behalf of the 7 LHBs in undertaking its role.
- That their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to act transparently in the performance of their functions.
- That each Chief Executive as a member of the Joint Committee will require EASC Team of the EAS Joint Committee to ensure that, in the timetabling of the annual work programme, sufficient time will normally be allowed to enable each Chief Executive to consult with their own LHB and appropriate local partners and stakeholders.
- That when an individual Chief Executive is unable to attend a meeting of the Joint Committee, he/she will appoint in advance and identify to the Committee Secretary a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

## Assessment and Conclusion

This report provides an update regarding business undertaken during the last reporting period.

The Joint Committee held its most recent meeting on 8<sup>th</sup> November 2022. The papers for the meeting are available at: [November 2022 - Emergency Ambulance Services Committee \(nhs.wales\)](#)

The Committee was attended by Nicola Prygodzicz, Chief Executive Officer.

A summary of the business held is outlined at **Appendix A**, provided by the Chair of the Joint Committee.

In addition, an EASC briefing session was held on 27<sup>th</sup> October to focus on the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) working in partnership with the Wales Air Ambulance Charity. The presentation received provided a strategic overview of the service and also opportunities to further develop the service in partnership with the Charity. Confirmed notes of the briefing session are attached at **Appendix B**, along with a Service Development Briefing Note at **Appendix C**.

This report also provides, at **Appendix D**, the Confirmed Minutes of the Joint Committee Meeting held 6<sup>th</sup> October 2022.

## Recommendation

The Board is asked to discuss and receive this report for assurance.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	There are no key risks with this report.
<b><i>Financial Assessment, including Value for Money</i></b>	There is no direct financial impact associated with this report.
<b><i>Quality, Safety and Patient Experience Assessment</i></b>	A quality, safety and patient experience assessment has not been undertaken for this report as it is for assurance purposes.
<b><i>Equality and Diversity Impact Assessment (including child impact assessment)</i></b>	An Equality and Diversity Impact Assessment has not been undertaken for this report as it is for assurance purposes only.
<b>Health and Care Standards</b>	This report will contribute to the good governance elements of the Standards.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	There is no direct link to the Plan associated with this report, however the work of the Joint Committee contributes to the overall implementation and monitoring of health board IMTPs.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	Not applicable to this specific report, however WBFGA considerations are included within the Joint Committee's considerations, where appropriate.
<b>Glossary of New Terms</b>	EASC – Emergency Ambulance Services Committee EMRTS – Emergency Medical Retrieval and Transfer Service WAST – Welsh Ambulance Service Trust
<b>Public Interest</b>	This report is written for the public domain.

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
Date of last meeting	8 November 2022

### Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/meetings-and-papers/november-2022/>.

The minutes of the EASC meeting held on 6 September were approved and the notes from the Briefing meeting held on 27 October 2022.

### CHAIR'S REPORT

Members noted:

- the Monthly meetings with Minister, CASC and WAST Chair and CEO (20 September, 18 October)
- Ministerial meeting with Chairs (22 September)
- Chairs' Peer Group (27 September)
- EASC Management Group (20 October)
- Emergency Medical Retrieval and Transfer Service Delivery Assurance Group (EMRTS DAG)(1 November)
- The Chair's latest objectives from the Minister for Health and Social Services including a request that the Committee focus more generally on its key role within the Six Goals for Urgent and Emergency Care Programme.

### PERFORMANCE REPORT

- **Ambulance Service Indicators** - September data now available on the EASC website <https://easc.nhs.wales/asi/>
- **Handover delays** including the handover improvement trajectories
- **EASC Action Plan** – most recent version included in the meeting papers and the EASC Team was due to submit the latest version to Welsh Government (WG) and stakeholders following the meeting. Members noted that this was an integrated plan that draws various elements of work together, was developed with health boards and was aligned to actions from the Six Goals for Urgent and Emergency Care Programme.

Members noted the need to use the plan to track progress, to identify and share areas of best practice, to learn from the bad weeks and to ensure mitigating action where required. Two key areas were noted, these were addressing 4 hour waits and generally reducing the variation within the system.

Nick Wood noted the actions being undertaken across NHS Wales, summarised in the consolidated EASC Action Plan and sought assurance from health boards and WAST regarding their organisational commitment regarding their role in the conversations being held and to delivering the actions in the plan.

Jason Killens confirmed the commitment of WAST to its agreed actions and, while noting that further work was required in other areas, reported the progress already made against the roster review programme, working towards stretch targets for 'Consult and Close' and on track in terms of recruitment for the additional 100 full time equivalents by 23 January. The good progress made by WAST was noted.

There was discussion regarding the progress in relation to the shared actions between WAST and health boards with the example of active discussion to expand the provision of advanced paramedic practitioners to direct activity away from Emergency Departments provided.

Members noted that severe pressures exist throughout the system from the 'front door' to community care, and, in addition to the requirement for increased community care capacity, there was a need to maximise the opportunities with regard to admission avoidance schemes and same day emergency care services.

The focus on the winter plan and the actions within the Six Goals for Urgent and Emergency Care Programme with a particular focus on improving handover delays, 4 hour waits, red release and reducing community risk.

It was recognised that the role of local authorities was critical in addressing delayed transfers, also the impact of ambulance services on other emergency services (primarily police services) and there was therefore a requirement for a joint approach and a wider public service message than was currently being conveyed.

Members noted that there was an increasing trend in terms of units of hours produced and this position would further improve once the additional 100 full time equivalents become operational; while red performance was challenging, more patients were receiving a service. Further work was also required in relation to outcomes for patients that do receive a response and outcomes for those that do not.

Highlighting the citizen's perspective, the Chair welcomed the weekly dashboard being widely circulated to the NHS by the EASC Team. This was felt to be helpful in identifying where performance had improved and deteriorated and broadly indicated where actions at the front door might have made an impact. Members noted the use of the dashboard and requested further work to better understand the wider context, the correlation between different elements and to understand the key drivers behind the data.

It was agreed that further work would now be undertaken with the required teams to ensure access to key data and further development of the dashboard.

Members **RESOLVED** to:

- **NOTE** the content of the report.
- **NOTE** the Ambulance Services Indicators



- **NOTE** additional actions that the committee could take to improve performance delivery of commissioned services
- **NOTE** the handover improvement trajectories
- **NOTE** the EASC Action Plan
- **NOTE** the request to progress the dashboard.

## QUALITY AND SAFETY REPORT

In presenting the report, Ross Whitehead reminded Members that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).

The following areas were highlighted:

- The work of the **Healthcare Inspectorate Wales (HIW) Task & Finish Group** (convened by the EASC Team) established to lead and coordinate the work in response to the recommendations made as part of the HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover'.

A formal update was provided to HIW on 30 September, outlining the positions of all health boards and WAST relating to each of the recommendations.

A formal response from HIW had been received requesting further detail on a number of the recommendations. Health Boards and WAST had also been asked for a response.

A further 'Fundamentals of Care' workshop was planned to take place at the end of November to further address recommendations relating to patient care whilst waiting for delayed periods of time, on ambulances, outside hospitals.

- Fortnightly meetings had been held in response to the **NHS Wales Delivery Unit Report on Appendix B** submissions.

As a result of these meetings, a section of the policy had been developed to improve the process for the joint investigation between WAST and other NHS Wales organisations. Members noted this process would be tested over the forthcoming weeks.

The Deputy Chief Ambulance Service Commissioner had written to each health board asking for written confirmation that they accepted the recommended new process.

In order to provide support in the testing of the process a new form had been developed to replace the Appendix B form. A draft all Wales agenda template for joint meetings had also been produced to support this new process.

- **Regulation 28 – Prevention of Future Deaths** – Members were asked to note the Regulation 28 – Prevention of future death notice that had been issued to the Welsh Ambulance Service NHS Trust and Betsi Cadwaladr University Local Health Board.

Whilst the report related to a specific case within the health board, Members recognised similar challenges across Wales in the delivery of effective ambulance services both for community response and inter-hospital transfers.

Members **RESOLVED** to:

- **NOTE** the content of the report and the progress made by both Task and Finish Groups
- **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services, including the recent issuing of a regulation 28.
- **NOTE** that Quality and Safety Reports relating to commissioned services would be received at all future meetings.

### **EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL**

In introducing the report, Ross Whitehead, provided Members with background information and an introduction to the proposal developed by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity Trust.

Members noted that the proposal had been received and discussed at the EMRTS Delivery Assurance Group held on 1 November 2022 and further work and scrutiny had been requested, including in relation to weather, modelling and resource requirements.

Members noted that the proposal had been developed following internal service analysis undertaken by the EMRT service (the Charity had carried out a Strategic Review), with key findings indicating under-utilisation of assets and confirming unmet need (geographic, overnight and hours of darkness). The analysis and modelling indicated the opportunity for extended hours of operation and also included changes to base locations.

The proposal suggested that by optimizing the operational configuration the service could:

- potentially attend an additional 583 patients and
- achieve 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).

**Members were aware there had been significant public and political concerns raised around the development of the proposal, particularly in relation to the potential closure of air bases. This has resulted in challenges for both the Charity and EMRTS and there had also been an impact on individual health boards.**

Additional challenges were recognised in relation to the Charity including its need to renew aviation contracts and the associated commercial negotiations, both of which could be impacted by the timeliness of the work required to assess the proposal.

The proposal outlined the level of unmet need that exists for the all Wales Service and the Committee would need to understand, and evaluate this, either through the adoption of this proposal or through further work.

Professor David Lockey, EMRTS National Director thanked members for considering the proposal. He noted that it built upon service developments already undertaken by the service since its establishment in 2015, including an increase in the number of air bases, commencement of night operations, the introduction of the Adult Critical Care Service (ACCTS) in both North and South Wales and the work linked to the Major Trauma network.

Prof Lockey also referred to the Strategic Review undertaken by the Charity. Sue Barnes, Chief Executive of the Charity, outlined the process undertaken by the Charity working with EMRTS to understand what further opportunities could be realized. This included alignment with the opportunity afforded by the Charity's required long-term aircraft procurement process with renewal due at the end of 2023.

Members recognised that the EASC Team had not had the opportunity to undertake appropriate due diligence and scrutiny of the proposal ahead of presenting it and making recommendations to Members. However, in view of the public interest it was felt that it was appropriate to receive the proposal at the meeting.

Ross Whitehead explained that there could be an impact on the capacity of the EASC team to support the process of scrutiny and engagement on this proposal, whilst also maintaining business as usual in terms of the commissioning arrangements for all EASC commissioned services. It was agreed that the Committee might need to consider providing temporary additional support once the likely impact has been fully considered.

Stephen Harrhy, the Chief Ambulance Services Commissioner summarised some of the key issues that had been raised and noted by the EASC Team during the activities already undertaken with stakeholders and the comments and questions received to date. These included:

- **clarifying the position regarding resource implications**
- **responding to the significant comments raised and views regarding the importance of response times**
- **understanding how the air and road response model works, recognizing that for urban and rural areas it would be different**
- **further work required regarding the impact of weather**
- **consideration of the data reference period to ensure that this is appropriate and not unintentionally biased**
- **understanding any seasonal variation**
- **improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted**
- **working with health board colleagues to consider the modelling undertaken.**

Members agreed with the proposed approach for additional scrutiny, including the need to develop a streamlined and simplified proposal and to better understand the options identified. Members felt it would benefit health boards to better understand the data and modelling already undertaken and supported utilising the data analysis tool that was being developed to identify the impact on local communities. It was felt that this approach would ensure that the benefits and risks of each option could be fully understood and appraised including the implications relating to key elements such as air and road response, equity of access for the population and resource effectiveness.

Members stressed the need for an open and robust engagement process, in line with the direction provided by the Community Health Councils in Wales and questioned whether the January decision timeline was feasible, considering the need for the development and agreement of suitable engagement material, agreeing the equality impact assessment and the requirements for a mid-process review.

The CASC agreed that there were a number of phases to be undertaken and that there was a need to be transparent and realistic, to ensure the correct process was undertaken and that timelines would need to be revisited. In addition to the initial phase of due diligence and scrutiny already discussed, it was also noted that Community Health Councils had recommended that a meaningful and comprehensive public engagement process should be undertaken for at least 8 weeks, this engagement phase would need to be incorporated in to the timeline. The CASC assured Members that the EASC Team would now work closely with the EMRTS and the Charity to scrutinise the detail in the proposal. Discussions would also need to take place with health board communication, engagement and service change leads to ensure a robust process.

It was recognised that there were many elements to focus on before an update could be provided and next steps agreed at the scheduled EASC session on 6 December.

