Aneurin Bevan University Health Board - Public Board

Wed 27 March 2024, 09:30 - 14:00

Conference Centre, Headquarters, St Cadoc's Hospital

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence for Noting

Oral *Chair*

1.3. Declarations of Interest for Noting

Oral *Chair*

1.4. Draft Minutes of the Health Board Meeting, held on 24th January 2024, for Approval

Attached *Chair*

1.4 Draft Board Minutes 24.01.2024 RD NP AL docx.pdf (20 pages)

1.5. Board Action Log for Review

Attached *Chair*

1.5 Board Action Log RD_.pdf (4 pages)

1.6. Report on Sealed Documents and Chair's Actions

Attached *Chair*

1.6 Report on Sealed Documents and Chairs Actions.pdf (4 pages)

1.7. Report from the Chair

Oral *Chair*

1.8. Report from the Chief Executive

Oral *Chief Executive*

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2. PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT

2.1. Patient Story – Volunteer to Career

Presentation *Director of Nursing*

2.2. Report from Llais, Gwent Region

Attached *Regional Director Llais*

2.2 Llais Gwent Region - Report for Aneurin Bevan University Health Board - Public Board Meeting - Mar 2024.pdf (9 pages)

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3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1. Strategic Planning for 2024/25:

Attached *Director of Strategy, Planning and Partnerships & Director of Finance and Procurement*

a) IMTP and Annual Plan 2024/25

b) Financial Plan 2024/25

c) Delegation of Revenue Budgets 2024/25

3.1a Board Paper Annual Plan 202425 V2.pdf (6 pages)
3.1a Appendix 1 202425 ABUHB Annual Plan Version 1.pdf (65 pages)
3.1a Appendix 2 Annual Plan 202425 Appendices.pdf (55 pages)
3.1a Appendix 3 Integrated Impact Assessment Annual Plan202425.pdf (9 pages)
3.1b Annual Financial Plan Paper 2425 _Board_24.03.27 final 220324.pdf (18 pages)
3.1c Budget (initial) Setting Paper 2425_Board_final_24.3.27 FINAL.pdf (13 pages)

3.2. Corporate Parenting Charter

Attached *Director of Nursing*

3.2 Corporate Parenting Charter - SBAR for Executive Committee-Board March 2024 NP edits and comments_.pdf (5 pages)
3.2 Appendix corporate-parenting-charter-a-promise-from-wales.pdf (7 pages)

3.3. Strategic Equality

Attached *Director of Workforce & OD*

a)Report 2023/24

b) Plan 2024/28

3.3a 270324_Annual Equality Report 2023-2024 NP amends.pdf (4 pages)
3.3a FINAL Annual Equality Report V02.pdf (23 pages)
3.3b 270324_Strategic Equality Plan 2024-2028. NP docx.pdf (6 pages)
3.3b FINAL SEP 2024-28 V02.pdf (41 pages)

3.4. Major Incident Plan

Attached *Director of Strategy, Planning and Partnerships*

3.4 Major Incident cover Paper Board March 24.pdf (4 pages)
3.4a ABUHB Major Incident Procedures V3.BOARDdoc.pdf (38 pages)

3.5. Establishment of the NHS Wales Joint Commissioning Committee

Attached *Chief Executive*

3.5 JCC Establishment_LHBs_March2024 (002).pdf (8 pages)
3.5 Appendix A_Letter - Amendments to LHB SOs and issuing of NWJCC SOs.pdf (3 pages)
3.5 Appendix A_Doc 1 - Interim Amendments - Model SOs for LHBs.pdf (3 pages)
3.5 Appendix A_Doc 2 - Model Standing Orders NHS Wales Joint Commissioning Committee.pdf (37 pages)
3.5 Appendix A_Doc 3 - Reservation of Powers and Scheme of Delegation - JCC.pdf (3 pages)
3.5 Appendix C_Final Approved_Accountability Map_JCC_Updated_March24.pdf (5 pages)
3.5 Appendix B_Correspondence from the Minister for Health and Social Services - MA-EM-0832-24.pdf (1 pages)
3.5 Appendix B_Doc 1_STANDING FINANCIAL INSTRUCTIONS FOR THE NHS WALES JOINT COMMISSIONING COMMITTEE.pdf (38 pages)

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4. ITEMS FOR DISCUSSION

4.1. Director of Public Health Annual Report 2023/24: Our Future, Our Voice - Babies, Children and Young People of Gwent

Attached *Director of Public Health*

- 4.1 DOPH annual report v2.pdf (3 pages)
- 4.1 OurFuture_OurVoice_v06b_110324 Final Draft.pdf (17 pages)

4.2. Cancer Services Annual Report 2023

Attached *Medical Director*

- 4.2 - Cancer Services Annual Report.pdf (4 pages)
- 4.2a Cancer Annual Report 2023 24. RDpdf.pdf (9 pages)

4.3. Quarter 3 - Performance and Outcomes Report

Attached *Director of Strategy, Planning and Partnerships*

- 4.3 Quarter 3 2324 Cover Paper.pdf (6 pages)
- 4.3a Quarter 3 Outcomes Performance Report v2.pdf (26 pages)
- 4.3b Outcomes Framework Q3 2324.pdf (6 pages)

4.4. Quarter 3 - Patient Safety & Quality Reports

Attached *Director of Nursing*

- 4.4 QPS QOF and narrative report March 2024 Draft (002).pdf (5 pages)
- 4.4a Quality Report - October to December 2023 amended v3.Final docx.pdf (34 pages)
- 4.4b QOF Quarter 3 Outcome and Performance Quality and Safety Final Feb 2024.pdf (35 pages)

4.5. Finance Performance Report – Month 10, 2023/24

Attached *Director of Finance and Procurement*

- 4.5 Board Finance Report 23-24 M10 _Board march24. finaldocx.pdf (36 pages)
- 4.5a Aneurin Bevan University Health Board.pdf (27 pages)

4.6. Decarbonisation Update

Attached *Director of Finance and Procurement*

- 4.6 Decarbonisation Programme report March Board 2024 Final 19.03.2024 (003).pdf (10 pages)
- 4.6 a Decarbonisation Programme report March .pdf (6 pages)
- 4.6 b Decarbonisation Programme.pdf (5 pages)

4.7. Strategic Risk Report, January 2024

Attached *Chief Executive*

- 4.7 Strategic Risk and Assurance Report Cover Report_March 2024 DRAFT v5.pdf (10 pages)
- 4.7 Appendix A Strategic (Board level) Risk Register Database.pdf (6 pages)
- 4.7 Appendix B Strategic Risk Dashboard and Risk Assessments.pdf (44 pages)

4.8. Strategic Partnership Updates: -

Oral *Director of Public Health & Director of Strategy, Planning & Partnerships*

a) Public Services Board

b) Regional Partnership Board

4.9. Executive Committee Chair’s report

Attached *Chief Executive*

4.9 Exec report final to board.pdf (10 pages)

4.10. Key Matters from Committees of the Board

Attached *Committee Chairs*

4.10 Key Matters from Committees.pdf (22 pages)
4.10 SSPC Appendix 2.pdf (5 pages)

4.11. An overview of Joint Committee Activity:

Attached *Chief Executive*

a) WHSSC Update Report

b) EASC Update Report

4.11a. WHSSC Update Report (1).pdf (4 pages)
4.11a Appendix 1 19 March 2024.pdf (4 pages)
4.11a Appendix 2 WHSCC.pdf (2 pages)
4.11a. Appendix 3 WHSCC 30 January 2024.pdf (5 pages)
4.11b EASC Update Report.pdf (20 pages)

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5. OTHER MATTERS

5.1. Date of Next Meeting

Wednesday 22nd May 2024

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DATE OF MEETING	Wednesday 24th January 2024
VENUE	Conference Centre, St Cadoc's Hospital and via Microsoft Teams

PRESENT	Ann Lloyd	Chair
	Nicola Prygodzicz	Chief Executive
	James Calvert	Medical Director
	Peter Carr	Director of Therapies and Health Science
	Sarah Simmonds	Director of Workforce and OD
	Jennifer Winslade	Director of Nursing
	Hannah Evans	Director of Strategy, Planning and Partnerships
	Robert Holcombe	Director of Finance & Procurement
	Paul Solloway	Director of Digital
	Leanne Watkins	Chief Operating Officer
	Paul Deneen	Independent Member (Community)
	Dafydd Vaughan	Independent Member (Digital)
	Philip Robson	Special Advisor to the Board
	Iwan Jones	Independent Member (Finance)
	Prof Helen Sweetland	Independent Member (University)
	Shelley Bosson	Independent Member (Community)
	Richard Clark	Independent Member (Third Sector)
	Penny Jones	Independent Member (Third Sector)
IN ATTENDANCE	Rani Dash	Director of Corporate Governance
	Bryony Codd	Head of Corporate Governance
	Karen Newman	Assistant Director Communication and Engagement
	Mark Ross	Assistant Finance Director
	Nathan Couch	Audit Wales
	Andrew Doughton	Audit Wales
	Jemma Morgan	Regional Director, Llais Cymru
	Tanya Strange	Head of Nursing, Patient Centred Care
	Anne May	Strategic Lead Cancer Nurse
	Gail Hatherill	Patient
	Emma Guscott	Governance Support Officer
APOLOGIES	Louise Wright	Independent Member (Trade Union)
	Martin Blakebrough	Independent Member (Third Sector)
	Michelle Jones	Head of Board Business

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ABUHB 2401/01	Welcome and Introductions The Chair welcomed members to the meeting, in particular members of the public who were able to join the meeting to observe in person and on line. It was noted that the meeting would be recorded and published on the Health Board's website following the meeting.
ABUHB 2401/02	Declarations of Interest In relation to item *3.3 Outcome of Engagement, NHH Minor Injuries Unit*, Penny Jones, Independent Member, declared an interest due to being a Member of a Scrutiny Committee of Monmouthshire County Council.
ABUHB 2401/03	Minutes of the previous meeting The minutes of the meeting held on 22nd of November 2023 were agreed as a true and accurate record.
ABUHB 2401/04	Summary of Board Business, held In-Committee, on 22nd of November 2023 The Board NOTED an overview of the formal discussions held by the Board at its private meeting held on the 22nd of November 2023.
ABUHB 2401/05	Action Log and Matters Arising It was noted that all actions within the Board's action log had been completed or were in progress.
ABUHB 2401/06	Report on Sealed Documents and Chair's Actions Rani Dash (RD), 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 31st of October 2023 and the 2nd of January 2024. 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 2401/07	Chair's Report The Chair provided her verbal report, with an overview of the activities she had undertaken, outside of her routine meetings and visits, as follows: • Undertaken a number of unannounced visits throughout the organisation during a very pressurised time for staff; noting the positive feedback from both staff and patients. • The Chair had been appointed as the Chair of the Ministerial Advisory Group on Governance and Accountability and had attended a number of meetings TO DATE.

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	• Attended and chaired the Regional Partnership Board (RPB) and attended the RPB chairs leadership meeting; continued discussions around the Regional Integration Fund (RIF) and whether or not it could be evidenced to provide value for money, providing sustainable services that meet the needs of the population. Further discussions were to take place with the Minister on the tapering arrangements, noting the significant impact this may have on statutory bodies depending on the decision made, given the present financial position. • Attended the Public Service Board (PSB) meeting; the PSB continued with its collective efforts to lead on the development of Gwent as a Marmot Region. • The Chair discussed the current individual needs assessments and area plans for both the RPB and PSB, stating that one shared plan for both the RPB and PSB may better suit the needs of the population. • Chaired the meetings with Chairs of Health Boards, and advised that discussions focused on the huge challenge to deliver care within the resources available, and the rise in infections and the collective plan to addressing this with Public Health Wales with a view to improving public understanding. • Attended a meeting with the Minister for Health and Social Care together with the lead CEO regarding the financial concerns in relation to Health Boards. • Attended a meeting of the Care Action Committee that had been established by the Minister to consider the issues in relation to delayed transfers of care, community support and nursing services, and trusted assessors and noted that further work is ongoing. The Chair highlighted her gratitude to staff for coping with the demands placed on their services and the care that they provide at this challenging time. The Board NOTED the Chair's Report.
ABUHB 2401/08	Chief Executive's Report Nicola Prygodzicz (NP, Chief Executive, provided her verbal report, with a focus on the following areas: • Significant pressures across sites remained as a result of winter pressures and noted the impact that this places upon the system and staff; • the need for balancing the demands of spikes in respiratory disease coupled with balancing demand of workforce challenges, system pressures and the current financial situation, which continue to be exceptional; • A mid-winter review of the winter plan had been undertaken, with the impact of actions being assessed. NP noted that there had been notable areas of improvement across the partnership agenda; • however, the Health Board continued to be under increased system pressures;

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	• NP highlighted her concern for staff wellbeing under sustained pressures and noted that the Health Board continues to work hard to address this as a priority; • NP noted the breadth of the Board's meeting agenda which reflected the extent of work being undertaken by the organisation to respond to the challenges it faces; • NP informed the Board that Welsh Government had increased the Health Board's escalation status under the NHS Wales Performance and Escalation Framework. The Health Board was now under Targeted Intervention for Planning and Finance and Enhanced Monitoring for performance and outcomes related to urgent and emergency care pathways resulting in extended waits for patients in ambulances and emergency department clinical assessment at the Grange University Hospital. NP noted that these areas had already been a focus of the Health Board to address as a priority and work would continue as planned to ensure sustained improvements. It was noted that the Health Board Would hopefully benefit from this increased level of focus and support from Welsh Government; • NP noted the Health Board's continued commitment to improvements in Planned Care and to eliminate waits over 156 weeks. It was noted that as at 31 December 2023, there were 44 patients waiting longer than 156 weeks for treatment within Trauma and Orthopaedic Services. • In respect of Industrial Action, NP thanked staff for the significant efforts that went into arrangements for planning, operational management, and to those clinicians providing cover during this period. NP shared with Members the following good news: • The extension of the Emergency Department in GUH had been supported and funded by Welsh Government and this would lead to an improvement in the experience and outcomes for patients. • The Health Board had officially opened the Tredegar Health and Wellbeing Centre as part of Phase 1. It was noted that this was a key project to provide improved integrated primary care in the area and Phase 2 was underway. • The Health Board's new Breast Care Unit was scheduled to open during the week commencing the 29th of January 2024, providing breast care in one place for patients. The Board NOTED the CEO's Report.
ABUHB 2401/09	Report from Llais Jemma Morgan (JM), Regional Director, Llais, presented Llais' report to the Board, which provided an overview of the current issues of concern and positive observations, being addressed by the Llais Gwent Region in relation to the planning and delivery of health services.

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	JM noted a correction at the top of page 6 of the report, dates should read the 1st to the 30th of December 2023 and not 1st November as cited in the report. The Board noted the following key issues: • Llais had increased its community engagement through both the staff and volunteer portfolio, feeding back to the Health Board through community voice. Feedback indicated positive experiences from patients regarding care they received in the Health Board, however, concerns were raised around staffing at GUH, Mental Health Services and Planned Care waiting times, in particular orthopaedics. • As a result of feedback from the community, a survey on hip and knee waiting times had been launched and a report would come back to the Health Board outlining feedback. JM noted that a key issue that had been raised was the psychological impact of individuals being in pain whilst waiting for treatment. • Early feedback from the Llais Winter Patient Experience Programme in the minor injuries and emergency departments highlighted the excellent care provided to patients. • Feedback on site security at Ysbty Ystrad Fawr had been raised with the Chief Executive Officer; a response was awaited. In response to a query regarding a focus on children's experience, JM informed the Board of the current work through the Childrens Board of the Regional Partnership Board, to review services for Children and Young People. It was noted that further updates would come back to the Health Board. Jennifer Winslade (JW), Director of Nursing, requested that Llais also ensure that the focus of their engagement work with Children and Young People extends beyond that of Mental Health Services and focusses upon the experience of those children and their families in physical health services. Pippa Britton (PB), Vice Chair, reflected that the report was focused upon Health as opposed to Local Authorities and social care provision and the transition from hospital to social care. JM confirmed that Llais was working to ensure a more even distribution of reporting on both health and social care areas of responsibility. The Chair thanked Llais for its work in highlighting important issues through community voice. The Board NOTED the report.
ABUHB 2401/10	Patient Story – Psychological Recovery in Cancer Services Tanya Strange (TS), Head of Nursing, Patient Centred Care, supported by Anne May (AM), Strategic Lead Cancer Nurse, introduced the patient story and presented the progress made to improve psychological recovery in cancer services.

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The Board heard that Gail Hatherills' (GH) story outlined the lack of psychological support during the pandemic . The Board heard that her initial story had been shared with Board in July 2021. At that time the Board acknowledged that, although the patients physical and medical needs were met, her psychological distress was not supported adequately. The Board was informed that the story provided an update on improvements made to better meet the psychological recovery needs for those impacted by cancer had been made.

TS advised that following the July 2021 Board meeting, and the evidence outlined in the results of the Welsh Experience Survey 2021, a successful bid had been made to NHS Charities Together, enabling the Health Board to provide psychological support through the introduction of the Cancer Enhanced Psychological Programme. TS paid tribute to Gail having had the courage to share her story. Gail commented that she was proud that by having shared her story it had resulted in such a positive outcome for all impacted by cancer had been achieved.

The Board heard from Anne May (AM), Strategic Cancer Nurse, that as part of the research that had been undertaken as a result of Gail's experience, they had established that only 23% of cancer patients from across the Health Board during 2020/21 had been offered psychological support.

AM advised that a psychological model had been developed that would include the provision of staff training to better recognise psychological distress. Clinical supervision, pathway of cancer services, peer and voluntary support with differentiated provision for vulnerable groups had been developed. It was noted that the programme had three areas of support routes that accessed a broader offer of provision:

- Patient holistic assessment by the nursing team
- Enhanced psychological support for people with cancer
- Patient self-referral or referral from another provider

The Board heard how the service had been reconfigured to meet the needs of cancer patients and advised that, for example, a digital device loan system had been established and a digital officer employed to work with patients in enabling them to access support through digital means. Another example involved the recruitment of volunteers to be-friend cancer patients via the telephone. A cancer café had also been established with positive attendance.

AM provided assurance to the Board about the effectiveness of the programme through sharing examples of personal statements of patients who had benefited as a result of the change and how different needs had been met. The Board was advised that an application to continue to fund the programme manager had been made to MacMillan for a further two years.

Jennifer Winslade (JW), Director of Nursing, highlighted this as an excellent example of how patient experience had driven positive change and extended her personal thanks to GH for working with the Health Board.

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	Nicola Prygodzicz (NP), Chief Executive, thanked GH for sharing her story and the team for working to improve the psychological support for patients. NP highlighted that the learning from this would be utilised across the Health Board to support innovation and learning. The Chair thanked Gail again for sharing her story, and thanked AM and TS for their drive in taking forward such positive developments. The Chair queried what considerations were in place for the psychological support for main carers. AM advised that support for carers and the main support for patients would be considered within the programme and through the Cancer Board. It was noted that the presentation would be shared with Board members. Action: Secretariat (complete) The Board NOTED the patient story and actions to improve services as a result and thanked GH for her bravery in sharing her experience to bring about change.
ABUHB 2401/11	Charitable Funds Annual Accounts 2022-23 Rob Holcombe (RH), Director of Finance and Procurement, supported by Mark Ross (MR), Assistant Director of Finance, presented the Charitable Funds Annual Accounts 2022-23 for approval, noting that the Charitable Funds Committee had met on Monday 22nd of January 2024, recommending approval of the annual accounts and report to the Board. MR advised the Board that Audit Wales would issue an *unqualified audit opinion*, with no further recommendations made, as referenced in the Audit Wales report. Robert Holcombe, (RH), Director of Finance and Procurement, extended his thanks to staff for their work in providing the accounts within the prescribed timeframe and provided the Board with a high-level overview of expenditure. Paul Deneen (PD), Chair of the Charitable Funds Committee, thanked all those involved in the development of the annual accounts and report which set out the key achievements during the year. PD also reminded the Board of the opportunities that existed for accessing Charitable Funds for the benefit of staff and patients. The Chair queried the increase in support costs at 14%. The Board was informed that Benchmarking data indicated that this was the same across Wales, but comparably the Health Board compared favourably with others. The Board noted that the increase in Audit fees was included in the support costs, over which the Health Board had no control. The Chair thanked the Charitable Funds Teams, and the generous donors who had donated to the charitable funds.

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	The Board APPROVED the Charitable Funds Annual Accounts 2022-23 and NOTED that these would be filed with the Charities Commission by the end of January 2024.
ABUHB 2401/12	St Woolos Hospital Consolidation Leanne Watkins (LW), Chief Operating Officer, presented a report for endorsement, outlining the consolidation of services at St Woolos Hospital (SWH). LW advised that under the eLGH workstream the proposal would involve the following: • Repurpose of Ruperra ward in the Casnewydd Unit at St Woolos Hospital (SWH) and staff to move to D6E under a Ready to Go ward model • Relocation of Penhow and Gwanwyn wards also located in the Casnewydd Unit to the Royal Gwent Hospital (RGH) in the first week of February 2024 • Reducing medical bed base as a result of the changes through improved flow and reduced length of stay LW highlighted the following key points as a result of the proposed consolidation: • The relocated wards would remain under the management of the Primary Care and Community Division aligned to the community hospital model of care; • Community inpatient wards at SWH had experienced significant workforce challenges over a prolonged period of time; • The proposal was aligned with the Health Board's Clinical Futures Model and Estates Strategy; • Staff and patient benefits and improved patient safety as a result of the relocation of wards from St Woolos to the Royal Gwent Hospital; • Potential cost reductions, due to closure of a medical ward, review of the model of care and reduction in ambulance conveyances between SWH and the Royal Gwent Hospital (RGH); • Reduction across the system of 24 beds. Staff concerns were addressed, noting that beds were a core component of health care but not in isolation and there would be increased additional community support. Increased multidisciplinary teams on wards would support reduced lengths of stay and provide safe patient care; As a result of this opportunity, collaboration with the staff side, direct staff discussions and weekly staff support meetings had taken place with Executive Directors in attendance which had been beneficial. As a result, LW noted that the relocation of the wards would commence on the 19th of February 2024. LW noted that as a result of the change there was an estimated £1.7M efficiency saving for a full year and acknowledged that further work was ongoing to capture other financial benefits that can be

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identified as a result of broader support services that would likely increase this saving.

Pippa Britton (PB), Independent Member, queried future plans for other wards in St Woolos. Hannah Evans (HE), Director of Strategy, Planning and Partnerships, informed the Board that, subject to today's approval, a workshop would take place to review other opportunities as part of the Health Board's Estates Strategy. It was agreed that an update from this workshop would be presented to the Partnerships, Population Health, and Planning Committee (PPHPC) at the end of next month. Action: Director of Strategy, Planning and Partnerships

Jennifer Winslade (JW), Director of Nursing, provided the Board with her clinical support for the decision. She advised that the positive consolidation of beds allowed for the development of staff skills, sharing skills across acute and community care, resulting in improved patient care.

Iwan Jones (IJ), Independent Member, referred to the Health Boards Estates Strategy and queried when this would be refreshed. Nicola Prygodzicz (NP), Chief Executive Officer, informed the Board that the refresh of the Clinical Services model would inform a refreshed Estates Strategy and would take place over the next 12 months.

Hannah Evans, (HE), Director of Strategy, Planning and Partnerships, informed the Board that components of the Estates Strategy had been refreshed as work had progressed. HE committed to providing the Board's Partnerships, Population Health and Planning Committee, with an underpinning implementation plan for the current Estates Strategy.
Action: Director of Strategy, Planning and Partnerships

Phil Robson (PB), Independent Member, reflected that given the challenging context in which the Health Board was operating, there was a need to balance implementation of change with proportionate engagement and consultation (where required). Sarah Simmonds (SS), Director of OD and Workforce, advised that an Organisational Change policy and process was in place to support this work in an effective manner.

NP highlighted the importance of staff engagement and involvement, and informed the Board that further work was underway with the communications team to strengthen the way in which the Health Board communicated with staff.

NP thanked staff for the work undertaken associated with the relocation of services.

The Chair thanked teams for the work undertaken to facilitate such an important change. The Chair requested that an overview of the impact of Patient Safety events, be presented to the Board for awareness. Action: Director of Nursing

The Board NOTED the key points made and ENDORSED the following:

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	• the repurposing of Ruperra ward in the Casnewydd Unit at SWH by the beginning of February 2024 as a 'Ready to Go Ward'; • the relocation of Penhow and Gwanwyn wards, also located in the Casenewydd Unit, to the RGH by the end of January 2024; • the creation of a 'Ready to Go' ward in RGH under the leadership of the Primary Care and Community Division; • the potential cost reduction of £318,000 in 2023/2024 and £1,744,000 in 2024/25 delivered through the closure of a medical ward; • a further potential cost reduction delivered through a review of the medical and nursing model of care across both wards relocated to RGH and ambulance conveyances.
ABUHB 2401/13	Outcome of Engagement- Nevil Hall Hospital Minor Injury Unit Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the outcome of the engagement for the MIU provision across Gwent, to consolidate and formalise the reduction in opening hours at Ysbyty Ystrad Fawr, mirroring the hours initiated as a temporary measure during COVID, and Nevil Hall Hospital on a permanent basis. The Board was reminded of the engagement process, which had originally for 8 weeks, and had been extended to 12 weeks. During this process data was gathered through surveys and engagement events with staff, local communities, and external stakeholders, to seek their views as to how resources could be organised against demand and provide a service that meets the needs of the population. HE thanked the Health Board's teams for their work in delivering the proposal and to those who engaged in the process, including thanks to the stakeholder partners, other Health Boards such as Powys, and members of the public. She offered her thanks to Llais Cymru for their involvement and feedback. HE noted that the main concerns raised through the feedback involved concerns in relation to access, disproportionate impact on vulnerable groups, concerns in relation to the future of Neville Hall and more broadly the general understanding of the emergency care system and how this may be simplified for the population. The Board noted the extensive work that had been undertaken in bringing forward this proposal. The Board requested improved communications for the public on where to go and for which service, in response to the feedback received. The Chair advised of the importance of the 111 system and discussed the requirement to evaluate this, ensuring it was timely and effective in advising patients of the most appropriate care pathway. Peter Carr (PC), Director of Therapies and Health Sciences stressed the importance of working with communities to inform future service developments.

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	The Board: • NOTED the outcome of the MIU public engagement and the final report. • NOTED the response of Llais, which confirmed that it was content with the engagement process and that there were no further representations to make prior to the Health Board making a final decision. • APPROVED the implementation of the preferred option for future MIU service opening hours as follows: o to close the NHH minor injury unit between 1.00am and 7.00am each night o Make permanent the current closure of the YYF minor injury unit between 1.00am and 7.00am each night.
ABUHB 2401/14	Long Term Strategy - Design Principles Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the 10 Design Principles to inform development of the Long-Term Strategy for approval. It was noted that the 10 Design Principles had emerged as a result of feedback at engagement sessions with senior leaders and Board members. The Board was advised that a budget had been identified from existing resources within the organisation to support the associated engagement events; independent Member involvement was also welcomed. The Board discussed the importance of the design principles being led by the needs of the population, whilst being open, clear, and transparent around service changes and the need for these to evolve. Rob Holcombe (RH), Director of Finance and Procurement, suggested inclusion of a principle regarding 'providing sustainable, high-quality care within funding available to the Health Board'. The Chair endorsed this addition. It was noted that the principles would be amended to reflect the request. The Board APPROVED the Design Principles to inform the development of the Long-Term Strategy, subject to, the agreed amendment as outlined above.
ABUHB 2401/15	Capital Plan 2024-25 Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report of the draft opening Capital Programme for 2024/25 for both the All-Wales Capital Funding and the Discretionary Capital Allocation. HE sought Board approval of the Plan, albeit earlier than usual, and advised that if approved this would enable the Health Board to access any end of year slippage opportunities that may emerge.

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It was noted that the Capital Plan provided a framework, which would be changeable based upon emerging risks and opportunities throughout 2024-2025.

HE discussed the All-Wales Capital Funding and advised that in December 2023, Welsh Government triggered a prioritisation exercise for All-Wales Capital, which was currently with all Health Boards to assess funding priorities against a set criteria. The scope of the exercise did not pick up funding associated with the Regional Partnership Board and some nationally funded Digital programmes. HE noted that the detail of the exercise would be presented to the Partnerships, Population Health, and Planning Committee in January 2024.

The Board was informed that since the publication of the papers, the Health Board had received confirmation from Welsh Government that the discretionary capital funding allocation had increased to pre-Covid levels of £2.8m. The Board noted that a large proportion of this funding was already allocated.

In terms of the remaining £9.8m funding, HE sought approval to fund the projects as set out in Appendix 1 of the report which included Divisional priorities.

HE assured the Board of the following key points:

- Health and Safety funding allocation was included in the Estates Funding Advisory Board (EFAB) and statutory allocation, noting that it was outlined as '0' in the report.
- Additional EFAB and partnership funding had been allocated to support Mental Health services.

Pippa Britton (PB), Independent Member, discussed the current RAAC issue at Nevill Hall Hospital (NHH) and the outlined investment into fire safety at NHH. PB asked whether the Health Board was investing in any areas in the short term where there may be the potential of future estates changes. HE informed the Board that the areas put forward were prioritised based upon current risk. The Health Board capital planning, Fire and Health and Safety teams were currently reviewing areas of NHH and would avoid abortive costs wherever possible, although there was a possibility of new risks emerging which would need to be mitigated.

Iwan Jones (IJ), Independent Member, asked about the revenue impact of the areas outlined in the Capital Plan 2024-25. HE assured the Board that the Discretionary Capital process followed a detailed business case development and scrutiny process, and that agreeing to the current discretionary plan would not incur additional revenue costs for the Health Board at this point.
The Board noted that the benefits realisation of capital programmes would be reported through the Finance and Performance Committee.

Dafydd Vaughan (DV), Independent Member, noted the risks associated with the funding of some Digital programmes not being prioritised, noting that

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	Wales was the lowest funded country for Digital technology in the United Kingdom. The Board: • NOTED the significant demands on the Capital Programme for 2024/25. • APPROVED the 'Draft Opening Capital Programme 2024/25' and acceleration of any of the approved bids to balance off end of year slippage. • APPROVED the reserve schemes, subject to funding becoming available.
ABUHB 2401/16	Risk Management Framework Rani Dash (RD), Director of Corporate Governance, presented an updated risk management framework to the Board for approval, noting that this had been shared with the Audit, Risk and Assurance Committee for comment. The Risk management Framework was supported by the new Risk Management policy. RD noted that the framework built upon the previous risk strategy approved by the board in September 2021, and set the content for embedding and developing risk management throughout the Health Board. The Board welcomed the work undertaken to develop the revised Framework. During discussion, it was suggested the word 'reputational' within the Risk Appetite Statement be reworded to define what was meant, for example public confidence, staff protection, integrity and doing the right thing. RD agreed to make this amendment and present a final version to the Audit, Risk and Assurance Committee for final endorsement. Action: Director of Corporate Governance The Chair thanked RD and the corporate governance team for the work undertaken in the area of risk management. The Board APPROVED the Risk Management Framework, subject to re-wording within the Risk Appetite Statement, as set out above.
ABUHB 2401/17	All Wales Individual Patient Funding Request (IPFR) Policy Rani Dash (RD), presented the IPFR policy for approval, noting that it had been considered through the Welsh Health Specialised Services Joint Committee (WHSSC). WHSSC had updated the policy, with support from legal teams and had incorporated learning from a judicial review. WHSSC recommended the policy for approval by the Board. The Chair requested a short report on the Individual Patient Funding Request policy, including numbers and outcomes, to come back to the Board in May 2024. Action: Medical Director

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	The Board APPROVED the All-Wales Individual Patient Funding request Policy as recommended by WHSSC.
ABUHB 2401/18	External Audit Reports a. Annual Audit Report Andrew Doughton (AD), Audit Wales, presented the Annual Audit report to the Board, providing a summary of the audits completed in 2023 calendar year that are already passed through clearance. The Board was informed that: • an unqualified opinion had been provided on the Health Board's annual accounts 2022/23. • in terms of the regulatory opinion there was a qualified opinion provided as the Health Board had not contained spending within its allocation for the period. • The Workforce Planning review and the review of Primary Care Services would both be presented to the Audit, Risk and Assurance Committee in February 2024. AD thanked the Health Board for their support and engagement during the audit process for 2023, noting the significant pressures that the Health Board was under. b. Structured Assessment Nathan Couch (NC), Audit Wales, presented the Annual Structured Assessment to the Board, noting that the outcome of the report was positive and highlighted progress in key areas with some further opportunities for improvement identified within the seven recommendations. The Board was reminded of the purpose of the annual Structured Assessment, noting that it examined the Health Board's Corporate arrangements for planning, systems of assurance and governance. NC noted that the 2023 structured assessment did not include a focus on the use of resources, noting that individual audit reviews would take place on resource utilisation throughout the year. NC discussed the key conclusions and opportunities for improvement, as outlined in the report. NC noted that, overall, despite the significant challenges faced by the Health Board, it was deemed to be making good progress against the development of corporate arrangements. NC gave special thanks to the Director of Corporate Governance and the teams for their support. Nicola Prygodzicz (NP), Chief Executive Officer, thanked Audit Wales for their work, recognising the issues and key areas of work and improvement. The Chair gave special thanks to Nathan Couch of Audit Wales, noting it was his last meeting representing Audit Wales at the Board.

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	The Chair requested a brief overview of the tracking of the recommendations and actions from the structured assessment report be included in future reports from the Audit, Risk and Assurance Committee (ARAC). Action: Director of Corporate Governance The Board NOTED the Annual Audit Report 2023 and the Structured Assessment 2023.
ABUHB 2401/19	Financial Management Financial Management Month 9 Rob Holcombe (RH), Director of Finance and Procurement, presented the paper outlining the financial performance at the end of December 2023. (Month 9) RH noted that: • A reported year to date position of £47.7m deficit, • The reported forecast was a £56.4m deficit, after assuming WG funding of £88.4m; however, there remained risks to achievement given the level of savings and actions required. • Income included anticipated funding for the 2023/24 A4C pay award (£26.5m), the 2023/24 medical pay award (£6.4m) and estimated revenue charges related to Capital accounting. • Pay Spend (excluding the notional pension adjustment from March 2023), had decreased compared with month 8 by c.£1.2m. • Non–Pay Spend (excluding capital adjustments) had decreased by c.£1.8m, due to recognition of WHSSC funding, and funding and spend for RIF, community pharmacy and dispensing doctors incurred in month 8 therefore providing a reduction in month 9. • An overall forecast achievement of savings was £42.5m, against the IMTP savings plan of £51.5m • As at Month 09, ABUHB was reporting a deficit of £47.7m with a forecast deficit of £56.4m. • There remained risks associated with maintaining the forecast position, particularly the full receipt of all anticipated income, identification and achievement of mitigation of savings plans, prescribing cost growth, CHC cost growth and workforce pressures. The estimated risk range was between a £51m and £61m deficit. • As at month 9 the reported capital position was break-even with a balanced forecast; however there was a deficit risk of £0.02m which was expected to be managed by year end. The Chair acknowledged the positive position in respect of the level of with savings that had been achieved, notwithstanding the serious financial position the Health Board faced. RH advised that the Health Board had submitted a request to Welsh Government for additional strategic cash to cover the deficit position. The outcome of this would be announced before the end of January 2024. The

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Board held a short discussion on the actions that may need to be taken if funding was not available, such as debt recovery and income solutions.

Shelley Bosson (SB), Independent Member, queried the increase in paediatric CHC placements in December 2023 and actions being taken to assess cost effectiveness. RH confirmed that these placements would be assessed, although often the nature of the placements were very specialist and high-cost.

The Chair queried the consequences to the Health Board if it did not meet the Welsh Government's control target. RH noted the recent escalation to targeted intervention by Welsh Government and the Health Board's statutory duty to breakeven on a rolling three-year basis.

Nicola Prygodzicz (NP), Chief Executive Officer, reflected on recent discussions held with NHS Wales chief executives and advised that there was a requirement for organisations to have a clear roadmap to financial sustainability. NP referred to targeted intervention and noted that the arrangements with Welsh Government in respect of this were not yet known, including the criteria for de-escalation.

The Chair stated that it was imperative for the Health Board to manage its services within the finances available to best meet the needs of the population and a plan for financial sustainability was therefore essential.

2024/25 Allocation Funding

Rob Holcombe (RH), Director of Finance and Procurement, advised that the Allocation letter had been received from Welsh Government in late December 2023, which provided clarity on the allocation of resources available for 2024/25.

The Board noted that:

- the baseline funding for 2024/25 had increased by £156.1m, a significant element of which related to recurrent 2023/24 expenditure;
- Additional 'new' funding to the Health Board, excluding committed and directed funding, was £40.0m and this would need to cover commitments and inflationary pressures;
- There was a requirement to identify a CIP plan of at least 2%, £33-£42M
- £20M of funding had been removed for 111 and transferred to the NHS Executive as part of the agreed NHS Executive Phase 2 realignment of activities.

In summary it was noted that, the total assumed income and allocations for planning purposes were:

- Confirmed allocations £1,636.6m
- Anticipated Allocations £64.7m
- Income assumed £11.7m
- Total assumed revenue funding available for 2024/25 is £1,713m.

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	The Chair discussed the continuation of ring-fencing, noting that the Health Board had requested that this approach be reconsidered by WG. The Board NOTED the Month 9 Financial Performance and the 2024/25 Allocation of Funding.
ABUHB 2401/20	Performance Report - IMTP 2023-26 December 2023 Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented a report which provided the Board with an overview of performance against the key Ministerial Priorities. This report complemented the IMTP Quarterly Outcomes Report. HE noted that the report was in a new format which had been developed to provide assurance on key performance deliverables in the intervening months between the full Quarterly Outcomes report. HE highlighted the following: • Planned Care: good progress had been made in eliminating waits of over 156 weeks with a reduction to 44 patients in December 2023 (best in Wales). A positive impact had been noted as a result of the opening of the Cataract Centre, with a 4-week waiting time reduction in one week. • Cancer Services: the single Cancer pathway performance data had improved from 58.4% to 60.4% in October 2023, and from 53% to 59.1% in November 2023. There had been a reduction in the backlog of patients despite the increase in referrals. • Children and Young People Services: good progress had been made in reducing long waits. • The recent inclusion of Primary Care data within the report showed improvement in access to Primary Care Services. HE outlined the key performance challenges for the Health Board, which included: • Maintaining planned care reduction in waiting times. • Responding to an increase in referrals in Children and Young Peoples Services, which was being monitored through actions, and tracked through divisional assurance reviews. • Urgent and Emergency Care systems remained challenged, with significant pressures. • Challenges in performance in relation to Mental Health services, noting that there was an improvement plan in place. The Board requested that a report on Mental Health Services performance be presented to the Regional Partnership Board, noting that some mental health services are multi-agency with local authority partners. Action: Chief Operating Officer The Chair queried why variable costs in Mental Health were increasing when the Health Board was not meeting its targets. Leanne Watkins (LW), Chief Operating Officer, informed the Board that there had been an increase in

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	enhanced care vacancies, so additional staffing had been required. Further work was underway to produce a strategy for mental health services, noting that the recruitment process had commenced for a Divisional Director for Mental Health and Learning Disabilities. The Chair welcomed the increase in the use of Primary Care services. The Board discussed the positive impact of the Urgent Primary Care Centre on the reduction of call flows through to 999 and 111 services. The Board NOTED the Performance Report for December 2023.
ABUHB 2401/21	Health and Safety Improvement Plan Peter Carr (PC), Director of Therapies and Health Sciences, supported by Scott Taylor (ST), Head of Health, Safety and Fire, presented a detailed update of the Health and Safety Improvement Plan to the Board. The update of the 30/60/90-day improvement plan provided progress, oversight, and an update on the governance arrangements. Implementation of the improvement plan enabled the Health Board to achieve and sustain compliance with Health and Safety legislation and reduce the associated risks. PC noted that the risks had been quantified and informed the strategic risks and a longer-term improvement plan would be considered through the Health and Safety Committee. PC noted the work that was ongoing regarding fire safety to improve the governance arrangements for fire safety and advised that a level of enhanced monitoring had been implemented which included a weekly progress meeting with the service lead. The 7 areas of risk previously reported to the Board were discussed, noting that Manual Handling training compliance had not yet reached the 85% target. External providers had been commissioned to support staff to reach compliance levels, and further work would be undertaken with Divisions to directly monitor compliance. Sarah Simmonds (SS), Director of Workforce and OD, informed the Board that simplified routes to training for staff were a focus of the newly established Core Learning Committee. PC confirmed that monthly reports were presented to the Executive Committee on progress of the Health and Safety Improvement Plan. To further strengthen governance and accountability arrangements, plans were in place to review the Terms of Reference for the Health and Safety Committee. The Board NOTED the Health and Safety Improvement Plan and progress as contained within the report.
ABUHB 2401/22	Strategic Risk Report Nicola Prygodzicz (NP), Chief Executive, presented the report which provided an assessment of strategic risks associated with achieving the Board's strategic priorities for assurance.

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	The Board NOTED the Strategic Risk Report for January 2024.
ABUHB 2401/23	Vacant GP Practice- Health Boards Managed Practice Leanne Watkins (LW), Chief Operating Officer, presented the report, providing the Board with the outcome of a recent recruitment process, aligned to the Vacant Practice Policy. This was in relation to the Health Board's directly managed GP Practices returning to Independent Contractor status. The Chair noted the importance of monitoring outcomes for patients and requested future evaluation of care and services provided. LW confirmed that early feedback from Llais indicated positive experiences in the newly managed practices for patients. The Board NOTED the content of the report and the successful awarding of the GMS contracts, returning Tredegar Health Centre, Aberbeeg Medical Practice, Brynmawr Medical Practice, Bryntirion Surgery and Blaenavon Medical Practice to independent Contractor status.
ABUHB 2401/24	Regional Partnership Board Update Hannah Evans (HE), Director of Strategy, Planning and Partnerships provided an update on Regional Partnership Board activities. HE confirmed that the RPB governance review recommendations continued to be implemented. Work was also progressing on the alignment of the RPB and PSB priorities. HE noted that the RPB had discussed the requirements for an evaluation and impact assessment on RIF funded schemes. The Board NOTED the update.
ABUHB 2401/25	Executive Committee Chairs Report Nicola Prygodzicz (NP), Chief Executive, presented an overview of a range of issues discussed by the Executive Committee at meetings held between 7th of December 2023 and 18th of January 2024. NP highlighted: • WCCIS and its strategic direction of travel nationally; this would be discussed at a Board Development session over the next few weeks. • Stroke Improvement Plan; key focus on stroke pathway improvement, with the centralisation of stroke rehabilitation services and opportunities for improvement at the front door. • An overview of sample data from the Gwent Joint Needs Assessment, outlining population needs and issues, was presented to the Executive Team. This was scheduled for presentation at a future Board development session. The Board NOTED the report.

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ABUHB 2401/26	An overview of Joint Committee Activity Nicola Prygodzicz (NP), 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. NP advised that, in respect of ambulance services, discussions between WAST and the Health Board had been held with a view to agreeing a way forward, better managing the issues faced by both organisations and the identification and better planning of the key areas for improvement . The Board NOTED the report.
ABUHB 2401/27	Key Matters from Committees of the Board The Board RECEIVED Assurance Reports from the following Committees: • Charitable Funds Committee- 9th November 2023 • Audit, Risk and Assurance Committee – 28th November 2023 • Mental Health Act Monitoring Committee – 6th December 2023 • Patient Quality, Safety and Outcomes Committee – 13th December 2023 • Finance and Performance Committee – 21st December 2023
ABUHB 2401/28	Date of the Next Meeting: Wednesday 27th March 2024

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CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
ACTION LOG

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
24th January 2024	ABUHB 2401/12	St Woolos Hospital Consolidation The target date for the full proposal for the St Woolos rationalisation to be discussed at the Partnerships, Population Health, and Planning Committee (PPHPC).	Director of Strategy, Planning and Partnerships.	January 2024	Transferred to PPHCP. Complete
24th January 2024	ABUHB 2401/12.1	St Woolos Hospital Consolidation Route maps for each of the Health Board estates would be presented to the PPHPC.	Director of Strategy, Planning and Partnerships.	January 2024	Transferred to PPHCP. Complete
24th January 2024	ABUHB 2401/12.2	St Woolos Hospital Consolidation The Chair requested that an overview of the impact of Patient Safety events, be presented to the Board.	Director of Nursing	March 2024	A Six Goals Programme update has been scheduled for the Board's meeting in May 2024. This will include an update on Patient Safety Events held.
24th January 2024	ABUHB 2401/14	Long Term Strategy - Design Principles The principles to be amended to include, '*providing sustainable, high-*	Director of Strategy, Planning and Partnerships.	March 2024	Complete Principles updated.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		quality care within funding available to the Health Board'.			
24th January 2024	ABUHB 2401/16	Risk Management Framework Rewording of 'reputational risk' to be amended and presented at the Audit Risk and Assurance Committee.	Head of Risk and Assurance	March 2024	Transferred to Audit, Risk & Assurance Committee. Complete
24th January 2024	ABUHB 2401/17-	All Wales Individual Patient Funding Request Policy The Chair requested a report on Individual Patient Funding Requests, including numbers and outcomes, to be presented to a future meeting.	Medical Director	May 2024	Not due
24th January 2024	ABUHB 2401/18	External Audit Reports The Chair requested a brief overview of the tracking of the recommendations and actions from the audit report be included in future reports from the Audit, Risk and Assurance Committee (ARAC).	Director of Corporate Governance		Included within the Audit, Risk and Assurance Committee Chair's report to Board. Complete.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
24th January 2024	ABUHB 2401/19	Financial Management Nicola Prygodzicz (NP), Chief Executive Officer, discussed the requirement for a clear roadmap to financial sustainability, and discussed the targeted intervention as positive external support to help the Health Board achieve that. A full report on action plans for targeted intervention, including the level of de-escalation required, to come back to the next meeting of the Board.	Director of Finance and Procurement	March 2024	Financial sustainability plan included in 2024/25 IMTP plan. T.I and de-escalation on finance and planning currently unclear from Welsh Government. (Request for support to identify other health boards learning, & to identify where ABUHB is an outlier). Expectation for de-escalation would be for significant reduction in forecast deficit, at least to the 23/24 control total of £13m deficit. Complete
24th January 2024	ABUHB 2401/20	Performance Report- IMTP 2023-26 December 2023 The Board requested that a report on Mental Health Services performance and actions to secure improvements be presented to the Regional Partnership Board, noting that some mental health services are multi-agency with local authority partners.	Chief Operating Officer & Director of Strategic Partnerships		This request from the Board has been passed to the PMO & Regional Leadership team to schedule as an item for the Regional Leadership Group initially.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

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

Agenda Item: 1.6

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Report on Sealed Documents and Chair's Actions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle Jones, Head of Board Business

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

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 situations where Chair's Action has been used for decisions.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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 3rd January 2024 and 4th March 2024.

The Board is asked to note that there have been three (3) documents that required the use of the Health Board's seal during the above period.

The use of Chair's Action, in-line with Standing Orders, requires approval by the Chair and Chief Executive in consultation with two Independent Members, with advice from the Board Secretary (the Director of Corporate Governance). All Chair's Actions require ratification by the Board at its next meeting.

During the period between the 31st of October 2023 and 4th March 2024, there were five (5) Chairs Actions agreed.

Cefndir / Background

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 practical 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. Three documents were sealed between the 31st of October 2023 and 4th March 2024, as outlined below.

Date	Title
19.02.24	Aneurin Bevan University Health Board and the contractor Central Roofing Intermediate Building contract for the roof refurbishment works of the Glen Usk Building at St Cadoc's Hospital, Lodge Road, Caerleon, Newport.
26.02.24	Variation and settlement agreement relating to the operating agreement for the Llanwenarth Suite, at Nevill Hall Hospital between Aneurin Bevan University Health Board and Abergavenny Facilities Ltd.
04.03.24	Counterpart lease relating to Ty Gwent, Llantarnam Business Park, Cwmbran NP44 3HR between Mapeley Beta Acquisition Co(1) Ltd and Aneurin Bevan University Health Board and Cartwright Gwalia Properties Ltd, Jr Agencies Ltd, Damian Lee Cooper and all Trust Sipp Ltd relating to land adjoining Talgarth House, Llantarnam Park Industrial Estate, Cwmbran.

3.2 Chair's Action

The Chair's Actions approved between 31st of October 2023 and 4th March 2024 is provided below:

Date	Title
23.01.24	To award a 2-year contract (with no option to extend) at a cost of £ 1,221,056.46 ex VAT to provide Telehealth. This related to the Telehealth Programme, funded and

	commissioned by Welsh Government, via Tec Cymru as a hosted function of the Health Board.
25.01.24	To award a contract for the provision of a manned security service at The Grange Hospital, Nevill Hall Hospital and St Cadoc's Hospital for the period 01.02.24 to 30.11.25 at a cost of £865,833.24.
13.02.24	To award a contract for the provision of ground and gardening maintenance across Health Board sites for the period 01.04.24 to 31.03.27 at a cost of £1,347,215.94 (up to 36-months extension option included).
20.02.24	To award a contract for the provision of digital equipment for the period 01.04.24 to 31.03.25 to a value of £750,000.
21.02.24	To award contracts for the provision of commissioned Mental Health Services for the period 01.04.24 to 31.03.25 (with the option to extend for up to 12 months) to a value of £1,326,000.

Asesiad / Assessment

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

Argymhelliad / 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.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable to this report

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

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

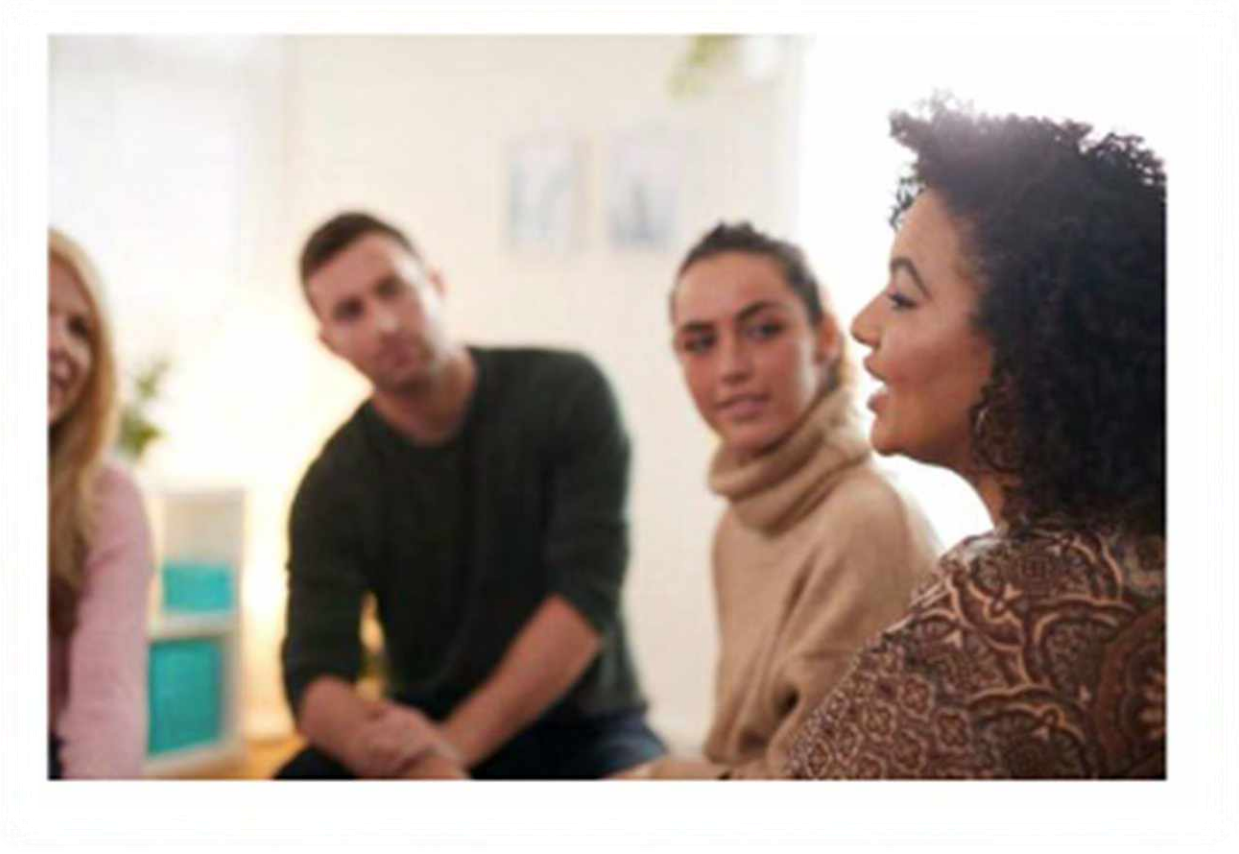
LLAIS

Eich llais mewn iechyd a gofal cymdeithasol | Your voice in health and social care

Llais Gwent Region

Report for Aneurin Bevan University Health Board – Public Board Meeting

March 2024



Accessible formats

This publication is also available in Welsh.

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About Llais

Llais is a statutory body, set up by the Welsh Government to give the people of Wales much more say in the planning and delivery of their health and social care services – locally, regionally, and nationally.

We are here to understand people's views and experiences of health and social care, and to make sure feedback is used by decision-makers to shape services.

We seek out both good and bad stories so we understand what works well and how services may need to get better. We also look to talk to those whose voices are not often heard.

There are 7 Llais Regions in Wales. We all work together to represent people's voices in relation to their health and social care needs.

Introduction

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

Llais continues to work in respect of engaging with the population, scrutinising, and offering independent challenge to the NHS and social care, to monitor and consider routine and urgent service changes. We also continue to provide an independent Complaints Advocacy Service.

National and Regional Priorities

As an organisation we have put together our national priorities until March 2024. National priorities were set as a result of common themes, shared by all seven regions in Wales.

Our national priorities are:

1) Getting help at your GP surgery, dentist, and pharmacy.

2) Your health and social care in the community, including following a hospital stay.

Regionally to make sure we have the most impact in the next 3 months we have used what people have told us and what we know from others to choose 3 main priorities in each region in Wales. In Gwent, we used the feedback we received from the public in 2023.

Our priorities in Gwent are:

1) Community Services (health and social services).

2) Mental health services.

3) Getting care quickly when you need it.

We will aim to speak to people in Gwent about each of our priorities so we can understand how things are working for now, and what needs to happen next.

Llais Gwent Region update

Current activities and feedback:

1. Public feedback from our Advocacy service

From the 1st of January 2024 to the 29th of February 2024, our Advocacy service has received 82 new contacts from members of the public with enquiries or formal concerns about health or social care.

- 55 of those contacts were about the NHS and 11 of those contacts was in relation to Social Care.
- 16 of the contacts were general enquiries about the NHS. Enquiries have been mixed in terms of their subject ranging from waiting times for test results, waiting times for operations, GP access and discharge/transfer from hospital.
- 32 authorisation forms were returned during this period to pursue a formal complaint. Services and the subjects of concerns have also been mixed but include Care of the Elderly, Primary Care, Fundamentals of care, Adult Mental Health Services, waiting times for NHS appointments, Local Authority payments re care homes.

2. Representations that we have made or been involved in

We have a duty to make representations to health and social care services on behalf of our population when services may change or when we hear about health and social care performance matters that impact on people's experiences (positively or negatively). We might make these representations via formal letter, in emails or by attending planned service groups/meetings hosted by our health and social care partners.

Since January 2024, we have been involved in or made representations about:

- Gynaecology consent to treatment matter – referred to HIW.
- YYF security staff cover – concerns raised by MIU staff during our winter patient experience visits – representations made to the Chief Executive.
- Castle gate medical centre - withdrawal of some additional services - representations made to the Primary Care Team.

- Trevethin Clinic Pontypool – we received information that the opening times for the nurse-led sessions have altered – representations made to the Head of Planning.
- Primary Care panels for Tredegar Health Centre, and ABUHB managed surgeries at Brynmawr, Aberbeeg, Blaenavon and Bryntirion
- A&E handovers from Ambulance crew and people's experiences when waiting in the Emergency Department – representations made to the Chief Operating Officer
- Stroke rehabilitation service developments
- eLGH department/unit reconfiguration proposals and public engagement process
- Service change applications from departments, pharmacies, dentists, surgeries (including boundary changes)

and we attended:

- Tredegar Health and Wellbeing Centre project board
- Patient Safety and Quality Outcomes Committee
- Outpatients Steering Group
- Outpatient Transformation Programme
- Enhanced Services Operational Group
- Sustainability Programme Board
- Gwent Local Medical Committee
- NCN Development
- Access Group
- Stroke Communications and Engagement Sub-group
- MIU Engagement group
- Arts Strategy group
- Regional Partnership Board Strategy Development (with reference to Health and Social Care Children and Young People, Older People, People with learning or physical disabilities, Mental Health, Carers)

3. Engagement in Gwent

Since April 1st we have attended events across Gwent and engaged with people in their communities.

We increased our community engagement so that people in Gwent know of our organisation should they need to contact us. We organised to attend day centres, community hubs, and supermarkets etc. within Gwent.

Since organising this, our community engagement volunteers have engaged with people in all boroughs in Gwent.

Top 5 themes of people's feedback from community engagement:

1. NHS - Access to Mental Health Services, particularly neurodiversity support and MH services for men.
2. NHS and Social Care - Faster and local services, better community infrastructure.
3. NHS and Social Care – more money and resources needed.
4. NHS – better access to emergency care (A&E and Ambulance).
5. Social Care – gaps in service from families first and crisis point.

4. Survey: Trauma & Orthopaedic – Hip and Knee

To date, we have received 45 responses to this survey.

Some feedback received so far:

- Most people who have completed our survey to date are aged 55 and over.

- Most responses we have received are from people who attend the Royal Gwent Hospital for their clinic appointments.

- Twenty-one people told us, so far, they have been waiting between 1-2 years for their planned surgery and seventeen people have been waiting between 3-4 years.

- People told us that whilst they're waiting for their surgery, they do not receive any updates or communication from the hospital or clinic.

- Forty-three people told us they were in pain or discomfort whilst waiting for their surgery and twenty-three of these people rated their pain as severe.

This survey is live until mid-March but will be extended if necessary.

5. Winter Patient Experience

Our Winter Patient Experience project has now concluded, and in total we received 172 responses via our feedback postcards.

Some key feedback:

- A lot of positive feedback about staff was received from people who accessed care across the five sites in Gwent.

- Signage for the Minor Injuries Unit at Ysbyty Ystrad Fawr is poor, making it difficult for people to navigate their way to the unit.

- People who accessed care at the Emergency Department at the Grange University Hospital told us they experienced long waits.

We would like to thank staff in the UHB for supporting this project and displaying our posters and post-cards in the units, to enable people to give their feedback.

The report for this project is in draft. Once finalised it will be submitted to UHB for comment.

N.B. *All surveys are launched bilingually on our social media channels and are available in alternative formats and languages upon request. We also share surveys with our external stakeholders, this is to ensure we are reaching as many people as possible.*

Thanks

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

We hope the feedback people have taken the time to share influences health and social care services to recognise and value what they do well – and act where they need to as quickly as they can.

Feedback

We would 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.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Plan 2024/5
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Marie-Claire Griffiths, Head of Strategic Planning

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

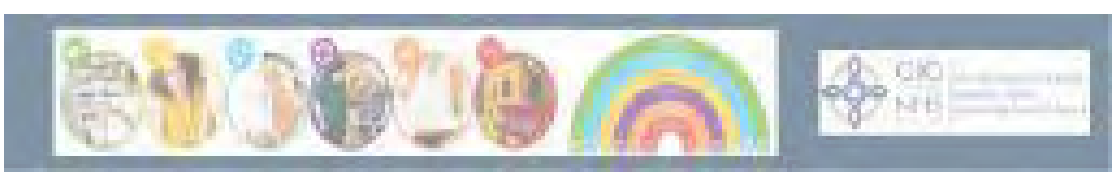
The NHS Wales Finance Act (2014) requires the Health Board to annually submit an Integrated Medium-Term Plan (IMTP) that can financially balance over a three period to Welsh Government for approval. This is a statutory duty.

In December 2024 the NHS Wales Planning Framework was issued by Welsh Government confirming the policy requirements of the 2024/25 planning cycle. In addition to policy expectations, the submissions are required to include a set of templates to capture the actions that will be taken to deliver the national programmes for 2024/25 and a Minimum Data Set (MDS) with detailed information on workforce, activity and finances.

The Annual Plan document, templates and minimum data set form the required submission to Welsh Government on 28th March 2024. The Planning Framework also required the organisation to confirm whether the organisation was likely to deliver a balanced plan in line with requirements and, if not, this was to be signalled by Chief Executives to the Director General via an Accountable Officer letter.

On 16th February 2024 the Health Board issued an accountable officer letter to Welsh Government confirming that, due to the ongoing financial challenges, the Health Board would be submitting an Annual Plan with a three-year intent to balance the immediate system sustainability challenges with the population health and care needs.

The Annual Plan is presented in the context of significant financial and operational challenges, reflected in the recent heightened escalation arrangements that the Health Board are now subject to. The plan is purposefully succinct and focussed in



its framing. Alongside the targeted action the Health Board is taking to deliver in year improvements is the clear and emerging priorities for the strategic and tactical planning and reconfigurations required for services and estates to achieve sustainable services and financial balance in three years' time. The stated ambition of the plan is to be in financial balance by 2026/27.

The plan outlines the priorities and system change required under the five priority areas:

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

The plan confirms the Health Board's commitments to the seven Value and Sustainability programmes, our partnership plans and our life course goals. The section on enablers draws together the context, deliverables and success measures for enabling workstreams.

Cefndir / Background

Each year Welsh Government issues an NHS Wales Planning Framework that sets out the requirements for Health Boards to plan against, including the national policy context, ministerial priorities, statutory obligations and a Minimum Data Set (MDS) adopted as the mechanism that provides assurance on delivery of core services.

The plan was developed through extensive organisational engagement including the following:

- Board briefing sessions,
- Population Health, Planning & Partnerships Committee and Finance and performance Committee updates,
- Executive Committee test and challenge,
- System Leadership Group workshops,
- Trade Union Partnership Forum and
- Llais

The appendices include the templates required by Welsh Government to be completed on national programmes and the cluster plans. In addition, a formal request was received from Welsh Government requesting that Health Boards prioritise their forward look proposed strategic capital projects, covering all proposed projects that have not, as yet, received full and final Ministerial approval. The outcome of this capital prioritisation exercise is included as an appendix to the Annual Plan.

The supporting Minimum Data Sets which accompanies this plan sets out the profiles for next year and aligns delivery, workforce and finance information. In developing a dynamic approach to scenario planning, profiles will be kept under review and subject to a formal review every quarter.



The Health Board has been meeting regularly with Welsh Government in recent months, and policy leads have endorsed the approach that has been adopted.

Asesiad / Assessment

Prior to the submission to Welsh Government the Board are asked to approve the annual plan and supporting appendices which include the ministerial templates, capital prioritisation and minimum data sets.

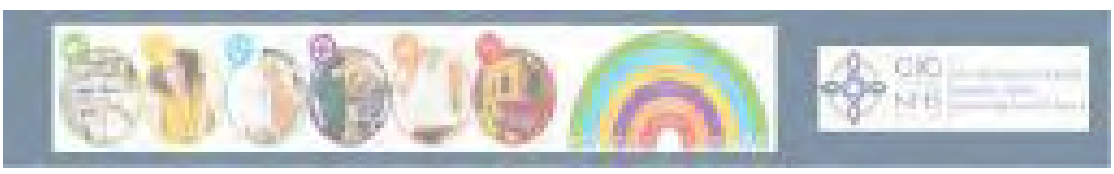
The Health Board has developed an Annual Plan with a three-year intent to recognise the focus required to deliver performance and financial improvements over the next year, our medium-term ambitions to achieve financial and service sustainability and our longer-term ambitions to reduce the health inequalities experienced by our communities.

The plan sets out our ambitions to achieve sustainable services supporting financial balance in three years' time, with a strong focus on the first year of delivery. It has been developed with the following principles at its core:

1. Develop an annual plan which outlines our three-year intent towards becoming sustainable,
2. Our Quality Strategy is the golden thread, prioritising patient safety and staff wellbeing, demonstrated through the quality impact assessment approach that underpins our plans and choices,
3. With the financial context determining our ability to invest, our focus will be on the optimisation of available resources and best value (through efficiency, efficacy and where required reconfiguration),
4. Supported by the commitments in our people plan. The annual plan has been developed based on the existing workforce profile and strategy supporting employee experience, staff wellbeing and sustainable teams. Developing service models will need to consider the availability of workforce, relevant skills, recruitment, retention, training pipelines and reducing reliance on variable pay.

Overall, this is a plan based on a realistic assessment of delivery in the next three years recognising the need for significant service redesign and targeted action to achieve sustainable services by 2027. The Health Board has strengthened the articulation of the system change to be achieved across five themes each with quarterly milestones for 2024/25 to enable robust monitoring of delivery. The plan contains performance ambitions for the first year underpinned by quarterly trajectories which will be monitored through the performance and accountability framework and embedded programme management articulated in our Delivery framework as the final section of the plan.

The diagram overleaf summarises the commitments we have made throughout the plan.





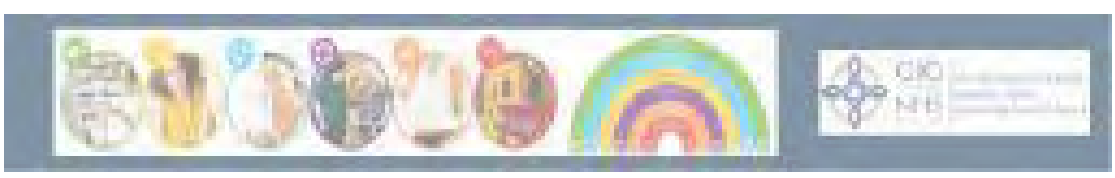
Notwithstanding the strengthened oversight arrangements, there remain a number of risks to delivery of the plan including:

- The impact of ongoing industrial action for medical staffing groups into 2024/25 will impact on operational delivery of commitments as well as the financial plan,
- Notwithstanding the detailed people and culture plan, availability of workforce and staff well-being and satisfaction will remain a risk through the course of the year,
- A number of our commitments are reliant on capital investment, for example the redevelopment of Nevil Hall (RAAC) and therefore availability of capital, built on robust business cases, remains a delivery risk,
- The robustness and roll out of digital systems and digital solutions (and associated funding) to support service delivery and development, for example the challenges with WCCIS,
- The emergence of in year and unforeseen service or clinical risks and issues within the health board or more broadly across the region that will require a response to manage patient safety,
- The current financial outlook determines a minimal internal investment innovation fund which may limit ability to invest to save mid-year and/or manage risks referred to above,
- Unforeseen and unexpected surges in demand into services which impact on delivery of current plans.

These risks reflect the risks as set out in our corporate risk register.

Planning will continue post the submission of the plan. Areas of ongoing focus include:

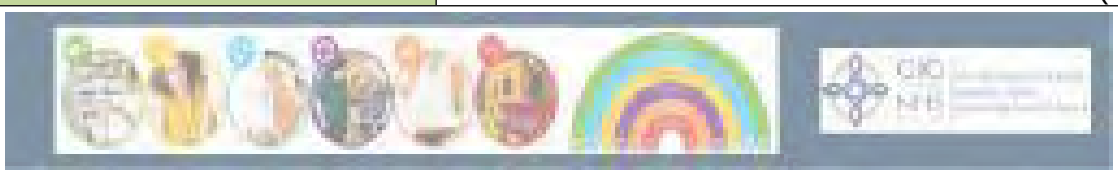
- Continue to de-risk and strengthen finance plan,
- Undertake deep dives to develop targeted actions for the challenged planned care specialities, with a focus on ENT, Orthopaedics and Ophthalmology. This will include detailed testing of all productivity, efficiency and pathway redesign opportunities that are not yet factored into plan.



• Ongoing testing of all productivity and efficiency opportunities to ensure alignment to national opportunities via Value and Sustainability and benchmarking opportunities, • Further work through regional planning partnerships for example, the identification of joint solutions for fragile services.
Argymhelliad / Recommendation The Board to: - approve the annual plan 2024/25 and appendices which include our capital prioritisation for submission to Welsh Government. - note the ongoing action required to de-risk elements of the financial plan, - note the ongoing actions to further improve delivery of the 104 weeks planned care target.

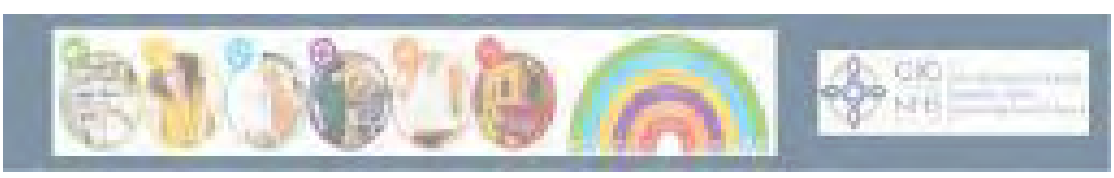
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	Minimum Data Sets (MDS) Trade Union Partnership Forum (TUPF) Reinforced Autoclaved Aerated Concrete (RAAC)



	Welsh Community Care Information System (WCCIS)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes not yet available An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies



Aneurin Bevan University Health Board

2024/27

Annual Plan:

Three-year intent

Embedding **Prevention** and Population Health in all that we do

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

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

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

Improving our **Mental health** services



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Our Plan

Our plan sets out what we will achieve for our population over the next three years, but with a focus on the next 12 months. Much has been delivered over the past 12 months including achievement of a number of strategic commitments such as a new breast unit, a health and wellbeing centre in Tredegar, and a new endoscopy facility. We have strengthened our approach to embedding quality and quality improvement to support safe and effective care and our staff continue to go above and beyond in difficult circumstances. Despite our continued efforts, the Health Board is now in a higher escalation status under targeted intervention for planning and finance with enhanced monitoring for urgent and emergency care at the Grange University Hospital. We have developed an Annual Plan with a three-year intent to recognise the focus required to deliver performance and financial improvements over the next year, our medium term ambitions to achieve financial sustainability and our longer-term ambitions to reduce the health inequalities experienced by our communities. Our intent is to be in a break-even position by year three of this plan.

This has been a year with new challenges including industrial action for the first time from our junior doctors. We are still recovering from the impact of the Covid-19 pandemic with many people waiting too long to receive care and treatment and our urgent and emergency care system continues to experience too many delays at a number of points. Mental health also suffered and we have experienced significant demand increases for our services especially for children and adolescents. The rising demand is coupled with rising acuity demonstrated through the rate of working age adults reported in good health on a downward trend since Covid-19 and suspected cancer referrals have continued to exceed 3,500 referrals per month compared with pre-Covid-19 levels of 2,500.

Since November we have been working on the development of a new long-term strategy that articulates joint commitments with our population through to 2035. This will help shape our model of sustainability going forward. We are not waiting for our strategy to take action where we have evidence of quality concerns, workforce challenges and aging estate. The plan sets out the significant service redesign we will undertake to rightsize our service capacity aligned with patient need.

Over the next two pages you will see two diagrams. The first is our plan on a page, setting out the structure of the plan and its contents, outlining the targeted action we will take to achieve sustainable services by 2027 through our system change priorities and value and sustainability workstreams. This is coupled with our partnership working to achieve longer term change in our partnership plans and life course goals. All of our plan is underpinned by our six enablers and their commitments over the next three years. The second is our delivery statement which confirms our priority deliverables over the next three years.