After discussion Members **RESOLVED** to:

- **NOTE** the content of the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal and appendices
- **AGREE** the next steps for additional scrutiny by the EASC Team and the development of a simplified proposal, including suitable engagement materials to meet the requirements of the Community Health Councils in respect of the proposal
- **NOTE** the key risks and any mitigations the Committee need to be put in place.

#### **PROGRESS REPORT ON THE PLAN IN RELATION TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE EMRTS CYMRU AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL**

The progress report on the plan in relation to the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal was received. Ross Whitehead presented an update on the activity that had taken place following the request made by Members at the EASC meeting in September and included the:

- Activities already undertaken with stakeholders
- Comments and questions received to date
- Draft Communications and Engagement Plan
- Draft Project Plan
- Initial Equality Impact Assessment.

Members noted that the CASC was continuing to work with Community Health Councils in Wales and was receiving advice and recommendations for the engagement process required. It was confirmed that discussions with health board and CHC colleagues would continue to take place to agree what would be engaged upon, including the required engagement materials and to further develop the communications and engagement plan.

Following the briefing note issued on 14 October, a second briefing note would be prepared to update stakeholders with regards discussions held at today's meeting and the next steps would be clarified. In addition, the comments and questions received to date would continue to be collated via the online facility on the dedicated page on the EASC website; an important part of the scrutiny process to lead to the engagement phase.

In line with discussions held, the timeline would be reassessed and reconsidered in readiness for an update to be provided at the EASC meeting on 6 December. Members noted the importance of mitigating any impact on the Wales Air Ambulance Charity in the next phase of the work.

In light of the previous agenda item and discussions held relating to the detailed proposal received and the need to undertake appropriate due diligence and scrutiny ahead of a process of engagement, the final recommendation relating to commencement of the formal engagement process was withdrawn.

Members **RESOLVED** to:

- **NOTE** the structured approach adopted since the Committee meeting held 6 September
- **NOTE** the activities already undertaken with stakeholders both face-to-face and online
- **NOTE** the discussions held with CHCs, attendance at CHC meetings as requested by them and completion of the CHC 'Joint Services, Planning & Change Committee Service Change Pro forma'
- **NOTE** the record of activities undertaken to date
- **NOTE** the key themes arising from the questions, comments and letters received by stakeholders
- **NOTE** the Briefing Note sent to stakeholders on 14 October
- **NOTE** the development of a dedicated page on the EASC website
- **NOTE** the draft Communications and Engagement Plan developed to date and a further document would be developed for engagement with the public based on a simplified proposal to be developed
- **NOTE** the draft project plan included for comment
- **NOTE** the Initial Equality Impact Assessment.

## **WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE**

The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:

- challenging red performance in September 2022
- almost 900 patients waiting more than 12 hours
- following temporary cessation of clinical indicator reporting relating to transition to the electronic patient clinical record (ePCR) new data was now available for stroke, fractured neck of femur, hypoglycaemia and ST elevation myocardial infarction (STEMI). Deep dive audits had been completed for these clinical indicators and the return of spontaneous circulation (ROSC) (at hospital door) deep dive audit was ongoing with this clinical indicator scheduled to be published over the coming months
- increase in red demand

- ambulance production was encouraging with unit hour production at 96% in September against the benchmark of 95%
- improvements in sickness aligned to IMTP trend
- highest ever handover lost hours at 28,500 hours, equating to over 30% of WAST conveying capacity

A verbal update was provided regarding NEPTS and the letting of new contracts as a result of the all-Wales business case with the new providers recently notified of the outcome of the tendering process

The Chair summarised including to:

- Note the positive impact in relation to additional capacity and unit hour production, however it was noted that this was not sufficient to counter the losses across the system as noted above
- Welcome the progress made re the electronic patient clinical record and the next steps in terms of data linkages
- Note the update in terms of NEPTS procurement, resulting efficiencies and the focus on service quality.

Members **RESOLVED** to:

- **DISCUSS** and **NOTE** the WAST Provider Report

### **CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT**

The Chief Ambulance Services Commissioner's report was received. Stephen Harrhy presented the report and highlighted the following:

- Progress on the recruitment of the additional 100 front line staff at WAST
- Ongoing work with Heads of Midwifery in health boards and the particular impact of delayed ambulance response on obstetric emergencies. Work was underway to find out what could be achieved and an urgent temporary position was being sought.

Members **RESOLVED** to: **NOTE** the report.

### **EASC COMMISSIONING UPDATE**

The EASC Commissioning Update was received. Matthew Edwards presented the report and Members noted that it provided an overview of the progress being made against the key elements of the collaborative commissioning approach.

Members noted the many discussions in relation to the commissioning framework for emergency ambulance services over recent months at EASC Committee, EASC Management Group and other related fora. These discussions have resulted in a collaborative approach to transition and transformation through the development of local integrated commissioning action plans (ICAPs).

The commissioning framework was included as a 'focus on' item at a previous meeting of the EASC Management Group and discussions have more recently taken place with all health boards. Work is being undertaken throughout November to use handover improvement plans to populate ICAPs. Health boards are asked to commit to sending appropriate representation to these meetings.

The update also stated that there would be a focus on aligning actions within the ICAPs to the Six Goals for Urgent and Emergency Care Programme.

In addition to the update on the commissioning framework, the update also included a Quarter 2 update against the EASC integrated Medium Term Plan and the agreed EASC Commissioning Intentions for 2022-23, with detailed updates appended.

Members **RESOLVED** to:

- **NOTE** the collaborative commissioning approach
- **NOTE** the progress made in terms of developing the EMS Commissioning Framework, including the development of the local Integrated Commissioning Action Plans
- **NOTE** the progress made against the EASC IMTP in Quarter 2 as set out in the update provided
- **NOTE** the Quarter 2 update against the commissioning intentions for each of the commissioned services.

## **FINANCE REPORT MONTH 6**

The Month 6 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 6<sup>th</sup> month of 2022/23 together with any corrective action required.

A forecasted break-even position was reported.

In light of the significant financial pressure within the system, it was agreed that there is a need for robust financial planning. It was reported that the financial assumptions were in line with the assumptions made by health boards and that there is a need to demonstrate the best use of existing commissioning allocations.

Further discussions would be held to ensure alignment with the IMTP process.

Members **RESOLVED** to: **NOTE** the report.

## **EASC SUB-GROUPS CONFIRMED MINUTES**

The confirmed minutes from the following EASC sub-groups were **APPROVED**:

- Chair's Summary EASC Management Group – 20 October 2022 – Members noted that the meeting was not quorate and agreed to consider how their organisation would be represented at future meetings.
- EASC Management Group – 18 August 2022
- NEPTS Delivery Assurance Group – 4 August 2022
- EMRTS Delivery Assurance Group – 7 June 2022.

## **EASC GOVERNANCE**

The report on EASC Governance was received. Governance documentation is available at <https://easc.nhs.wales/the-committee/governance/>

- The EASC Risk Register presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation)



- The 3 red risks within the EASC Risk Register
  1. Failure to achieve agreed performance standard for category red calls
  2. Failure to achieve agreed performance standard for amber category calls.
  3. Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation
- EASC Assurance Framework report, it was noted that this was in same style as the host body's assurance framework (CTMUHB)
- The EASC Standing Orders would be reviewed prior to the next meeting in line with arrangements by the Welsh Health Specialised Services Committee and would tie into the review of the WHSSC / EASC Standing Financial Instructions
- The list of key organisational contacts was noted.

Members **RESOLVED** to:

- **APPROVE** the risk register
- **APPROVE** the EASC Assurance Framework
- **NOTE** the EASC Standing Orders would be reviewed prior to the next meeting
- **NOTE** the information within the EASC Key Organisational Contacts.

#### Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on WAST - **equating to over 30% of WAST conveying capacity**
- Structured approach relating to the engagement process for the Service Development Proposal by EMRTS Cymru and the Wales Air Ambulance Charity

#### Matters requiring Board level consideration

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- From the Performance Report
  - **highest ever handover lost hours at 28,500 hours**, equating to over 30% of WAST conveying capacity
  - challenging red performance in September 2022
  - almost 900 patients waiting more than 12 hours
- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity
- **The latest EASC Management Group meeting was not quorate and health boards are asked to consider who represents their organisation at these meetings**

#### Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
<b>Date of next meeting</b>	<b>6 December 2022</b>			



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING  
EASC Briefing Session  
'UNCONFIRMED' NOTES OF THE MEETING HELD ON  
27 OCTOBER 2022 AT 17:00HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Jo Whitehead	Chief Executive, Betsi Cadwaladr, BCUHB
Linda Prosser	Director of Transformation, Cwm Taf Morgannwg, CTMUHB
Andrew Carruthers	Chief Operating Officer, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
<b>Associate Members:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Chief Operating Officer, Velindre NHS Trust

<b>In Attendance:</b>	
Gill Harris	Deputy Chief Executive, Betsi Cadwaladr
Geraint Farr	Associate Director of Emergency Care, Betsi Cadwaladr
Paul Bostock	Chief Operating Officer, Cardiff and Vale CVUHB
Hayley Thomas	Director of Planning, Powys Teaching Health Board
Ross Whitehead	Deputy Chief Ambulance Services Commissioner EASC Team, National Collaborative Commissioning Unit (NCCU)
David Rawlinson	Clinical Informatics and Research Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Mark Winter	Operations Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary
Robert Callow	Head of Engagement and Communication, Betsi Cadwaladr
Elizabeth Beadle	Assistant Director of Transformation, Cwm Taf Morgannwg
Alwena Hughes-Moakes	Communications Director Hywel Dda
Helen Morgan-Howard	Head of Engagement and Transformation, Hywel Dda
Rebecca Griffiths	Head of Engagement, Hywel Dda

In Attendance:	
Susan Bailey	Head of Communications, Swansea Bay
Adrian Osbourne	Assistant Director Communications and Engagement, Powys
Stephen Powell	Assistant Director of Performance and Commissioning, Powys
Jo Abbot-Davies	Assistant Director of Insight and Engagement, Swansea Bay
Claire Harding	Assistant Director of Planning, WHSSC
Estelle Hitchon	Director of Engagement Welsh Ambulance Services NHS Trust
Sarah Cosgrove	Head of Communications and Engagement, NHS Wales Health Collaborative

Part 1. PRELIMINARY MATTERS		ACTION
1	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the virtual briefing meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements.</p> <p>Members noted the aim was to provide additional information to members following the last EASC meeting on 6 September where a presentation had been provided in the 'Focus on' session on the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) working in partnership with the Wales Air Ambulance Charity. The presentation had provided a strategic overview of the service and also opportunities to further develop the service in partnership with the Charity.</p> <p>The briefing session aimed to provide information on progress made by the Chief Ambulance Services Commissioner and the EASC Team in relation to the plan they had been asked to develop for the EMRTS service development proposal which would be received at the EASC meeting on 8 November. Members were reminded that they had agreed this proposal would be considered as a commissioning issue.</p> <p>Members noted that a briefing had also been provided at the EASC Management Group on 20 October, although only two health boards had sent representatives to the meeting. The Chair asked members to try and improve attendance at the EASC Management Group.</p> <p>The Chair had extended the invitation for the briefing session to heads of communication, engagement and service change from across NHS Wales, although clarified that the briefing was primarily for EASC members.</p>	Chair

	Members noted that the service development proposal had not yet been received and the Chair emphasised the opportunity to discuss the progress made and that the members could clarify their requirements together to ensure a fair, open and transparent process for the proposal.	
<b>2</b>	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Suzanne Rankin (Paul Bostock attending)</li> <li>• Steve Moore (Andrew Carruthers attending)</li> <li>• Paul Mears (Linda Prosser attending)</li> <li>• Mark Hackett (Sian Harrop-Griffiths attending)</li> <li>• Nicola Prygodzicz.</li> </ul>	Chair
<b>3</b>	<b>DECLARATIONS OF INTERESTS</b>  There were none.	Chair
<b>4</b>	<b>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE DEVELOPMENT PROPOSAL – PLAN TO DATE</b>  Stephen Harrhy gave a short overview of the work undertaken to date by the EASC Team, following the last meeting of EASC where they were tasked to ensure a robust, appropriate and managed process to ensure the required engagement took place  Areas highlighted included: <ul style="list-style-type: none"> <li>• Briefing Welsh Government, particularly First Minister and the Minister for Health and Social Services, considerable political interest in this work and discussed in the Senedd</li> <li>• EASC Management Group meeting 20 October</li> <li>• EMRTS Delivery Assurance Group (DAG) meeting held on 12 September and a further meeting next week</li> <li>• Conversations and presentations made at Community Health Councils (CHCs) meeting at local and national level</li> <li>• CHCs have confirmed that they did not consider the proposal met the threshold for major service change and have asked for a public engagement process ranging between 6 to 8 weeks, although waiting for AB and CTM CHCs to confirm their recommendations</li> <li>• Briefing note shared on 14 October to a wide range of stakeholders</li> <li>• An online site had been developed to allow the public to ask questions or comment</li> <li>• That the report to EASC on the progress with the plan would include the questions being asked and the comments being made</li> </ul>	