Our Plan on a Page

Annual Plan: Three Year Intent

Targeted action to achieve sustainable services by 2027

System Change Priorities

- Embedding **Prevention** and Population Health in all that we do
- Progressing our place based models of care and sustainability in **primary and community services**
- Improving our **Urgent and emergency care** system focusing on experience, access and discharge pathways
- Continuing to prioritise **cancer, urgent and the longest waiting patients for planned care**
- Improving our **Mental health** services

Value & Sustainability



Partnership working to achieve longer term change

Partnership Plans

Place



Gwent

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

BUILDING A FAIRER GWENT
TEG I BAWB

South East Wales

Welsh Ambulance
Cwm Taf Morgannwg
Powys
Cardiff & Vale
Velindre

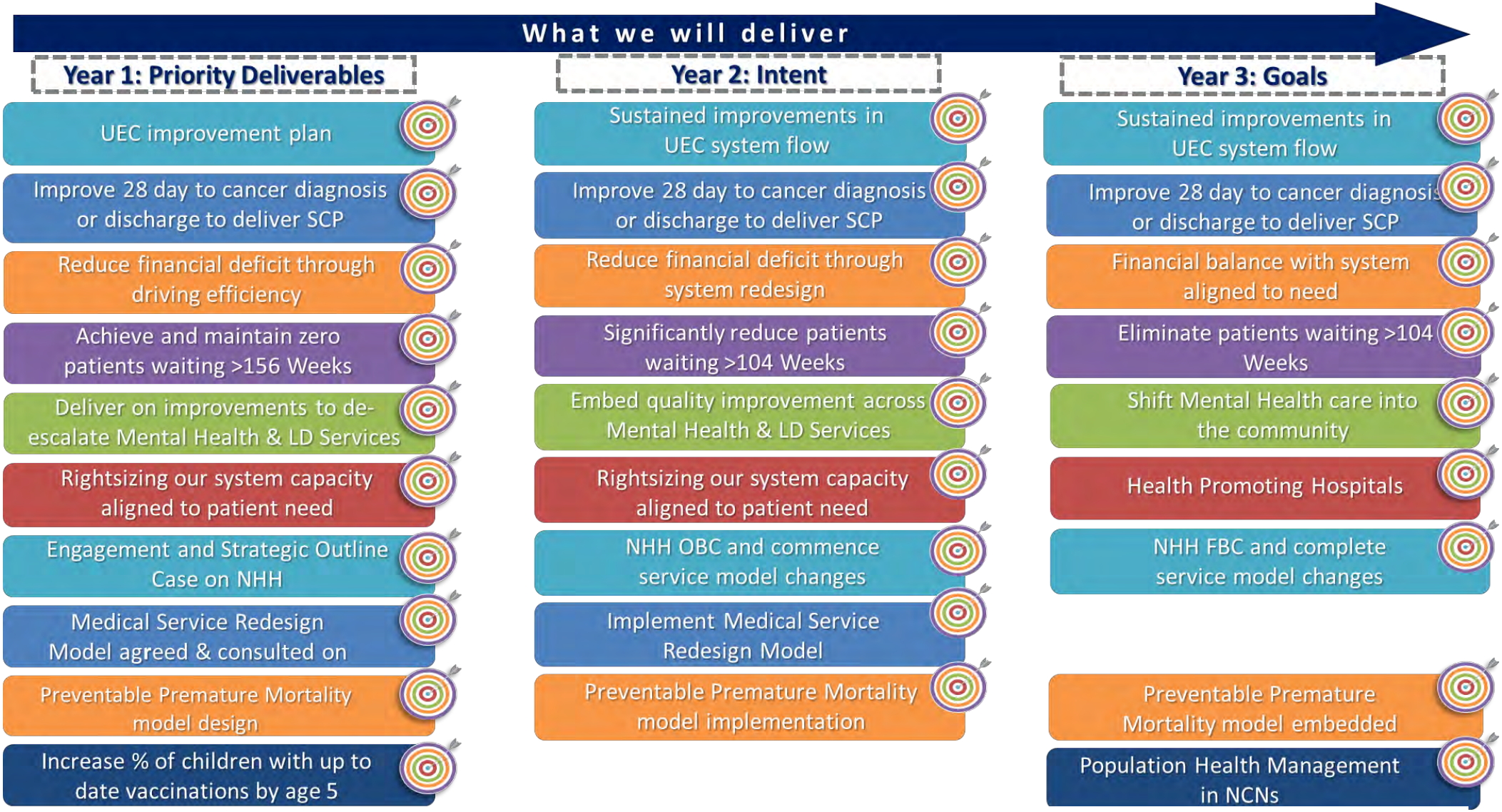
Life Course Goals

- Every Child has the best start in life
- Getting It right for children & young people
- Adults in Gwent live healthily & age well
- Older adults are supported to live well & independently
- Dying well as a part of life

Underpinned by our Enablers

- Quality
- Digital, Data & Technology
- Capital &Estates
- Workforce & Culture
- Finance
- Value, Innovation & Research

Our Delivery Statement



Acronyms

UEC – Urgent & Emergency Care
SCP – Single Cancer Pathway
NHH – Nevill Hall Hospital
LD – Learning Disability
NCN – Neighbourhood care networks

SECTION 1: CONTEXT

The mission for the Health Board is to improve population health, and through doing this, reduce the health inequalities experienced by our communities. The current gap, 13 years (men) and 20 years (women), in healthy life expectancy between our wealthiest and poorest communities is significant. Our plan articulates the steps we are taking to deliver a Healthier Wales and The Well-being of Future Generations (Wales) Act 2015.



This plan sets out our ambitions for the next three years, with a strong focus on the first year of delivery. It has been developed with the following principles at its core:

1. Develop an annual plan which outlines our three-year intent towards becoming sustainable,
2. Our Quality Strategy is the golden thread, prioritising patient safety and staff wellbeing, demonstrated through the quality impact assessment approach that underpins our plans and choices,
3. With the financial context determining our ability to invest, our focus will be on the optimisation of available resources and best value (through efficiency, efficacy, and where required, reconfiguration),
4. Supported by the commitments in our people plan. The annual plan has been developed based on the existing workforce profile and strategy supporting employee experience, staff wellbeing and sustainable teams. Developing service models will need to consider the availability of workforce, relevant skills, recruitment, retention, training pipelines and reducing reliance on variable pay.

We are committed to continue our improvement on how the **system is performing,** whilst many people receive great care, we know there is more to do to improve our system. 23,232 people were waiting over the target time of 52 weeks for planned appointments and treatments at the start of 2024, behind each of these numbers is an individual story. Whilst improvements have been made in our emergency care system, waiting times for ambulances are too long and subsequently, we are not meeting the 4 hours target for the majority of patients to be seen, triaged, treated, and discharged in urgent and emergency care - we only meet this 75% of the time. People are also spending too long in our hospitals. There are regularly around 200 people who have completed the medical element of their care waiting to be discharged for a range of reasons related to wider support or care, many of whom are waiting over 3 weeks. We also frequently hear stories of the challenge of getting an appointment with a GP and support in the community and whilst there is much being done to improve this situation, we know there is still much more to do.

We continue to develop our **dynamic planning approach** to understand the potential demand, risks, and capacity requirements of our system. The financial context has stretched us to understand what the system is able to do within its financial means and how this will impact on our capacity to deliver performance levels. Working with each clinical team using real time data, realistic workforce assumptions and known constraints, we have a clear understanding of our system. The outcome of this work has informed our Minimum Data Sets. Moreover, it is the baseline against which we will plan and review activity on a quarterly basis for every specialty. This understanding of our system has allowed us to draw out our priorities for action.

Reflections of 2023/24

In 2023/24 we saw:

- Increase demand for urgent primary care
- Ratio of GP/10,000 patients decrease from 5.5 to 4.2
- More people self-presenting to emergency departments and Minor Injury Units
- Patient acuity, linked to the impact of successive lockdowns on our vulnerable populations, has increased consequently
  - Number of Emergency admissions
  - Emergency admissions average length of stay is at its highest point ever
  - High levels of delayed discharges
- Referrals for suspected cancers have, on average, risen by a third
- Referrals for paediatrics continue to grow
- Referrals for primary care and specialist mental health services (adults and older adults) are well above pre-Covid-19 rates.

Our Achievements

Leadership

- Full Board in place
- Launched new clinical directors leadership programme with significant uptake
- Strengthened governance for our Equality networks
- Talent Management Framework piloted
- Strengthened accountability & assurance through Performance Framework

Whole System Approach

- Ty Cynnal Crisis Support House winner for Mental Health Award in South Wales Health and Care
- Acute Frailty Team phase one implementation in place
- Delivered expansion and capacity building across Community Resource Teams
- A new Falls Pathway introduced to reduce the number of non-injurious fallers conveyed by ambulance

Learning, improvement & research

- Number of commercial clinical trials undertaken increased by 100%, non-commercial increased by 62%
- Leading through Quality Improvement commenced rollout across organisation
- ABCi contributing to reduce theatre never events
- New Clinical Audit Strategy launched
- Successful inspection by Health & care Research Wales

Workforce

- Registered Nurse agency reduced by 175 wte & Contract agency for HCSW reduced by 242 wte
- Achieved platinum corporate health standard
- Successful overseas recruitment
- New award winning approach to avoidable harm with 70% reduction in disciplinary cases
- Launch of One AB together

Culture

- Established "Catch up with Nicola" sessions
- Employee Wellbeing Centre Opened
- Launched Recruitment and Retention Cafes
- New PADR process focusing on wellbeing and career aspirations
- Implemented Speaking Up Safely framework with action plan
- Launched an email address for staff to raise concerns in confidence

Information

- Established a reporting framework and quality outcomes framework aligned with the six domains of quality
- Launched the first Joint Strategic Assessment in Wales
- Reasonable Assurance in Information Commissioners Office Audit
- Led all Wales Cancer Project with demand & capacity model
- Development of the Healthy Days at Home Dashboard
- Establishing a system wide view through data partnership with WAST

Safe

- Established Glaucoma diagnostic hub to prevent sight loss
- Patient safety team interventions to reduce bed base to facilitate early supported discharge
- Health Board Safety flow initiative in place with its primary aim to improve ambulance handover performance
- Chest Artificial Intelligence reducing time to diagnosis by up to 60 days

Timely

- Regional Cataract Centre accepted patients
- Significantly reduce the number of patients waiting over 156 weeks from referral to treatment
- 80% of Acute Oncology patients seen within 24 hours
- Opened new Endoscopy Unit which has reduced backlog
- Implemented straight to test pathways improving time to diagnosis
- 80% Breast cancer performance with new breast unit opening to plan

Effective

- Established straight to CT pathways removing need for appointments
- Increase in the rate of See On Symptom and Patient Initiated Follow-ups to 13.3%
- Common Ailment service provision increased by 58%
- Health Pathways, go live in March
- Hospital to Home facilitating earlier discharge for patients identified as medically optimised

Efficient

- CAMHS surpassed 80% for CHOICE assessment within 28 days
- Did Not Attend (DNA) rate reduced to 6.1% (4,682) in January 2024
- Integrated planned care pathways into Same Day Emergency Care
- Digital & Technology Solutions in Treatment of Skin Conditions
- General Surgery have 96% theatre utilisation after engagement with GIRFT recommendations
- Accelerated diagnostics in optimal cancer pathways

Equitable

- Older Adult Shared Lives implemented in 1 Borough from July 2023
- Strategic Equality Plan established through public consultation
- Established Reducing Cancer Inequalities Group, focus on screening up take in hard-to-reach areas of Gwent
- Trans Health Leadership enabling GPs to better support trans & non-binary people
- Launched Women's Health network on International Women's Day

Person Centred

- Opened Tredegar Health & Wellbeing Centre
- Community hubs developed creating social support networks and infrastructure for social prescribing
- Ty Brynwood model of care encouraging social interaction, independence & stimulation
- Patient Advice and Liaison Service went live in November
- Commenced Big Conversation on Bereavement

SECTION 2: SYSTEM CHANGE PRIORITIES

This section outlines the system change priorities we will deliver over the next three years. A number of these commitments map into our value and sustainability approach as outlined in section 3. They are grounded in evidence of how we need to respond to the health and care needs of our population and across five themes;

Embedding **Prevention** and Population Health in all that we do

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

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

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

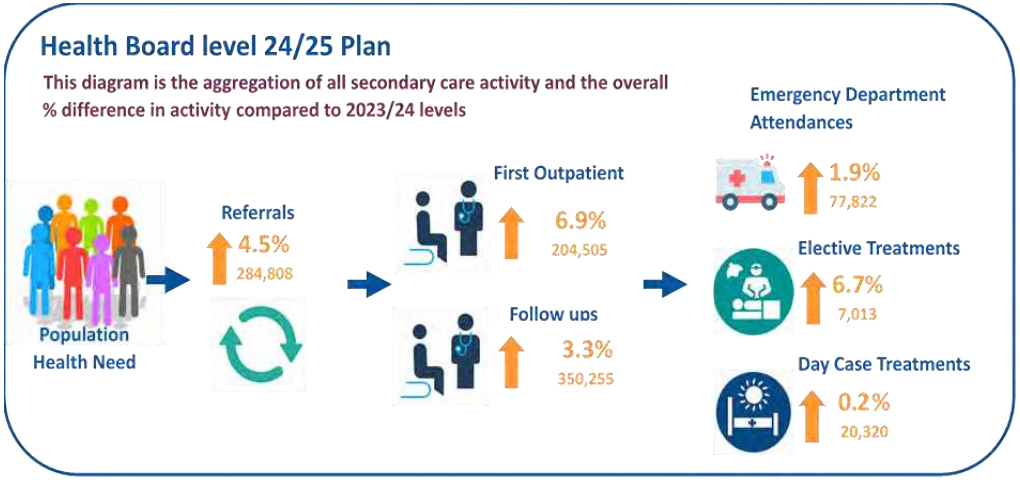
Improving our **Mental health** services

Across Gwent there has been a rapid aging of the population since 2011, with already nearly 20% more people over the age of 65. Whilst there is much to be celebrated and enjoyed in the later years of life (if they are healthy years of life), we know this is not the experience for all our population due to the inequality across Gwent. For example, female predicted years in healthy life at birth varies from 55.3 years in Torfaen to 69.3 years in Monmouthshire. Sadly, the consequences of the pandemic and cost of living crisis have worsened these health inequalities.

Alongside a greater number of people over 65, there is already fewer younger people in Gwent with a declining birth rate across the region. The Office of National Statistics forecast that by 2035 there will be 18% fewer 18-year-olds entering the workforce. The majority of people who work for the Health Board live in the Gwent region, so the population changes mean there will be fewer people to work in the care system. Currently just 15% of those who work for the Health Board are between the ages of 21 and 30, whilst 36% are over 50.

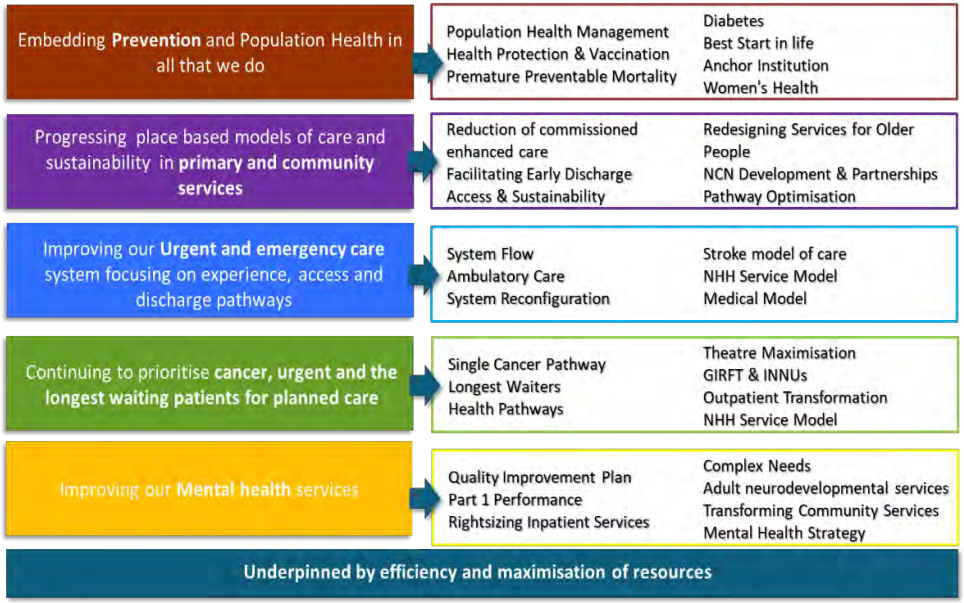
Our population size is over 591,000 and our budget is currently £1.7bn, which is 18.4% of the total Welsh Government revenue budget. The population changes mean that our system will not be affordable without change. It is important that care is delivered within resources, and that as services we are able to spend money where it can make the biggest difference to people's lives. The majority of health spend is currently being spent in hospitals and what we call acute care, whereas the evidence tells us it would be better spent upstream on prevention and primary care to avoid the need for hospital care. We also know there are economies of scale in centralising specialist and acute services to free up resources to support work in the community. Given the context, we know only 20% of what affects health is health care and we need to change the balance to prevention and helping communities to live well. Our system of care continues to experience increased demand and our forecast for next year is as follows;





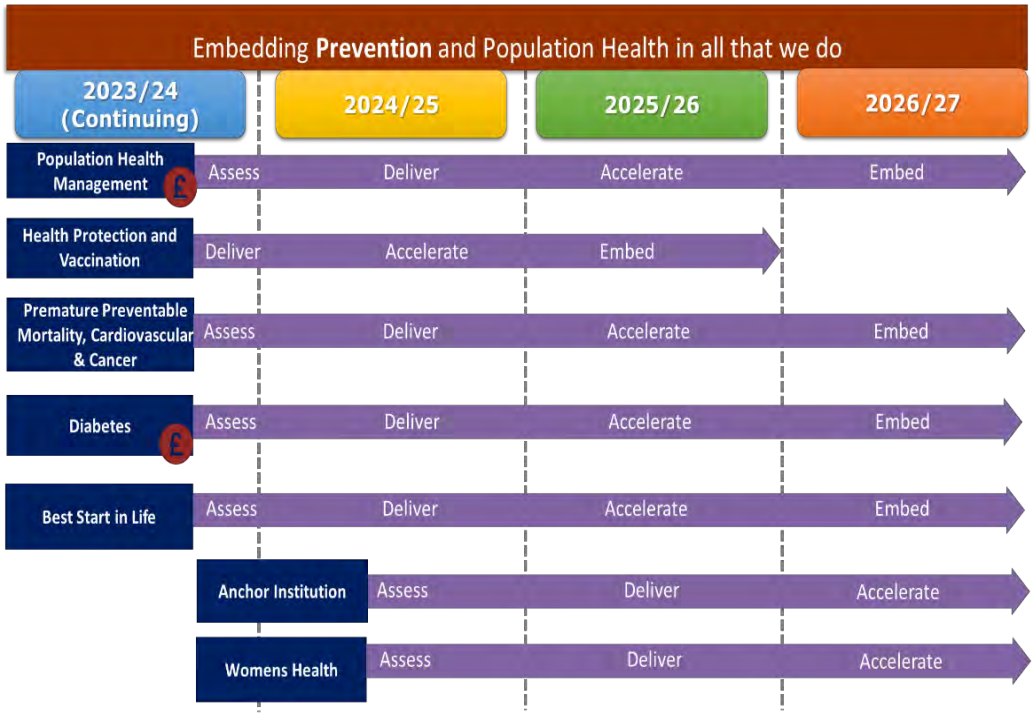
Referrals	• Increasing trend in referrals across most specialities • Referrals have been increasing year on year since Covid-19 • Urgent Suspected cancer referrals are continuing to increase Particular increases noted in General Surgery due to ongoing impact following change in guidance
Outpatient Appointments	• The number of outpatient appointments is increasing across the majority of specialities. • Supported by achievements in outpatient transformation through reductions in Did Not Attend (DNA) rates, increases in See on Symptom (SoS) and Patient Initiated Follow up (PIFU) • Embedding new roles to see new patients e.g. optometry • Increase virtual appointments by 2,413
Treatments	• Elective treatments increasing by 6.7% (7,013) compared to 23/24 levels (6,373) but below pre-covid levels of 8,386. • Day case treatments levels a small increase of 0.3% (24/25 = 20.319, 23/24 = 19,931), similar to pre-covid levels (19,415) • Supported by opportunities in Theatre Maximisation
Emergency Department Attendances	• Overall increase by 1.9% in Emergency Departments attendances compared to 23/24 levels with Emergency admissions to decrease by 0.5% • Minor Injury Units at 4.3% increase • Same Day Emergency Care is anticipated to continue at current levels.

Across the five themes below, the system changes required are set out alongside the milestones, deliverables and intended impacts. Additional supporting detail on many of these sections are found in the completed Ministerial templates in our appendices.



As part of the planning process a set of planning assumptions were set out to guide the organisation as to the priorities and requirements. They determined the level of ambition required, within resources and capacity, over the next three years:

- We will reduce our bed base aligned with the capacity identified in the Clinical Futures bed plan,
- We will focus on eliminating 24 hours and significantly reducing 12 hour waits in Emergency Departments,
- We will aim to eliminate over 4 hours ambulance patient handover delays,
- Treatment of cancer will be prioritised in our capacity,
- Urgent and patients waiting more than 104 weeks will be prioritised within core capacity,
- We will ensure improved outcomes, value and optimisation of existing resources across all our services,
- We will make progress to live within our financial means unless there is a risk to patient safety.



Why Prevention and Population Health is a priority:

Following the launch of the first Joint Strategic Assessment in Wales we have identified the following areas from our evidence base.

A significant number of the conditions and diseases experienced by the population of Gwent are preventable. For example, 38% of all cancers are preventable, a number that increases to over 70% in common cancers such as lung, skin and cervical cancer. Deaths from chronic liver disease have more than doubled in the past 20 years. Liver disease is now the most common cause of death in those aged 35-49 years in the UK. As with many health conditions, the way children and adults lead their lives directly influences the risk of developing chronic liver disease. Excessive alcohol consumption and obesity remain the commonest causes of liver disease. Obesity is a key risk factor for heart disease which impacts around 63,000 people in Gwent, with only 29.3% of working age adults in Gwent reporting a healthy weight in 2021/22

Children receiving 2 doses of the Measles Mumps and Rubella (MMR) vaccine by the age of 5 has reduced compared to this time last year.

Cardiovascular disease (CVD) accounts for almost a quarter of premature deaths in Wales. High blood pressure (BP), cholesterol and diabetes are major modifiable risk factors for CVD. Around 41,000 adults have been diagnosed with diabetes in Gwent.

There is a rise in the death rate from CVD in people aged 75 and over. The predicted prevalence modelling shows that by 2035, the prevalence of heart condition is likely to increase to 30% and stroke to 35% (Public Health Wales Observatory). The Prevalence of Hypertension in Gwent is 16% and since 2019, it has repeatedly been higher than Welsh Average.

The foundations for virtually every aspect of human development are laid in the first thousand days of life. Preventing Adverse Childhood Experiences (ACEs) is a vital part of ensuring a healthy and happy life. Children who have low-quality, stressful childhoods are more likely to experience poor mental health and adopt health-harming behaviours during adolescence. Those who experience 4 or more ACEs are twice as likely to develop cancer and heart disease. Children and young people represent a third of the population in Wales, and their health and wellbeing will determine their future.

There is a gap in healthy life years between the least deprived and most deprived women across Gwent which is widening. Female predicted years in healthy life at birth varies from 55.3 years in Torfaen to 69.3 years in Monmouthshire.

Only 20% of what affects health is health care and therefore we need to change balance to prevention and helping communities to live well. Meaningful employment, access to good food, green spaces, affordable housing, and social interaction all contribute to our ability to live well.

Over the next three years we will deliver:

24/25 Milestones	
Population Health Management	⇒ Q1: Further develop and deploy public health intelligence resources with partners
	⇒ Q2: Develop capability in population health management starting with two NCNs
	⇒ Q3: Alignment of public health intelligence with Integrated Wellbeing Networks to develop social prescribing offer

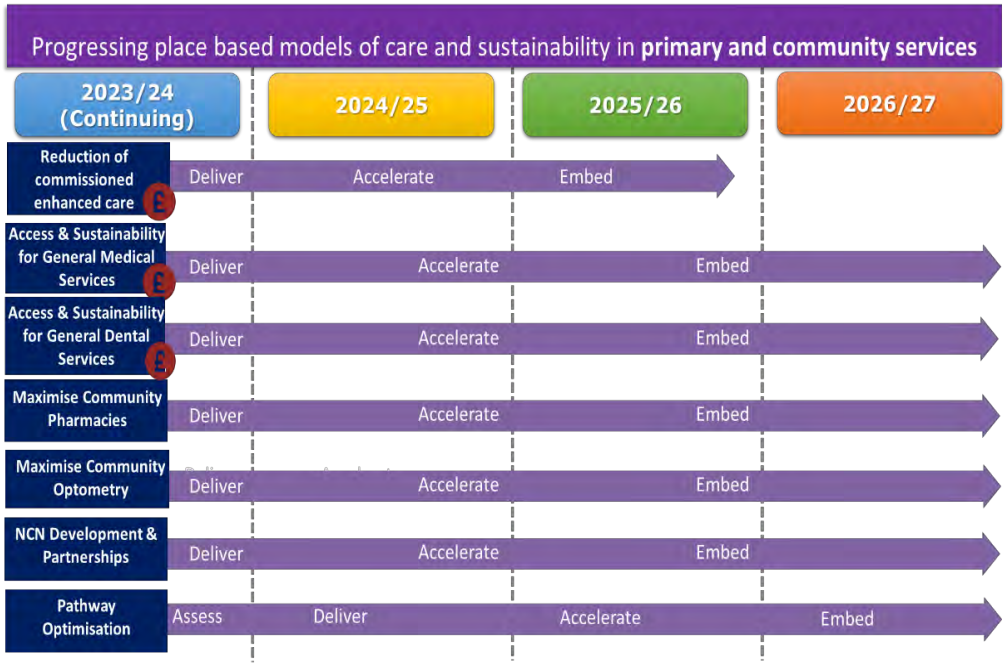
Health Protection & Vaccination	⇒ Q1: Implement targeted actions to increase % of children with up-to-date vaccinations by age 5
	⇒ Q2: Implement improvement programme for health protection and vaccination
	⇒ Q3: Deliver our vaccination action plan for Covid-19, flu and Respiratory Seasonal Virus (RSV)
Premature Preventable Mortality, Cardiovascular & Cancer	⇒ Q1: Develop the Premature Preventable Mortality population health data model for cardiovascular & cancer
	⇒ Q2: Design cardiovascular disease risk assessment programme
	⇒ Q3: Plan in place for addressing and reducing cancer inequity and inequalities experienced by our communities
Diabetes	⇒ Q1: Develop the population health data model for diabetes
	⇒ Q2: Assess and learn from implementation of diabetes prevention model already undertaken
	⇒ Q3: Scale up and roll out of diabetes prevention model across Gwent
Best Start in Life	⇒ Q1: Develop Babies, Children & Young People's needs assessment through established engagement mechanisms
	⇒ Q2: Define in partnership Best Start in Life and gain partnership agreement for a Best Start in Life action plan
	⇒ Q3: Develop through engagement on a children's strategy
Anchor Institution	⇒ Q1: Establish intelligence to support Anchor institutions and health promoting organisation to develop case for change
Women's Health	⇒ Q1: Engagement and scoping events on Women's Strategy
	⇒ Q2: Support and develop Women's Network
25/26 Deliverables	⇒ Population Health Management capabilities developed across NCNs and develop segmentation tools to have deeper understanding of our population
	⇒ Preventable Premature Mortality model implementation
	⇒ Targeted action to accelerate diabetes prevention
	⇒ Develop and deliver a Best Start in Life action plan that addresses the children's strategy
	⇒ Using intelligence to support Anchor institutions and health promoting organisation to develop case for change
	⇒ Develop women's health life course with accompanying action plan
26/27 Goals	⇒ Population Health Management approach across the organisation including our acute services
	⇒ Premature Preventable Death models embedded in NCNs
	⇒ Accelerate implementation of Best Start in Life action plan targeting areas that close the gap of health inequity
	⇒ Implement action plan to strengthen our approach to be an Anchor institutions and health promoting organisation
	⇒ Implementation of Women's health action plan targeting areas that close the gap of health inequity

We will measure our success by

1. Increase in % of children who are up to date with scheduled vaccinations by the age of 5,
2. Increase in % of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15,
3. Maintain national target compliance of the uptake of the influenza vaccination amongst adults aged 65 years and over,
4. Increase and maintain national target of % of adult smokers who make a quit attempt via smoking cessation services – at 4 weeks,
5. Maintain physical examination at 6 weeks rates (Healthy Child Wales),
6. Increase weight and measurement at 8 weeks rates (Healthy Child Wales),
7. Maintain % of diabetes patients receiving all 8 diabetes care processes.

Our Performance Ambitions

Measure	Baseline	Q1	Q2	Q3	Q4
1	89.2%	90.7%	92.1%	93.6%	95%
2	79.4%	83.3%	87.2%	91.1%	95%
3	75.4%	-	-	75%	-
4	New measure reportable from 1st April	40%	40%	40%	40%
5	92.7%	92.7%	92.7%	92.7%	92.7%
6	43.6%	50.2%	56.8%	63.4%	70%
7	44%	44%	44%	44%	44%



Why development of place based care and a focus on primary and community is a priority:

The Primary Care Model for Wales sets 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.

Activity across General Medical Services (GMS) has increased to its highest point last year, with over 370,000 appointments seen in October 2023 and Community Pharmacy Services continue to deliver a consistent number of claims under the common ailments scheme with claims ranging between 3,700 and 4,150 a month.

The system urgently needs further transformation to ensure older people can access evidence based clinical intervention 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.

The organisation has the opportunity to reduce commissioning of enhanced care and re-focus on providing care for a better future that promotes wellbeing, choice and good outcomes for people. Exploring and escalating the provision of alternative enhanced specialist care models i.e. Ty Brynwood Specialist Dementia Care Unit remains paramount.

Our commitments under this priority link directly to our collective actions within our Gwent partnerships. In addition, Primary and Community care has a number of contributions to delivering timely and effective care in the best setting within our planned care and urgent emergency care system including Health Pathways, redesigning services for Older People and facilitating early discharge.

Over the next three years we will deliver

24/25 Milestones	
Reduction of commissioned enhanced care	⇒ Q1: Continue to work in partnership through the Hospital 2 Home and Step Closer to Home reducing the need for enhanced care post discharge.
	⇒ Q2: Embed the learning from the model applied in Ty Brynwood specialist dementia care unit to reduce enhanced care through reduction in rapid escalation of behaviours.
	⇒ Q3: Work in partnership to strength the care at home team across all localities to enable the repatriation of high-cost placements
Access & Sustainability for General Medical Services	⇒ Q1: Full completion of action plan to deliver the ambition of no managed practices in Gwent
	⇒ Q2: Address the workforce sustainability challenges by reviewing of workforce skill mix and identify alternative solutions and workforce models across NCNs using the Primary Care Academy
	⇒ Q3: Contract monitoring ensure all GP practices are meeting standards of performance
Access & Sustainability for General Dental Services	⇒ Q1: Completion of procurement exercise in relation to Access
	⇒ Q1: New practice in Tredegar open to patients from 1st April 2024
	⇒ Q3: Contract monitoring ensure all Dental practices are meeting standards of performance

	⇒ Q4: Investment in Dental Services as part of the 19 Hills Health and Wellbeing Centre development.
Maximise Community Pharmacies	⇒ Q1: Undertake actions to increase Pharmacist Independent Prescribing
	⇒ Q2; Increase number of Common Ailment Scheme (CAS) Consultations
	⇒ Q3: Urinary Tract Infection service implemented in at least one pharmacy
	⇒ Q4: Increased levels of Pharmacist Independent Prescribing across Gwent
Maximise Community Optometry	⇒ Q2: Implementation of new and revised clinical pathways that shift care from ophthalmology in optometry
	⇒ Q3: Roll out of Digitisation and Connectivity to support seamless care
	⇒ Q4: Review Ophthalmic Diagnosis and Treatment Centre provisions in line with the national glaucoma pathway
NCN Development & Partnerships	⇒ Q1: Commence implementation of the agreed plan to establish a range of services identified as best delivered at a NCN level or for a pan- NCN population
	⇒ Q2: Following the engagement undertaken the delivery of a development programme for NCN/Collaborative leads
	⇒ Q2: Further develop strong working relationships with Integrated Wellbeing Networks to empower people to look after themselves and each other
	⇒ Q3: Continue to roll out communications and engagement programme across Gwent to build understanding of where to access care in the right setting
Pathway Optimisation	⇒ Q1: Work in partnership with NCN leads to promote the use of Health Pathways across Gwent
	⇒ Q2: Through data analysis identify pathways that would benefit from primary and community involvement to reduce unnecessary demand
	⇒ Q3: Assess and implement actions for acute pathways that could be delivered in a community setting
	⇒ Q3: Work in partnership to ensure eye care is delivered in a community setting as part of the new optometry contract

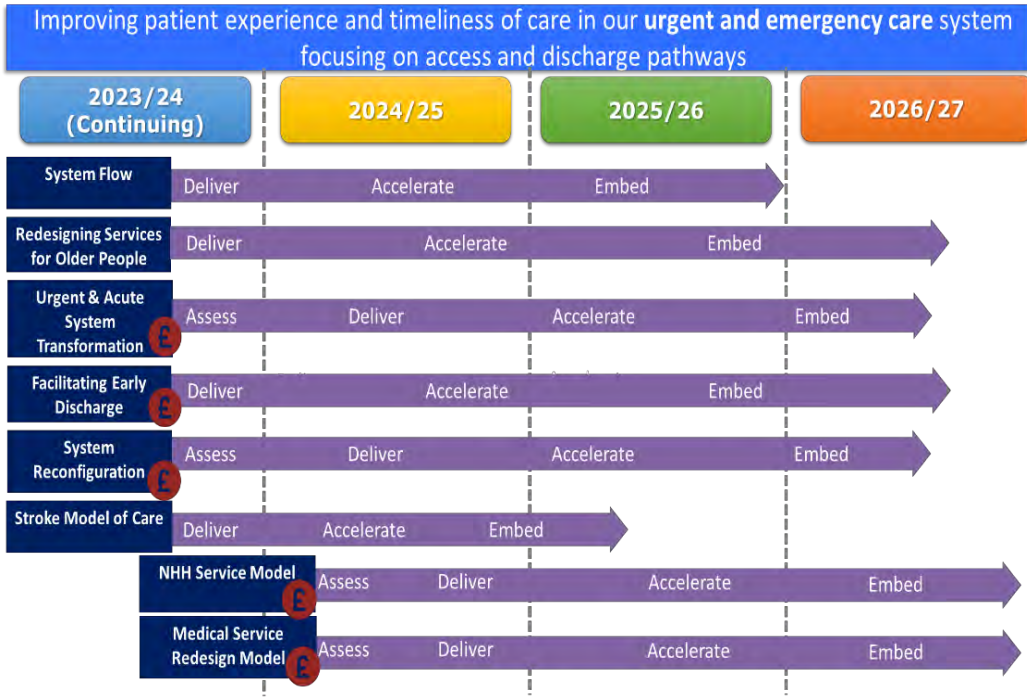
25/26 Deliverables	⇒ Implement actions to address the workforce sustainability challenges across NCNs
	⇒ Accelerate delivery of a range of services identified as best delivered at a NCN level or for a pan- NCN population
	⇒ Deploy place-based workforce models based on defined population need and reducing health inequalities.
	⇒ Support the shift of care into community pharmacy and optometry services
	⇒ Implement changes necessary to support access & sustainability in General Medical and Genera Dental services
26/27 Goals	⇒ Embed appropriate pan-NCN delivery models in collaboration with partners
	⇒ Embed Implement changes necessary to support access & sustainability in General Medical and Genera Dental services
	⇒ Embed the shift of care into community pharmacy and optometry services

We will measure our success by

8. Maintain the number of appointments delivered in GMS,
9. Maintain the number of patients accessing NHS Optometry Services,
10. Maintain the number of consultations undertaken by CAS
11. Maintain the number of Units of Dental Activity (UDA) claimed,
12. Maintain 95% of Palliative Care referrals assessed within 2 days,
13. Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments (incl ED/MAU referrals),
14. Maintain total number of District Nursing patient contacts.

Our Performance Ambitions

Measure	Baseline	Q1	Q2	Q3	Q4
8	3,695,987 (FY)	886,953	1,797,059	2,742,601	3.695.987
9	163,851 (FY)	39,910	80,215	122,888	168,851
10	47,250 (FY)	11,813	23,625	35,438	47,250
11	615,675 (FY)	116,878	282,744	461,756	615,975
12	95%	95%	95%	95%	95%
13	10.15%	10.15%	10.15%	10.15%	10.15%
14	514,100 (FY)	128,525	257,050	385,575	514,100



Why improving urgent and emergency care is a priority:

Demand for urgent and emergency care has steadily risen since the opening of the Grange University Hospital (GUH) and a number of people with serious problems are presenting themselves in our urgent and emergency care system.

Since its opening in November 2020, the GUH main Emergency Department (ED) has experienced between 200 and 320 attendances per day, with an average of 263 daily adult attendances to Main ED. In the same period there are an average of 251 daily attendances to Minor Injury Units and the Children's Emergency Assessment Unit (CEAU) has experienced between 52 and 141 attendances per day, with an average of 75 daily attendances.

Urgent Care services continue be under significant pressure nationally, regionally, and locally, making delivering timely care challenging. Along with the increasing attendances at ED and Minor Injury Units, acuity is increasing with 27% of ED attendances resulting in an admission this year, compared to 25.7% last year. This increase in demand at the front door coupled with challenges in timely discharge, is impacting upon flow and resulting in patients waiting longer in the department. The overall time from arrival to departure has increased by over 25% since pre-Covid-19 levels, currently averaging 4.7 hours with requests for beds averaging average 11 hours for those admitted, compared to 6.8 hours pre-Covid-19.

Ambulance handovers see an average of 860 patients waiting over 60 minutes to be transferred to the Emergency Department from an Ambulance each month. Whilst this remains high, there has been a concerted effort to decrease the number of delayed ambulance handovers and as such we have already seen a significant reduction from 1,497 reported in March 23. There has also been increasing demand for urgent primary care with over 6,600 contacts across advice, appointments on site, and home visits each month.

Whilst the position of the percentage of patients assessed by a stroke consultant within 24 hours is compliant with the national target of 85%, the percentage directly admitted to an acute stroke unit under 4 hours is 12.7% while the percentage receiving the required minutes for speech and language therapy is currently at 46%.

In January 24, the Health Board was put into a higher level of escalation (enhanced monitoring) for urgent and emergency care in recognition of the pressures the system is under, and the concerted and focused improvement required.

There around 260 Pathways of Care Delayed Transfers of Care (DTOC) across the system at any one time with around 80-130 reported within acute sites. Facilitating early discharge is critical, building on the success of the 2023 launch of the Regional Partnership Board funded pilot, Hospital to Home (H2H). Each patient is spending on average 26 days on the H2H pathway rather than within the acute setting.

Over the next three years we will deliver

24/25 Milestones	
System Flow	⇒ Q1: Supporting initiatives to enable flow in collaboration with Welsh Ambulances Services Trust
	⇒ Q2: Implement agreed Flow Centre Service Model
	⇒ Q3: ED process and footprint redesign planning
	⇒ Q4: Complete the build of the ED Extension

	⇒ Q4: Sustained improvement in ambulance handover times and wait to be seen by clinician
Redesigning Services for Older People (Goal 1)	⇒ Q1: Go live with Acute Frailty Response Team phase two, as part of building capacity within community resource teams
	⇒ Q2: Deliver targeted action to ensure we are deploying our resource effectively based on defined population need.
	⇒ Q2: Implement to increase the number of nurse-led wards within community hospitals
	⇒ Q3: Implement responses to recommendations of community resource teams deep dive
	⇒ Q4: Evaluate and develop action plan for use of LUSCII technology to reduce conveyances from care homes
Urgent and Acute Transformation (Goals 2,3 &4)	⇒ Q1: Improved ED direct to Same Day Emergency Care pathway
	⇒ Q2: Scoping of Co-located Royal Gwent Hospital Ambulatory Care concept
	⇒ Q2: High Risk Adults Acute Care Plan initiated in-hospital
	⇒ Q4: Full evaluation of e-triage outcomes including patient reported experience measures
Facilitating Early Discharge (Goals 5&6)	⇒ Q1: Delivery of a "discharge to assess" short term digital solution
	⇒ Q2: Progression of trusted assessor model, working in partnership across Gwent
	⇒ Q2: Implementation of service improvements and discharge practices monitored through the Discharge Improvement Board
	⇒ Q3: Progression of step down workstream
	⇒ Q4: Develop a strategy for Allied Health Professional led rehabilitation which wherever possible avoids hospital admission or achieves early supported discharge, ensuring seamless and integrated care with partners
	⇒ Q4: Hospital 2 Home evaluation
System Reconfiguration	⇒ Q1: St Woolos Hospital consolidation and review of model of care to meet system need
	⇒ Q3: Complete review of Critical Care to ensure a model that delivers care in the most appropriate setting
	⇒ Q3: Delivery of Patient Safety Team events to make improvements in timely discharge
	⇒ Q3: Delivery of Bed Plan
Stroke Model of Care	⇒ Q1: Development of long-term permanent service model
	⇒ Q2: Undertake 12-week public engagement period and refine service model based on population need
	⇒ Q4: Delivery of permanent configuration, including workforce model
NHH Service Model	⇒ Q1: Complete detailed service model including the workforce plan
	⇒ Q2: Develop and implement an engagement plan to shape and further develop service model
	⇒ Q3: Nevill Hall Hospital strategic outline case developed
Medical Model	⇒ Q1: Undertake options appraisal of the medical model that ensures sustainable staffing
	⇒ Q2: Agree preferred option for Medical Model
	⇒ Q3: Medical Model developed and agreed through engagement
25/26 Deliverables	⇒ Opening of Emergency Department Extension
	⇒ Embedded trusted assessor model across Gwent
	⇒ Embed strategy for Allied Health Professional led rehabilitation
	⇒ Whole system utilisation of Anticipatory Care Plans
	⇒ Reconfiguration of clinical service models across our enhanced local general hospital sites
	⇒ Implement agreed Nevill Hall Hospital Service Model
	⇒ Implement Medical Model solution
26/27 Goals	⇒ Reconfiguration of clinical service models across our enhanced local general hospital sites
	⇒ Continue implementation of increased nurse led wards in the community and LUSCII technology in care homes
	⇒ Whole system improvement of discharge planning and hospital 2 home pathways through a collaborative approach
	⇒ Implement long-term plans for Acute Frailty Response and community resource teams underpinned by projected population demands

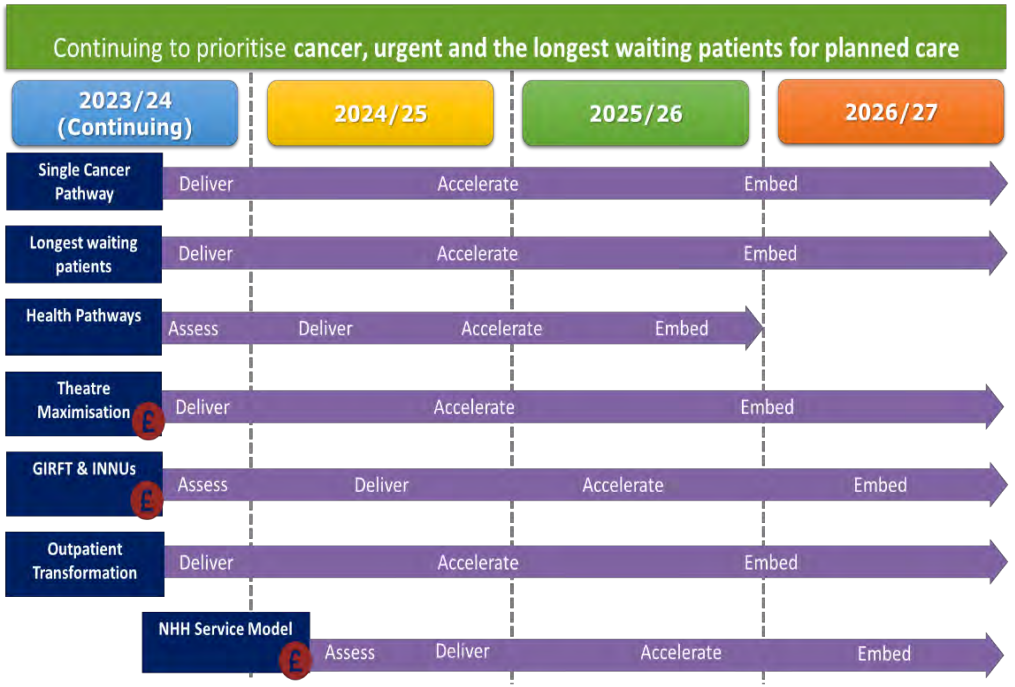
	⇒ Continue implementation of increased nurse led wards in the community
	⇒ Embed Medical Model
	⇒ Embed Nevill Hall Hospital Service Model

We will measure our success by

15. Reduction and maintain national target of number of DTOCs
16. Increase in Hospital 2 Home & Step Closer To Home Rates,
17. Reduction in average ambulance handover times at GUH,
18. Elimination of four hours ambulance handovers waits,
19. Reduction in time from arrival to ED triage - no waits over 30 minutes,
20. Decrease in ED attendances waiting over 24 hours,
21. Reduction in time from arrival to ED to seen by clinician,
22. Increase and maintain national target of the percentage of patients waiting <4 hours in ED,
23. Maintain the number of Urgent Primary Care contacts (inc. virtual),
24. % of patients directly admitted to an acute stroke ward <4hrs of clock start,
25. % of unique stroke patients given thrombectomy (all stroke types),
26. % Assessed by one of OT, PT, SALT within 24 hours

Our Performance Ambitions

Measure	Baseline	Q1	Q2	Q3	Q4
15	266	262	258	254	250
16	13,212	3,353	6,783	10,289	13,872
17	148 mins	95 mins	80 mins	65 mins	50 mins
18	306	204	102	0	0
19	14.3% >60 mins	0 >60 mins	0>50 mins	0>40 mins	>30 mins
20	7.1%	5.4%	3.6%	1.9%	0%
21	16.9% >6 hrs	0 >6 hrs	0 >5 hrs	0 >4.5 hrs	0 >4 hrs
22	73.2%	75.8%	73.8%	73.4%	75%
23	44,171 (FY)	11,043	22,086	33,128	44,171
24	12.6%	14.5%	16.3%	18.2%	20%
25	2%	3.0%	4.0%	5.0%	6%
26	36%	44.5%	53.0%	61.3%	70%



Why cancer and long waiting patients are a priority:

The number of people waiting – and the time people are waiting – for planned care and cancer services is now longer than ever. This position is further exacerbated by those who did not access health care during the pandemic.

Significant increases in demand relating to suspected cancer referrals have continued to exceed 3,500 referrals per month compared to pre-Covid-19 levels of 2,500. Whilst compliance against the single cancer pathway (SCP) standard is gradually improving (58.8% in January 2024), this increased demand is continuing to have an impact on performance creating capacity challenges throughout the pathway for services provided by us and those provided at tertiary centres. Additionally, the number of SCP treatments undertaken has increased by 10% over the last 12 months and is continuing to increase month by month (4,470 SCP treatments in 2023 compared to 4,064 SCP treatments in 2022). A focus on time to diagnose cancer (against the 28-day standard) will be required, recognising the impact from a patient perspective.

There are still growing numbers of patients on our elective lists with a significant challenge at the outpatient stage with 2,776 waiting over 104 weeks for a first

outpatient appointment. Progress has been made in reducing significantly the numbers of patients waiting over 156 weeks on planned care pathways, with currently 83 patients waiting compared to 723 in March 2023 and this will be sustained and improved with a focus on waits of over 104 weeks. There are currently 4,995 patients waiting over 104 weeks.

In the context of constrained resource, central to our approach will be better utilisation and targeting of the capacity to long waiting patients. A key focus is improving Treat in Turn rates which, in spite of current progress, still presents opportunities. There are opportunities to increase theatre utilisation and elective capacity for planned care patients by focussing on three areas of improvement: scheduling, utilisation and standardisation of process and approach.

The Outpatient Transformation Programme aims to optimise care by ensuring outpatient services are provided at the right time, in the right place and delivered in the right way in to maximise health outcomes and empower patients. Currently 8.8% of outpatient attendance outcomes are reported as SoS and PIFU. These two initiatives remain a priority in order to provide patients and their carers with the flexibility to arrange their outpatient appointments as when they need them.

Realising the benefits of Health pathways over the next three years forms a central component of demand management strategies and ensuring right place right time for patients. Improving our offer for supporting patients who are waiting will complement this.

Over the next three years we will deliver

24/25 Milestones	
Single Cancer Pathway	⇒ Q1: Establish Task and Finish Groups for tumour sites
	⇒ Q2: Review and reset workplans for each tumour site
	⇒ Q3: Continue actions identified in workplans and task and finish groups
	⇒ Q3: Following the Endoscopy development in Royal Gwent Hospital improvement in time to diagnosis with 70% seen within 8 weeks, improving further to 88% in Q4
	⇒ Q4: Implement lean pathway in Gynaecology and Urology
	⇒ Q4: Review and revise workplan objectives for each tumour site
Longest waiting patients	⇒ Q1: Waiting Well single point of contact service launched and evaluated in 12 months
	⇒ Q1: Evaluate GP gatekeeper model in ENT to assess impact and explore opportunities (subject to funding) in other specialties
	⇒ Q2: Achieve and maintain zero patients waiting > 156 Weeks
	⇒ Q2: Continue targeted approach to Treat in Turn to address current variability between specialties
	⇒ Q3: Implement actions to deliver the Surgical Robot in Royal Gwent Hospital
	⇒ Q4: Reduce number of specialities with patients waiting > 104 Weeks
Health Pathways	⇒ Q1: Platform launch in March 24 – embedding and tracking impact
	⇒ Q2: Phase 2 pathways to go live and wraparound processes embedded within specialties – targeted approach to challenged specialties including ENT
	⇒ Q3: Achieve 100 pathways live and continue development of pathways embedding with secondary care services
Theatre Maximisation	⇒ Q2: Delivery of improvement plan that responds to GIRFT (Elective Optimisation Programme) opportunities focusing on priority HVLCs, cancellations and late starts and early finishes.
	⇒ Q3: Refine dashboard further aligned with GIRFT plan recommendations to maximise time in theatres reducing fallow days
	⇒ Q3: Develop the business case for ORMIS replacement
GIRFT & INNUs	⇒ Q1: Continued monitoring of use of INNUs recognising there are minimal areas which require targeted focus to achieve
	⇒ Q2: Implementation of Ear Nose and Throat GIRFT recommendations including reviewing day case rates and efficiency schemes
	⇒ Q3: Implementation of Ophthalmology GIRFT recommendations with a shift of delivering treatment through optometrists in the community

	⇒ Q4: Ensure we learn from the Evidence Based Interventions work in NHS England supported by the establishment of a Clinical Advisory Board
Outpatient Transformation	⇒ Q1: Plan to respond to utilisation analysis to include scheduling, job plans and templates
	⇒ Q1: Targeted validation of patients on multiple waiting lists to reduce total number of delayed follow ups with a focus on 100% past target
	⇒ Q3: Continued focus to achieve increase in See on Symptom and Patient Initiated Follow up and identification of possible new pathways e.g., Ophthalmology
	⇒ Q3: Ongoing focus on reduction of delayed follow ups 100% past target date
	⇒ Q4: Did Not Attend achieving target reduction to 5%
	⇒ Q4: 76% reduction in delayed follow ups 100% past target date
NHH Service Model	⇒ Q1: Complete detailed service model including the workforce plan and strategic outline case developed
25/26 Deliverables	⇒ Radiotherapy Satellite Unit to open and continued strengthening of National Optimisation Pathways
	⇒ Further improvement in SCP performance
	⇒ Significantly reduce patients waiting 104 Weeks in the outstanding specialties
	⇒ 200 Healthcare pathways live
	⇒ Focus on opportunities for virtual clinics linked to Outpatient plans and Did Not Attend achieving target reduction to 5%
	⇒ Digital solutions developed including E-advice, Electronic Pre-admission clinic forms, Patient Level Costing and Digital consent
26/27 Goals	⇒ Theatre infrastructure replacement programme
	⇒ Further reductions in long waiting patients
	⇒ 300 Healthcare pathways live

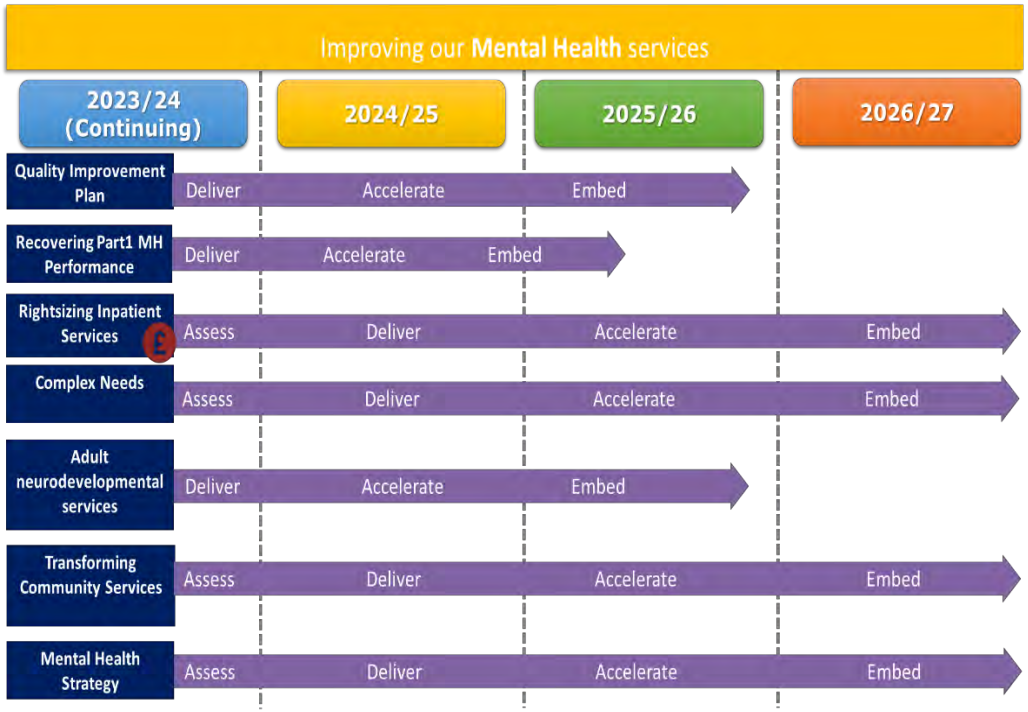
We will measure our success by

27. Numbers of patients waiting over 52 weeks (all stages),
28. Numbers of patients waiting over 104 weeks (all stages),
29. Elimination of total waits over 156 weeks (all stages),
30. Increase in the rate of See On Symptom and Patient Initiated Follow-ups,
31. Reduction in number of patients waiting 100% past Outpatient follow-up target date,
32. Increase in Single Cancer Pathway 62 day compliance,
33. Reduction in backlog of patients waiting over 62 days (SCP),
34. Reduction in backlog of patients waiting over 104 days (SCP),
35. Increase in rate of cancer diagnosis or discharges within 28 days,
36. Reduction in number of patients waiting > 8 weeks for a specific diagnostic.

Our Performance Ambitions

Measure	Baseline	Q1	Q2	Q3	Q4
27	24,307	28,961	32,368	34,245	36,228
28	4,287	5,072	6,066	6,813	8,215
29	40	0	0	0	0
30	13.30%	13.50%	13.60%	13.80%	14%
31	25,949	20,980	16,011	11,042	6,071
32	58%	61.0%	64.0%	67.0%	70%
33	329	309	290	270	250
34	92	84	76	68	60
35	76.5%	80%	80%	80%	80%
36	6,192	2,417	1,998	1,579	1,160

In the appendices we have included further detail on our forecasted numbers of patients waiting >52 weeks and >104 weeks by speciality.



Why Mental Health is a priority

Demand is anticipated to exceed capacity threefold over the next three to five years with significant increases in conditions such as severe anxiety and depression.

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. The vision is to provide high quality, compassionate, person-centred mental health and learning disabilities services, striving for excellent outcomes for the people for Gwent.

Increase in demand and workforce constraints have impacted upon performance. In relation to Primary Care Mental Health, performance at the end of October remains significantly below the target of 80% assessment at 23.9%. There has been a focus on the improvement of this as outlined in the organisation's performance and accountability framework.

Embedding of mental health services in NCNs remains a priority and continues to be piloted in areas with a view to expand across all boroughs. Currently 73% of residents aged over 18 in receipt of secondary mental health services have a valid care and treatment plan.

Currently 57% of patients have received psychological therapy within 26 weeks. A key priority is the continuation to implement plans to maximise available clinic space to deliver psychological therapy pathway improvement and deliver care closer to home.

The main challenge in reaching target for assessing 80% of neurodevelopmental referrals for children ages 0-18 years old is due to increasing demand with unpredictable variance in the number of referrals month on month. Approximately 40% of referrals received are accepted for a neurodevelopmental assessment and as of April 2023, there is an average of 58 children per month added to the waiting list.

Over the next three years we will deliver

24/25 Milestones	
Quality Improvement Plan	⇒ Q1: Following 90-day improvement plan delivered in 2023/24, maintain momentum and identify areas of further improvement
	⇒ Q2: Continue to strengthen governance and ensure the recommendations from the recent review are implemented
	⇒ Q3: Embed risk management ensuring we escalate concerns and are continually learning to improve our services
Recovering Part1 MH Performance	⇒ Q1: Continue focus on improving performance for part1a and part1b through targeted action plans for adults (over 18)
	⇒ Q1: Continue focus on improving performance for part1 b through targeted action plans for children (under 18)
	⇒ Q3: Identify service model requirements for adults that meets the needs of service users within resources available
	⇒ Q3: Identify service model requirements for children that meets the needs of service users within resources available

Rightsizing Inpatient Services	⇒ Q1: Undertake demand and capacity for adults and older adults recognising the fragility of the workforce models
	⇒ Q2: Analyse the current learning disability inpatient service provision to ensure it meets the requirements of the learning disability strategy
	⇒ Q4: Ensure inpatient services are rightsized for the whole system and provide care in the most appropriate setting
Complex Needs	⇒ Q1: Develop a universal plan and mechanism for commissioning that addresses the needs of our service users
	⇒ Q2: Work with partners to create housing opportunities in the community
	⇒ Q3: Embed the learning and recommendations of the National Clinical Commissioning Units review
Neurodevelopmental services	⇒ Q1: Develop a universal model for primary care adult neurodevelopmental services that can be deployed across Gwent consistently
	⇒ Q2: Implement the children's neurodevelopmental recovery plan that will enable the pathway to adapt to manage the increasing variable demand
Transforming Community Services	⇒ Q1: Undertake demand and capacity analysis for adults, older adults, learning disabilities and specialist services
	⇒ Q3: Develop services based off demand and capacity aligned with right sizing inpatients that provide care in the most appropriate setting
Mental Health Strategy	⇒ Q1: Complete the needs analysis to inform the strategy development
	⇒ Q2: Co-produce the strategy through meaningful engagement with partners, staff and service users
	⇒ Q4: Develop the first draft of the strategy and refine with partners, staff and service users

25/26 Deliverables	⇒ Embed the actions from the Mental Health Quality Improvement Plan to ensure they become central to our care models
	⇒ Embed service model requirements that will continue to achieve and maintain part 1 performance
	⇒ Implement service models grounded in demand and capacity that support the shift to community services
	⇒ Embed the universal model for primary care adult Neurodevelopmental services
	⇒ Finalise the Mental Health Strategy and develop the service models to support its delivery
26/27 Goals	⇒ Shift Mental Health care into the community
	⇒ Embed service models to deliver the Mental Health Strategy

We will measure our success by

37. Increase in Part 1a to national target (assessment completed within 28 days),
38. Increase in Part 1b to national target (interventions completed within 28 days),
39. Maintain Part 2 rates (individuals with a valid care and treatment plan),
40. Maintain rate of psychological therapy received within 26 weeks,
41. Maintain CAMHS Part 1a national target compliance,
42. Maintain CAMHS Part 1b national target compliance,
43. Maintain CAMHS Part 2 national target compliance,
44. Improvement in Neurodevelopment (iSCAN) compliance,
45. Maintain 80% compliance of SCAMHS Choice Assessments within 28 days.

Our Performance Ambitions

Measure	Baseline	Q1	Q2	Q3	Q4
37	10.6%	15%	25%	45%	80%
38	14.3%	20%	25%	45%	80%
39	68.3%	68.3%	68.3%	68.3%	68.3%
40	62.0%	64.0%	66.0%	68.0%	70%
41	80%	80%	80%	80%	80%
42	90%	90%	90%	90%	90%
43	90%	90%	90%	90%	90%
44	34%	40%	46%	51%	57%
45	80%	80%	80%	80%	80%

SECTION 3: VALUE AND SUSTAINABILITY

This section outlines the key activities, opportunities, and milestones for delivery against seven areas where will focus our effort over the next 18 months to drive value and financial sustainability. Complementary detail on these themes is found in the Finance section.



Our ambition is to become sustainable within the next three years from both a service and financial perspective, and our actions set out in this plan are required as a first step towards a rebalanced system. To support this intent, we will build on the Value and Sustainability programme established during 2023 which mirrors the national approach with the addition of digital and prevention.

Service Redesign programmes are in place to ensure we have a system of care that reduces duplication and provides the right care in the right place and at the right time. During 2023 several key service changes were delivered including the reconfiguration of stroke services, a realignment of MIU provision, and a number of estate rationalisation actions. The full year effect of these changes will be realised during 24/25.

Service redesign includes three areas; service reconfiguration, service efficiencies, and clinical variation:

Service Reconfiguration	Service Efficiencies	Clinical Variation
Inpatient Reconfiguration 6 Goals for Urgent and Emergency Care Planned Care	Outpatients Theatres Diagnostics	Interventions not normally undertaken Value in Health High Impact Pathways

The service redesign milestones are also reflected in our system change priorities section of the plan, those contributing to financail sustainabilty are outlined below;

Service Reconfiguration	⇒ Inpatient Reconfiguration	⇒ Rightsizing capacity across our system (including beds and community resources)
	⇒ 6 Goals for Urgent and Emergency Care	⇒ Realignment of medical model across eLGH system
	⇒ Planned Care	⇒ Optimising ambulatory care models
		⇒ Partial rationalisation of St Woolos Hospital site
		⇒ Lease rationalisation by virtue of the Ty Gwent development.

		⇒ GIRFT improvement plans for urology, Ophthalmology, Orthopaedics
Service Efficiencies	⇒ Outpatients ⇒ Theatres ⇒ Diagnostics	⇒ Using benchmarking, external expert advice and internal measures to improve service efficiency, reduce waste and operate in line with best practice. ⇒ Efficiencies within outpatients (DNA, Utilisation, treat in turn, SoS and PIFU) ⇒ Elective Optimisation – theatres improvement plan in response to GIRFT opportunities
Clinical Variation	⇒ Interventions not normally undertaken ⇒ Value in Health High Impact Pathways	⇒ Aligned with the all Wales policy, reduce the levels of inappropriate service delivery being performed and refocus on best evidenced care (linking to Health pathways) ⇒ Rolling out the best practice pathways across the whole system of care aligned with the health pathways tool to reduce inappropriate demand and improve patient outcomes

Over the next year we will:

- To enable breakeven in year 3 significant service and estate redesign including a future modal for eLGH system, community care & mental health
- Repatriate clinical and non-clinical services from the majority of the St Woolos site (the older building)
- Ensure we have robust actions plans to deliver the Getting It Right First-Time recommendations implementing change as early as possible
- Embed a reduction in Interventions not normally undertaken for clinical effectiveness
- Accelerate value in health high impact pathways with a particular focus on diabetes, musculoskeletal and heart failure

Prevention is imperative to close the gap between our most and least deprived communities. We continue to aim to increase healthy life expectancy and to reduce differences in life expectancy and healthy life expectancy between communities. This work focuses on reducing the preventable premature mortality experienced by our population particularly through cardiovascular disease and cancer. There is targeted work recognising the learning from Value in Health to deliver a diabetes prevention model across Gwent. More on our prevention commitments are detailed under the Life Course section of the plan.

Over the next year we will:

- Embed the national pilot of a Gwent Diabetes Prevention Partnership
- Deliver a clear programme of work on The Best Start in Life, looking at reducing the occurrence of life long inequalities
- Deliver significant system change through our service reconfiguration programmes

Workforce and the development of sustainable teams is paramount to our success as an organisation. Within our Value and Sustainability programme we are taking targeted actions focus on reducing variable pay with further information on our wider workforce plan in the enablers section. We recognise that a temporary workforce does not support optimum patient or staff experience and does not support our commitment to providing fair and secure work in line with the duties of the Social Partnership Duty. Our People Plan sets out a commitment to employment and training for our population which relies on us decreasing our reliance on temporary workforce. In September 2022 we launched a focused variable pay reduction plan with a primary focus on reducing the use of agency workers. Our actions include a focus on governance process and rostering, substantial recruitment of HCSWs, overseas nurse appointments, and staff engagement through a dedicated work programme focussing on retention. Our plans also centre around commitment to offering fair work and opportunities as well as supporting our staff to feel valued. Our successful programme will continue into next year and will include:

- Continued focus on roster performance,
- Focus on recruitment and retention to further reduce agency,

- Ongoing review of our Resource Bank model including payments and processes,
- Service level enhanced care and discharge pilots

Our variable pay bill will also be impacted by the service change plans outlined above along with opportunities that arise through the implementation of our recently procured medical workforce E-Systems.

In addition, we are progressing a review of our administration roles to include benchmarking and an assessment of how new digital technologies can support maximum efficiency and deployment of our workforce.

We are committed to improving job planning compliance, rostering and managing variable pay more effectively for medical staff. Detailed Job Planning guidance and training materials were launched in August 2023 in addition a Junior Doctors Locum Rate Card in November 22, Consultant Locum Rate Card in December 23, and our E-Locum Bank from December 2023. Enabling work has been undertaken to launch the roll out of Job Planning and E-Rostering with a detailed programme plan in place for 2024.



Agile and Hybrid Working/New Ways of Working will continue to build on areas of good practice. Our vision and strategy were reviewed in 2023 with a workplan of SMART objectives aligned to the Estate Strategy and which will be a key enabler for the Decarbonisation Strategy. Through our resetting our agile vision we will review staff welfare facilities and work towards our facilities meet minimum standards. We understand the importance of agile and flexible working to staff wellbeing through giving greater autonomy of work and improving work life balance. We have engaged with our services to undertake agile assessments and explore agile working options in line with our Estate Strategy and will continue this through 2024/5.

We continue to ensure that workforce intelligence feeds into workforce planning and supports delivery of organisational priorities. The newly established the Clinical Futures Workforce Group to ensure there is a planned and systematic people management approach to support our priority programmes and will consider:

- Workforce planning
- Organisational development and leadership and management skills
- Resourcing and Staff Wellbeing
- Ensure any change plans are co-ordinated and project managed utilising the Organisational Change Management process, principles, training
- Ensuring that partnership working is in place including engagement models our staff and Trade Unions to ensure they are informed and consulted about changes that may affect them.

Over the next year we will:

- Accelerate our ongoing recruitment and retention programme through identification of hot spots and associated actions
- Eradicate the use of off Registered Nursing off contract agency and HCSW agency where safe to do so and continue to embed our improved control framework for agency usage
- Implement medical E-Systems
- Review our administrative and clerical workforce requirements
- Develop a new model for our resource bank

Medicines Management will continue to be an area of focus in 2024/25, building on the momentum established over the last 12 months and ensuring an optimisation of medicines value. There are eight workstreams in place aligned to the national priorities with the aim to ensure that the medicines prescribed do the greatest good with the minimum effective intervention and the least harm, within available resources.

There is a targeted action plan in place which will track realisation of opportunities across 11 schemes.

Over the next year we will:

- Embed the actions needed to choose the best value medicines every time
- Align all local opportunities with national work

Continuing Healthcare is a key financial driver and we recognise the opportunities available through the improvement in patient package management and right sizing reviews and through the use of benchmarking, which is being embedded within our practice to understand variation from others across Wales and implement best practice. We have demonstrated our success through continuation of good practice and consistent management of commissioned 1-2-1

care schemes which have been put in place and are having a positive impact on reducing the demand for enhanced care in the community; Hospital 2 Home, Step Closer to Home and the Nurse Assessor Scheme. Going forward, we will continue to build on the good work through:

- Constant detailed review of patient packages
- Provider quality reviews
- Focus on up to date record keeping
- Continuation and progression of 1:1 consultation panel
- Continue to scope alternative models of cohort care with independent providers
- Exploring contract changes with care homes

Non-Pay expenditure covers a broad range of spending, including commissioned services, product purchasing, utilities and estates arrangements. A programme board is established with cost reduction opportunities considered through the identification of savings schemes across the whole organisation working in partnership with the NHS Wales Shared Services Partnership (NWSSP) Procurement teams and other sources of intelligence. This programme board ensures that we consistently apply a once for Wales approach to purchasing whilst supporting the foundational economy opportunities. We will continue to undertake a value-based assessment of our non-pay expenditure with a focus on Service Level Agreements, administrative costs, estates opportunities and clinical products to ensure they offer bast value to patients and the services we deliver.

Over the next year we will:

- Deliver an improvement programme for reduction of commissioned enhanced care in continuing health care
- Deliver a reduction in non-pay expenditure through value-based procurement and maximisation of existing resources

Digital technology offers a number of opportunities in relation to optimal use of resources through a transformation of workflows and processes. The details of our digital priorities can be found in our digital section.

In 2024/25 a plan will be developed with the Decarbonisation Programme team that sets out the decarbonisation opportunities and benefits from digital as well as the directorate's approach to managing carbon reduction across the digital lifecycle from procurement to disposal of equipment.

The **Decarbonisation** programme sits alongside the Value and Sustainability Programme as the approach to sustainability encompasses our commitments to the climate crisis. Wales has a target to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be Net Zero by 2030. We have deployed significant resource to tackle the decarbonisation challenge, with senior leaders named as workstream leads for our 4 active workstreams;

- Waste, Transport, Fleet, Estates & Land Use
- Communications, Digital & Training
- Clinical & Health Care Planning
- Procurement & Resources (Finance)

Our successes over the last year include;

- ✓ Fully decommissioned Nitrous Oxide Manifolds
- ✓ 14 fruit trees have been planted at the Trethomas Community Healthcare
- ✓ Theatre switch-off campaign now complete on 3 sites
- ✓ Gloves off campaign delivered in Intensive Care Unit
- ✓ Entonox pilots in the midwifery units now complete
- ✓ New "Green Health Care category" approved for this year's staff recognition awards
- ✓ Joint collaboration with SPINK as part of the Food Carbon foot print

Over the next year we will:

- Electric & Hybrid vehicle further development
- Refit Programme
- Collaboration with SPINK on the food waste processes
- Vanguard remanufactured single use items and reduction in single use items
- Roll out of the gloves are off project to all areas
- Stream lining the canulation and deliver packs
- Removal of unnecessary blood investigations
- Inhalers rollout how to change practice and unnecessary prescribing
- IV Versus Oral Paracetamol spread and scale

SECTION 4: PARTNERSHIP PLANS

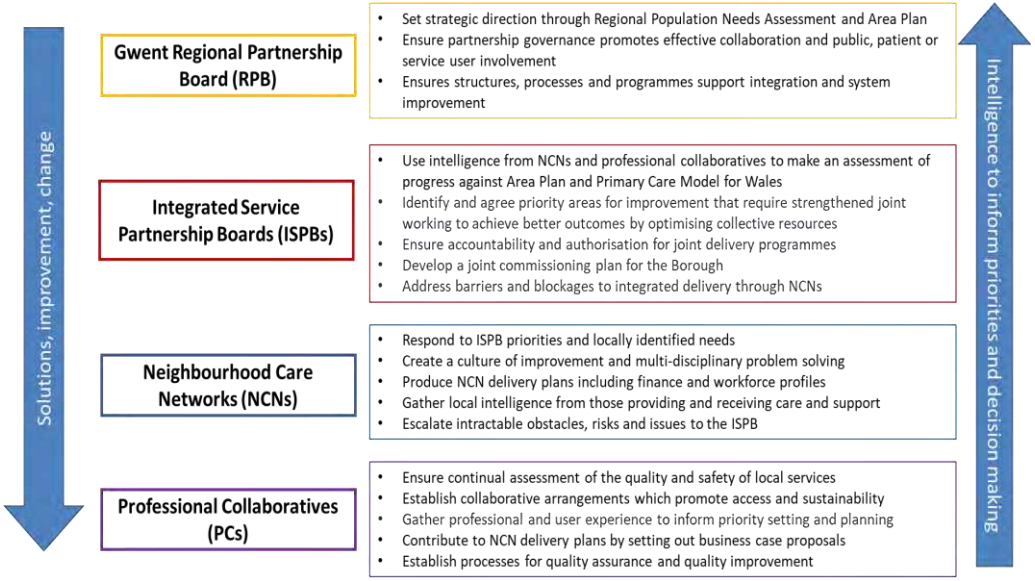
This section outlines the commitments with partners at place level through Neighbourhood Care Networks & Integrated Service Partnership Boards, across Gwent through the Regional Partnership Board and Public Service Board. Finally, how we will collaborate across South East Wales to deliver regional models of care.



Partnership planning takes place at a range of levels, the Public Service Board works across public bodies to provide a strategic focus on population health, the Regional Partnership Board has specific responsibilities for supporting a range of population groups and at a local level NCNs support the coordination of health and care services within that geography.

Neighbourhood Care Networks & Integrated Service Partnership Boards

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



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

For 2024/25, NCN plans have been developed on a local authority basis with any differences at an NCN level highlighted within their plans. They are included as

attachments in the appendices document. Their plans reflect the seven outcomes they are required to demonstrate as part of the National Programme for Accelerated Cluster Development;

1. Enhancing integrated planning between clusters, health boards and local authorities
2. Delivering a wider range of services across the cluster closer to home, meeting population need and priorities.
3. Establishing more effective leaders across the system through collaboratives and clusters.
4. Improving equity of service provision based on local need.
5. Improving the delivery of multi professional/agency services.
6. Supporting sustainable services and workforce, ensuring both efficiency and effectivity.
7. Empowering clusters with increasing autonomy, flexibility and vision.

Each of the NCN areas face different challenges in providing the right support for their citizens based on population need. These are detailed in the needs assessment and specific requirements for their population included in their action plans. There are areas of synergy that have been identified from across the five plans and these are summarised in the following six cross cutting themes:

Sustainability	The availability of appropriately skilled workforce is becoming increasingly challenging we need to identify alternative and innovative solutions through a workforce strategy.
Vaccinations and Screening	Continuing on the good work to improve immunisations rates and ensure every child has the best start in life.
Mental Health and Wellbeing	Developing strong working relationships with the Integrated Wellbeing Networks to empower people to look after themselves and each other.
Long Term Conditions Management	Actions to respond to the increases in prevalence of Diabetes, Respiratory and Cardio-vascular conditions.
Deliver Placed Based Care	Through the Accelerated Cluster Development Programme enhancing partnerships to deliver a bottom-up and top-down approach to meet local need.
Redesigning services for older people	Older Adults to be supported to live well and independently. Working with partners to prevent hospital admissions, ensure timely discharge and deliver care closer to home.

Our place-based care model is delivered through the strong working relationships between our NCNs and our Integrated Wellbeing Networks (IWNs). IWNs are not about creating more services that attempt to solve people's problems, instead they capitalise on what is already available locally and bring in the unique strengths and assets that are within individuals and communities. Wherever possible, we want people to find the support they need to stay well within their communities, reducing the need to access support from the care system.

These IWNs support a shift in primary and community care toward place-based working, contributing to the delivery of Gwent RPB's Connected Communities programme and the development of Welsh Government's 'Community Prevention & Early Intervention', and 'Emotional Health & Wellbeing' national models of care. We continue to explore the most appropriate level (practice, NCN, pan cluster, Local Authority, Health Board wide) to deliver care and support to our citizens. We will contribute to creating healthy communities by:

- Strengthening community wellbeing and resilience through sustainable place-based care collaboratives, sharing wellbeing resources, prioritising equity and asset-based approaches
- Ensuring connectivity of community well-being hubs (as part of place-based collaboratives)
- Promoting equitable access to wellbeing information and support at all levels
- Developing the wellbeing workforce ensuring those working with communities see wellbeing as an important part of their role and have the knowledge, skills and confidence to signpost people and to support behavioural change
- Improving population wellbeing through Improve awareness of and access to self-help support for mental well-being and resilience by integrating and making visible services which build resilience in the face of stress and community assets (through Melo Cymru website)



- Improving confidence, knowledge, and skills of the well-being workforce to respond to mental distress and support good mental well-being through workforce training programmes such as Gwent Connect 5.

Gwent Regional Partnership Board

The Regional Partnership Board refreshed the Area Plan for the region in quarter 2 of 23/24 to run from 2023 to 2028. The health board, as a core partner across all areas of the plan is committed to the delivery of the plan's vision:

'Working together for a Healthier Gwent for the right care and support, in the right place, at the right time'

A governance review of the RPB took place in 2023. The review challenges the Partnership to be clearer in strategic intent and priorities, therefore a number of strategy development sessions have taken place. This work has enabled the re-focus of the RPB in determining its objectives, primary purpose and strategic priorities. The following key objectives and areas of focus for the RPB were developed:

1. Focus on prevention. This was not seen as solely as primary prevention but prevention across care pathways, focusing on activities which prevent decline in citizens health and well-being.
2. Focusing on the longer term. It was acknowledged the RPB is increasingly being drawn into immediate acute pressures, however it may add best value by focusing on longer term sustainability and preventative activity in order to break out of cycles of seasonal pressures. This was seen as particularly important given the demographic changes in the Gwent population.
3. Focus on Early Years. In the context of a longer-term preventative focus it was acknowledges focusing on early years is essential
4. Relentless focus on citizen needs. Across all areas, ensuring a focus on understanding and meeting the needs of the population of Gwent working with citizens.

Using these priorities, the Partnership will undertake evaluation of the programmes and projects it funds in Quarter 1 and 2 of 2024/5, where over 140 projects are supported by £27m of Regional Integrated funding. This evaluation will allow the Partnership to determine if resources can be better focussed on preventative action earlier in pathways of care across Health and Social Care.

This year will also see a focus on the alignment between the Partnership and the primary care infrastructure, building the interface with ISPBs to maximise resources.

Finally, in 2023/24 the Partnership published a Strategic Capital Plan to give clear priorities to regional developments. The Partnership is now developing a pipeline of capital plans for delivery to best support communities.

2024/5 Areas of Focus	
Evaluation of Regional Integrated Funding	Evaluation of all projects with a view to shifting balance to preventative and longer term focus
Partnership Infrastructure	Bringing greater alignment to the partnership infrastructure and delivery role of ISPBs
Capital Planning	Building on the Regional Capital Strategy to generate a pipeline to integrated capital developments

Fairer Gwent & Gwent Wellbeing Plan



Right now, in various communities across Gwent, people are not living as long as they should. When they don't have the things they need, like warm homes, healthy food, fair work, and constant worries about making ends meet, it puts a strain on their bodies. This results in increased stress, high blood pressure, and a weaker immune system. In our least well-off neighbourhoods in Gwent, women are living just 48 years of their life in good health.

Our work on developing a Joint Strategic Assessment has strengthened our evidence base to target focused action plans to deliver meaningful change on the wider determinants of health. There are clear solutions alongside healthy homes, food, and work, like a good education and skills, a secure income, quality transport, pleasant surroundings, and supportive family, friends and communities. These are

the blocks we need in place to build a healthier Gwent where everybody can live healthy, fulfilled lives. Right now, in too many of our communities, these building blocks are missing.

On 10th March 2022, Gwent Public Services Board (PSB) formally agreed to become a Marmot Region, and to work in partnership with Professor Sir Michael Marmot and his team at the Institute of Health Equity (IHE), to set out transformational proposals to address the social determinants of health using the 8 Marmot Principles.

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 Gwent PSB has been developing the areas that it wants to concentrate partnership effort and impact on to provide long term positive regional outcomes for the residents of Gwent.

Gwent is a complex region with city, rural and valley communities, all with locally competing priorities. But there are also common priorities across Gwent that the PSB want to work toward for the benefit of all residents. There are four key areas agreed to focus impact at a Gwent level;

1. Every child has the best start in life.
2. Everyone lives in a place they feel safe.
3. That everyone has the same economic chances.
4. That everyone lives in a climate-ready community where their environment is valued and protected.

Recognising the unique contribution the Health Board can make we have identifed the following priorities for 2024/5:

2024/5 Areas of Focus	
Best Start in Life	• Define best start and school readiness in partnership to enable monitoring going forward
A Healthy Standard of Living	• Develop training to recognise signs of poverty, and best practice in referring to support services
Healthy & Sustainable Communities	• Assess provision of social determinants approaches in social housing associations
Strengthen the Role & Impact of Ill-Health Prevention	• Develop approach to place-based working that takes account of the differential needs of communities in areas of higher deprivation. • Further develop social prescribing to ensure they are addressing the social determinants of health
Working across Boundaries	• Work with police in Gwent to define and implement a public health approach to violence prevention

Regional Planning & Collaboration

We continue to recognise that many services across Wales can be enhanced and optimised when Health Boards plan collaboratively to maximise benefit to the wider population. Whilst not every service will lend itself to regional configuration, we see the potential benefits of wider collaboration as fundamental to a sustainable future.

Through 2023/24 Aneurin Bevan UHB (ABUHB), Cardiff and Vale UHB (CAVUHB) and Cwm Taf Morgannwg UHB (CTMUHB) continued their planning collaboration and programmes of work. Each of these programmes has a 'host' and operates under the umbrella of a single portfolio to ensure consistency of approach and Executive leadership

- **Ophthalmology**, hosted by ABUHB.
- **Orthopaedics**, hosted by CAVUHB.
- **Diagnostics**, hosted by CTMUHB.
- **Stroke**, hosted by CAVUHB.

Velindre NHS Trust were formally welcomed into the regions joint planning arrangements. This saw the dissolution of the historic Cancer Care Leadership Group (CCLG) and a commitment to a regional cancer programme. Our Health Board agreed to host this with the aim of reinvigorating existing South East Wales regional cancer planning.

Significant progress has been made during the last twelve months in many areas including:

- ✓ Regionally agreed business case to support the in-year recovery of cataract services. This enabled the delivery of a regional service operating a shared patient waiting list going live and subsequently eliminating all >3 years waits across the whole region.
- ✓ Completed baseline stroke position assessment, exploring clinical outcomes, operational efficiency, workforce and pathways, identifying priority areas for focus.
- ✓ Development of a regional radiology business case for procuring community diagnostic hubs for the region.
- ✓ The progression of the Llantrisant Health Park (LHP) Programme continued to be a key wider strategic development for the region. The programme is CTMUHB 'owned' and recognised as being a key enabler for many of the region's programmes of work. There will have to be continued close alignment between the LHP programme and the regions Orthopaedic, diagnostic and potentially Ophthalmology programmes.
- ✓ Development of a draft Orthopaedic Clinical Specification for the Llantrisant Health Park

Working collaboratively across organisational boundaries can be challenging and in December 2023 there was an opportunity to reflect and take this learning forward in collective action for even more effective regional planning and collaboration.

Our Aim	In 2024/25 we will
Effectively tell the story of why regional working is important and why it's a priority ensuring there is a single consistent message.	Q1: Recruit a Head of regional communications and engagement to work across organisational boundaries supported by local teams
	Q2: Implement a single regional communications and engagement strategy supporting co-production in all we do
Mature our governance beyond the existing hosting arrangements	Q1: Collectively review our governance arrangements and agree a revised approach which better supports collective decision making and seamless implementation.
Be even bolder and progress the development of a single South East Wales longer term plan.	Q1: Agree scope, timeline, approach & resources with our regional portfolio board
	Q2: Gather inputs and confirm planning assumptions
	Q3: Hold regional workshops to develop plan content and ensure stakeholder involvement
	Q4: Engage widely on our draft plan, finalisation and launch

The commitment to delivery of existing programmes remains and we will work together to achieve success over the next year as outlined below.

Ophthalmology



Objective: To deliver sustainable Ophthalmology Services across south east Wales, meeting projected demand through creating a regional network model approach. We will

build on the work undertaken to date by developing new long term sustainable cataract surgery capacity and progressing similar plans for glaucoma services.

Over the next year we will:

Q1	▪ Finalise a business case for sustainable long-term regional cataract services
Q3	▪ Begin implementation of the above
	▪ Develop regional plans for glaucoma services

Orthopaedics



Objective: Deliver high quality, equitable care and interventions with the best outcomes and experience for patients, whilst balancing orthopaedic demand, capacity, productivity and efficiency, in a sustainable way.

In its first phase we will drive three core objectives;

1. Additional Orthopaedic capacity project
2. Adopting best practice project
3. Exploit underutilised capacity project

Over the next year we will:

Q1	▪ Have standardised Health Screen Questionnaire to achieve a consistent approach across the region and reduce unwarranted variation.
	▪ Have finalised an Orthopaedic Clinical Specification for the Llantrisant Health Park (LHP)
Q3	▪ Have finalised an Orthopaedic Clinical Service Model for the LHP that will include the defined pathways, workforce requirements and any associated operational requirements such as equipment and digital enablers
	▪ Have identified areas in which theatres can be further optimised to increase productivity based on national guidelines (National Theatre Optimisation Programme).

Diagnostics

Community Diagnostic Hubs

Objective: Enact a collaborative regional approach to radiology and diagnostic care and provide additional regional capacity for patients requiring radiology treatment and improve access to such services in areas of social deprivation.

Over the last year of this project the focus has been on looking to address current waiting backlogs via development and implementation of a regional framework agreement with a managed service provider, together with a parallel proposed (business justification case) development based on capital and in-house service provision. If all approved, this will see the deployment of three community diagnostic hubs (CDHs): one within the CTMUHB footprint, potentially to be sited at the proposed Llantrisant Health Park (subject to formal engagement), one within the CAVUHB footprint (location to be determined and subject to consultation and engagement) and one on an in-house basis within the ABUHB footprint at Ysbyty Ystrad Fawr in Ystrad Mynach.



Over the next year we will:

Q1	Have the regional business case submission approved by all Health Boards
Q2	Mobilisation of contract within the CTMUHB and CAVUHB footprint Enabling work for scheme within the ABUHB footprint

Endoscopy

The overarching objective of the project is to;



- Develop a single regional service model philosophy across a range of sites.
- Develop a single service team philosophy, with common roles, responsibilities, standard operating procedures, skill mix and staff rewards together with a philosophy of learning and sharing of best practice at all levels of the service
- Meet the professional accreditation standards across all facilities (actual or equivalent)
- Support movement towards management of a shared patient waiting list
- Develop a collaborative approach to training arrangements i.e. training academy
- Develop systems to enable the sharing of data, e-referral, reporting
- Develop enhanced shared understanding of data, with common approaches & definitions.

Phase one of the project has, to date, seen a focus on agreeing the regional demand and capacity position with the support of the national endoscopy programme. This phase of the project will be concluded in 24/25 with the finalisation of a CTMUHB only business case to procure a managed service contract that will see additional capacity being made available at the proposed Llantrisant Health Board site.

Phase two of the project will commence in Q2 with the detailed scoping of a collaborative approach to training arrangements and the regional provision of screening and surveillance services.

Pathology

Objective: identification, development and implementation of regional pathology solutions in South East Wales to create a robust, sustainable, future proofed and patient focussed service.

The first phase focuses on cellular pathology. By the end of Q2 we will aim to have completed all the necessary steps that will allow the region to consider a regional business case for cellular pathology. We continue to note the key dependency regarding the development of a digitised clinical information system for the service, for which a national business case is being finalised.

Cancer



The commitment to create a regional cancer programme was agreed in September 2023 and a refreshed work programme began to emerge with a regional cancer workshop January 2024.

This workshop identified to two key objectives for this new way of working;

1. Improving cancer outcomes in Southeast Wales: a whole systems approach
2. To set realistic deliverable objectives for 24/25 to improve inequalities, and outcomes for patients diagnosed with cancer.

Key elements for further development are;

- An agreement to work towards a new model of delivery for regional cancer services to be developed for 2025/6
- A Commitment to focus on prioritised pathway improvements whilst developing the model – priority pathways to be identified based on evidence

Over the next year we will:

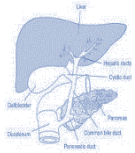
	Alliance Work	Pathway Work
Q1	Discovery phase where we review models, resources and existing governance	Agree priority pathways
Q2	Develop potential future models	Establish work programmes
Q3	Draft Model for consideration via local Governance	Pathway Development
Q4	Finalise model and prepare for implementation	Pathway implementation



Sexual Assault Referral Services (SARC) Police and Crime Commissioners, Police Forces and Health Boards, in partnership with the third sector, are implementing a revised service model for delivery of sexual assault referral services in South Wales, Dyfed Powys and Gwent. This is due to be completed in April 2024, with the Health Board remaining closely engaged as a key stakeholder.



Thoracic Surgery Collaborative planning has continued in respect of the provision of a single site thoracic surgery centre for South Wales at Morriston Hospital, Swansea. This is currently paused pending confirmation of capital availability, but the Health Board will remain closely engaged as a key staleholder.



Hepatobiliary and Pancreatic Surgery across the UK, it is accepted practice for liver and pancreatic surgery to be based together as part of a comprehensive hepato-pancreato-biliary (HPB) service, providing specialist care for patients with benign and malignant diseases of the liver, biliary system and pancreas. Collaborative planning has continued to progress a recommendation for a combined single site HPB service in south Wales, with the Health Board closely engaged as a key stakeholder.

Welsh Ambulance Services NHS Trust (WAST) / Emergency Ambulance Services Committee (EASC)



The emergency / urgent ambulance service continues to face severe pressures across the region. We will remain fully engaged with both WAST and the new NHS Wales Joint Commissioning Committee in respect of the commissioning, monitoring and utilisation of emergency and urgent ambulance services. WAST and ABUHB Collaborative Programme commenced in October 2023 focused on reducing Ambulance conveyance to our Emergency Departments with a series of workshops undertaken last year. Teams work together to review solutions for the top conveyance complaints including chest pain and shortness of breath. Ways of working are reviewed for referrals via the clinical support desk to ensure opportunity for clinical intervention is maximised. Over the next year we hold further collaborative workshops and embed the learning into practice.

In addition to the above we will continue to work with regional partners on fragile services where collectively pooling resources will deliver better outcomes for our longest waiting patients.

SECTION 5: LIFE COURSE GOALS

The life course approach has been embedded in annual planning and performance reporting in the Health Board for a number of years and our commitment to strengthening this is strong. This section outlines how we will ensure that the health board works in partnership across the life course focusing on what matters to individuals and what will improve their healthy life expectancy. We will continue to track progress against these commitments through our quarterly outcome framework.



Goal 1: Every Child Has The Best Start In Life



What happens from pre-conception through early childhood experiences in the first 1,000 days of life has lifelong effects on many aspects of health and well-being. A focus on the best start in life is essential in supporting our communities.

Good Health in Pregnancy: A woman's health is essential to the good health of her baby. Women who eat well and exercise regularly along with regular prenatal care are less likely to have complications during pregnancy and are more likely to successfully give birth to a healthy baby. Making good lifestyle choices will directly impact on a baby. It is important to stop tobacco smoking, drug misuse and alcohol consumption during pregnancy. To support women in pregnancy we launched Healthier Together which brings together information and advice services into a single point making it easy to find support: Home: Healthier Together (cymru.nhs.uk). We will continue to develop this single point of information approach over the next year. Smoking in pregnancy is particularly harmful and the Help Me Quit service is further developing to support pregnant mothers in quitting as well as maintaining our commitment to smoke free environments.

Our actions only make up a small fraction of the conditions that impact a healthy pregnancy. Therefore, a core focus for the next year will be working in partnership through the RPB and PSB to deliver on the actions in the Gwent Wellbeing plan, better linking support services, housing, and supporting community development to enable the best start in life.

There have been a number of important reviews of maternity and neonatal services across the UK in the last 12 months, the reports of which provide important learning around safety, culture, and quality of services. These reports are informing action we need to take as a health board. A safe care collaborative has been established and will focus on implementing actions from these reports including supporting families to stay together, perinatal teamworking, bereavement care, and good clinical governance.

Optimising a Child's Long-Term Potential: We strongly believe that progressing the aims and objectives of the Healthy Child Wales Programme is critical to children's health, social, and educational development, and to optimising their longer-term potential. A key element of this is making it easy for parents to access support and advice. In November 2023, we launched Well Baby Clinics across the region. The clinics are an opportunity for parents to have their baby weighed, seek advice, and speak to a member of the health visiting service about any concerns they may have.



"No child left behind" is a cornerstone of our approach to supporting children. There are a broad range of actions we are taking in partnership with local authorities to support children in the care system and those who potentially could fall into care. Through the RPB we will continue to deliver service for children on the 'edge of care', through initiatives such as via the Early Intervention Service, offering support via family conferences, mediation, special guardianship and therapeutic interventions, supporting families at times of crisis.

Health Visiting is at the heart of supporting children and families in Gwent. The Health Visiting Improvement Programme aims to continue the efforts of the Gwent Early Years Transformation and Integration programme whilst ensuring the development of a modern, effective, and sustainable Heath Visiting model for the current and future needs of population of Gwent.

The Healthy Child Wales Programme delivered to children between 10 days and 3.5 years is important to ensure the safe and healthy development of babies and children in Gwent. The Health Visiting Service is committed to increasing uptake of the programme with innovations such as our Well Baby Clinics, ensuring support can be accessed by Families at the right time, in the right place. This aim of focusing on early intervention supports children to reach their full potential in later years. The addition of the Health Child Wales part 2 for children of school age is an exciting opportunity to support children and young people in Gwent which will begin delivery in 2024/25.

Childhood Immunisation is a highly effective population health measure, second only to clean water, in reducing the burden of infectious diseases. It helps a child to become protected from diseases caused by bacteria or viruses whilst also protecting others around them.

Over the next year we will:

- Continue to develop proactive and easy to access advice and support for pregnant mothers
- Develop an action plan to support increasing the uptake of breastfeeding
- Maintain commitment to smoke free environments and ensuring proactive offer of Help Me Quit to pregnant mothers
- Working through the RPB to support children on the edge of care, offering proactive support to families
- School Health Nurses will drive a focused implementation of the Measles Elimination Plan

Goal 2: Getting It Right For Children & Young Adults





Young people are an important group and the nurturing of future generations is crucial for our communities. Evidence is emerging that brain structure is still developing and is not mature until the early 20s, and that after infancy, the brain's most dramatic growth spurt occurs in adolescence. Teenage years are consequently a key opportunity for action to strengthen health behaviours, build resilience, and ensure individuals reach their potential. Children and young people represent a third of the population in Wales, and their health and wellbeing will determine their future. Supporting this population group can only be achieved through partnership and action in this area is a priority focus for the RPB.

Work through the partnership has a focus on supporting the wellbeing and emotional health of children including:

- Empowering young people through peer support and sharing experiences
- Providing co-ordinated, multi-agency support for families

- Reducing risk of care and improving wellbeing for those with complex needs
- Promoting psychological wellbeing and building skills for children and families
- Offering brief interventions to prevent escalation of emerging difficulties
- Creating an equitable, consistent and accessible single point of access to support

With partners we will continue to develop and deliver a range of interventions which will be evaluated and strengthened over the next year, such as:

SPACE Wellbeing → acts as a single point of access for referrals for children 0-18 across Gwent. Based on getting the right support to families first time from the right service.

Gwent Platform 4YP → provides peer support and empowerment for 14–18-year-olds to improve wellbeing and emotional health. Offering one-to-one support, group sessions, social activities, and peer mentoring.

ISCAN → coordinates care and support for families of children with medical or educational needs across 3 children's centres. Providing multi-agency coordination, transition support, and links families to appropriate services.

Intensive Positive Behavioural Support (iPBS) → is an intensive positive behavioural support service for a small number of children with learning disabilities/autism and complex needs. The project uses positive behavioural support and attachment theory to increase regulation, improve relationships, and build skills.

Children's Centre Psychology formally known as 'Helping Hands' → promotes emotional wellbeing of children with developmental delays/disabilities and their families. Aims to improve psychological wellbeing, increase skills and knowledge, and enable early intervention.

Family Intervention Team (FIT) → An early intervention emotional and mental health service for children aged 3-16 with emerging difficulties. Offering 12 session interventions to prevent escalation of needs led by clinical psychology team.

In all of these activities the focus is a 'no-one left behind' approach, targeting intervention to support vulnerable communities.

A key priority area for improvement in the next year will be the delivery of neurodevelopment services for children. The Welsh Government Performance Measure for children requiring a neurodevelopmental assessment is for 80% of children & young people to be waiting less than 26 weeks to start an ADHD or ASD Neuro-Development assessment. Our performance is currently at around 35%. Of particular focus, is a need to improve performance and speed of assessment for children under 5. The consequences of the pandemic have increased demand for assessment and it is predicted this growth in demand will continue. A recovery programme will be implemented to improve assessment times.

Support being a Healthy Weight → it is important that children and young people can live in environments that support being a healthy weight and where they can be active in our shared open spaces and abundant natural environment. Implementation of the two-year Healthy Weight: Healthy Wales plan was delayed due to the pandemic response. This year our efforts and our focus for delivery includes:

- delivering a whole system approach to food poverty, including education and skills to support healthy diets and greater equity in Blaenau Gwent, the Local Authority with highest levels of obesity (Sustainable Food Communities Programme)
- Implementing plan to provide population level access to level 1 and 2 Weight Management Services
- Supporting primary care recording of BMI in the patient record to underpin data-led development of population scale Adult Weight Management Services
- Continuing to improve our Eating Disorder Services with a focus on upstream prevention

Over the next year we will:

- Re-establish a Children's and Young People Strategic Board
- Evaluate regional partnership programmes to ensure effective delivery on children's emotional wellbeing
- Focus on children who may tip into a greater level of service need with preventative support and activities
- Maintaining delivery of the Healthy Weight: Healthy Wales Plan
- Support the delivery of Healthy Child Wales part 2 from April lead by School Health Nursing

Goal 3: Adults in Gwent Live Healthily & Age Well



We want our citizens to enjoy a high quality of life into old age whilst being empowered to take more responsibility for their own health and care so that they can retain independence.

Maximising an individual's time → much of what has already been set out in this plan is focussed on making the most of an individual's time. That means reducing waiting times and turning waiting from a passive to an active wait, avoiding unnecessary appointments and journeys, and making it easy to get the right care first time. However, as it set out in this plan, resourcing challenges both financial and workforce mean we have to prioritise and make choices about where to target resources. Attention will therefore be focussed on our longest waiting patients, prioritising cancer, and maintaining safety and flow through our urgent and emergency services.

Supporting working aged adults to live healthily and age well → we know our population is aging and we have a growing gap in the healthy years of life experienced between our most and least deprived communities. This means it is essential that we start to take action on preventable conditions in our adult population. This year we will prioritise cardiovascular disease (CVD) which accounts for almost a quarter of premature deaths in Wales. High blood pressure (BP), cholesterol, and diabetes, are major modifiable risk factors for CVD. This is not simply about preventing future ill health but also tackling up stream conditions which are appearing in our urgent care system. Around 90% of CVD-specific admissions are emergency and 10% are elective, whereas in 2019 the pattern was closer to 60% and 40%. In the next year we will develop and deliver a proactive remote care service to prevent cardiovascular disease, by managing and treating to target patients with hypertension, as high blood pressure is the leading modifiable risk factor for CVD.

There are a range of actions we are taking with partners to support adults in Gwent to live well, for example:

Gwent IWNs create a comprehensive approach to early intervention by combining various well-being resources within communities. Designed to align with primary care clusters and catering to around 50,000 people, the project offers support, bolsters community capacity, and enhances social networks. The primary aim is to facilitate collaboration between community resources and Health and Social Care services to help individuals maintain independence within their localities for a longer duration. Through collaboration with Gwent NCNs, Health Boards, Local Authorities, and the Third Sector, the IWNs ensures that services are developed to offer a range of well-being services on a local level, promoting care closer to home.

Blaenau Gwent Community Prevention Service delivers a sustainable model of prevention across adult health and social care, whilst providing strategic leadership for the Adults Information Advice and Assistance service and research. They also lead the development of a whole council approach to alternative models of prevention. This includes assistive technology, signposting opportunities, developing community groups, IWNs, and the promotion of opportunities across Blaenau Gwent communities.

Community Connectors/Co-ordinators is a community-based service that provides information, advice, and assistance to help older people connect with resources and support in their community. The project focuses on improving well-being, reducing feelings of isolation and loneliness, and connecting people with appropriate resources and support. There are four similar Community Connector/Co-ordinator projects delivered in Gwent within Caerphilly, Monmouthshire, Newport, and Torfaen.

Community Car and Befriending Service provides a transportation and befriending service in Monmouthshire. The friendly volunteers are there to offer support and companionship to the people they support. It facilitates the chance to get out and about in Monmouthshire whilst making friends.

Gwent Emotional and Mental Well-being Programme supports adults in Gwent to improve and develop greater mental wellbeing and reduce the gap in reported mental wellbeing between the most and least deprived communities in Gwent. Using a proportionate universalism approach, the programme aims to increase population mental health literacy and equip frontline staff with the confidence and skills to have evidence based mental wellbeing conversations. The programme has three projects - Melo Website, Connect 5, and No One is Left Behind.

Primary Care Mental Health Support is a response to a rising demand for mental health support in Caerphilly. Additional mental health services are offered to residents referred through GP practices by Psychological Health Practitioners and the Primary Care Mental Health Team. The project delivers one-to-one counselling and helps alleviate the strain on the Primary Care Mental Health Service whilst contributing to community-based, accessible healthcare.
These programmes supported over 14,000 people in the first half of 2023/24 with positive outcomes as shown in the image below. The focus will be on evaluating and ensuring effective delivery in 2024/5.



Over the next year we will:

- Deliver on the commitments set out in this plan in relation to planned and urgent care
- Implement a proactive prevention programme for hypertension
- Evaluate Regional Integrated Funded Programmes and ensure preventative focus of delivery

Goal 4: Older Adults Are Supported to Live Well and Independently



In recent years we have delivered significant transformation of services for older adults through our Frailty Programme. We need to ensure that our system is as ageing friendly as possible.

We know that as people age, their health needs tend to become more complex with a general trend towards declining capacity. We recognise that for many older people, their general conditioning will have suffered during successive lockdowns and they are therefore presenting with higher acuity needs. There is a danger that care is over medicalised, particularly when an older person is admitted to hospital-based services that are designed to cure acute conditions or symptoms. Hospital-based services tend to manage health issues in disconnected and fragmented ways that lack coordination across care providers. We have combined the progress made so far on frailty into our Six Goals for Urgent Care Programme and are using this as a vehicle to drive further improvement in this important area.

Essential to supporting frailty in our older population is having effective community services. Community Resource Teams (CRTs) work across health and social care to support individuals in their homes. A key area of focus in 2024/24 will be the development and expansion of CRTs, enabled by further funding from Welsh Government as part of the Further Faster Initiative. This work will include the development of Acute Frailty Response services. There are a high number of frail and/or elderly patients who could be cared for more appropriately at/or closer to home. In addition, the proactive recognition of those individuals at, or nearest to crisis is imperative and a co-ordinated approach to developing and sharing future care plans has an evidence-based impact on increasing Healthy Days at Home. Existing CRTs will be enhanced by additional support to Acute Front Door services, identifying and treating those most at risk of avoidable admission, bringing together the various local responses into a cohesive approach, avoiding duplication and providing seamless care. This expansion will further develop the teams across all boroughs with additional Staff Grade Doctors, Advanced Clinical Practitioners and a Nurse Consultant role, thus providing a greater level of service consistency and equity and recognising population need. This builds on the work begun in previous years of proactively targeting High Risk Adults who we know have a service need.

Supporting individuals with dementia is another core area of focus for this population. Our programme of work, delivered through partnership, focusses on assessment and diagnosis, seeking to provide early recognition which is essential to ensuring people access holistic support and treatment early in their Dementia journey. The programme has a specific focus on strengthening Memory Assessment Services by providing additional consultant capacity, advanced nurse practitioners, audiology, and memory rehabilitation as part of the MDT approach.

As well as a Memory Mild Cognitive Impairment clinic pathway to aid the diagnosis of dementia. As well supporting early diagnosis it is essential to support individuals to be able to live well in their communities, with our local authority partners dementia Reablement projects enable individuals with dementia to regain and maintain independence by providing holistic assessment, goal setting, and support that is personalised and provides goal-oriented interventions. The projects focus on enhancing the independence and overall well-being of individuals living with dementia.

- **Shared Lives Dementia** offers support to individuals either in their own home or they use their home as a base and provide support in the local community. Developing Shared Lives for people with dementia increases opportunities for individualised and outcome focused support in local communities. The project also offers daytime support and overnight respite stays for people with dementia and will help to fill a gap in flexible respite options across the Gwent, both day support and overnight respite.
- **Mapping, Education, and Carers Service** delivers Dementia Care Mapping and improves access to carers support for people known to Memory Assessment Services.
- **Dementia Support Services and Dementia Connect** delivers personalised support to those affected by dementia through one-to-one support, information, guidance, and practical assistance.
- **Support for those with Early Onset Dementia** assesses and meets the needs of individuals living with early onset dementia and their carers within the community. The aim of the project is to explore and undertake Advanced Care Planning in the early stages in order to support with the deterioration of dementia and prevent future crisis where possible.

We will continue to strengthen these services through 2024/5. These two areas of focus, community resource teams and dementia, are only a small selection of work to support our older population. Working through the Six Goals for Urgent Care will continue to develop proactive support to prevent and respond rapidly to falls in the community, support early discharge from hospitals to ensure people are kept well at home, and working with care homes to support individuals to maintain independence. Through the RPB we are also growing the number of accommodation solutions available to provide step up and down accommodation. This means being able to provide flexible accommodation to meet the needs of individuals as their needs change.

Over the next year we will:

- Implement expansion of CRTs to deliver enhanced frailty response services
- Evaluate the regional dementia programme and strengthen coordination across teams
- Continue to deliver improvements in urgent care through the Six Goals Programme
- Work with the RPB to deliver further accommodation solutions for our older adult population

Goal 5 Dying Well as A Part of Life



Death and dying are inevitable. The quality and accessibility of end-of-life care will affect all of us and it must be made consistently better. We have embraced the principles of the 'A Compassionate Country – A Charter For Wales' and are committed to continuously improving what we do to ensure that the needs of people of all ages who are living with dying, death and bereavement, their families, carers and communities are addressed, taking into account their priorities, preferences and wishes. Each year around 6,000 people die in Gwent which equates to around 16 people a day. Around 90 of these are children and young people. It is predicted that the number of deaths in Gwent will increase by almost 10% to around 6,600 by 2039. Around 40% of deaths occur in people's usual place of residence, either a home (26%) or nursing/care home (14%). 56% of deaths occur in NHS hospitals.

The End of Life Programme has been created to ensure the provision of high quality end of life care for someone with a life-limiting illness with four workstreams:

1	Advanced Care Planning (ACP)
2	Education and Training
3	Bereavement
4	Value Based Outcome Measures

Advance Care Planning (ACP) is a voluntary structured process of discussion with patients and their families and/or carers regarding their choices about treatment and care at the end of life based on their own values, beliefs and preferences. Extending the offer of ACP discussions to a wider population has been a national priority in Wales for a number of years, which is highlighted in our dedication to the ACP Workstream. The focus of our work is to coordinate the use of ACPs and create the infrastructure for effective sharing and adherence to patient's wishes by all stakeholders involved in their care

Education and Training ensures that we have a well-educated workforce. This workstream is focussed on coordinating a strategic educational strategy to enhance and improve End of Life Care for patients

Bereavement ensures that we have a bereavement-educated workforce as the detrimental effects of long-term, unresolved grief are very well documented. We recognise the importance of bereavement services and are therefore working exceptionally hard to improve bereavement services across Gwent. Published in October 2021, the National Framework for the Delivery of Bereavement Care sets out how we can support and respond to those who are facing, or who have experienced, a bereavement.

Value Based Outcome Measures we are working at both a national and local level to identify a meaningful set of measures, influenced by service reviews and audits, for example the National Audit of Care at the End of Life. The aim is to develop an end-of-life performance dashboard that will provide meaningful, measurable data. This is a challenge that needs addressing in order to effectively evaluate the service. We will also continue the adoption, at pace and scale, of the Care Aims model to truly embed 'what matters' principles and provide us with the evidence of feedback required to influence service plans and delivery. Additionally, we are committed to continuing with the participation in reviewing the options for Electronic Palliative Care Coordination Systems to improve information sharing.

Over the next year we will:

- Enhance ACP Facilitators across secondary care
- Ensure effective and paperless ACP plans are developed
- Build on the treatment escalation plan implementation with the establishment of education and audit
- Embed the End of Life Care education programme, and the Bereavement education programme
- Develop and embed a champion model within secondary care to support palliative care practices
- Embed standardised models of communication
- Focus on the collaboration of educational opportunities with partners
- Progress and roll out the role of 'ACP Practice Educator'
- Implement the National Bereavement Pathway for Wales, including the development of a single point of contact for death and offer surveys to bereaved people to obtain feedback on the quality of support received
- Deliver the Bereavement Model by August 2024 and establish a Bereavement Collaborative that will share learning from complaints
- Implement the Immediate Support Pathway for Sudden and Unexpected Death in Children and Young People up to 25 years of age
- Improve Care After Death processes to ensure the need for bereavement support is identified and that delays are minimised, with people receiving support immediately after the bereavement
- Ensure that information and signposting is accessible and available to those with protected characteristics
- Roll out the 'Big Conversation' engagement strategy across all boroughs

SECTION 6: ENABLERS

This section outlines how the enabling functions will support the delivery of our annual plan. It sets out for each of the six enablers the actions they will be taking to drive change to ensure we are meeting the needs of our population and working efficiently and effectively.



1. Quality

There are clear expectations set out for the quality standards we must maintain. These are set out through the:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020;
- A Healthier Wales;
- Core Commissioning Requirements.

Putting quality and safety above all else is the first NHS Wales core value. This focus has been strengthened through the Health and Social Care (Quality and Engagement) (Wales) Act (2020). Enhancing quality, honesty, and transparency, the legislation provides the Health Board with a Duty of Quality, Duty of Candour, and establishes a Citizen's Voice; Llais, enriching engagement with our patients, relatives, carers, staff and communities.

In 2023 we published and implemented two complimentary strategies. Both strategies outline our goals and objectives to improve services, clinical effectiveness, safety and people's experiences. It encompasses an intent to engage patients, families, carers, staff and the wider community, with a commitment to listen to feedback, learn from it, and therefore improve healthcare across all services.

The Quality Strategy:	• A blueprint for patient safety and quality for the next three years • Placing quality and safety at the forefront whilst recognising the challenges that emerge over time • Our improvement objectives for the next three years and the framework supporting activity • Our culture values quality, and we are committed to continuous improvement
The Patient Experience & Involvement Strategy:	• Developed as a direct result of staff, patient, family and carers feedback, telling us what matters to them • Recognising our staff have a passion to improve people's experiences within our services • Placing learning from experience at the heart of the organisation

These strategies have been developed from the experiences of our patients, relatives, carers, staff and communities to focus on improvement, planning and assurance in the right areas. This is aligned with the objectives and aims of the Duty of Quality and in the context of meeting our obligations under the Duty of Candour.

Our key principles will be to ensure we:

- Work in partnership with patients, families, carers, staff and communities, and listen to their perspective,
- Enhance our efforts to obtain real-time feedback,
- Use people's feedback proactively to identify quality improvement opportunities,
- To put things right that may have gone wrong, helping people to share their experience and to restore their confidence,
- Through listening and learning, develop best practice and support staff to deliver excellent person-centred care,

The links between patient experience, clinical safety, and clinical effectiveness are supported by a substantial body of evidence. This evidence clearly demonstrates that encouraging improvements in patient experience results in greater employee satisfaction and improved patient safety. Feedback indicates that many of our patients had positive experience of care, but we are aware that we do not always get it right. We will focus on learning from people's lived experience, acting quickly to resolve any concerns and improving the quality of the care we provide.

Commitment to Person Centred Care

Making a commitment to delivering person-centred care that puts the needs of patients at its heart is the key to delivering a positive patient experience. Person-centred care is a way of thinking and doing things that see people using health services as equal partners in planning, developing, and monitoring care to make sure it meets their needs. This means putting people and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcomes, ensuring there is continuity between and within services. It is about considering people's desires, values, family situations, social circumstances and lifestyles, seeing the person as an individual, and working together to develop appropriate solutions, respecting what matters to them.

We are committed to:

- Respecting people's values, preferences and expressed need
- Improving information and education
- Improving access to care
- Improved provision of emotional support to relieve fear and anxiety
- Involving family, friends and people who matter to the individual
- Providing continuity and secure transition between healthcare settings
- Providing physical comfort
- Delivering co-ordinated care



Commitment to Quality and Safety

We will become a listening and learning organisation where staff members work towards delivering high quality clinical care every day. We will strive to better understand our systems of care, build capability through an all teach/all learn philosophy, encourage innovation and engage patients, relatives, carers, staff and communities in improvement endeavours, whilst learning from mistakes. We will ensure that quality is embedded throughout the organisation creating a culture of openness and transparency where people are supported to raise concerns. Our patients, relatives, carers, staff and communities will be encouraged to work alongside us to achieve this vision.

We will continue to:

- Set out the core evidence that will be considered by each Committee (service/division to sub-committee of board levels) to provide assurance on delivery of Health and Care Standards
- Developing a corporate clinical audit plan to address any gaps in assurance
- Develop an Annual Report for each Health and Care Standard, scheduled for consideration by Patient Quality Safety and Outcomes Committee
- Strengthened assurance mechanisms for commissioned services
- Standardising resources, role profiles and appraisal arrangements
- Standardised agendas (evidence and risk based)
- Clearly defining the support from corporate teams associated with the quality safety and patient experience agenda and setting the expectation
- Introducing the integrated decision framework with Board development and the identification of priority areas for implementation
- Ensuring that all groups and committees are able to be responsive in promoting quality and patient safety at all levels of the organisation

A Listening and Learning Organisation: We will focus on delivering the highest possible quality of care, meeting the health and care needs of people using our services, and improving the health outcomes of the population we serve. Our quality pledge and ambitions aim to put quality, equality and learning at the heart of our service. Our commitment to learning and improvement will be demonstrated in our Listening and Learning Framework, ensuring effective listening, learning and improving. The Framework will bring structure to the way learning from incidents and person-centred feedback is captured. Ensuring learning follows a consistent process across the organisation. This strengthens our commitment to promoting a culture which values and facilitates learning and in which the lessons learned are used to improve the quality of patient care, safety and experience, as well as the experience of our workforce.

We will become a listening and learning organisation by:

- Ensuring we are doing everything we can to make everyone's health and care experience the best it can be, delivering safe and effective services.
- Ensuring our colleagues, are valued, work in safe and secure environments, are supported and empowered to act when things can be improved.
- The people we serve are heard, included, involved and empowered;
- We embrace transparency, accountability and knowledge, celebrate success, share learning and actively seek to improve.

Culture: We are committed to undertake organisation wide culture change, where patients are informed and educated about our services to meet their needs, guaranteeing equitable access to services. Our organisation has a solid foundation on which to build, and we will improve by listening, learning and working together on a continuous improvement journey.

- We will create a culture where staff feel listened to, based on transparency, accountability, ethical behaviour, trust and a 'Just Culture'.
- We will continue to actively listen to our population and respond to make it a good experience for all.
- We will drive a 'Just Culture' which promotes safety through people being supported to speak up and promote psychological safety.
- We will create the right climate to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches.
- We will foster an ethos of 'Speaking up Safely', for staff and patients. Ensuring we raise awareness of escalation processes, receive feedback and develop a mechanism for early learning.

A Just Culture: Considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution or reprisal. The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by ensuring staff feel confident to speak up when things go wrong, rather than fearing blame. Supporting staff to be open about mistakes allows valuable lessons to be learnt so the risk of the same errors reoccurring can be minimised is a powerful tool in promoting cultural change.Understanding the role of unconscious bias when making decisions will help ensure all staff are consistently treated equally and fairly no matter what their staff group, profession or background.

Quality Management System: We will further develop our Quality Management System to routinely set meaningful targets, monitor, measure and report performance to ensure we provide excellent standards of care and set quality goals to continuously improve the services we provide. We aim to become a true learning organisation to improve patient safety, experience and clinical effectiveness. We will respond to learning and guidance from our Quality Management System, local and national groups, adapting our plans and priorities to ensure we are doing the right things.

Delivery of Quality Improvement through data: Quality improvement is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement. We will grow and mature our organisational capability for Quality Improvement (QI), by building capacity, conditions and connections which will enable staff to use QI methodology for solving complex problems, and in so doing provide a consistent approach to testing change ideas, learning and informing our decisions.

We will measure our progress and guide our actions towards becoming a learning organisation. Data for Quality and Improvement-both qualitative and quantitative data are critical in understanding the quality-of-care provision and in evaluating and guiding improvement. Increasing the availability of data and the capability and capacity to analyse, understand and utilise the data will ensure a focus on quality. We accept that the improvement of quality is a complex phenomenon which requires focus throughout the organisation. It is particularly reliant upon surfacing ideas from the frontline, a so called 'bottom up' approach, however, similarly resources are required from senior leaders to ensure that key strategic programmes of work are mobilised 'top down'. Engagement will be from ward to board and look at flattening hierarchies.

24/25 Milestones	
A Learning Organisation	⇒ Q1: Embed our quality patient safety and quality improvement teams within our divisions
	⇒ Q2: Develop a learning repository for all our staff which will allow us to review how learning will be identified, stored, triangulated, shared, disseminated and implemented
	⇒ Q2: Develop a learning bulleting to share learning across the organisation
	⇒ Q2: Review mortality data and improve clinical outcomes by implementing a Learning from Death Framework and report
	⇒ Q2: Scope our Deteriorating Patients Collaborative
	⇒ Q3: Review quality and safety structures and reporting structures ensuring learning at every level
Culture	⇒ Q1: Engage to identify new quality improvers and support existing Quality Improvers
	⇒ Q1: Increase Quality Coaching capacity
	⇒ Q1: Develop our methodology to learn from incidents and establish a listening and learning framework, enabling us to deliver a learning forum
	⇒ Q3: Establish bespoke Patient Experience Collaboratives and use feedback for learning and improvement
	⇒ Q3: Formalise an approach to supporting staff involved in patient safety incidents
	⇒ Q4: Support a data informed experience (Civica), quality and patient safety agenda organisation wide
	⇒ Q4: Introduce an electronic patient feedback system to capture real time patient experience feedback
Quality Management System	⇒ Q1: Support the ward accreditation programme with quality and patient safety measures
	⇒ Q2: Utilise and triangulate patient experience data listening and learning from lived experience to provide qualitative data
	⇒ Q3: Improve the quality of incident reporting
	⇒ Q4: Identify specific areas within national clinical audits that require improvement
Delivery of Quality Improvement through data	⇒ Q2: Produce an annual quality report outlining achievements and areas for strengthening
	⇒ Q2: Scope the theatre safety programme
	⇒ Q3: Strengthen the link between learning from direct and indirect feedback, investigations, and improvement work
	⇒ Q3: Strengthen and Embed 'Human Factors' to examine why incidents occur
	⇒ Q3: Utilise Clinical Audit expertise to provide the evidence-base and measurement function which drives quality improvement initiatives
	⇒ Q3: Initiate Leaders Skills Development Programme

	⇒ Q4: Data informed approach to learning from patient feedback and patient safety incidents
25/26 Deliverables	⇒ Deliver the theatre safety programme
	⇒ Introduce and publish 'You Said, We Did' information to support the Duty of Candour
	⇒ Develop a quality and patient safety dashboard with meaningful quality indicators that drives improvement and provides assurance
	⇒ Embed the use of the NHS Just Culture Guide in parallel with patient safety investigations
	⇒ Collaboration between corporate and educational teams to support the development of health professionals around key quality and safety priorities
	⇒ Build capacity within teams to develop co-produced digital patient stories to support listening and learning
	⇒ Standardisation of training and education and competency records to avoid unwarranted variation in education approaches
	⇒ Facilitate divisions to prepare a standardised annual improvement strategy
26/27 Goals	⇒ Increase the capacity and capability of divisions to utilise data that underpins quality and patient safety priorities
	⇒ Embed a culture of appreciative enquiry and continually improving health care services and the experience of our workforce
	⇒ Facilitation of multi professional approaches to education aligned to quality, safety and patient experience

How we know we are successful

- Improved general experience rating of episode of care
- Learning from complaints is implemented
- Improved clinical outcomes
- Increased understanding of variation to focus improvement
- Improvement is part of the Aneurin Bevan way

2. Digital, Data & Technology

Digital is recognised as one of the 6 key enablers for delivery of services. Its value is provided by the ease of which it makes information available to us and its ability to connect us to one another. Digital is now core to the everyday life of our staff and with the availability of patient facing digital applications, will become an ever more familiar channel for accessing and receiving health care for our citizens and residents.



The need for digital services is growing and will continue to grow for the foreseeable future. There is a multitude of opportunities to use digital tools to improve our processes, some of which are listed below:

- improving patient flow with real-time patient and bed status information with electronic ward boards and data dashboards
- applications at local and national level that provide patients with access to their own health data and control over and influence on their health care.
- artificial intelligence that is no longer a distant promise but a reality with real world benefits in use in Radiology

- health and care data analytics providing fresh insights on the health of our population guiding our public health activities that assist our citizens to stay healthy in their own homes.

Despite these opportunities, there remain a number of challenges:

- a lack of digital inclusion in communities with most need,
- the need to fund and maintain our digital estate, to secure it, keeping us safe from cyber threats,

Over the next three years there will be a number of strategic opportunities to create a sustainable service that is able to meet the digital transformation needs of the Health Board from refreshing our Digital Strategy to improving digital inclusion of staff and service users. In 2024/25 these are:

Digital Strategy	Refreshing the local strategy & restructuring the service to meet our digital transformation needs
The Electronic Health & Care Record	Agreeing the deliver strategy for community and hospital services
Microsoft (MS) 365 Transformation	Using MS 365 functionality to support our teams to work more efficiently and effectively
Data, Analytics & Information Management Strategy	Understanding needs, developing standards & governance for data utilisation, building analytical capability and infrastructure to meet needs, providing data to meet the needs of service delivery, population health management and planning
Managing Demand & Capacity through Prioritisation	Implementing a new request & prioritisation process for managing non-standard new digital service requests
National Data Resource (NDR)	Working the NDR team to develop insights creating dashboards using patient level data to improve patient services
Regional working	Developing & delivering referral and booking solutions to enable regional working
Single Point of Contact centre	Bringing patient facing call management services as a single point of contact centre
Decarbonisation	The digital opportunities for decarbonisation and developing sustainable approaches to the digital life cycle
Digital Inclusion	Accreditation and delivering against the digital inclusion charter

In addition to the strategic opportunities, teams will also deliver:

- Local & National Programmes, Projects & activities: the scheduled work of the directorate formally planned for 2024/25 that is funded and in progress.
- Capital Funded Priority Digital Foundation projects: critical unscheduled works with approved discretionary capital funding that failure to progress would threaten our ability to maintain safe, secure, reliable, and compliant services and 'keep the lights on'.
- Unscheduled projects and activities: Requested or are required but have yet to be prioritised and/or funded/given authority to proceed.

A high-level summary of projects and activities is provided below grouped by the four key mission themes as set out in our Digital Strategy.



24/25 Milestones	
Digital Foundations	⇒ Q1: Supporting capital estates projects such as Ringland Health Centre, Bevan (Tredegar) Health & Well-being Centre, Ysbyty Ystrad Fawr Breast Unit and Radiotherapy Satellite Centre in NHH
	⇒ Q1: Electronic Document Management System for Digitisation of Health Records
	⇒ Q1: Complete the relocation of the Mamhilad Data Centre

	⇒ Q1: Microsoft Windows 7 operating system eradication and Microsoft 2012 Critical Server refresh
	⇒ Q3: Actions to improve our cyber resilience
	⇒ Q4: Supported by enabling actions from Q1 onwards redesign for clinical grade WiFi
Digital Organisation	⇒ Q1: Provide digital solutions that support patient flow and the six goals for urgent and emergency care (D2RA)
	⇒ Q3: Welsh Nursing Care Record Phase 1 roll out completion ⇒
	⇒ Q3: Digital solutions for scheduled care including E-advice, Pre-admission clinic forms, Patient Level Costing and Digital consent
	⇒ Q4: Following partnership discussions in Q1 delivering Regional Referral & booking centre consolidated waiting list for ophthalmology phase 1
	⇒ Q4: Cancer Information System ('CANISC') replacement
	⇒ Q4: Provide digital solutions that allow us to drive efficiencies in outpatients through digital room booking
Digital Community	⇒ Q1: Definition of Health Records Patient Single Point of Contact (SPOC) phase 1
	⇒ Q4: Progress against Health Records Patient Single Point of Contact (SPOC) phase 1
	⇒ Q4: Digital Patient Communication Phase 2 delivery
Digital data, information and intelligence	⇒ Q1: Publish the Data, Analytics & Information Management Strategy and commence delivery of included actions
	⇒ Q4: National Data Resource analytical tooling development e.g. Google Healthcare Data Engine
	⇒ Q4: Following preparatory work throughout the year development of data dashboards exploiting the National Data Resource starting with an emergency department dashboard and admitted patient data.
25/26 Deliverables	⇒ Virtual Ward development using Doccla with TEC Cymru
	⇒ Pathology Blood transfusion System Replacement and Digital Cell Pathology Programme
	⇒ Delivering Regional Referral & booking centre consolidated waiting list for ophthalmology phase 2
	⇒ Artificial Intelligence CT Head pilot & launch
	⇒ ORMIS replacement
	⇒ Clinical Communications whole organisation project for communications solution
	⇒ Welsh Nursing Care Record Phase 2 roll out completion
26/27 Goals	⇒ Consolidate WiFi networks across the Health Board to improve performance
	⇒ Local deployment of national programmes for Radiology Information System (RIS)
	⇒ Local deployment of Hospital Electronic Prescribing & Medicines Administration (HEPMA)

How we know we are successful

Strategic opportunity update narrative

Business as usual performance metrics:

- Health Record availability
- System availability
- IT service desk performance
- Information services standard data requests

New digital service request lifecycle performance

Programme/project scheduled deliverables performance

Governance:

- Audit recommendations met/outstanding

3. Workforce & Culture

We employ 13,117 WTE (15,558 people; February 2024) and are the largest employer in Gwent. This is an increase from this period last year of 514 WTE, main increases are within Additional Clinical Services (95wte), Admin & Clerical (64.97wte) and Nursing and Midwifery Registered (123.42wte).

There are also 1,296 WTE colleagues working in independent GP practices in primary care across the region. Our general workforce demographic profile remains relatively unchanged from as illustrated in figure 5.5. However, 36% of staff are now over 50 years old, which is an increase of 3% and turnover has also reduced from 11.36% to 9.2%. The number of staff we employee will decrease from April 2024 by 135 people due to TUPE Transfers to NHS Executive of national hosted functions and managed GP practices reverting back to independent status.

The highest increase, based on our staff groups, have been in Allied Health Professions (17%) following the introduction of the Physiotherapy MSK services. Other staff groups which have increased include Medical and Dental (10%), mainly as a result of an increase in speciality registrar posts, and Administration and Clerical (5.7%). Clinical Services have increased by 7.5%, Nursing and Midwifery have increased by 4.5% as result of recruitment campaigns locally and internationally.

Sickness has decreased from 6.9% to 6.2%. Stress, anxiety and depression remains our highest reason for absence and represents 27% of total absence.

Whilst we have made progress in reducing the number of vacancies over the last year, we continue to experience high levels of vacancies across medical specialities and within our registered nursing, pharmacy and Therapy workforce as well as within specific medical specialities. Our priority continues to be recruiting, developing and retaining directly employed staff recognising the positive impact that a substantive workforce will have in building and sustaining effective teams to provide a positive patient experience.

People Plan 2022 – 2025 – Putting People First



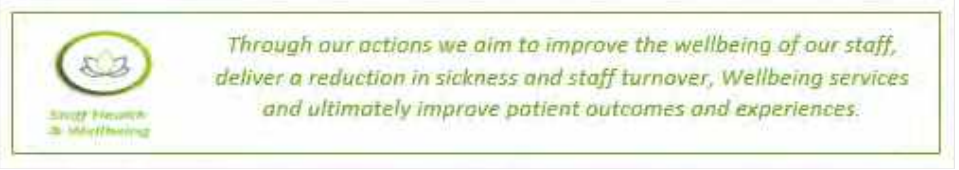
We are now in year 3 of our People Plan which was agreed and launched in 2022. The plan recognises the importance of a healthy, engaged workforce and aims to support our staff to have a meaningful and positive experience of work.

It is aligned to the commitments of 'Healthier Wales: Our Workforce Strategy for Health and Social Care (2020)'. It also supports the practical actions and enablers outlined in the National Workforce Implementation Plan (2023) underpinning strong inclusive and compassionate leadership and improving retention and recruitment.

In delivering the plan we continue to engage with our Trades Union partners and support ways to develop partnership working. This year we have re-launched divisional partnership forums to complement our corporate forum to build on our commitment to ensuring staff are provided with an opportunity to share views, concerns and to influence plans that affect them.

The Plan focuses on three priority objectives. These are summarised in the following section, with key actions being undertaken or planned over the next three years. The following section outlines some examples of our planned ambition for 2024/25.

Objective 1: Staff Health and Wellbeing is at the heart of our plan.



During the next year we will launch the Employee Experience survey, building on previous employee wellbeing surveys. This is our internal opportunity to understand and monitor the key factors which affect all of our experience of work and the factors which contribute to this. The cornerstone of the survey is our Employee Experience framework which sets out the 6 core components, which when met, provide high levels of staff engagement – that is the positive involvement and enthusiasm of how people feel about their work and their workplace. Alongside the survey we will launch an Employee Experience Strategy which will include a staff recognition framework to recognise and value our staff at all levels.

Demand for our Staff Psychological Therapy Service, which is part of our Employee Wellbeing Centre of Excellence, continues to see an 20% increase in demand from last year with commensurate increase in risk and clinical complexity. From the 1st of March an Employee Assistance programme will be launched, this will help

address demand where appropriate and provide a wider wellbeing offer to staff. In addition, we will continue to review our Occupational Health capacity to support preventing and minimising sickness absence and work closely with national workstreams to develop the service.

We will continue to support the health and wellbeing of staff through the Strategic Wellbeing Activities group work closely with the Wellbeing Arts and chaplaincy services. This will include ongoing deliver of our Taking Care, Giving Care Rounds (TCGCs) to support the wellbeing of teams, together with Schwartz Rounds which provide a structure to discuss the emotional and social aspects of work. We recognise that our plan is likely to involve organisational change processes which will impact staff and therefore ensuring that we consider how we communicate, engage and consult with staff and their representatives, and putting wellbeing at the centre.

Following Welsh Government's recent Speaking up Safely framework we have developed a Health Board plan which includes the commissioning of an external confidential Speaking Up Service to complement our internal mechanisms. The core of our work will centre around a multi-professional and representative steering group who will develop (supported by evidence) a strategy which will initially span two years. Given this is an area of significant complexity the aim is to develop the approach based on learning cycles, robust date analysis as well as tried and tested evidence. We understand that behaviour and culture is integral to this agenda and will be refreshing the organisational Values and Behaviours framework alongside the development of the long-term strategic plan by engaging our staff and the communities of Gwent. Ensuring the plan links with the work we are undertaking to promote diversity and inclusion will also be fundamental.

It is widely accepted that healthy cultures in NHS organisations are crucial to ensuring the delivery of high-quality patient care, and the significant role leadership plays in influencing team culture. We will continue to develop and deliver leadership and management development programmes for our teams e.g., we are progressing our second cohort of our new Clinical Directors programme CDx, continued our Leading People programme and continue to support Nurses through the Nursing and Midwifery Academy and programmes for multidisciplinary teams. We will launch a new development programme for Directorate Managers this year as well as introducing a suite of masterclass online development sessions as well as coaching and mentoring.

Last year, in collaboration with HEIW we developed a Talent Management Framework comprising a suite of resources that support both individual employees and managers through career conversations, success profiles and a succession planning tool. The resource describes the activities required at an organisational, manager and employee level to accelerate the careers of our people in line with service demands. During 2024/5 we will be socialising the Framework and provide training in the resources within the Framework.

Objective 2: Employer of Choice



To deliver high quality patient care we must attract, recruit, retain and develop the right people with the right skills, competencies, experience and values. Our actions build on our commitment to support people to join us, stay with us, and enable themselves and the organisation to grow a workforce whose diversity is reflective of our population.



A Nursing, Midwifery, SCHPN Workforce Strategy has been approved to provide a coordinated and combined medium-term approach to blended overseas and UK recruitment and developing our nursing workforce from our registrants, newly qualified, Flexible Route for our Healthcare Support Workers. We have piloted innovative ways to recruit and train the nurses of our future this year with RCN Connect and will continue to build on this commitment next year launching pathways for our future nursing workforce.

We have experienced some success with the All-Wales overseas recruitment for senior Clinical Fellows and Mental Health posts. During 2024 we will be developing a Medical and Dental Workforce Strategy including a Clinical Fellows/Speciality Doctor Framework to recruit, retain and support career progression of our existing

workforce.
We remain committed to the employability principles of the Foundational Economy and continuing to develop our embedded schemes in support of this.



Our widening access agenda will be strengthened through the successful recruitment of our third Aneurin Bevan Apprenticeship scheme with additional cohorts being recruited in 2024/25.

As our connections with schools, education providers, third sector and community groups strengthen, we will continue to promote the wide range of roles that we offer and the opportunities that exist to develop long term career pathways. We are widening opportunities linking closely to different community groups and organisations across Gwent. This includes circulating apprenticeship opportunities to local community contacts to include job centres plus, Careers Wales, places of worship, community connectors and champions, care leavers and disability groups. This year we will launch a refreshed work experience offer to promote the breadth of roles available in the NHS Wales family. We will also be focusing support for volunteers and encourage into paid opportunities through our Volunteer to Career scheme. All of these actions will support our commitment to access to employment and training for those underrepresented in our communities.

We have strengthened our Staff Retention Framework focusing on opportunities to support and encourage people to stay within our system, this has supported a reduction in turnover of 2%. We continue to implement and develop our framework which will include:

- Retention cafes across our sites for staff to address the myths and opportunities and to share information relating to Occupational Health, agile working, Human Resources and Learning.
- Monitoring Retention analysis of reason for leaving, hot spot areas and developing a retention dashboard
- Retention group to review support and monitor retention activity and a refreshed focus on exit questionnaires, wellbeing, development pathway sand flexible working.
- Further developing our organisational induction
- Exploring barriers to Flexible working and evaluating innovative projects in pilot areas.
- Developing best practice stories, to connect people with purpose.
- Implement HEIW Retention resources in one stop shop resource.



The PADR Strategy Working Group have reviewed our PADR process to encourage development and compassionate conversations year-round. Our new streamlined process has supported current PADR compliance is 73.62%. Further initiatives are underway to further improve compliance including management of communications, intranet communication and inclusion of development opportunities.

We have built a solid platform to elevate and embed equality, diversity, and inclusion in all we do and align our work plans to our values with intersectionality threaded throughout. Following a period of public consultation to understand the views of our communities, a revised Strategic Equality Plan (2024 to 2028) will be published in March 2024. We will continue to have open conversations with our staff across all protected characteristics and we have established staff diversity networks, topic cafés and senior equality ambassadors to collectively drive forward this important agenda. In addition, we continue to support staff who are Veterans of the Armed Forces through an internal network and opportunities. The staff networks also support training events, awareness campaigns and activities, some are highlighted below in the example posters. We have assigned Executive Sponsors for each network and a policy for protected time for staff to attend network meetings is in development.

We will continue to align workforce plans with emerging national and organisational strategic drivers (e.g., Anti-racist Wales Plan; LGBTQ+ Action Plan, Disability Action Plan, Code of Practice for Delivery of Autism Services).

We will continue to progress actions in support of the Anti-Racist Wales Action Plan with our networks and Race Advisory Group. This will build on training and awareness, reviewing our practices and actions in support of the Workforce Race Equality Standards. Supporting our internationally educated nurses and doctors is already embedded with our Medic Mentor Scheme supporting doctors to adjust to work and life in the UK and our bespoke and established Internationally Educated Nurses network providing peer support and mentorship.

To ensure that we support diverse perspectives and lessons in the workplace we will be implementing a Reverse Mentorship Programme.



To support reasonable adjustments and wellbeing for disabled staff we will be developing an empowerment passport to enable staff to think about and communicate their unique adjustment needs in the workplace. We will continue to increase organisational awareness of disability through the rollout of awareness training e.g., Visual Awareness training.

Ensuring equality is a golden thread through our People plan objectives we will be ensuring inclusive leadership is embedded into our Management and Leadership programmes, Talent Management Strategy and employee experience survey supporting people to carry our work in a safe environment.

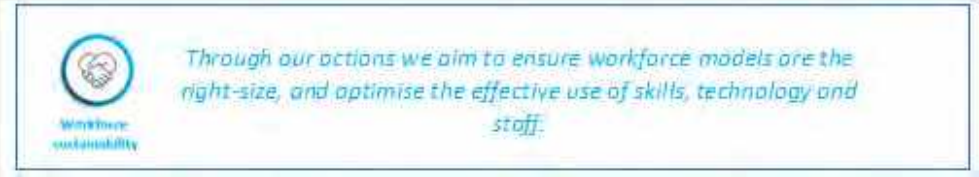
We continue to develop our Welsh Language offer, centred on the needs of the local population, and providing a clear vision for the implementation of the Welsh Government published standards. We will continue to embed the 'Active Offer' principle and develop mechanisms like our Partner IAITH network and tutor programme to support our Welsh speaking staff to increase their confidence in their abilities allowing them to offer increased Welsh language services to our patients.

During 2024/25 we will ensure new arrangements maintain and promote the provision of services to Welsh speakers and benchmark against the effective practices identified by the Welsh Language Commissioner's and the Welsh Governments More Than Words Framework.

Our plan focuses on:

- Delivering a Welsh language training scheme,
- Undertake widening access sessions with primary schools in the Gwent region,
- Develop a map of Welsh language abilities across the Health Boards,
- Review current 5-year strategy for increasing the offer of delivery of Welsh language consultations and develop the next 5-year strategy.
- Facilitate the Welsh language tutor sessions with first cohort of staff.
- Generate a local library of resources showing the impact of Welsh services on Gwent residents.

Objective 3: Workforce Sustainability and Transformation



We continue to build on our success implementing new and extended roles. In the past year we introduced new roles, Advanced Nurse Practitioners and Consultant Nurses in Mental Health Services, Physicians Associate in Paediatrics and Neonates and have grown our multidisciplinary teams and Physicians Associate workforce.

Ensuring we have the right workforce models that embed innovative thinking"

We continue to create capacity through reviewing our skill mix, developing existing and creating new advanced and extended roles to provide person-centred care. Our plans support the introduction of Assistant Practitioners in the Emergency Department and Advanced Practitioners in surgical specialities plus Nurse Sonographers and Consultant Therapist roles. We continually look for opportunities to extend the skills of our current workforce and examples of this include the use of Pharmacy Associates and Technicians and development pathways in secondary and Primary Care. We plan to extend the scope of reporting Radiographers (CT, Colon, CT head and ultrasound and plain film reporting), undertaking pre and post accuracy checking and Pharmacy Technicians transcribing discharge medicines. We will also continue to work on policy

development and guidance for medical staff along with a review the Physician Assistant model in preparation for regulation.

We know that we must also maximise the contribution of the unregistered workforce. We will continue to utilise new workforce models and expand these to new services and settings. Sitting alongside this will be a Health Care Support Worker Plan in line with the All Wales HCSW Career framework nursing and allied health professions (NHS. Wales) which addresses issues across both health and social care. Our work will focus on training, education and opportunities so there is seamless care, closer to home which supports admission avoidance. In addition, we have piloted the opportunity for non-clinical HCSW to develop a training portfolio to transfer over to clinical HCSW. We have mapped and benchmarked our nursing HCSW roles with a view to developing a skills matrix to reduce variation/support standardisation and career progression.

We have been working closely with the regional Gwent Workforce Board (formerly the Regional Workforce Development Board) and Career College Consortium to develop opportunities to work together to develop training and employment routes that will support a longer-term goal of a whole system workforce through the lens of foundational economies. Gwent Workforce Board aims to create better lives together across 6 key working areas, ultimately helping health and social care be more efficient and effective.

Following a number of workshops with our Local Authority partners and organisations in 2023 a Gwent Strategic Action Plan was agreed in December 2023. The plan includes actions to develop bespoke offer for schools in Gwent, utilisation of student ambassadors and exploring the use of USW students to create interactive/virtual reality resources. We have plans for the development of a co-ordinated and joined up assembly programme, survey to directly engage with young people 13 years plus across Gwent, careers events with interactive activities to try and test different roles across Health and Social Care. We will be reviewing Collaborative Shared Apprenticeships. The focus will include undertaking work to support integrated services models, cultures and employee experience with a focus on collaborated apprenticeships and shared working.

24/25 Milestones	
	⇒ Q1: Launch Staff Recognition Framework
Objective 1: Staff Health and Wellbeing	⇒ Q1: Implement Reverse Mentorship Scheme and Executive Leads for Staff Networks
	⇒ Q1: Launch Directorate Manager Leadership programme
	⇒ Q2: Launch our new organisational induction
	⇒ Q3: Embed our Talent Management and Succession with delivery of training to managers
	⇒ Q3: Agree a long-term Employee Experience Framework building on our employee experience survey
	⇒ Q3: Occupational Health Capacity Review
	⇒ Q4: Agree a refreshed Values and Behaviours Framework
Objective 2: Employer of Choice	⇒ Q1: Socialise our new work experience offer
	⇒ Q1: Agree our Strategic Equality Plan 2024-2028
	⇒ Q2: Evaluate and review our Retention Action Plan including Flexible Working Pilots
	⇒ Q2: Roll out our Schools Programme with partners
	⇒ Q3: Review our Nursing Workforce Strategy and agree a Medical Workforce Strategy
	⇒ Q3: Recruit to Aneurin Bevan Apprenticeships
	⇒ Q4: Review progress against Anti-Racist Action Plan and WRES
	⇒ Q4: Publish our offer of increasing the Welsh Language "Active Offer"
	⇒ Q1: Undertake a comprehensive review of Administrative and Clerical Staffing
Objective 3: Workforce Sustainability and Transformation	⇒ Q1: Further develop our Variable Pay reduction programme
	⇒ Q2: Deliver NCN Workforce Planning Skills Training and Support
	⇒ Q2: Approve workforce programme plan in support of priority actions via Clinical Futures Workforce Group
	⇒ Q3: Evaluate the impact of our overseas recruitment programme

	⇒ Q3: Socialise agile working dashboard and measures and evaluate progress
	⇒ Refresh and agree our People Plan for 2025-2028
25/26 Deliverables	⇒ Evaluate the new organisational induction
	⇒ Deliver our Employee Experience Framework
	⇒ Rollout refreshed Values and Behaviours Framework
	⇒ Implement actions from comprehensive review of Administrative and Clerical Staffing
	⇒ Implement our offer of increasing the Welsh Language "Active Offer"
26/27 Goals	⇒ Embed Values and Behaviours Framework
	⇒ Embed our Employee Experience Framework
	⇒

How we know we are successful

- Reduced vacancies
- Reduction in turnover
- Reduced sickness absence
- Feedback from staff and partners e.g. staff survey results
- Increased work experience placements
- Reduction in variable pay

4. Capital & Estates

Our **10 year Estate Strategy (2018-28)** approved in January 2019, which was refreshed in 2021/22 contains twenty Strategic Objectives, organised around five sub-categories.

The capital programme is a key enabler to delivering our strategy, improving clinical services and supporting improvements in our estate. A significant amount of discretionary capital funding will support our plans for meeting statutory obligations, maintaining the fabric of our estate and the timely replacement of equipment.

Whilst our approved Estate Strategy continues to inform our 10 year major capital programme, we are currently reviewing its priorities in accordance with the prioritisation criteria set by Welsh Government, for the projects which require funding from the All Wales Capital (AWC) route. This exercise seeks to provide assurance that our programme is aligned to the new Health and Care Quality Standards, ensuring quality driven strategic decision-making as part of the prioritisation review. The AWC programme is specifically for the proposed strategic capital projects that either have, or will require, support from Welsh Government strategic capital in future years. It distinguishes between those projects that have some form of approval and those that are still in development, and some at very early concept stage. 2023/ 24 saw the completion and operational opening the new Endoscopy Suite at the Royal Gwent Hospital and the Unified Breast Unit at Ysbyty Ystrad Fawr.

A significant project which is now being progressed is the reconfiguration of services at Nevill Hall Hospital and the North Gwent area, due to the identification of the presence of RAAC (Reinforced Autoclaved Aeriated Concrete). Service Planning is currently being progressed in order to underpin the development of a Strategic Outline Case (SOC) to inform discussions with Welsh Government. From an operational perspective, the presence of RAAC is being actively managed through the Estates & Facilities Division.

Primary and Community Care projects include the completion of Phase 1 of Bevan (Tredegar) Health and Well Being Centre which completed in January 2024 and 19 Hills Health and Well Being Centre which is currently on site with a planned completion date of March 2025. Work is now being progressed for the Aber Valley and Monmouth Primary Care projects. These will be funded through the Regional Partnership Board and will see the reprovision of GP services as well as a complement of Health and Local Authority services.



Projects that improve access to cancer services figure prominently in the capital programme. As well as the recently completed Breast Unit, the Satellite Radiotherapy Unit (SRU) is planned in collaboration with Velindre NHS Trust and is being developed on the Nevill Hall site. The development is progressing well and is due for completion in February 2025.

There is a significant amount of work being undertaken in relation to the enhanced Local General Hospitals sites following the opening of the Grange University Hospital. This is to ensure that the planned configurations are supportive of the clinical models and flow within the sites. This includes the

development of planned service move from St Woolos Hospital to repatriate clinical and non-clinical services from the older building.

To help support with the unprecedented demand which is being faced at the Grange University Hospital, a number of changes have been made or are being planned. This includes the progression of and extension to the waiting area and provision of a rapid assessment area, which has been approved by Welsh Government with the full project due for completion in Spring 2025.

Projects in development include the Mental Health Specialist Services Inpatient Unit which is proposed to bring together several specialist services that are provided is disparate locations onto the Llanfrechfa Grange site and the redevelopment of County Hospital. It should also be noted that in the context of the wider estates' strategy funding will be required to improve estates infrastructure particularly at the Royal Gwent and Nevill Hall Hospitals and to facilitate the closure of the older estate at St Woolos Hospitals.

Our Estates teams are vital to the delivery of service change and we need to ensure we have sustainable services going forward. There is ongoing work to ensure we have an estates and facilities workforce strategy and workforce models fit for the future. The outcomes of our capital prioritisation has been included in the appendices document.