	<ul style="list-style-type: none"> <li>• Presentations had been included within the briefing note</li> <li>• CHCs had found the briefing note helpful</li> <li>• Further briefing notes would be developed and shared</li> <li>• The draft communications and engagement plan as well as the plan for the work would be presented to EASC</li> <li>• Keen to make sure that we work nationally and more locally with individual health board to ensure an open and transparent public engagement process</li> <li>• Anticipate a recommendation would be made to EASC in early 2023.</li> </ul> <p>Members raised the following:</p> <ul style="list-style-type: none"> <li>• Need to be clear for health boards that information is provided to show what a difference it would make for the local populations (this was confirmed)</li> <li>• The need for a clear timescale (this would be included)</li> <li>• Asked when the decision would be made by EASC, hoping to get to the EASC meeting in January</li> <li>• Timescales for actual implementation of the service which was at least 12 months but possible 24 months</li> <li>• Consideration of contingencies in case the decisions are challenged</li> <li>• Uncertainties in north Wales and concerns about the outcomes and detrimental effects for more rural areas</li> <li>• As the proposal not yet received, would need to see the detrimental effects, likely advantages to populations and local areas</li> <li>• How passionate localities are regarding their particular arrangements</li> <li>• The importance of having proper public engagement to reflect and capture comments for public display</li> <li>• Concerns re decisions challenged and might be better to have a 12-week process</li> <li>• Have received advice from Community Health Councils (CHCs) in Wales and completed a service change form and they have suggested that between 6-8 weeks should be sufficient which should also consider the Christmas period</li> <li>• Lots of local interest particularly for the mid and north Wales air bases</li> <li>• Important to follow normal practice in terms of consultation and engagement which are presented to health board meetings</li> <li>• Whether EASC had the authority to act (as a Joint Committee of Health Boards) and members would discuss with their board secretaries</li> <li>• Whether additional resources would be required if the proposal was supported, though it was confirmed that this would be undertaken within existing resources</li> <li>• It would be really helpful to have the proposed timeline as part of the EASC papers.</li> </ul>	
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	<p><b>Presentation</b></p> <p>Stephen Harrhy explained that the presentation shared prior to the briefing session had been developed and had been used in various settings. Members were asked to consider and comment if they felt the information was suitable and that no key areas had been missed. A brief run through of the presentation took place with the following areas highlighted:</p> <ul style="list-style-type: none"> <li>• Background including working with the Community Health Councils and impartial process led by the CASC</li> <li>• EASC Governance arrangements</li> <li>• Partnership arrangements to deliver the services between EMRTS, the Charity and EASC</li> <li>• EASC Commissioning Intentions in the collaborative commissioning approach of service expansion, adult critical care transfer service, service evaluation and system transformation</li> <li>• EASC Commissioning Framework (using CAREMORE)</li> <li>• EMRTS average day; 8 EMRTS calls with 3 cases of unmet need</li> <li>• Independent service evaluation 2015-2020; with the benefits of increased chance of survival, flying emergency department, taking patients to the right place, first time and attracting new consultants into Wales</li> <li>• Service analysis undertaken by experts within the service and further modelling with independent experts</li> <li>• Impact of the change shown between 2021 baseline and the proposal to add another shift and have after dark capability with more than one aircraft; 2021 baseline met 72% of demand and anticipated could meet 88% of demand</li> <li>• Benefits it would mean an additional number of missions across Wales based on 2021 baseline</li> <li>• Next steps (potential) identified.</li> </ul> <p>Members questions / queries or comments received included:</p> <ul style="list-style-type: none"> <li>• Whether the deciding factor where the air base needed to be was the rapid response road vehicle?</li> </ul> <p>Members noted</p> <ul style="list-style-type: none"> <li>- Low usage currently in both mid and north Wales</li> <li>- Confusion raised in questions from the public in relation to WAST or EMRTS/WAAC vehicles</li> <li>- The proposed approach would be more similar to the model operating in south Wales</li> <li>- Potential opportunity to release more aircraft time for rural areas</li> <li>- Additional information was available in the second presentation but would need to be clear within the proposal</li> </ul>	
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- That an urban model could not be used for a rural area and this would be really important to understand, particularly for Powys and that people perceive the service is only provided by helicopter which is not the case.

Members noted

- Really important to have a model that ensures resources for rural areas
- People work on the assumption that they will get a response from their local base which will need to be explained in the proposal

- Difficult to understand the current service 54% by helicopter and 46% by rapid response vehicles as the public have expectations of a helicopter and important to be really clear about this and be ready to answer the challenge around harm.

Members noted

- Important that the proposal explains how the rapid response vehicles are used and what the impact is on timely response.

## Data

Members noted the high levels of interest by many key stakeholders in relation to the data.

This included:

- Help to understand how the service is currently provided
- The CASC and the team have been trying to develop an interactive database of data to help local areas understand their information
- Important to be clear what question you are trying to answer and what are the
  - risks
  - benefits
  - harms identified
- Opportunity to hold sessions with all health boards to explain the local position or work with peer groups
- Needing to have an opportunity to better understand (mindful that the proposal not yet received) what the proposal would achieve, the benefits, risks and challenges will be highly valuable, particularly in the communities who are clearly concerned about the proposed changes.
- Discussions have been held in local areas some time ago and the proposal has not yet been received so this will be helpful to understand from the data how the current service is provided
- The proposal appears to say we would meet more of the need thereby lessen the harm – some comfort, irrespective of local requirements as an all Wales service could meet more of the unmet need



	<ul style="list-style-type: none"> <li>• Importance of engagement approach and the need for local organisations to be part of the arrangements and work together for the best engagement process</li> <li>• Important to test the data to find how significant response times are for this work and whether this is something that EASC will really need to understand, also need opportunities to ask the clinical team at EMRTS whether what we see is significant or not</li> <li>• Underpinning all of the work, EASC needs to decide whether this is the service it wants to commission (albeit a service delivered in partnership with the Charity who meet the most costs of delivering the service)</li> <li>• Not clear for some members whether this is a service that would be prioritised for investment in view of the harm in the wider NHS service and would there be other costs associated? What opportunities could exist for the service to support other areas of the NHS which is already over stretched without compromising its core service delivery?</li> </ul> <p>In summary, the Chair identified the following as a result of the discussions held:</p> <ul style="list-style-type: none"> <li>• Need a clear timeline which takes into account the Christmas break</li> <li>• EASC will need to consider if it is possible to reach a decision in January</li> <li>• The proposal will be received at EASC on 8 November</li> <li>• Opportunities to see (local) data to assist understanding</li> <li>• Members will ask Board Secretaries on advice on EASC governance and the Chair suggested that the Committee Secretary should be part of the discussions</li> <li>• The issue around harm was important and asked whether data could be provided to identify and what difference the service development proposal would make</li> <li>• Will be important to consider local sensitivities and a firm commitment made that these would not be ignored</li> <li>• Important that EASC considers clearly what an all Wales EMRT service needs to provide and what it wants to commission.</li> </ul>	
<b>5</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	

## Agenda Item 1.4

DATE AND TIME OF NEXT MEETING		
6	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 8 November 2022 to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed .....  
**Christopher Turner (Chair)**

Date .....



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Emergency Ambulance  
Services Committee

## EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE WALES AIR AMBULANCE CHARITY

# SERVICE DEVELOPMENT PROPOSAL BRIEFING

ISSUE  
1

### Current position as at 14 October 2022

The purpose of this briefing is to let all stakeholders know the current position in the work to review the service development proposal developed by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity (WAAC). We will prepare further briefings as necessary.

At the meeting held on 6 September 2022, the Emergency Ambulance Services Committee, a joint committee of all health boards in Wales, (EASC) received a presentation which included a potential service development from EMRTS Cymru working in partnership with the WAAC, the presentation is available [here](#):

EMRTS Cymru has a history of service development and expansion since it was commissioned by EASC to provide an all Wales service in partnership with the WAAC. EMRTS Cymru aims to:

- provide advanced decision-making and critical care for life or limb-threatening emergencies that require transfer for time-critical treatment at an appropriate facility.

EMRTS Cymru prides itself in developing evidence based services using data routinely collected from missions and undertaking ongoing service analysis to meet the evolving requirements of the commissioners. An independent service evaluation by Swansea University (2015-2020) of EMRTS Cymru was also received in early 2022 and this, combined with the ongoing internal service analysis, led to independent experts (CSAM Optima Predict) being appointed to utilise modelling to ensure that the best use was being made of all resources.

The key headlines emerging from the ongoing work (service analysis and modelling) included:

- an opportunity to optimise the resources (aircraft, road vehicles, staff and bases) with a view to bringing the greatest benefit to the population of Wales which, according to the modelling, could lead to:
  - attending an additional 583 patients every year (average)
  - achieving 88% of the total demand compared with the existing model that meets 72% (with no additional spend)
- under-utilisation within the current service (down time)
- unmet need (patients who did not receive an EMRTS Cymru service).



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The detailed internal service analysis and independent expert modelling indicated the opportunity to enhance day-time provision with extended after-dark capability, as well as changes to base locations. In line with their close partnership working arrangements, EMRTS Cymru shared the ongoing work with the WAAC and initial discussions were started during the summer months with EMRTS Cymru and WAAC staff and other key stakeholders.

As a result of the discussions, concerns were raised by the communities of Welshpool and more recently Caernarfon regarding the impact on their air bases which are highly valued. People have also said that they are worried that this would adversely effect rural areas and lead to longer waiting times.

The Chief Ambulance Services Commissioner (CASC) has been tasked by EASC to lead an independent structured approach in developing a clear plan, identifying the governance and working with the All Wales Community Health Council (CHC) to clarify what would be required as a result of the proposed service development. The work will include communicating widely with stakeholders including holding face to face meetings where required to ensure all views are considered in the decision-making process and to ensure that key issues are understood prior to the final decision being made in early 2023.

#### Key facts:

- No decision has yet been made
- Opportunity to attend an additional 583 patients per annum with a life or limb threatening emergency in Wales
- The CASC leading the work
- A decision on the process required will be decided upon by the All Wales CHC
- The service development proposal will be presented to the EASC on 8 November 2022 for initial discussion
- EASC are likely to make a decision on the service development proposal in early 2023
- Communities have raised concerns about the potential closure of the current air bases in Welshpool and Caernarfon.

#### Key timelines:

- All Wales CHC meeting 20 October 2022 (to decide on process required)
- EMRTS Delivery Assurance Group 1 November 2022 (subgroup of the EASC)
- EASC to receive service development proposal 8 November 2022
- Final decision by EASC in early 2023.

#### How can you find out more?



Professor David Lockey, National Director EMRTS Cymru gives a short video overview of the proposals, click [here](#) to view

We have a website available where you can keep up to date with the latest information. You can also pose a question or comment on the proposals and view the frequently asked questions (FAQs) by [clicking here](#).

#### Other helpful links

WAAC Website, [click here](#)  
WAAC Service Analysis, [click here](#)  
WAAC FAQs, [click here](#)  
EMRTS Cymru Website: [click here](#)



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
6 SEPTEMBER 2022 AT 13:30HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Glyn Jones	Aneurin Bevan ABUHB
Jo Whitehead	Chief Executive Betsi Cadwaladr, BCUHB
Paul Mears	Chief Executive Cwm Taf Morgannwg CTMUHB (in part)
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
<b>Associate Members:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

<b>In Attendance:</b>	
Meriel Jenney	Medical Director, Cardiff and Vale CVUHB
Lee Davies	Director of Planning, Hywel Dda HDdUHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

<b>In Attendance:</b>	
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Julian Baker	Director of National Collaborative Commissioning, NCCU
<b>In Attendance for agenda item 2.3 'Focus on' Session Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru</b>	
David Lockey	National Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
David Rawlinson	Clinical Informatics and Research Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Sue Barnes	Chief Executive, Wales Air Ambulance Charity
Mark Winter	Operations Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Michael Slattery	Consultant and Clinical Lead, Adult Critical Care Transfer Service, EMRTS Cymru
Matt Cann	Programme Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Steve Stokes	Director of Communications and Strategic Engagement, Wales Air Ambulance Charity
<b>For Agenda item 2.4</b>	
Tef Jansma	Optima supporting Welsh Ambulance Services NHS Trust (WAST)
Brendan Lloyd	Medical Director, Welsh Ambulance Services NHS Trust (WAST)

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 22/91	<b>WELCOME AND INTRODUCTIONS</b>  Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.	Chair
EASC 22/92	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were received from Steve Moore and Andrew Carruthers (Lee Davies representing), Suzanne Rankin (Meriel Jenney representing); Nicola Prygodzicz, Mark Hackett, Steve Ham and Ross Whitehead.	Chair
EASC 22/93	<b>DECLARATIONS OF INTERESTS</b>  There were none.	Chair

EASC 22/94	<p><b>MINUTES OF THE MEETING HELD ON 12 JULY 2022</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 12 July 2022.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held 12 July 2022.</li> </ul>	Chair
EASC 22/95	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log and <b>NOTED</b>:</p> <p><b>EASC 22/79</b></p> <ul style="list-style-type: none"> <li>• <b>EASC Action Plan</b></li> </ul> <p>Members noted that the EASC Action Plan received in the papers did not include the immediate release information. However, this had been included in the latest version which was submitted on 5 September 2022 and had been circulated to Chief Executives and Chief Operating Officers (COOs) in NHS Wales.</p> <ul style="list-style-type: none"> <li>• <b>Different staff input to WAST Control / call options</b></li> </ul> <p>Jason Killens explained that discussions were progressing in some community areas which reflected WASTs longer term strategy to work more closely with local authority staff within the call centres (Item to remain on Action Log).</p> <p>Carol Shillabeer raised this potential development in the ongoing work with all local authorities in relation to increasing community care capacity and confirmed that the first steering group meeting would take place on 12 September. Jason Killens welcomed the opportunity to develop a joint approach with local authorities across Wales.</p> <ul style="list-style-type: none"> <li>• <b>Red demand and variation</b></li> </ul> <p>Included within the WAST update section on Agenda Item 2.4.</p> <p><b>EASC 22/81</b></p> <ul style="list-style-type: none"> <li>• <b>Roster Reviews</b></li> </ul> <p>Jason Killens gave an overview of the work to date and confirmed that the first roster would 'go live' on 26 September 2022 in the Hywel Dda UHB area. For ease of reference, WAST agreed to forward a table of the roster changes on a health board basis (Added to Action Log). Members noted that as a result of these changes 30 more vehicles could be available at peak times.</p>	WAST



	<ul style="list-style-type: none"> <li>• <b>WAST Working Practices</b> Jason Killens confirmed that progress had been made with the Trade Unions, including an agreement that adjustments would be made on continuing professional development time for emergency medical services staff and this would be added into front line production (as identified in the Emergency Medical Services Demand and Capacity Review). It was likely to be implemented as a 'soft' launch in the financial year and would be mandatory from next year. Members noted that a further meeting was planned with the Trade Unions with the expectation that this would (best offer) be presented to their members. The next phase would discuss post production lost hours and the sensitive issue related to the management of meal and rest breaks. Some concerns regarding the current climate and pressures over winter were noted and therefore no timeline had yet been identified for delivery. An update would be provided at the next meeting.</li> <li>• <b>Immediate Red Release</b> The Chair asked Members to note that this action had been undertaken at health board level and that Chairs of health boards would be keen to be notified of any specific issues.</li> </ul> <p><b>EASC22/20</b></p> <ul style="list-style-type: none"> <li>• <b>Performance Report</b> To remain on the action log awaiting further update re Digital Health and Care Wales looking at linked data sets related to patient outcomes.</li> </ul> <p><b>EASC 21/26</b></p> <ul style="list-style-type: none"> <li>• <b>Committee effectiveness</b> The Chair reported that attempts had been made to contact the Citizen's Voice Body and would report progress at the next meeting.</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the Action Log.</p>	
EASC 22/96	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising from the minutes.</p>	Chair
EASC 22/97	<p><b>CHAIR'S REPORT</b></p> <p>The Chair's report was received.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report and the wider circulation to the Chairs</li> <li>• <b>NOTE</b> the Chair's objectives set by the Minister.</li> </ul>	Chair

Part 2. ITEMS FOR DISCUSSION AND APPROVAL	ACTION
<p>EASC 22/98</p> <p><b>PERFORMANCE REPORT</b></p> <p>The Performance Report was received. In presenting the report Phill Taylor explained that data had been used from July (Ambulance Service Indicators) and August for the wider performance report and highlighted the following areas:</p> <p><b>Ambulance Service Indicators (July data)</b></p> <ul style="list-style-type: none"> <li>• The improving outcomes and numbers of patients managed via 'hear and treat'</li> <li>• Incidents receiving a response were reduced (possible impact of the Clinical Safety Plan?)</li> <li>• Conveyance had reduced, although it was important to consider this in light of a reduction in attendance in response to escalation decisions relating to the clinical safety plan</li> <li>• Ongoing work on post production lost hours and were now included in the EASC Action Plan</li> <li>• All-Wales red 8minute performance was 52% (target 65%)</li> <li>• Handover lost hours – over 24,000 in July (and subsequently 22,000 in August)</li> <li>• Weekly performance dashboard now circulated widely within health boards and Welsh Government.</li> </ul> <p>Members raised important points including:</p> <ul style="list-style-type: none"> <li>• Relentless demand across Wales and hours lost, would remain a challenge, whilst the work to deliver the circa 1,000 community or alternative beds continued</li> <li>• The significant numbers of patients within the system that were 'fit for discharge'</li> <li>• Concerns regarding the trajectory for the winter and the need for effective partnership working</li> <li>• That the volume of demand at the front door was likely to increase</li> <li>• Useful ideas that had been identified within the fortnightly handover improvement meetings, including the measurement of the total wait from dialling 999 to the definitive point of care and development of an evening transport system</li> <li>• Support for the use of the EASC mechanisms to feed ideas back into the system, for example using the CEO group meetings.</li> </ul> <p>Members noted that the first steering group meeting would take place on the week commencing 12 September regarding the development of the 1,000 community beds. It was agreed that there was a need to be realistic about what could be achieved with this work.</p>	<p>CASC</p>

	<p>The Chair noted the good work being undertaken and the challenges being encountered, emphasising the need to coordinate efforts and to work together over coming months.</p> <p><b>Immediate Release</b></p> <ul style="list-style-type: none"> <li>• WAST had presented the protocols to manage immediate release at the last meeting</li> <li>• Amber release increased from 31% to 44% with WAST and health boards working together.</li> </ul> <p><b>Handover delays</b></p> <ul style="list-style-type: none"> <li>• Fortnightly Handover Improvement Plan meetings continued with a focus on working towards the 2 agreed trajectories</li> <li>• Improvements in both areas across Wales during the last 3 months with the number of patients waiting over 4 hours reducing</li> <li>• Overall lost hours remained very high.</li> </ul> <p><b>EASC Action Plan</b></p> <ul style="list-style-type: none"> <li>• Latest plan submitted to Welsh Government on 5 September</li> <li>• Discussion at Directors of Planning meeting and linking to the integrated medium term plan (IMTP) process</li> <li>• Progress with some actions and linking to existing mechanisms with Welsh Government</li> <li>• Some small improvements and positive signs with good local actions seen.</li> </ul> <p>Members noted that the EASC Action plan was being well received and that it was important that any further actions were captured and included as necessary.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report.</li> <li>• <b>NOTE</b> the Ambulance Services Indicators</li> <li>• <b>NOTE</b> the performance reporting information submissions</li> <li>• <b>NOTE</b> additional actions that the committee could take to improve performance delivery of commissioned services</li> <li>• <b>NOTE</b> the handover improvement trajectories</li> <li>• <b>NOTE</b> the EASC Action Plan.</li> </ul>	
EASC 22/99	<p><b>QUALITY AND SAFETY REPORT</b></p> <p>The Quality and Safety Report on commissioned services was received.</p> <p>In presenting the report, Matthew Edwards reminded Members that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).</p>	

	The following areas were highlighted:	
	<ul style="list-style-type: none"> <li>• The work of the Healthcare Improvement Wales (HIW) Task &amp; Finish Group (convened by the EASC Team) established to lead and coordinate the work in response to the recommendations made as part of the HIW "Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover"; a position update had been undertaken with the aim to meet with HIW and close some recommendations. A further update would be provided at the next meeting (Action Log)</li> <li>• An update on progress of the NHS Wales Delivery Unit on Appendix B Task &amp; Finish Group (convened by the EASC Team), which was established to review the process related to the WAST-led serious incident joint investigation framework, was received. Members noted that the first meeting had taken place with representatives of health boards, WAST, the EASC Team and the NHS Wales Delivery Unit. The meeting had been well attended by a mixed group of Directors of Nursing and Assistant Directors of Quality and Safety. The aim of the meeting was to agree a consistent approach to joint investigations between organisations in line with the nationally agreed policy. Members noted that the next meeting would take place on 8 September 2022 and progress would be reported to the EASC Management Group.</li> </ul>	EASC Team
	Members noted the general growth in the number of adverse incidents and the renewed focus on quality and safety issues which were closely linked to the deteriorating performance position. Further work would be undertaken to include other commissioned services such as non-emergency patient transport services and emergency medical retrieval and transfer services in this report.	
	The Chair thanked the EASC Team for the report and highlighted the importance of considering the performance report and the quality and safety report together at meetings as they were both fundamental to the effectiveness of the Committee as a commissioning body.	
	Members <b>RESOLVED</b> to:	
	<ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report and the progress made by both Task and Finish Groups</li> <li>• <b>NOTE</b> the content of the discussion in the Appendix B Task and Finish Group and the agreed next steps</li> <li>• <b>NOTE</b> the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services</li> <li>• <b>NOTE</b> the provision of Quality and Safety Reports relating to commissioned services at all future meetings.</li> </ul>	EASC Team