24/25 Milestones	
Capital Projects	⇒ Q1: Confirmation of funding for Chepstow PFI BJC
	⇒ Q1: Submission of BJC for Decontamination facility in RGH
	⇒ Q2: Plan for closure of the older estate St Woolos Hospitals
	⇒ Q2: Completion of phase 2 of Bevan (Tredegar) Health and Well Being Centre
	⇒ Q3: Development of a Strategic Outline Case (SOC) for Nevill Hall Hospital
	⇒ Q4: Outline Business Case for Aber Valley and Monmouthshire Health and Wellbeing Centres
	⇒ Q4: Completion of Satellite Radiotherapy Unit (SRU) in collaboration with Velindre NHS on the Nevill Hall site
	⇒ Q4: 19 Hills Health and Well Being Centre build completion (Newport)
Supporting Service Change	⇒ Q1: Planned service moves from St Woolos Hospital
	⇒ Q1: Implement service for surgical robot
	⇒ Q3: Support system reconfiguration including outcomes of patient safety events and agreed changes to models of care
	⇒ Q4: Continue to provide decontamination service for endoscopy pending capital scheme completion
Sustainable Estates	⇒ Q1: Support ongoing development of alternate estate model in Nevill Hall Hospital to manage implications of RAAC
	⇒ Q4: Chepstow Hospital ongoing work on handover from Privately Funded Investment to Health Board ownership with
	⇒ Q4: Supporting lease rationalisation including delivering on the Ty Gwent development
Service Improvement	⇒ Q1: Continue to implement outcomes of internal audit report on catering
	⇒ Q1: Undertake actions to improve compliance with waste regulations initially focus is food waste segregation
	⇒ Q2: Review of our security model in partnership with Health and Safety and safeguarding
	⇒ Q3: Ongoing management of new bed contract and implement new processes as necessary to improve efficiency of contract and service
	⇒ Q4: ReFiT energy performance, work with partner and national agencies on developing formal invest to save capital bids
25/26 Deliverables	⇒ Mental Health Specialist Services Inpatient Unit Final Business Case Completion
	⇒ Final Business Case for Aber Valley and Monmouthshire Health and Wellbeing Centres
	⇒ Implement new security model
	⇒ RAAC ongoing management in Nevill Hall Hospital
	⇒ Improve estates infrastructure particularly at Royal Gwent and Nevill Hall Hospitals

	⇒ Facilitate the closure of the older estate at St Woolos Hospitals
	⇒ Outline Business Case for Nevill Hall Hospital
26/27 Goals	⇒ Work with infection prevention and control to explore alternative approaches and technology for cleaning
	⇒ Mental Health Specialist Services Inpatient Unit commence build
	⇒ Build for Aber Valley and Monmouthshire Health and Wellbeing Centres
	⇒ Final Business Case for Nevill Hall Hospital and commence implementation

How we know we are successful

- Support for priority capital schemes via approach of business cases
- Builds completed within timeframes
- Improved compliance with waste regulations
- Reduction in leases
- Improved efficiency of new bed contract

5. Finance

Financial Strategy 2024/25

The financial provisions and obligations of the Health Board are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure that the Health Board meets its statutory obligation to perform its functions within its available financial resources.

The Health Board has two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. They are as follows:

First Duty - A duty to secure that its expenditure, which is attributable to the performance by it or its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.

Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The details and requirements for the two duties are set out in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."

To be successful in meeting these targets the Health Board is required to set a financial plan prior to the start of the financial year, this should be in accordance with the aims and objectives of the Integrated Medium-Term Plan for 2024/25 through to 2026/27.

In view of the deficit in 2022/23 and forecast deficit in 2023/24 as well as the associated levels of risk there has been increased oversight by the Board, the Executive Committee and the Finance and Performance Committee. It is recommended these arrangements continue in 2024/25. It is expected that there will be further financial scrutiny through WG arrangements as part of 'targeted intervention' arrangements.

Development of the draft financial plan identified that ABUHB would be unlikely to deliver a financially balanced plan for 2024/25 or on a rolling 3 year basis. As required by WG, an accountable officer letter was sent by the CEO to WG on the 14th February following agreement by the Board to support an annual plan for 2024/25 in line with WG guidance, while recognising the need to develop a longer term financial recovery plan that achieves recurrent balance.

Strategic Context

Aneurin Bevan University Health Board, like most health boards across Wales is experiencing significant financial challenges to meet its statutory duty to financially balance over a rolling 3-year period. Historically the health board has delivered consistent financial balance since inception, however in 2022/23 a £37m deficit was achieved and a deficit is again forecast for 2023/24 of c.£49m (as at month 11). These levels of deficit, driven by exceptional operational demand pressures and underlying financial challenges, mean the Board is aiming to recover recurrent financial balance over a 3-year period.

As part of its strategic clinical futures plan the Board delivered a new hospital, the Grange University Hospital to support sustainability and rationalisation of services

and beds. The operational pressures and external factors driving significant cost pressures during the last few years are expected to continue into 2024/25, driven primarily by increased demand and acuity in many areas, impact of social care challenges, workforce availability as well as the system pressures that have prevented the full implementation of the clinical futures model and bed reduction plan.

The 2024/25 plan aims to continue to mitigate these issues through innovative service models, closer partnership engagement and continued delivery of efficiency improvements and expenditure reduction plans across the whole board.

The Health Board serves six hundred thousand people, 19% of the Welsh population, with a weighted funding formula proportion of 19.1% and as part of the 2024/25 allocation letter has received 18.4% of the total "All Wales" revenue allocation to deliver services. ABUHB has the second lowest level of spend per head for Welsh Health boards as reported by Audit Wales.

The total funding available to the Board for 2024/25 is £1.7bn, this includes a national 3.67% uplift and represents a net new discretionary funding uplift of £51m over 23/24 allocations. This funding assumes retention of £65m conditional funding (conditional on making progress towards the £13m deficit control total during 23/24).

During 2023/24 the Board made savings of £43m, the highest level for ABUHB since inception. The Welsh Government expect the Board to achieve a minimum savings level of 2% or £33m in 2024/25, when ringfenced and directed expenditure is factored into the spend profile, this equates to a 3% saving on discretionary spend.

The overall strategic approach to the financial strategy is based on 3 key overarching priorities:

- Delivery of safe services as priority,
- Delivery towards financial balance and sustainability through improved efficiency and service improvement,
- Minimise new investment priorities (essential areas under consideration include Diabetes Pumps, Urgent and Emergency care, MS drugs, regional priorities and children services)

In order to achieve long term sustainability and recurrent financial balance the approach will be to utilise new annual funding to support new cost pressures and priorities and deliver recurrent savings to mitigate the historic underlying pressures and ultimately achieve recurrent financial sustainability.

ABUHB Financial Strategy

The Health Boards Financial Strategy is to achieve financial & service sustainability through the application of Value-Based Health Care principles, improving effectiveness and efficiency of the available resources and reducing spend to deliver better patient outcomes. Additionally, applying Value-Based principles for population health, allocating resources differently to improve equity of access for the population we serve. Finance and funding is a key enabler to achieve this strategic aim.



Strategic and financial plans will be cognisant of the expectations to consider the requirements of 'A Healthier Wales', 'Wellbeing and Future Generations Act', the 'Socio-economic duty', the 'Foundational Economy', the Decarbonisation agenda and the aims of the 'Clinical Futures Strategy' for Gwent.

The overall strategic approach to the financial strategy is based on 3 key overarching priorities:

- Delivery of safe services as priority,
- Delivery towards financial balance and sustainability through improved efficiency and service improvement,
- Minimise new investment priorities

Achieve long term sustainability and recurrent financial balance through utilising new annual funding to support new cost pressures and priorities and deliver

recurrent savings to mitigate the historic underlying pressures and ultimately achieve recurrent financial sustainability.

Financial Plan 2024/25

Available resources

The Board receives funding from Welsh government in the form of an annual allocation which forms the resource limit for spending, this is supplemented with annual funding and other income (predominantly for medical training), additional funding can be allocated during the year either recurrently or non-recurrently.

The 2024/25 Health Board financial plan assumes the following:

- Baseline allocation 2023/24 £1,480m
- Allocation letter funding uplift of £156m
- Anticipated allocation income of £65m
- Additional confirmed GMS allocation £4m
- Other income of £11m

This equates to an available resource limit to support expenditure of £1,716m.

A significant part of allocation funding is ring fenced and reduces the flexibility of the health board to direct resources to maintain the sustainability of core services.

During 2022/23 ABUHB received £32m for planned and urgent care sustainability and recovery which was fully applied recurrently to services, this was reduced by £9m in 2023/24 for reallocation to regional schemes. ABUHB then received £6m in 2023/24 for regional schemes and this has subsequently been reduced to £3.9m recurrently in the 2024/25 allocation letter. Clarity has been sought about how these and other allocations have been attributed across Wales, as they do not follow funding formula shares and are relatively adversely affecting Gwent residents.

Application of Resources to Service Delivery

The Health Board has applied the resources available and considered this in comparison to forecast expenditure, overall plan is summarised in the table below;

Financial Plan 2024/25	2024/25 Deficit / (surplus) (£'m)
2023/24 forecast position (as at Month 9)	56.4
WG non-recurrent funding	14.4
Underlying deficit - accounting to reflect recurrent implications	10.6
Underlying deficit going into 2024/25	**81.4**
National Pressures	14.4
Inflationary Pressures	21.7
Contractual and Unavoidable Pressures	15.7
Local Investment Pressures	8.0
Sub-total 2024/25 including new cost pressures	**141.2**
Discretionary funding	(51.8)
Sub-total 2024/25 inc. discretionary funding	**89.4**
2024/25 savings	(29.1)
Total 2024/25 position before further pipeline opportunities	**60.3**
Additional amber opportunities	(6.9)
Total 2024/25 position before red pipeline opportunities (Likely case)	**53.4**
Red pipeline opportunities (67% assumption)	(4.5)
ABUHB financial plan 2024/25 total (best case)	**48.9**
Note Additional QIA plans of £6.2m - assumption of 20% achievement would result in c.£47.8m deficit	

Underlying pressures:

The Board has attempted to improve the underlying financial position during 2023/24 however cost pressures have outstripped savings delivery and limited progress has been achieved, the 22/23 underlying position was £89m, the forecast underlying position going into 24/25 is £81m.

The underlying position has been the subject of detailed financial analysis and is driven by;

Underlying deficit 2024/25	2024/25 Deficit / (surplus) (£'m)
WG 2023/24 non-recurrent funding utilised to support workforce cost growth including variable pay	14
Medical staffing cost increases due to operational acuity including ED safer staffing and demand	13
Nursing pressures - due to nurse staffing act, additional capacity resulting from DTOCs, Acuity and urgent care	12
CHC	10
Medicines management (prescribing and acute drug costs)	19
Covid legacy (estates & facilities)	7
WHSSC / EASC (service growth in excess of funded levels)	6
Total underlying deficit b/f into 2024/25	**81**

The 2024/25 new cost pressures are broken down into the following categories:-

- National cost pressures - these are national investment programmes and all Wales commitments in addition to the impact of specific national funding changes.
- Inflationary/Macro economic pressures - these include general non-pay inflationary pressures, inter NHS directed pass through costs, Energy costs, SLA inflation and diagnostics consumables costs.
- Contractual & Unavoidable pressures - these include GP prescribed drugs, NICE cancer drugs and complex care placements price increase and growth in placements expected. Additional Velindre Trust cancer costs are included to reflect increased demand and drug cost growth, but these need to be considered as part of the agreed uplift.

The 2024/25 allocation letter provides a 3.67% uplift and expects a minimum 2% savings delivery. We recognise that the letter advises commissioners to provide a 3.67% pass through funding for non-pay inflation (recognising pay is directly funded). Subsequently Health Boards have been directed to pass through the full 3.67% on the full LTA values (not just non-pay elements). As a net commissioner this has a detrimental effect on the Health Board opportunity to expect savings in these areas to the value of circa £5m due to over £300m of its allocation for inter NHS agreements (LTA's) and WHSSC/EASC. However further work will be undertaken to leverage benefits from these investments by incorporating any investments and growth into this uplift in line with the clarity provided by WG whereby it states that providers must be clear on demand and cost increases that evidence the utilisation of this funding.

<u>Local investment priorities:</u>

These are very limited and identify 'must do' priorities and the developments that the health board consider the highest new priorities to support for patient care.

Local investments	2024/25 Deficit / (surplus) (£'m)
Board Business Case investment	
Newport East HWBC	0.1
Tredegar HWBC	0.2
Breast Business case	0.2
YYF Breast Unit	0.1
Glaucoma Diagnostic Hub	0.1
Transfer Pracs	0.2
GUH ED extension	0.2
Sub-total Board Business Case investment	**1.1**
Invest to Save items with off-setting opportunities / savings	
Primary Care Academy	0.7
Primary Care sustainability	1.0
Robot	0.5
Sub-total invest to save items	**2.3**
Other core & specific issues	
Cardiology insourcing	0.8
PSA/Digital Patient Communications	0.4
Litigation	0.5
Innovation reserve (MS / Diabetes pumps)	3.0
Sub-total other core items & specific issues	**4.7**
Total Local Investments	**8.0**

Savings Plans & Opportunities

The Health Board has established a Value & Sustainability Board that focusses on identifying opportunities for cost reduction, efficiency and improvement. There are 7 thematic workstreams, each with a lead executive including:

- Workforce
- CHC
- Medicines Management
- Non-Pay
- Service Redesign
- Digital
- Prevention

During 2023/24 the health board achieved savings of £43m, the greatest achievement for ABUHB and the highest level in Wales. The Health Board has

significant savings presenting as full year impacts from recurrent schemes developed during 2023/24, these are reflected as underlying benefits and are drawn out below for reference.

The financial recovery strategy of the Health Board is identification and delivery of savings as a continuous process. The development of the IMTP position is regarded as a 'checkpoint' in the process for reporting purposes, recognising further work will be progressed to develop opportunities through the Value & Sustainability Board pipeline identification. The Health Board appreciates the level of challenge it is facing to achieve long term financial balance and the level of change that will be required to facilitate this. Financial governance mechanisms, awareness raising and training has been a priority area to promote Value-Based decision making in ABUHB along with development of practical quick reference tools and check lists for good governance being provided and shared with budget holders.

Plans for 2024/25 include expected savings of £29.1m, with additional pipeline amber opportunities to be progressed of £6.9m and red pipeline opportunities of £4.5m. Further proposals requiring a patient quality impact assessment total £5.4m but these are currently high-risk and therefore some achievement would result in a de-risking of the savings delivery plan.

The board fully intends to meet its minimum saving target of 2% of c.£33m as a minimum and will need to identify further options to achieve long term recurrent balance.

The tables below present the new 2024/25 Savings plans, by theme and by budget holder;

Theme (V&S Category)	Initial annual plan (£'000)
Workforce	8,570
Non-pay and commissioning	7,938
Medicines Management	2,367
Continuing Health Care (CHC)	5,481
Service Re-design	4,728
Total (£'000)	**29,084**

The 2024/25 pipeline opportunities are summarised as follows:-

2024/25 pipeline opportunities	2024/25 Deficit / (surplus) (£'000)
Amber opportunities (Out of Hospital)	4,806
Amber opportunities (Acute)	2,111
Amber opportunities	**6,917**
Red opportunities (Out of Hospital)	600
Red opportunities (Acute)	6,165
20% delivery risk	(2,253)
Total 2024/25 RED pipeline opportunities	**4,512**

More complex and patient sensitive proposals will be considered through the ABUHB Quality Impact Assessment (QIA) panel process. The 2024/25 QIA proposals include a range of opportunities that will be considered with an estimated financial value of £6.2m as a full year effect. A delivery value of 20% for these schemes during 2024/25 potentially worth £1.2m would support de-risking the savings delivery plans.

The savings the Health Board plans to make in total in 2024/25 is shown below which includes the significant full year effect of 2023/24 savings;

Savings summary	2024/25 (£'m)
Full year effect of 2023/24 savings	9.7
Full year effect of 2023/24 savings	**9.7**
New savings plan	29.1
Additional Amber opportunities	6.9
Red pipeline opportunities	4.5
New savings and opportunities 2024/25	**40.5**
Total savings requirement 2024/25	**50.2**

Medium & Long-term Opportunities

Further opportunities have been identified but will require more development to clarify feasibility, delivery and value and early estimates indicate at least £10m could be released on a full year basis. These include

- Further Bed Base Review, further potential Acute, MH and community services
- Acute Medical Model, linked to NHH & wider service effectiveness reviews
- Urgent Care, 6 Goals, potential rationalised single offer for Gwent
- Ambulatory Care review and shift to single most cost effective model across ABUHB
- Estates Rationalisation, St Woolos, Ty Gwent, NHH, other residual sites, further lease options and cessation of PFI agreements
- Elective Care, greater efficiency through control, benchmarking, GIRFT and theatres maximisation
- High Value Pathway redesign through health pathways and value based care opportunities
- Refocus on Core service delivery including INNU's, reduce low clinical value interventions aligned with All Wales approach & potential service centralisation for safety & economies of scale
- Primary Care sustainability through new management framework for future practice vacancies & support packages
- Variable Pay, continued focus to reduce usage & job planning roll out (possible further 5% based on service redesign and better controls)
- Digital opportunities.

Financial Risks

The following risks have been identified as presenting the most significant financial impact.

- Further NICE and AWMSG drug pronouncements
- CHC & FNC placement growth in excess of plans
- CHC price negotiations
- Diagnostics capacity
- Digital priorities
- Commissioning negotiations and delivery performance
- VAT recoveries
- Priority Investments not yet agreed – MS, Diabetic Pumps, ED workforce, children's services
- Further industrial action
- Pay deal 'non-pay' implications
- Operational pressures
- Delivery of savings plans and opportunities.

Conclusion

The following analysis provides a breakdown of how the financial plan has been developed. The emerging 2024/25 forecast indicates a deficit of £60.3m, with potential further amber opportunities of £6.9m and red rated opportunities of £4.5m to be delivered but with significant risks to be managed. A best case scenario indicates a forecast of £48.9m with the potential for de-risking the plan with further QIA savings delivery. The 2024/25 aim is to deliver a forecast deficit which is below the 23/24 outturn deficit.

Medium-Term Plan

ABUHB recognises that it needs to develop a service, workforce & financial recovery plan to deliver its statutory duty on a recurrent and sustainable basis. The immediate focus is to hold and improve on the 2023/24 revenue position while developing a medium and long-term plan.

The aim is to develop a 3-year value based recovery plan that will focus on providing excellent core services through improved efficiency, redesigned best

practice pathways, shifting resources 'up-stream', reduced estate, service centralisation, reduced admin costs and performance improvement.

Some of the options to achieve long term sustainability may require consultation with citizens and support and flexibility from Welsh Government.

Achieving long term sustainability and recurrent financial balance will be delivered through utilising new annual funding to support new cost pressures and priorities and delivery of recurrent savings to mitigate the historic underlying pressures and ultimately achieve recurrent financial sustainability.

Road map to recurrent balance is shown below:

Road Map to long term sustainability	£m	£m	£m
23/24 Underlying Deficit	81	81	81
recurrent savings 24/25	-29	-29	-29
recurrent savings 25/26		-26	-26
recurrent savings 26/27			-26
Recurrent Underlying Deficit	**52**	**26**	**0**
Assumes new allocations each year mitigate additional cost pressures			

Summary

The above confirms the ABUHB forecast for the annual plan agreed by the Board for submission to WG as a financial plan forecast of a £48.9m deficit as a best-case position, recognising this remains subject to delivering savings from opportunities and managing risks through further identification of mitigating actions.

The intent of the 3-year plan remains to develop recurrent solutions which progress achievement to financial sustainability within available Health Board resources. A detailed road map to sustainability will be developed during 2024/25.

Further details regarding the Annual Revenue Financial Plan can be found within the ABUHB March Board papers (link to 2024/25 Board meetings here)

6. Value, Innovation & Research

Value Based Healthcare

Our approach to Prudent and Value-Based Healthcare (VBHC) is well established and embedded within the organisation. Person-Centred Value-Based Healthcare, i.e., doing what matters most to people is an essential enabler to address the challenges we now face in the short, medium, and long term. The organisation has invested heavily in, and supported the development of Research, Improvement, Innovation and Value Based Healthcare to build the firm foundations to enable the organisation to think and work in different and more effective ways. The ever-changing landscape heightens our ambition to collaborate and innovate with our partners and to capitalise on opportunities to translate new understandings that enable us to optimise how we use the resources available to us to improve health outcomes.

Our goal is to deliver sustainable changes to our system, this means that not only have the process and outcome changed but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed as well. There are opportunities to embed a value-based approach at every stage of the healthcare pathway.



Many notable examples of which have already been introduced by teams across Wales. Working with our partners, in particular the Welsh Value in Health Centre (WViHC) we will expand our programme to enable the delivery of person-centred Value-Based healthcare throughout the entire pathway, for the entire population of Gwent in an equitable manner.

We have made significant achievements with the used of patient reported outcome measures (PROMS) including:

- Highest number of Patient Reported Outcome Measures (PROMs) reported across NHS Wales c >100k, with 89 PROM assessment forms in use
- Use in over 33 clinical service areas, with over 104 users accessing assessments daily
- Response rates Average 65% with 80% in some clinical areas, with good engagement of clinical teams

Our focus across the organisation is to embed & promote the principles & practice of Value Based Healthcare and includes;

- Pathway Mapping to identify unwarranted variation.
- Definition, design and implementation of standard and local PROM/PREM toolsets, collection routines, automation.
- Collection & use of outcome measures to support service and organisational challenges in innovative ways at a Micro, Meso and Macro Level.
- Support management of demand and capacity (New and Follow up).
- Development and implementation of clinically led use cases for use of outcomes from referral, discharge & beyond
- Deliver a 12 month Educational programme
- Manage and maintain data services
- Collect, Extract, Transform, load and process local data to national services
- Delivery of the Practical implementation user guide toolkit

Innovation

We are in the process of refreshing the innovation structure and strategy and working to align with new Wales Innovation Strategy to support healthcare delivery. There are many stakeholders in this arena and we will work in partnership to ensure clarity of strategic aims, focus on supporting and capturing innovation for ourselves and across our partnerships. By leveraging the National Innovation Framework, we aim to enhance patient outcomes and healthcare efficiency in Gwent.

Aligned with the Wales Innovation Strategy, our goals are to:

- Explore, learn, and Implement Value-Based innovations across prevention, intervention, supportive treatment, and end-of-life care.
- Strengthen and develop appropriate innovation governance, systems, and processes in accordance with local demand and the National innovation framework.
- Promote a culture of innovation within our workforce, supporting them with the necessary advice, tools, training, and resources.
- Celebrate innovative developments and successes.

Governance and Systems:	Develop robust governance structures and streamline processes to accelerate innovation adoption, guided by the National Innovation Framework.
Workforce Empowerment**:**	Establish a comprehensive support system including: • Raising awareness of external funding, grants, and innovation incentives. • Coordinating and facilitating tailored advice, support, and a central repository of tools, guides, and resources. • Promoting external training and education programmes focusing on innovation and change management.
Gwent Regional Innovation Hub:	Continue to expand the hub's role in promoting collaboration across health, social care, and the third sector through the *Gwent Rapid Innovation Initiative*, serving as a model for region-wide innovation and adoption.
Value Based Care innovations:	Two priority areas for 2024/2025 including Diabetes and Cardiovascular disease, covering prevention to end-of-life care.
Health & Social Care Innovation Wales Network:	Play a pivotal role in leveraging National resources for local deployment, providing enhanced responsiveness and sustainability of healthcare services.
Industry and Academia Collaboration:	Strengthen partnerships with industry and academic institutions to co-develop and trial innovative solutions.
Delivery:	Innovation strategy will be delivered through the establishment of a new Innovation Collaborative Board we will deliver a new approach to adoption of innovation.

Research

Our approach to Research & Development is to deliver and develop research that is core to clinical services and meets the needs of our population. There has never been a more exciting time in the world of research. With advancements in technology, innovation and creativity enabling diseases to be cured; supporting people in recovery and to live longer, research has never been more important to an NHS organisation. Our efforts continue to focus on diversifying our research offer so that we are able to realise our full potential as a leading research organisation.

The ongoing research strategy aligns to the UK and Welsh policy directives: "*Health and Care Research Wales support and delivery strategic framework*", *"CReSt: cancer research strategy for Wales"* and the "*UK 10-year vision for research: Saving and Improving Lives: The future of UK clinical research delivery".*

Our most ambitious and dynamic to date, signals the start of an exciting new chapter as we strive to embed research into NHS operational services by focusing on three high level strategic objectives:

Strategic objective 1:	Developing a sustainable research workforce. Supporting, nurturing and building on research in areas of strength will provide staff with the tools and opportunity to take part in the delivery of research at a local level.
Strategic objective 2:	Investing in staff and infrastructure will ensure support is in place for the right people to deliver the right research, at the right time, in the right place.
Strategic objective 3**:**	Aims to develop a streamlined, efficient and innovative research programme, fully integrated at an operational level. Conducting research that aims to address health inequalities and meet the needs of our local population.

As we look to the future, our strategy aims to put research and innovation at the core of the Health Board using our newly built, state of the art research facility, as

we strive to innovate and improve lives of people living in Gwent. Directly funded by WG and working as part of the Welsh infrastructure for research, Health & Care Research Wales (HCRW), our plans to continue to make a valuable contribution to gathering evidence so that patient care and services can be improved. For us the lesson from the pandemic is that we achieved high levels of recruitment to high impact studies when research was part of normal clinical care and research was not seen as an additional activity requiring time and capacity.

We have made significant achievements in contributing to the development of patient care through the generation of high quality research that has informed national and international clinical guidelines. Specifically:

- Applicants on the successful £5m NIHR funded project that Torfaen LA were awarded.
- We are the Sponsor for a £230k HCRW funded research project as the pathfinder for blood biopsies for patients with suspected lung cancer.
- Launch Research Champion programme is establishing engagement from all levels of staff within the workforce and has raised the awareness of the research.
- Successfully recruited 2 patients to a Phase 2 global trial in Chronic Myelogenous Leukaemia, only 1 of 3 sites in the UK to recruit.
- All Wales metric (set at 80%) to recruit trials to target has increased in 2024 from 89% to 93% non-commercial, with the average in Wales currently at 81%.
- Post-pandemic clinical Trials activity has increased from 57 non-commercial/5 commercial studies open in 2022 to 92 non-commercial/10 commercial studies in 2023. This increases commercial income in line with recommendations within the recently published O'Shaunessy report.
- We have successfully recruited 2 patients to a phase 2 global trial in Chronic Myelogenous Leukaemia, only 1 of 3 sites in the UK to recruit.

Our offer to the organisation to embed research:

- Access to staff for research governance and support when working with external partners (Sponsors and Universities) to facilitate costings, contracts, processing, approvals, trial monitoring, research audit, advice and guidance.
- Access to staff for research delivery and support to external partners (Sponsors and Universities) for feasibility assessments, resource requirements, Research Nurses/Research Officers and management of clinical trials.
- Access to research training to ensure the safe conduct of research.
- Support for Research Champions across the organisation.

24/25 Milestones	
VBHC Business Delivery	⇒ Q2: Continue to deliver national value in health pathways in Musculoskeletal
	⇒ Q3: Implement Value-Based Cardiology pathway
	⇒ Q3: Implement Value-Based Diabetes prevention model
	⇒ Q4: Implement Value-Based Bone health pathway
	⇒ Q4: Implement Value-Based Cancer Services intervention
	⇒ Q4: Long term Benefits Realisation, impact analysis and Plan do study act cycles in 11 areas
VBHC Digital, Data & Business Intelligence	⇒ Q1: Direct first line user support to >100 users of PREMS and the PROMS platform
	⇒ Q2: Digital Outcome and Experience collection; design, develop, test, implement and maintain data collection, insights and reports
	⇒ Q3: Management of the digital systematic collection for outcomes platform and contract
	⇒ Q4: Enable the use of Outcomes and Costings to develop pathways that reduce unwarranted variation
VBHC Business Development	⇒ Q1: Continue to deliver educational training programmes across the organisation
	⇒ Q2: Implement the VBHC communication and engagement strategy inc. celebrating success
	⇒ Q2: Maintain strategic relationships with peers and ensure consideration & alignment to national WViHC strategies, priority areas and workstreams.
	⇒ Q3: Work across the organisation to define, design and implement outcome toolsets, collection and automation

Research areas to focus on	⇒ Q1: Surgical clinical trials building on existing activity in orthopaedics, colorectal, head and neck, and vascular
	⇒ Q2: Cardiology commercial clinical trials. Set up interventional, commercial clinical trials.
	⇒ Q2: Cancer clinical trials - Haematology – open commercial clinical trials.
	⇒ Q3: OD and Staff Well-being research
	⇒ Q4: Neurology Set up for trials in Parkinson's where we would be the only site in Wales and South-West, and will offer it to out of area patients
Diagnostics clinical trials	⇒ Q2: QuicDNA (liquid blood biopsy) trial delivering a £230k HCRW grant for earlier diagnosis of lung cancer
	⇒ Q4: Bio clinical trial recruitment (liquid blood biopsy) for patients with symptoms of active cancers
Research Business Development	⇒ Q1: Continued implementation of the R&D Strategy
	⇒ Q2: Expand commercial clinical trials
	⇒ Q2: External and funded research that has services and contribution fully costed
	⇒ Q2: Continue to meet national metrics to ensure ongoing budgetary income and control
	⇒ Q3: Fully utilise the Clinical Research Unit at the RGH
	⇒ Q3: Continue to work with Velindre to provide research functions and facilities for the new models of cancer care
	⇒ Q4: Continue to work in partnership to design, develop and support services with celebrating success of their projects
25/26 Deliverables	⇒ Drive innovative responses to organisational challenges through the collection & use of outcome measures, developing pathways that reduce unwarranted variation
	⇒ Development and implementation of clinically led use cases for use of outcomes across the entire pathway
	⇒ Continue to deliver educational training programmes across the organisation
	⇒ Continue to implement the R&D Strategy and align our activity with the national framework
	⇒ Work with departments to offer staff research apprenticeships
	⇒ Continue to contribute to the development of Welsh policy for the expansion and growth of research
	⇒ As a participating site to deliver national and international clinical trials
26/27 Goals	⇒ Further drive innovative responses to organisational challenges through the collection & use of outcome measures
	⇒ Development and implementation of clinically led use cases for use of outcomes across the entire pathway
	⇒ Continue to deliver educational training programmes across the organisation
	⇒ Further expand commercial and non-commercial clinical trials in order to improve patient outcomes and care

How we know we are successful

- Increase in commercial clinical trials
- Increase in non-commercial clinical trials
- Increase in number of trained individuals
- Increase in users of PREMS and the PROMS platform

SECTION 7: DELIVERY FRAMEWORK

We are committed to developing a compassionate and collective culture that is underpinned by effective performance management and a focus on improvement. Effective performance management is the responsibility of everyone in the organisation and is based on an integrated approach with decisions based on most beneficial outcomes through clearly articulated plans. Performance reporting is undertaken on quality and safety, operational delivery, progress against the plan and finance is undertaken on monthly and quarterly intervals.

In 2023 we introduced a new Performance and Accountability Framework which had a number of principles underpinning it:

Transparent and Mutually Agreed

Expectations and accountabilities will be clearly set out for individuals, divisions, directorates and teams through agreed accountability agreements and plans.
Performance targets and measures will be clear with escalation arrangements in place which make clear what is expected when performance drops below an acceptable level.
Positive performance will be recognised and staff supported and engaged with an understanding of expectations.
Accountability and performance arrangements will align to the PADR process for individuals.

Integrated and Comprehensive

Accountability and performance arrangements will be integrated, focussed on Quality, Workforce, Activity & Performance, and Finance. Performance will be considered from multiple perspectives taking into consideration, national targets and measures, local targets and measures, financial and workforce performance, benchmarking and delivery of actions against planned milestones

Improvement focussed

Accountability and performance arrangements will support the development of a culture of continuous performance improvement and innovation, embedded in all aspects of organisational activity and delivered for the benefit of staff and patients. Services which are identified as underperforming will be offered the tools and resources to improve performance and the responsible individuals will be supported to make improvements, as outlined in a clear escalation framework. Areas of excellence will be promoted for wider sharing, learning and celebration.

Proportionality and Balance

Accountability and performance arrangements will seek to ensure that interventions and actions are proportionate to the scale of the performance risk and that a balance between challenge and support is maintained. The framework will also endeavour to balance the burden of reporting with the assurance requirements necessary. Accountability and performance arrangements will be enabling and supportive, not punitive, and focussed on delivering the best possible outcomes for staff and patients

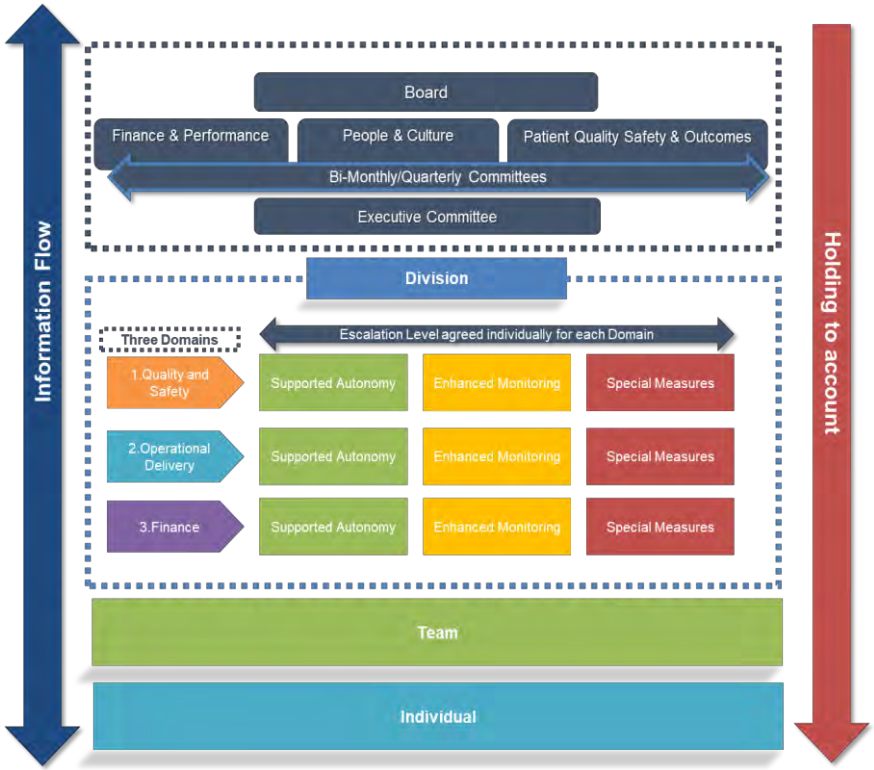
Empowerment and Delegation

In fostering a culture of accountability, staff empowerment will be key. The structure within which employees work will nurture a culture of collaborative working where solving problems at a local level is the norm and a culture of mutual support is adopted in order to optimise delivery. Areas which are performing strongly will experience lighter levels of performance management, rewarding and encouraging innovative ways of working. Conversely, areas which are underperforming in key areas will be subject to escalation and intervention and will be offered greater support in making improvements through an agreed escalation process.

This Framework has some of the following features:

- Clear escalation framework set against three domains (Quality & Safety, Finance, Operational Delivery) and three levels (normal arrangements, Enhanced Monitoring, Special Measures),
- Requirement for Accountability letters setting out the expectations including delegated budgets and performance requirements for Executives and Divisional Directors,
- Monthly Assurance Reviews,
- Quarterly Performance Reviews, including corporate teams.

Health Board arrangements will be reviewed to ensure they dovetail into the increased escalation and oversight put in place by Welsh Government. Updates against the framework, including updates on those Divisions in escalation are reported into the Finance and Performance Committee. The below diagram outlines the accountability and escalation operating model in place.



Throughout the plan we have set out our performance ambitions against each of our system change priorities a full summary of these measures can be found in our appendices.

We have embedded programme management to ensure we are able to deliver change, improvement and transformation through cross cutting programmes. There are a number of arrangements in place dependant on whether the programme management is led by the division or the programme management office. The table below summarises where the leadership of our programmes sits and what are they accountable to deliver;

Programme	Leadership	Deliverables
Value & Sustainability	Value & Sustainability Board – CEO	▪ Service Redesign ▪ Prevention ▪ Workforce ▪ Medicines Management ▪ Non-Pay ▪ Continuing Healthcare ▪ Digital
Prevention & Population Health	Public Health Team – Director of Public Health	▪ Diabetes prevention model ▪ Anchor Institution ▪ Women's Health ▪ Population Health Management ▪ Premature Preventable Mortality Model
Six Goals for Urgent & Emergency Care	Six Goals Programme Board – Director of Nursing	▪ Redesigning Services for Older People (Goal 1) ▪ Acute Transformation (Goal 2,3&4) ▪ Discharge Improvement (Goal 5&6) ▪ End of Life Programme
Planned Care	Planned Care Programme Board – Director of Strategy, Planning and Partnerships	▪ Health Pathways ▪ Theatre Maximisation ▪ GIRFT & INNUs ▪ Outpatient Transformation
Cancer	Cancer Programme Board – Medical Director	▪ Collaborative Work with Velindre ▪ Prevention ▪ Prehabilitation
Enhanced Local General Hospital Reconfiguration	Inpatient Reconfiguration Board – Chief Operating Officer	▪ NHH Service Model ▪ System Reconfiguration ▪ Medical Service Redesign Model ▪ Stroke Model of Care
Children & Young People	Children & Young People Board – Director of Nursing	▪ Best Start in life

Urgent and Emergency Care Improvement	Urgent Care Division	▪ System Flow ▪ Urgent and Emergency Care Improvement Plan
Place Based Care	Primary Care Division	▪ NCN Development & Partnerships ▪ Facilitating Early Discharge ▪ Pathway Optimisation
Mental Health	Mental Health Division	▪ Quality Improvement Plan ▪ Recovering Part1 MH Performance ▪ Rightsizing Inpatient Services ▪ Transforming Community Services ▪ Mental Health Strategy
Decarbonisation	Decarbonisation Board – Director of Finance and Procurement	▪ Waste, Transport, Fleet, Estates & Land Use ▪ Communications, Digital & Training ▪ Clinical & Health Care Planning ▪ Procurement & Resources (Finance)
South East Wales Regional	South East Wales Portfolio Board	▪ Ophthalmology ▪ Orthopaedics ▪ Cancer ▪ Diagnostics

Notwithstanding the strengthened oversight arrangements, there remain a number of risks to delivery of the plan these relate our strategic risks including:

- The impact of ongoing industrial action for medical staffing groups into 2024/25 will impact on operational delivery of commitments as well as the financial plan,
- Notwithstanding the detailed people and culture plan, availability of workforce and staff well-being and satisfaction I will remain a risk through the course of the year,
- A number of our commitments are reliant on capital investment, for example the redevelopment of Nevil Hall (RAAC) and therefore availability of capital, built on robust business cases remains a delivery risk,
- The robustness and roll out of digital systems and digital solutions (and associated funding) to support service delivery and development, for example the challenges with WCCIS,
- The emergence of in year and unforeseen service or clinical risks and issues within the health board or more broadly across the region that will require a response to manage patient safety,
- The current financial outlook determines a minimal internal investment innovation fund which may limit ability to invest to save mid-year and/or manage risks referred to above,
- Unforeseen and unexpected surges in demand into services which impact on delivery of current plans.

Overleaf we have summarised against the 12 health and care standards and the areas we will deliver over the next three years.

Our Future Delivery

Leadership

- Embedding accountability & assurance through Performance Framework
- Embedding ABUHB Talent and Succession planning strategy
- Bespoke development programme for directorate managers
- Implement reverse mentorship scheme
- Executive leads in place for each staff network

Whole System Approach

- Further develop social prescribing to ensure they are addressing the social determinants of health
- Embed appropriate pan-NCN delivery models in collaboration with partners
- Whole system improvement of discharge planning and hospital 2 home pathways through a collaborative approach
- Embed a strategy for Allied Health Professional led rehabilitation

Learning, improvement & research

- Strengthen and Embed 'Human Factors' to examine why incidents occur
- Evaluate and develop action plan for use of LUSCII technology to reduce conveyances from care homes
- Accelerate value in health high impact pathways with a particular focus on diabetes, musculoskeletal and heart failure

Workforce

- Eradicate wherever possible the use of off contract agency and embed our improved control framework for agency usage
- Develop new and responsive models for our resource bank
- Agree Medical and Dental workforce strategy
- New work experience offer and growing our connections with schools and colleges
- Delivering the Gwent Workforce Action plan with our partners

Culture

- Embed the use of the NHS Just Culture Guide in parallel with patient safety investigations
- Developing staff recognition strategy
- Implement employee experience survey
- Refreshed Values and Behaviours framework
- Embed our commitments from our anti racist action plan

Information

- Drive innovative responses to organisational challenges through the collection & use of outcome measures
- Electronic Document Management System for Digitisation of Health Records
- Develop a quality and patient safety dashboard with meaningful quality indicators that drives improvement and provides assurance
- Develop segmentation tools to deepen understanding of our population

Safe

- Embedding the actions from the Mental Health Quality Improvement Plan to ensure they become central to our care models
- Deliver an improvement programme for reduction of commissioned enhanced care in continuing health care
- Development of long-term permanent service model for Stroke
- Reconfiguration of clinical service models across our enhanced local general hospital sites

Timely

- Continue focus on improving performance for part1a and part1 b through targeted action plans for adults (over 18)
- Deliver actions to embed Rapid Diagnostic Clinic including multi-disciplinary team and success measures
- Implementation of Ophthalmology GIRFT recommendations with a shift of delivering treatment through optometrists in the community

Effective

- Radiotherapy Satellite Unit to open and continued strengthening of National Optimisation Pathways
- Supporting initiatives to enable flow in collaboration with Welsh Ambulances Services Trust
- Work in partnership to strength the care at home team across all localities to enable the repatriation of high-cost placements
- Embed the national pilot of a Gwent Diabetes Prevention Partnership

Efficient

- Deliver targeted approach to Treat and Turn
- Implementation of Ear Nose and Throat GIRFT recommendations including reviewing day case rates and efficiency schemes
- Implementing e-triage at pilot sites followed by benefits evaluation after 12 months
- Improved Emergency Department direct to Same Day Emergency Care pathway

Equitable

- Develop women's health life course with accompanying action plan
- Evaluate regional partnership programmes to ensure effective delivery on children's emotional wellbeing
- Continue to develop proactive and easy to access advice and support for pregnant mothers
- Develop approach to place-based working that takes account of the differential needs of communities in areas of higher deprivation

Person Centred

- Introduce and publish 'You Said, We Did' information to support the Duty of Candour
- Work with police in Gwent to define and implement a public health approach to violence prevention
- Work in partnership to ensure eye care is delivered in a community setting as part of the new optometry contract
- Whole system utilisation of Anticipatory Care Plans

Aneurin Bevan University Health Board

Annual Plan: Appendices

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Plan Alignment Summary

	Plan Alignment Summary: System Change	Prevention & Population Health	Primary & community services	Urgent & emergency care system	Cancer & planned care	Mental health services
Value & Sustainability	Workforce	✔	✔	✔	✔	✔
	Medicines MGMT					
	CHC		✔			
	Non Pay	✔	✔	✔	✔	✔
	Digital				✔	
	Prevention	✔				
	Service Redesign	✔	✔	✔	✔	✔
Partnerships	Place	✔	✔	✔	✔	✔
	Gwent	✔	✔	✔	✔	✔
	South East Wales			✔	✔	
Life Course	Every Child has the best start in life	✔	✔			✔
	Getting It right for children & young people	✔	✔		✔	✔
	Adults in Gwent live healthily & age well	✔	✔	✔	✔	✔
	Older adults are supported to live well & independently	✔	✔	✔	✔	✔
	Dying well as a part of life	✔	✔	✔	✔	✔

Priority area(s) to deliver 24/25: Enhanced Care in the Community				
Key focus should be on delivering	***Focus on reducing delayed pathways of care through community models (ref ECC 1)***			
Ref: ECC1	New but links to Reduction in backlog of delays in transfers of care (Pathways of Care)			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: ECC1				
Progress synopsis		Pathways development commenced. District nursing and specialist teams implemented changed to referrals based on National Community Nursing Specifications	Work commenced on Demand and Capacity of community nursing teams. Further Faster monies provided to support development of community models.	Planning for LUSCII project
Outcomes of delivering Ministerial Priorities:				
Ref: ECC1	Demand and Capacity of Community Nursing Team completed. Planning of LUSCII project to commence in April Expansion of Community Resource Team (CRT) using Further Faster monies Development of Pathways between Primary Care and Secondary Care to improve patient flow. Commenced phase 1 of the Acute Frailty Response (AFR) Team Direct Admissions Pathway into Community Hospital updated.			
Planned Milestones 24/25				
Ref: ECC1	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Go live with AFR Team (phase 2) Commencement of right-sizing of Community Services (utilising Further Faster Funding) Proactive Frailty – Systematics Early Identification of Admission. Commencement of LUSCII technology pilot	Review AFR Team and agree 3 phases Right-sizing of Community Services (utilising Further Faster Funding) Proactive Frailty – Systematics Early Identification of Admission. Evaluation of LUSCII technology pilot in partnership with WAST.	Implement recommendations of CRT service deep dive Right-sizing of Community Services (utilising Further Faster Funding) Proactive Frailty – Systematics Early Identification of Admission.	Evaluate AFR. Embed changes through right-sizing of Community Services (utilising Further Faster Funding) Proactive Frailty – Systematics Early Identification of Admission. Agree next steps of LUSCII technology for care homes

Priority area(s) to deliver 24/25: Enhanced Care in the Community				
	in partnership with WAST.			
Ref: ECC1	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Baseline position 23/24	**DTOC**	**DTOC**	**DTOC**	**DTOC**
	241	260	266	TBC
	Increase in Hospital 2 Home & Step Closer To Home Rates	Increase in Hospital 2 Home & Step Closer To Home Rates	Increase in Hospital 2 Home & Step Closer To Home Rates	Increase in Hospital 2 Home & Step Closer To Home Rates
				13212 (FY)
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	DTOC	DTOC	DTOC	DTOC
	262	258	254	250
	Increase in Hospital 2 Home & Step Closer To Home Rates	Increase in Hospital 2 Home & Step Closer To Home Rates	Increase in Hospital 2 Home & Step Closer To Home Rates	Increase in Hospital 2 Home & Step Closer To Home Rates
	3353	6783	10289	13872
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Ref ECC1: Lengths of Stay increase Unnecessary admission		Service development aims to address these risks by realigning existing and developing new services to reduce need for hospital admission or length of stay.	
	Risks to Delivery		**Mitigations**	
	Ref ECC1: changes to workforce patterns and availability		Workforce planning will consider skills and alternative roles to meet gaps in labour market	
Critical Enablers	**Finance**			
	Ref ECC1: Resource availability due to restructure of community models.			
	Workforce			
	Ref ECC1: Workforce risks from changes identified through pilots. Availability of staff in new ways of working			
	Digital			
	Ref ECC1: To be determined			
	Other (Specify)			
Prevention & Population Health	**Opportunities identified:**			
	Evaluate the regional dementia programme and strengthen coordination across teams Work with the Regional Partnership Board to deliver further accommodation solutions for our older adult population			

Priority area(s) to deliver 24/25: Primary and Community Care				
Key focus should be on delivering	Maintain GMS Access ***(ref PC1)*** Maintain GDS Access ***(ref PC2)*** Implementation of National Optometry services/Pathways ***(ref PC3)*** Improved use of community pharmacy services ***(ref PC4)*** ***ACD Programme (ref PC5)***			
Ref: PC1	Continued from 23/24			
Ref: PC2	Continued from 23/24			
Ref: PC3	Continued from 23/24			
Ref: PC4	Continued from 23/24			
Ref: PC5	Continued from 23/24			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: PC1 **Progress synopsis**	100% of practices achieved Access Standards for 22/23 Management and monitoring of existing services/contracts Maximised uptake of WG Additional Capacity funding Ongoing monitoring of Child Health Processes	Management of contractual changes – 2 branch surgery closures; 2 boundary changes; 1 practice merger; 4 contract resignations successfully awarded to alternative providers via Vacant Practice Process. Processing of financial support for practices under the sustainability framework Maximised uptake of WG Additional Capacity funding Ongoing monitoring of Child Health Processes	Management of contractual changes- 1 branch closure; 3 boundary changes, 1 practice merger, 5 health board managed practices advertised through Vacant Practice Process, successfully awarded to new providers – 1 from 1st Jan 24 and 4 from 1st April 24. Processing of financial support for practices under sustainability framework Maximised uptake of WG Additional Capacity funding Ongoing monitoring of Child Health Processes	100% of practices expected to achieve Access Standards for 23/24 (tbc- April/May 24) Processing of financial support for practices under sustainability framework. GMS CVN and issue conformed copy. Maximisation of uptake of WG Additional Capacity funding by redistributing uncommitted allocations. Ongoing monitoring of Child Health Processes

Ref: PC2 **Progress synopsis**	End of year management for 22/23. Completion of QAS review and submission of report.	Quarterly contract monitoring review meetings established	Mid-year process undertaken with practices not meeting 30% delivery threshold and visit offered to all practices	Implementation of new dental contract as part of the Tredegar Development Procurement process commenced in relation to Dental Access following GDS terminations. Commencement of procurement for OS(Sedation)
Ref: PC3 **Progress synopsis**	Awaiting confirmation of national position.	ECCG Meeting Development of WGOS 5 pathway and engagement with the profession ahead of the roll out in November 2023. Support for digitisation programme – identifying early adopters. .	Regulations laid in Senedd CIF 20th October – work ongoing preparing for the roll out of Mandatory WGO1 & 2 and optional WGOS 3 – including mandatory training requirements. Implementation of WGOS 5 IPOS Urgent service Ongoing discussions with OH colleagues to develop service for the profession Recruitment process for nationally funded B6 contract manager.	Development of Primary Care Implementation plan Establishment of Occupational Health Service Successful recruitment to nationally funded contract manager post. Regular meetings with secondary care to scope requirements for WGOS 4/ODTC. Recommission Prison Optometry Services.
Ref: PC4 **Progress synopsis**	Successful completion of 5 of the 7 milestones. Rollout of Bridging Contraception, implementation of Inhaler review service, scoped access discharge summaries, and	Successfully expanded provision and use of both the Sore Throat Test and Treat and the Pharmacy Independent Prescriber Service	Uptake of flu service and ongoing monitoring complete. Unable to influence pharmacy collaboratives to collectively	Ongoing monitoring of service provision will be complete.

	worked with contractors to reduce the number of temporary closures. Partial success in rolling out collaboratives with 9 of the 11 NCNs having a lead in place. Failed to achieve an increase in smoking cessation uptake. Failed to implement a plan to increase prescription duration.		review and respond to population needs analysis due to their operational framework.	
Ref: PC5 **Progress synopsis**	Draft Integrated Service Partnership Board 3-year plans published internally (Pulse) and externally (RPB)	Further establishing Professional Collaboratives with launch events undertaken for Optometry, Pharmacy & Dental services	Recurrent NCN Funding projects evaluated completed (£3.1m across 28 projects) 5 ISPB workshops undertaken and developed ideas for integrated working	
Outcomes of delivering Ministerial Priorities:				
Ref: PC1	Maintained access to GMS services Additional capacity secured via WG additional capacity funding Delivery of Child Health screening and immunisations Continued management of GMS contracts Manage contractual/ service changes as and when required Achievement of Access Standards Completion of QIF QI projects Development of dashboard in respect of Access elements of QIF Monthly monitoring of escalation levels via PCIP			
Ref: PC2	Maintained access to NHS GDS Provision of Urgent Services (EDS) Continued management and monitoring of delivery against CR metrics and UDA Monitor and management of contract delivery including Orthodontics, Oral Surgery (OS)(Sedation), sedation, Domiciliary services Integrated Oral Health Plan for implementation via mechanism of Integrated Oral Health Group Manage further contract terminations/variations as and when required Recommission OS(Sedation) services Investment into NHS GDS contract as part of the Newport East Development Support role out of WNWRS			
Ref: PC3	Implementation of new and revised clinical pathways Roll out of Digitisation and Connectivity Monitor and manage existing services Identify training/ service gaps and liaise with HIEW/ Secondary care colleagues as appropriate Manage service change/practice closures as and when required			

	Integrated eye care plan for implementation via mechanism of Eye Care Collaborative Group			
Ref: PC4	Improving use of pharmacy services. Improve access to NHS care by: Continued expansion of Pharmacy Independent Prescriber service Implementation of pending UTI service. Continued monitoring of temporary closures and working with contractors to minimise occurrence. Continued commissioning of rota or out of hours pharmacy services to ensure cover in areas where there's a contraction of pharmacy opening hours.			
Ref: PC5	Information Governance Action Plan completed Professional Collaboratives fully functional Integrated Services Partnership Boards fully functional Completion of peer review process Completion of self-reflection and maturity matrix for NCNs against PCMW & ACD outcomes			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: PC1	Contract monitoring ensure all GP practices are meeting standards of performance	Contract monitoring ensure all GP practices are meeting standards of performance	Contract monitoring ensure all GP practices are meeting standards of performance	Contract monitoring ensure all GP practices are meeting standards of performance
Ref: PC2	Contract monitoring ensure all Dental practices are meeting standards of performance Completion of procurement exercise in relation to GDS Access. New practice in Tredegar open to patients from 1st April 2024. Implementation of 24/25 contract changes. Continue to monitor, manage and maintain urgent access	Contract monitoring ensure all Dental practices are meeting standards of performance Support national roll out of WNWRS	Contract monitoring ensure all Dental practices are meeting standards of performance	Contract monitoring ensure all Dental practices are meeting standards of performance Investment into NHS GDS as part of the Newport East development.
Ref: PC3	Contract monitoring ensure all Optometry practices are meeting standards of performance	Implementation of new and revised clinical pathways. Contract monitoring ensure all Optometry practices are meeting	Implementation of new and revised clinical pathways.	Implementation of new and revised clinical pathways. Contract monitoring ensure all Optometry

	(including WGOS activity) Roll out of Digitisation and Connectivity Review ODTC /WGOS 4 provision.	standards of performance (including WGOS activity) Roll out of Digitisation and Connectivity Review ODTC /WGOS 4 provision.	Contract monitoring ensure all Optometry practices are meeting standards of performance (including WGOS activity) Roll out of Digitisation and Connectivity Review ODTC /WGOS 4 provision	practices are meeting standards of performance (including WGOS activity) Roll out of Digitisation and Connectivity Review ODTC /WGOS 4 provision.
Ref: PC4	Increase number of Pharmacy Independent Prescribing Service (PIPS) Record number of breach notices issued Record weekly rota hours commissioned	Increased number of CAS consultations	UTI service implemented in at least one pharmacy (if available)	Increase number of PIPS provision, record number of breach notices issued, record weekly rota hours commissioned.
Ref: PC5	Completion of self-reflection and maturity matrices	Professional collaborative fully functioning	Finalise Action Plan for Information Governance	Fully functioning ISPBs Completion of peer review process
Overarching outcome measures/ metrics:				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:PC1	92.2% uptake for 6-8 week baby check	PC1 -92.9% uptake for 6-8 week baby check	92.1% uptake 6-8week baby check	TBC
Ref:PC2	116,878 UDA's delivered	282,744 UDA's delivered (cumulative)	461,756 UDAs delivered (cumulative)	TBC
Ref:PC3	39,910 patients accessed NHS Optometry Services	80,215 patients accessed NHS Optometry Services (cumulative)	122,888 patients accessed NHS Optometry Services (cumulative)	TBC
Ref:PC4	PIPS - 25 Breach Notices – 1 Common AS – 15,880	PIPS – 31 Breach Notices – 0 CAS – 11,801	PIPS – 38 Breach Notices – 0 CAS – 11,693	TBC
Ref:PC5	N/A	N/A	N/A	N/A
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Performance Trajectories 24/25	92.7% of 6-8 week baby checks	92.7% of 6-8 week baby checks	92.7% of 6-8 week baby checks	92.7% of 6-8 week baby checks
Ref: PC1 **Ref:PC2**	116,878 NP accessing NHS GDS 7,940 UDA delivered	282,744 NP accessing NHS GDS 15,879 UDA delivered	461,756 NP accessing NHS GDS 23,819 UDA delivered	615,675 NP accessing NHS GDS 31,758 UDA delivered
Ref:PC3	39,910 Patient access NHS optometry services	80,215 Patient access NHS Optometry Services	122,888 Patient access NHS Optometry Services	163,851 patient access NHS Optometry Services
Ref:PC4 **Ref:PC5**	PIPS - 39 CAS increase – 11,813 Breach Notices - 0	PIPS - 59 CAS increase – 23,625 Breach Notices - 0	PIPS - 59 CAS increase – 35,438 Breach Notices - 0	PIPS - 74 CAS increase – Breach Notices - 0
	Supporting professional collaboratives	Supporting professional collaboratives	Supporting professional collaboratives	Increase No of professional collaboratives

Risks	**Risks of Non-Delivery**	**Mitigations**
	Ref PC1 – Impact on GMS access **Ref PC2** -impact on NHS GDS access **Ref PC3** – impact on access to NHS Optometry services **Ref PC4** – Improved access to NHS service **Ref PC5** – Inability to shift resources	
	Risks to Delivery	**Mitigations**
	Ref PC1 – Significant challenges in GMS services, including but not limited to increasing demands and patient expectations, reluctance to become a GP partner, lack of GPs and other clinical staff, pension constraints. The accumulation of these concerns is resulting in higher than usual contractual changes. **Ref PC2 -**Further contract variations/terminations. Financial recovery due to underperformance, could de-stabilise practices. Recruitment/retention challenges **Ref PC3** - Capacity of profession, Timeframes for implementation, Access to required training, Indicative budget – non cash limited services may require capping **Ref PC4 –** workload and staffing remains a barrier for delivery of CAS and PIPs Contraction of hours in relation to staffing and operating costs risk increasing need for rota provision. **Ref PC5 –** Staff recruitment & retention – short term funding, Short term funding for programme delivery, loss of engagement from NCN leads (inability to shift resource for proven approaches/models), Senior level engagement across partnership organisations	**None – outside of direct control**

Critical Enablers	**Finance**
	Ref PC1 – Contract terminations leading to managed practices. Increase in sustainability applications for financial support**.** **Ref PC2 -** PCR risk **Ref PC3 –** Indicative budget allocation **Ref PC4 –** existing within CPCF **Ref PC5 –** sustained funding for staff and programme delivery
	Workforce
	Ref PC1- National Workforce plan. **Ref PC2 -**Implementation of WNWRS to inform national workforce plan **Ref PC3 –**Implementation of WNWRS to inform workforce plan **Ref PC4 –** outside of direct control **Ref PC5 –** shifting staffing resource across preventative and first contact roles
	Digital
	Ref PC1 **Ref PC2** **Ref PC3 -**Digitisation and connectivity (Open eyes, O365, Forum etc) **Ref PC4** **Ref PC5 –** information governance for sharing information across agencies
	Other (Specify)
Prevention & Population Health	**Opportunities identified:**
	Our place-based care model is delivered through the strong working relationships between our NCNs and our Integrated Wellbeing Networks (IWNs). IWNs are not about creating more services that attempt to solve people's problems, instead they capitalise on what is already available locally and bring in the unique strengths and assets that are within individuals and communities. Wherever possible, we want people to find the support they need to stay well within their communities, reducing the need to access support from the care system

Priority area(s) to deliver 24/25: Urgent and Emergency Care				
Key focus should be on delivering	• Goal 1: Older adults are supported to live well and independently (**UEC1**) • Goals 2, 3 and 4: Urgent and acute care transformation (**UEC2**) • Goals 5 and 6: Improving patient experience and timeliness of care in our urgent and emergency care system focusing on access and discharge pathways (**UEC3**)			
Ref: UEC1	Continued from 23/24			
Ref: UEC2	Continued from 23/24			
Ref: UEC3	Continued from 23/24			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: UEC1	1. Development of UPCC in NHH to provide mobile support to practices in escalation, WAST stack and frailty model 2. Review and dissemination of process for GMS practices in escalation to provide equitable support for urgent primary care services, for practices with highest need 3. Support of benchmarking and shared learning of national models	1. Linkage with frailty hot clinics within Blaenau Gwent as pilot, holistic support to maintain supporting people to remain at home 2. Continue to support DHCW in development of national performance matrix 3. Development of pathways into MSK transformation programme, to support high level MSK conditions	1. Demand and capacity review of model to ensure appropriate resourcing of pathways on a 24/7 basis 2. Roll out of patient satisfaction survey	1. Evaluation of matured model 2. Continue to monitor progress of model against national performance measures
Progress synopsis	1. Hybrid model implemented 2. Escalation process reviewed and disseminated to all Primary Care practices. Urgent Primary Care senior representatives now included within Primary Care sustainability board and NCN Leads in order to progress this agenda further 3. Visit to CAVUHB undertaken	1. Soft launch 6 November 2023, integrated within MIU unit, providing care closer to home for patients attending with Urgent Primary Care needs 2. MSK physio starting early November MSK transformation within joint role spanning MIU and ED 3. All requested support in development has	1. Completed and with SLT for Review on-going. Linked in to national CIVICA system to ensure consistency	

Priority area(s) to deliver 24/25: Urgent and Emergency Care				
		been provided. Awaiting further contact from DHCW		
Ref: UEC2 (Ambulance)	1. Introduce the Safety Flow System at ED GUH to commence implementation of 4 hour handover wait reduction 2. GUH – move SAU into ward A1 & move AMU to existing SAU/ reception footprint; increase in acute medicine SDEC activity 3. An APP at the Flow centre to improve patient flow and reduce conveyance. 4. Work in partnership with WAST to understand the shared strategy in relation to Physician Response Unit (PRU) 5. Recruit dedicated Front Door Therapies staff to ED GUH 6. Pilot of Elderly frail assessment service at GUH front door	1. 0 > 4 hour ambulance handovers form Q2 and sustain for all following quarters 2. System Flow Improvement, movements out of Emergency Department (ED) every 2 hours 3. Increase in PRU interventions preventing GUH or eLGH attendance 4. Elderly Frailty Assessment Service at GUH 5. Exploration of Integrated assessment model 6. Launch of Goal 5 Optimal Discharge Framework	1. Sustain 0 > 4 hour ambulance handovers 2. Implementation of e-Triage 3. ED referral to speciality improvement	1. Sustain 0 > 4 hour ambulance handovers form Q2 and sustain for all following quarters 2. Preparations to commence in development of front door pathways utilizing e-Triage and ED expansion due in 2024 3. Continue to monitor progress against plan
Progress synopsis	1. Completed on schedule 2. Whilst the infrastructural change is complete, the SOP and working practices are still to be revised 3. Completed on schedule 4. Divisional decision to made. Extension to current scheme at current costs agreed with WAST until March 2024. 5. Five day implemented; seven day subject to business case.	1. Improvements made and continued to monitor via Patient Safety Flow Meetings 2. Improvements made and continued to monitor via Patient Safety Flow Meetings 3. Agreed extension until March 2024 with WAST, and business case in development (noting financial position) 4. Discussions ongoing at Patient	1. Ambition to implement Four Hour Red Line as part of Divisional Urgent Care Improvement Plan 2. Delays due to supplier issues, with ambition for implementation by end of Feb 2023 3. Being worked through as part of Systemwide Urgent Care Improvement Plan with	

Priority area(s) to deliver 24/25: Urgent and Emergency Care				
	6. Evaluation ongoing	Safety Flow Meetings. Nursing & therapy led pilot to be undertaken in conjunction with one of the patient safety flow events to evaluate. 5. Completed on schedule	leadership from UC DD	
Ref: UEC2 (SDEC)	1. Delivery of SDEC i.e. non admitting assessment space to all eLGH sites (sustaining YYF and adding NHH and RGH) 2. Sustaining YYF SDEC capacity 3. Sustaining Respiratory Ambulatory Care Unit (RACU) capacity 4. Integration of T&O into SDEC GUH provision 5. Integration of Acute Oncology into SDEC GUH provision	1. Increase Acute Medicine SDEC volume 2. Increase overall weekly patient volume to 150 3. Implement direct from triage referral to SDEC (Gen Surgery) 4. Integrate ENT pathway	1. Build a resourcing plan for 7 day per week SDEC coverage (GUH) 2. Develop programme around Flow Centre pathway improvement	1. Further development of speciality model of SDEC 2. Continue to Monitor progress against plan
Progress synopsis	1. Identified space at RGH, next step to review the staffing model 2. Subject to RPB ratification meeting on 11th July 2023 3. Service sustained through core funding 4. T&O SDEC pathway is now live 5. Pathway development progressing with Velindre	1. Medical SDEC have now consistently reached 40 per week 2. Combined Medical/Surgical/ENT over 150 per week 3. Ongoing, requires further refining 4. ENT now sees 25+ patients per week	1. ACP resourcing constraints and cost implications mean this is unlikely 2. Developed pathways and introduced SDEC advice line	
Ref: UEC3	1. < 249 number of Pathway of Care Delays 2. Key metrics signed off and reported at the end of the quarter	1. <232 number of Pathway of Care Delays 2. Education programme roll out at NHH/YYF/community hospitals	1. <217 number of Pathway of Care Delays 2. Ward audits completed across all sites to monitor the roll out of the	1. <203 number of Pathway of Care Delays 2. Implement digital solution following scoping

Priority area(s) to deliver 24/25: Urgent and Emergency Care				
	3. Implement the realignment of Six Goals programme management arrangements	3. Implementation of the digital solution following scoping – short term solution	framework	
Progress synopsis	1. 241 June 2. Key metrics agreed and reported at Discharge Board monthly 3. Realignment implemented; first Board meeting held	1. 260 September 2. Ongoing training and education, focus at YYF following PST event 3. Delay in development, revised target for delivery December 2023	1. 226 December 2023	
Outcomes of delivering Ministerial Priorities:				
Ref: UEC1	**Effective management of people with urgent care needs in the community 24/7 (e.g. integrated health and social care community response models):** • Reduced UPC presentations at ED/MIUs • Support for sustainability of GMS services • 24/7 support for the 111 model for appropriate patients with an urgent primary care need • Signposting of patients through the contact first pathway to ensure patients are seen in the right place first time			
Ref: UEC2 (Ambulance)	**Reduce the time patients spend waiting in ambulances outside ED** • Improved ambulance handover delays • Improved discharge profile • Risk stratification of walk-in patients to ED • Improved visibility to clinical risk within the waiting room • Better matching of patient acuity to appropriate clinician early in the process			
Ref: UEC2 (SDEC)	**Help more people to safely access alternatives to hospital-based care (e.g. seven-day SDEC services):** • Reduced ED congestion • Fewer under 24hr admissions to hospital sites freeing up assessment and admission beds for those who require them			
Ref: UEC3	**Tackle delayed transfers of care:** • Better patient outcomes • Fewer delayed discharges • Shorter lengths of stay • Reduced hospital readmissions • Proactive approach to managing risk across the system • Prevention of deconditioning			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: UEC1	Please see enhanced care in community template	Please see enhanced care in community template	Please see enhanced care in community template	Please see enhanced care in community template
Ref: UEC2	1. Implementing a Single phone Number for Urgent and Emergency care	1. Additional Level 1 community resource deployment	1. Additional Level 2 community resource deployment 2. Emergency Department	1. Completion of Emergency Department Extension (Capital Works)

Priority area(s) to deliver 24/25: Urgent and Emergency Care				
	2. Introduce Acute oncology SDEC pathway following pilot 3. New falls pathway following pilot combining injurious and non-injurious community falls 4. Initial Review of etriage outcomes including PREMS 5. Second 'reducing Conveyance' collaborative workshop WAST / ABUHB 6. Improved ED direct to SDEC pathway	2. High Risk Adults Acute Care Plan initiated in-hospital 3. Scoping of Co-located Royal Gwent Hospital Ambulatory Care concept 4. Urgent Primary Care Strategy review	process and footprint redesign planning 3. Delivery of learnings from WAST / ABUHB Collaborative	2. Full evaluation of etriage outcomes Including PREMS
Ref: UEC3	1. Implementation of service improvements/discharge practices monitored via Discharge Improvement Board 2. Delivery of DR2A short term digital solution 3. Implementation of revised Discharge Lounge model 4. Delivery of Move it May – deconditioning campaign 5. Progression of trusted assessor model working in LAs	1. Implementation of service improvements/discharge practices monitored via Discharge Improvement Board 2. Explore digital solutions for data collection, bed management, including integration of the complex list, D2RA data collection 3. Alignment of WAST/Pharmacy resource with Discharge Lounge model 4. Progression of step down workstream - review of SBAR/tracker/process	1. Delivery of Patient Safety Team events across sites 2. Implementation of service improvements/discharge practices monitored via Discharge Improvement Board 3. Progression of step down workstream - review of SBAR/tracker/process 4.	1. Delivery of Patient Safety Team event across sites 2. Implementation of service improvements/discharge practices monitored via Discharge Improvement Board 3. Hospital 2 Home evaluation
Overarching outcome measures/ metrics:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Baseline position 23/24			**UEC1:** 55 patients per week from care homes conveyed to ED **UEC2:**	

Priority area(s) to deliver 24/25: Urgent and Emergency Care				
			~400 SDEC patients per week (including all ambulatory care service provision) 64% of patients in SDEC <5 hrs Average ambulance handover of 1hr 45mins 70% of falls cohort conveyed to ED 16.2% of patients waiting more than six hours to be seen **UEC3:** 18 to 22 day average length of stay for medical patients	
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	UEC1: 407 patients are referred into the Health Board from care homes via Flow Centre **UEC2:** 2,104 patients through GUH and YYF SDECs 64% of patients spend <5 hours in SDEC 95 minutes average ambulance handover 73% of falls cohort conveyed to ED **UEC3** ~12 day average length of stay	**UEC1:** 407 patients are referred into the Health Board from care homes via Flow Centre **UEC2:** 2,288 patients through GUH and YYF SDECs 68% of patients spend <5 hours in SDEC 80 minutes average ambulance handover 70% of falls cohort conveyed to ED **UEC3** ~12 day average length of stay	**UEC1:** 407 patients are referred into the Health Board from care homes via Flow Centre **UEC2:** 2,471 patients through GUH and YYF SDECs 71% of patients spend <5 hours in SDEC 65 minutes average ambulance handover 67% of falls cohort conveyed to ED **UEC3** ~11 day average length of stay	**UEC1:** 407 patients are referred into the Health Board from care homes via Flow Centre **UEC2:** 2,655 patients through GUH and YYF SDECs 75% of patients spend <5 hours in SDEC 50 minutes average ambulance handover 65% of falls cohort conveyed to ED **UEC3** ~11 day average length of stay
Risks	**Risks of Non-Delivery**		**Mitigations**	
	1. Discharge delays leading to: a. Deconditioning in hospital b. Additional hospital acquired infections and falls risk c. Significant numbers of patients who are medically-optimised for discharge in acute hospital beds, awaiting a social		1. A range of mitigation actions to address all risks, including: • Progressing Trusted Assessor Model (currently operating in YYF for Stroke patients only)	

<table>
<tr><th colspan="3">Priority area(s) to deliver 24/25: Urgent and Emergency Care</th></tr>
<tr><td></td><td>worker (with variation in working practices / referral methods between local authorities)</td><td>• Supporting ease of system navigation
• Identifying themes from Patient Safety Events</td></tr>
<tr><td></td><td>Risks to Delivery</td><td>Mitigations</td></tr>
<tr><td></td><td>1. Potential or confirmed financial risk around:
a. Mental Health Hubs
b. YYF SDEC
c. UPCC
d. Contact First Workstream
e. e-triage beyond first year
2. Inability to recruit and retain staff across the system, and particular concerns within:
a. Mental Health Hubs
b. Assessment Units
c. SDECs
d. GPs
e. Wider UPCC MDT
3. Demand exceeding capacity across the system, and particular concerns within:
a. 111
b. GPs
c. ED
4. Inability to embed culture change to drive improvements across all Six Goal areas</td><td>1. Specific mitigations for given risks, including:
a. Utilising current capacity
c. Undertaking full-service evaluation for escalation to Divisional SLT, Six Goals Programme Board and Executives
2. Specific mitigations for given risks, including:
a. Utilising core staffing
3. Communicating key changes to service provision, pathways, and care navigation models
4. A range of mitigating actions, including:
• Supporting communications
• Identifying themes from Patient Safety Events</td></tr>
<tr><td rowspan="6">Critical Enablers</td><td colspan="2">Finance</td></tr>
<tr><td colspan="2">• Operating within the allocated budget
• First year of e-triage to be funded via Six Goals Innovation Fund
• Further Faster workstreams to be funded via Regional Partnership Board and Regional Integration Fund</td></tr>
<tr><td colspan="2">Workforce</td></tr>
<tr><td colspan="2">• Supported by Six Goals Leadership Team, including Programme Executive Lead, Programme Lead, Clinical Leads, SROs and Senior Programme Managers
• Supporting effective recruitment and retention of staff across risk areas</td></tr>
<tr><td colspan="2">Digital</td></tr>
<tr><td colspan="2">• Effectively integrating Frailty, UPCC and Flow Centre into a single phone number with subsequent evaluation
• Introducing Consultant Connect in SDEC
• Evaluating e-triage Pilot
• Ensuring CWS digital development to support D2RA rollout
• Delivering digital solutions for bed management</td></tr>
<tr><td colspan="2">Other (Specify)</td></tr>
<tr><td></td><td colspan="2"></td></tr>
<tr><td>Prevention & Population Health</td><td colspan="2">Opportunities identified:</td></tr>
<tr><td></td><td colspan="2">• Pre-hospital care to support care closer to home and admission avoidance (particularly among a more vulnerable frail population who often experience long lengths of stay which are associated with deconditioning)
• Expediting discharges to allow people to live well at home and minimise the risk of deconditioning associated with long lengths of stay
• Providing a safe and effective service for the high-risk adult cohort to support attendance avoidance, admission avoidance and reduced risk of hospital-associated deconditioning</td></tr>
</table>

Priority area(s) to deliver 24/25: Planned Care Recovery				
Key focus should be on delivering	• Planned Care Longest Waiters – All stages: 104 and 52 weeks (PCR01) • Outpatient Transformation – See On Symptom & Patient Initiated Follow-ups (PCR02) • Theatre Maximisation (PCR03)			
Ref: PCR01	Continued from 23/24			
Ref: PCR02	Continued from 23/24			
Ref: PCR03	New Priority			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	N/A	N/A	N/A	N/A
Progress synopsis	N/A	N/A	N/A	N/A
Outcomes of delivering Ministerial Priorities:				
Ref: PCR01	• Maintaining sufficient capacity to treat the current urgency profile • Maintained focus and balance of capacity to treat the longest waiting patients • Continued progression towards giving patients more control and understanding about how and when they access care • Reduction in DNA's • Improved utilisation • Improved communication and understanding about the appropriate referral and treatment pathways			
Ref: PCR02	• Reducing anxiety, stress and potential harm to patients • Reduction in overall waiting times • Reduction in overall waiting list numbers • Increased activity and capacity • Maximising use of resources • Decreasing un-necessary waste			
Ref: PCR03	• Increased safety and reliability of care • Increased activity and capacity • Maximising use of resources • Decreasing un-necessary waste			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: PCR01	• Single Point of Contact Service soft launch. • Health Care Pathway launch. • Focus on treat in turn rates.	• Single Point of Contact soft launch evaluation. • Phase 2 Health Care Pathways to go live.	• 100 Health Care pathways to go live and embedding within secondary care.	• Evaluation of first year of launch of Health Care Pathways. Continue development of pathways for platform.
Ref: PCR02	• Progress roll-out of integrated e-referral and e-advice. • Development of proof-of-concept Automated Booking System	• Implementation of Hospital Initiated Cancellations Policy and development of action plan to reduce cancellations linked to policy.	• Roll out of Automated Booking System dependent upon outcome of pilot. • Soft launch/pilot for digital validation.	• Roll out of integrated e-advice (dependent upon CWS development). • Roll out of digital validation (dependent upon pilot). Develop business case for Outpatient treatment unit NHH.