<p>EASC 22/100</p>	<p><b>'FOCUS ON' EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU)</b></p> <p>David Lockey was welcomed to the meeting and introduced his team which included Mark Winter, Sue Barnes, Steve Stokes, David Rawlinson and Michael Slattery.</p> <p>David Lockey led a presentation which gave an overview of the EMRTS Cymru service which included:</p> <ul style="list-style-type: none"> <li>• The journey in the development of EMRTS Cymru since becoming operational in 2015 and the service changes made over recent years including phase 1 of the 24-hour provision, implementation of the Adult Critical Care Transfer Service (ACCTS) and establishment of an Aftercare Service</li> <li>• The service continued to work closely with the Wales Air Ambulance Charity (the Charity)</li> <li>• Use of the CAREMORE Quality and Delivery Framework</li> <li>• Operational overview was now available instantly within the portal <a href="#">EMRTS Cymru AQIs - Power BI</a></li> <li>• 2021/22 data: 3,247 incidents; 46% by road; 54% by air; 68% conveyance to hospital; 9 calls per day; 8 trauma desk calls per night; 16% air stand down (compared to industry average of c. 25%); 141 sedations; 119 blood transfusions; 561 intubations and 412 anaesthetics</li> <li>• Data overview of the services (available in the Annual Report)</li> <li>• Longitudinal view of the service from 2016 to present; seeing an increase in activity</li> <li>• An overview of EMRTS Commissioning Intentions for 2022/23</li> <li>• A presentation by Dr Michael Slattery covering the first year of the newly established ACCTS service including the strong relationship with the Welsh Critical Care Network, work undertaken with NHS England and activity 22% higher than forecasted and continuing to grow</li> <li>• A focus on the Strategic Review undertaken by the Charity System to determine "the optimal operational configuration and physical footprint for the lifesaving services that brings greatest benefit to all the people of Wales" ahead of the forthcoming commercial aviation procurement process.</li> </ul> <p>Members noted that the internal service analysis had included consideration of base activity data since establishment of the service in 2015, service reviews already undertaken including the EMRTS Service Evaluation (undertaken with Swansea University) and comprehensive demand and capacity modelling. It was confirmed that this analysis has been undertaken at a health board and regional level in order to understand the demand and current unmet need.</p>	
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	<p>Key headlines from the service analysis included under-utilisation and unmet need (geographic, overnight and hours of darkness). The robust analysis and modelling indicated the need for extended hours of operation and changes to optimise base location.</p> <p>Members noted recent challenges due to a media leak ahead of the finalisation of the data analysis and the subsequent planned stakeholder engagement process. A strong reaction was reported and a perception of a loss of service, particularly in Powys.</p> <p>The key headlines of a proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales included attending an additional 583 patients, improved average response times (on average 11 minutes quicker) and achieving 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).</p> <p>The Chair thanked the team for their work to date and the clarity provided by the presentation in terms of the service provided but also the potential for an enhanced service in the future.</p> <p>Members raised:</p> <ul style="list-style-type: none"> <li>• The need to have follow up conversations related to the Powys health board area and the Powys related data</li> <li>• Carol Shillabeer recognised the importance of embracing the opportunity for change and the need to celebrate the excellent service developed to date but also emphasised the need to be sensitive about this as an all-Wales service and the importance of equity of access (particularly for people in rural Wales and representing the views of people in mid Wales)</li> <li>• Members noted that Powys had disproportionately benefited from the service but on the other hand it was important in terms of the use of 'Cardiff' within the slides providing the impression of a south Wales centric service – important therefore to see the all-Wales view</li> <li>• It would be helpful to map out and present the changing demand and the service changes over the years</li> <li>• The ability of the expanded service to reach more people and the usefulness of the graphics in demonstrating this</li> <li>• The importance of clarifying the distinctive roles of the ambulance service and EMRTS</li> <li>• Future opportunities for the ACCTS service and other transfer services like neonatal</li> </ul>	
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	<ul style="list-style-type: none"> <li>• The emotional ties of communities to the Wales Air Ambulance Charity (particularly to bases) and the impact of any change</li> <li>• Carol Shillabeer raised the issue related to the role of EASC as the commissioners in progressing this matter; it was agreed that this was a commissioning issue for the committee</li> <li>• The question regarding who would lead on the ongoing work to ensure a robust, appropriate and managed process ensuring the required engagement; it was agreed that further discussions would take place at the next EMRTS Delivery Assurance Group (to be held 12 September) and the CASC also undertook to consult with CEOs</li> <li>• That a briefing session had been planned with the Minister week commencing 12 September to consider the press leak</li> <li>• Stuart Davies asked regarding a presentation received earlier at the Welsh Health Specialised Services Committee (WHSSC) in relation to the Major Trauma Centre in the south and the main impact on primary and secondary transfers and if this has settled or were further impact assessments required? – David Lockey responded and emphasised the importance of taking patients to the right place at the right time and since EMRTS Cymru had been in operation there had been a considerable reduction in the number of secondary transfers. The Major Trauma Network had made the pathway easier as expected and no further large changes were anticipated but fine tuning would be required and the trauma desk had been very helpful</li> <li>• That it was important to recognise the current level of service and how it was delivered as an all Wales service and that 65% of the Welshpool based air ambulance activity provided services outside Powys; at night the only EMRTS service was provided from Cardiff but the proposed changes may widen this provision</li> <li>• The importance of ensuring an all-Wales view during the consideration process, for example, David Lockey explained the impact that the expanded day shift in Cardiff had in ensuring that the aircraft in West Wales was available to support rural areas</li> <li>• Stephen Harrhy suggested the importance of using the commissioning resource envelope, aligned to health board strategies, to meet the needs of the population of Wales</li> <li>• The desire to support the system to get this right and it was agreed that further consultation with CEOs would help to better understand the information and the local nuances</li> <li>• That the presentation was compelling but that this was an emotive subject and there was a need for wider engagement</li> <li>• Important to consider the impact on the Charity</li> </ul>	CASC
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	<ul style="list-style-type: none"> <li>• The importance of ensuring the approach was fair and balanced in terms of service change and the potential impact on WAST in terms of their roster changes. The variety of transfer services would need to be scoped out and with a report back to the next meeting (Action Log)</li> <li>• Next steps and the need for a structured approach including clear project plan, clear governance and decision-making framework (including decision timelines) and a clear engagement (or consultation) / handling plan with clarity in relation to whether this is significant service change.</li> </ul> <p>(Tef Jansma joined the meeting)</p> <p>The Chair thanked members for their contribution to this important discussion, confirming that Members were receiving the information as a starting point of the engagement process. Members were advised that a structured and considered approach would be undertaken in line with the discussion held.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the presentation</li> <li>• <b>RECEIVE</b> formally the Service Development Proposal at a future meeting</li> <li>• <b>AGREE</b> in the meantime to develop a structured approach including a project plan, to include a detailed engagement plan, to clarify the next steps.</li> </ul>	<p>EMRTS Team</p> <p>EASC Team</p> <p>EASC Team</p>
EASC 22/101	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE</b></p> <p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:</p> <ul style="list-style-type: none"> <li>• The link to the performance and quality &amp; safety reports (already received)</li> <li>• Clinical outcomes implementation of electronic patient clinical record (EPCR) which went live nationally in March 2022; now receiving care bundle reports and trend of improvement with compliance in two of the three care bundles and work to draw data from the e-case card and the new reporting regarding the quality of care provided and how this might be changed. Members noted that there was more to come in this area and would be received in future meetings</li> </ul> <p>(Paul Mears joined the meeting at 15:10)</p> <ul style="list-style-type: none"> <li>• Capacity – good progress had been made on recruiting the additional 100 front line staff (by January 2023) and confident of recruitment</li> <li>• Immediate release and the latest compliance report had been shared and Jason Killens welcomed the support in terms of week on week improvement</li> </ul>	

- Roster reviews would share current state in line with the Action Log.  
(Brendan Lloyd joined the meeting)

### **Red Demand and Variation**

Tef Jansma gave a presentation 'Variables affecting Red Performance'. The following areas were highlighted:

- Inverse relationship between Red performance and vehicle utilisation – the increase on utilisation makes it difficult to have high red performance and a certain amount of excess vehicle availability is required
- Correlations (one variable is affected by another variable not necessarily causal relationship) can be positive or negative, 0% is no relationship at all (and range from -100% to +100%)
- Comparison requested by WAST between 2021 and 2022; script of correlations developed by Optima and in 2021 -53% red travel duration of emergency ambulance (EA) vehicles; - EA utilisation 50%; red calls responded to -50%. In 2022, the top correlations were highlighted WAST have some scope to influence (includes duration spent at hospital)
- Red underperformance was not the result of a single issue and therefore required a multi-faceted approach.

A further presentation by WAST 'Actions being undertaken to reduce variation and improve red performance' was provided which highlighted:

- The number of responded incidents (WAST expansion of clinical support desk; ECNS patient triage and streaming and implementation of forecasting and modelling; in Health boards roll out PTAS in all areas)
- Red performance varies significantly from one day to the next and is the result of many correlations
- Number of hours produced with key actions identified
- Capacity and utilisation including hours produced (100 additional staff; increased overtime; procurement of third-party ambulance resources; managing attendance)
- Re-rostering and Cymru High Acuity Response Unit (CHARU)
- Travel durations and mobilisation (time spent on scene; deep dive into clinical contact centre analysis and modelling on community first responders)
- Duration at hospital including alternatives.

The Chief Ambulance Services Commissioner explained that he had expected that if an improvement had been seen in amber performance there would also be an improvement in red performance. The CASC wanted to understand why this was not the case and how additional capacity could be deployed to improve red performance.

<p>The CASC raised that significant variation was occurring on a day-by-day basis and there was a need to undertake more analysis to explain this. Members noted that Amber performance did not chase seconds but this would make a big difference in red call performance times. It was agreed to consider this at the next EASC Management Group meeting to ensure the most effective use of the additional capacity being progressed within the service and improve red performance, this would then need to be reported back to Committee.</p>	<p>EASC Team</p>
<p><b>Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table</b></p>	
<p>Jason Killens presented the report on the Clinical Response model and the Dispatch Cross Reference Table. Members noted the variation with red, amber and green categories used in Wales, conversely categories 1 to 5 are used in England.</p>	
<p>Brendan Lloyd highlighted the current differences between England and Wales. The Clinical Priority and Assessment Software (CPAS) Group in Wales regularly reviewed the Dispatch Cross Reference Table and usually any changes were minor and were managed internally. However, the changes proposed were significant and were driven by patient safety concerns.</p>	
<p>Members noted:</p> <ul style="list-style-type: none"> <li>• Changes to patients fitting and the poor outcomes for this group of patients (this was also the subject of a HM Coroner’s report)</li> <li>• Codes for haemorrhage proposed to change from Amber 1 to Red</li> <li>• As a consequence of the changes to be made this would impact on the movement of patients and would lead to a marginal positive impact (improvement) but would have a noticeable impact on Amber 1. Although a strong clinical outcome it was likely to see a slight improvement in red but a negative impact on Amber performance</li> <li>• The proposition to move to the changes from the 1<sup>st</sup> Monday in October in line with the clinical recommendation.</li> </ul>	
<p>Members asked:</p> <ul style="list-style-type: none"> <li>• How in partnership meetings would the impact for each HB community be identified and clarified? – Jason Killens responded this would happen in due course and a written stakeholder briefing was planned together with a briefing about the new rosters it would be a good opportunity to raise with stakeholders</li> </ul>	
	<p>WAST</p>

	<ul style="list-style-type: none"> <li>As this was a significant change had it been endorsed by the WAST Board? Jason Killens responded and Members noted that informal discussions had been held and this would be formally taken through the Board at the end of September (added to the Action Log)</li> <li>CASC offered to work with WAST to discuss appropriate engagement regarding the changes and offered to inform the Welsh Government regarding this matter so that they were aware of the impact.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the WAST Provider Report</li> <li><b>NOTE</b> the actions in relation to the engagement required for Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table.</li> </ul>	<p>WAST</p> <p>CASC</p>
EASC 22/102	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</b></p> <p>The Chief Ambulance Services Commissioner's report was received. Stephen Harrhy presented the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>For the remainder of the financial year the additional commissioning allocation agreed as part of the EASC IMTP would be targeted at <ul style="list-style-type: none"> <li>- additional transfer and discharge services</li> <li>- targeted outcomes to support performance and mitigating clinical risk</li> </ul> </li> </ul> <p>The escalation policy that was previously agreed by the NHS Leadership Board would be introduced following the agreement of an implementation plan with COOs.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
EASC 22/103	<p><b>EMERGENCY AMBULANCE SERVICES COMMISSIONING FRAMEWORK</b></p> <p>The report on the Emergency Ambulance Services Commissioning Framework was received. In presenting the report Matthew Edwards highlighted the following areas:</p> <ul style="list-style-type: none"> <li>Enhanced commissioning framework as a key element of the collaborative commissioning approach</li> <li>Frameworks designed to support system leaders to work in a collaborative way, encouraging open and transparent discussions between commissioners and providers with the aim to support an improvement in service delivery, quality, and performance with a view always to optimise patient outcomes, patient safety and the patient experience</li> </ul>	

- Discussions regarding the enhanced commissioning framework and the approach to commissioning emergency ambulance services going forward had been held at EASC Committee and EASC Management Group meetings over many months
- At the EASC Management Group meeting in April it was agreed to work together to develop local plans that respond to the needs of the local population and the challenges being faced by each health board in the short and longer term. It was felt that this local approach would help to:
  - identify the actions already being undertaken (by health boards, by WAST or jointly by HBs and WAST)
  - identify opportunities for service re-design
  - develop different and optional transformational service offers within each health board area
  - develop alternative pathways and new roles across the system
  - specify services that should be standardised across Wales and share areas of best practice
  - ensure that evidence-based commissioning decisions were made.
- The development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST, had been the focus at subsequent meetings. This was a key enhancement of the commissioning framework and would provide clarity on how resources were being utilised to deliver the priorities of the Committee and its sub-groups and would support decision-making in terms of investment, resource utilisation and patient outcomes
- The key principles and content of the draft framework agreement were endorsed by Committee members at the July 2022 meeting of EASC. The draft agreement had now been formatted and finalised to include comments received from Members
- The key principles of an implementation plan were noted, this plan would:
  - ensure that local ICAPs were developed and signed off as required
  - inform the development of commissioning intentions for 2023-24
  - inform the IMTP section relating to EASC and emergency ambulance services for each organisation.
- As a new element of the commissioning frameworks, the EASC Team would continue to develop and adapt the approach relating to ICAPs ahead of any future refreshes.

Members noted the need to align:

- the development of ICAPs with the IMTP planning process

	<ul style="list-style-type: none"> <li>the ICAP process with the requirements of the Six Goals for Urgent and Emergency Care.</li> </ul> <p>Following discussion Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the collaborative approach undertaken to refresh and enhance the emergency ambulance services commissioning framework</li> <li><b>NOTE</b> the development of local Integrated Commissioning Action Plans that respond to the needs of the local population</li> <li><b>NOTE</b> the key principles of the implementation plan and next steps</li> <li><b>APPROVE</b> the Collaborative Commissioning Framework Agreement.</li> </ul>	
EASC 22/104	<p><b>EASC COMMISSIONING UPDATE</b></p> <p>The report on the EASC Commissioning Update was received. Matthew Edwards presented the report and Members were reminded that this was now a standing agenda item. Members noted that the update provided an overview of the progress being made against the key elements of the collaborative commissioning approach.</p> <p><b>EASC Integrated Medium Term Plan (IMTP)</b></p> <p>It was reported that confirmation had been received from Welsh Government that the EASC IMTP was acceptable and that the correspondence included certain accountability conditions, including the need for a greater emphasis on risk and quality. Members noted the introduction of the Quality &amp; Safety Report as a standing agenda item for the EASC Committee and EASC Management Group meeting and ongoing work to strengthen the approach.</p> <p>Members also noted the expectation within the accountability letter that progress against the plan must be monitored effectively and therefore received the detailed EASC IMTP Quarter 1 Update. Members noted:</p> <ul style="list-style-type: none"> <li>The progress made against the EASC Commissioning Intentions</li> <li>The refreshed EASC Action Plan which reflected the actions and initiatives being undertaken by WAST, health boards and jointly and an indication of the level of progress made and the level of confidence in terms of delivery of each initiative</li> <li>Work to develop the refreshed Emergency Ambulance Services Commissioning Framework and the requirement for the co-production (involving WAST, health boards and EASC Team) of local integrated commissioning action plans</li> </ul>	

- The progress made in relation to the National Transfer and Discharge Service with the establishment of the Project team, with scope and principles being developed
- Emerging system transformational change with discussions ongoing with each organisation to ensure that implications for NHS Wales are understood at the earliest stage.