Priority area(s) to deliver 24/25: Planned Care Recovery				
	(timeframe TBC). • Ongoing focus on delayed follow ups/DNA's/SOS and PIFU/Group clinics.	• Relaunch of virtual clinic platform with identification of potential areas to increase.	• Scoping exercise for Outpatient treatment unit NHH.	
Ref: PCR03	• Draft plans for KPIs aligned to Model Hospital metrics to be finalised. • TiM studies across all Theatre sites to be completed.	• Further dashboard development aligned to GIRFT/EOP plan. • Scoping of NHH flow and wider scoping of day surgery improvements and opportunities.	• Develop implementation plan for Scan4Safety	• Implementation for Scan4Safety • Develop the business case for ORMIS replacement
Overarching outcome measures/ metrics:				
Baseline position 23/24: PCR01	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
				No of Health Pathways - 0
				Total waits >52 weeks – 24,307
				Total waits >104 weeks – 5,072
				Treat in Turn – 3% Stage 1; 9% Stage 4
Baseline position 23/24: PCR02			SOS/PIFU Rates Dec 23 - 13.3%	
			Follow-up reduction Dec 23 – 125,765	
Baseline position 23/24: PCR03				On the day cancellations – 5.81%
				Theatre Efficiency – Dermatology – 81% Max Fax – 78% Eyes – 74%
Performance Trajectories 24/25: PCR01	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	No of Health Pathways - 50		No of Health Pathways - 100	
	Total waits >52 weeks – 28,961	Total waits >52 weeks – 32,368	Total waits >52 weeks – 34,245	Total waits >52 weeks – 36,228
	Total waits >104 weeks – 5,072	Total waits >104 weeks – 6,066	Total waits >104 weeks – 6,813	Total waits >104 weeks – 8,215
	Treat In Turn – 6% Stage 1; 18/8% Stage 4	Treat In Turn – 6.4% Stage 1; 18.8% Stage 4		
	SOS/PIFU – 13.5%	SOS/PIFU – 13.6%	SOS/PIFU – 13.8%	SOS/PIFU – 14%

<table>
<tr><td colspan="5">Priority area(s) to deliver 24/25: Planned Care Recovery</td></tr>
<tr><td>Performance Trajectories 24/25: PCR02</td><td>Follow-up reduction – 121,260</td><td>Follow-up reduction – 116,756</td><td>Follow-up reduction – 112,254</td><td>Follow-up reduction – 107,750</td></tr>
<tr><td rowspan="2">Performance Trajectories 24/25: PCR03</td><td></td><td></td><td></td><td>On the day cancellations - 12 month reduction trend</td></tr>
<tr><td></td><td></td><td></td><td>Theatre Efficiency – 85%</td></tr>
<tr><td rowspan="4">Risks</td><td colspan="2">Risks of Non-Delivery</td><td colspan="2">Mitigations</td></tr>
<tr><td colspan="2">1. Inability to meet WG planned care targets</td><td colspan="2">1. Mitigating actions include:
a) Utilisation current capacity
b) Bi-weekly Divisional RTT special measures revie meetings.</td></tr>
<tr><td colspan="2">Risks to Delivery</td><td colspan="2">Mitigations</td></tr>
<tr><td colspan="2">2. Workforce constraints:
a) Recruitment, where funding is secured
b) Capacity to meet urgent and cancer demand whilst addressing backlogs
c) ongoing and potential expansion of strike action
d) Skill mix including subspecialty concerns
3. Physical clinical capacity; infrastructure including outpatient consultation rooms, theatres, beds etc
4. Financial support for business case development including:
a) Outpatient Treatment Unit at NHH Business Case.
b) Financial support for ORMIS replacement business case</td><td colspan="2">2. Mitigating actions include:
a) Regular demand and capacity assessments
b) Identification of demand management schemes, efficiency and productivity schemes to manage demand and maximise capacity.
c) Explore alternative roles and skillmix
3. Mitigating actions include:
a) Utilisation of virtual/ telephone consultations where possible
b) Progression of Theatre Maximisation Programme.
c) Pursue Accelerated length of stay initiatives and use of MACHEN at GUH
4. Mitigating actions include the exploring of external funding sources i.e. Planned Care Transformation Funds.</td></tr>
<tr><td rowspan="6">Critical Enablers</td><td colspan="4">Finance</td></tr>
<tr><td colspan="4">• In line with financial and savings plans and the current financial context for the Health Board.
• Investment required for ORMIS replacement and NHH Outpatient Treatment Unit business cases.</td></tr>
<tr><td colspan="4">Workforce</td></tr>
<tr><td colspan="4">• Aligned with current capacity gaps and workforce profile.</td></tr>
<tr><td colspan="4">Digital</td></tr>
<tr><td colspan="4">• Roll out of integrated e-advice is dependent upon CWS development.</td></tr>
<tr><td colspan="4">Other (Specify)</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td rowspan="2">Prevention & Population Health</td><td colspan="4">Opportunities identified:</td></tr>
<tr><td colspan="4">• Continued progression towards giving patients more control and understanding about how and when they access care.
• Prevention of health deterioration and worsening health outcomes.
• Reduction of health inequalities – the increased waiting lists since Covid-19 have not grown equally amongst the most and least deprived communities in Gwent. On average, waiting lists have increased by more than a half in the most deprived areas, compared to a third in the least deprived (national average is 42%).</td></tr>
</table>

Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing the longest waits: Single Cancer Pathway (SCP) and National Optimisation Programme (NOP)				
Key focus should be on delivering	***SCP01: Improving SCP 62 day compliance*** ***NOP01: Improving urology SCP pathway*** ***NOP02: Improving gynaecology SCP pathway*** ***STT01: Improve STT compliance***			
SCP01	Continued 23/24- (revised approach/wording)			
NOP01	Continued 23/24- (revised approach/wording)			
NOP02	Continued 23/24- (revised approach/wording)			
STT01	Continued 23/24- (revised approach/wording)			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: SCP01	Reduced pathology waiting times compliant against 14-day first outpatient appointment Skin and Lung NOP compliant	Waiting times reduced through maximising capacity, all non-USC work flipped to USC where possible	Endoscopy suite opened	
Ref: NOP01	Teams trained in lean Methodology with Improvement Cymru and Toyota	Teams engaging with Toyota coaching which is incorporated into the local Task and Finish SCP improvement work	Teams engaging with Toyota coaching which is incorporated into the local Task and Finish SCP improvement work	
Ref: NOP02			Teams trained in lean Methodology with Improvement Cymru and Toyota	
Ref: STT01	General surgery agreed funding for staffing Cardiology review of STT pathway	General surgery appointed CNS and admin roles	General surgery new staff induction and training	
Outcomes of delivering Ministerial Priorities:				
Ref: SCP01	Delivering First definitive treatment by day 62 for cancer treatment can have several impacts on both patients and staff including (but not limited to): • Patient Impact: o Timely Treatment o Reduced Anxiety o Improved Quality of Life • Staff Impact: o Efficient Workflow o Professional Satisfaction			
Ref: NOP1	Improving urology SCP pathway can have several impacts on both patients and staff including (but not limited to):			

Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing the longest waits: Single Cancer Pathway (SCP) and National Optimisation Programme (NOP)				
	Improved Efficiency Enhanced patient experience			
Ref: NOP2	Improving gynaecology SCP pathway can have several impacts on both patients and staff including (but not limited to): - Improved Efficiency - Enhanced patient experience			
Ref: STT01	Improving STT compliance pathway can have several impacts on both patients and staff including (but not limited to): - Reduced time to diagnosis - Faster treatment initiation - Optimised resource utilisation - Enhanced clinical outcomes - Improved patient satisfaction - Reduced patient anxiety and stress			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
SCP01: Improving SCP 62 day compliance	Establish Task and Finish Groups for tumour sites	Review and reset workplans for each tumour site	Continue actions identified in workplans and task and finish groups	Review and revise workplan objectives for each tumour site
NOP01: Improving urology SCP pathway.	Teams engaging with Toyota coaching and regular project task groups	Teams engaging with Toyota coaching and regular project task groups	Teams engaging with Toyota coaching and regular project task groups	Teams engaging with Toyota coaching and regular project task groups
NOP02: Improving gynae SCP pathway	Teams engaging with Toyota coaching and regular project task groups	Teams engaging with Toyota coaching and regular project task groups	Teams engaging with Toyota coaching and regular project task groups	Teams engaging with Toyota coaching and regular project task groups
STT01: Improve STT compliance	**Urology**: Introduce Frank Haematuria pathway **Head and Neck:** Explore opportunities for Straight to Test pathways in H&N	**Gynae**: Improve the scope-to-scan pathway Improve biopsy-to-scan pathway for uterine carcinoma and endometrial carcinoma **Colorectal:** improve/introduce Straight to Test pathway for colorectal	**Urology**: Evaluate benefits and impact of STT measures from Q1 **Head and Neck:** Review opportunities identified in Q1 and introduce Straight to Test pathway for Head and Neck in most impactful area	**Gynae**: Evaluate benefits and impact of scope-to-scan and biopsy-to-scan measures from Q2 **Colorectal:** Evaluate benefits and impact of scope-to-scan and biopsy-to-scan measures from Q2

Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing the longest waits: Single Cancer Pathway (SCP) and National Optimisation Programme (NOP)				
Overarching outcome measures/ metrics:				
SCP01: Baseline position 23/24 ***Improving SCP 62 day compliance***	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	56.2%	54.5%	58%	TBC
SCP01: Performance Trajectories 24/25 ***Improving SCP 62 day compliance***				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	61%	64%	67%	70%
NOP01:* Baseline position 23/24** ***Improving urology SCP pathway	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Teams trained in lean Methodology with Improvement Cymru and Toyota	Teams engaging with Toyota coaching and regular project task groups	Teams engaging with Toyota coaching and regular project task groups	Teams engaging with Toyota coaching and regular project task groups
***NOP01:* Performance Trajectories 24/25**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Workstreams and small cases of change identified from Toyota coaching groups implemented and actioned- further detail available once coaching groups commenced	Workstreams and small cases of change identified from Toyota coaching groups implemented and actioned- further detail available once coaching groups commenced	Workstreams and small cases of change identified from Toyota coaching groups implemented and actioned- further detail available once coaching groups commenced	Workstreams and small cases of change identified from Toyota coaching groups implemented and actioned- further detail available once coaching groups commenced
NOP02:* Baseline position 23/24** ***Improving gynae SCP pathway	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
			Teams trained in lean Methodology with Improvement Cymru and Toyota	Teams engaging with Toyota coaching and regular project task groups
***NOP02:* Performance Trajectories**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Workstreams and small cases	Workstreams and small cases of	Workstreams and small cases of	Workstreams and small cases of

<table>
<tr><th colspan="5">Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing the longest waits: Single Cancer Pathway (SCP) and National Optimisation Programme (NOP)</th></tr>
<tr><td>24/25</td><td>of change identified from Toyota coaching groups implemented and actioned- further detail available once coaching groups commenced</td><td>change identified from Toyota coaching groups implemented and actioned- further detail available once coaching groups commenced</td><td>change identified from Toyota coaching groups implemented and actioned- further detail available once coaching groups commenced</td><td>change identified from Toyota coaching groups implemented and actioned- further detail available once coaching groups commenced</td></tr>
<tr><td rowspan="2">STT01: Baseline position 23/24

Improve STT compliance</td><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td>General surgery agreed funding for staffing

Cardiology review of STT pathway</td><td>General surgery appointed CNS and admin roles</td><td>General surgery new staff induction and training</td><td>Review performance of the pathways</td></tr>
<tr><td rowspan="2">STT01: Performance Trajectories 24/25</td><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td>Urology: Pathway for Frank Haematuria in place Q1</td><td>Gynae: scope-to-scan pathway and biopsy-to-scan pathway for uterine carcinoma and endometrial carcinoma in place Q2</td><td>Head and Neck: Pathway for Head and Neck in place Q3</td><td>All tumour sites: evaluate impact and next steps for implemented and improved STT pathways</td></tr>
<tr><td rowspan="4">Risks</td><td colspan="2">Risks of Non-Delivery</td><td colspan="2">Mitigations</td></tr>
<tr><td colspan="2">• Risk of being unable to meet 62 day SCP compliance
• Delayed diagnosis and treatment due to delayed diagnostics
• Increased patient anxiety and stress
• Negative impact on clinical outcomes</td><td colspan="2">• Implement Straight to Test pathways where able</td></tr>
<tr><td colspan="2">Risks to Delivery</td><td colspan="2">Mitigations</td></tr>
<tr><td colspan="2">• Industrial Action
• Workforce shortages
• Capacity constraints
• Financial constraints
• Increasing demand
• Diagnostic delays due to above
• Cultural change required to adopt this improvement methodology is not fully embraced by departments
• Cross divisional teams' communication and</td><td colspan="2">• The division is following advice from the Health Board and Welsh Government to mitigate risks of industrial action
• The division is prioritising Urgent Suspected Cancer, in line with the organisations priorities, to mitigate the risks of increased demand, reduced capacity and finance and workforce constraints some services may be prioritised over others</td></tr>
</table>

Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing the longest waits: Single Cancer Pathway (SCP) and National Optimisation Programme (NOP)		
	collaboration could pose a risk to full implementation	
Critical Enablers	**Finance**	
	SCP: Improving 62 day compliance requires efficient flow of tests through radiology and pathology. If funding is not available to support any potential increase in demand it may not be possible for compliance to be maintained. NOP: any further training that is required would need the ongoing support of Improvement Cymru or funding within the HB to support staff accessing the Lean methodology training STT: Pathway changes may require investment to support long term performance improvements	
	Workforce	
	SCP: compliance with 62 day target requires efficient flow of tests through radiology and pathology, if workforce retention deteriorates or recruitment becomes difficult this will impact the flow and efficiency through these services.	
	Digital	
	SCP/NOP/STT: - Digital Cellular Pathology project - Artificial Intelligence in radiology - Broadband capacity and capability - RISP implementation All of the pieces of work above could impact on the ability to achieve these milestones or outcomes	
	Other (Specify)	
Prevention & Population Health	**Opportunities identified:**	
	• Primary Prevention Programs • Screening and Early Detection programmes • Risk assessment and genetic services • Improving health equity and access • Patient education	

Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing longest waits, Diagnostics	
Key focus should be on delivering	• Improve performance with 8-week referral to scan target for MRI **(CSS1)** • Improve performance with 8-week referral to scan target for CT **(CSS2)** • Improve performance with 8-week referral to scan target for NOUS **(CSS3)** • Deliver compliance with 8-week referral to screening target for endoscopy **(ENDO1)**

Ref: MR1	Continued from 23/24			
Ref: CT2	Continued from 23/24			
Ref: NOUS3	Continued from 23/24			
Ref: ENDO1	Continued from 23/24			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
MR1	8 weeks referral to scan	8 weeks referral to scan	8 weeks referral to scan	8 weeks referral to scan
CT2	8 weeks referral to scan	8 weeks referral to scan	8 weeks referral to scan	8 weeks referral to scan
NOUS3	8 weeks referral to scan	8 weeks referral to scan	8 weeks referral to scan	8 weeks referral to scan
ENDO1	Appointment of medical staff, non-medical endoscopists and nurses	Appointment of medical staff, non-medical endoscopists and nurses	Completion of Endoscopy Unit at RGH in November 2023	Running Option 3B in new Endoscopy Unit
Outcomes of delivering Ministerial Priorities:				
MR1	• Maintaining 8 week turn around time • Improved patient experience • Monitor disease progression • Maximising resource utilisation • Timely access to diagnostics			
CT2	• Maintaining 8 week turn around time • Improved patient experience • Monitor disease progression • Maximising resource utilisation • Timely access to diagnostics			
NOUS3	• Maintaining 8 week turn around time • Improved patient experience • Monitor disease progression • Maximising resource utilisation • Timely access to diagnostics			
ENDO1	• Maintaining 8 week turn around time • Improved patient experience • Monitor disease progression • Maximising resource utilisation • Timely access to diagnostics			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
MR1	Continue to deliver 8 week target	Continue to deliver 8 week target	Continue to deliver 8 week target	Continue to deliver 8 week target

Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing longest waits, Diagnostics				
CT2	Continue to deliver 8 week target	Continue to deliver 8-week target	Continue to deliver 8 week target	Continue to deliver 8 week target
NOUS3	Make improvements to reach 8-week target	Make improvements to reach 8-week target	Make improvements to reach 8-week target	Make improvements to reach 8 week target
ENDO1	1. Implement trans-nasal endoscopy 2. Submission of Decontamination Unit business case	1. Submitting JAG application	1. Running 10 lists in line with Bowel Screening Wales ambitions	1. Decontamination Unit build initiated at RGH 2. Securing JAG accreditation for GUH, RGH and YYF units 3. Running 16 lists in line with Bowel Screening Wales ambitions
Overarching outcome measures/ metrics:				
MR1 Baseline position 23/24	**Quarter 1 Jun23**	**Quarter 2:**	**Quarter 3**	**Quarter 4**
	Breaching: 43	Breaching: 99	Breaching: 541	Breaching: 118
MR1 Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Breaching:101	Breaching:84	Breaching:67	Breaching:50
CT2 Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Breaching: 9	Breaching:6	Breaching: 11	Unavailable
CT2 Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Breaching:10	Breaching:10	Breaching:10	Breaching:10
NOUS3 Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4** Breaching:1308
NOUS3 Performance Trajectories 24/25	Breaching:1206	Breaching:1104	Breaching:1002	Breaching:900
ENDO1 Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
				Breaching: 1,320
ENDO1 Performance Trajectories 24/25	Breaching: 1,100	Breaching: 800	Breaching: 500	Breaching: 200
Risks	**Risks of Non-Delivery**		**Mitigations**	

Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing longest waits, Diagnostics		
	MR, CT & NOUS • There is a projected demand increase of minimal 10%- considering backlog and increase in demand the ability to meet compliance will be compromised • Risk to compliance is that special MR and CT are dependent on anaesthetic support and other investigations (such as intra-articular injections) performed by radiologist and it is not possible to comply with 8 week turn around times for these specialist scans • Quality of care, patient harm and patient safety may be impacted if non-delivery is a sign of workforce capacity and resource allocation • Operational challenges including impact on patient flow, increased waiting times throughout the system, delays in treatment **ENDO1** 1. **Increasing cancer demand:** Additional demand has had an impact on outpatients and endoscopy (direct access to scope) 2. **Securing funding for Decontamination Unit:** The capital build is dependent on WG approval and funding. Without such approval and funding, Health Board services would continue to use non-JAG compliant facilities and equipment. Much of this equipment would degrade and require replacement over the coming years. 3. **Transporting scopes:** Failure to secure approval and funding for a new centralised endoscopy unit at RGH would result in reliance on a mobile unit. Endoscopes travel poorly, resulting in risk to both capital and service provision. 4. **Failing to receive JAG accreditation:** JAG accreditation represents the gold standard in endoscopy. Highly-skilled professionals often choose to work within JAG accredited organisations. Therefore, failure to achieve JAG accreditation would be associated with risk to staff recruitment and retention.	**MR, CT & NOUS** • Robust workforce plan with training and succession planning • Demand and capacity planning supports services to understand their risk areas and times • Outsourcing for reporting • Requirement to rely on additional capacity (private or mobile scanners) and subject to funding • Urgent Suspect Cancers are prioritised to reduce risk of patient harm • Performance monitoring is in place for RTT activity to ensure data is available for assurance of the divisional leadership • Patient led booking is in place which allows patients to book in line with their understanding of the urgency. This approach also reduced DNAs therefore improving flow and capacity 1. Monitoring demand on an ongoing basis and addressing capacity constraints where possible 2. Capital Planning Team is coordinating the full business case for Welsh Government approval and the staffing and service model is being worked through by relevant divisions. 3. ABUHB Capital Planning Team is developing a contingency plan to support scope cleaning should the mobile unit not be available post-October 2024. 4. Prioritising JAG accreditation with a timeline for application.

Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing longest waits, Diagnostics	
Critical Enablers	**Finance**
	MR, CT & NOUS • To maintain a balanced budget in 2024/25 this may require redirection of resource away from non-Urgent Suspect Cancer (USC) cases which may reduce compliance with the 8 week diagnostic target **ENDO1** • Ensuring that any potential new funding is delivered in the most cost-effective way in order to inform the organisation's approach to the Regional Endoscopy Programme • Receipt of capital funding to proceed with Decontamination Unit build • Operating within the allocated budget to deliver staffing and service developments
	Workforce
	MR, CT & NOUS • The service has a workforce plan to balance skill mix across the departments to ensure healthcare support workers are available where appropriate and advanced practitioner radiographers are being developed to support the RTT **ENDO1** • Supporting staff to develop clinical skillsets to ensure deliverability of upper- and lower-endoscopies across sites • Delivering against target within the context of ongoing industrial action and ability to use backfill (with rate of pay not yet resolved)
	Digital
	MR, CT & NOUS • The new RISP system will be enabled by an upgraded broadband speed. • AI being procured to support reporting of scans with IT infrastructure and informatics teams being a critical enabler **ENDO1** • Using RPA to process WCCG referrals
	Other (Specify)
	ENDO1 • Fulfilling standards across all domains (Clinical Quality, Patient Experience, Workforce, and Training) to achieve JAG accreditation • Deliverability within the context of increased cancer demand
Prevention & Population Health	**Opportunities identified:**
	MR, CT & NOUS • Preventative health education • Optimisation of referral pathways • Integration of technology and innovation **ENDO1** • Early identification and treatment of cancers, leading to improved survival rates • Timely diagnosis of serious GI disease to support early intervention, leading to improved outcomes

Priority area(s) to deliver 24/25: Mental Health, Focus on delivery of the national programme				
Key focus should be on delivering	• Part 1 MH Performance (ref MHLD1) • Neurodevelopmental (ref MHLD2) • Complex Needs (ref MHLD3) • 111 press 2 (ref MHLD4)			
Ref: MHLD1	Continued from 23/24			
Ref: MHLD2	New			
Ref: MHLD3	New			
Ref:MHLD4	Continued from 23/24			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Progress synopsis **Ref: MHLD1**	Reviewed backlog and cleansed caseload following WCCIS issues	WCCIS backlog identified and some inventions put in place but insufficient resource to address this. Progress halted due to funding concerns.	Introduction of 90 day plan following poor performance. Capacity and Demand analysis completed for clinical and administrative.	
Progress synopsis **Ref: MHLD2**	NEW			
Progress synopsis **Ref: MHLD3**	NEW			
Progress synopsis **Ref: MHLD4**	Informal consultation to discuss expansion of service to incorporate crisis assessments.	Stalled due to lack of funding	Stalled due to lack of funding. Temporary WG funding allocated to meet increased demand.	
Outcomes of delivering Ministerial Priorities:				
Ref: MHLD1	Address backlog, identified new pathways, developed new group therapy interventions and developed stronger working relationships with Primary Care colleagues.			
Ref:MHLD2	New Priority – Service has made significant progress in identifying and supporting individual with suspected Attentive Deficit Hyperactivity Disorder(ADHD). The ADHD service is funded to the end of the March with Welsh Government Neurodevelopmental (ND) service improvement funding. Integrated Autism Service (IAS) has made considerable progress in developing the service and growing the team. However, wating times are increasing due to limited capacity and increased complexity of presentations.			
Ref:MHLD3	New Priority – Work has progressed in delivering Acorn house as suitable transition accommodation and introduction of a new pathway panel to support multi-disciplinary decisions for low secure placements.			
Ref:MHLD4	Maintained service delivery despite funding and staffing challenges. Participated in National Peer Review of 111 press 2 services.			
Planned Milestones 24/25				

Priority area(s) to deliver 24/25: Mental Health, Focus on delivery of the national programme				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: MHLD1	New improvement plan to be developed following completion of 90- day plan to continue to address challenges in meeting performance targets.	Address the backlog to improve performance targets through review of demand and capacity model.	Clear understanding of performance trajectories and any further actions to improve performance	Agree service model within current resource capabilities and in line with the Mental Health (Wales) Measure to meet targets.
Ref: MHLD2	Review the existing ADHD service model and resources required to deliver the service. Contribute to the National Pathway Group	Consider demand and capacity for ADHD and IAS with aim to develop a universal model for primary care adult Neurodevelopmental services. Make incremental pathway improvements to improve patient experience and lead to a universal model.	Make incremental pathway improvements to improve patient experience and lead to a universal model.	Develop a universal model for primary care adult Neurodevelopmental services that can be deployed across Gwent consistently
Ref: MHLD3	Develop and implement action plan for commissioning of low secure placements.	Work in partnership to develop community accommodation model	Work in partnership to develop community accommodation model	New service for community accommodation developed.
Ref MHLD4	Formal consultation on changes to service to become a single point of contact	Undertake detailed funding and resource review to develop a proposal for sustainable model.	An emerging strategy for point of access services to be developed.	Action plan to implement strategy in place.

Overarching outcome measures/ metrics:					
		Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Baseline position 23/24	Part 1a Part 1b Total Referrals	7% 7% 3724	5% 21% 4041	5% 14% 3711	10.6% estimated 14.3% estimated 3543 estimated
	ADHD Average Waited times IAS average waited times	21 60	202 *A large backlog of assessments was completed hence high waited times during this quarter 69	40 74	
	Secure placements Total	67	63	58	
	No of calls to 111 #2	7308	8355	11820	9510 (estimated)
		Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Priority area(s) to deliver 24/25: Mental Health, Focus on delivery of the national programme					
Performance Trajectories 24/25	Part 1a assessment within 28 days	15%	25%	45%	80%
	Part 1b invention within 28 days	20%	25%	45%	80%
	Total Referrals	3825	3825	3825	3825
	ADHD Average Waited times	33	33	33	33
	IAS average waited times	67	67	67	67
	Secure placements Total	<=55	<=55	<=55	<=55
	No of calls to 111#2	9,248	9,248	9,248	9,248

Risks	**Risks of Non-Delivery**	**Mitigations**
	• Part 1 MH Performance – insufficient financial resource and staffing capacity to meet demand and backlog. • Funding Risk and insufficient resource – specifically ADHD • ND receives high media interest and lack of services may affect reputation of HB • Excessive wait times and deterioration of patients for all areas	• 90-day plan (includes demand and capacity analysis) to manage growing waiting list • Plan to realign services to develop a universal service model to maximise resources. • Patients prioritised where appropriate.
	Risks to Delivery	**Mitigations**
	• Confidence levels in performance trajectories are low due to risk around financial constraints and workforce issues.	• Continue to regularly monitor performance with targeted improvement plans where required.
Critical Enablers	**Finance**	
	• Part 1 MH Performance - £200,000 external counselling funding included as part of QIA process – to be determined • Adult Neurodevelopmental – Currently working to budget, risk of on-going funding for IAS and ADHD. • Complex Needs – continued pressures with LSU but Panel is addressing pressure. On-going risk from increasing complexing of transition cases	
	Workforce	
	• Part 1 MH Performance - £200,000 external counselling funding included as part of QIA process – to be determined • Adult Neurodevelopmental – No core funded therefore roles may need to return to substantive posts if this funding does not materialise. • Complex Needs – Review by NCCU may recommend changes to staffing structures • 111#2 workforce reconfiguration to meet needs of service.	
	Digital	
	• Part 1 MH Performance – Continual concerns with WCCIS – replacement not due until 2026. Review of Limbic and potential pilot	
	Other (Specify)	

Priority area(s) to deliver 24/25: **Mental Health, Focus on delivery of the national programme**	
	• Complex Needs - suitable flow and availability of community placements will support improved performance in this area.
Prevention & Population Health	**Opportunities identified:**
	Gwent Emotional and Mental Well-being Programme supports adults in Gwent to improve and develop greater mental wellbeing and reduce the gap in reported mental wellbeing between the most and least deprived communities in Gwent.

Priority area(s) to deliver 24/25: Mental Health, including CAMHS, with a focus on delivery of the national programme				
Key focus should be on delivering	• PCAMHS 1A Assessments 80% compliance. 28 days referral to assessment **(CAMHS1)** • PCAMHS 1B Interventions 80% compliance. 28 days assessment to intervention **(CAMHS2)** • SCAMHS Choice Assessments80% compliance. 28 days referral to assessment **(CAMHS3)** • Part 2 Mental Health Measure Care and Treatment Plans 90% compliance (**CAMHS 4)** • ND Improvement Pathway 80% compliance 26 weeks referral to assessment **(ND5)**			
Ref: CAMHS1	**Continued from 23/24**			
Ref: CAMHS 2	**Continued from 23/24**			
Ref: CAMHS 3	**Continued from 23/24**			
Ref: CAMHS 4	**Continued from 23/24**			
Ref: ND5	**Continued from 23/24**			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: CAMHS1	Continued performance monitoring of capacity and demand, job planning to meet 80% compliance target	Continued performance monitoring of capacity and demand, job planning to meet 80% compliance targe	Continued performance monitoring of capacity and demand, job planning to meet 80% compliance targe	Continued performance monitoring of capacity and demand, job planning to continue to meet 80% compliance target.
Ref: CAMHS2	Continued delivery of the 1B interventions and the recovery plans. Performance meeting to review available capacity. Job plan reviews, timely recruitment to vacancies	Continued delivery of the 1B interventions and the recovery plans. Performance meeting to review available capacity. Job plan reviews, timely recruitment to vacancies. Review and validation of waiting lists.	Continued delivery of the 1B interventions and the recovery plans. Performance meeting to review available capacity. Job plan reviews, timely recruitment to vacancies, Review and validation of waiting lists	Continued delivery of the 1B interventions and the recovery plans. Performance meeting to review available capacity. Job plan reviews, timely recruitment to vacancies, Review and validation of waiting lists
Ref: CAMHS3	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain RTT compliance, CAPA job	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain RTT compliance, CAPA job planning and ensure adequate clinic rooms. efficient	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain RTT compliance, CAPA job planning and ensure adequate	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain RTT compliance, CAPA job planning and ensure adequate clinic rooms. efficient and timely recruitment to vacancies

Priority area(s) to deliver 24/25: Mental Health, including CAMHS, with a focus on delivery of the national programme				
	planning and ensure adequate clinic rooms. efficient and timely recruitment to vacancies	and timely recruitment to vacancies	clinic rooms. efficient and timely recruitment to vacancies	
Ref: CAMHS4 Part2 Care and treatment plan (90% compliance of CTP)	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure RTT compliance Continued working on WCCIS to ensure correct compliance is reported Monitoring of SCAMHS CMHT capacity to undertake care coordination	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure RTT compliance Continued working on WCCIS to ensure correct compliance is reported Monitoring of SCAMHS CMHT capacity to undertake care coordination	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure RTT compliance Continued working on WCCIS to ensure correct compliance is reported Monitoring of SCAMHS CMHT capacity to undertake care coordination	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure RTT compliance Continued working on WCCIS to ensure correct compliance is reported Monitoring of SCAMHS CMHT capacity to undertake care coordination
Ref: ND5	Engagement with whole ND Pathway to develop and agree ND Recovery Programme and approach	Completion of SBAR for ND Recovery Programme and escalated through division. Workstreams set up to progress ND Recruitment and ND Pathway	SBAR for ND Recovery Programme presented at Executive Committee and Board	
Outcomes of delivering Ministerial Priorities: 23/24				
Ref: CAMHS1	The service is forecasted to remain compliant for Quarter 3 23/24. The outcomes of delivery for patients include (but not limited to): 1: improved access (resulting in improved management and treatment and reduced stigma) 2: improved management of symptoms and improved wellbeing for patients and families (resulting in improved academic performance, reducing stigma by improving access) In a survey ABUHB Stakeholders reported the impact Primary Care CAMHS has had in improving and enhancing service user outcomes across Wales are as follows: • Providing support to stakeholders • Providing advice • Signposting to the best service for a child or young person • Using quality evidence based interventions			

Priority area(s) to deliver 24/25: Mental Health, including CAMHS, with a focus on delivery of the national programme				
Ref: CAMHS2	As above			
Ref: CAMHS3	The outcomes of delivery for patients include (but not limited to): - Patient satisfaction - Improved outcomes through increased access, improved waiting times and timely interventions			
Ref: CAMHS4	Part 2 of the Mental Health Measure is in relation to Care and Treatment Plans with a requirement for 90% of plans to be valid and in date.			
Ref: ND5	Clinical outcomes of delivering against this ministerial priority include (but are not limited to): • improved time to assessment and intervention resulting in improved developmental progress, reduced mental health implications, improved educational support and reduced behavioural challenges. Delivering this priority will also improve RTT by putting steps in place for recovery targets. Review of RTT / waiting list and demand & capacity trajectories for 24/25.			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: CAMHS1	Review of demand and thresholds to continue to maintain 80% RTT target	Review of demand and thresholds to continue to maintain 80% RTT target	Review of demand and thresholds to continue to maintain 80% RTT target	Review of demand and thresholds to continue to maintain 80% RTT target
Ref: CAMHS2	Pursue SBAR for additional funding for capacity for the 1B Recovery plan Review of demand onto the 1B waiting list and continue waiting list validation	Review of demand onto the 1B waiting list and continue waiting list validation	Review of demand onto the 1B waiting list and continue waiting list validation	Review of demand onto the 1B waiting list and continue waiting list validation
Ref: CAMHS3	Pursue SBAR for additional funding for enhanced capacity within the CMHT Continued performance monitoring of capacity to delivery CHOICE assessments to	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain 80% RTT compliance	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain 80% RTT compliance	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain 80% RTT compliance

Priority area(s) to deliver 24/25: Mental Health, including CAMHS, with a focus on delivery of the national programme				
	continue to maintain 80% RTT compliance			
Ref: CAMHS4	Pursue SBAR for additional funding for enhanced capacity within the CMHT Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure 90% RTT compliance	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure 90% RTT compliance	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure 90% RTT compliance	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure 90% RTT compliance
Ref: ND5	**Recovery plan:** Recruitment & job planning for <5 ND Professional Lead SLT B8 and <5 ND specialist SLT B7 in post and completed induction. **Transformational Plan:** Implementation & training of Portsmouth model for 0-18 years pathway	**Recovery plan:** 0 – 18 years recovery plan ongoing to reduce waiting times from referral to assessment. **Transformational Plan:** Portsmouth model is an enabler of the transformational plan and now underway with the new MDT team now in place.	**Recovery plan:** Reassess current waiting list and impact to date. **Transformational Plan:** Transformation plan utilising the Portsmouth model for 0-18 years implementation underway	**Recovery plan:** Reassess current waiting list and impact to date. **Transformational Plan:** Review workforce planning and implementation of Portsmouth model for 0-18 years pathway
Overarching outcome measures/ metrics:				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: CAMHS1	91.0%	87.6%	86.2%	Forecasted 80%
Ref: CAMHS2	2.0% CYP waiting 521	0.0% CYP waiting 484	0.0% CYP waiting 516	Forecasted 0% CYP waiting 526
Ref: CAMHS3				

Priority area(s) to deliver 24/25: Mental Health, including CAMHS, with a focus on delivery of the national programme				
	90.1%	91.6%	87.5%	Forecasted 80%
Ref: CAMHS4	85.6%	86.4%	85.0%	Forecasted 90%
Ref: ND5	36.17%	39.28%	29.89%	Forecast at 58%
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: CAMHS1	80%	80%	80%	80%
Ref: CAMHS2	0%	0%	0%	2%*
Ref: CAMHS3 *only possible if increased wait to follow up is tolerated	80% *	80% *	80% *	80% *
Ref: CAMHS4	90%	90%	90%	90%
Ref: ND5	39%	50%	50%	58%
ND Over 5's	42%	64%	65%	80%
ND Under 5's	38%	39%	44%	50%

	Risks of Non-Delivery Mitigations	**Mitigations**
Risks	**PCAMHS 1A /1B - SCAMHS CHOICE/ CTP Compliance** • Recovery of 1B Interventions dependent upon additional capacity • SCAMHS CMHT Capacity to deliver CHOICE and Care Coordination for Part 2 CTP compliance and recover follow up backlog dependant on additional capacity • Unplanned staff absences • Timely recruitment to vacancies • Increase in referral demand • Limited accommodation to meet service need • Increase in complexity in PCAMHS cases which may increase number of sessions required • Unexpected external events impacting workforce • WCCIS continued issues with reporting • * Continued delivery of 80% CHOICE target for S-CAMHS given current capacity will impact upon ability to	**PCAMHS 1A /1B - SCAMHS CHOICE/ CTP Compliance** • Seek and secure funding for additional capacity to recover PCAMHS 1B position • Seek and secure additional funding for SCAMHS CMHT to deliver and achieve CHOICE and allocate Care Coordination for CTP Compliance and recover the follow up backlog • Continued staff engagement and 1:1 supervision to maintain staff morale. • Efficient management of vacancies via Trac escalating any barriers/issues to Senior Management • Continued monitoring of clinical room management to maximise capacity. Service wide accommodation mapping exercise being undertaken. • CAPA leads to monitor complexity of cases within the service. Monthly CCIH Thresholds meeting held to highlight issues and concerns. • Weekly performance meetings to review demand and capacity

Priority area(s) to deliver 24/25: Mental Health, including CAMHS, with a focus on delivery of the national programme		
	follow up cases in a timely way and achieve compliance with CTP target	• CAPA job planning and ensure adequate clinic rooms. efficient and timely recruitment to vacancies • Continue weekly performance meetings; review of job plans; timely recruitment to vacancies
	Risks to Non- Delivery Mitigations	**Mitigations**
	<u>Neurodevelopmental</u> 1.Increased screening will increase the number on the waiting list. 2.Very reliant on education support with the delivery of the Portsmouth model therefore risk to system delivery	**<u>Neurodevelopmental</u>** 1. Changing our assessment pathway to ND CHOICE, therefore increasing our capacity to mitigate risk which will enable the move into request to support and concentrating on needs of child, from request to assessment. 2. Reliance of educational support mitigated by increased contact with regular ALNCO meetings / training and support.
Critical Enablers	Finance	
	Financial constraints leading to impact on recruitment and pathway changes	
	Workforce	
	Impact of financial savings on the CAMHS workforce	
	Digital	
	WCCIS continues to be an issue for accurate reporting of RTT positions. Health Board is looking at an alternative system which have a further impact on the service.	
	Other (Specify)	

Priority area(s) to deliver 24/25: Urgent Care Enhanced Monitoring				
Key focus should be on delivering	• Ambulance handover and wait to be seen (**EM1**) • NHH and YYF MIU: closure at night (**EM2**) • Flow Centre service model (**EM3**) • Divisional escalation: site safety huddles, issues and risks (**EM4**) • Centralised bed management (**EM5**)			
Ref: EM1	New priority			
Ref: EM2	New priority			
Ref: EM3	New priority			
Ref: EM4	New priority			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	N/A	N/A	N/A	N/A
Progress synopsis	N/A	N/A	N/A	N/A
Outcomes of delivering Ministerial Priorities:				
Ref: EM1	**Reduce the time patients spend waiting in ambulances outside ED** • Improved ambulance handover delays • Improved discharge profile • Risk stratification of walk-in patients to ED • Improved visibility to clinical risk within the waiting room • Better matching of patient acuity to appropriate clinician early in the process			
Ref: EM3	**Help more people to safely access alternatives to hospital-based care (e.g. via Flow Centre):** • Reduced ED congestion • Fewer under 24hr admissions to hospital sites freeing up assessment and admission beds for those who require them			
REF: EM4 and EM5	**Tackle delayed transfers of care:** • Better patient outcomes • Fewer delayed discharges • Shorter lengths of stay • Reduced hospital readmissions • Proactive approach to managing risk across the system • Prevention of deconditioning			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: EM1	1. Establish Working Group to improve ED performance metrics 2. Establish improvement trajectory in line with Improvement Plan to support timely ambulance handovers	1. Improved performance metrics in line with Improvement Plan trajectories 2. Implement and share learnings from Improvement Plan activity	1. Sustained improvements to performance metrics in line with Improvement Plan trajectories 2. Implement and share learnings from Improvement Plan activity	1. Sustained improvements to performance metrics in line with Improvement Plan trajectories 2. Implement and share learnings from Improvement Plan activity
Ref: EM2	1. Implement service change			

Priority area(s) to deliver 24/25: Urgent Care Enhanced Monitoring				
Ref: EM3	1. Establish Flow Centre Working Group to review Flow Centre workforce model	1. Implement changes to Flow Centre workforce model		
Ref: EM4	1. Establish Working Group to reset focus of Safety Huddles and support development of System Flow Dashboard 2. Implement revised Safety Huddles	1. Launch System Flow Dashboard		
Ref: EM5	1. Establish Working Group to develop a centralised bed management system			1. Implement a centralised bed management system
Overarching outcome measures/ metrics:				
Baseline position 23/24	**Quarter 1** **EM1** 1. 100min average ambulance handover 2. 5.9% attendances >24hrs in ED 3. 16.3% of patients waiting more than 60 minutes for triage 4. 17.0% of patients waiting more than six hours to be seen	**Quarter 2** **EM1** 1. 86min average ambulance handover 2. 4.5% attendances >24hrs in ED 3. 12.6% of patients waiting more than 60 minutes for triage 4. 17.4% of patients waiting more than six hours to be seen	**Quarter 3** **EM1** 1. 95min average ambulance handover 2. 5.5% attendances >24hrs in ED 3. 10.8% of patients waiting more than 60 minutes for triage 4. 16.2% of patients waiting more than six hours to be seen	**Quarter 4** **EM1** 1. 148 min average ambulance handover (Feb 24) 2. 7.1% attendances >24hrs in ED (excl. last five weeks of 23/24) 3. 14.3% of patients waiting more than 60 minutes for triage (excl. last five weeks of 23/24) 4. 16.9% of patients waiting more than six hours to be seen (excl. last five weeks of 23/24)
Performance Trajectories 24/25	**Quarter 1** **EM1** 1. 123 min average ambulance handover 2. 5.4% attendances >24hrs in ED 3. No patients waiting more than	**Quarter 2** **EM1** 1. 99 min average ambulance handover 2. 3.6% attendances >24hrs in ED	**Quarter 3** **EM1** 1. 75 min average ambulance handover 2. 1.9% attendances >24hrs in ED 3. No patients waiting more	**Quarter 4** **EM1** 1. 50 min average ambulance handover 2. 0% attendances >24hrs in ED

<table>
<tr><th colspan="5">Priority area(s) to deliver 24/25: Urgent Care Enhanced Monitoring</th></tr>
<tr><td></td><td>60 minutes for triage
4. No patients waiting more than six hours to be seen</td><td>3. No patients waiting more than 50 minutes for triage
4. No patients waiting more than five hours to be seen</td><td>than 40 minutes for triage
4. No patients waiting more than four hours 30 mins to be seen</td><td>3. No patients waiting more than 30 minutes for triage
4. No patients waiting more than four hours to be seen</td></tr>
<tr><td rowspan="4">Risks</td><td colspan="2">Risks of Non-Delivery</td><td colspan="2">Mitigations</td></tr>
<tr><td colspan="2">1. Patient safety risk, including avoidable harm</td><td colspan="2">1. Divisional enhanced monitoring action plan alongside systemic focus with Executive leadership</td></tr>
<tr><td colspan="2">Risks to Delivery</td><td colspan="2">Mitigations</td></tr>
<tr><td colspan="2">1. Inability to deliver system flow, leading to ED delays
2. Increasing patient demand and / or acuity at ED beyond current staffing and environmental capacity</td><td colspan="2">1. Divisional enhanced monitoring complemented by systemic focus and ongoing improvement work around discharges (e.g. Patient Safety Events)
2. A range of mitigating actions to address all risks, including:
• Divisional enhanced monitoring completed by systemic focus, with actions around UPCC and alternative pathways to minimise demand on ED
• Divisional review of demand and medical staffing capacity
• ED Main Wait extension to provide some additional triage and assessment space (ambition to complete in Q4 2024/25)</td></tr>
<tr><td rowspan="8">Critical Enablers</td><td colspan="4">Finance</td></tr>
<tr><td colspan="4">• Operating within the allocated budget to deliver staffing and service developments</td></tr>
<tr><td colspan="4">Workforce</td></tr>
<tr><td colspan="4">• Confirming future Flow Centre workforce model
• Supporting workforce wellbeing as part of established Working Group</td></tr>
<tr><td colspan="4">Digital</td></tr>
<tr><td colspan="4">• Implementing e-triage within Q1 2024/25 (following pause in March 2024) to support performance metrics around time to triage
• Developing systemwide UEC dashboard
• Delivering new processes (e.g. automation of ambulance bookings, centralised bed management and ED referral into specialties) within budget and current digital architecture</td></tr>
<tr><td colspan="4">Other (Specify)</td></tr>
<tr><td colspan="4">• Completion of GUH ED Main Wait extension in Q4 to provide some additional triage and assessment space, alongside additional waiting space</td></tr>
<tr><td rowspan="2">Prevention & Population Health</td><td colspan="4">Opportunities identified:</td></tr>
<tr><td colspan="4">• Improved performance metrics reflecting shorter spells in ED with reduced wait-related harm (including mortality and poor outcomes as per EMJ, 2020)
• Pre-hospital care to support care closer to home and admission avoidance (particularly among a more vulnerable frail population who often experience long lengths of stay which are associated with deconditioning)</td></tr>
</table>

Cluster Plans

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

For 2024/25, NCN plans have been developed on a local authority basis with any differences at an NCN level highlighted within their plans. Their plans reflect the seven outcomes they are required to demonstrate as part of the National Programme for Accelerated Cluster Development;

1. Enhancing integrated planning between clusters, health boards and local authorities
2. Delivering a wider range of services across the cluster closer to home, meeting population need and priorities.
3. Establishing more effective leaders across the system through collaboratives and clusters.
4. Improving equity of service provision based on local need.
5. Improving the delivery of multi professional/agency services.
6. Supporting sustainable services and workforce, ensuring both efficiency and effectivity.
7. Empowering clusters with increasing autonomy, flexibility and vision.

Blaenau Gwent Neighbourhood Care Networks Annual Plan 2024-25	BG%20Annual%20Plan%202425.docx
Caerphilly Neighbourhood Care Networks Annual Plan 2024-25	Caerphilly%20Annual%20Plan%202425.c
Newport Neighbourhood Care Networks Annual Plan 2024-25	Newport%20Annual%20Plan%202425.d
Torfaen Neighbourhood Care Networks Annual Plan 2024-25	Torfaen%20Annual%20Plan%202425.dc
Monmouthshire Neighbourhood Care Networks Annual Plan 2024-25	Monmouthshire%20Annual%20Plan%2(

Performance Ambitions

System Change Priority	Measure	Baseline	National Target	Our Performance Ambition			
				Q1	Q2	Q3	Q4
Prevention & Population Health	Increase percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	89.2%	95%	90.7%	92.1%	93.6%	95.0%
Prevention & Population Health	Increase percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	79.4%	95%	83.3%	87.2%	91.1%	95%
Prevention & Population Health	Maintain national target compliance of the uptake of the influenza vaccination amongst adults aged 65 years and over	75.4%	75%	-	-	75%	-
Prevention & Population Health	Increase and maintain national target of percentage of adult smokers who make a quit attempt via smoking cessation services - at 4 weeks	New measure reportable from 1st April	40%	40%	40%	40%	40%
Prevention & Population Health	Maintain physical examination at 6 weeks rates (Healthy Child Wales)	92.7%	-	92.7%	92.7%	92.7%	92.7%
Prevention & Population Health	Increase weight and measurement at 8 weeks rates (Healthy Child Wales)	43.6%	-	50.2%	56.8%	63.4%	70%
Prevention & Population Health	Maintain proportion of diabetes patients that have received all eight diabetes care processes	44%	-	44%	44%	44%	44%
Primary and Community Care	Maintain the number of appointments delivered in GMS	3,695,987 (FY)	-	886,953	1,797,059	2,742,601	3,695,987
Primary and Community Care	Maintain the number of patients accessing NHS Optometry Services	163,851 (FY)	-	39,910	80,215	122,888	168,851
Primary and Community Care	Maintain the number of consultations undertaken by community pharmacy under the common aliments scheme	47,250 (FY)	-	11,813	23,625	35,438	47,250
Primary and Community Care	Maintain the numer of Units of Dental Activity (UDA) claimed	615,675 (FY)	-	116,878	282,744	461,756	615,675
Primary and Community Care	Maintain 95% of Palliative Care referrals assessed within 2 days	95%	-	95%	95%	95%	95%

Primary and Community Care	Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments (incl ED/MAU referrals)	10.15%	-	10.15%	10.15%	10.15%	10.15%
Primary and Community Care	Maintain total number of District Nursing patient contacts	514,100 (FY)	-	128,525	257,050	385,575	514,100
Urgent & Emergency Care	Reduction and maintain national target of number of Delayed Transfers of Care	266	12 month reduction trend	262	258	254	250
Urgent & Emergency Care	Increase in Hospital 2 Home & Step Closer To Home Rates	13,212	-	3353	6783	10289	13872
Urgent & Emergency Care	Reduction in average ambulance handover times at GUH	148 mins	-	123 mins	99 mins	75 mins	50 mins
Urgent & Emergency Care	Elimination of four hours ambulance handovers waits	306	0	204	102	0	0
Urgent & Emergency Care	Reduction in time from arrival to ED triage - no waits over 30 minutes	14.3% >60 mins	15 mins or less	0 >60 mins	0>50 mins	0>40 mins	0>30 mins
Urgent & Emergency Care	Decrease in ED attendances waiting over 24 hours	7.1%	-	5.4%	3.6%	1.9%	0.0%
Urgent & Emergency Care	Reduction in time from arrival to ED to seen by clinician	16.9% >6 hrs	-	0 >6 hrs	0 >5 hrs	0 >4.5 hrs	0 >4 hrs
Urgent & Emergency Care	Increase and maintain national target of the percentage of patients waiting <4 hours in ED	73.2%	75%	75.8%	73.8%	73.4%	75.0%
Urgent & Emergency Care	Maintain the number of Urgent Primary Care contacts (inc. virtual)	44,171 (FY)	-	11043	22086	33128	44171
Urgent & Emergency Care	% of patients directly admitted to an acute stroke ward <4hrs of clock start	12.6%	50%	14.5%	16.3%	18.2%	20.0%
Urgent & Emergency Care	% of unique stroke patients given thrombectomy (all stroke types)	2%	10%	3.0%	4.0%	5.0%	6%
Urgent & Emergency Care	% Assessed by one of OT, PT, SALT within 24 hours	36%	-	44.5%	53.0%	61.3%	70%
Planned Care & Cancer	Numbers of patients waiting over 52 weeks (all stages)	24,307	0 by June 2025	28,961	32,368	34,245	36,228
Planned Care & Cancer	Numbers of patients waiting over 104 weeks (all stages)	4,287	0 by June 2025	5,072	6,066	6,813	8,215
Planned Care & Cancer	Elimination of total waits over 156 weeks (all stages)	40	0	0	0	0	0
Planned Care & Cancer	Increase in the rate of See On Symptom and Patient Initiated Follow-ups	13.30%	Demonstrate annual increase	13.50%	13.60%	13.80%	14%

Planned Care & Cancer	Reduction in the number of patients waiting 100% past Outpatient follow-up target date	25,949	Reduction compared to the same month in the previous year	20,980	16,011	11,042	6,071
Planned Care & Cancer	Increase in Single Cancer Pathway 62 day compliance	58%	80% by March 2026	61.0%	64.0%	67.0%	70.0%
Planned Care & Cancer	Reduction in backlog of patients waiting over 62 days (SCP)	329	-	309	290	270	250
Planned Care & Cancer	Reduction in backlog of patients waiting over 104 days (SCP)	92	-	84	76	68	60
Planned Care & Cancer	Increase in rate of cancer diagnosis or discharges within 28 days	76.5%	-	80%	80%	80%	80%
Planned Care & Cancer	Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic	6192	0	2417	1998	1579	1160
Mental Health Services	Increase in Part 1a to national target (assessment completed within 28 days)	10.6%	80%	15%	25%	45%	80%
Mental Health Services	Increase in Part 1b to national target (interventions completed within 28 days)	14.3%	80%	20%	25%	45%	80%
Mental Health Services	Maintain Part 2 rates (number of individuals with a valid care and treatment plan)	68.3%	90%	68.3%	68.3%	68.3%	68.3%
Mental Health Services	Maintain rate of psychological therapy received within 26 weeks	62.0%	80%	64.0%	66.0%	68.0%	70.0%
Mental Health Services	Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)	80%	80%	80%	80%	80%	80%
Mental Health Services	Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)	90%	80%	90%	90%	90%	90%
Mental Health Services	Maintain CAMHS Part 2 national target compliance	90%	90%	90%	90%	90%	90%
Mental Health Services	Improvement in Neurodevelopment (iSCAN) compliance	34%	80%	40%	46%	51%	57%
Mental Health Services	Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral	80%	80%	80%	80%	80%	80%

Planned Care Trajectories

Stage 1 - 52 Weeks					
Specialty	Baseline	Q1	Q2	Q3	Q4
Cardiology	0	0	0	0	0
Care Of The Elderly	0	0	0	0	0
Chemical Pathology	1	0	0	0	0
Clinical Haematology	0	0	0	0	0
Clinical Pharmacology & Therapeutics	0	0	0	0	0
Dermatology	14	0	0	0	0
Diabetes & Endocrinology	2	0	0	0	0
Diabetic Medicine	0	0	0	0	0
Ear Nose & Throat	4,716	5,306	5,885	5,834	5,841
Endocrinology	1	0	0	0	0
Gastroenterology	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	9	0	0	0	0
Gynaecology	1	0	0	0	0
Infectious Diseases	0	0	0	0	0
Maxillo-Facial	891	1,029	1,172	1,264	1,337
Nephrology	0	0	0	0	0
Neurology	0	0	0	0	0
Ophthalmology	5,436	6,545	7,182	7,623	8,421
Orthodontics	104	78	52	26	0
Paediatric	0	0	0	0	0
Paediatric Diabetes	0	0	0	0	0
Paediatric Epilepsy	0	0	0	0	0
Paediatric Inherited Metabolic	0	0	0	0	0
Paediatric Neurology	0	0	0	0	0
Paeds Gastro Spin	0	0	0	0	0
Pain Management Service	0	0	0	0	0
Radiology	0	0	0	0	0
Respiratory	0	0	0	0	0
Restorative Dentistry	0	0	0	0	0
Rheumatology	0	0	0	0	0
Stroke	0	0	0	0	0
Transient Ischaemic Attack	0	0	0	0	0
Trauma & Orthopaedics	2,158	3,041	3,921	4,423	4,623
Urology	1,031	1,124	1,215	1,337	1,517
Vascular Surgery	0	0	0	0	0
Total	**14,364**	**17,124**	**19,427**	**20,506**	**21,739**

Total Waiting - 52 Weeks					
Specialty	Baseline	Q1	Q2	Q3	Q4
Cardiology	80	0	0	0	0
Care Of The Elderly	0	0	0	0	0
Chemical Pathology	2	0	0	0	0
Clinical Haematology	0	0	0	0	0
Clinical Pharmacology & Therapeutics	8	0	0	0	0
Dermatology	14	0	0	0	0
Diabetes & Endocrinology	0	0	0	0	0
Diabetic Medicine	0	0	0	0	0
Ear Nose & Throat	5,750	6,498	7,175	7,192	7,188
Endocrinology	3	0	0	0	0
Gastroenterology	45	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	969	1,401	1,728	2,042	2,214
Gynaecology	285	252	218	162	155
Infectious Diseases	0	0	0	0	0
Maxillo-Facial	1,037	1,322	1,586	1,793	1,909
Nephrology	0	0	0	0	0
Neurology	0	0	0	0	0
Ophthalmology	6,528	7,853	8,663	9,185	9,913
Orthodontics	104	78	52	26	0
Paediatric	1	0	0	0	0
Paediatric Diabetes	0	0	0	0	0
Paediatric Epilepsy	0	0	0	0	0
Paediatric Inherited Metabolic	0	0	0	0	0
Paediatric Neurology	0	0	0	0	0
Paeds Gastro Spin	0	0	0	0	0
Pain Management Service	0	0	0	0	0
Radiology	51	38	25	12	0
Respiratory	0	0	0	0	0
Restorative Dentistry	0	0	0	0	0
Rheumatology	0	0	0	0	0
Stroke	0	0	0	0	0
Transient Ischaemic Attack	0	0	0	0	0
Trauma & Orthopaedics	8,143	9,911	11,157	11,847	12,472
Urology	1,595	1,724	1,840	2,023	2,376
Vascular Surgery	0	0	0	0	0
Total	**24,615**	**29,077**	**32,445**	**34,283**	**36,228**

Stage 1 - 104 Weeks					
Specialty	Baseline	Q1	Q2	Q3	Q4
Cardiology	0	0	0	0	0
Care Of The Elderly	0	0	0	0	0
Chemical Pathology	0	0	0	0	0
Clinical Haematology	0	0	0	0	0
Clinical Pharmacology & Therapeutics	0	0	0	0	0
Dermatology	0	0	0	0	0
Diabetes & Endocrinology	0	0	0	0	0
Diabetic Medicine	0	0	0	0	0
Ear Nose & Throat	1,240	1,834	1,976	2,082	2,431
Endocrinology	0	0	0	0	0
Gastroenterology	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Gynaecology	0	0	0	0	0
Infectious Diseases	0	0	0	0	0
Maxillo-Facial	71	0	0	0	0
Nephrology	0	0	0	0	0
Neurology	0	0	0	0	0
Ophthalmology	657	638	1,036	1,384	1,968
Orthodontics	0	0	0	0	0
Paediatric	0	0	0	0	0
Paediatric Diabetes	0	0	0	0	0
Paediatric Epilepsy	0	0	0	0	0
Paediatric Inherited Metabolic	0	0	0	0	0
Paediatric Neurology	0	0	0	0	0
Paeds Gastro Spin	0	0	0	0	0
Pain Management Service	0	0	0	0	0
Radiology	0	0	0	0	0
Respiratory	0	0	0	0	0
Restorative Dentistry	0	0	0	0	0
Rheumatology	0	0	0	0	0
Stroke	0	0	0	0	0
Transient Ischaemic Attack	0	0	0	0	0
Trauma & Orthopaedics	356	423	523	636	829
Urology	30	0	0	0	0
Vascular Surgery	0	0	0	0	0
Total	**2,354**	**2,896**	**3,535**	**4,103**	**5,228**

Total Waiting - 104 Weeks					
Specialty	Baseline	Q1	Q2	Q3	Q4
Cardiology	0	0	0	0	0
Care Of The Elderly	0	0	0	0	0
Chemical Pathology	0	0	0	0	0
Clinical Haematology	0	0	0	0	0
Clinical Pharmacology & Therapeutics	0	0	0	0	0
Dermatology	0	0	0	0	0
Diabetes & Endocrinology	0	0	0	0	0
Diabetic Medicine	0	0	0	0	0
Ear Nose & Throat	1,587	2,294	2,474	2,645	3,047
Endocrinology	0	0	0	0	0
Gastroenterology	1	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	117	168	163	107	0
Gynaecology	0	0	0	0	0
Infectious Diseases	0	0	0	0	0
Maxillo-Facial	89	11	4	2	0
Nephrology	0	0	0	0	0
Neurology	0	0	0	0	0
Ophthalmology	869	848	1,277	1,597	2,218
Orthodontics	0	0	0	0	0
Paediatric	1	0	0	0	0
Paediatric Diabetes	0	0	0	0	0
Paediatric Epilepsy	0	0	0	0	0
Paediatric Inherited Metabolic	0	0	0	0	0
Paediatric Neurology	0	0	0	0	0
Paeds Gastro Spin	0	0	0	0	0
Pain Management Service	0	0	0	0	0
Radiology	0	0	0	0	0
Respiratory	0	0	0	0	0
Restorative Dentistry	0	0	0	0	0
Rheumatology	0	0	0	0	0
Stroke	0	0	0	0	0
Transient Ischaemic Attack	0	0	0	0	0
Trauma & Orthopaedics	1,481	1,727	2,145	2,461	2,951
Urology	144	22	4	1	0
Vascular Surgery	0	0	0	0	0
Total	**4,289**	**5,072**	**6,066**	**6,813**	**8,215**

Capital Prioritisation

Introduction

The extant 10-year capital programme has been used as the baseline for the list of schemes to be prioritised (noting IRCF projects excluded) which include:

- Chepstow Community Hospital PFI
- RGH – Central Decontamination Unit
- Replacement Equipment Programmes
- RGH replacement boiler Plant
- Mental Health Specialist Inpatient Services Unit
- St Woolos Estate Rationalisation programme
- County Hospital programme
- GUH future expansion
- Maindiff Court Programme

Following consideration of the above and emerging new risks and issues the following additional projects have been added:

- Nevill Hospital RAAC removal,
- GUH MRI replacement,
- YYF CT replacement
- Projects to support the full relocation of clinical and non-clinical services from the old St Cadocs Hospital.
- Replacement Diagnostic Programme
- Replacement Equipment Programme
- End User Commute Replacement Programme
- Wi-Fi Infrastructure Programme
- Network Infrastructure Programme
- Telecommunications Programme
- Data Centre Programme
- Cyber Security Programme

Prioritisation Exercise

Detailed proformas have been completed for each scheme in line with the guidance provided in Appendix 2, and have been considered against the Welsh Government weightings against each of the criteria set out. Schemes have also been reviewed against the prescribed investment objectives, confirming which objective(s) each scheme

is aligned to. It should be noted that schemes are at different levels of development in terms of detailed planning/ scoping, making it difficult for comprehensive proformas to be submitted.

A prioritisation workshop was held on the 19th February 2024 with representation organisation wide. Each Division reviewed and scored the prioritised schemes against the overall scoring matrix with final ratification of the outcomes taking place at the Strategic Capital and Estates Board on the 11th March 2024.

Weighted Outcome

On a weighted basis alone, the outcome for the exercise is shown the table below, which also identifies which Investment Objective(s) the schemes align to:

Scheme	**Criteria**		**Investment Objective**			
	Weighted Score	**Priority**	**1**	**2**	**3**	**4**
Acquisition of Chepstow Community Hospital	47	1	x	x		
NHH RAAC Replacement	46	2	x	x	x	x
Replacement Diagnostic Eqt	45	3			x	
SWH Old Estate Closure	45	3				x
GUH additional MRI	45	3	x		x	
RGH Infrastructure Backlog	44	4			x	x
SISU/ Wards/ SCH Closure	43	5	x	x		x
RGH Central Decon Unit	42	6				x
End User Commute Replacement Programme	41	7			x	
Wi-fi Infrastructure Programme	39	8			x	
Network Infrastructure Programme	39	8			x	
Telecommunications Programme	39	8			x	

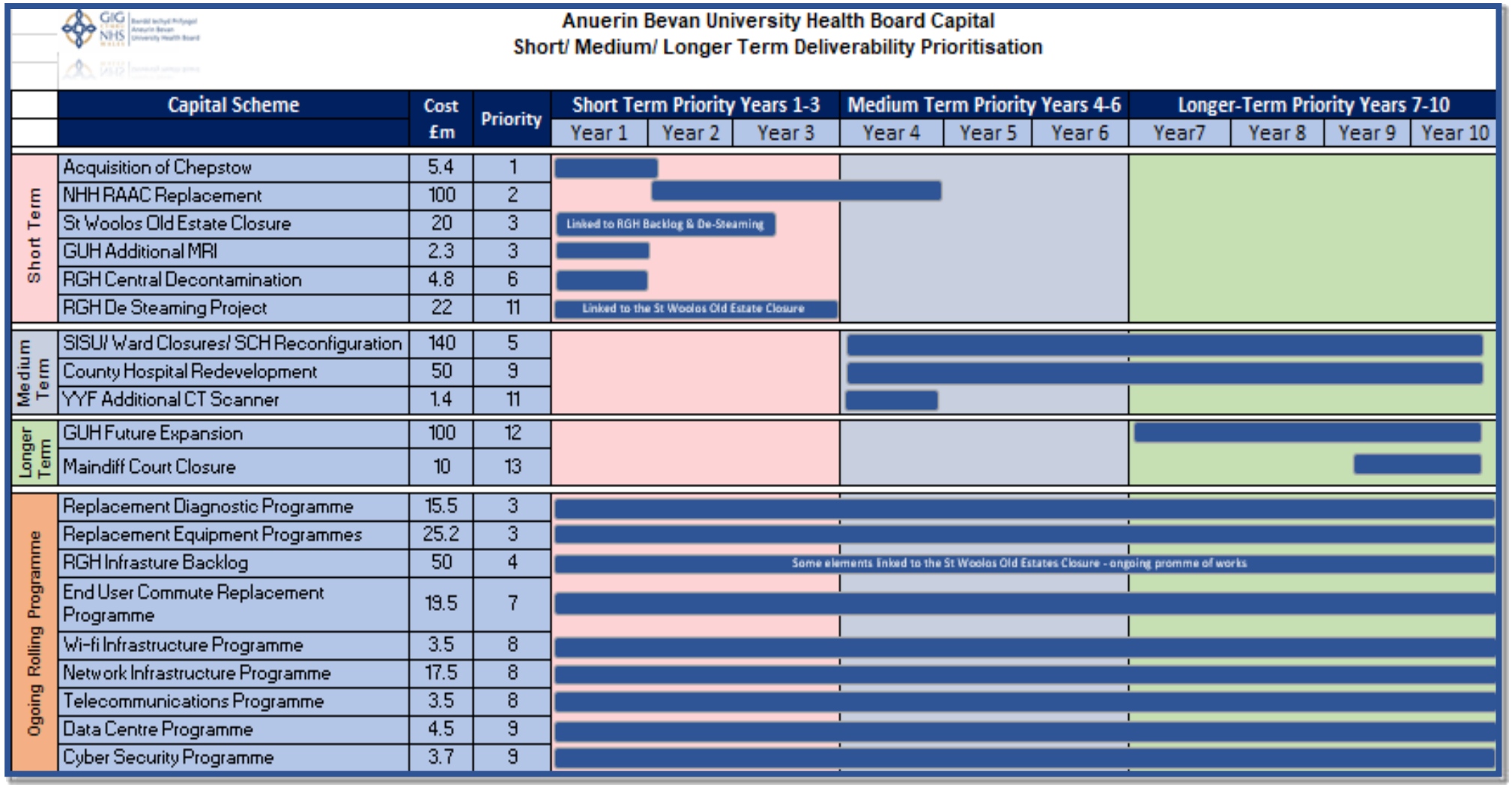
County Hospital Redevelopment	38	9		x		
Data Centre Programme	38	9			x	
Cyber Security Programme	38	9			x	
YYF additional CT Scanner	38	9	x		x	
RGH De-steaming	31	10				x
GUH Future Expansion	31	10	x		x	
Maindiff Court Closure	26	11				x

However, although some projects may have scored highly on a weighted basis, the deliverability of some projects may not be feasible for a number of years, therefore the outcome of the exercise is also profiled and presented on a short, medium and long-term priority basis. It also shows that some schemes would be delivered as a rolling programme due to the nature of the project.

In terms of regional capital requirements, for the health this will be reflected as follows:

- Any Llantrisant Health Part requirements will be reflected in Cwm Taf Morgannwg (CTM) list
- UHW2 (tertiary centre) will feature in Cardiff and Vale return
- The 2nd MRI in GUH will be reflected in Aneurin Bevan list and referenced to be a delivery vehicle for a regional model
- NHH scheme in (RAAC) will reference opportunity as we develop SOP to consider regional solutions eg cataract
- Regional pathology requirement to be reflected in CTM list, recognising further work to do to agree model

Profiled Outcome



Section 1 - Preparation

Our Values are.... Mae ein Gwerthoedd yn.....



Integrated Impact Assessment	**Ref no: AP202425v0.1**	**Department:** Corporate Planning
Name of the policy, service, scheme or project:	Aneurin Bevan University Health Board Annual Plan 202425	
Executive Sponsor	Hannah Evans, Director of Strategy, Planning & Partnerships	

Brief description of what is being assessed, including aims and objectives	At its most strategic level, the aim of our Annual Plan is to improve population health through reducing the health inequalities experiences by our communities, this is the corner stone of ensuring the sustainability of our health and care system into the future. The plan sets out our ambitions, together with the actions that will be taken, over the next three years with a strong focus on the first year of delivery. These are set within the context of growing demand, population change, workforce supply and inflationary pressures and the resulting unprecedented financial challenges these bring. This is not a plan to bring us to breakeven position in the next financial year. We are committed to becoming a sustainable organisation in terms of workforce, delivering quality and finance all are related and cannot be achieved in isolation. This plan focuses the actions that will maximise sustainable capacity, support people in the most appropriate place of care, and take preventative actions to help people live well in our communities. It sets out our approach to balancing workforce, financial and system challenges in the short, medium and longer-term by driving value throughout our system together with the significant transformational changes to the way services are organised and delivered. Our health and social care services (together with the independent sector, third sector and wider public) are critical to delivering the overarching objectives of A Healthier Wales, both through the provision of sustainable and effective health and care services and requiring a greater emphasis on prevention and early intervention. We place partnership at the heart of our planning, through our Gwent Public Service Board we are now a Marmot Region and supporting the delivery following the publication of the Gwent Well-being Plan in May 2023. This plan will set out the steps partner organisations will be taking to address health inequalities that will, over time, help us to deliver a sustainable health and care system. Our goal is to deliver sustainable changes to our system, implementation is inseparable from the context within the organisation, across our communities and the wider health and care system. This plan sets out key enablers we draw upon to support our core activities of optimising capacity, driving value, improving quality and patient outcomes and delivering transformational change.

Section 1 - Preparation

Our Values are.... Mae ein Gwerthoedd yn.....



Integrated Impact Assessment	**Ref no: AP202425v0.1**	**Department:** Corporate Planning
Name of the policy, service, scheme or project:	Aneurin Bevan University Health Board Annual Plan 202425	
Executive Sponsor	Hannah Evans, Director of Strategy, Planning & Partnerships	

Is the plan related to, or influenced by, other Policies or area of work	This Annual Plan has been developed in the context of A Healthier Wales[1] , long standing statutory duties under the Social Services and Well-being (Wales) Act, 2014 and the Well-being of Future Generations (Wales) act, 2015 and new including Our Duty of Quality and Candour (effective April 2023). Is responds to the NHS Planning Framework including Ministerial Priorities and is cognisant of National Programmes (Planned Care and Cancer Recovery, Six Goals of Urgent and Emergency Care), Regional Programmes and Policy Areas that represent the wider health and social care agenda including Net Zero Carbon Status by 2030, the Strategic Equality Plan and the Anti Racist Wales Action plan. We continually review, update and validate our framework in the context of the National Clinical Framework for Wales.
Who are the key stakeholders, has a plan for engagement been agreed	The fundamental purpose of this Annual Plan is to support the physical and mental health and wellbeing of every citizen in Gwent by ensuring high quality, effective and accessible health care, including prevention, continue to be available to all. In the broadest sense, every Gwent resident is a stakeholder because every one of us will make use of NHS and or care services at certain points in their lives, typically when we are at our most vulnerable (during maternity and at the beginning of life, childhood, older age and/or when we experience acute or chronic health problems) irrespective of whether or not we possess a protected characteristic. This work involves extensive engagement activities with a wide range of stakeholder including statutory advisory, staff groups and their representatives (TURP) independent contractor services, public sector partners (through partnership arrangements including joint planning and development of cluster plans), regional partners (through Directors of Planning and regional planning programmes) and the general public, their representatives (local and national) and Gwent Llais. With regard to people, their families, carers and communities, we have adopted a 'digital first' approach and actively engage and interact with our patients, the public and stakeholders through social media. We use graphics, video clips, patient and staff stories and live Q&A sessions. We continue to use more traditional ways of communicating including banners, posters, TV screen content, moving billboards (on deliver vans) and

[1] A Healthier Wales, Our Plan for Health and Social Care (2018)

Section 1 - Preparation



Integrated Impact Assessment	**Ref no: AP202425v0.1**	**Department:** Corporate Planning
Name of the policy, service, scheme or project:	Aneurin Bevan University Health Board Annual Plan 202425	
Executive Sponsor	Hannah Evans, Director of Strategy, Planning & Partnerships	

	roadshows and other engagement events are regular features across our communities. We use all of these to explain how people can best access the services they need, listen and hear their views, concerns and comments to shape and influence our plans.
Your decisions must be based on robust evidence.	We have invested heavily, in terms of technology, people and time, to better understand our system and through our Gwent RPB Needs Assessments (23/24), the people that we serve and balance system, financial, and workforce pressures to meet the needs of our communities. Clinical models are re-designed in the light of best practice through the lens of value-based healthcare, we are confident that the approach we have adopted is robust and remains relevant as we continue to test service models implementing significant service redesign.
Does this plan meet the objectives of our Strategic Equality Objectives (2020/24)?	As an organisation and with our partners we work to reduce hate crime, incidence of domestic, elder and 'honour' based violence and abuse. We also work to support carers, improve wellbeing of staff (across health and social care), improve patient experience and outcomes of physical, mental health and learning disability services, improve experience of LGBT service users and staff and ensure equitable renumeration for staff (gender/pay).