This update against the EASC IMTP was noted at the recent meeting of the EASC Management Group and further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

## EASC Commissioning Intentions

Members were reminded that Commissioning Intentions were worked up with health boards for each of the commissioned services to provide a clear indication of the strategic priorities of the Committee for the next financial year.

The EASC Management Group, on behalf of EASC, continue to hold responsibility for the development, monitoring and reporting of progress against intentions to ensure the strategic intent is achieved. The agreement of the EASC commissioning cycle in 2021-22 has already ensured increased engagement and a more timely approach to the agreement of commissioning intentions for 2022-23.

Members received the detailed Quarter 1 update against the EASC Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service). This update highlighted key areas of progress for each commissioned service with many already discussed at length during today's Committee meeting.

Key progress relating to the NEPTS service was noted by Members including:

- The Quality Management Framework - including 3Qs (Quality Assurance, Quality Control and the Quality Award)
- Increasing the number of providers in line with the NEPTS business case and the plurality model
- Early work in relation to re-rostering with the Project Initiation Document anticipated for October.

The Commissioning Intention update was noted at the recent meeting of the EASC Management Group and further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.



	<p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the collaborative commissioning approach in place</li> <li>• <b>APPROVE</b> the progress made against the EASC IMTP in Quarter 1 as set out in the update provided</li> <li>• <b>NOTE</b> the Quarter 1 update against the commissioning intentions for each of the commissioned services.</li> </ul>	
EASC 22/105	<p><b>FINANCE REPORT MONTH 4</b></p> <p>The Month 4 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 4<sup>th</sup> month of 2022/23 together with any corrective action required. Members noted that there was no variance to report and the finance team were tracking the WAST spend against the £3m for additional WAST front line staff and further information as well as the year end forecast would be presented at the next meeting.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
EASC 22/106	<p><b>EASC SUB-GROUPS CONFIRMED MINUTES</b></p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> <li>• Chair's Summary EASC Management Group – 18 August 2022</li> <li>• EASC Management Group – 16 June 2022</li> <li>• NEPTS Delivery Assurance Group – 6 June 2022.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the confirmed minutes.</li> </ul>	
EASC 22/107	<p><b>EASC GOVERNANCE</b></p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted a number of items for approval, including:</p> <ul style="list-style-type: none"> <li>• The EASC Risk Register presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation)</li> <li>• The 3 red risks within the EASC Risk Register relating to key items already discussed at the meeting</li> <li>• EASC Assurance Framework report, it was noted that this was in same style as the host body's assurance framework</li> <li>• The list of key organisational contacts was noted.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the risk register</li> <li>• <b>APPROVE</b> the EASC Assurance Framework</li> <li>• <b>NOTE</b> the information within the EASC Key Organisational Contacts</li> </ul>	

## Agenda Item 1.4

EASC 22/108	<b>FORWARD LOOK AND ANNUAL BUSINESS PLAN</b>  The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions.  Members <b>RESOLVED</b> to: <b>NOTE</b> the report.	
<b>Part 3. OTHER MATTERS</b>		<b>ACTION</b>
EASC 22/109	<b>ANY OTHER BUSINESS</b>  The Chair closed the meeting by thanking Members for their contribution to the discussions.	
<b>DATE AND TIME OF NEXT MEETING</b>		
EASC 22/110	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 8 November 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed .....  
**Christopher Turner (Chair)**

Date .....



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 30<sup>th</sup> November 2022  
Agenda Item: 4.10

## Aneurin Bevan University Health Board

### Committee and Advisory Group Update and Assurance Reports

#### Purpose of the Report

This report acts as a mechanism for Committees to provide assurance to the Board with regard to business undertaken in the last reporting period. It also allows the Committee to highlight any areas that require further consideration or approval by the Board.

The Board is asked to note this report and the updates provided from Health Board Committees for assurance.

#### The Board is asked to:

Approve the Report.

Discuss and Provide Views

Receive the Report for Assurance/Compliance

✓

Note the Report for Information Only

**Executive Sponsor:** Rani Dash, Director of Corporate Governance

**Report Author:** Bryony Codd, Head of Corporate Governance

**Report Received consideration and supported by:**

**Executive Team**

N/A

**Committee of the Board**  
[Committee Name]

**As outlined.**

**Date of the Report:** November 2022

**Supplementary Papers Attached:** Committee Assurance Reports

#### Background and Context

The Health Board's Standing Orders, approved in line with Welsh Assembly Government guidance, require that a number of Board Committees and advisory groups be established. The following Committees and advisory groups have been established:

- Audit, Risk and Assurance Committee
- Charitable Funds Committee
- Patient Safety, Quality and Outcomes Committee
- Mental Health Act Monitoring Committee
- People and Culture Committee
- Remuneration and Terms of Service Committee
- Partnerships, Population Health and Planning Committee

#### Assurance Reporting

The following Committee assurance reports are included:

- People and Culture Committee – 20<sup>th</sup> September 2022
- Finance and Performance Committee – 5<sup>th</sup> October 2022
- Audit, Risk and Assurance Committee – 6<sup>th</sup> October 2022
- Charitable Funds Committee – 27<sup>th</sup> October 2022

### **External Committees and Group**

Representatives from the Health Board also attend a number of Joint sub-Committees or partnerships of the Health Board, these are:

- Emergency Ambulance Services Committee
- Welsh Health Specialised Services Committee
- Shared Services Partnership Committee

In order to provide the Board with an update on the work of these Committees and Groups the following minutes, assurance reports and briefings are included:

- Shared Services Partnership Committee – 22<sup>nd</sup> September 2022
- WHSSC/EASC – provided within Agenda item 4.9 – An Overview of Joint Committee Activity.

### **Assessment and Conclusion**

In receiving this report, the Board is contributing to the good governance practice of the organisation in ensuring that Committee business is reported to the Board and any key matters escalated, where appropriate.

### **Recommendation**

The Board is asked to note for assurance this report, and the updates provided from Health Board Committees.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	There are no key risks with this report. However, it is good governance practice to ensure that Committee business and minutes are reported to the Board. Therefore, each of the assurance reports might include key risks being highlighted by Committees.
<b>Financial Assessment, including Value for Money.</b>	There is no direct financial impact associated with this report.
<b>Quality, Safety and Patient Experience Assessment</b>	A quality, safety and patient experience assessment has not been undertaken for this report as it is for assurance purposes.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	An Equality and Diversity Impact Assessment has not been undertaken for this report.
<b>Health and Care Standards</b>	This report will contribute to the good governance elements of the Standards.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	There is no direct link to the Plan associated with this report, however the work of individual committees contributes to the overall implementation and monitoring of the IMTP.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	Not applicable to this specific report, however WBFGA considerations are included within committee's considerations.
<b>Glossary of New Terms</b>	None
<b>Public Interest</b>	This report is written for the public domain.

<b>Name of Committee:</b>	<b>People &amp; Culture Committee</b>
<b>Chair of Committee:</b>	<b>Louise Wright</b>
<b>Reporting Period:</b>	<b>20<sup>th</sup> September 2022</b>
<b>Key Decisions and Matters Considered by the Committee:</b>	
<b><i>Committee Strategic Risk report &amp; Workforce Divisional Risk Register- September 2022</i></b>	
The Committee received and noted the report for assurance and compliance.	
Members endorsed the inclusion of the following two potential risks to the Corporate Risk Register:	
<ul style="list-style-type: none"> <li>• Industrial Action</li> <li>• Nursing and HCSW agencies refusing to contract with the Health Board</li> </ul>	
<b><i>Committee Workplan 2022/23</i></b>	
The Committee received the workplan, noting the alignment to the agreed Terms of Reference, the Board Assurance Framework and the People Plan 2022/23.	
Members approved the proposed workplan, subject to further discussion to finalise expectations for required items.	
<b><i>People Plan Update Quarter 1</i></b>	
The Committee received an update on progress made during the first quarter of the implementation of the People Plan 2022-25, alongside future plans.	
Members were informed of continued staff engagement through roadshows, workshops, videos and newsletters. An update on plans for a dedicated Project Manager to support staff engagement would be reported to the Committee at a future meeting.	
Members noted the significant use of agency staff. An update on the Health Board's recruitment Modernisation Programme, including a deep dive on agency and bank work would be reported to a future Committee meeting.	
<b><i>Workforce Performance Dashboard- September 2022</i></b>	
The Workforce Performance Dashboard to be shared with members outside of the meeting. Members were invited to provide comments on the Dashboard to the Director of Workforce & OD.	
<b><i>Report from the Director of Workforce and OD</i></b>	
The Committee received the report providing an overview of a range of activities of the Workforce & OD Team, key issues locally, regionally and in NHS Wales between April and September 2022.	
The Committee noted the contents of the report.	
<b><i>Employee Well-being Survey Update</i></b>	
The Committee received a brief verbal update based upon results of the fifth Employee Well-being Survey.	
A full report analysing the data and outlining the next steps to come back to a future Committee meeting.	
<b><i>Agile Working Update</i></b>	
The Committee received an update of the work delivered through the Agile Delivery Board and an overview of the Agile Working Plan, performance to date and associated risks.	

The Committee noted the update.

***More than Just Words 2022-27***

The Committee received an overview of the Welsh Government's More Than Just Words (MTJW) plan for 2022-2027 and recommendations to ensure the Health Board is compliant.

Members noted the contents of the report and approved the key actions identified. The undertaking of the actions would ensure that the Health Board would be in a position to meet the objectives of the MTJW plan 2022-2027.

***Taking Care of the Carers, Management Response***

The Committee noted the report for information.

**Matters Requiring Board Level Consideration or Approval:**

The Committee approved the addition of the two new risks on the Corporate Risk Register. The two new risks were as follows:

- Industrial Action
- Nursing and HCSW agencies refusing to contract with the Health Board

Ongoing discussions to take place with the Executive Team prior to recommendation of the risks on the Strategic Risk Report presented to the Board in November 2022.

**Key Risks and Issues/Matters of Concern:**

None highlighted.

**Planned Committee business for the Next Reporting Period:**

- Review of Committee Programme of Business
- Committee Strategic Risk Report & Workforce Divisional Risk Register- January 2023
- Employee Well-being Survey- full report
- Recruitment Modernisation Programme- to include a deep dive on agency and bank working
- Assurance on Delivery of Actions and Activity within Objective 2- Employer of Choice
- Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment
- Assurance on the Development and Delivery of an Agile Working Framework
- Annual Assurance Report of Medical Revalidation and Job Planning
- Workforce Performance Dashboard incorporating Key Performance Indicators
- People Plan 2022/25, Quarterly Review (Quarters 2 & 3)
- Compliance with Nurse Staffing Levels (Wales) Act 2016
- Employee Relations Report, including Suspensions over 4 months

**Date of Next Meeting: Tuesday 10<sup>th</sup> January 2023**



<b>Name of Committee:</b>	<b>Finance &amp; Performance Committee</b>
<b>Chair of Committee:</b>	<b>Richard Clark</b>
<b>Reporting Period:</b>	<b>5<sup>th</sup> October 2022</b>
<b>Key Decisions and Matters Considered by the Committee:</b>	
<p><b><i>Committee Strategic Risk Report</i></b></p> <p>The Committee received and noted the report for assurance and compliance.</p> <p>Members discussed the current Ukraine crisis and requested reassurance of Health Board contingency plans. Members were informed that dedicated meetings on the Ukraine crisis took place monthly, in addition to the risk being considered alongside the <i>CRR033 Civil contingencies Act compliance</i> risk. Further discussion on risks associated with the current Ukraine conflict would come back to a future In-Committee discussion.</p> <p>Members were informed that the WCCIS system had been implemented and the platform was operational across the Health Board. Members endorsed the proposal to de-escalate risk <i>CRR020 – WCCIS implementation</i> from the Corporate Risk Register.</p> <p><b><i>Financial Understanding of Health Board Commissioned Services</i></b></p> <p>The Committee received an overview of Health Board commissioned services, the Health Board as a commissioned provider and key risks.</p> <p>The Committee noted the update.</p> <p><b><i>Finance Performance Report, Month 5 2022/23</i></b></p> <p>The Committee received the report outlining the Health Board's financial performance, for the month of August 2022 (month 5) and the year-to-date performance position for 2022/23. The report summarised the Health Board's performance against financial targets, statutory financial duties and forecast position.</p> <p>Members noted the significant level of risk to the financial position and forecast, as outlined in the report.</p> <p><b><i>Revenue Financial Forecast Review 2022/23</i></b></p> <p>The Committee received the update on the forecast revenue resource position for the financial year 2022/23, based on August 2022 (month 5) financial reporting.</p> <p>Members noted the significant risk of achieving financial balance if no pro-active action was taken, and the likely deficit position at year end.</p> <p>Members confirmed the approach to establish the revised Board forecast financial value to report to WG as part of month 6 reporting.</p> <p>Members requested assurance to both the Committee and Board of a turnaround plan for the next 6 months and requested assurance that all budget holders were aware of their responsibility to deliver savings. Members were informed that a forecast of monthly expenditure, including a forecast of delivery for each theme, would be presented to Board members at the upcoming Board development session.</p> <p><b><i>ABUHB Budgetary Control and Finance Control Procedure</i></b></p> <p>The Committee received the report, highlighting that the Health Board was facing significant service and workforce pressures which were driving financial challenge and significant risk to delivering financial balance for 2022/23.</p>	

**Performance Management Report**

The Committee noted the report, outlining activity and performance as of the end of July 2022, with a focus on delivery against key national targets included in the performance dashboard.

**Performance Exception Reporting; - Cancer**

The Committee received the update on cancer performance and the identified improvements required to address challenges. Members were informed that data suggested difficulties would continue due to levels of unprecedented demand, with a 26% increase in overall cancer referrals since 2019.

Members noted the report and supported the continued efforts to address the challenges identified.

**Planned Care**

Discussion deferred to the Board Strategic Session on Wednesday 11<sup>th</sup> October 2022.

**Six Goals of Urgent and Emergency Care**

The Committee received the update, outlining the Health Board's "Six Goals for Urgent and Emergency Care" Programme associated performance and financial status.

Members were informed of the progress made during the introduction of Same Day Emergency Care (SDEC) and plans to duplicate the SDEC in Ysbyty Ystrad Fawr Hospital. Members requested a deep dive discussion on SDEC at a future meeting.

**Information Governance Performance Indicators**

The Committee received the report outlining the Health Boards compliance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 2018).

Members were assured that the Health Board's compliance with the Welsh Information Governance Toolkit for 2021/2022 was 95%, noted as one of the highest scores in Wales.

**Matters Requiring Board Level Consideration or Approval:**

No matters required additional Board level consideration.

**Key Risks and Issues/Matters of Concern:**

All potential financial risks and plans to mitigate any risks outlined in the reports received, plus a 6-month turnaround plan to be discussed with Board members at the upcoming Board Development session, in the first instance.

**Planned Committee Business for the Next Reporting Period:**

- Committee Strategic Risk Report
- Performance Management Report- Quarterly Update
- Revenue Financial Forecast Review
- ABUHB Cyber Resilience Action Plan
- ABUHB Digital Strategy
- Committee Work Programme

**Date of Next Meeting: Wednesday 11<sup>th</sup> January 2023**

<b>Name of Committee:</b>	<b>Audit Risk &amp; Assurance Committee</b>
<b>Chair of Committee:</b>	<b>Iwan Jones</b>
<b>Reporting Period:</b>	<b>06 October 2022</b>
<b>Key Decisions and Matters Considered by the Committee:</b>	
<p><b>Committee Annual Programme of Business 2022/23</b></p> <p>The Committee received an update against the workplan and was informed that due to conflicting priorities several items were not received at the meeting but had been deferred to a future meeting within the financial year. The committee noted the reasons and approved the deferment of items.</p> <p><b>Audit Recommendations Tracker</b></p> <p>The Committee received an update on the status of implementing internal and external audit recommendations since the Tracker was last presented to the Committee in August 2022. The Committee noted the position in respect of overdue audit recommendations and were reassured that a plan was in place to address all recommendations that pre-dated 202/21 and the high-level recommendations for 2021/22.</p> <p>The Committee also approved the proposed revised dates for implementation in respect of several audit recommendations</p> <p><b>Strategic Risk Report</b></p> <p>The Committee noted the updated position to the Corporate Risk Register and that the Health Board was now reporting 25 organisational risk profiles as a result of the Finance and Performance Committee de-escalating risk CRR020 (Failure to implement Welsh Community Care Information System) to a divisional risk.</p> <p>The Committee was informed that in relation to CRR016 (Achievement of Financial Balance), the position at the end of month 6 was likely to be a deficit, however, was informed that a clear management plan was in place and that the Finance and Performance Committee was monitoring the position and would escalate to the Audit, Risk, and Assurance Committee if necessary.</p> <p>The Committee noted the update to the Benefits Realisation Plan associated with the Risk Management Strategy</p> <p><b>Use of Single Tender Waivers</b></p> <p>The Committee approved the Use of Single Tender Waivers report noting three (3) requests had been submitted and approved since August, with an annual value of £120,579.63 ex VAT.</p> <p><b>Governance Report and Ratification of Financial Control Procedures (FCP)</b></p> <p>The Committee noted the Governance Report and was encouraged to see that the Health Board's public sector payment target had returned to 95% compliance.</p> <p>The Losses &amp; Special Payments and Stocks &amp; Stores Financial Control Procedures were approved by the Committee.</p> <p><b>Losses and Special Payments</b></p> <p>The Committee noted the Losses and Special Payments report as of the end of July 2022.</p>	

**Financial Accountability Arrangements Summary Report**

The Committee received the Financial Accountability Arrangements Summary Report noting that Executives had implemented delegated authority within their areas of responsibility, however budget holders were not identifying mitigating actions early enough to restore financial balance. This was noted as an area that would require monitoring to ensure the process is embedded throughout the organisation.

**NWSSP Audit and Assurance; Internal Audit Report**

The Committee received the progress report and noted the reports scheduled for December 2022.

**External Audit: Audit Wales Performance Update Report**

The Committee was informed that due to the priority given to auditing the statutory accounts of local government bodies, the audit work for the Health Boards Charitable Funds 2021-22 financial statements would not take place until January 2023, resulting in the Health Board Charity being listed as not having met the 31<sup>st</sup> January deadline.

The Committee requested that Audit Wales obtain a confirmed date for when the audit work could begin, after which the Health Board would consider potential dates to reschedule the Charitable Funds Committee set for January 5th, 2023, to ensure the accounts are signed off before the deadline.

**Matters Requiring Board Level Consideration or Approval:**

- There were no matters requiring consideration or approval.

**Key Risks and Issues/Matters of Concern:**

- There were no issues or matters of concern.

**Planned Committee Business for the Next Reporting Period:**

[ARA Committee Annual Programme of Business](#)

**Date of Next Meeting:** Thursday 01 December at 09:30 via Microsoft Teams

<b>Name of Committee:</b>	<b>Charitable Funds Committee (CFC)</b>
<b>Chair of Committee:</b>	<b>Katija Dew</b>
<b>Reporting Period:</b>	<b>27<sup>th</sup> October 2022</b>
<b>Key Decisions and Matters Considered by the Committee:</b>	
<p><b>Draft Committee Workplan 22-23</b></p> <p>The Committee received the Draft workplan. Members were content with the programme of work outlined in the plan.</p> <p><b>Finance Report, including Key Performance Indicators</b></p> <p>The Committee received the overview of the financial update, including Key Performance Indicators (KPIs) for the period ending 31<sup>st</sup> August 2022 for assurance and compliance.</p> <p>Members discussed the requirement to rationalise funds to enable better use of the monies available, noting sensitivities around donations for specific causes and services. Members were assured that further work would be undertaken with divisions to look at the rationalisation of funds, whilst ensuring the Health Board met the wishes of the donor.</p> <p>The Committee approved the following:</p> <ul style="list-style-type: none"> <li>• The set-up of the new legacy fund <i>Legacy Research Heart Illnesses V Williams</i>.</li> <li>• The addition of a new section, 11.7.6 to be added to the Financial Control Procedures stating the following: <i>"Wellbeing events are permissible from Charitable Funds but must be discussed with the Charitable Funds Manager prior to the event taking place."</i></li> </ul> <p><b>Admin Charge &amp; Unrealised Gain Apportionment 22-23</b></p> <p>The Committee received an update of the estimated administration charges and unrealised gain apportionment for 2022-23.</p> <p>The Committee approved the forecast administration charges for 2022/2023 of £142k which was based on current information, and the increase to administration charges, should there be additional costs, to a revised maximum of £150k.</p> <p><b>Proposed Partnership Agreement- Newport County Football Club &amp; Neonatal Unit</b></p> <p>The Neonatal Unit charity, The Dinky Dragons, had been approached by the Newport County Football Association with an offer to support fundraising. The Charitable Funds team were content that the partnership fitted with the objectives of the charity. A generic partnership agreement, ensuring alignment with the Health Board's ethical requirements, was in the process of completion by NWSSP and the Health Board.</p> <p><b>Investment Management Contract Tender Update</b></p> <p>A procurement exercise was required for a new contract to come into effect from 1st April 2023. The Charitable Funds team were aiming to appoint investment managers by the end of the financial year 2022/23. Members approved the criteria identified, noting it had been used previously. A change to the criteria was noted as an increase in the minimum standards for ethical investment proposals and investment impact of 15%.</p> <p><b>Funds Available, Proposed Change in Accessing Charitable Funds and Small Grants Scheme</b></p> <p>The Committee received the update outlining the up-to-date position in relation to the funds available to support grant requests submitted to the Committee. Members noted the funds available to the small grants scheme at the time of the meeting was £49k.</p> <p>The Committee approved the small grant request <i>SGS 003 In Tune with Parent &amp; Infant Mental Health Conference</i> and approved the proposal to allow individuals to engage with Charitable</p>	

Fund Holders to potentially access some of their charitable funds if their request meets the purpose/criteria of that fund.

### **Bids to be Considered by the Committee (relating to staff of value over £25k)**

The Committee reviewed the following bids. These bids had local funding and required approval only:

- Bid CFC-255 – Ratification of Bid for Approval of Staffing from Person Centred Team. The bid was presented to the Committee at the previous meeting and had been approved by the Executive team on the 21st of July 2022. The Committee supported the bid.
- Bid CFC-256 – Nurse for ABUHB Mild Cognitive Impairment Clinic. The Committee supported the bid.
- Bid CFC-257 – Wellbeing – Avoidable Employee Harm Programme Lead. The Committee supported the bid.

In addition, the Committee received the following bids that required funding from the Charitable Funds:

- CF259- Occupational Therapy Staff Support. To be approved outside of the meeting, based on funding for one year rather than the requested two years due to limited funds.
- CFC-258 - Co-production (Patients/Service Users/Carers) Officer. The Committee were unable to consider the bid due to limited funds.

### **Update Report to include an update on Land at Oakdale and an update on 13 Clytha Square**

**Land at Oakdale;** The Committee noted that communication had taken place with the Specialist Estates and Services Department in relation to the sale of the land and that a Heads of Terms document, in addition to market testing, would be required prior to any sale.

**13 Clytha Square;** The Committee received the report outlining several options including selling the building or maintaining the building. Members were informed that the Works and Estates team had provided an estimate of £95k for minor works. Further conversations were required with the Accommodation Group and the Divisional teams housed in Clytha Square to look at options.

### **Legislation Updates**

The Committee received the report outlining the legislative changes being introduced by the Charities Act 2022, which would amend the Charities Act 2011.

Members were assured that no significant impact was highlighted, and regular updates were included on the Committee work-plan.

### **Matters Requiring Board Level Consideration or Approval:**

- None noted.

### **Key Risks and Issues/Matters of Concern:**

- None noted.