Section 2 - Record of Potential Impacts: protected characteristics and other



Integrated Impact Assessment Annual Plan	**Ref no: AP202425v0.1**	**Department:** Corporate Planning
Executive Sponsor	Hannah Evans, Director of Strategy, Planning & Partnerships	

AGE	**Impact**			**Reason for your decision (including evidence)**	**How will you reduce or remove any -ve impacts identified**
	+ve	**-ve**	**none**		
Children and younger people	✓			Giving every child the best start in life, and getting it right for children and young adults focuses our Integrated Medium-Term Plan on the actions and outcomes we seek to deliver as a healthcare provider. These are strengthened and deepened through our collaborative Gwent RPB actions to deliver against the Marmot principles.	
Working Aged Adults	✓	✓		Our plans to make the best use of an individual's time for improving access and timely access to primary care services, urgent and emergency care, planned care and cancer services and relaunching our health protection and population health improvement programmes are set to deliver a more sustainable system for the future.	We recognise that we have a significant gap between demand and capacity, balancing system pressures will mean that the sickest (most urgent) and those with suspected cancers will be prioritised over those who wait longest.
Older Adults	✓	✓		Community health and social care services are very important to support vulnerable individuals, particularly in old age, to live independently in their own homes or with their own families for as long as possible. Our plans seek to consolidate and expand new models of care that prevent and/or reduce the need for or time spent in a hospital setting. Ambulatory care services and demedicalising the model of care for older people are key components of our plan.	Post pandemic older people are presenting with higher acuity, many have deteriorated or deconditioned over successive lockdowns. Our focus on proactive frailty (supporting people at high risk of a hospital admission to remain at home) seeks to mitigate this feature
DISABILITY	**Impact**			**Reason for your decision (including evidence)**	**How will you reduce or remove any -ve impacts identified**
	+ve	**-ve**	**none**		
Visual impairment Hearing impairment Physical disability Learning disability Mental Health problems	✓			The provision of health services to individuals with a disability are core functions for our organisation and delivered in accordance with legislative (e.g., mental health measures) and statutory requirements and quality frameworks none of which are impacted negatively by our Annual Plan.	
GENDER	**+ve**	**-ve**	**none**		
Male				Nothing in our Annual Plan will impact on any individual either positively or negatively because of their gender. In many instances we deliver essentially the same services to individuals of both genders, but in a gender sensitive/appropriate way. There are some	

Section 2 - Record of Potential Impacts: protected characteristics and other



Integrated Impact Assessment Annual Plan	**Ref no: AP202425v0.1**	**Department:** Corporate Planning
Executive Sponsor	Hannah Evans, Director of Strategy, Planning & Partnerships	

Female			✓	conditions that affect only males or females or one gender predominantly (e.g., gynaecological conditions, certain cancers) we rely on a range of intelligence to understand the composition of our population and plan and deliver services accordingly.	
Gender Reassignment			✓	Healthcare services for transgender individuals are provided in accordance with Welsh Government Policy and specialised services commissioning policies including hormone therapy, prescribing and gender identity services. None of these are impacted by this plan	
PREGNANCY AND MATERNITY	**Impact**			**Reason for your decision (including evidence)**	**How will you reduce or remove any -ve impacts identified**
	+ve	**-ve**	**none**		
Pregnancy	✓			Giving every child the best start in life from pre-conception to the first 1,000 days demonstrates our commitment to ensuring women and their families have a healthy pregnancy (smoking, weight, psychological wellbeing) with access to information and support to guide them through pregnancy, birth and caring for their new-born	
Maternity (period after birth)	✓			After birth care, particularly support to encourage and enable mothers to breast feed and maintain psychological wellbeing are being enhanced through out our maternity and health visiting services. Immunisation and vaccination programmes remain a first line of defence in respect of health protection for the 6,000 babies we welcome to our community each year.	
MARRIAGE/CIVIL PARTNERSHIPS	**Impact**			**Reason for your decision (including evidence)**	**How will you reduce or remove any -ve impacts identified**
	+ve	**-ve**	**none**		
Marriage Civil partnerships			✓	Nothing in our Annual Plan will impact on any individual either positively or negatively because of their marital status.	
RACE/ETHNICITY	**Impact**			**Reason for your decision (including evidence)**	**How will you reduce or remove any -ve impacts identified**
	+ve	**-ve**	**none**		
Ethnic minority people	✓			Our Population Needs Assessment identifies healthcare needs for ethnic minority people and communities. We know that in addition to specific issues relating to language and culture, persons from ethnic minority backgrounds are more likely to come from lower income families, suffer poorer living conditions and gain lower	

				educational attainment. In addition, certain ethnic groups have higher rates for some health conditions. Together with our local authority partners and our Diverse Communities Health forum we are developing services to address the needs of ethnic minority people. Placed Based Care and our Marmot Region ambitions being key enablers. Newport has a higher percentage of ethnic minority residents (12%) compared with the Wales average of 4.4%. The ethnic minority composition of the remaining localities ranges from 1.5 to 2%.	
Asylum seeker, refugee and migrants	✓			Until recently relatively low number of asylum seekers and refugees decided to settle in Wales, however these numbers have increased since Wales became a dispersal area. We, together with our RPB partners, have developed service to proactively support asylum seekers and refugees, good communication, advocacy, health and wellbeing support and health protection services being key components of our response. This plan includes the development of Health Protection services that will continue to support these vulnerable people.	
Gypsies and travellers			✓	The largest gypsy and traveller population is in Torfaen and Nantyglo (Blaenau Gwent) also has a large population, many now living in 'bricks and mortar' in close proximity to long established sites. Support services that are in place for these communities are not impacted positively or negatively by this plan.	
RELIGION OR NON-BELIEF	**Impact**			**Reason for your decision (including evidence)**	**How will you reduce or remove any -ve impacts identified**
	+ve	**-ve**	**none**		
Islam, Judaism, Christianity, Sikhism, Buddhism, others			✓	We are bound by our overarching public sector equality duties, the national Strategic Equality Plan and the Anti Racist Wales Action plan.	
Non-believer					
Humanist					
SEXUAL ORIENTATION	**Impact**			**Reason for your decision (including evidence)**	**How will you reduce or remove any -ve impacts identified**
	+ve	**-ve**	**none**		
Gay men					

Section 2 - Record of Potential Impacts: protected characteristics and other



Integrated Impact Assessment Annual Plan				**Ref no: AP202425v0.1**	**Department:** Corporate Planning
Executive Sponsor				Hannah Evans, Director of Strategy, Planning & Partnerships	
Lesbian Bi-Sexual Other			✓	Nothing in our Annual Plan will impact on any individual either positively or negatively because of their sexual orientation, as our plan will not affect any existing public sector equality requirements.	

Section 3 - Record of Potential Impacts: Human Rights and Welsh Language



Integrated Impact Assessment Annual Plan				**Ref no: Annual Plan2425v0.1**	**Department:** Corporate Planning
Name of the policy, service, scheme or project:				Aneurin Bevan University Health Board Annual Plan 2024-25	
Executive Sponsor				Hannah Evans, Director of Strategy, Planning & Partnerships	
Will people's human rights be impact by plan	**Impact**			**Reason for decision (including evidence)**	**How will you reduce or remove any -ve impacts identified**
	+ve	**-ve**	**none**		
Article 2 – right to life	✓			This Annual Plan actively seeks to eliminate inequalities where they may exist and improve access to high quality and sustainable health care. The plan seeks to deliver services for the population of Gwent, with emphasis on developing placed based care, focusing on prevention and improving population health and wellbeing. Our joined-up partnership approaches are further strengthened as we embark on our journey to achieve marmot indicators for all our communities.	
Article 3 - prohibition of inhuman or degrading treatment					
Article 5 - right to liberty and security					
Article 8 – right to respect for family and private life					
Article 9 – freedom of thought, conscience and religion					
Article 14: prohibition of discrimination					
Will people's human rights be impact by plan	**Impact**			**Reason for decision (including evidence)**	**How will you reduce or remove any -ve impacts identified**
	+ve	**-ve**	**none**		
Opportunities for persons to use the Welsh Language	✓			We continue to embed the 'Active Offer' principle and develop our Partner IAITH network to support out Welsh speaking staff to maximise their linguistic skills, We have strengthened our training offer to ensure that appropriate learning is available for those who seek to improve their Welsh speaking skills. We actively seek to be employer of choice for Welsh Speaking Students Proportion of our population that can speak Welsh. Blaenau Gwent 7.6%, Caerphilly 10.88%, Monmouthshire 9.67%, Newport 9% and Torfaen 9.56%.	We will ensure that new arrangements maintain and support provision of services to Welsh speakers and benchmark against the effective practices identified in the Welsh Language Commissioners assurance report Stepping Forward.
Treating Welsh language, no less favourably than the English Language	✓				



Integrated Impact Assessment Annual Plan	**Ref no: Annual Plan2425v0.1**	**Department:** Corporate Planning
Name of the policy, service, scheme or project:	Aneurin Bevan University Health Board Annual Plan 2024-25	
Executive Sponsor	Hannah Evans, Director of Strategy, Planning & Partnerships	

Summary of Key Findings

What has been assessed (copy form 1)	Aneurin Bevan University Health Board Annual Plan 2024-25
Could any protected groups be negatively affected by this plan	The plan seeks to improve population health through reducing health inequalities, in its broadest, people with protected characteristics are more likely to experience health inequalities and our plan will have positive impacts, not only on people with protected characteristics but every Gwent resident.
Could this plan be discriminatory under equalities legislation?	No, although we face workforce, financial and system challenges, clinical need/priority remains our guiding principle as we balance the capacity our system can deliver with demand, using value-based healthcare principles, to optimise outcomes for our population
Is this plan of high significance	Yes, it set out the actions that will be taken over the next three years, the partnership working that we will be part of to improve population health and wellbeing, together with the transformation programme we are progressing to make our system sustainable for current and future generations.
Did your assessment finding indicate the need to proceed to a full impact assessment	No, although service changes or transformations contained within the Annual Plan would be subject to individual EQIAs, some of which will proceed to full impact assessments
Are monitoring arrangements in place so that you can measure what actually happens as you implement your plans.	The Health Board has robust governance mechanisms in place (as shown in the Delivery Section of the document) for all aspects of this plan.
Where will this plan be approved	Public Health Board 27th March 2024, then submitted to Welsh Government for scrutiny and subject to the outcome of that review, approval.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Revenue Financial Plan 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

The Board is asked to approve:

- The annual financial plan for the 2024/25 financial year as a forecast deficit of £48.9m, recognising the risks of savings delivery and opportunities for further mitigation.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The financial provisions and obligations of the Health Board are set out under Sections 174 to 177 of the National Health Service (Wales) Act 2006 (c. 42) (Schedule 8 of the Act). The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure that the Health Board meets its statutory obligation to perform its functions within its available financial resources.

The Health Board has two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it or its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The details and requirements for the two duties are set out in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."

To be successful in meeting these targets the Health Board is required to set a financial plan prior to the start of the financial year, this should be in accordance with the aims and objectives of the Integrated Medium-Term Plan for 2024/25 through to 2026/27.

In view of the deficit in 2022/23 and forecast deficit in 2023/24 as well as the associated levels of risk there has been increased oversight by the Board, the Executive Committee and the Finance and Performance Committee. It is recommended these arrangements continue in 2024/25. It is expected that there will be further financial scrutiny through WG arrangements as part of 'targeted intervention' arrangements.

Development of the draft financial plan identified that ABUHB would be unlikely to deliver a financially balanced plan for 2024/25 or on a rolling 3 year basis. As required by WG, an accountable officer letter was sent by the CEO to WG on the 14th February following agreement by the Board to support an annual plan for 2024/25 in line with WG guidance, while recognising the need to develop a longer term financial recovery plan that achieves recurrent balance.

Cefndir / Background

Strategic Context

Aneurin Bevan University Health Board, like most health boards across Wales is experiencing significant financial challenges to meet its statutory duty to financially balance over a rolling 3-year period. Historically the health board has delivered consistent financial balance since inception, however in 2022/23 a £37m deficit was achieved and a deficit is again forecast for 2023/24 of c.£49m (as at month 11). These levels of deficit, driven by exceptional operational demand pressures and significant underlying financial challenges, mean the Board is aiming to recover recurrent financial balance over a 3-year period.

As part of its strategic clinical futures plan the Board delivered a new hospital, the Grange University Hospital to support sustainability and rationalisation of services and beds. The operational pressures and external factors driving significant cost pressures during the last few years are expected to continue into 2024/25, driven primarily by increased demand and acuity in many areas, impact of social care

challenges, workforce availability as well as the system pressures that have prevented the full implementation of the clinical futures model and bed reduction plan.

The 2024/25 plan aims to continue to mitigate these issues through innovative service models, closer partnership engagement and continued delivery of efficiency improvements and expenditure reduction plans across the whole Health Board.

The Health Board serves six hundred thousand people, 19% of the Welsh population, with a weighted funding formula proportion of 19.1% and as part of the 2024/25 allocation letter has received 18.4% of the total “All Wales” revenue allocation to deliver services. ABUHB has the second lowest level of spend per head for Welsh Health boards as reported by Audit Wales.

The total funding available to the Board for 2024/25 is £1.7bn, this includes a national 3.67% uplift and represents a net new discretionary funding uplift of £51m above 2023/24 allocations. This funding assumes retention of £65m conditional funding (conditional on making progress towards the £13m deficit control total during 23/24).

During 2023/24 the Board made savings of £43m, the highest level for ABUHB since inception. The Welsh Government expect the Board to achieve a minimum savings level of 2% or £33m in 2024/25, when ringfenced and directed expenditure is factored into the spend profile, this equates to a 3% saving on discretionary spend.

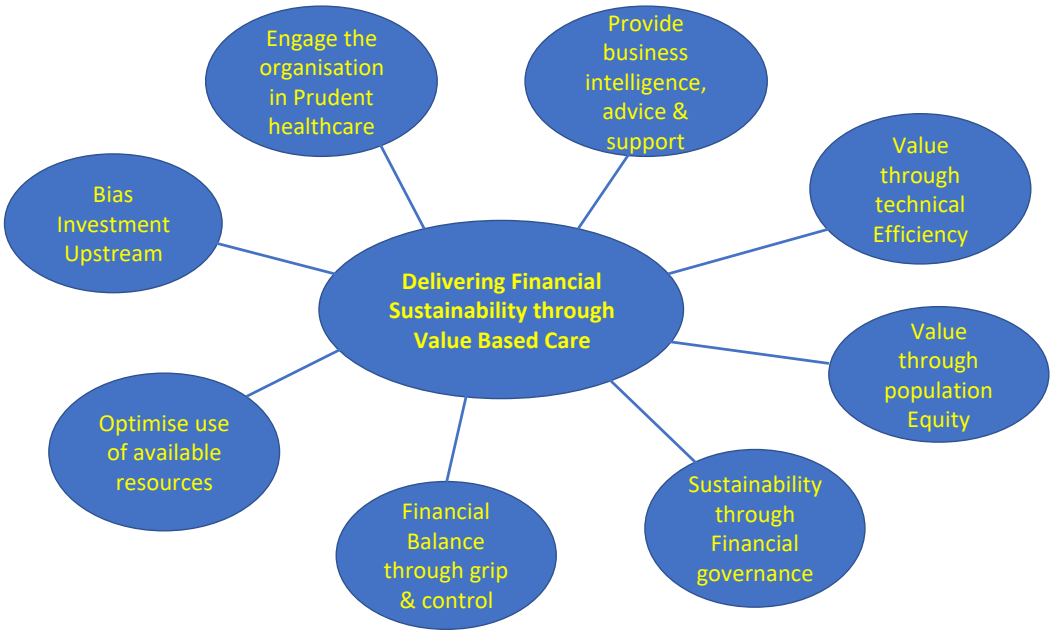
In order to achieve long term sustainability and recurrent financial balance the approach will be to utilise new annual funding to support new cost pressures and priorities and deliver recurrent savings to mitigate the historic underlying deficit and ultimately achieve recurrent financial sustainability.

Asesiad / Assessment

ABUHB Financial Strategy

The Health Boards Financial Strategy is to achieve financial & service sustainability through the application of Value-Based Health Care principles, improving effectiveness and efficiency of the available resources and reducing spend to deliver better patient outcomes. Additionally, applying Value-Based principles for population health, allocating resources differently to improve equity of access for the population we serve. Finance and funding is a key enabler to achieve this strategic aim.

ABUHB FINANCIAL STRATEGY



Strategic and financial plans will be cognisant of the expectations to consider the requirements of 'A Healthier Wales', 'Wellbeing and Future Generations Act', the 'Socio-economic duty', the 'Foundational Economy', the Decarbonisation agenda and the aims of the 'Clinical Futures Strategy' for Gwent.

The overall strategic approach to the financial strategy is based on 3 key overarching priorities:

- Delivery of safe services as priority,
- Delivery towards financial balance and sustainability through improved efficiency and service improvement,
- Minimise new investment priorities

Achieve long term sustainability and recurrent financial balance through utilising new annual funding to support new cost pressures and priorities and deliver recurrent savings to mitigate the historic underlying deficit and ultimately achieve recurrent financial sustainability.

Financial Plan 2024/25

Available resources

The Board receives funding from Welsh Government in the form of an annual allocation which forms the resource limit for spending, this is supplemented with annual funding and other income (predominantly for medical training), additional funding can be allocated during the year either recurrently or non-recurrently.

The 2024/25 Health Board financial plan assumes the following:

- Baseline allocation 2023/24 £1,480m
- Allocation letter funding uplift of £156m
- Anticipated allocation income of £65m
- Additional confirmed GMS allocation £4m
- Other income of £11m

This equates to an available resource limit to support expenditure of £1,716m.

A significant part of allocation funding is ring fenced and reduces the flexibility of the health board to direct resources to maintain the sustainability of core services.

During 2022/23 ABUHB received £32m for planned and urgent care sustainability and recovery which was fully applied recurrently to services, this was reduced by £9m in 2023/24 for reallocation to regional schemes. ABUHB then received £6m in 2023/24 for new regional schemes and this has subsequently been reduced to £3.9m recurrently in the 2024/25 allocation letter. Clarity has been sought about how these and other allocations have been attributed across Wales, as they do not follow funding formula shares and are relatively adversely affecting Gwent residents.

Application of Resources to service delivery

The Health Board has applied the resources available and considered this in comparison to forecast expenditure, the overall plan is summarised in the table below. Each of these elements is described in detail in the remainder of the report.

Financial Plan 2024/25	2024/25 Deficit / (surplus) (£'m)
2023/24 forecast position (as at Month 9)	56.4
WG non-recurrent funding	14.4
Underlying deficit - accounting to reflect recurrent implications	10.6
Underlying deficit going into 2024/25	**81.4**
National Pressures	14.4
Inflationary Pressures	21.7
Contractual and Unavoidable Pressures	15.7
Local Investment Pressures	8.0
Sub-total 2024/25 including new cost pressures	**141.2**
Discretionary funding	(51.8)
Sub-total 2024/25 inc. discretionary funding	**89.4**
2024/25 savings	(29.1)
Total 2024/25 position before further pipeline opportunities	**60.3**
Additional amber opportunities	(6.9)
Total 2024/25 position before red pipeline opportunities (Likely case)	**53.4**
Red pipeline opportunities (67% assumption)	(4.5)
ABUHB financial plan 2024/25 total (best case)	**48.9**
Note Additional QIA plans of £6.2m - assumption of 20% achievement would result in c.£47.8m deficit	

Underlying pressures:

The Board has attempted to improve the underlying financial position during 2023/24 however cost pressures have outstripped savings delivery and limited progress has been achieved, the 22/23 underlying position was £89m, the forecast underlying position going into 24/25 is £81m.

The underlying position has been the subject of detailed financial analysis and is driven by;

Underlying deficit 2024/25	2024/25 Deficit / (surplus) (£'m)
WG 2023/24 non-recurrent funding utilised to support workforce cost growth including variable pay	14
Medical staffing cost increases due to operational acuity including ED safer staffing and demand	13
Nursing pressures - due to nurse staffing act, additional capacity resulting from DTOCs, Acuity and urgent care	12
CHC	10
Medicines management (prescribing and acute drug costs)	19
Covid legacy (estates & facilities)	7
WHSSC / EASC (service growth in excess of funded levels)	6
Total underlying deficit b/f into 2024/25	**81**

National cost pressures:

These are national investment programmes and all Wales commitments. The table below provides the description of the £14.4m costs.

National cost pressures	2024/25 Deficit / (surplus) (£'m)
Health Protection Funding loss	2.9
Planned Care Recovery Funding loss	2.7
External commissioning - NICE	2.4
Covid Anti-viral	1.4
O365 licences	1.2
Community Admissions Avoidance Therapy Team (CAAT) (AHP)	0.9
Optometry contract reform	0.8
WRP (net increase)	0.8
MH&LD 111 press 2 staffing	0.5
All other items	0.9
Total	**14.4**

Inflationary / Macro economic pressures:

These include general non-pay inflationary pressures, inter NHS directed pass through costs, Energy costs, SLA inflation and diagnostics consumables costs.

Inflationary cost pressures	2024/25 Deficit / (surplus) (£'m)
WHSSC inflation	4.9
External contract inflation	3.7
EASC inflation	1.4
Mental Health CHC	3.8
Adult Complex Care CHC	2.9
NWSSP Energy	2.1
Non-pay inflation general	2.2
All other inflationary pressures	0.7
Total	**21.7**

The 2024/25 allocation letter provides a 3.67% uplift and expects a minimum 2% savings delivery. We recognise that the letter advises commissioners to provide a 3.67% pass through funding for non-pay inflation (recognising pay is directly funded). Subsequently Health Boards have been directed to pass through the full 3.67% on the full LTA values (not just non-pay elements). As a net commissioner this has a detrimental effect on the Health Board opportunity to expect savings in these areas to the value of circa £5m due to over £300m of its allocation for inter NHS agreements (LTA's) and WHSSC/EASC. However further work will be undertaken to leverage benefits from these investments by incorporating any investments and growth into this uplift in line with the clarity provided by WG whereby it states that providers must be clear on demand and cost increases that evidence the utilisation of this funding.

Contractual & Unavoidable pressures

These include GP prescribed drugs, NICE cancer drugs and complex care placements price increase and growth in placements expected. Additional Velindre Trust cancer costs are included to reflect increased demand and drug cost growth, but these need to be considered as part of the agreed uplift.

Contractual & Unavoidable costs	2024/25 Deficit / (surplus) (£'m)
WHSSC growth	4.7
Mental Health CHC growth	5.6
Velindre	1.5
FNC	1.1
Prescribing	1.0
GDS clawback costs	0.8
All other issues	0.9
Total	**15.7**

Local investment priorities:

These are very limited and identify 'must do' priorities and the developments that the health board consider the highest new priorities to support for patient care.

Local investments	2024/25 Deficit / (surplus) (£'m)
Board Business Case investment	
Newport East HWBC	0.1
Tredegar HWBC	0.2
Breast Business case	0.2
YYF Breast Unit	0.1
Glaucoma Diagnostic Hub	0.1
Transfer Pracs	0.2
GUH ED extension	0.2
Sub-total Board Business Case investment	**1.1**
Invest to Save items with off-setting opportunities / savings	
Primary Care Academy	0.7
Primary Care sustainability	1.0
Robot	0.5
Sub-total invest to save items	**2.3**
Other core & specific issues	
Cardiology insourcing	0.8
PSA/Digital Patient Communications	0.4
Litigation	0.5
Innovation reserve (MS / Diabetes pumps)	3.0
Sub-total other core items & specific issues	**4.7**
Total Local Investments	**8.0**

- The innovation reserve was initially set up in 2023/24 at £10m, for 2024/25 it is proposed to set this at a lower level of £3m to reflect the requirement for the Health Board to minimise investments but acknowledging that some investments will be required in order to address priority service, efficiency, and quality and safety issues. (essential areas under consideration include Diabetes Pumps, MS drugs, Urgent & Emergency care, Children services and regional priorities). It is also expected that some investments will be ”invest to save” and support improved efficiencies and savings.

Specific areas of cost growth

The cost pressures identify three specific overall areas which continue to present an overall significant financial pressure to the Health Board both from an underlying deficit and 2024/25 growth perspective. These are included in the above tables but are drawn out for clarity below:-

CHC

CHC costs cover Adult Complex Care, Mental Health & Learning Disabilities and Paediatrics. The different specialties have differing cost driver pressures linked to

the specific packages covered. Inflationary growth particularly linked to Real living wage is an increased pressure given the likelihood of reduced funding in 2024/25.

Unavoidable growth remains a pressure despite on-going review of all packages coupled with various mechanisms to minimise growth. In addition, high-cost packages particularly within Paediatrics are a potential increasing pressure in 2024/25.

The financial plan for these areas is summarised below:-

CHC Financial Plan 2024/25	Expenditure (£'m)
Forecast expenditure 2023/24	126.5
Full year effect of expenditure and other adjustments (e.g. RIF / non-recurrent pay award)	1.6
Inflationary costs	6.7
Demand / Service growth	7.0
2024/25 savings (inc. Full year effect of 2023/24)	(6.1)
Forecast expenditure 2024/25	**135.7**

Medicines Management

Medicines Management costs cover Primary Care prescribing as well as Acute drugs costs and externally commissioned drugs costs through other NHS Wales organisations. The full year effect of expenditure partly linked to volume growth as well as new NICE indications is significant. In addition, there is a specific cost pressure relating to Anti-Viral drugs previously supplied via WG. The savings for 2024/25 mitigate the majority of growth elements however the underlying full year effect pressure remains.

The financial plan for these areas is summarised below:-

Medicines Management Financial Plan 2024/25	Expenditure (£'m)
Forecast expenditure 2023/24	203.4
Full year effect of 2023/24 expenditure	2.2
Demand / Service growth	3.4
Covid Anti-Viral costs	1.3
2024/25 savings (inc. Full year effect of 2023/24)	(5.1)
Forecast expenditure 2024/25	**205.2**

WHSSC

The current WHSSC plan identifies a significant increase in costs for 2024/25. This is currently being re-considered through the Joint Committee. The ABUHB plan figure assumes further cost reductions of £0.5m in contributions to WHSSC for 2024/25.

The current WHSSC financial plan impact for the Health Board is summarised below:-

WHSSC Financial Plan 2024/25	WHSSC plan 18th March
Opening income	152.9
2023/24 outturn forecast	(1.3)
Full year effect of prior commitments / adjustments for non-recurrent performance	5.8
Inflationary costs	2.8
Unavoidable growth and cost pressures	1.3
NICE growth	0.4
2024/25 savings (inc. Full year effect of 2023/24)	(1.7)
ICP forecast investment 2024/25	**160.2**
Month 9 23/24 outturn forecast improvement	(0.1)
Additional savings target 2024/25	(0.4)
Internal WHSSC Plan - Commissioning Side	**159.7**

Savings Plans & Opportunities

The Health Board has established a Value & Sustainability Board that focusses on identifying opportunities for cost reduction, efficiency and improvement. There are 7 thematic workstreams closely aligned to the National themes, each with a lead executive including:

- Workforce
- CHC
- Medicines Management
- Non-Pay
- Service Redesign
- Digital
- Prevention

During 2023/24 the health board achieved savings of £43m, the greatest achievement for ABUHB and the highest level in Wales. The Health Board has significant savings presenting as full year impacts from recurrent schemes developed during 2023/24, these are reflected as underlying benefits and are drawn out below for reference.

Full year effect of high value recurrent savings schemes going into 2024/25 is £9.7m:

Description	2024/25 Deficit / (surplus) (£'m)
Prescribing loss of exclusivity savings	(2.7)
Primary Care - GP locum and related managed practice savings	(1.7)
Complex Care related schemes	(0.6)
Cessation of backfill costs	(1.5)
Flexible rewards	(2.2)
Urgent Care (NHH MIU and transfer lounge)	(0.3)
Estates and facilities schemes	(0.5)
Clinical Support Services and Medical schemes	(0.2)

Total Full year effect of savings	(9.7)

The financial recovery strategy of the Health Board is identification and delivery of savings as a continuous process. The development of the IMTP position is regarded as a 'checkpoint' in the process for reporting purposes, recognising further work will be progressed to develop opportunities through the Value & Sustainability Board pipeline identification. The Health Board appreciates the level of challenge it is facing to achieve long term financial balance and the level of change that will be required to facilitate this. Financial governance mechanisms, awareness raising and training has been a priority area to promote Value-Based decision making in ABUHB along with development of practical quick reference tools and check lists for good governance being provided and shared with budget holders.

Plans for 2024/25 include expected savings of £29.1m, with additional pipeline amber opportunities to be progressed of £6.9m and red pipeline opportunities of £4.5m. Further proposals requiring a patient quality impact assessment total £5.4m but these are currently high-risk and therefore some achievement would result in a de-risking of the savings delivery plan.

The Board fully intends to meet its minimum saving target of 2% of c.£33m as a minimum and will need to identify further options to achieve long term recurrent balance.

The tables below present the new 2024/25 Savings plans, by theme and by budget holder;

Theme (V&S Category)	Initial annual plan (£'000)
Workforce	8,570
Non-pay and commissioning	7,938
Medicines Management	2,367
Continuing Health Care (CHC)	5,481
Service Re-design	4,728
Total (£'000)	**29,084**

Theme (V&S Category)	Initial annual plan (£'000)	Division											
		Primary Care & Community	Complex Care	Mental Health	Scheduled Care	Clinical Support Services	Medicine	Urgent Care	Family & Therapies	Estates & Facilities	Corporate	Commissioning	Total
Workforce	8,570	2,278	55	857	1,035	88	1,859	81	277	114	1,926		**8,570**
Non-pay and commissioning	7,938	2,463	47		534	43	42		380	411	1,213	2,805	**7,938**
Medicines Management	2,367	2,167							200				**2,367**
Continuing Health Care (CHC	5,481		2,231	3,250									**5,481**
Service Re-design	4,728	2,678					750				1,300		**4,728**
Total (£'000)	**29,084**	**9,586**	**2,333**	**4,107**	**1,569**	**131**	**2,651**	**81**	**857**	**525**	**4,439**	**2,805**	**29,084**

2024/25 opportunities include:

2024/25 pipeline opportunities	2024/25 Deficit / (surplus) (£'000)
Amber opportunities (Out of Hospital)	4,806
Amber opportunities (Acute)	2,111
Amber opportunities	**6,917**
Red opportunities (Out of Hospital)	600
Red opportunities (Acute)	6,165
20% delivery risk	(2,253)
Total 2024/25 RED pipeline opportunities	**4,512**

More complex and patient sensitive proposals will be considered through the ABUHB Quality Impact Assessment (QIA) panel process. The 2024/25 QIA proposals include a range of opportunities that will be considered with an estimated financial value of £6.2m as a full year effect. A delivery value of 20% for these schemes during 2024/25 potentially worth £1.2m would support de-risking the savings delivery plans.

The savings the Health Board plans to make in total in 2024/25 is shown below;

Savings summary	2024/25 (£'m)
Full year effect of 2023/24 savings	9.7
Full year effect of 2023/24 savings	**9.7**
New savings plan	29.1
Additional Amber opportunities	6.9
Red pipeline opportunities	4.5
New savings and opportunities 2024/25	**40.5**
Total savings requirement 2024/25	**50.2**

Medium & Long-term Opportunities

Further opportunities have been identified but will require more development to clarify feasibility, delivery and value and early estimates indicate at least £10m could be released on a full year basis. These include:

- Further Bed Base Review, further potential Acute, MH and community services
- Acute Medical Model, linked to NHH & wider service effectiveness reviews
- Urgent Care, 6 Goals, potential rationalised single offer for Gwent
- Ambulatory Care review and shift to single most cost effective model across ABUHB
- Estates Rationalisation, St Woolos, Ty Gwent, NHH, other residual sites, further lease options and cessation of PFI agreements
- Elective Care, greater efficiency through control, benchmarking, GIRFT and theatres maximisation

- High Value Pathway redesign through health pathways and value based care opportunities
- Refocus on Core service delivery including INNU's, reduce low clinical value interventions aligned with All Wales approach & potential service centralisation for safety & economies of scale
- Primary Care sustainability through new management framework for future practice vacancies & support packages
- Variable Pay, continued focus to reduce usage & job planning roll out (possible further 5% based on service redesign and better controls)
- Digital opportunities.

Financial Risks

The following risks have been identified as presenting the most significant financial impact.

- Further NICE and AWMSG drug pronouncements
- CHC & FNC placement growth in excess of plans
- CHC price negotiations
- Diagnostics capacity
- Digital priorities
- Commissioning negotiations and delivery performance
- VAT recoveries
- Priority Investments not yet agreed – MS, Diabetic Pumps, ED workforce, children's services
- Further industrial action
- Pay deal 'non-pay' implications
- Operational pressures
- Delivery of savings plans and opportunities.

The above analysis provides a breakdown of how the financial plan has been developed. The emerging 2024/25 forecast indicates a deficit of £60.3m, with potential further amber opportunities of £6.9m and red rated opportunities of £4.5m to be delivered but with significant risks to be managed. A best case scenario indicates a forecast of £48.9m with the potential for de-risking the plan with further QIA savings delivery. The 2024/25 aim is to deliver a forecast deficit which is below the 23/24 outturn deficit.

Medium Term Plan

ABUHB recognises that it needs to develop a service, workforce & financial recovery plan to deliver its statutory duty on a recurrent and sustainable basis. The immediate focus is to hold and improve on the 2023/24 revenue position while developing a medium and long-term plan.

The aim is to develop a 3-year value based recovery plan that will focus on providing excellent core services through improved efficiency, redesigned best practice pathways, shifting resources 'up-stream', reduced estate, service centralisation, reduced admin costs and performance improvement.

Some of the options to achieve long term sustainability may require consultation with citizens and support and flexibility from Welsh Government.

Achieving long term sustainability and recurrent financial balance will be delivered through utilising new annual funding to support new cost pressures and priorities and delivery of recurrent savings to mitigate the historic underlying pressures and ultimately achieve recurrent financial sustainability.

Road Map to recurrent balance:

Road Map to long term sustainability	**£m**	**£m**	**£m**
23/24 Underlying Deficit	81	81	81
recurrent savings 24/25	-29	-29	-29
recurrent savings 25/26		-26	-26
recurrent savings 26/27			-26
Recurrent Underlying Deficit	**52**	**26**	**0**
Assumes new allocations each year mitigate additional cost pressures			

Summary

The above confirms the ABUHB forecast for the annual plan agreed by the Board for submission to WG as a financial plan forecast of a £48.9m deficit as a best case position at this stage, recognising this remains subject to delivering savings from opportunities and managing risks through further identification of mitigating actions. The Health Board is, however, committed to identifying all possible further opportunities to reduce the forecast throughout the year.

The intent of the 3-year plan remains to develop recurrent solutions which progress achievement to financial sustainability within available Health Board resources. A detailed road map to sustainability will be developed during 2024/25.

Argymhelliad / Recommendation

The Board is asked to approve:

- The annual financial plan for the 2024/25 financial year as a forecast deficit of £48.9m, recognising the risks of savings delivery and opportunities for further mitigation.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Financial Sustainability
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium Financial and Other systems data Service plans
Rhestr Termau: Glossary of Terms:	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/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care

	Commissioned Services – Services purchased external to ABUHB 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 CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme 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 DTOC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund F&T – Family & Therapies (Division) FBC – Full Business Case FNC – Funded Nursing Care GDS – General Dental Services GMS – General Medical Services GP – General Practitioner GWICES – Gwent Wide Integrated Community Equipment Service GUH – Grange University Hospital GIRFT – Getting it Right First Time 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 IMTP – Integrated Medium Term Plan INNU – Interventions not normally undertaken IPTR – Individual Patient Treatment Referral I&E – Income & Expenditure ICF – Integrated Care Fund LoS – Length of Stay LTA – Long Term Agreement LD – Learning Disabilities MH – Mental Health

	MSK - Musculoskeletal Med – Medicine (Division) MCA – Mental Capacity Act MDT – Multi-disciplinary Team MMR – Welsh Government Monthly Monitoring Return NCA – Non-contractual agreements NCN – Neighbourhood Care Network NCSO – No Cheaper Stock Obtainable NI – National Insurance NICE – National Institute for Clinical Excellence NHH – Neville Hall Hospital NWSSP – NHS Wales Shared Services Partnership ODTC – Optometric Diagnostic and Treatment Centre OD – Organisation Development 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 RGH – Royal Gwent Hospital RN – Registered Nursing RRL – Revenue Resource Limit RTT – Referral to Treatment RPB – Regional Partnership Board RIF – Regional Integration Fund SCCC – Specialist Critical Care Centre SCH – Scheduled Care Division SCP – Service Change Plan (reference IMTP) SLF – Straight Line Forecast SpR – Specialist Registrar STW – St.Woolos Hospital TCS – Transforming Cancer Services (Velindre programme) T&O – Trauma & Orthopaedics TAG – Technical Accounting Group UHB / HB – University Health Board / Health Board USC – Unscheduled Care (Division) UC – Urgent Care (Division) ULP – Underlying Financial Position VCCC – Velindre Cancer Care Centre VERS – Voluntary Early Release Scheme

	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 YAB – Ysbyty Aneurin Bevan YTD – Year to date YYF – Ysbyty Ystrad Fawr QIA – Quality Impact Assessment (Panel)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee Finance & Performance Committee

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Report – Budget Delegation Proposal 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance & Procurement
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

The Board is asked to approve the proposed budget delegations, including:

- Initial revenue budgets to be delegated for the 2024/25 financial year, and
- Those budgets to be held in reserve – both in terms of planned commitments and any contingency (uncommitted reserve).

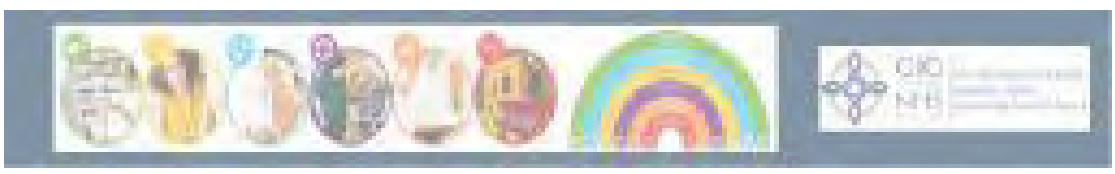
ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Development of the draft financial plan identified that ABUHB would be unlikely to deliver a financially balanced plan for 2024/25. As required by WG, an accountable officer letter was sent by the CEO to WG on the 14th February following agreement by the Board to support an annual plan for 2024/25 in line with WG guidance, while recognising the need to develop a longer-term financial recovery plan that achieves recurrent balance.

The final Financial Plan identifies a forecast deficit for ABUHB of £48.9m for 2024/25.

The Health Board is required to set budgets prior to the beginning of the financial year, which are in accordance with the aims and objectives of the Integrated



Medium-Term Plan for 2024/25 through to 2026/27. Specifically, this means preparing and setting budgets within available funds.

The 2024/25 Health Board financial plan assumes the following:

- Baseline allocation 2023/24 £1,480m
- Allocation letter funding uplift of £156m
- Anticipated allocation income of £65m
- Additional confirmed GMS allocation £4m
- Other income of £11m

This equates to an available resource limit to support expenditure of £1.716bn.

This paper sets out the principles and proposed approach to delegating funding at the start of the 2024/25 financial year with total available resources of £1.716bn.

The summary table below outlines the level of income and previously approved recurrent delegated budgets, with a reserve balance held for 2024/25 financial plan issues.

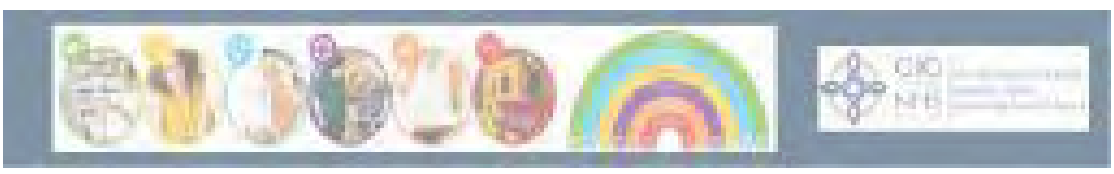
Budget	2024/25 (£'m)
Total UHB income as at 12th March 2024	**1,716.1**
Delegated budgets	1,672.4
Budget held in reserves	43.7
Total UHB budget as at 12th March 2024	**1,716.1**

The proposed approach is a 2 part budget setting plan - initially delegating the approved levels and perform a second delegation during quarter 1 of 2024/25 as part of finalising the 2024/25 financial savings and cost pressure plans at a divisional/budget holder level exercise.

The requirement to set budgets based on income levels effectively requires a decision on where and which budgets will be expected to report a deficit (ie. delegated or reserves). As a result, further consideration will be given to the establishment of a deficit reserve or control totals to monitor the financial performance against a forecast net spend of £1.765bn driving the £48.9m forecast deficit.

In order to achieve long term sustainability and recurrent financial balance the approach will be to utilise new annual funding to support new cost pressures and priorities and deliver recurrent savings to mitigate the historic underlying pressures and ultimately achieve recurrent financial sustainability.

Budget planning principles require that the total Health Board budget be equal to its available resources. Due to the forecast 2024/25 financial deficit within Aneurin Bevan Health Board this will mean that some (or all areas) will not have a budget equal or greater than their forecast expenditure.



The annual financial plan is based on applying the above principles; thus, the focus has been on developing a budget strategy that:

- Ensures budget delegation plan reconciles with Allocation funding.
- Budget allocations are in line with WG allocative planning therefore prioritised to 2024/25 pressures.
- Budget delegation includes recurrently approved budgets, 3.67% NHS Wales LTA's pass through (£8.8m) and regional planned recovery monies (£3.9m) where applicable.
- Reserves are established pending finalisation of some anticipated allocations
- Budget holders should operate & deliver within delegated budgets noting that some areas forecast to be overspent.
- An innovation reserve has been established for a number of key priorities (£3m)
- No contingency reserves are established
- All other risks & pressures will need to be pro-actively managed & mitigated.

As noted above further consideration will be given to the establishment of revised budgets for 2024/25 to enable robust monitoring of budgetary performance against a forecast £48.9m deficit, this may include establishing delegated control totals or deficit reserve.

The Board is asked to approve the proposed initial budget delegation 2024/25.

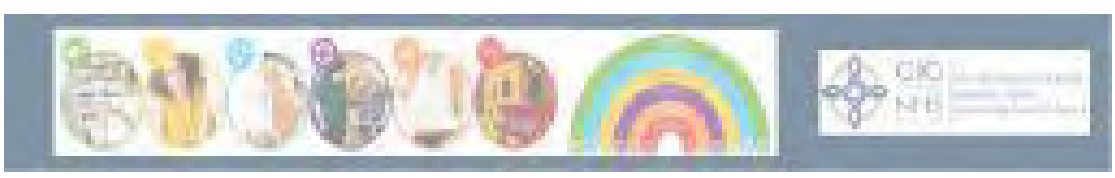
Cefndir / Background

The financial provisions and obligations of the Health Board are set out under Sections 174 to 177 of the National Health Service (Wales) Act 2006 (c. 42) (Schedule 8 of the Act). The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure that the Health Board meets its statutory obligation to perform its functions within its available financial resources.

The Health Board has two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it or its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The details and requirements for the two duties are set out in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."



To be successful in meeting these targets the Health Board is required to set budgets, prior to the start of the financial year, and these should be in accordance with the aims and objectives of the Integrated Medium-Term Plan for 2024/25 through to 2026/27. Specifically, this means preparing and setting budgets within available funds and delegating them in line with the Health Board's Standing Financial Instructions (SFIs) and financial policy on budgetary control.

The Health Board has a well-established budgetary control procedure that describes delegation and accountability plus a revised Accountability Framework launched in 2023/2024. The budget planning principles is concerned with how the amount delegated to individual areas is determined.

In view of the deficit reported in 2022/23 and the forecast deficit in 2023/24 as well as the associated levels of risk there has been increased oversight by the Board, the Finance and Performance Committee and the Executive Committee. It is recommended these arrangements continue in 2024/25. It is expected that there will be further financial scrutiny through WG arrangements as part of 'targeted intervention' (level 4) for planning and finance.

Asesiad / Assessment

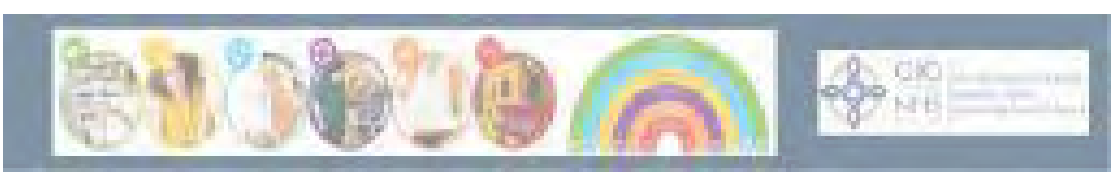
The Ministerial letter to Chairs formally issued the baseline 2024/25 revenue allocations to Health Boards, received by the Health Board on the 22nd December 2023. The allocation reflects the Minister for Health and Social Services decisions about the distribution of resources to Health Boards for the forthcoming year (summarised in the Allocation letter briefing).

Baseline funding for 2024/25 has increased by £156.1m compared with 2023/24 (baseline). However, the 'new discretionary funding' net uplift to the Health Board i.e. excluding recurrent 2023/24, committed and directed funding, is £51.8m and described as follows:

Discretionary uplift	2024/25 Deficit / (surplus) (£'m)
Core uplift 24/25	46.9
Mental Health core uplift 24/25	4.9
Discretionary uplift	**51.8**

It should be noted that the allocation letter does not include funding for any 2024/25 pay awards or contractor services uplifts or the consolidated 2023/24 wage awards, funding for these remains with WG and will be delegated to ABUHB once settlements are agreed. The allocation letter also does not include specialised service costs for identified treatments where the HB passes through the allocation in year such as Vertex.

As part of the allocation letter, the Health Board received recurrent funding for Health Protection, PPE and Adferiad (long covid).



As part of the allocation letter, the Health Board received recurrent funding for inflation and growth of 3.67%; a stipulation of this is that it needs to be passed through to our providers. The following is recommended in this paper:

- LTA's £2.5m,
- WHSSC £4.9m,
- EASC £1.4m, and
- Reserves £1.2m for emerging issues.

At this stage, the Health Board is anticipating funding of £1,716.1m for the financial year 2024/25. This is made up of confirmed allocations of £1,640.4m and anticipated allocations of £64m and £11.8m other income. There is a specific risk assumed as part of the financial plan in relation to CHC real living wage which would reduce the overall income received. As always anticipated allocations carry the risk of not being received or received at a different value.

The Health Board has a recurrent allocation baseline to enable the planning of core services. The Health Board receives in year allocations from WG usually for specific areas of spend. These are delegated to the most suitable service area following agreement from the CEO and are listed in the Board finance reports. The delegation is reflective of whether the allocation is recurrent or not. In 2023/24 uplifts were applied to Divisional areas based on forecast expenditure net of savings opportunities which resulted in the IMTP deficit shown in reserves. The residual element of this deficit will continue to be shown in reserves pending further opportunities to eliminate this underlying pressure.

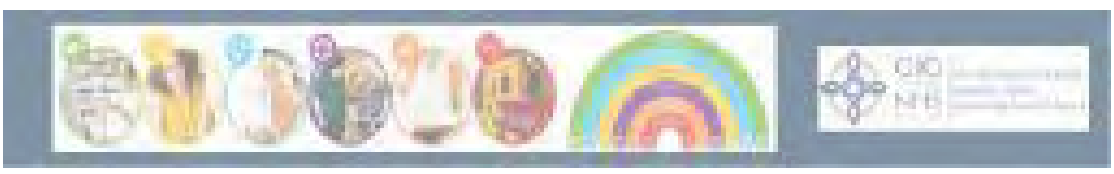
Methodology for 2024/25

The Methodology for 2024/2025 is based on the following:

1. Recurrent budgets per the financial ledger, as at month 11,
2. Delegate the funding for the 3.67% uplift to be passed through to NHS Wales LTA's,
3. Set up an innovation reserve to manage in year decisions (£3m),
4. Hold the remainder of the new allocations in reserves to enable further discussions and implementation of savings plans.

Delegated Budgets is based on the following Funding Assumptions

Income	2024/25 Income (£'m)	Additional allocations February 2024 (£'m)	Total Income March 2024 (£'m)
Confirmed allocations	1,636.6	3.8	1,640.4
Anticipated allocations	63.9	0.1	64.0
SIFT Income	2.0		2.0
Junior Doctor Income	9.2		9.2
PGMDE Income	0.5		0.5
Total Income	**1,712.2**	**3.9**	**1,716.1**



Anticipated allocations (total £64m) are listed below:-

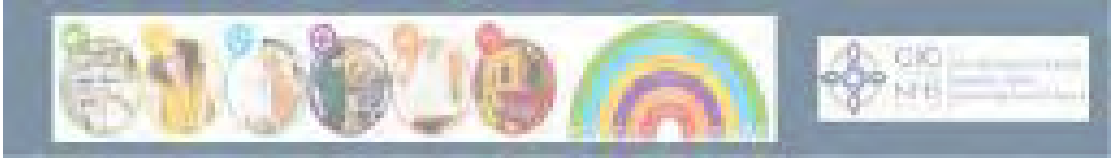
Anticipated allocations	2024/25 (£'m)
Pay award funding (element received in month 10)	38.0
A4C pay award 23/24 outstanding allocation	2.7
Consolidated pay award 23/24 outstanding allocation	0.9
Medical pay award 23/24 outstanding allocation	0.6
Executive pay award	0.1
Real living wage (CHC) (allocation to be updated)	5.4
Mental Health SIF 22/23	4.1
Mental Health SIF 23/24	0.9
Substance Misuse	3.4
ETTF	1.8
GMS refresh	1.6
SDEC (GUH)	1.5
Urgent Primary Care	1.3
Shingles Vaccine	1.2
Prevention & Early Years	1.1
Medical training posts	1.1
Virtual consultations	1.1
CAMHS in-reach	0.8
Memory Assessment (RPB)	0.6
VBH: Heart failure	0.5
I2S	(0.4)
Welsh Risk Pool 24/25	(5.5)
Other HCHS allocations	1.0
Other GMS allocations	0.3
Total anticipated allocations (as at March 2024)	**64.0**



Suggested Budget Delegation by Division / Executive Area

Division	M11 budget as per latest ledger report £000s	LTA 3.67% inflationary pressures £000s	WHSSC 3.67% inflationary pressures £000s	EASC 3.67% inflationary pressure £000s	Residual RIF £000s	Revised 2024/25 budget proposal £000s
Primary Care	288,439				191	288,630
Prescribing	114,518					114,518
Community CHC & FNC	73,620					73,620
Mental Health	125,444				527	125,971
Total Primary Care, Community and Mental Health	**602,022**	**0**	**0**	**0**	**718**	**602,740**
Scheduled Care	132,277					132,277
Scheduled Care (PACCT)	62,171					62,171
Clinical Support Services	61,871					61,871
Medicine	148,866					148,866
Urgent Care	34,578					34,578
Family & Therapies	130,641					130,641
Estates and Facilities	86,897					86,897
Chief Operating Officer	8,107					8,107
Total Director of Operations	**665,409**	**0**	**0**	**0**	**0**	**665,409**
Corporate / Exec budgets:-						
Finance & Performance	9,596					9,596
Workforce & OD	8,698					8,698
Nurse Director	5,342				56	5,398
Chief Executive and non officer members	9,563					9,563
Planning	19,576				(773)	18,802
Digital Services	27,899					27,899
Therapies	1,366					1,366
Corporate Governance	1,376					1,376
Public Health	4,419					4,419
Medical Director	4,196					4,196
Litigation	(357)					(357)
Shared Services	0					0
Total Corporate Divisions	**91,675**	**0**	**0**	**0**	**(718)**	**90,957**
WHSSC	141,940		4,875			146,815
EASC	39,805			1,404		41,209
Total Specialist Services	**181,745**	**0**	**4,875**	**1,404**	**0**	**188,024**
External Commissioning - LTAs' + Access Plans	87,491	2,501				89,992
Total External Contracts	**87,491**	**2,501**	**0**	**0**	**0**	**89,992**
Total Delegated Position before Capital Charges	**1,628,341**	**2,501**	**4,875**	**1,404**	**0**	**1,637,121**
Capital Charges	44,072					44,072
Total Delegated Position	**1,672,413**	**2,501**	**4,875**	**1,404**	**0**	**1,681,193**
Reserves	43,717	(2,501)	(4,875)	(1,404)		34,937
Total Reserves	**43,717**	**0**	**0**	**0**	**0**	**34,937**
Total UHB budget	**1,716,130**	**0**	**0**	**0**	**0**	**1,716,130**

The discretionary funding uplift of £51.8m has been partly delegated (£8.8m) which results in a revised reserves position of £34.9m. The remaining £34.9m within reserves is partly committed to specific items within the annual plan including, Health Protection, Community Admission Avoidance Therapy Team (CAAT) funding, LTA inflationary pass-through costs, PALS, Palliative Care and 'Further, faster' costs.



An innovation fund is set-up for areas of pressure being considered by the Board. The revised reserves position available for future delegation is £16.7m, this enables further discussions on delegation aligned with the agreed new financial plan pressures. There are no uncommitted reserves beyond the innovation reserve.

As per usual practice delegation letters will be issued to ensure clarity of responsibility and accountability, based on the increased level of budget delegation. The letters will also include a summary of how the budget total is worked up and will include a list of specific areas that have been funded along with wider performance expectations.

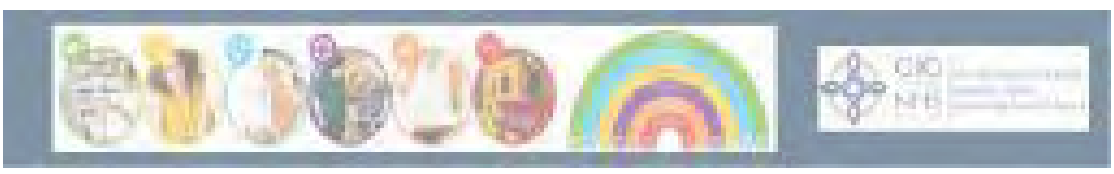
The delegated structure is as of February 2024, if there are subsequent structure changes these will need to be completed in line with established governance i.e. approved virements and updated delegated letters. For example, the most current information has been used to derive the budget for Scheduled Care but there may be further discussions linked to Divisional realignment with Clinical Support.

Reserves position - 2024/25	Current rollover position 2024/25	Budget-setting proposals	Updated reserves position 2024/25
Current ledger position as at 12th March 2024	43.7		43.7
LTA 3.67% inflationary pressures		(2.5)	(2.5)
WHSSC 3.67% inflationary pressures		(4.9)	(4.9)
EASC 3.67% inflationary pressure		(1.4)	(1.4)
Revised 2024/25 reserves position before commitments	**43.7**	**(8.8)**	**34.9**
Further faster funding			2.3
Health Protection			10.1
Community Avoidance Admissions Team			0.9
Other committed reserves			2.0
Innovation fund			3.0
Revised 2024/25 reserves position available for future delegation			**16.7**

The budget-setting process in 2023/24 was based on spend in 2022/23 where any underspends were budgeted to continue and any overspends were effectively funded, it is for the delegated budget holder to manage the whole of the budget and to delegate as they see fit within the detailed areas.

The updated budget-setting for 2024/25 uses this as the start point, incorporates any recurrent delegated budgets and funds the 'pass through' or directed elements of the 24/25 baseline allocation letter. The remainder of the 24/25 uplift funding will be delegated following further consideration during quarter 1 of 2024/25.

The budget holder will be expected to ensure that any conditions for funding received are met, including reporting appropriate expenditure and ensuring all funding 'pots' are maximised.



Summary

This paper proposes a 2 stage budget delegation of the Health Boards funding for 2024/25, it describes the methodology used and the impact on delegated budgets. The budget delegation is in line with the total income expected for 2024/25.

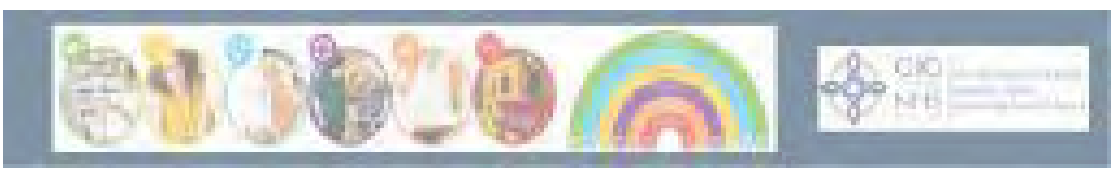
Argymhelliad / Recommendation

The Board is asked to approve the proposed budget delegations, including:

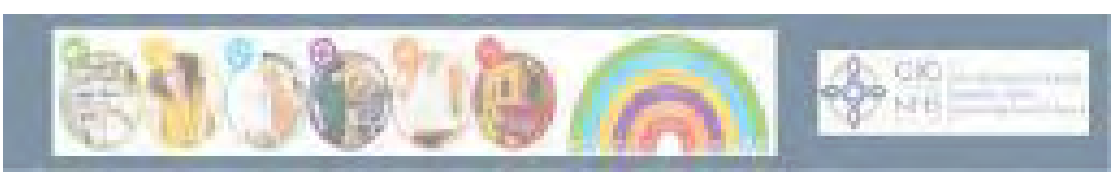
- Initial revenue budgets to be delegated for the 2024/25 financial year and,
- Those budgets to be held in reserve – both in terms of planned commitments and any contingency (uncommitted reserve).

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Financial sustainability
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

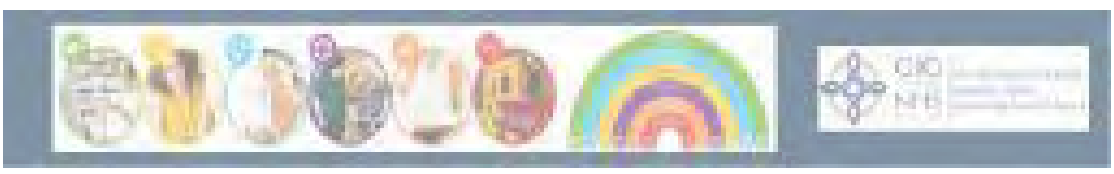
Gwybodaeth Ychwanegol: Further Information:



Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium Financial and Other systems data Service plans
Rhestr Termau: Glossary of Terms:	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/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB 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 CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme 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 DTOC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund F&T – Family & Therapies (Division) FBC – Full Business Case



	FNC – Funded Nursing Care GDS – General Dental Services GMS – General Medical Services GP – General Practitioner GWICES – Gwent Wide Integrated Community Equipment Service GUH – Grange University Hospital GIRFT – Getting it Right First Time 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 IMTP – Integrated Medium Term Plan INNU – Interventions not normally undertaken IPTR – Individual Patient Treatment Referral I&E – Income & Expenditure ICF – Integrated Care Fund LoS – Length of Stay LTA – Long Term Agreement LD – Learning Disabilities MH – Mental Health MSK - Musculoskeletal Med – Medicine (Division) MCA – Mental Capacity Act MDT – Multi-disciplinary Team MMR – Welsh Government Monthly Monitoring Return NCA – Non-contractual agreements NCN – Neighbourhood Care Network NCSO – No Cheaper Stock Obtainable NI – National Insurance NICE – National Institute for Clinical Excellence NHH – Neville Hall Hospital NWSSP – NHS Wales Shared Services Partnership ODTC – Optometric Diagnostic and Treatment Centre OD – Organisation Development 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

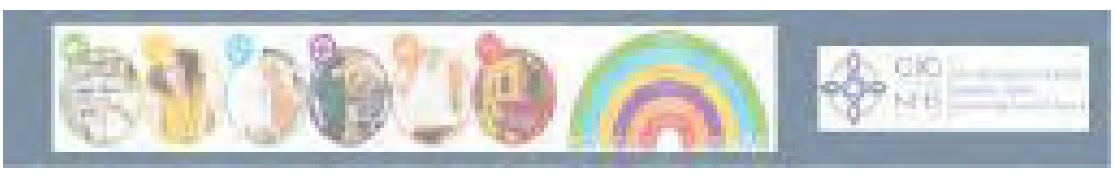


	PFI – Private Finance Initiative RGH – Royal Gwent Hospital RN – Registered Nursing RRL – Revenue Resource Limit RTT – Referral to Treatment RPB – Regional Partnership Board RIF – Regional Integration Fund SCCC – Specialist Critical Care Centre SCH – Scheduled Care Division SCP – Service Change Plan (reference IMTP) SLF – Straight Line Forecast SpR – Specialist Registrar STW – St.Woolos Hospital TCS – Transforming Cancer Services (Velindre programme) T&O – Trauma & Orthopaedics TAG – Technical Accounting Group UHB / HB – University Health Board / Health Board USC – Unscheduled Care (Division) UC – Urgent Care (Division) ULP – Underlying Financial Position VCCC – Velindre Cancer Care Centre VERS – Voluntary Early Release Scheme 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 YAB – Ysbyty Aneurin Bevan YTD – Year to date YYF – Ysbyty Ystrad Fawr
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

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



	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Parenting Charter
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade – Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Howard Stanley – Head of Safeguarding Fiona Bullock – Deputy Head of Safeguarding

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

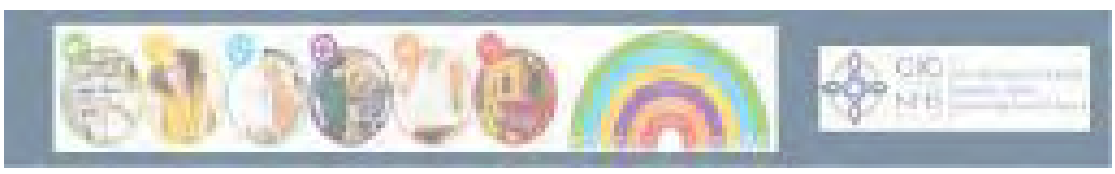
Corporate parenting promotes the collective responsibility of local authorities to safeguard and promote the rights and life chances of care-experienced children and young people. Supporting care-experienced children and young people through their childhoods and as they leave care should be the responsibility of all public sector bodies. Welsh Government is supporting Health Boards to understand and develop their responsibilities towards care-experienced children and young people, and to ensure they have the same life chances as all children living in Wales. For context there are 1645 children aged 0-17 who are considered a Looked After Child in Gwent. A Looked After Child is a child in the care of the Local Authority.

Cefndir / Background

The NHS has been identified as a public sector body that engages with care experienced children and young people. This charter is closely aligned with the UN Convention for the Rights of the Child (UNCRC). Article 24 -39 considers the right of all children to have the best possible health and support. The charter also considers the Social Services and Well-being (Wales) Act 2014, where a care experienced child has protection of any characteristics, such as culture and beliefs.

The shared principles of the charter are: -

Equality



Article 1 UNCRC; all children have rights.

Eradicate stigma

Identifying a child's health needs as they present, not allowing minimisation due to care experience. Article 2 UNCRC; to live without discrimination.

Togetherness

Listen to care experienced children, allowing them to inform their own care. Article 12 UNCRC; all children have the right to be listened to.

Support

Understand the training needs of the Health Board workforce who work with Care experienced children regularly. Adding the corporate parenting charter to suitable training packages in the Health Board, including induction and safeguarding children level 1, 2 & 3.

Ambition

Article 3 & 29 UNCRC; all children have the right to be the best they can.

Nurture

Article 19; all children have the right to be safe and protected. Ensuring through support and training that the ABUHB workforce understands their duty to report (Wales Safeguarding Procedures 2019).

Article 25 UNCRC; All children who are not living with their families should be checked on regularly to make sure they are ok. The Looked After Children's (LAC) team complete statutory initial and annual health reviews for all LAC living in the Health Board's population.

Good Health

Access the right health care and advice needed to support the best physical, mental health and general well-being for all care-experienced children and young people.

A Stable Home

Article 20 UNCRC, children have the right to special protection if they don't live with their family.

A Good Education

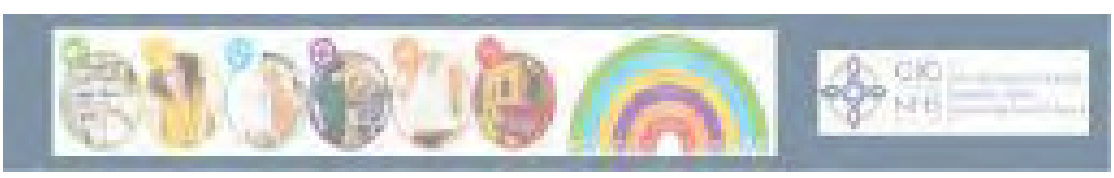
Article 28 &29 UNCRC; all children have the right to an education.

Lifelong

Article 3 UNCRC; Adults have a duty to act in a child's best interest. Care leavers are afforded this protection into young adulthood.

Asesiad / Assessment

The Health Board is well placed to support and sign the pledge to become a corporate parent. This will be supported through the Safeguarding Team and the Nursing and Quality Directorate however action will be required across the Health Board



In order to meet the requirements of the charter further action will be required in the following areas:

- The ABUHB LAC (Looked After Children) team and the audits of LAC assessments completed provide a unique opportunity to support children in care however all clinical services will need to understand their duties and responsibilities in this regard
- All staff working with children and families will require specific engagement regarding the charter's requirements
- Inclusion of the corporate parent charter in induction training for all staff
- Include The Principles of Corporate Parenting in any existing training packages for all staff working with children
- Continue to deliver the training plan for Safeguarding children level 1,2 & 3
- Roll out the charter to Primary Care Services within ABUHB following appropriate engagement
- Reinforce the workforce duty to report concerns

Argymhelliad / Recommendation

The Board is asked to support the signing of the Pledge to become a corporate parent.

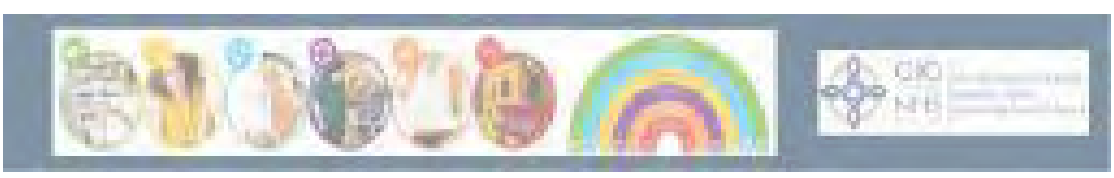
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.7 Safeguarding Children and Safeguarding Adults at Risk 6.2 Peoples Rights Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse





Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	United Nations Convention on the Rights of the Child (UNCRC)
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves



Llywodraeth Cymru
Welsh Government

Corporate Parenting Charter – A Promise from Wales

"A SHARED PARENTING PLEDGE"

gov.wales

What is Corporate Parenting?

- Corporate parenting promotes the collective responsibility of local authorities to safeguard and promote the rights and life chances of care-experienced children and young people. Children can find more information about their rights here: **Children's Commissioner for Wales – UNCRC Childrens Rights**.
- Supporting care-experienced children and young people through their childhoods and as they leave care should be the responsibility of all public sector bodies.
- We want these bodies to understand and develop their responsibilities towards care-experienced children and young people, and to ensure they have the same life chances as all children living in Wales.



Why a Charter? What's it for?

- A Charter is a set of principles and promises. This Charter has been developed in collaboration with care-experienced young people.
- This Charter is a set of promises that can be adopted by any public sector body when engaging with care-experienced children and young people.
- It also sets out shared principles that all bodies and their leaders should follow when providing services to care-experienced children and young people.
- We want all public sector bodies and senior leaders to sign up to this Charter as a good Corporate Parent. This Charter is not exclusive to local authorities and public bodies, and we would welcome any members of the third sector and private sector to sign up and become a Corporate Parent.
- The development of this Charter takes into account the overarching duties laid out in Part 2, General Functions of the Social Services and Well-being (Wales) Act 2014. Specifically, that a person exercising functions in relation to an individual for example a looked after child must have regard to the characteristics, culture and beliefs of the individual (including, for example, language). **www.law.gov.wales/social-services-and-well-being-wales-act-2014-further-legislation-codes-and-guidance-made-under-act**
- The Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice (Looked After and Accommodated Children) will be revised to include additional guidance on the Charter. The updated Code of Practice will be published in 2024 and Charter will be reviewed as part of this process.

Which kind of public sector body, public service or professionals do we mean?

This charter is for any public sector body or individual who engages with or is responsible for care-experienced children and young people to adopt. For example:

- Politicians – Welsh Ministers, Members of the Senedd, (**United Nations Convention on the Rights of the Child, Article 4**).
- Independent Bodies – The Children's Commissioner, The Future Generations Commissioner and The Welsh Language Commissioner.
- Local Authorities – councillors, chief executives, directors of social services, local authority commissioners and procurement teams, housing and education, Foster Wales and National Adoption Service.
- Local Health Boards.
- NHS Trusts.
- Regional Partnership Boards.
- Social Care Providers – Local authorities, residential children's homes and independent foster agencies.
- Social Care Professionals and practitioners – social workers, Independent Reviewing Officers (IROs), personal advisers, youth and support workers, residential children's home staff, foster carers, kinship carers and adoptive parents.
- Housing Providers – housing associations.
- Education – schools, governors, universities, colleges and Qualifications Wales.
- Transport for Wales.
- Third Sector Organisations and voluntary adoption agencies or services.
- Inspectorates – Care Inspectorate Wales (CIW), Estyn and Health Inspectorate Wales (HIW).
- Cafcass Cymru.
- Department for Work and Pensions.
- Police – youth justice teams and those supporting individuals in custody.
- Employers/Apprenticeship/Traineeship providers.
- Other public bodies: National Resources Wales, National Park Authorities, The Arts Council of Wales, Sport Wales, National Library of Wales and National Museum of Wales. (**As listed in Section 6 of the Wales Future Generations Act 2015**).

Shared Principles for Corporate Parents

- **Equality** – We will support care-experienced children and young people to have the same life chances as every other young person in Wales. This is because all children have rights, no matter who they are (Article 1. UNCRC)
- **Eradicate Stigma** – We will recognise care-experienced children and young people for who they are, not just by their experience of being in care. This is because all children have a right not to be discriminated against (Article 2)
- **Togetherness** – We will work alongside care-experienced children and young people to ensure their views, feelings and ideas are integral to, influence and inform the services they receive and the way they receive those services. This is because all children have a right to be listened to and taken seriously (Article 12).
- **Support** – We will ensure professionals working with care-experienced young people understand their care experiences children and young people's needs and/or have access to information an training.
- **Ambition** – We will ensure every care-experienced child and young person reaches their potential and can enjoy a wide experience of leisure, cultural, sport and social activities. This is because all children have a right to be the best they can be (Article 3 and 29) and have the right to relax and play (Article 31).
- **Nurture** – We will make all care-experienced children and young people feel valued, respected, cared for and loved. This is because all children have a right to be safe and protected from harm (Article 19) and because all children who are not living with their families should be checked on regularly to make sure they are okay (Article 25).
- **Good Health** – We will provide support to access the right health care and advice needed to support the best physical, mental health and general well-being for all care-experienced children and young people. This is because all children have the right to the best possible health and support (Article 24 and 39).
- **A Stable Home** – We will seek out and provide stable places to live that are right for all care-experienced children and young people. This is because all children have a right to special protection if they don't live with their family (Article 20). This is because any adoption must be overseen by Government to make it supports the young person in their growth and development, is lawful and that it prioritises children's best interests (Article 21).



- **A Good Education** – We will provide opportunities and support for all care-experienced children and young people to learn/develop and help them become who they want to be. This is because all children have a right to an education (Article 28 and 29).
- **Thrive** – We will ensure all care-experienced children and young people are prepared for the future and are able make positive choices for independent living and adulthood. This is because all children have a right to reach their potential (Article 3 and 29).
- **Lifelong** – We will work to provide access to and raise awareness of the support and information available after leaving care. This is because adults have a duty to act in children's best interests (Article 3).

Our Promises as Corporate Parents

Set out below are the promises all Corporate Parents should fulfil when working with care-experienced children and young people:

- We will take time to listen to all care-experienced children and young people and ensure their views, wishes and feelings are heard and actively considered in all decisions made about them.
- We will treat all care-experienced children and young people with respect.
- We will involve all experienced children and young people in decisions that are made about them.
- We will keep all care experienced children and young people informed about our involvement with them and explain our actions to them.
- We will use straightforward language when we communicate with all care-experienced children and young people.
- We will show compassion when considering the needs of all care-experienced children and young people.
- We will work with all care-experienced children and young people to help them achieve their goals.
- We will advise all care-experienced children and young people of the process to make a complaint should they feel we are not adhering to this charter.
- We will advise all care-experienced children and young people that they have a right to access independent advocacy to make sure their views, wishes and feelings are heard during decisions being made or when they are unhappy and want something stopped, started or changed.