### **Planned Committee business for the Next Reporting Period:**

- Review of Committee Programme of Business
- Financial Update including Investments Valuation and KPIs
- Report on Significant Donations and Gifts
- Update on new and closed funds
- Overdrawn Accounts
- Legislation Changes
- Fund Holder- tbc
- Spending Plans Review

- Review of Investment Performance- CCLA to attend
- Appointment of Investment Managers
- Final Accounts and Annual Report- for approval



## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Tracy Myhill, NWSSP Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	22 September 2022
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<b><u>Matters Arising – Recruitment</u></b>	
<p>G Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal update on the position with the pre-employment checks software system.</p> <p>The Home Office have announced that from 1<sup>st</sup> October 2022 organisations will be able to use a certified Identification Document Verification Technology service provider to carry out digital identity checks on their behalf for those appointees who have an in-date UK or Irish Passport or Share Code. Those who do not meet these criteria will still require a face-to-face pre-employment check from 1<sup>st</sup> October 2022. Without this system, all appointees would require a face-to-face pre-employment check meeting.</p> <p>NWSSP Recruitment Services have procured a service provider to enable digital identity checks for NHS Wales as part of the Recruitment Modernisation Programme, which will be implemented on 28<sup>th</sup> September 2022. This will improve the experience for appointees and also provide process efficiencies for NWSSP Recruitment Service and internal Health Board/Trust recruitment services such as Medical and Bank Recruitment, as most appointees will be able to complete their pre-employment checks via this route. NWSSP have agreed to fund this software for the first year for all organisations due to the benefits this will bring to NHS Wales.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b><u>Matters Arising – Programme Management Office Highlight Report (Student Awards).</u></b>	
<p>G Hardacre provided members with an update on the replacement of the Student Awards system which had been noted at the May Committee as a red risk within the Programme Management Office Report. He reported that good progress was</p>	

now being made with the new system having received confirmation of funding from Welsh Government and the conclusion of the procurement process he now expected the new system to be in place and fully operational by April 2023.

The Committee **NOTED** the update.

### **Deep Dive – Energy Price Risk Management Group**

Eifion Williams (EW), Chair of the Energy Price Risk Management Group (EPRMG), introduced a deep dive into the work of the Group, particularly focusing on recent weeks and months, due to the significant increase in energy prices.

EW has chaired the EPRMG since it was set up in 2005. Prior to that electricity and gas was purchased on behalf of NHS Wales by an individual Procurement Officer who would purchase for the year ahead with little strategic input. The Group was established with representation from all NHS Wales organisations together with a British Gas market specialist who provides an overview of the energy market at each meeting. Based on this, the Group considers its pricing strategy. Currently British Gas provide both electricity and gas to NHS Wales and there is an ability to purchase energy on a monthly or quarterly basis. The Group currently meets on a weekly basis to consider its purchasing strategy but in times of extreme volatility (e.g. when Russia first invaded Ukraine) it has met three times a week. Prices are monitored daily which enables tranches of volumes of energy to be secured when appropriate.

EW demonstrated the current volatility in the market through a comparison of prices in the month of August for the last five years. Between 2018 and 2021 inclusive, the price being paid for gas by NHS Wales in each August was in the range of 39p to 44p a therm. In August 2022, the price per therm was 281p. The same comparison for electricity saw a range of £40 to £47 per megawatt hour between 2018 and 2021 and the price in August 2022 was £218. The price had been falling prior to the Ukraine conflict, and is also affected by the weather, the world economy outlook, and the price of oil. Although the price of energy is totally unpredictable, the forward purchasing strategy adopted by the EPRMG delivered savings of £33.8m for NHS Wales against the actual average daily cost of gas and electricity in 2021/22. It is also important to note that the prices quoted are the global prices on the energy markets which all suppliers use.

The current contracts with British Gas are due to end in March 2025 for electricity and March 2027 for gas. British Gas has given notice that it will not seek new Commercial energy contracts but will fully support existing contracts. Whilst the EPRMG has served NHS Wales well, there was a need to consider whether the current approach remains the best option for NHS Wales given the volatility in the energy market. Liaison is currently taking place with Crown Commercial Services to assess the options that they have available. It was agreed that EW would come back to the Committee later in the year to provide an update on progress.

The Committee **NOTED** the presentation.

## **Chair's Report**

The main update was on the planned IMTP / Committee development sessions, where invites have been issued for Friday 11<sup>th</sup> November. The Chair stressed the importance of attending and that if members cannot make this date that they nominate another Executive Director to attend in their place.

The NWSSP Senior Leadership Group held a number of internal workshops to provide some initial reflections and ideas for the sessions. The indicative agenda will focus on where NWSSP will be in 2033, assessing where we feel NWSSP is now, identifying opportunities to improve and develop further, and taking a fresh look at our strategic objectives and overarching goals/outcomes. There will also be some discussion on our appetite for risk as a Committee.

The Committee **NOTED** the update.

## **Managing Director Update**

The Managing Director presented his report, which included the following updates on key issues:

- The CEO NHS Wales / DG Health and Social Care Group WG wrote in July confirming acceptance of NWSSP IMTP recognising the continued development and maturing of integrated planning across NWSSP and demonstrating the positive position that the organisation is in as we move from the pandemic towards recovery. The letter highlights the continued role of the Committee to scrutinise and monitor progress against the plan throughout the year;
- As part of the decarbonisation work the NWSSP Head of Operations – Procurement Services, is currently working with Health Boards, Trusts, and Special Health Authorities, in reviewing fleet management arrangements with the purpose of defining a common set of data standards and management information to support the decarbonisation agenda. Specialist Estates Service is also supporting Health Boards in establishing a national infrastructure plan for electric vehicle charging. Health Boards have been approached to nominate representatives to sit on the various decarbonisation sub-groups that support the above agendas;
- The Payroll team within Employment Services are currently experiencing an exceptionally busy period responding to the implications of the recent pay rise and processing of pay arrears. This is in addition to implementing the changes to the pension tiers.
- The NWSSP Medical Director, has been asked to work with health organisations to review how the Single Lead Employer rotational and recruitment processes can be further streamlined to improve overall experiences for the trainees; and
- In terms of major projects, the Laundry and TrAMs projects are continuing but in the context of extreme limitations on available capital funding. In particular NWSSP were waiting for formal feedback from WG on the laundry OBC scrutiny panel.

The Committee **NOTED** the update.

## **Items Requiring SSPC Approval/Endorsement**

### **Chair's Appraisal Process**

G Hardacre, NWSSP Director of People, Organisational Development and Employment Services introduced a report setting out a proposed revised formal framework process for the appraisal of the Chair.

Following discussion, the Committee **APPROVED** the revised framework which will be implemented during the next few months and **AGREED** to increase the Chair's time commitment given the requirements of the role. Committee members asked to review the various time commitments of the other Chairs at other NHS organisations at the next November meeting.

### **Procurement SLA**

The Chair reminded Committee members that the Service Level Agreements for 2022/23 had already been agreed at the May meeting. However, it was previously agreed that the Procurement element of the SLA would be brought back for approval as it was important to reflect the recent changes which were as a direct result of implementation of the new procurement Operating Model.

The Committee **APPROVED** the Procurement SLA element.

### **Provision of Digital Patient Pathways and Remote Advice and Guidance**

A Butler, Director of Finance & Corporate Services introduced a number of reports which outlined the procurement for two separate contracts for which funding had already been secured and agreed by Welsh Government. Given the nature of the clinical digital elements of the contracts it was felt important to ensure that DHCW were clear on how they linked into the current strategy and processes.

Following discussion the Committee **NOTED** the reports and **ENDORSED** both contracts. Further discussions would be needed with DHCW to ensure the digital elements were aligned to the national strategies.

### **Welsh Risk Pool – Risk Sharing Agreement**

The Committee received a paper setting out the risk sharing details for the current financial year. Committee members were informed that the proposal within the paper had been endorsed at the Welsh Risk Pool Committee on the 21<sup>st</sup> September 2022.

The Welsh Risk Pool receives an annual funding stream to meet in-year costs associated with settled claims, the Departmental Expenditure Limit (DEL). When expenditure rises above the DEL allocation, the excess is recouped from Health Boards and Trusts via a Risk Sharing Agreement approved by the Shared Services Partnership Committee. The core DEL allocation is currently £109.435M per

annum for Clinical Negligence, Personal Injury and Redress claims. The 2022/23 IMTP DEL forecast is £134.780M and therefore the estimated Risk Share charge for 2022/23 is £25.345M. In 2021/22 this figure was £16.495m.

The current Risk Share methodology was approved by the Welsh Risk Pool Committee and Directors of Finance in March 2017. The overarching principles are set out below:

- a risk-based contribution, based on size and activity levels;
- a contribution based on paid claims experience over five years; and
- a contribution based on known outstanding claims.

These principles have been translated into five specific measures and a weighting applied to each. This results in those organisations that can demonstrate learning and who have implemented strategies to lower risk weightings benefitting as their share of the overall total should be lower.

Applying these measures to the forecast risk share for the current year has meant that although some Health Boards percentage share has reduced compared to last year, the expected 2022/23 monetary charge has increased for all, due to the substantial overall increase in the total charge to be apportioned.

The Committee **NOTED** the report and **APPROVED** the updated Risk Share charges to NHS Wales for 2022/23.

## Items for Noting

### All-Wales Agency Audit

The Committee received a paper on audit arrangements for agencies supplying nursing staff.

The Temporary Staffing Group is a workstream which reports directly to the National Nursing Workforce Group (NNWG). The Temporary Staffing Group is responsible for the award and monitoring of contracts for agency workers throughout Wales. The contract was awarded in March 2021 for a period of three years with an option to extend for a further year to February 2025. There are 146 agencies on contract and each agency is aware that failure to abide by the contract specification would result in their removal from the framework.

Implementing appropriate audit measures is essential to ensure that all contracted agencies supplying nurses and health care support staff to NHS Wales uphold the conditions of the contract. Agency audits have typically been undertaken internally on an ad-hoc basis when issues arose rather than via a proactive approach linked to a planned audit programme. Following discussions at the Temporary Staffing Group it was agreed that a robust audit programme should be put in place and that various options to achieve this should be explored, including the use of external audit firms and the potential use of NWSSP Audit & Assurance Services.

The Committee **NOTED** the Report and **AGREED** for NWSSP's Audit and Assurance team to carry out the necessary audits providing an audit specification (All-Wales Agency Audit Checklist) was developed and utilised. A risk-based programme of audits will be undertaken focussing initially on the highest spend and highest usage providers. Usage data will be used to agree a priority list of agencies to be audited. It is anticipated that:

- 30 audits will be carried out per year;
- Audit plans will be annually set out based on provider usage and spend; and
- The audit plan will be discussed and created annually by the Temporary Staffing Group led by procurement.

Based on 30 audits in the first year (2022/23), the total auditor time required would be 60 days at a cost of £19,870. This amounts to less than £3k per Health Board.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** – A Butler, NWSSP Director of Finance and Corporate Services reported a balance position at Month 5. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the remaining months of the financial year. Divisions are currently reviewing budgets with a view to accelerating initiatives to generate further benefits to NHS Wales and a potential increase in the distribution. The forecast outturn remains at break-even with the assumption of £4.985m of exceptional pressures funding being allocated from Welsh Government.

The current Capital Expenditure Limit for 2022/23 is £1.947m. Funding for the Welsh Healthcare Student Hub (Student Bursary and Streamlining) was approved in early September. Capital expenditure to Month 5 is £0.366m and plans are in place to fully utilise all available capital funding. A priority list of capital projects is being finalised in case additional funding becomes available later in the year. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service.

The Committee **NOTED** the Report.

**Performance** – The Committee Members reviewed the KPIs and felt that this was positive position with only six KPIs not meeting target. These in the main related to the recruitment position and call handling within the Payroll Helpdesk. Committee members were asked to advise their organisations that prior notice of local recruitment plans is very helpful in that it enables NWSSP to adapt demand and capacity within teams to meet those peaks in demand. There was also a short-term issue with Payroll call handling in August because of increases in activity driven by the new Doctor intake and rotation, and this was not helped by the loss of the phone system for a few hours. Peaks in demand are also anticipated in September because of the payment of pay award arrears and again

in October because of the pension changes. The Quarter Two individual Performance Reports will be issued at the end of October.

The Committee **NOTED** the Report.

**Project Management Office Update** – The Committee Members noted the report and in particular the ongoing supplier dispute with regard to the Legal & Risk Case Management system replacement which had temporarily halted the implementation. Contingency arrangements have been put in place to ensure that there is no risk to the continuity of services. A question was raised as to whether projects not covered by the PMO (e.g. the Once for Wales Concerns Management System) should be included in the report. This will be included going forward. It was also suggested that a separate and more detailed briefing on the TrAMs programme would be helpful – this will be issued in December.

The Committee **NOTED** the Report.

**People & OD Update** – The Committee **NOTED** the Report.

**Corporate Risk Register** – The Committee **NOTED** the Report. In particular members discussed the risk relating to the threat of industrial action had been added to the register.

#### **Papers for Information**

The following items were provided for information only:

- Disposal of Surplus Beds to Moldova;
- Audit Committee Assurance Report;
- Welsh Risk Pool Annual Report 2021/22
- Finance Monitoring Returns (Months 4 and 5)

#### **AOB**

**N/a**

#### **Matters requiring Board/Committee level consideration and/or approval**

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

#### **Matters referred to other Committees**

N/A

#### **Date of next meeting**

19 January 2023