References

Reference	Description
UNCRC Article 2	The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say and whatever type of family they come from.
UNCRC Article 4	Governments should make these rights available to children.
UNCRC Article 12	Respect for children's views. Children have the right to give their opinions freely on issues that affect them. Adults should listen and take children seriously.
UNCRC Article 19	Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.
UNCRC Article 20	Children who cannot be looked after by their own family must be looked after properly, by people who respect their religion, culture and language.
UNCRC Article 21	Adoption. Government must oversee the process of adoption to make sure it is safe, lawful and that it prioritises children's best interests.
UNCRC Article 24	Children have the right to good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy. Rich countries should help poorer countries achieve this.
UNCRC Article 25	(Review of treatment in care). If a child has been placed away from home for the purpose of care or protection (for example with a foster family or in a hospital they have a right to a regular review of their treatment, the way they are cared for and their wider circumstances.
UNCRC Article 28	Children have a right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthy countries should help poorer countries achieve this.
UNCRC Article 29	Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, their own and other cultures and the environment.
UNCRC Article 31	All children have a right to relax and play, and to join in a wide range of activities.
UNCRC Article 39	Children who have been neglected or abused should receive special help to restore their self-respect.

UNCRC

The United Nations Convention on the Rights of the Child (UNCRC) is an international agreement that protects the human rights of children up to the age of 18. It recognises not only their basic human rights but gives them additional rights to protect them from harm as one of the most vulnerable groups in society. In 2011 the Welsh Government made the UNCRC law in Wales, with the Rights of Children and Young Persons (Wales) Measure 2011. The Measure places a duty on Welsh Ministers to have a due regard to the UNCRC and its Optional Protocols when making their decisions. Altogether there are 54 articles in the convention. Articles 1-42 set out how children should be treated.

For further information on the United Nations Convention on the Rights of the Child please visit:
The Welsh Government's UNCRC website **Children's rights | Sub-topic | GOV.WALES**.

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Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

Agenda Item: 3.3a

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Equality Report 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Non Ellis, Equality, Diversity & Inclusion Specialist

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the background and context to accompany the Annual Equality Report 2023-24, Appendix 1. The report needs to be published by the 31 March 2024 in line with the requirements set out in the Public Sector Equality Duty (PSED) 2011. It ensures that Aneurin Bevan University Health Board meets the requirements of the PSED and is a useful tool in communicating - to both the public and staff, information about the important work the Health Board is undertaking on Equality, Diversity and Inclusion (EDI).

The Board is requested to approve the Annual Equality report.

Cefndir / Background

As part of our obligations under the PSED, we are required to publish an Annual Equality Report, detailing the work the organisation has undertaken to further advance equality. We are also required to publish annual data on the diversity of our workforce. The two are presented in one document, in line with the approach in previous years.

The report would be publicly available and include information about employees and people who affected by our organisations policies and practices. This report is therefore relevant to our staff and people who use our services.

Asesiad / Assessment

The Annual Equality Report gives an overview of the progress made by the Health Board in meeting the PSED. It includes an update on the actions taking forward the equality objectives contained within the Health Board's current Strategic Equality Plan (SEP) 2020-2024.

The Report provides a comprehensive overview of the EDI performance of the Health Board during 2023/24, in terms of both workforce and patients, employment and service design and delivery. It also contains information about the Health Board's EDI governance arrangements and details of current projects and programmes.

During the reporting period of 2023/24 the following improvements were made:

- A snapshot of our Equality data sets as of 31 March 2023, has shown that there is some improvement in our equality statistics (e.g., non-disclosure of sexual orientation via ESR is down by 3% since 2022; non-disclosure of disability via ESR is down by 4% since 2022; and our median gender pay gap has reduced to 16.20% from 18.72% in 2022).
- We have developed a framework around our Staff Diversity Network to ensure a mechanism for their voice. This has included the introduction of Executive Sponsors, nominations of Network Chairs, development of Terms of Reference, and approved protected time for Network members. This work will continue into 2024/25 to ensure that our Networks grow in maturity and to contribute positively and proactively to the EDI agenda.
- Development of an organisational level Anti-Racism Action Plan to meet our obligations under Welsh Government's Anti-Racist Wales Action Plan.
- The pre-consultation engagement and public consultation on our reviewed SEP for 2024-2028 has resulted in increased engagement and trust with both staff, community members and stakeholders, upon which we intend to build in the coming four years to ensure co-production and co-design are at the heart of everything that we do.
- Following the successful pilot of the SignLive service, which provides communication support for Deaf patients, their families and those that use British Sign Language, this service will be available across the Health Board.

Furthermore, since the publication of our current SEP in 2020, there has been a significant investment in the EDI function, with the recruitment of a Band 8a EDI Specialist (1.00FTE), Disability Inclusion Officer (0.40 FTE, 12-month secondment) and a Band 5 EDI Officer (1.00 FTE, Permanent).

The report does not identify any matters where there is a significantly increased level of risk for the Health Board and no financial implications have been identified.

The report highlights the Health Board's continued committed to proactively meeting the diverse needs of the communities who use our services and those we employ.

EDI and Human Rights are a golden thread of all activities and remain a key executive and board priority of the Health Board. We recognise the ongoing nature of this work and will continue to monitor and measure our outcomes.

Argymhelliad / Recommendation

The Board is asked to note the volume of work undertaken to embed equality, diversity and inclusion principles across the Health Board and to approve the Annual Equality report in readiness for publication by the deadline of 31 March 2024.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 3.2 Communicating Effectively 6. Individual care 6.2 Peoples Rights
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. All of the above
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Gender and Pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	EDI – Equality, Diversity & Inclusion PSED – Public Sector Equality Duty SEP – Strategic Equality Plan
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	

Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

2023/24

Annual Equality Report



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Foreword

I am pleased to endorse the publication of Aneurin Bevan University Health Board's 2023-24 Annual Equality Report, which summarises how the Health Board has performed in meeting its legal duties as set out in the Equality Act (2010) and the Human Rights Act (1998).

Through collaboration with our partners, the Health Board is hugely committed to delivering better health outcomes for our disadvantaged communities, increasing the diversity of our workforce, and improving their experiences in the workplace by ensuring that people are at the heart of everything we do.

Our Board members are committed to creating an inclusive environment for the workforce and are actively engaging with Equality, Diversity and Inclusion training and initiatives in order to confidently lead this complex and challenging agenda. Individual Board members have also committed to actively promoting equality, diversity and inclusion, as well as championing and sponsoring our staff networks.

I hope that you enjoy reading about the progress we have made over the past year, and as we review our Strategic Equality Plan for the next 4 years, I invite you to get in touch if you have any comments for us on how we can continue to improve.



Nicola Prygodzicz

Chief Executive Officer

Our Health Board

Aneurin Bevan University Health Board was established in October 2009 and achieved 'University' status in December 2013. The Health Board's principal role is to ensure the effective planning and delivery of our local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for our citizens, and in a manner that promotes human rights. To fulfil this role, we are required to work with our partners and stakeholders in the best interests of the population we serve. As a Health Board, we serve the population of Gwent which reflects the five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The Demographics of Gwent are varied and include rural countryside areas, urban centres and the most easterly of the south Wales valleys.



Our Legal Requirements

The Equality Act (2010) provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.
It provides Britain with a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Section 149 of the Equality Act (2010) requires us to demonstrate compliance with the Public Sector Equality Duty (PSED) which places a statutory duty on the Health Board to:

- Eliminate unlawful discrimination, harassment, and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

Our Health Board also has a specific duty under the PSED to publish information to demonstrate compliance with the Equality Duties, at least annually and set equality objectives, at least every 4 years.

The Equality Act provides protection for people with protected characteristics. These are:

- Disability
- Race
- Pregnancy and maternity
- Sexuality
- Gender reassignment
- Age
- Sex
- Religion and belief
- Marriage and civil partnership

Our Commitment

The Health Board's current Strategic Equality Plan (SEP), was reviewed and published in March 2020, under the Public Sector Equality Duty which supports the Equality Act (2010).



Recognising that promoting equality and human rights is key to securing the best possible life chances and health outcomes for the people we serve. the SEP is committed to supporting a human rights-based approach to how we work, making human rights principles and standards real in practice.

Our Strategic Equality Objectives for 2020 - 2024 are:

1. Work in partnership to reduce all hate crime.
2. Work in partnership to reduce the incidence of domestic abuse, 'honour' based violence and elder abuse.
3. Work in partnership with carers to continue awareness raising, provide information, and improve practical support for carers.
4. Improve the wellbeing and engagement of our staff.
5. Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take-up of services is lower or outcomes are worse.
6. Improve the access, experience and outcomes of those who require Mental Health and Learning Disability services.
7. Improve the experience of lesbian, gay, bisexual and transgender (LGBT) service users and staff.
8. Gender and Pay – Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this.

Our Workforce in Numbers

It is both a requirement and good practice to know the composition of our workforce so that issues of under-representation can be addressed and needs can be provided for. Behind every number and statistic, there is a person whose story matters. All figures presented here are based upon data from the NHS ESR (Electronic Staff Record) payroll systems as of the latest snapshot date (31st March 2023). The data relates only to Health Board staff employed on Agenda for Change terms and conditions.

82%

of the workforce are female

Our workforce is predominately female (over 80%), which reflects the majority of NHS Health Boards in Wales.
Gender breakdown by headcount equates to Female – 12189 and Male – 2753, total headcount is 14942.

The data collection continues to improve as only 28.82% of data is Unspecified. The collection of disability data has improved by 22.18% from March 2018. In 2018 only 49% of staff had completed this information compared to 71.18% in March 2023.

3%

identify as having a disability

36%

of our workforce are aged over 50

36% of our workforce are aged over 50 years of age.
Employees aged 71 and over have increased this year from 70 to 74 individuals.
16% of our workforce are under 30 years of age.

Over 77% of employees identified as White. 15% have not reported their ethnicity.
Within our workforce database, we have 47 different Ethnic Origins identified which breaks down ethnicity further.

8%

of our workforce identify as Black, Asian and Minority Ethnic

37%

of our workforce have identified as Christian

16% of our workforce identify as Atheist., 2% as Muslim. and 1% as Hindu.
10% of the workforce have expressed that they do not want to disclose their religion/ belief and another 23.93% are unspecified.

24% of the workforce have not disclosed their sexual orientation and 2.64% have identified they have declined to provide the information.
Over 70% of the workforce have identified as heterosexual/ straight.

3%

of our workforce identify as LGB+

Further information can be found in the Equality Monitoring Report 2023/24.

Please note, that some individuals feel the ESR data items and values relating to certain protected characteristics do not meet their needs. In addition, data sets can be adversely affected by the proportion of blank entries or the selection of options such as 'I do not wish to disclose'.

Monitoring our Progress

The Chief Executive Officer, together with the Board, is responsible for making sure we meet our legal duties. Progress against our Equality Objectives is reported to our People and Culture Committee.

Our Race and LGBTQ+ Advisory Groups and six Staff Diversity Networks – Carers@ABUHB, Enable@ABUHB, Menopause@ABUHB, Neurodiversity@ABUHB, Pride@ABUHB, Voices@ABUHB – also play a vital role in reviewing and shaping our work going forward.

Our Achievements

This section of our report outlines our progress in the final year of our Strategic Equality Plan, April 2023 - March 2024. During the reporting period, the Health Board achieved a number of milestones to support our Equality Objectives:



- We have continued to meet the communication needs of patients. Staff have access to a range of translation services. These are provided by Language Line, Big Word, Sign Live and The Wales Interpretation and Translation Service (WITS). These services are available 24 hours, 365 days a year and include Telephone and face-to-face; interpretation for Deaf people or hearing-impaired people; and document translation services. For the year 2023 to date, BSL interpretation accounted for the highest rate of interpretation allocation (24%), followed by Arabic, Bengali, Polish, and Romanian.

- We continued to increase our sector-specific equality communications (through newsletters and the reviewed equality staff intranet pages) to promote greater awareness of equality and to share more examples of excellent equality practices internally.
- We engaged with numerous campaigns and events such as Give Racism the Red Card, National Staff Network Day, NHS Wales Equality Week, Pride Month, Black History Month, etc.







- We continued to deliver a suite of Equality, Diversity and Inclusion training sessions including Gender Identity Training; Introduction to Equality, Diversity and Inclusion; Neurodiversity Awareness; Equality Impact Assessment Training; Reasonable Adjustments Training; etc.
- In April 2023, Race Equality First was commissioned to provide Cultural Awareness training to the Board.
- The EDI and Welsh Language Team have co-facilitated workshops exploring EDI and language on the Nursing and Midwifery Leadership Academy Programme.
- An Inclusive Leadership workshop has been introduced to the Leading People Programme.
- We continue to monitor compliance against mandatory equality training. As of April 2023, we have achieved 85.37% mandatory equality training compliance, an improvement against the 82.10% completion rate achieved in 2021-2022.

- In February 2024, the Health Board launched its Medic Mentor 'buddy' scheme. The Scheme aims to support IMGs (International Medical Graduates) transitioning into the workforce and life in the UK. This well-structured program aims to connect new NHS members with experienced colleagues, fostering a nurturing environment for shared learning and mutual support. By providing personalised guidance from those familiar with the intricacies of the NHS system, this scheme aims to better facilitate the transition of new IMGs into their roles.



- The Equality, Diversity and Inclusion and Welsh Language Teams were awarded a Widening Participation Grant from Health Education in Wales to develop and deliver a project that aims to introduce Year 6 pupils to the world of medicine and healthcare. This involves the co-development of a 'Health and Social Care Career and Work-related Experience Toolkit' for Teachers that aligns with the Curriculum for Wales for 3 – 16-year-olds.
- A review of our current Equality Impact Assessment (EQIA) process has been undertaken during the reporting period to ensure that robust, transparent assessments are produced and monitored for all service and policy developments. EQIA is a tool that helps us to place equality, diversity, cohesion and integration at the heart of everything we do and make sure our strategies, policies, services and functions do what they are intended to do and for everybody.
- In response to the rising cost of living, a Financial Wellbeing Group has been developed to oversee the development and curation of financial wellbeing support and advice resources to support staff and patients in navigating financial hardship.

- We have taken part in national events celebrating the diversity of our people and communities, this has included NHS Wales Equality Week events and Pride Cymru.



- We have continued to promote our staff networks to encourage confidence in our workplace culture and help people bring their whole selves to work. We have developed a framework for our Staff Networks to ensure that they have robust Terms of Reference and Annual Work Plans. In addition, during the reporting period, we welcomed new Executive Sponsors for each of our Staff Networks to provide visibility and leadership across the organisation.





- Our comprehensive Employee Wellbeing Service continues to deliver expert clinical support to staff, through individual counselling and therapeutic support https://aneurinbevanwellbeing.co.uk/
- Following feedback from staff, we have reviewed our Personal Appraisal and Development Review (PADR) to ensure staff have the opportunity to discuss their wellbeing with their manager.
- During the reporting period, the Health Board has achieved Disability Confident Employer at level 2 of the Disability Confident scheme. Work is underway to achieve level 3.
- The Health Board has continued to raise awareness of shared parental leave, flexible working and agile working across a wider range of roles, developing an Agile Working Toolkit and launching several flexible working pilots.





- Our comprehensive Employee Wellbeing Service continues to deliver expert clinical support to staff, through individual counselling and therapeutic support https://aneurinbevanwellbeing.co.uk/
- Following feedback from staff, we have reviewed our Personal Appraisal and Development Review (PADR) to ensure staff have the opportunity to discuss their wellbeing with their manager.
- 5 workplaces are engaged with Diverse Cymru's Cultural Competency Scheme. Diverse Cymru's Cultural Competence Certification Scheme is an award winning workplace development tool to help organisations implement good workplace practice, ensuring services are fair and equitable for Black, Asian and Minority Ethnic people in Wales.
- Menopause support for staff has continued during the reporting period. Monthly staff Menopause Cafes have been facilitated, in addition to Menopause Awareness training sessions.

- In collaboration with our Person-Centred Care Team, we will continue to engage with the people who use the services we provide to ensure that we identify any potential inequalities faced by different groups, which require our focus and action to address them.
- In September 2023, the Health Board's Person-Centred Care Team were declared the winner of the Health and Wellbeing Award at the GAVO Volunteer Awards.





- In June 2023, the Person-Centred Dementia Care Team hosted the Gwent Regional Dementia Conference. Featuring talks from various healthcare professionals including nurses, clinical scientists, dieticians, service managers and even Dragons Rugby's Inclusion Officer, the event focused on sharing knowledge and improving dementia care.





- The Health Board is a key partner of the Southeast Wales Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Partnership Board and in the delivery of the Gwent Regional Violence Against Women, Domestic Abuse and Sexual Violence Strategy 2018-2023.
- The Health Board has continued to raise awareness and understanding among staff of how to report hate crime and support colleagues who are victims of abuse/hate crime. Work continues with multi-agency partners to raise awareness and respond positively to victims of hate crime. This has included sharing information, resources and upcoming events and training opportunities.
- The Health Board has maintained its Corporate Health Standard awards at both Gold and Platinum levels.
- In July 2023, the Staff Wellbeing Survey introduced questions related to Equality and Inclusion, this will allow the Health Board to gain insights into our employees' experiences and establish programs that foster safer and more inclusive workplaces.
- The Equality, Diversity and Inclusion and Welsh Language Teams were awarded a Widening Participation Grant from Health Education in Wales to develop and deliver a project that aims to introduce Year 6 pupils to the world of medicine and healthcare. This involves the co-development of a 'Health and Social Care Career and Work-related Experience Toolkit' for Teachers that aligns with the Curriculum for Wales for 3 – 16-year-olds.
- The Health Board took part in the Volunteer to Career programme. The project funding ended in June 2023, but we have developed a pathway and secured funding to trial a 'Wellbeing Assistant' Volunteer to Career post as 'proof of concept'. We will evaluate this and determine how such an innovative post can be mainstreamed into our workforce plans.
- A review of our current Equality Impact Assessment (EQIA) process has been undertaken during the reporting period to ensure that robust, transparent assessments are produced and monitored for all service and policy developments. EQIA is a tool that helps us to place equality, diversity, cohesion and integration at the heart of everything we do and make sure our strategies, policies, services and functions do what they are intended to do and for everybody.
- In response to the rising cost of living, a Financial Wellbeing Group has been developed to oversee the development and curation of financial wellbeing support and advice resources to support staff and patients in navigating financial hardship.

- The Health Board has voluntarily committed to undertake an annual Race Pay Gap Audit. This data set will be collated alongside workforce demography and local population needs assessments to establish an evidence base to inform further the Health Board's implementation plan moving forward.
- The Health Board is working in partnership with Cardiff University, to undertake an analysis of our gender pay gap to inform the action required by the 'equal pay duty', to ensure its effectiveness.
- We continue to maintain membership in the Stonewall Diversity Champions programme.
- A HR Caseload tracker is in development to monitor EDI-related cases. This data will provide a valuable baseline to monitor progress against the equality objectives and inform future planning.
- Funded by the Anti-Racist Wales Culture, Heritage and Sports Fund, the Health Board launched the Seen Project exhibit in February 2024. In partnership with Race Council Cymru, and in collaboration with staff, the local community and schools, the Seen Project aims to use art as a vehicle to drive conversation about representation across the Health Board. Commissioning Black, Asian and Minority Ethnic regional artists to immortalise the contributions of Black, Asian and Minority Ethnic staff, past and present, to health care in Gwent.









Spotlight on...

Visual Impairment Awareness



In December 2023, the Equality, Diversity and Inclusion Team welcomed David Chaffey as a Disability Inclusion Officer.

David has worked for the Health Board for the last 19 years, as part of the Switchboard Team and is an active member of the Disability Advisory Group. David is also a Unison Disability and Young Members Representative, as well as a member of Welsh Ambulance Service Trust's Community Partnership Group.

A key element of David's new role is to deliver Visual Impairment Awareness Training to Health Board staff.

An interactive, practical awareness session, the Visual Impairment Awareness Training, simulates different levels of visual impairment for participants and highlights the fundamental principles that can be reasonably applied to home, work and public places to support wayfinding and accessibility for people with visual impairment.

"Excellent session! It's given me a real understanding of some of the challenges people who are visually impaired face, as well as highlighting their capabilities" - **HR Officer.**

Spotlight on...

Internationally Educated Nurses







Internationally Educated Nurses (IENs) bring a wealth of skills, expertise, and passion to roles within the NHS. They make an incredible contribution to the Health Board.
In May 2023, staff organised an event at the Royal Gwent Hospital to celebrate the work of IENs.

Nurses often leave families abroad for long durations to work. There are approximately 500 Internationally Educated Nurses working across the Health Board, with the majority from the Philippines and India. But with many also from Africa, Pakistan, Fiji Albania, and other EU countries. The first nurses were recruited over 20 years ago in 2001 and again in 2019.

"The first ever IENs event is an initiative project spearheaded by IEN leaders across the health board who are passionate about delivering support, promoting awareness, and creating a safe space for our shared values, celebration of culture and tradition in a diverse working environment like us. We recognise that internationally trained nurses play a vital role in sustaining a robust workforce in our health board through delivering our core services to our population...With the success of our first-ever IENs event, we look forward to making this an annual event in the future with the support of our Nurse leaders. With our heartfelt gratitude, we are thankful for all the nurses, healthcare professionals and nurse leaders who showed their support and celebrated with us every day of our working lives." - ***Clinical Research Nurse Specialist, Regina Reyes.***

Spotlight on...

LGBTQ+ History



In February 2022, in partnership with Gwent members of the Proud Councils network, the Health Board invited the Gwent public to review and add to the Gwent LGBTQ+ Timeline, curated by Author and Historian Norena Shopland.

The timeline is one in a series of timelines being produced by Hanes LHDT+ Cymru / LGBTQ+ Research Group Wales, to highlight key moments in Wales' LGBTQ+ story

Shopland utilised her Welsh historic material collection on sexual orientations and gender identities to inform the timeline, as well as stories and information from those that contributed to the Hanes LHDT+ Cymru / LGBTQ+ Research Group Wales.

In June 2023, the Gwent Timeline was launched in Caerphilly Pride, the first-ever Pride celebration in the county.

The timeline remains a live document and we are continuously encouraging staff and the public to submit their stories to be included and look forward to continuing to collate the rich and illustrious history of the LGBTQ+ community in Gwent.





Spotlight on...

The Carers Voice



During December 2023, the Carers Network and Equality, Diversity and Inclusion Team hosted a series of Staff Carers Drop-in sessions to engage with staff members who are unpaid carers.

42 members of staff engaged with the sessions and were signposted to support themselves as unpaid carers or to provide for patients and families in their professional roles.

"I really appreciated having the opportunity to talk with the team about what support was available to me...you don't know what you don't know, and I had no idea what was out there in terms of services and support!
Having someone listen makes a huge difference, as caring can be very lonely" - Staff Member



Spotlight on...

Dementia



The Person-Centred Dementia Care Team is committed to supporting the workforce to deliver and embed the highest standard of dementia care for patients and carers.

- We have Dementia Companion volunteers to engage and assist patients in meaningful activities
- We have provided over 42 wards with Meaningful Activity Baskets. Included in these baskets are resources such as paints, crafts, Empathy Dolls and sensory objects of comfort, including Assistive Technology Equipment.
- We have a training programme open to all staff
- We have a network of Dementia Champions across the Health Board
- We have Assistive Technology – RITAs, Hugs, Dolls to alleviate anxiety and loneliness
- We have Dementia Friendly Environmental Audits and Action Plans to change the way our wards look and feel
- We have a dedicated team to support the Dementia work
- We have a dedicated email address for direct access to the team – abb.pccctdementia@wales.nhs.uk
- We have a dedicated link for Volunteers and Dementia Companion.

Conclusion & Forward Look



This is the final year of our current Strategic Equality Plan and it is important to recognise that, since its publication in 2020, the world we live in has changed, and so too has the way our NHS operates.

Alongside the 'Black Lives Matter' and 'Me Too' movements and the cost of living crisis, the global COVID-19 pandemic magnified and focused attention on the impact of socio-economic inequality, health inequalities, racism and other discriminatory behaviours and actions on our NHS staff, our key workers more widely, and our diverse communities. To address these differential outcomes, we need to move beyond legal compliance and utilise the power of Equality, Diversity and Inclusion to transform the culture of our organisation.

During the reporting period, we have undertaken engagement and consultation to develop a revised Plan to take us from April 2024 - March 2028.

Our reviewed Plan will set our vision, aims and objectives to create a fair, just and equal culture across Aneurin Bevan University Health Board over the next four years.

Acknowledgements

We would like to acknowledge the contributions of people who worked tirelessly on the projects mentioned within:

- Our Staff Diversity Networks: Carers@ABUHB, Enable@ABUHB, Menopause@ABUHB, Neurodiversity@ABUHB, Pride@ABUHB, Voices@ABUHB.
- Our Race Advisory and LGBTQ+ Advisory Groups.
- Indu Jacob, Elizabeth Tonic and the Internationally Educated Nurses Cafe.
- Disability Inclusion Officer, David Chaffey.
- Regional Strategic Carers Programme Lead, Naheed Ashraf.
- Clinical Research Nurse Specialist, Regina Reyes.
- Aneurin Bevan University Health Board's Medical Education Team and Consultant Physician and Assistant Medical Director, Dr Jaideep Kitson.
- Aneurin Bevan University Health Board's Person-Centred Care Team.
- Aneurin Bevan University Health Board's Workforce & Organisational Development Teams.
- Diverse Cymru.
- Race Council Cymru.
- Race Equality First.

We thank you for your continued support in our efforts to contribute to our Equality Objectives.

Website
https://abuhb.nhs.wales/

Email
ABB.EDI@wales.nhs.uk

Agenda Item: 3.3b

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Equality Plan 2024 - 2028
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Non Ellis, Equality, Diversity & Inclusion Specialist

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to support and provide background context to the Strategic Equality Plan (SEP) and Equality Objectives for 2024 – 2028 following the public consultation and feedback received.

The revised SEP needs to be published by the 31 March 2024 in line with the requirements set out in the Public Sector Equality Duty 2011.

The Board is asked to approve the updated SEP in readiness for publication by the deadline of 31 March 2024.

Cefndir / Background

As part of our obligations under the Public Sector Equality Duties (PSED), we are required to consult on and refresh our SEP at least every four years.

Draft Equality Objectives and high-level actions were developed between April and December 2023 in collaboration with the Staff Diversity Networks, Trade Unions, Llais and stakeholders. To support us in identifying where we need to focus our work for 2024-2028, we also used information from the “Is Wales Fairer?” Report 2023 and the Making Gwent Fairer Report and aligned priorities to key strategic drivers (e.g., People Plan 2020-25, Anti-Racist Wales Action Plan, LGTBQ+ Action Plan, etc). We also analysed the current breakdown of staff by protected characteristics, to help identify where under-representation may exist.

A 12-week public consultation took place between December 2023 and February 2024, where various organisations and members of the public were consulted with the aim of further developing the draft objectives.

Asesiad / Assessment

The attached SEP Appendix 1 contains the Equality Objectives for Aneurin Bevan University Health Board to work towards for April 2024 – March 2028.

The SEP builds on our work in this area over the past 4 years and is underpinned by the People Plan objectives and the values and behaviours of the organisation. It provides a blueprint for creating an inclusive environment for all staff, and also provides a framework to ensure that we deliver an appropriate and inclusive service to patients on each and every contact.

In developing this SEP, we have engaged with managers, staff and external stakeholders, both face to face and virtually, to test our ambition and to ensure that the objectives set are realistic and relevant. Between April – December 2023 a number of pre-consultation engagement activities were undertaken to shape the draft objectives. These activities included a staff survey, staff workshops, Equality Chat Cafes across sites, engagement with Staff Diversity Networks, and workshops with the Llais Citizen's Panel. Several themes emerged:

- Meaningfully engaging and actively listening to our people and patients
- Co-production and design
- Access to our services and environment
- Culture and leadership
- Data and systems
- Equal opportunities

These themes have informed the three areas of focus for our objectives: Our Patients, Our People, Our Population (the 3Ps of Inclusion).

The Equality Objectives have been further developed following a public consultation, which launched for a period of 12 weeks (from 9.00am on Monday 04 December 2023 until 5.00pm on Friday 23 February 2024), where feedback was received from individuals and organisations who represent people with different and multiple protected characteristics. In addition to holding a series of workshops to discuss the plans in detail, feedback was received via a public survey hosted on the website, in addition to direct correspondence from individuals and organisations.

In developing the objectives, we have also incorporated the findings from the "Is Wales Fairer?" 2023 report, the Welsh Government's Anti-Racist Wales and LGBTQ+ Action Plans, and the Socio-economic duty, as well as the organisation's strategic priorities and the Wellbeing of Future Generation Act Goals.

The SEP sets out the vision, aims and objectives to create a fair, just and equal culture across Aneurin Bevan University Health Board over the next four years.

It is recognised that achieving the culture change required to deliver our ambition will take time. The early years will be about building the foundations to facilitate

this change. To embed equality, diversity and inclusion (EDI) within the organisation, it is recommended that equality objectives and associated actions should be embedded in directorate strategic and operational plans. Therefore, to support the implementation of the new SEP, focused action is needed to embed EDI in the directorate planning and delivery process.

Co-production and co-design were key themes to emerge from the consultation activities. These themes are reflected throughout the revised SEP with the acknowledgement that we will be continuously guided by stakeholders to ensure that our objectives remain fit for purpose and meet their needs. The benefits of this continuous engagement approach mean patients, carers, service users, citizens, staff and partners work together to design services that better meet individual and community needs and utilise resources effectively.

It was also evident from feedback from the consultation that stakeholders wanted to see clear actions associated with each objective to ensure accountability and tangible and measurable outcomes. These have been captured in a high-level action plan included in the SEP document. An operational level implementation plan with associated measurement indicators is currently in development to support progress reporting.

There are resource implications in terms of delivering the work in the revised SEP, in addition to Welsh Government plans. Furthermore, this emerging workstream is anticipated to become increasingly complex. It was therefore necessary to assess what resources are required and develop the EDI function more fully. As such, a Disability Inclusion Officer (0.4 FTE, 12-month secondment) and a Band 5 EDI Officer (1.0 FTE, Permanent) have been appointed to the EDI workstream. The team have been funded within the Workforce and OD budget. Over year 1 of the plan, further resource mapping will be undertaken to understand the current position across the Health Board of the individuals and teams that support the EDI agenda. This will be with the aim to ensure individuals and teams can support one another, working effectively across the organisation on this complex agenda.

The effective implementation of the revised SEP will serve to transform the outcomes and experiences for staff who are currently under-represented in the organisation. Staff in the 'majority' groups will have a greater understanding of inclusion which will benefit everyone. The EDI Specialist attends the Trade Union Partnership Forum (TUPF) and TUPF members will continue to actively contribute to discussions on the implementation of the SEP.

Effective implementation will also help to reduce inequalities to make sure everyone has good quality care, equal access, experience and good outcomes from our services, as well as improving how we gather and act on the experiences of people most likely to have a poorer experience of care and those least likely to be able to access the care they need.

The main risks to highlight in this paper concern:

- Legislative and governance risks linked to enacting responsibilities from the PSED.
- Risk of non-compliance in relation to EQIA.

Our Equality Advisory Groups will support in setting the strategic direction of the workstream and we will continue to report progress against the objectives of the SEP to the People and Culture Committee, TUPF, and the Patient Quality and Safety Committee. Progress will be published annually in the Equality Annual Report.

To ensure that we are monitoring our progress against the SEP and meeting our obligations under the PSED, we will develop an assurance framework through a phased approach and will encompass both delivery and developmental metrics. The focus will be on both current and historical performance (where available) and will aim to identify patterns and changes including evidence of improvement in reducing inequalities and increasing equal opportunities. Some of the measurement indicators will include, but are not limited to:

- The total number of reported incidents and the reporting on Datix.
- Feedback from Patient Surveys.
- Number of staff that have attended EDI-related training.
- Number of Equality Impact Assessments carried out on changes and policies (Proportion).
- Evidence of our response to recommendations made by others concerning inequalities in access, experience and outcomes.
- The Median and medium difference in our Gender Pay Gap published annually.
- Our position in Workplace Equality Index (e.g., Disability Confident, Diverse Cymru, etc.)
- % of people completing the equality and diversity section on ESR.
- Within our Recruitment data – the number of people of different characteristics who apply, get shortlisted, and are recruited.
- Number of staff accessing non-mandatory training and CPD.
- An increase in the diversity of our workforce both in overall numbers and showing an improvement in the diversity of band 7 and above particularly relating to the characteristics of race, gender (women), disability and sexual orientation.
- Increase in the % of staff believing the Health Board provides equal opportunities for career progression or promotion.
- Increased participation in Staff Networks.

Governance arrangements have also been established for scrutinising and approving EQIA's in the form of an EQIA Panel. This is where a panel of people review the proposed policy, particularly thinking about its impact on different groups of people, trying to identify and counter any potential negative impact and promote any opportunities to enhance equality. The panel will suggest actions for the EQIA owner to adopt before approval. In addition, a repository of EQIAs approved by the EQIA Panel has been established by the EDI workstream to ensure that EQIAs that are referred to in Regulation 8 (1) of *Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011*, are published accordingly.

The Health Board would like to thank all staff, community members and stakeholders for their valued contributions to the consultation on the SEP for 2024 – 2028.
Argymhelliad / Recommendation The Board is asked to approve the updated SEP in readiness for publication by the deadline of 31 March 2024.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	NA
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 6.3 Listening and Learning from Feedback 4. Dignified Care 6.2 Peoples Rights
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. All of the above
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. All of the above

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Anti-Racist Wales Action Plan Equality and Human Rights Monitor 2023: Is Wales Fairer? LGBTQ+ Action Plan for Wales Socio-Economic Duty Wellbeing of Future Generations Act
Rhestr Termau: Glossary of Terms:	EDI – Equality, Diversity and Inclusion EQIA – Equality Impact Assessment ESR – Electronic Staff Record CPD – Continuing Professional Development LGBTQ+ - an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more. PSED - Public Sector Equality Duties

	TUPF – Trade Union Partnership Forum
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	People & Culture Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes not yet available An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

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



Strategic Equality Plan 2024/28

Aneurin Bevan University Health Board's Equality Objectives: 3 P's for Inclusion

Foreword



It is with great pleasure I endorse the publication of our Strategic Equality Plan for 2024 - 2028, which sets out our continued intended direction of travel over the next four years to strengthen our approach in advancing equality, eliminating discrimination and fostering good relations between those who share a protected characteristic and those who do not. Our plan relates to our role as an inclusive employer, as well as the way we provide our services. Our staff and stakeholders have been fully engaged in the development of this plan and its objectives, and this co-production has been hugely important and meant that our values and behaviours are reflected within the document.

I look forward to working together across the Health Board and with partners to take forward this very important agenda.

Nicola Prygodzicz, Chief Executive Officer

Introduction

It's critical that organisations ensure diversity – diversity of backgrounds, cultures, ages, genders, abilities, religions, and other characteristics, as well as diversity of thought processes and perspectives. But diversity is not enough. **Inclusion is where the real work comes in.**

In our efforts to create a truly inclusive organisation, 3 Objectives (what we call the 3Ps of inclusion) will form the basis of our proposed Strategic Equality Plan for 2024 -2028 .

They are: **Patients, People and Population.**



This strategy sets out our vision, aims and objectives to create a fair, just and equal culture across Aneurin Bevan University Health Board over the next four years.

Since the publication of our last Plan in 2020, the world we live in has changed, and so too has the way our NHS operates.







Alongside the ‘Black Lives Matter’ and ‘Me Too’ movements, the global COVID-19 pandemic magnified and focused attention on the impact of socio-economic inequality, health inequalities, racism and other discriminatory behaviours and actions on our NHS staff, our key workers more widely, and our diverse communities.

We know from our own data monitoring, survey results, and engagement activities, that there are differential outcomes and experiences for patients and our workforce from different backgrounds.



Beyond Compliance, Towards Change

To address these differential outcomes, we need to move beyond legal compliance and utilise the power of Equality, Diversity and Inclusion to transform the culture of our organisation.

To support this, we have undertaken a range of engagement activities to understand what we can do to make the required improvements over time to move beyond compliance to a place where everyone is treated fairly, as part of our cultural change journey.

About Us



Aneurin Bevan University Health Board was established in October 2009 and achieved 'University' status in December 2013. The Health Board's principal role is to ensure the effective planning and delivery of our local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for our citizens, and in a manner that promotes human rights. To fulfil this role, we are required to work with our partners and stakeholders in the best interests of the population we serve. As a Health Board, we serve the population of Gwent which reflects the five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The Demographics of Gwent are varied and include rural countryside areas, urban centres and the most easterly of the south Wales valleys.

The Health Board employs 14,942 staff (snapshot March 2023), two-thirds of whom are involved in direct patient care, and is responsible for the delivery of health care services to a resident population of an estimated 588,303 (Stats Wales 2023).





Why a Strategic Equality Plan?



IT'S THE RIGHT THING TO DO

We want to be an inclusive employer and service provider and recognise that we have improvements to make. Equality, diversity, and inclusion are the right things to pursue. They impact wellbeing, feelings of value and belonging and if we get it right, we can boost morale and confidence.

IT MAKES GOOD BUSINESS SENSE

Improving and celebrating the diversity of our workforce and ensuring that the Health Board is an inclusive place to work will enable our people to work with less stress and help enable the psychological safety required for innovative ideas to flourish. This ultimately leads to better patient care.

We have legal duties

The Equality Act 2010: the Public Sector Equality Duty (PSED) requires all public bodies to consider all individuals when carrying out their day-to-day work in shaping policy, in delivering services and in relation to their own employees. We must demonstrate 'due regard' to the three aims of the general duty of the Equality Act 2010 which are:

- Eliminate unlawful discrimination, harassment or victimisation;
- Advance equality of opportunity between people who share protected characteristics and people who do not share them;
- Foster good relations between people who share protected characteristics and people who do not share them.

The Equality Act 2010 protects anyone who falls into a 'protected characteristic':



- Age
- Disability
- Ethnicity
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Religion/Belief
- Sex
- Sexual Orientation

Welsh Language Commitment

The promotion and use of the Welsh Language is covered by the requirements of the Welsh Language Measure 2011 rather than the Equality Act. However, as a Health Board, we consider Welsh Language requirements alongside the protected characteristics of the Equality Act in our integrated Equality Impact Assessment Tool to encourage a cooperative approach to the needs of all communities in designing and delivering services. The Welsh Language Measure 2011 requires us to ensure that Welsh Language services are built into the planning and delivery of services. We must offer Welsh Language services to Welsh speakers without them having to request it. This is called the 'active offer'.

Socio-economic Duty

The Socio-economic duty came into force in Wales in 2021. It aims to improve decision-making and help those who are socio-economically disadvantaged. Socio-economic disadvantage means having low savings or income compared to others in Wales, making it more difficult to access basic services and opportunities. This can lead to inequality of outcome, for instance, lower levels of good health, lower-paid work, poorer educational attainment and an increased risk of being a victim of crime. We need to understand how the decisions that we make may increase or reduce opportunities for people who are at a socio-economic disadvantage. We do this with our equality impact assessment which is included in our Integrated Equality Impact Assessment Tool.

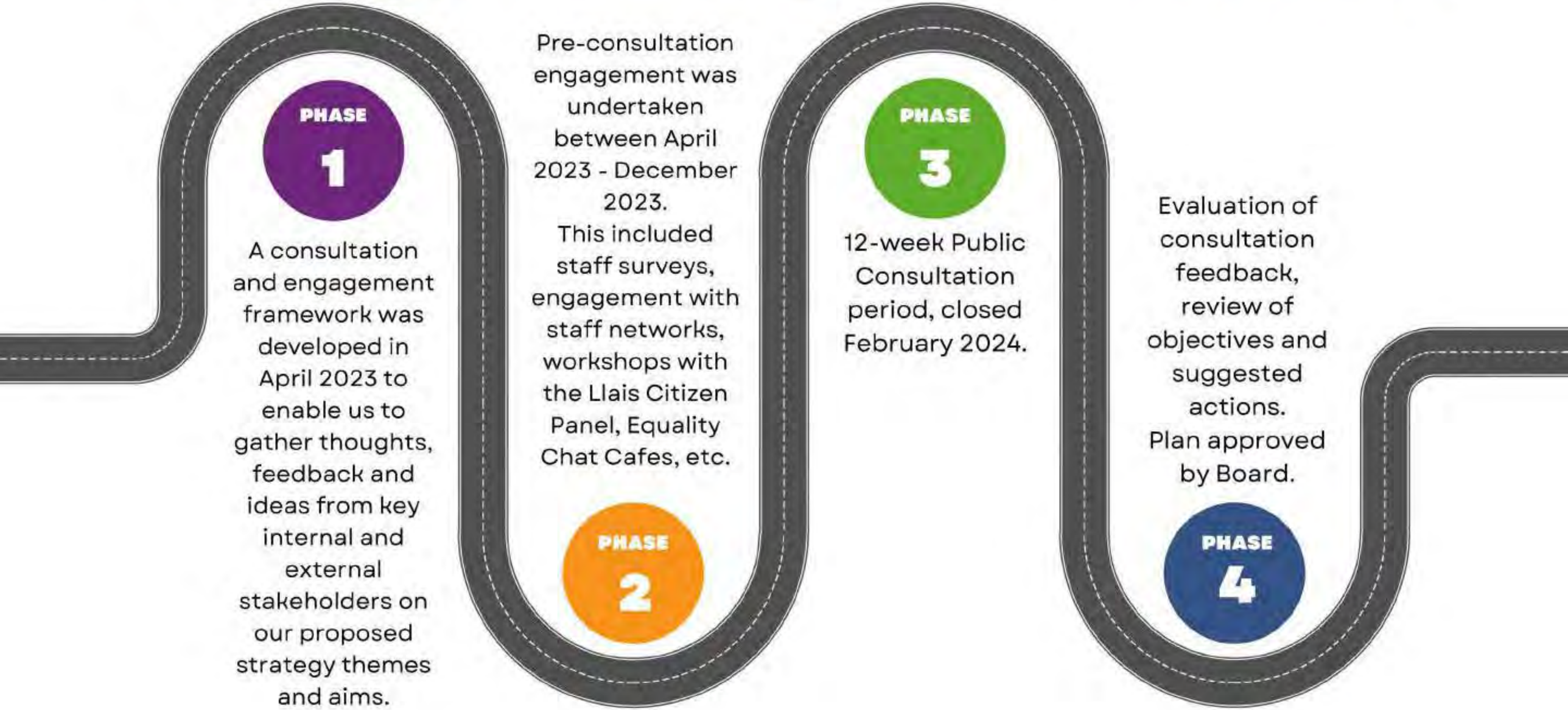
Headline statistics evidence the case for change



- The poorest children in Gwent start school 10 months behind those from more affluent families. Inequalities in health and wellbeing that begin at school age are likely to persist and influence health at all ages.
- Improvements in life expectancy have stalled across large parts of Gwent.
- There is a 20-year inequality gap in healthy life expectancy for women and a 13-year gap for men. These are among the widest inequality gaps in Wales.
- In Newport and Blaenau Gwent, populations of those aged 65+ are declining, either due to population decline or falling life expectancy. Healthy life expectancy in Blaenau Gwent, Newport, Torfaen and Caerphilly is also lower than the Welsh average for both women and men.

- Our workforce is predominately female (around 82%). This is reflective of the majority of NHS Health Boards in Wales.
- 36% of our workforce are aged over 50.
- Around 3% of the workforce have reported that they have a disability. However, around 29% of the data is unspecified.
- Around 8% of the workforce identify as Black, Asian or Minority Ethnic, with 47 different Ethnic Origins identified.
- Christianity, Atheism, Islam, Hinduism and Buddhism are the most reported religions/beliefs by staff, respectively. 10% of the workforce have expressed that they do not want to disclose their religion/belief and another 24% are unspecified.
- Around 24% of the workforce have not disclosed their sexual orientation and 3% have identified they have declined to provide the information. Over 70% of the workforce have identified as heterosexual/straight.
- According to our Gender Pay Gap Statement 2023, Women's median hourly rate is 16.20% lower than men's. In other words, when comparing median hourly rates, women are paid 83p for every £1 that men get paid.

Strategy Development Process



PHASE 1

A consultation and engagement framework was developed in April 2023 to enable us to gather thoughts, feedback and ideas from key internal and external stakeholders on our proposed strategy themes and aims.

PHASE 2

Pre-consultation engagement was undertaken between April 2023 - December 2023.
This included staff surveys, engagement with staff networks, workshops with the Llais Citizen Panel, Equality Chat Cafes, etc.

PHASE 3

12-week Public Consultation period, closed February 2024.

PHASE 4

Evaluation of consultation feedback, review of objectives and suggested actions.
Plan approved by Board.

Our Equality Objectives: 3 P's for Inclusion

As a Health Board, we aim to provide safe, high-quality care and improve the health and wellbeing of the population we serve. However, the data tells us that it is getting harder, not easier for people in communities across Gwent to live healthy, fulfilled lives (Building a Fairer Gwent, 2023). This Plan, therefore, supports the Building a Healthier Gwent ambition, to ensure that the places where we live, work, learn and play make it easier for people in our communities to live healthy, fulfilled lives.

We recognise that delivering great care starts with great people. According to Gallup, "Psychologically committed, or engaged, employees are the key to improving patient satisfaction and loyalty." Focusing on Equality, Diversity and Inclusion within an organisation can improve Employee Experience (Deloitte, 2023). We know that truly understanding and valuing our People is key to unlocking their potential.



PATIENTS

Positively engage and actively listen to our patients and embed the principles of co-production and co-design

PEOPLE

Create an inclusive and supportive culture based on building and maintaining relationships

POPULATION

Make better use of data to understand and to proactively and systematically work to reduce health inequalities

Our approach



Develop a culture of kindness, civility and inclusion: Placing the voice of people at the heart of everything we do.



Ensuring people and families, including those who are less frequently heard, are involved in developing our services to meet their needs.



Embedding cultural awareness and co-production as core competencies for staff. Ensuring that staff have access to high-quality inclusion and health inequalities training.



Developing our data collection and analysis capabilities around inequalities. Building strong partnerships with community groups and leaders.

Objective 1 - Our Patients



Our Pledge: By 2028, we will take action to positively engage and actively listen to our service users and embed the principles of co-production and co-design.

We want to ensure our services are accessible to all our patients and carers who require care, treatment and support.

We want to ensure the information we provide can be adapted to meet individual needs.

Living our Health Board's values, we will strive to provide personalised and compassionate care while respecting different people's needs, aspirations and priorities. We will aim to ensure service users and carers have a positive experience of our services and are not disadvantaged in any way. We will continue to align our service plans with current and emerging Welsh Government Plans and Standards (e.g., Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, Workforce Race Equality Standards, and Disability Rights Action Plan, etc) to ensure we are guided by best practice. This requires a renewed commitment to actively listening to our patients, carers, and the public, and amplifying the voices of seldom-heard communities, to inform a process of continuous improvement and innovation.

By delivering this Objective, we will achieve the following outcomes:



Embed innovation and good practice that can help reduce inequalities

- We're driven by people's experience of care.
- Our ways of working meet people's needs because they are developed in partnership with them.
- We have influenced others to reduce inequalities in people's access, experiences and outcomes when using our services.
- It is easy for patients to exchange relevant information with us, and the information we provide is accessible, relevant, and useful.

Objective 2 - Our People

Our Pledge: By 2028, we will take action to create an inclusive and supportive culture based on building and maintaining relationships

Developing an inclusive and diverse workforce is a key strand within our People Plan. We want to create an environment that embraces diversity and promotes inclusion. We recognise the importance of providing a safe and caring environment for staff where they can be themselves at work. Ensuring we develop an inclusive organisation with a diverse workforce representative of the communities we serve is critical to achieving this ambition. We will continue to align our workforce plans with current and emerging Welsh Government Plans and Standards (e.g., Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, Workforce Race Equality Standards, and Disability Rights Action Plan, etc) to ensure we are guided by best practice.

Analysis of our current workforce demonstrates there are areas of under-representation within certain groups of our staff. These include lower numbers of staff aged 25 and under, LGBTQ+ staff, and staff from various religions/beliefs compared to the local population. There are also lower numbers of male staff as a proportion of the overall workforce and lower numbers of ethnic minority staff in senior roles. We will monitor the data and investigate gaps to ensure everyone has equity of access and opportunity.

By delivering this Objective, we will achieve the following outcomes:



Cultivate and sustain happy, productive and engaged staff

- We are well-led with compassion.
- We're driven by employee experience.
- Our people have the right skills and understanding to deliver culturally competent care.
- Our policies and procedures meet people's needs because they are developed in partnership with them.
- We have influenced others to promote equal opportunities in recruitment, progression and development.

Objective 3 - Our Population



Our Pledge: By 2028, we will make better use of data to understand and to proactively and systematically work to reduce health inequalities.

As a Health Board, we aim to provide safe, high-quality care and improve the health and wellbeing of the population we serve. However, the data tells us that it is getting harder, not easier for people in communities across Gwent to live healthy, fulfilled lives (Building a Fairer Gwent, 2023). This Plan, therefore, supports the Building a Healthier Gwent ambition, to ensure that the places where we live, work, learn and play make it easier for people in our communities to live healthy, fulfilled lives.

As we benchmark our equality data against our local population, we also monitor the equality data of our patients through local and national surveys. This allows us to monitor any disproportionate impacts which may be identified and put actionable steps in place to resolve inequalities.

To ensure that all groups can access our feedback methods we will build on and improve our accessibility of feedback tools and work with our community partners to share this across the Gwent region.

By delivering this Objective, we will achieve the following outcomes:



Work seamlessly with our partners to improve lives

- We have accelerated improvements in the equity of care.
- We have contributed to an improvement in people receiving joined-up care.
- We provide an up-to-date and accurate picture of health inequalities.
- We adopt an effective, proportionate, targeted approach to addressing health inequalities.
- We have influenced others to reduce inequalities in people's outcomes when using health services.

Action Plan - Objective 1

Actions	Year 1	Year 2	Year 3	Year 4
Review the effectiveness of our Interpretation and Translation tools (including British Sign Language) and increase our workforce awareness of accessing them.				
Create communication passports which enable people to share their communication needs.				
Ensure new estate plans have the involvement of patients and the Equality, Diversity and Inclusion Team to ensure the patient voice is at the centre of all change.				
Build accessibility considerations into current audits and frameworks for assessing the environment.				
Collaboratively engage with patients and carers when completing service change and design.				

Action Plan - Objective 1

Actions	Year 1	Year 2	Year 3	Year 4
Develop service-level equality checklists to create awareness around the impact of health inequalities.				
Develop Inclusion Champions network to operate across our services, actively supporting the identification and sharing of best practices, skills and knowledge around inclusion and health inequalities at service level.				
Continue to monitor the protected characteristics of people who have concerns/complaints about our services and ensure any trends are escalated accordingly.				
Introduce Cultural Intelligence training for staff, co-produced with 'Experts by Experience'.				
Further embed the Duty of Quality in our work in line with the Health and Care Quality Standards.				

Action Plan - Objective 1

Actions	Year 1	Year 2	Year 3	Year 4
Align service plans with emerging national and organisational strategic drivers (e.g. Anti-racist Wales Plan; LGBTQ+ Action Plan, Disability Action plan, Code of Practice for Delivery of Autism Services).				
Develop a Co-production and Co-design Framework.				
Introduce Self Assessment Tools for services to assess how well providers and local systems meaningfully engage with diverse communities.				
Work collaboratively with partners (e.g., Local Authorities, Colleges and Universities, Third-Sector organisations, etc) to maximise on engagement and consultation opportunities across Gwent.				

Action Plan - Objective 1

Actions	Year 1	Year 2	Year 3	Year 4
Develop service-level engagement strategies that have a grassroots approach and ensure that practices respond to patient feedback and feature co-design principles.				
Reach out to people whose voices and experiences we don't often hear: people who are the most disadvantaged in our society, have had distressing or traumatic experiences, and those who are more likely to experience poor outcomes and inequalities.				
Develop and roll out staff guidance for Accessible Information.				
Provide service users and carers who may have specific communication needs, information in an easy and accessible format.				
Work with local communities to make the most of existing sources of feedback so people don't have to repeat themselves.				

Action Plan - Objective 1

Actions	Year 1	Year 2	Year 3	Year 4
Develop innovations to improve the recording of communication needs (e.g., Easy Read, BSL, large print, by telephone, electronically, etc.)				
Embed Equality Impact Assessments into frameworks and provide local teams with tools to help them assess how well providers and services are complying with their equality duties.				
Periodically review the Equality Impact Assessment process and provide updates to appropriate committees.				
Make more use of the contractual levers at our disposal to assure ourselves that providers are complying with their equality duties and responsibilities to tackle health inequalities.				
In line with the Quality Patient Safety Improvement Framework, encourage an improvement culture including equality and health inequality themes.				

Action Plan - Objective 2

Actions	Year 1	Year 2	Year 3	Year 4
Further develop our Talent Management Strategy to ensure increased opportunities for underrepresented groups.				
Improve mechanisms to capture equality data to provide targeted interventions.				
Strengthen recruitment practices to ensure greater diverse recruitment panel membership and selection training.				
Attain best practice accreditation e.g., Disability Confident, Diverse Cymru Cultural Competence Scheme, etc.				
Explore less traditional recruitment practices to enable us to attract and appoint candidates from a diverse range of backgrounds.				

Action Plan - Objective 2

Actions	Year 1	Year 2	Year 3	Year 4
Targeted leadership and development support for ethnic minority, disabled and female staff to increase the number of staff within middle and senior manager roles.				
Embed career conversations as part of the annual Performance Appraisal process.				
Review our leadership programmes to embed the skills and knowledge required to promote an inclusive workplace and to recognise and value diversity.				
Engage all our leaders with our leadership programmes: clinical and corporate; junior and senior; aspiring and established.				
Add equality objectives to Executive performance metrics and leadership performance appraisals.				

Action Plan - Objective 2

Actions	Year 1	Year 2	Year 3	Year 4
Support leaders at all levels to demonstrate their commitment to tackling workplace inequalities.				
Develop high-performing staff networks and Advisory Groups embedded in governance structures up to Board level.				
Introduce and develop new staff networks so that all groups have a recognised voice.				
Celebrate the diversity of our internationally educated colleagues and ensure they receive appropriate guidance and support.				
As part of NHS Equality Week, we will promote an annual programme of staff engagement events and awareness raising around inclusion and protected characteristics.				

Action Plan - Objective 2

Actions	Year 1	Year 2	Year 3	Year 4
Identify contributing factors to our gender, ethnicity and disability pay gaps and provide positive action for groups who are experiencing a pay gap, e.g., coaching, mentoring, role model profiles and talent development programmes.				
Investigate whether we are hearing from colleagues from all backgrounds when we go out with surveys and if not, explore ways to improve this.				
Ensure that flexible/agile working policies are clear and that managers have confidence to use them well for the benefit of their colleagues and their service.				
Support the implementation of the Speaking up Safely framework for the NHS in Wales.				
Review our HR policies to ensure they are inclusive, underpinned by Equality Impact Assessments.				

Action Plan - Objective 2

Actions	Year 1	Year 2	Year 3	Year 4
Deliver manager training in reasonable adjustment awareness in collaboration with Occupational Health and Experts by Experience.				
Further promote awareness of the need to record protected characteristics on individual's Electronic Staff Record (ESR)				
Implement technologies that are easy to use and help our people to do their jobs more easily (e.g., assistive technologies, physical accessibility improvements, etc).				
Identify and roll out training to support staff in challenging behaviours such as discrimination, prejudice and microaggressions.				
Establish a centralised procedure to record, monitor and evaluate reasonable adjustments.				

Action Plan - Objective 3

Actions	Year 1	Year 2	Year 3	Year 4
Implement the recommendations of the Building a Fairer Gwent Report.				
Embed learning from Marmot Principles and ways of working locally.				
Strengthen links with other local work on digital inclusion in communities.				
Encourage and support innovation across the system to reduce health inequalities based on the findings of the Is Wales Fairer? Report 2023.				
Accelerate co-production with our communities within our work to reduce inequalities, creating honest and realistic conversations that result in positive relationships.				
Provide advice and guidance to support increased understanding of health inequalities across our services and staff teams.				

Action Plan - Objective 3

Actions	Year 1	Year 2	Year 3	Year 4
Launch a communication campaign with our patients and service users to improve equality monitoring.				
Drive the use of research evidence for quality improvement and evidence-based practice.				
Align the Equality, Diversity and Inclusion and Public Health agendas to bring together data from the wider determinants of health datasets with the equality data, to dig deeper into the root causes of ill-health.				
Build buy-in among the clinical workforce, who are often at the frontline of collecting accurate data about the communities they serve, to enable analysis of complete and reliable data				
Monitor equality data against feedback, incidents and complaints and report on actions to address them.				

Measures of Success





The Plan and its supporting programmes will be monitored and measured by the Health Board through a range of appropriate metrics; including where possible, qualitative information. Progress will be published annually in our Annual Equality Report.

The actions within the strategy provide a number of proposed and illustrative measurements, some of which are already routinely monitored and others not yet established. We will develop an assurance framework through a phased approach and will encompass both delivery and developmental metrics. The focus will be on both current and historical performance (where available) and will aim to identify patterns and changes including evidence of improvement in reducing inequalities and increasing equal opportunities.

Glossary

Co-design - an approach to designing solutions, in which community members are treated as equal collaborators in the design process.
Co-production - a way of working, whereby everybody works together on an equal basis to create a service or come to a decision which works for them all.
Cultural Intelligence - increasing our understanding of the ways that different cultures operate within organisations to develop language and behaviours that promote better problem-solving.
Discrimination - Discrimination means treating someone 'less favourably' than someone else, because of a protected characteristic.
Electronic Staff Record (ESR) - a payroll database system commissioned by the Department of Health and Social Care used by the Health Board.
Equality impact assessment - a process designed to ensure that a policy, project or scheme does not unlawfully discriminate against any protected characteristic.
Experts by Experience - people who have personal knowledge of our services, either through their use of those services or through caring for someone else.
Inclusion Champions - members of staff who take responsibility for key inclusion and diversity objectives and visibly role model inclusion across the organisation

Glossary

LGBTQ+ - an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more.
Marmot Principles - eight policy areas defined by Sir Michael, which include early years development, employment, living standards, communities, ill-health prevention, discrimination, and environmental sustainability.
Microaggression - a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude towards another.
Prejudice - Any attitude held towards a person or group that is not justified by the facts. Prejudice includes negative and positive attitudes towards people solely on the basis of a protected characteristic.
Talent Management Strategy - how the Health Board intends to bring employees on board, keep them happy and productive and help them continue to develop their skills over time.



Contact Us

If you have any questions about this Plan or would like it in an accessible format (large print Braille, audio, BSL and/or languages) please contact us using the details below:

Equality, Diversity and Inclusion

abb.edi@wales.nhs.uk

Agenda Item: 3.4

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Major Incident Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Wendy Warren, Head of Planning Civil Contingencies Sara Goode, Emergency Planning Lead Nurse Andrew Goodenough, Emergency Planning Manager

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

Choose an item.
For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Aneurin Bevan University Health Board has defined roles and responsibilities as a Category 1 responder under the Civil Contingencies Act 2004 and must also act in accordance with the Public Health Wales Emergency Response Plan 2016 and meet the Core Standards for Emergency Preparedness, Resilience and Response.

This Plan is a refresh of the previous plan which meets the requirements to review every 3 years or following the development and understanding from an incident. It takes into account the recommendations from the Manchester Arena bombing and the subsequent Kerslake report.

Cefndir / Background

The Health Board needs to be able to plan for and respond to a wide range of incidents and emergencies that could impact on health or patient care. These could

be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or terrorist attack.

Our ability to deliver a wide range of services within the community at a time when our own staff and resources may be severely impacted will be crucial.

The Civil Contingencies Act 2004 requires NHS organisations and providers of NHS funded care to show that they can deal with such incidents whilst maintaining services to patients

This document outlines the roles and responsibilities of ABUHB in an emergency response, including its activation and deactivation arrangements, command and control structures and recovery arrangements. Further details concerning incident debriefing, business continuity, training and exercising as well as information sharing are contained within the plan.

All ABUHB staff may have a role in supporting the response to a major incident. It is therefore important that clear plans are made available to ensure the Health Board maximises the skill and commitment of all staff in circumstances that will test us all. It is therefore fundamental to the Boards ability to respond to a major incident that everybody is aware of the plan and procedures, and their own responsibilities as defined in service Action Cards.

Asesiad / Assessment

The Plan and accompanying site response and action cards, developed by services, prepare the Health Board for a major incident and articulate the organisational response. This will reduce the risk to patient safety and provide structure and effective management during the response and recovery phase of any incident.
A Major Incident exercise is planned for June 2024 to test the plan across a wide range of response services.

Argymhelliad / Recommendation

The Board is asked to APPROVE the revised Major Incident plan for immediate implementation.

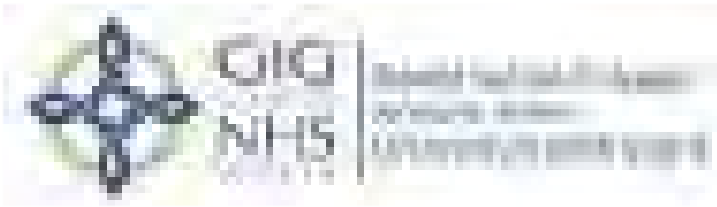
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	SRR04 : Score 15
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Not Applicable
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Emergency Planning - Short Guide to the CCA - Copy.pdf - All Documents (sharepoint.com) Emergency Planning - MI Plan supporting documents - All Documents (sharepoint.com)
Rhestr Termau: Glossary of Terms:	Included within the paper
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Partnerships, Population Health and Planning Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.



Aneurin Bevan University Health Board Major Incident Plan

Version 3

Authors	Emergency Planning Team		
Version 2:1	Date: Dec 2023	Review date: Nov 2026	
Approved by:	Health Board		
Classification:	Official	Scope:	Organisation Wide

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IMMEDIATE ACTIONS

If You Have Received Notification That A Major Incident Has Been Declared and you are the on-call officer/health professional in your department/specialty you are required to attend the site where the major incident has been declared and to undertake the actions specified within the respective action cards.

If You Have Not Read This Plan

DO NOT READ THIS NOW

REFER TO YOUR ACTION CARD AND FOLLOW THE INSTRUCTIONS

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Disclaimer

When using this document please ensure that the version you are using is the most up to date by checking on the Health Board database for any new versions. If the review date has passed, please contact the author.

OUT OF DATE DOCUMENTS MUST NOT BE RELIED ON

Document Control	
Version	1
Ratified By	ABUHB Executive Board
Name of originator/author	Emergency Planning Team
Date issued	Sept 2023
Review date	Aug 2026
Target audience	Health Board wide

Policy Version Number	Date	Author	Rational for change
1	July 2019	Emergency Planning Manager	Reformatted.
2	Sep 2020	Emergency Planning Team	Reviewed and amended to reflect GUH becoming the one receiving hospital for ABUHB.
2.1	Nov 2022	Emergency Planning Manager	Changes made to the first 2-hour casualty distribution numbers – Directed by Welsh Government
3	Dec 2023	Emergency Planning Team	3 yearly review and to take account of the Kerslake report and recommendations into the Manchester Arena major incident.

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Section1 - GENERAL PRINCIPLES

1.0 Introduction

Aneurin Bevan University Health Board have defined roles and responsibilities under the Civil Contingencies Act 2004. These are known as Category 1 responder duties (Category 1 responders are those organisations which are usually at the heart of the response to most major incidents). We must also act in accordance with the Public Health Wales Emergency Response Plan 2016 and meet the Core Standards for Emergency Preparedness, Resilience and Response. A short guide to the Civil Contingencies Act is at Appendix 10.

The Board needs to be able to plan for and respond to a wide range of incidents and emergencies that could impact on health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or terrorist attack.

Our ability to deliver a wide range of services within the community at a time when our own staff and resources may be severely impacted upon will be crucial.

The Civil Contingencies Act 2004 requires NHS organisations and providers of NHS funded care to show that they can deal with such incidents while maintaining services to patients.

This document outlines the roles and responsibilities of ABUHB in an emergency response, including its activation and deactivation arrangements, command and control structures and recovery arrangements. Further details concerning incident debriefing, business continuity, training and exercising as well as information sharing are contained within the plan.

All ABUHB staff may have a role in supporting the response to a major incident. It is therefore important that clear plans are made available to ensure the Health Board maximises the skill and commitment of all staff in circumstances that will test us all. It is therefore fundamental to the Boards ability to respond to a major incident that everybody is aware of the plan and procedures, and their own responsibilities as defined in service Action Cards.

Departments should review their Action Cards at regular intervals and new personnel must be made aware of the existence of such plans, and their roles and responsibilities within them. Any suggested amendments to this plan should be made by staff to the Head of Emergency Planning.

2.0 Aim

This plan outlines the framework for emergency preparedness, resilience, and response arrangements to reduce, control and mitigate the effects of a major incident on the Health Board.

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3.0 Objectives

- To outline ABUHB responsibilities for emergency preparedness, resilience, response, and recovery, and those of specific divisions and staff members.
- To define what constitutes a major incident or emergency.
- To outline the structures, systems, processes, and procedures that are in place to ensure that ABUHB, in collaboration with partner agencies, is prepared for, can respond to, and recover from major incidents and emergencies.
- To outline the roles and responsibilities of key partner organisations.
- To outline the national, regional, and local NHS response, and how this dovetail with other multi-agency partners through multi-agency command and control.
- To describe in detail the actions required by Health Boards staff in the event of Major Incident.
    - Stand by
    - Declared
    - Standdown
    - Scene Clear

4.0 Health & Safety

A major incident may involve staff working in areas they are unfamiliar with during the response to an incident, members of staff will not be expected to compromise their personal health and safety and the Board policy will continue to apply.

5.0 Training

The effectiveness of the response to any major incident relies on having staff that are trained in major incident management they are trained in the role or roles they would be expected to undertake.

A training and exercising procedure is required to ensure that an appropriate schedule of training and exercising opportunities is made available to various staff groups to underpin the overall response to major incidents.

5.1 Exercising

As a minimum requirement, the Health Board is required to undertake:

- A 'live' exercise every three years
- A 'table-top' exercise every year
- A ‘communications’ exercise every six months

(Ref: NHS Wales Emergency Planning Core Guidance (2015))
http://www2.nphs.wales.nhs.uk:8080/PHWPapersDocs.nsf/($All)/2AA19AC026AE2E5F80257E65005ABF38/$File/39%2016%20Emergency%20planning.pdf?OpenElement

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6.0 Designated Hospital

The Grange University Hospital will be the only designated Major Incident receiving hospital for the Health Board.

If the number of casualties exceeds the available capacity at the time, it may be necessary to call on neighbouring Health Boards to assist. Judgements as to what constitutes available capacity will depend on such factors as the supply of appropriately skilled medical, nursing, and anaesthetic teams together with key items of medical equipment, such as ventilators and the number and condition of patients already in the Critical Care Unit, as well as the nature of the incident.

A key element of the plan will be the ability to create capacity in the Emergency Department and release WAST crews at the receiving hospital (GUH), this will rely on clinical teams identifying patients across the site that can be moved an eLGH site. Patients suitable for step down will be conveyed by WAST vehicles that are contracted by the Health Board for this purpose.

Hospital Emergency Department capacity in terms of P1, P2 & P3 will vary depending on the number & clinical status of patients within the department at the time of a Major Incident being declared. In the first two hours the Hospital will aim to take 8 x P1, 10 x P2 and 20-30 P3 casualties from the scene of the incident.

- P1's will be treated in Resus.
- P2's will be treated in MAU.
- P3's (adults and children) will be treated in CEAU – this will only occur during a Major Incident.

The hospital will endeavour to treat as many casualties as possible in the conditions prevailing at the time will allow. The Co-ordinating Consultant, in association with the on-call consultants in Orthopaedics, ED Consultant, Anaesthetics, General Surgery, General Medicine and Paediatrics will decide on the number of patients the hospital can take. Information to support this will also come from Divisions and hospital site teams.

6.1 Supporting Hospital Role

In the event of a Major Incident occurring in a neighbouring area, the Grange University Hospital may be called upon to act as a Supporting Hospital.

ABUHB will be made aware of this by the Welsh Ambulance Service Trust automated cascade systems (Everbridge)

7.0 Major Incident or Emergency

The Civil Contingencies Act (CCA) 2004 defines an emergency as "an event or situation which threatens severe damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens severe damage to the security of the UK".

NHS, incidents are classed as either:

- Business Continuity Incident
- Critical Incident
- Major Incident

Each will impact upon service delivery within the NHS and will require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

7.1 Business Continuity Incident

A business continuity incident (BCI) is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed). BCI's are led by the Division/Directorate that delivers the function or service, they will form the Operational (Bronze) or Tactical (Silver) coordination hub, set an agenda, agree a battle rhythm, and chair the group meetings.

Business Continuity Planning guidance and health board templates can be found on AB pulse in the Emergency Planning page.

https://nhswales365.sharepoint.com/sites/ABB_Pulse_Emergency_Planning

7.2 Critical Incident

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring extraordinary measures and requiring a whole Health Board approach to the response, management, and recovery phases to restore normal operating functions. This is led by the Strategic (Gold) command structure with the lead service chairing and cross cutting services providing risk, threats, mitigation and support.

Critical incident response guidance can be found on AB Pulse in the Emergency Planning page.

https://nhswales365.sharepoint.com/sites/ABB_Pulse_Emergency_Planning

7.3 Major Incident

A Major Incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. Major Incidents are normally declared by the lead service at the incident, this declaration is communicated to the Health Board Switchboard by the Welsh Ambulance Service Trust.

The Health Board can self-declare an internal Major Incident, the person who can declare the Major Incident is the Executive on-call. The Health Board would activate its internal command and control structure to respond to the incident and bring the service back to business as usual. This type of incident may not affect other outside agencies and as such would not require a multiagency response.

8.0 Command & Control

During a Major Incident, Aneurin Bevan University Health Board will participate in the multi-agency hierarchical framework known as 'Command & Control' The process for the activation is detailed the Gwent Local Resilience Forum's Emergency Command Protocol.

8.1 Multi Agency Incident Response Command and Control Levels

Strategic (Gold), Tactical (Silver) and Operational (Bronze) are levels of command adopted by each of the Emergency Services. The titles do not convey seniority of service or rank but describe the function carried out at that level.



8.2 Strategic Co-ordination Group (Multi Agency Gold)

This multi-agency Director level group will meet at the Strategic Co-ordination Centre in Police Headquarters. The group will initially be led by the Police Gold Commander but depending on the type of incident, the chair may move to a more appropriate agency. The group will make strategic level decisions relating to the incident. Whomever is the Gold on-call for the health Board when the incident occurs will attend the SCG.

Strategic Co-ordinating Group (SCG) Chairs Aide Memoire is at Appendix 9.

8.3 Health Board Strategic (Gold) Control

Dependent upon the nature of the incident and in addition to a multiagency Strategic Co-ordination Centre, an internal Gold Team may be convened if necessary. The decision to convene a Health Board Gold Command (Health Emergency Coordination Centre or HECC) will be made by the Gold on-call. The aim of the group will be to provide the strategic management and co-ordination of Health Board resources during the emergency. The location for the Strategic Command will be seminar room 4 at Health Board Headquarters, St Cadoc's Hospital. The team may consist of Gold, Medical Director, Director of Operations, Director of Nursing, Directorate/General Managers of key services or services that provide support functions, Communications Team representative and a trained log recorder. The formation of the team would be dynamic and based on the scale of the incident and impact to the Health Board.

8.4 Tactical (Silver) Co-ordinating Group

The Tactical level of command is also known as the Joint Tactical Co-ordinating Group (JTCG). This is the centre where all multi-agency responding organisations meet and is usually based at the local police station where the incident has occurred. The function of the Tactical Command will be to determine tactics to successfully bring the incident to a close. It is unlikely that the Health Board will deploy a tactical member staff to the meetings, we would however provide Health Board updates via Teams or email.

8.5 Health Board Tactical (Silver) Response

The Hospital Tactical Command will provide the tactical management and co-ordination of resources during a major emergency. The Health Board Tactical Command will be based at the Hospital Coordination Centre, GUH.

In Hours	OOH (Out of Hours)
Senior Nurse Clinical Operational Site Manager Medical Co-ordinator	Site Co-ordinator (Nurse) Silver On-Call Manager Director of Urgent Care

8.6 Operational Response (Multi Agency Bronze)

The Operational response (Bronze) refers to those who provide the main 'hands on' response to an incident, at the scene.

8.7 Health Board Operational Response (Bronze)

The Operational level response will be managed in the Hospital Coordination Centre located at the Grange University Hospital. The senor coordination team will comprise of:

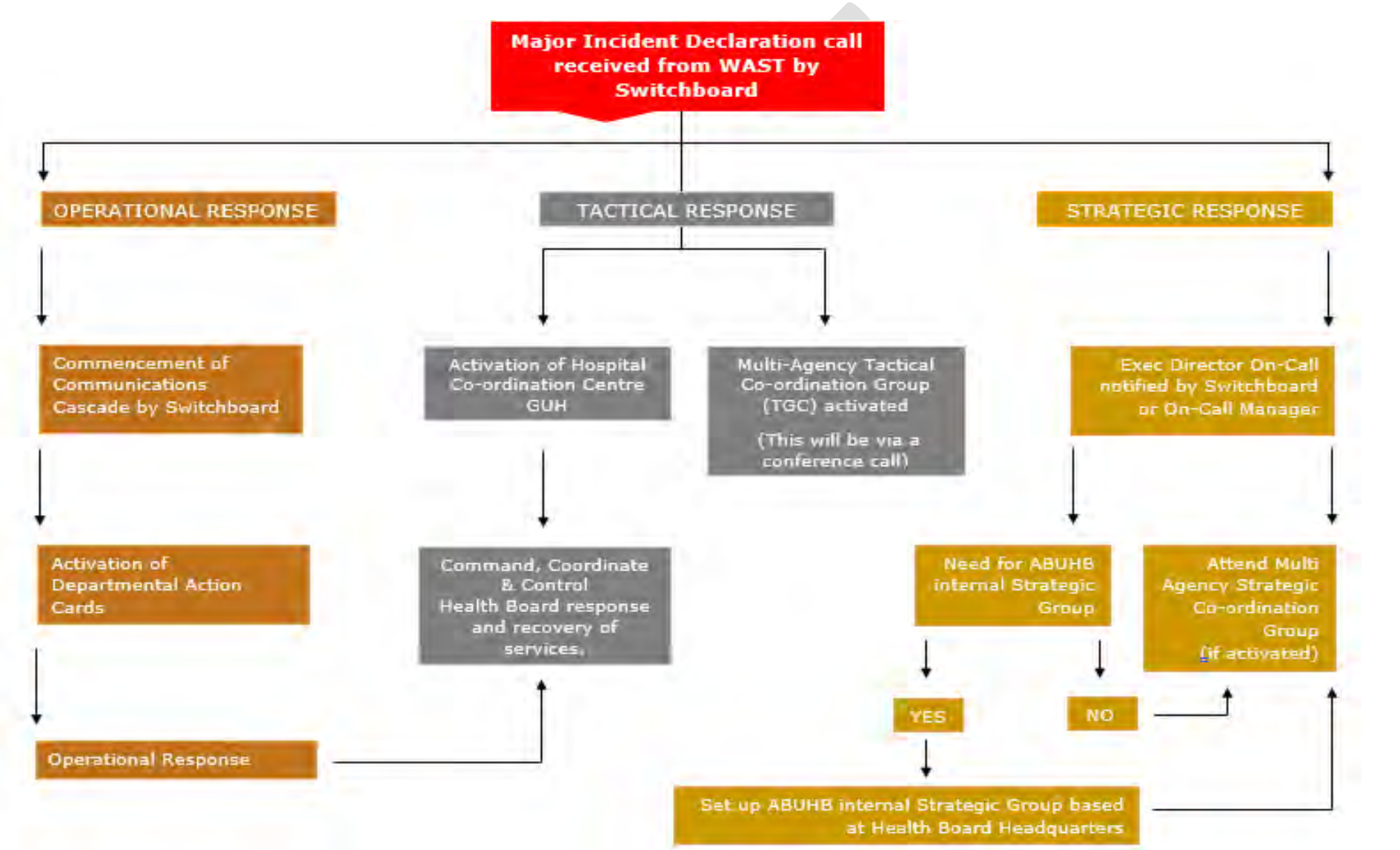
8.8 Change of UK threat level to CRITICAL

If the UK threat level is raised the Health Board would activate an internal strategic coordination group to assess the current intelligence and identify any specific

threat or impact to operational services of the organisation. SCG would set the strategic intent, develop plans and adopt a range of operational and tactical options to maintain critical services, target harden sites and warn and inform staff.

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9.0 Major Incident Response Flow Chart



10. Joint Emergency Service Interoperability Programme (JESIP)

To improve a multi-agency response JESIP establishes five principles which organisations need to be aware of, including:

1. Co-location of commanders as soon as practicable at a single, safe, and easily identified location near to the scene.
2. Communicate clearly using plain English.
3. Coordinate by agreeing the lead service. Identify priorities, resources and capabilities for an effective response, including the timings of further meetings.
4. Jointly understanding risk by sharing information about the likelihood and potential impacts of threats and hazards to agree potential control measures.
5. Establish shared situational awareness by using METHANE and the Joint Decision Model (JDM).

If the principles are followed then the result should be a jointly agreed working strategy where all parties understand what is going to happen when and by who, this strategy should include:

- What are the aims and objectives to be achieved?
- Who by – police, fire, ambulance, and partner organisations?
- When – timescales, deadlines, and milestones
- Where – what locations?
- Why – what is the rationale, Is this consistent with the overall strategic aims and objectives?
- How are these tasks going to be achieved?

10.1 Joint Decision Model (JDM)

The Joint Decision Model will be used by multi-agency partners and the Health Board Strategic and Tactical Commanders to ensure a consistent approach to assessing the situation and planning the response to an incident.



Gather Information and Intelligence	Assess Threats & Risks	Power & Policies	Identify Options and Contingencies	Action & Review
Defining the situation	Assessing the situation	What is applicable to the situation?	Consider options with least risk of harm	Make & implement action, then review
What is happening? What do you know so far? What further information/ intelligence do you want/need?	Do you need to act immediately? Do you need to seek more information? What could go wrong? What could go well? How probable is the risk of harm? How serious would it be? Is that level of risk acceptable? Is this a situation for the Health Board alone to deal with? Are you the appropriate person to deal with this? What are you trying to achieve? Develop a working strategy to guide subsequent stages.	What legislation applies? Does the Health Board have the power to initiate action? Is there any guidance covering this situation? Do any NHS, LRF or WG (Welsh Government) plans, or guidance apply?	What options are open to you? Will the response be proportionate, legitimate, and necessary? Will the response be reasonable in the circumstances facing you at the time? What will you do if things do not happen as anticipated?	Implement option selected. Does anyone else need to know what you have decided? Record what you did and why. Monitor. What happened because of your decision? Was it what you wanted or expected to happen? Review your decisions using the JDM. What lessons can you take from how things turned out? What might you do differently next time?

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11. Preservation of Documents

Following a major incident, the Health Board may be invited or required to provide evidence to an appropriate enforcement agency (e.g., HSE (Health & Safety Executive)), a judicial inquiry, a coroner's inquest, the Police, or a civil court hearing for compensation claims. During any or each of these, we may well be obliged or advised to give access to documents produced prior to, during and because of the incident. Under no circumstances must any document which relates or may in any way relate (however slightly) to the incident, be destroyed, amended, held back or mislaid.

11.1 Definition of 'Documents'

For these purposes "documents" means not only pieces of paper but also photographs, audio and videotapes, and information held on computers. It also includes internal electronic mail. The vital message 'Preserve and Protect' – needs to be spread very quickly during a Major Incident and must reach those who might quite unknowingly hold significant documents.

11.2 Incident Logbooks

It is important that an incident log is kept of all key information, decisions, and the rational for decisions, including the date and time they are made, who made them and the reasons for so doing. All information, including actions and reports relating to the running of the Incident must be recorded in the Health Board Major Incident Logbooks. The logbook should provide a single comprehensive record of information both sent and received. It is not necessary that incoming information be transcribed fully onto the Log record, it is sufficient to reference the information in the log. A stock of logbooks is held in the Major Incident cupboard within the Hospital Co-ordination Centre at Grange University Hospital, level 1, room 01.077.

The Health Board has a cohort of trained Log recorders, the contact list and call out numbers are held in the HCC.

It is also essential that when attending multi-agency command and control structures, the Health Board representatives at the Strategic Co-ordination Group (SCG) (Gold) and the Tactical Co-ordination Group (TCG) (Silver) record their decisions contemporaneously. As a minimum, the record should contain:

- Date
- Time
- Situation
- Hazards and Risks
- Options Available
- Option Chosen
- Rationale for Option Chosen and those Not Taken

11.3 Incident Recording

All Action Card holders must keep a record of all instructions received, actions taken and other incidents which may enable the Health Board to assess the

success of the emergency response and provide evidence to any enquiry which may follow. The records should remain intact; no part should be destroyed, removed, or erased because, no matter how trivial notes may appear, the total content may form an important contribution in assessment of the continuity of response. The records must be handed on if the holder is relieved during the incident and following stand-down they must be returned to the HCC or Emergency Planning team for safe storage.

12.0 Activation Procedures – Categories of Response

There are four levels of alert:

1. Major Incident standby - this is when the incident does not require an immediate response but there is the potential for the incident to escalate and a decision will be made to send out a 'stand by alert' to the Health Board and the incident will be monitored and if necessary, a major incident can be declared.

2. Major Incident declared – this is when the incident requires an immediate response, and the Health Board major incident plan is activated.

3. Major Incident Cancelled – cancels either the first or second message.

4. Major Incident Stand down – notifies us when an incident is over at scene. It is the responsibility of all responding agencies to determine when their organisation should stand down. This will be decided by consultation in the HCC and executive on call.

12.1 Notification of Major Incident

Notification will be received by the Hospital Switchboard (on pre-determined ex-directory telephone number), via the Everbridge automated alert cascade which will normally be from the Welsh Ambulance Service Trust. In certain circumstances the alert can be activated by any Category One Responder or the Health Board Gold on-call, where an internal incident has occurred.

The Notification Procedure allows for a two-stage response:

In the event of a potential Major Incident situation, or where another Hospital is dealing with a Major Incident, and the ABUHB Hospitals have been asked to be prepared to assist if required, the Hospital will initiate the 'Stand-by Procedure'.

Note: A Standby notification will subsequently be cancelled or become a Declared Major Incident.

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12.2 Major Incident Declared

Upon receipt of the declaration call from WAST via the 'Everbridge' automated communication system, ABUHB switchboard operator will complete a Notification of a Major Incident METHANE report.

M	Major Incident declared or Standby
E	Exact Location
T	Type of Incident
H	Hazards present or suspected
A	Access - routes that are safe to use
N	Number, type & severity of casualties
E	Emergency services present and those required

The switchboard operator is instructed to confirm they have received and understood the major incident declaration and confirm by pressing the digit 1 on the telephone keypad. WAST control will then send an email to switchboard to cross reference and confirm METHANE report.

If the call is received from a member of the public contact the Police Control Room.

12.3 Major Incident Stand-down Procedure

On receiving the message from the Ambulance Incident Commander, Ambulance Control will notify the following message to Switchboard, who will inform the Hospital Co-ordination Centre:

When all live casualties have been evacuated from the incident site, the emergency services will agree the Major Incident Stand Down. The Ambulance Service will notify the designated and supporting hospitals of the Major Incident Stand Down at scene. Where possible, the Ambulance Incident Officer will make it clear whether any casualties are still enroute. It will be the responsibility of the Hospital Coordination Team in conjunction with Gold on-call to determine if the Health Board is in a position where it can Stand Down the response stage of the incident and commence the recovery phase. The Hospital Coordination Team will inform switchboard that the stand-down message is cascaded to all service areas.

12.4 Self-Declaration of a Major Incident

In the event of the hospital needing to self-declare an internal major incident, the most senior Gold on-call shall:

a. Advise the Switchboard to activate the communications cascade to notify staff.

b. Advise Ambulance Control of the situation on 01633 294866 (Duty Manager or 999 if unavailable).
c. The clinical operational site manager in the HCC will advise Gwent Police control of the situation, identify yourself and ask to speak to the Control Room Force Incident Manager.

12.5 Action Cards

Key area and staff response procedures can be found in their service specific action cards, these cards can be found in clearly marked red folders in each response area. The Emergency Planning team, work with service leads to develop actions, processes and procedures that are achievable and align with the organisation's major incident plan.

12.5.1 Emergency Department Actions & Welsh Ambulance Service Trust Vehicles

GUH Emergency Department will prepare and create capacity ready to receive casualties from the scene of the incident. Where operational and incident pressures allow this will also include the offload and release of WAST operational vehicles.

Health Boards in Wales have agreed that the declaration of a Major Incident Emergency Departments will aim to release WAST operational vehicles within the below time frames.

- 50% of vehicles released within 10 minutes
- 75% of vehicles released within 20 minutes
- 100% of vehicles released within 30 minutes

13.0 Hospital Co-ordination Centre

The function of the Hospital Co-ordination Centre is to co-ordinate all hospital activity throughout the live response phase of the incident and record all management decisions and actions. The Hospital Co-ordination Team will aim to maintain and support routine services throughout the incident whilst promoting a return to business as usual where possible. Senior Managers will be allocated responsibility for supporting functions in need of additional resources and temporary modification of normal service patterns.

In Hours	OOH
Senior Nurse Clinical Operational Site Manager Medical Co-ordinator (Director of Urgent Care) Emergency Planning Response Team Health Care Records Loggist (Admin staff) Runner (Porters or Admin staff)	Site Co-ordinator (Nurse) On Call Senior Manager (Silver) Medical Co-ordinator (Director of Urgent Care) Emergency Planning Response Team Health Care Records Loggist (Admin staff) Runner (Porters or Admin staff)

13.1 Hospital Support to Scene

Medical Advisor (MA)

The overall responsibility for the management of medical resources at the scene of the major incident will be that of the first Doctor or Ambulance Paramedic on site, until relieved by the Medical Advisor. The local provision of a Medical Advisor will be through EMRTS on-call.

The MA liaises with the Ambulance Incident Commander (AIC), to co-ordinate use of NHS resources on site and liaises fully with clinical colleagues at the receiving and supporting hospitals.

In association with the Ambulance Service, the MA will arrange the establishment of a Casualty Clearing Station, (CCS), MERIT team and assess the need for further Medical Support and ensure that information on number and nature of casualties is sent to the Receiving Hospitals.

The MA will remain on site until the on-scene stand down is declared.

14.0 Medical Emergency Response Incident Team – (MERIT)

These are nursing teams, which can be called to the incident scene and work under the direction of the Medical Advisor within the casualty clearing station.

Wales has an 'all Wales' pool of MERIT trained members who can be called upon to support a major incident pre-hospital response. Personnel that make up the MERIT response will have undertaken 'The All-Wales MERIT Passport course' to support them in delivering their role effectively at a major incident and are issued with appropriate personal protective equipment and MERIT PIN cards.

WAST Operational delivery unit (ODU) will request for MERIT Team to be dispatched to the incident scene via the Major Incident line in Switchboard, following a request made by the Ambulance Incident commander at scene.

MERIT team members will be drawn from the nearest appropriate supporting Health Boards, the initial team will consist of two on 'duty staff' from each Health board to form a Joint team of 10 trained staff. A minimum of TWO MERIT trained staff must be provided per Health Board.

HSSC via ambulance control are responsible for transporting MERIT teams to Scene.

Staff will not be allowed on scene unless they have the correct Personal Protective Equipment (PPE), have Health Board ID and MERIT Passport PIN cards.

Medical support at scene within Wales to Support MERIT teams will be provided by EMRTS (Emergency Medical Response & Transfer Service).

14.1 Back-up Support to MERIT

This team will be requested by ODU and will be authorised and assembled only on the instructions of the HCC. Its composition will be as near as possible to that of the first MERIT but may vary according to 'off duty' personnel available at the time.

Additional teams will be requested by WAST from neighbouring hospitals to spread the load on local teams. In the event of MERIT need outstripping ABUHB supply, mutual aid will be requested from neighbouring Health Boards, this arrangement is reciprocal.

The decision to support this request should be made jointly by the ED NIC/ED Consultant/ EPRT/HCC.

14.2 Incident Site Action

Co-ordination of operations at the site of the incident will normally be in the hands of the Police. In the case of a major fire, this co-ordination will be in the hands of the Senior Fire Officer. If the incident is within the premises of a major industrial concern (e.g., the oil industry) co-ordination may be in the hands of a Senior Officer of that industry.

14.3 Casualty Clearing Station

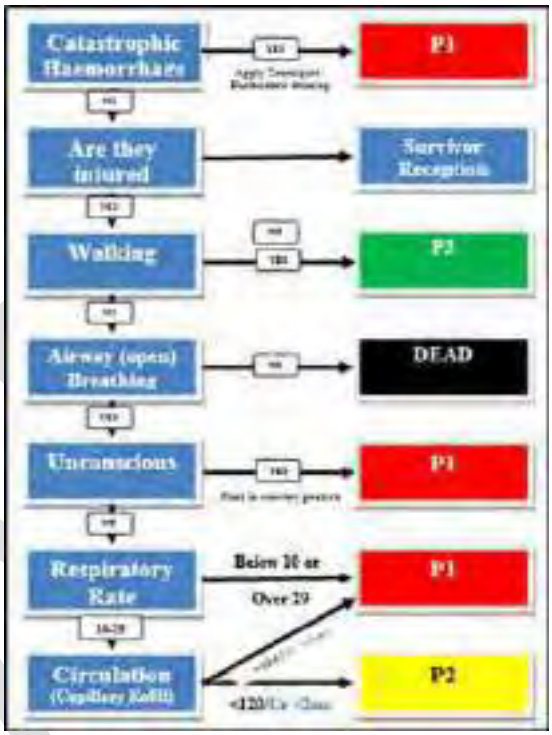
In conjunction with the Ambulance Incident Officer, the Medical Incident Officer should establish a Casualty Clearing Station to triage casualties, categorise and direct their evacuation to an appropriate healthcare facility. Priorities for evacuation should follow the coding:

Triage Priority	Order of Treatment	Description of Casualties Needs
P1	1st	**IMMEDIATE** – Immediate lifesaving procedures required.
P2	2nd	**URGENT** – Casualties who require urgent surgical or medical intervention.
P3	3rd	**DELAYED** – Less serious cases where treatment can be delayed. Walking cases.
P4		**EXPECTANT** – Casualties whose injuries are so severe that they either cannot survive or would require so much input from the limited resources available, that their treatment would seriously compromise the treatment of large numbers of less seriously injured casualties. The implementation of this category must be authorised by the Chief Medical Officers' office at Welsh Government. To date, this category has not been utilised in any civilian major incident in the UK.
Dead		

14.4 Triage

Casualties will be triaged at the incident site utilising the major incident triage sieve and sort system which is documented using CRUCIFORM cards. The cruciform card will also contain all pre-hospital care information. The same process is to be followed for any self-presenting casualties.





15.0 Mass Casualty Arrangements for Wales

The Mass Casualty arrangements for Wales can be found on AB Pulse – Emergency Planning page. Link below.

MASS CASUALTY ARRANGEMENTS VERSION 4 - Sept 2023.docx (sharepoint.com)

15.1 Gwent Mass Fatalities Plan

The Temporary Mortuary arrangements for Gwent during a Major Incident can be found on AB Pulse – Emergency Planning. Link below.

Emergency Planning - FINAL Gwent Mass Fatalities Plan v3.pdf - All Documents (sharepoint.com)

Local Authorities have the Statutory Duty to provide Temporary Mortuary facilities on behalf of the coroner. Any such Temporary Mortuary facility will be jointly operated by the Police and Local Authorities on behalf of the coroner in premises arranged by the Lead Local Authority, in whose area the incident takes place.

Temporary Mortuary Facilities are normally temporary body storage systems that can be transported and erected at any location. These units meet the requirements of the most difficult of operational situations. Gwent Police currently hold and store one unit for the LRF but can access more units through cross border mutual aide.

The Aneurin Bevan Health Board provides the Designated Individual (D.I.) responsible for overseeing the activity within the Temporary Mortuary whilst functional. Dr Ian Thompson currently fills this role for the Health Board.

15.2 Mortuary Facilities & Deceased Persons

These are the responsibility of Her Majesty's Coroner (via the Police). As a rule, no such persons shall be moved without the advice of the Police from the scene of the incident.

NOTE: Where many fatalities occur at an incident site, there will be covered Temporary Body storage, known as a Body Holding Area – not to be confused with a Temporary Mortuary.

15.3 Temporary Mortuary

The coroner may request a Temporary Mortuary. In this case no deceased person should be transferred from the incident site to the hospital mortuary, except in circumstances where a small number of fatalities occurs, and the hospital mortuary capacity can accept them.

In these circumstances, it may be possible to accommodate them at GUH Mortuary.

15.4 National Emergency Mortuary Arrangements (NEMA)

Where fatalities reach such numbers that the local arrangements cannot cope, - a Mass Fatality incident, the National Emergency Mortuary Arrangements (NEMA) will be invoked.

The coroner will request the commissioning of a Temporary Mortuary at one of the designated sites within the County. This is specifically intended to reduce the pressure on the hospital mortuary.

15.5 Forensic Considerations

Any Major Incident (which is not a natural occurrence) where fatalities occur will be the subject of a criminal inquiry and every effort must be made to preserve forensic evidence for subsequent investigation.

All forensic material including clothing, personal effects and any other artefacts brought to a receiving hospital in relation to a patient / victim of a major incident must be retained in a transparent plastic bag and labelled with details, if known, of the owner. Any material not identifiable as being the property of an individual must also be clear bagged and labelled with the date, time, and location at which found. Gwent Police Forensic Officers will collect material from hospitals.

Under the authority of the Coroner, Gwent Police will undertake work relating to identification of bodies and management of their belongings etc. known as Disaster Victim Identification (DVI).

16.0 Management of Burns

Burn care is organised using a tiered model of care (centres, units, and facilities). The most severely injured are cared for in burn centres with those requiring less intensive support being cared for in burn units. Patients with smaller burn injuries are cared for in facility level burn care services.

Burn Centres – This level of in-patient burn care is for the highest level of injury complexity and offers a separately staffed, geographically discrete ward. The service is skilled to the highest level of critical care and has immediate operating theatre access.

Burn Units – This level of in-patient care is for the moderate level of injury complexity and offers a separately staffed, discrete ward.

Burn Facilities – This level of in-patient care equates to a standard plastic surgical ward for the care of non-complex burn injuries.

The Welsh Burns Centre is situated at Morriston Hospital, Swansea and offers:

- Adults: Centre, Unit & Facility level care
- Children: Unit & Facility level care

Children who sustain burns which require centre level care require transfer to the Paediatric Burns Centre in Bristol.

The criteria for referral to Burn Services has been agreed by the National Network of Burn Care and has been widely circulated to all Emergency Departments.

- (Ref: National Network for Burn Care: National Burn Care Referral Guidance (2012)) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215643/dh_125842.pdf)

The Burns Centre at Morriston Hospital forms part of the Southwest UK Burn Care Network which includes burn care services at Frenchay Hospital, Bristol; Salisbury District Hospital, Salisbury, and Derriford Hospital in Plymouth.

In the event of a major incident involving patients with burns the Medical Coordinator in the HCC will liaise directly with the on-call Burns Consultant at Morriston Burns Centre to discuss patient care/treatment.

Small numbers of burn-injured patients can overwhelm burn care capacity particularly if children and young people are involved.

It is important that those patients admitted to the Centre are those who are likely to benefit most from the specialised facilities.

The Burns Centre in Morriston Hospital can admit a maximum of 10 major burns cases (>30% body surface area) but this would be dependent upon the bed occupancy rate of the centre at the time and the availability of staff.

This may mean that in the event of an incident involving multiple burns, all casualties arriving at the Receiving Hospital will require admission and stabilisation prior to transfer to a specialist burn service appropriate for their level of injury.

Acute Phase (24 hours) - Admit all patients to hospital. Inform on-call team at Morriston Burns Centre. Depending on the number of casualties a Burns Specialist Advisory Team (BSAT) may be sent to assist with triage and advise on initial treatment.

As many patients as possible will be transferred to Morriston Burns Centre up to capacity. When capacity is reached the on-call Burns Consultant will advise on availability of beds within the Southwest UK Network and will have liaised with clinical colleagues in Burns services throughout the UK. Patients should be transferred to a level of care that is appropriate for their level of injury. It is anticipated that patients with minor burns would remain at the Receiving Hospital or be discharged and be treated locally by Emergency Department /Surgical staff with subsequent advice and assistance of a Burns Specialist Care Team (BSCT).

After 24 hours - The Emergency Department/Surgical Staff of the Receiving Hospital together with the Burns Specialist Advisory Team (BSAT) from Morriston Burns Centre will confer and decide on the management of patients remaining at the Receiving Hospital.

In the event of a burn's major incident within the SWUK (Southwest UK) network, the on-call Burns Consultant at Morriston (for adults) and Frenchay (for children) and Burns Liaison Manager will advise where patients should be transferred to. The National Burns Bed Bureau (NBBB) can be contacted 24 hours a day on 01384 215576 to ascertain where there are available burn beds.

Further information can be obtained from:

- Concept of Operations for the management of mass casualties: Burns annex https://www.england.nhs.uk/wp-content/uploads/2020/09/B0193-mass-casualties-burns-annex.pdf
- NHS Emergency Planning Guidance: Planning for the management of burn-injured patients in the event of a major incident (2011) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215643/dh_125842.pdf
- National Network for Burn Care: National Burn Care Referral Guidance (2012) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215643/dh_125842.pdf
- Management of Surge and Escalation in Critical Care Services: Standard Operating Procedure for Adult and Paediatric Burn Care Services in

England and Wales (2015)
https://www.wyccn.org/uploads/6/5/1/9/65199375/national_burns_surge_and_escalation_sop_final_agreed_by_gateway_-_16.10.15.pdf

- Clinical Guidelines for Major Incidents and Mass Casualty Events
https://www.england.nhs.uk/wp-content/uploads/2018/12/B0128-clinical-guidelines-for-use-in-a-major-incident-v2-2020.pdf

17.0 Management of Chemical Incidents

In the event of a major incident requiring chemical decontamination, consideration should be given to Lockdown the Hospital to prevent contaminated persons entering the Hospital building and potentially spreading the contamination. The Health Boards Security Manager will coordinate site lockdown.

ABUHB has a responsibility of care to provide facilities for the decontamination of any person's self-presenting at GUH after being involved in an incident, where that person or persons, may become contaminated by a substance known or unknown. ABUHB has therefore a responsibility to ensure the decontamination of casualties is undertaken in a safe and responsible manner. A fully operational decontamination facility is based at GUH for this purpose. if a contaminated person should self-present at any of the ELGH sites then dry decontamination will be performed as per the Initial operational response and a 999 request for decontamination support requested

17.1 Grange University Hospital Decontamination Procedures

Initial Operational Response – the attached operational guidance has been created to focus on terrorist incidents involving CBRN agents. Since 2015, the National CBRN Centre (NCBRNC) has collated an informed data set in relation to incidents reported by emergency services across the UK. This data is regularly analysed by specialist intelligence analysts at National Counter Terrorism Policing Headquarters (NCTPHQ) to provide an evidence base to inform CBRN operational guidance.
Emergency Planning - IOR 2023 (Accessible).pdf - All Documents (sharepoint.com)

17.2 Personal Protective Equipment (PPE)

ABUHB Emergency Departments and the Welsh Ambulance Service Trust are equipped and can deal with contaminated casualties. All casualties at the scene will be decontaminated by WAST & SWFRS, prior to transfer to hospital.

The Hospital Decontamination Unit must be utilised in the event of any chemical, radiation, or biological incident, this may be necessary for patients self-presenting from the scene that have not been decontaminated by the WAST. Any self-presenting casualties at either of the eLGH sites will be treated using IOR instructions and 999 response.

Advice must be sort from the on-call Public Health Consultant via Ambulance Control

Once the nature of the chemical contamination has been ascertained further advice may be obtained from the 24-hour Chemical Incident Hotline.

17.3 Other Sources of Information/Advice

Public Health England Centre for Radiation, Chemicals and Environmental Hazards

Provides support and advice to local authorities and health bodies in the event of an acute chemical related incident and related issues such as contaminated land. 24-hour advisory service on environmental, chemical, medical toxicological, epidemiological, and public health aspects of chemical health hazards.

The 'Chemsafe' scheme is operated by the British Chemical Industry and aims to provide accurate information on the nature of spilled chemicals and practical assistance when required from incidents involving the transportation of dangerous incidents.

The National Focus provides a telephone specialist advice and is available 24/7. It can provide direct specialist advice, usually for incidents of national significance, or will direct callers to the appropriate sources of expertise and advice.

This service is only available to NHS professionals, and is staffed 24-hours a day, 365 days a year by trained NPIS (National Poisons Information Service) specialists in poisons information.

Public Health England guidance for Chemical, biological, radiological, and nuclear incidents: clinical management and health protection – Appendix 8

Public Health Wales - Chemical Decontamination, Advice for Health Boards – Appendix 8

JESIP - Joint Operating Principles for Category 1 Responders to CBRN Event – Appendix 8

17.4 Hazardous Sites in the ABUHB area

Gwent have several Top Tier COMAH Sites (Control of Major Accident Hazards). COMAH applies to the chemical industry, but also to some storage activities, explosives and nuclear sites, and other industries where the threshold quantities of dangerous substances are kept or used.

All businesses in Great Britain are legally required to protect their employees, third parties and members of the public who may be affected by their work activities. There are also various legal requirements that apply to protect the environment. When an accident occurs, having significant quantities of flammable, environmentally hazardous or toxic substances on site increases the potential to cause multiple injuries or fatalities to those working on site or living in the local community and/or cause damage to the environment. The COMAH Regulations aim to prevent major accidents and, should one happen, require businesses to limit the effects on people and the environment.

In Gwent we have the following business who fall under COMAH regulations, each site is required to have comprehensive off-site plans that have been scrutinised Local Resilience Partners before being signed off.

Gwent Sites.

- Eastman/Solutia, Newport
- EnviroWales, Rassau, Blaenau Gwent
- BAE Glascoed, Usk

18.0 Management of Radiation Incidents

Clinicians are to monitor casualties and seek advice on decontamination requirements. The current Radiation Advisors are based at Velindre - Radiation Protection, in hours.

Out of hours arrangement is to contact Velindre switchboard on, who will provide contact details and numbers.

In the event of a major incident involving radiation, consideration should be given to activate the Hospital Lockdown Procedure, to prevent contaminated personnel entering the Hospital building and potentially spreading the contamination.

Incidents involving the transport of nuclear materials will fall under the remit of national arrangements facilitated by the Atomic Weapons Establishment who monitor movements of Defence Nuclear Material. In the event of an incident the Joint Operations Cell will alert the Civilian Emergency Services and call out the Nuclear Emergency Organisation.

18.1 Response Standby (Radiation Exposure)

The extent of the response will depend upon the type of incident and its impact.

Where an incident may involve the release of radiation the National Arrangements for Incidents involving Radioactivity (NAIR scheme) should be instigated by Gwent Police (with assistance of the Fire Service who possess a mobile de-contamination unit).

Type 1 - Non-Injured Patients

Type 2 - Injured Persons (e.g., Road Traffic Collision)

For these types of incidents, there are two national schemes in place to provide support to the Police who will lead any responses. They are:

RADSAFE - this scheme provides expert assistant to the emergency services following an incident involving the transport of radioactive material.

The National Arrangements for Incidents Involving Radiation (NAIR). This scheme is administered by the National Radiation Protection board and activated by the Police. In such situations, Physicists would be alerted to attend the scene to

provide advice on protection measures and respond to the Emergency Department receiving contaminated or irradiated casualties.

Type 3 - Multiple Persons involved (e.g., Power Station Incident)

An incident of this magnitude will require a multi-agency response, the involvement of the National Resource Wales, and the Welsh Government. The Welsh Government will establish an Incident Response Team to co-ordinate the health response and provide support to the Police arrangements.

18.2 Reception and Treatment of Casualties

As soon as severely irradiated casualties are decontaminated and stabilised at the receiving hospital. The Medical Team, Public Health Team, and scientific advisory team at Deference Science Technology Laboratory Porton Down, will determine if they should be transferred to an appropriate facility which is suitably equipped to meet the clinical needs of the patient.

18.3 Public Health Information

Public Health Wales will provide appropriate advice to the Strategic Co-ordination Group (Gold) who are responsible for co-ordinating mobile media information.

Where the radiation injury is life threatening and the need for treatment immediate, admission may be direct to the Receiving Hospital whilst the advice of a radiation expert is awaited.

If time is available preparations should be made before the patient arrives at the hospital.

As soon as possible, information must be obtained from the scene of the incident regarding numbers and condition of casualties expected, and whether decontamination has been undertaken at the scene. Ideally, all casualties should be decontaminated prior to transport to Hospital.

It will be necessary to monitor the condition and movements of all staff who have had contact with contaminated patients (including Ambulance personnel). Once their immediate duties have been completed, they should be kept in a separate prepared area of the Department for monitoring, following decontamination. This area will be identified at the time of the incident and according to numbers.

Staff who are, or may be, pregnant must not participate in the patient(s) care. Specialist advice can be obtained from The Defence Science and Technology Laboratory (Dstl) Porton Down.

The Operational Site Manager based in the HCC must ensure that notices are posted, and the Hospital Information/Media Centre utilise local media to advise any self-referrals to the Emergency Department that a decontamination process will be required prior to entering the hospital building. This may also require the support of the Police controlling large numbers of people / patients. Notices are stored in the Major Incident store cupboard at the HCC.

The HCC must ensure that advice is obtained and implemented in relation to any contamination of the hospital environment by means of biological/chemical/ radiation agents. The HCC will need to liaise with Public Heath Wales / Ambulance Control to access supplies of antidotes / vaccines as appropriate to the situation.

19.0 Management of Biological Incidents

Public Health Departments are responsible for preparing and maintaining their plans for the management of incidents of communicable diseases including clusters or outbreaks. This excludes incidents of food and water borne infections for which plans are maintained by local authority environmental health departments.

Public health legislation for the control of communicable diseases is vested in local authorities.

- Public Health (Control of Diseases) Act 1984
- Public Health (infectious Diseases) Regulations 2010

Within Aneurin Bevan Health Board, the Infection Control Departments in conjunction with the Consultant Microbiologists are responsible for Infection Control Policies.

In cases of outbreaks of Smallpox or SARS (severe acute respiratory syndrome), a specified area within the Emergency Department will be used and cordoned off for self-referral patients.

The Infection Control team led by the Consultant Microbiologist should be contacted for isolating these and other patients in a designated area of the hospital. This area will be identified at the time. These patients will be held in the designated area for a brief time. After stabilisation, these patients will be transferred to the Infections Ward, University Hospital of Wales, Cardiff. The Operational Site Manager in conjunction with WAST will facilitate the transfer of patients.

The Consultant Microbiologist (or Infection Control Team) will inform the HCC and the Director of Public Health of an outbreak. Public Health Wales has a lead role in the managing an outbreak of infectious diseases.

If requested by the Strategic Co-ordination Group, Public Health Wales will establish and chair a Scientific and Technical Advisory Cell (STAC). Public Health Wales is responsible for appointing members of the STAC. This would not necessarily be a local group but is more likely to be a virtual group or based in Cardiff.

In major biological incidents in which large numbers of people need treatment, the Heath Board may be under pressure to maintain services. In such situations arrangements will need to be put in place to ensure adequate resources are in place. This may include invoking emergency planning procedures.

Where investigations lead to suspect that clusters of a communicable disease may be due to bioterrorism, the Police should be informed, and arrangements for handling deliberate release should be put in place.

19.1 Poisons & Potentially Hazardous Substances

Many materials or substances used or created can harm health. These substances could be dusts, gases or fumes that are breathed in, or liquids, gels or powders that encounter eyes or skin. There could also be harmful micro-organisms present that can cause infection, an allergic reaction or are toxic. Harmful substances can be present in anything from paints and cleaners to flour dust, asbestos, lead, blood or waste the list is endless.

Self-presenting patients with signs of being exposed to a poison or hazardous substance should be isolated until the infection is identified and controlled.

Advisory centres for information on poisons and potentially hazardous substances are set out below:

20.0 Medical Illustration/Clinical Photography

The Medical Illustration Team are located at Royal Gwent Hospital, they are healthcare scientists who produce visual records to help clinicians diagnose conditions or monitor treatment effectiveness. They work closely with healthcare professionals to produce resources for use in patient care. Photographic images produced can also be used as evidence in a coroner's court or law court post Major Incident.

The Team should be activated for all Major Incidents that involve Mass Casualties; the Operational Site Manager will call in the team as part of their HCC action card.

21.0 Helicopter Landing Facilities

The GUH Helipad will be open 7 days a week, 365 days a year. It is anticipated there will be 6 landings per week with most of the flights taking place in daylight hours, however the operational procedures have considered night-time activity and systems are in place to accommodate night flights.

The Helipad is equipped with lights to enable night operations which will also be required on short dark winter days.

If for any reason the Helipad cannot be used, the 'Closed' status should be communicated to the Emergency Department, Switchboard, Estates and Facilities and the Air Ambulance Support Desk on The SOP (Standard Operating Procedures) is at Appendix 5.

21.1 EMRTS (Welsh Flying Medics)

The Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru is a service for Wales that provides Consultant and Critical Care Practitioner-delivered Pre-hospital critical care across Wales. It provides a multitude of roles at major

incident or mass-casualty events and a strategic medical advisor is available 24/7. This advisor is known as a top cover consultant.

EMRTS Cymru is coordinated via the Air Support Desk (ASD) which is based at the Welsh Ambulance Service headquarters in Cwmbran. Critical Care Practitioner's and an allocator on the ASD monitor emergency calls made to the ambulance service and assess the appropriateness of EMRTS Cymru support. The ASD also receives direct calls from NHS services and departments requesting assistance for an emergency patient transfer. In certain cases, a conference call is set up with the on-call top cover consultant to provide advice and support.

22.0 Cultural Arrangements

Where a Major Incident involves persons from multi-cultural backgrounds, communication difficulties can complicate the medical intervention.

Interpreter services can be accessed through the Patient Relations on ext. 55656.

The Chaplaincy will have a presence on site at GUH from Monday to Friday, although RGH will still be the administrative centre for the department, ext. 44263.

In addition, the Gwent Faiths Communities Emergency Response Arrangements document should be referred to for advice (copy available from Chaplains Office.) The chaplain's office can be contacted via the office at RGH on internal ext. 44263 external or through the switchboard OOH.

In addition, the British Red Cross Multi-Lingual Phrasebook can be utilised.

https://webarchive.nationalarchives.gov.uk/20130105192116/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4073230

23.0 VIP Visits

It is likely that in the immediate aftermath of an incident, VIP visits may be requested. This may involve royalty, politicians, or foreign dignitaries. Where an incident involves a place of entertainment, such as a sports ground, celebrities may also request to visit. All such visits will require careful security management in conjunction with the police. The Corporate Communications Team will coordinate all VIP visits for the Health Board, and the Health Boards Security manager will support with any security arrangements.

24.0 Staff Welfare

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. To achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- Health and safety

- The availability of food and other refreshments
- Working hours
- Rest breaks
- Travel arrangements
- Consideration of personal circumstances
- Emotional support during and after the incident
- Trauma Risk Management (TRiM)

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly at the start of a shift at shift changes and handovers. Guidance and assistance should be sought from Occupational Health Department, Mental Health Team, Human Resources and the Well Being Service.

25.0 Voluntary Aid Societies

The title "Voluntary Aid Society" is taken in this context to mean the WRVS, Red Cross, CRUSE, League of Friends and St. John Ambulance Brigade, all of whom have skills and resources, which may be relevant to the health care and welfare of casualties.

If the Incident involves large numbers and/or is likely to be prolonged the Voluntary Aid Societies can provide much valuable support to the Health Board. Support can be sought through the British Red Cross tel.; and or the Local Resilience Forum Human Aspects Group tel.;

26.0 Religious & Cultural Sensitivity

The Health Board's response in a Major Incident must continue to respect the religious, ethnic, and cultural background of patients who may present for treatment. Staff should continue to display sensitivity in working with patients and their families in the event of a major incident.

Guidance has been published by the Department of Health to raise awareness for responders in understanding of varying beliefs and sensitivities of victims and families from different communities in the event of a major incident. Copies of this guidance are available in the Emergency Depts/Units, HCCs, and the Mortuaries.

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Glossary of Terms

Ambulance Operational Delivery Unit - ODU
The permanent office which receives all requests for ambulance services in a specified geographical area and which co-ordinates and allocates them to ambulance stations/vehicles.

Ambulance Control Point
An Emergency Control Vehicle, identified by a green flashing beacon, providing an "on-site" communications facility. The vehicle may be sited some distance from the incident scene but will provide a focal point to which all NHS/medical resources attending the incident should report. Ideally it should be near the fire and police control vehicles, subject to radio interference constraints.

Ambulance Incident Commander (AIC)
The senior ambulance officer, with overall responsibility for the work of the Ambulance Service at the scene of the incident.

Ambulance Liaison Officer
The officer responsible for providing mobile radio communications, for the supervision of ambulance service activity and for liaison at the receiving and supporting hospitals.

Bronze Control
Forward operational control at the site of an incident or within the hospital. There will be at least one Bronze Control for each service involved or each hospital involved.

Casualty Assessment/Triage Officer
This doctor, normally a Consultant in Accident and Emergency Medicine, will receive and assess all casualties as soon as they enter the hospital and will decide on the priority if treatment (Triage). The Co-ordinating Consultant will take the decision on who will undertake this role in the absence of Accident and Emergency Consultants.

Casualty Clearing Station
An area set up at a major incident by the Ambulance service in liaison with the Medical Incident Officer, to assess, triage and treat casualties and direct their evacuation.

Casualty Clearing Station Officer
The ambulance officer who, in liaison with the Medical Incident Officer, and MERIT Team Leader ensures an efficient patient throughput at the Casualty Clearing Station.

CBRNe
Chemical, Biological, Radiological and Nuclear (e = explosive) incident. An event involving any of the above substances which will require specialist types of response as outlined in the Health Board Decontamination Protocol and deemed to be of a terrorist nature.

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Communications Officer – On Site
The officer responsible for managing the ambulance control point (Emergency Mobile Control) on site. He is responsible for ensuring, in liaison with Ambulance Control, that the appropriate communications network is available for all medical personnel on site.

Co-ordinating Consultant
The consultant nominated to be responsible for co-ordinating all hospital medical arrangements relating to major incidents.

Emergency Services
These comprise the Ambulance, Fire and Rescue, Police, Mountain Rescue and Coast Guard Services but exclude military personnel deployed in support of the civil authority.

EMRTS
The Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru is a service for Wales that provides Consultant and Critical Care Practitioner-delivered pre-hospital critical care across Wales.

Forward Incident Officer (Ambulance)
The officer who, under the direction of the Ambulance Incident Commander, manages the ambulance/medical resources at the point of patient contact at the scene.

Gold Control (Strategic Co-ordination Centre)
This will be established at Police Headquarters, Cwmbran to provide co-ordination in the event of a protracted incident. Communication with Gold Control will be via the HCT.

Hospital Coordination Centre
This facility is based within the Receiving Hospital and is equipped to manage and coordinate the Health Board response to a major incident /emergency.

Hospital Co-ordination Team (HCT)
This team which controls the Hospital's response to the Major Incident is made up as stated in the Major Incident plan.

Hospital Information Team (Co-ordination Centre)
This Team is set up as stated in Sec 5.1 of the Major Incident plan. Its role is to provide information within the hospital and liaise with outside agencies.

Listed Hospital
A hospital listed by the Welsh Assembly as equipped to receive casualties on a 24-hour basis and/or be able to provide, when required, a Medical Incident Officer and a MERIT Team.

Major Incident
For Health Service purposes a major incident is an incident, which because of the number and severity of live casualties or its location, requires special arrangements to be made by the Health Service.

Major Incident Team (MIT)
The Emergency Planning & Response Team (EPRT) and Media Officer who will support the Hospital Coordination Team.

Medical Advisor (MA)
The Medical Advisor requested by Ambulance Control to attend the scene of an incident to co-ordinate and have responsibility for the medical action at the scene, but not to engage in the clinical treatment of casualties. The MA will not be a member of any mobile team.

MERIT – Medical Emergency Response Incident Team
A team of doctors and nurses, which attends the scene of an incident to render immediate aid to the casualties and to undertake triage within casualty clearing station. The providing hospital for this Team is designated by the Ambulance Service and will not normally be the Receiving Hospital.

NILO – National Interagency Liaison Officer
Multi-agency role name and bestowed on Fire, Police and Ambulance officers who act in a multi-service supervisory capacity.

ODU – WAST Operational Delivery Unit
Welsh Ambulance Service Trust, Operational Delivery Unit. Deployment of vehicles to 999 calls.

Paramedic
A qualified ambulance person who has obtained the NHSTA certificate in extended ambulance aid training or other local qualification allowing the practise of endotracheal intubation, intravenous infusion and cardiac care. He/she may also be permitted to administer specified drugs.

Police Casualty Bureau
A bureau established by the police at Police Headquarters to handle enquiries from the press and public, to co-ordinate media bulletins, to maintain a roll of casualties including those not referred to hospital and to act as a central contact and information point for all records and data relating to casualties.

Police Documentation Team
A team of police officers despatched to receiving and supporting hospitals, to collect the details of casualties arriving at the hospital and pass them through the police communications network to the Police Casualty Bureau.

Police Liaison Officer
The officer allocated to a hospital to co-ordinate all police activity at the hospital and to provide liaison with police headquarters and the police casualty bureau.

Primary Triage Officer
An ambulance officer or nominated doctor at the incident site who organises patient removal from the hot zone to a casualty clearing station using the standard triage system.

Receiving Hospital
The first listed hospital alerted by the ambulance service to receive casualties in the event of a major incident.

SDEC - Same Day Emergency Care
SDEC provides same day emergency care for self-presenting, and GP referred patients.

Secondary Triage Officer
A nominated doctor, qualified nurse or ambulance officer who selects and assesses the priority order in which casualties will be moved from the casualty clearing station to hospital.

Silver Control (Tactical Coordination)
Established close to the scene to enable *tactical* decision making to be undertaken by joint agency liaison

Supporting Hospital
A listed hospital nominated to support the receiving hospital in dealing with casualties from a major incident.

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Item 3.5

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 March 2024
CYFARFOD O: **MEETING OF:**	Aneurin Bevan University Health Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Establishment of the NHS Wales Joint Commissioning Committee, as a Joint Committee of Local Health Boards in NHS Wales**
AWDUR YR ADRODDIAD / **REPORT AUTHOR**	Rani Dash, Director of Corporate Governance, Aneurin Bevan University Health Board, and Chair of National Commissioning Programme Governance Workstream
CYFLWYNYDD YR ADRODDIAD / REPORT PRESENTER	Nicola Prygodzicz, Chief Executive Officer
PWRPAS YR ADRODDIAD / **REPORT PURPOSE**	To provide an update on the establishment of the NHS Wales Joint Commissioning Committee and to seek adoption of its governance framework, as a Joint Committee of the Board.

1. Situation/Background

1.1 Welsh Government's *"A Healthier Wales: long term plan for health and social care"* committed to a review of national commissioning functions. Consequently, an independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) (which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities.

1.2 The scope of the Review, as set out in its Terms of Reference, was to:

- Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps;
- Horizon scan future national (and regional) commissioning requirements;
- Describe the current governance arrangements and interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive;

- Describe the potential national commissioning functions to be undertaken ('function');
- Describe the different options for delivery of those function ('form');
- Describe the different options for future governance and decision-making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive;
- Make recommendations on a preferred way forward; and
- Set out processes and timelines for implementation (including proposed programme management arrangements and evaluation).

1.3 The review found that while there was good evidence of evolution and growing maturity in both WHSSC and EASC, there remained gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision-making and accountability arrangements.

1.4 In summary, the recommendations made were:

- WHSSC, EASC and NCCU should be combined into a single entity and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new entity as a Joint Committee should be given a new name to highlight that it is a new body rather than just a merger of existing bodies.
- The term "specialist" [or "specialised"] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new body should take on an expert supportive role to Health Boards in developing Regional and Inter-Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new body should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new entity is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new body create its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

1.5 While the commissioning of 111 services was not explicitly included in the initial scope of the review, this was considered under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by Health Boards. It was confirmed that this recommendation would therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

1.6 It was also confirmed that the planned transfer of the Sexual Assault Referral Centres (SARCs) commissioning service from the NHS Executive to the NCCU on 1 April 2024 would also be included within the remit of the work to be taken forward.

1.7 In response to the review, a National Commissioning Programme, led by Welsh Government with accountability to the Minister for Health & Social Services and the Director General/Chief Executive of NHS Wales, was established. The purpose of which being to implement the recommendations arising from the review and to provide strategic direction and control to ensure all required preparatory work and engagement was undertaken in readiness for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

2. Establishment of the NHS Wales Joint Commissioning Committee

2.1 On the 6 November 2023, the Minister for Health and Social Services confirmed the title of the new national commissioning joint committee would be, NHS Wales Joint Commissioning Committee / Cyd-bwyllgor Comisiynu GIG Cymru.

2.2 The National Health Service Joint Commissioning Committee (Wales) Directions 2024 (the Directions) came into force on 7th February 2024 which provide that the Local Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of services specified within the Directions or as identified by the Local Health Boards. Specifically, these are: (a) specialised services for: (i) cancer and blood disorders, (ii) cardiac conditions, (iii) mental health and vulnerable groups, (iv) neurosciences, and (v) women and children; (b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis; (c) emergency medical services; (d) non-emergency patient transport services; (e) emergency medical retrieval and transfer services; (f) NHS 111 services; (g) sexual assault referral centres; and (h) other services as directed by the Welsh Ministers.

2.3 For the purpose of jointly exercising those functions set out within the Directions, the Local Health Boards will establish a joint committee to be operational on 1 April 2024, which will supersede the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee as Joint Committees of Local Health Boards.

2.4 The Directions determine that the host Local Health Board must provide administrative support for the operation of the joint committee and establish the NHS Wales Joint Commissioning Committee Team (JCCT); and that the Host Local Health Board will be Cwm Taf Morgannwg University Health Board (CTMUHB).

2.5 The National Health Service Joint Commissioning Committee (Wales) Regulations 2024 (the Regulations) were laid before Senedd Cymru on 9th February 2024 and will come into force on 1st April 2024. These Regulations make provision for the constitution and membership of the NHS Wales Joint Commissioning Committee (the Joint Commissioning Committee [JCC]), including its procedures and administrative arrangements. An Explanatory Memorandum was also laid before Senedd Cymru.

2.6 As set out within Part 2 of the Regulations, membership of the JCC will consist of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers.

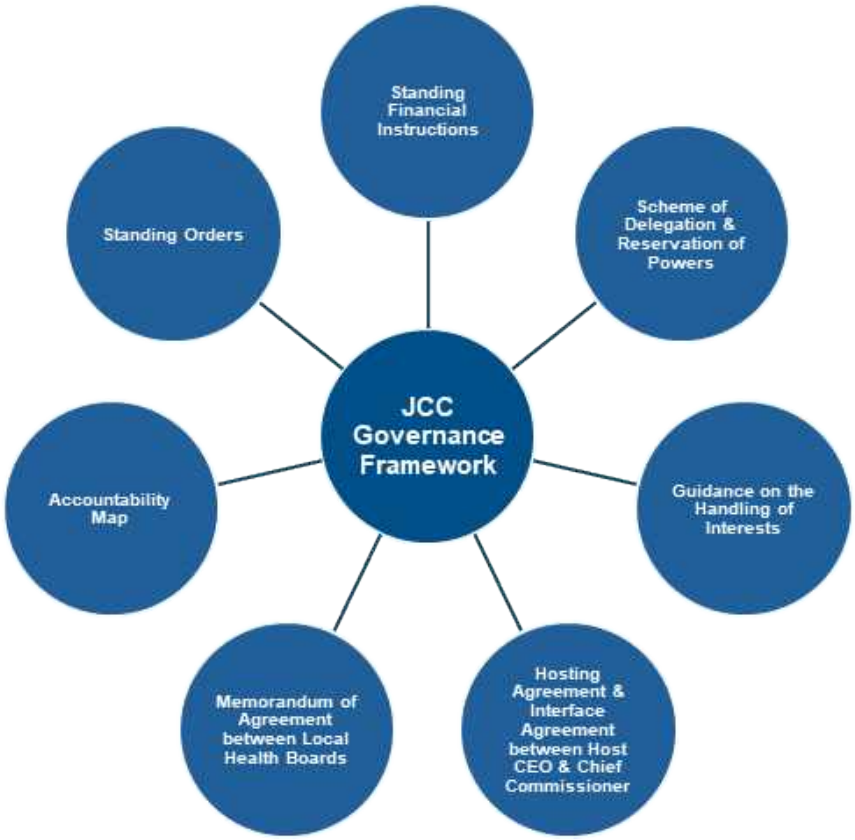
2.7 In addition, the JCC's membership will include an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body. In addition, the intention is for the Chief Commissioner to hold Accountable Officer status, delegated by Welsh Government, for accountability for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.

2.8 At the time of writing, processes are underway to appoint the JCC's Chair and Lay Members and an Interim Chief Commissioner. Announcements in respect of these are expected imminently.

3. Governance Framework of the NHS Wales Joint Commissioning Committee

3.1 The Governance Framework for the JCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the JCC in its operations and handling of business. These documents are an integral part of the wider governance framework of Local Health Board and have been developed within that context.

3.2 The Governance Framework of the JCC will contain the following and an update on each element is provided below:



3.3 Standing Orders – The JCC's Standing Orders are to be issued by Welsh Ministers to Local Health Boards (LHBs) using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board in Wales must agree the Standing Orders for the regulation of the NHS Wales Joint Commissioning Committee's proceedings and business to form part of each LHBs Standing Orders.

The JCC Standing Orders therefore form a schedule to each LHBs own Standing Orders and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 and LHB Standing Order, paragraph 3.2 into day-to-day operating practice.

3.4 Scheme of Delegation and Reservation of Powers – The JCC's Scheme of Delegation and Reservation of Powers will form an annex to the JCC's Standing Orders, which form a schedule to each Local Health Boards (LHBs) own Standing Orders and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out in the context of the JCC's business:

- Those matters reserved for Local Health Boards;
- Those matters delegated from Local Health Boards and reserved for the JCC; and
- Those matters further delegated from the JCC to the Chief Commissioner (and other Officers as appropriate).

In addition to the responsibilities delegated from the JCC, the Chief Commissioner will have delegated responsibilities from the Host Body (set out within the Hosting Agreement) and delegated responsibilities from Welsh Government (set out within an Accountable Officer Memorandum).

It will also be necessary for the Host Body to confirm within its respective Scheme of Delegation and Reservation of Powers any functions delegated to the Chief Commissioner and Joint Commissioning Committee Team as the employer and provider of administrative (e.g. finance, workforce) services.

3.5 Standing Financial Instructions – The JCC's Standing Financial Instructions (SFIs) will form an annex to the JCC's Standing Orders, which form a schedule to each Local Health Boards (LHBs) own Standing Orders and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. These SFIs will align with the JCC's Scheme of Delegation and Reservation of Powers and also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.

3.6 The Board is required to formally adopt the JCC's Standing Orders, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions, as part of its overall governance framework for the Health Board, with the JCC being a formal Joint Committee.

3.7 On 18th March 2024, the Minister for Health and Social Services issued Model Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, attached at **Appendix A**. In addition, amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards following the establishment of the NHS Wales Joint Commissioning Committee were issued.

3.8 On 19th March 2024, the Minister for Health and Social Services issued Model the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, attached at **Appendix B.**

3.9 **The Board is therefore asked to ADOPT:**

- **Appendix A, Document 1: Amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards**
- **Appendix A, Document 2: Standing Orders for the NHS Wales Joint Commissioning Committee**
- **Appendix A, Document 3: Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee**
- **Appendix B, Document 1: Standing Financial Instructions for the NHS Wales Joint Commissioning Committee**

3.10 Accountability Map - an Accountability Map for the JCC has been developed and agreed by the National Commissioning Programme Oversight Board. The purpose of the Accountability Map is to outline the formal accountabilities and formal relationships between Welsh Government, Local Health Boards, the Host Body (CTMUHB), the JCC and its Team. This is attached at **Appendix C** for the Board's information.

3.11 Guidance on the Handling of Interests – Guidance has been developed to set out the arrangements for the appropriate handling of declarations of interests within the JCC's business, ensuring that the JCC operates within its Standing

Orders and the Standards of Behaviour Framework set by CTMUHB as the Host Body. This guidance extends to the handling of interests which may, or be perceived to, arise where a JCC Officer Member (a Chief Executive of a Local Health Board) is an employee of an organisation which is a provider of services commissioned via the JCC.

3.12 Memorandum of Agreement between Local Health Boards - To ensure the effective operation of the JCC as a Joint Committee, a Memorandum of Agreement between all 7 Local Health Boards (LHBs) will be established, which will set out the commitment and ways of working, including the agreed roles and responsibilities of the Chief Executive Officer of each constituent LHB as individual officer members of the JCC.

3.13 Hosting Agreement – A Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards will be established to outline the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This will be supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given it is intended they both hold respective Accountable Officer responsibilities delegated by Welsh Government.

4. Recommendations

4.1 The Board is asked to:

a. NOTE the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1st April 2024, as directed by Welsh Ministers;
b. NOTE that the JCC will supersede the Board's current joint committees, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1st April 2024;
c. NOTE the development of the JCC's governance framework, as a key component of the Health Board's governance framework;
d. ADOPT the amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards; and the Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 18th March 2024 (Appendix A);
e. ADOPT the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 19th March 2024 (Appendix B); and
f. NOTE the JCC's Accountability Map for information (Appendix C).

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	Consideration has been given to the Duty of Quality as set out in section 1A of the NHS (Wales) Act 2006 ("the 2006 Act") as it applies to the Welsh Ministers. The Duty of Quality places Ministers under an additional duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The establishment of the new JCC arrangements will support the

		delivery of the Duty of Quality requirements.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024.
Cyfreithiol / Legal	National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	There is no direct impact on the reputation of the Local Health Boards or Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	
	There is not expected to be an additional cost as costs associated with the establishment of the new NHS Wales Joint Commissioning Committee will be borne out of existing budgets of WHSSC, EASC, NCCU and costs relating to any other commissioning functions transferred into the new Joint Commissioning Committee.	

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-EM-0728-24

Chairs of Local Health Boards

18 March 2024

Dear Chairs

Interim Review of Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards and development of new Model Standing Orders and Reservation and Delegation of Powers for the NHS Wales Joint Commissioning Committee

As you are aware the new NHS Wales Joint Commissioning Committee will be established from 1 April 2024 as a Joint Committee of the seven Health Boards. This is in accordance with the NHS Wales Joint Commissioning Committee (Wales) Directions 2024.

In preparation for the establishment of the new Joint Committee Model Standing Orders and a Scheme of Reservation and Delegation of Powers have been developed. It has also been necessary to make some amendments to the Local Health Board Model Standing and Reservation and Delegation of Powers. These amendments also remove all references to the Welsh Health Services Commissioning Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) which will cease to exist on 31 March 2024.

The amendments to the Local Health Board documents and the issuing of Model documents for the NHS Wales Joint Commissioning Committee are in accordance with my powers of direction contained within Section 12(3) of the National Health Services (Wales) Act 2006.

These amendments supersede those issued on 27 July 2023 and as confirmed in Welsh Health Circular WHC2023/032. A new WHC will be published to confirm this.

Your Board is required to incorporate and adopt this latest review into your organisations Standing Orders and Reservation and Delegation of Powers. The NHS Wales Joint Commissioning Standing Orders form part of Schedule 4 of the Local Health Board Model Standing Orders.

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

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

Model Standing Financial Instructions for the NHS Wales Joint Commissioning Committee are under development these will be issued in due course.

Yours sincerely,



Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Copy: Chairs of NHS Trusts and Special Health Authorities
Chairs of EASC and WHSSC
Chief Executives of Local Health Boards, NHS Trusts and Special Health Authorities
Directors of Governance/Board Secretaries of Local Health Boards, NHS Trusts and Special Health Authorities
Managing Director, WHSSC
Chief Ambulance Services Commissioner, EASC
Committee Secretaries, EASC and WHSSC

Amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Board following the establishment of the NHS Wales Joint Commissioning Committee

On 1 April 2024 the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) will cease to exist. They are to be replaced by the NHS Wales Joint Commissioning Committee. The new Joint Commissioning Committee will take on the functions of the former EASC and WHSSC together with commissioning of 111 and Sexual Assault and Referral Centres.

As a result of the establishment of the new Joint Commissioning Committee the following amendments are required to the LHB Model Standing Orders:

Remove the following paragraphs:

xi) **The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and for the purpose of jointly exercising those functions will establish the Welsh Health Specialised Services Committee ("WHSSC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009 (S.I. 2009/3097)**, which make provision for the constitution and membership of the WHSSC including its procedures and administrative arrangements.

xii) **The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8)** as amended by the **Emergency Ambulance Services (Wales) Amendment Directions 2016 (2016/8)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services and for the purpose of jointly exercising those functions will establish the Emergency Ambulance Services Committee ("EASC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566)** which make provision for the constitution and membership of the EASC including its procedures and administrative arrangements.

and replace with:

xi) **The National Health Service Joint Commissioning Committee (Wales) Directions 2024 (WG24-06)** provide that the seven LHBs in Wales will establish a joint committee to exercise the functions of planning, securing and commissioning:

(a) specialised services for –
(i) cancer and blood disorders,
(ii) cardiac conditions,

(iii) mental health and vulnerable groups,
(iv) neurosciences, and
(v) women and children,

(b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis,

(c) emergency medical services,

(d) non-emergency patient transport services,

(e) emergency medical retrieval and transfer services,

(f) NHS 111 services,

(g) sexual assault referral centres, and

(h) other services as directed by the Welsh Ministers.

Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the **National Health Service Wales Joint Commissioning Committee (Wales) Regulations 2024 (2024 No. 135 (W29))**, which make provision for the constitution and membership of the Joint Commissioning Committee, including its procedures and administrative arrangements.

Renumber paragraphs after xi)

Paragraph 3.2 – Joint Committees

Remove paragraph 3.2.3

3.2.3 The Board shall establish, as a minimum, the following joint-Committees:

- The Welsh Health Specialised Services Committee (WHSSC).
- The Emergency Ambulance Services Committee

and replace with

3.2.3 The Board shall establish, as a minimum, the following joint-Committee(s):

- The National Health Service Wales Joint Commissioning Committee (JCC)

Section 10 - GAINING ASSURANCE ON THE CONDUCT OF LHB BUSINESS

Remove paragraph 10.0.4

10.0.4 Assurances in respect of the functions discharged by WHSSC and EASC shall achieved by the reports of the respective Joint Committee Chair, and reported back by the Chief Executive. Reference should be made to paragraph 3.2 above regarding the governance arrangements which should be agreed for each of the Joint Committees.

and replace with

10.0.4 Assurances in respect of the functions discharged by the National Health

Services Wales Joint Commissioning Committee (the JCC) shall achieved by the reports of the JCC Chair, and reported back by the Chief Executive. Reference should be made to paragraph 3.2 above regarding the governance arrangements which should be agreed for each of the Joint Committees.

Schedule 1 – Model Scheme of Reservation and Delegation of Powers

Remove

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the Welsh Health Specialised Services Committee (WHSSC) or Emergency Ambulance Services Committee (EASC).

and replace with

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the NHS Wales Joint Commissioning Committee (the JCC)).

Schedule 4 – Joint Committee Arrangements

Remove

Schedule 4.1 – Welsh Health Services Specialised Services Committee
Schedule 4.2 – Emergency Ambulance Services Committee

and replace with

Schedule 4.1 – National Health Service Wales Joint Commissioning Committee

STANDING ORDERS FOR THE NHS WALES JOINT COMMISSIONING COMMITTEE

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders

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1. INTRODUCTION

Foreword

1.1 Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing Standing Orders Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the NHS Wales Joint Commissioning Committee's (JCC) proceedings and business to form part of each LHBs Standing Orders.

1.2 These JCC Standing Orders form a schedule to each LHBs own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 and LHB Standing Order, paragraph 3.2 into day to day operating practice.

Together with the adoption of a Schedule of Powers reserved to the Joint Committee; a Scheme of Delegation to officers and others; and Standing Financial Instructions (SFIs), they provide the framework for the business conduct of the Joint Committee.

1.3 These documents, together with the following, are designed to ensure the achievement of the standards of good governance set for the NHS in Wales:

- Memorandum of Agreement which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executive Officer of the constituent LHBs as individual members of the Joint Committee;
- Hosting Agreement which outlines the accountability arrangements and resulting responsibilities for Cwm Taf Morgannwg University Health Board (the Host Body) and the other 6 LHBs; and
- Cwm Taf Morgannwg University Health Board's Values and Standards of Behaviour Framework.
-

1.4 All LHB Board members (and employees where appropriate), Joint Committee members, and the NHS Wales Joint Commissioning Committee Team (JCCT) must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content.

The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee. Further information on governance in the NHS in Wales may be accessed at https://nwssp.nhs.wales/a-wp/governance-e-manual/

1.6 As a joint committee of the LHBs, the JCC is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf.
Ultimately, the 7 LHBs remain accountable for planning, securing and delivering health services to their respective populations.

1.7 Cwm Taf Morganwwg University Health Board is appointed as the Host Body under Ministerial Direction and is accountable for the delivery of the functions of host body, as required by the NHS Wales Joint Commissioning Committee (Wales) Directions 2024 (the JCC Directions) – to be linked. As the host body they are required to provide administrative support for the operation of the JCC and establish the JCCT.

The Board of the Host Body will not be responsible or accountable for the planning, funding and securing of those services delegated to the JCC by the 7 LHBs, or as directed by Welsh Ministers, save in respect of residents within the areas served.

2. CONSTITUTION AND PURPOSE

Statutory Framework

2.1 The NHS Wales Joint Commissioning Committee (JCC) (the Joint Committee) is a joint committee of each LHB in Wales, established under the NHS Wales Joint Commissioning Committee (Wales) Directions 2024 (the JCC Directions) – to be linked.

The functions and services of the Joint Committee are listed in Section 3(2) of the JCC Directions.

2.2 The principal place of business of the JCC is Unit G1, The Willowford, Treforest Industrial Estate, Pontypridd CF37 5YL.

2.3 All business shall be conducted in the name of the NHS Wales Joint Commissioning Committee (JCC) on behalf of LHBs.

2.4 LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the NHS (Wales) Act 2006 which is the principal legislation relating to the NHS in Wales.

Whilst the NHS Act 2006 applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.

2.5 Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions.

2.6 LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.

However, in some cases the relevant function may be contained in other legislation.

2.7 Each LHBs functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and tertiary services for the citizens in their respective areas. The JCC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning, securing and commissioning of services delegated to it and will establish the Joint Committee for the purpose of jointly exercising those functions.

2.8 Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 (the JCC Regulations) which set out the constitution and membership arrangements of the Joint Committee.

Certain provisions of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.

2.9 In addition to directions, the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.

2.10 The Host LHB shall issue an indemnity to the Chair and Lay Members, on behalf of the LHBs.

NHS Framework

2.11 In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery.

The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.

2.12 Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.

2.13 The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; and Standing Financial Instructions, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework*; the Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

* The NHS Wales Values and Standards of Behaviour Framework can be accessed via the following link: https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/living-public-service-values/values-and-standards-of-behaviour-framework/

2.14 The Welsh Ministers, reflecting their constitutional obligations and legal duties under the Well-being of Future Generations (Wales) Act 2015, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.

2.15 The Well-being of Future Generations (Wales) Act 2015 also places duties on LHBs, NHS Trusts and Special Health Authorities in Wales and therefore is extended to the activity of the JCC. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.

2.16 The Health and Social Care (Quality and Engagement) (Wales) Act 2020 places requirements to:

- Ensure NHS bodies and ministers consider how their decisions will secure an improvement in the quality of health services (the Duty of Quality); and
- Ensure NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour).

LHBs will need to ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance. These requirements therefore extend to the activity of the JCC, where relevant as set out within the JCC Scheme of Delegation.

The Duty of Quality statutory guidance 2023 can be found at https://www.gov.wales/duty-quality-healthcare

The NHS Duty of Candour statutory guidance 2023 can be found at https://www.gov.wales/duty-candour-statutory-guidance-2023

2.17 Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Ministers' Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at: https://nwssp.nhs.wales/a-wp/governance-e-manual/

Directions or guidance on specific aspects of Joint Committee/LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Purpose and Delegated functions

2.18 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning, securing and commissioning of:

- specialised services for:
  - cancer and blood disorders
  - cardiac conditions
  - mental health and vulnerable groups
  - neurosciences, and
  - women and children.
- services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
- emergency medical services
- non-emergency patient transport services
- emergency medical retrieval and transfer services
- NHS 111 services
- sexual assault referral centres, and
- other services as directed by the Welsh Ministers.

2.19 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services identified in 2.18 for residents within their area.

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Role of the Joint Committee

2.20 The Joint Committee's role is to:

- Determine a long-term strategy for the commissioning of services delegated to the JCC
- Produce an Integrated Medium-Term Plan which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which informs and compliments the LHBs Integrated Medium-Term Plans (IMTPs)
- In commissioning services, the JCC will act in accordance with the Directions and Scheme of Delegation of the health boards and will, for the relevant functions:
    - Identify and evaluate existing, new and emerging services and treatments and advise on the way in which these services should be delivered
    - Develop policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC
    - Determine annually those services that should be commissioned on a regional or national basis
    - Determine the appropriate level of funding for the commissioning of directed and delegated services at a regional or national level and determine the contribution from each LHBs for those services (which will include the running costs of the JCC and the Joint Commissioning Team) in accordance with any specific directions set by the Welsh Ministers
    - Secure the provision of services delegated at a regional and national level including those to be delivered by providers outside of Wales
- Ensure the JCC operates within an appropriate governance framework.

2.21 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making delegated to the Chief Commissioner and others undertaken at the direction of the Joint Committee.

2.22 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Where LHBs have delegated decisions to the JCC, each LHB shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers reserved for the Joint Committee.

In the event that the Joint Committee is unable to reach agreement, the dispute process set out within the Memorandum of Agreement should be followed.

2.23 The Joint Committee shall work with all its partners and stakeholders in the

best interests of the population of Wales.

3. SCOPE AND DUTIES

Joint Committee Framework

3.1 The specific governance and accountability arrangements established for the Joint Committee are set out within:

- These JCC Standing Orders and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others
- The JCC Standing Financial Instructions (SFIs)
- JCC Accountability Map
- A Memorandum of Agreement which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executive Officer of the constituent LHBs as individual members of the Joint Committee;
- A Hosting Agreement which outlines the accountability arrangements and resulting responsibilities for Cwm Taf Morgannwg University Health Board (the Host Body) and the other 6 LHBs; and
- Guidance on the Handling of Interests.

3.2 Annex 2 to these Standing Orders provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework.

3.3 The Joint Committee may from time to time agree operating procedures which apply to Joint Committee members.

The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will be included in Annex 2 of these JCC SOs.

Applying JCC Standing Orders

3.4 The JCC SOs (together with the JCC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any Advisory Groups.

The JCC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the LHB Boards. Further details on joint sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these JCC SOs, respectively.

3.5 Full details of any non-compliance with these JCC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee to formally consider the matter and make proposals to the Joint Committee on any action to be taken. LHB Boards should be notified of any material non-compliance and the action taken, as determined by the Committee Secretary.

All Joint Committee members and Joint Committee Team officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. Ultimately, failure to comply with JCC SOs is a disciplinary matter.

Variation and amendment of JCC Standing Orders

3.6 Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year.

In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:

- Each of the seven LHBs are in favour of the amendment, and
- Where the Welsh Ministers agree if it relates to part of the Standing Orders issued under direction, or
- In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

3.7 During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the JCC SOs, the Chair of the Joint Committee shall have the final say, provided that the decision does not conflict with rights, liabilities or duties as prescribed by law.

In doing so, the Chair should take appropriate advice from the Committee Secretary.

3.8 The terms and provisions contained within these SOs aim to reflect those covered within all applicable legislation. The legislation takes precedence over these JCC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

3.9 The JCC SOs form a schedule to each LHBs own SOs, and shall have effect as if incorporated within them.

4. DELEGATED POWERS

4.1 Each LHB will have appropriate arrangements to equip their respective Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

Reservation and Delegation of Joint Committee Functions

4.2 Within the framework approved by each LHB Board and set out within these JCC SOs and subject to any directions that may be given by the Welsh Ministers; the Joint Committee may make arrangements for certain functions to be carried out on its behalf, so that the day-to-day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives.

In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.

4.3 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

1. Schedule of matters reserved to the Joint Committee
2. Scheme of delegation to joint sub-Committees and others, and
3. Scheme of delegation to the Chief Commissioner and others as appropriate

all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs.

4.4 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

Chair's action on urgent matters

4.5 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and one Officer Member (CEO of an LHB) will take a decision after consulting with the Chief Commissioner, supported by the Committee Secretary.

The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.

The Committee Secretary will determine a process for the use of Chair's action on urgent matters, ensuring that the requirements outlined within these SOs are achieved.

4.6 Chair's action may not be taken where either the Joint Committee Chair or the Officer Member (CEO of an LHB) has a personal or business interest in an urgent matter requiring decision, on the advice of the Committee

Secretary.

In this circumstance, a Lay Member acting as the Vice-Chair will take a decision on the urgent matter, as appropriate. In terms of the officer member, an alternate officer member would need to be sought.

These arrangements will cease if the Chair is suspended in accordance with Regulation 9 of the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024. Reference should be made to Regulation 11 of these Regulations and advice should be sought from Welsh Government.

5. AUTHORITY

Committee Authority

5.1 Approve those policies relevant to the business of the Committee as delegated by the LHBs or the host Board.

5.2 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.

5.3 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.

5.4 As a Joint Committee of LHBs, the Joint Committee Chair will have a bi-lateral relationship with each of the Chairs of the 7 LHBs, in respect of the JCC's role carried out on their behalf and to ensure that the JCC's governance framework remains appropriate to the overarching governance framework of the 7 LHBs.

The Joint Committee Chair will have a relationship with the Host Body's CEO given their respective accountability arrangements with regard to their role in holding a shared accountability for the Chief Commissioner. The arrangements to support the relationship between the Joint Committee Chair and the Host Body CEO are further detailed in the Hosting Agreement.

Sub Committees

5.5 The Joint Committee may and, where directed by the LHB Boards jointly, or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

The Joint Committee shall determine, for agreement by the LHBs, a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.

5.6 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies, to be set out within agreed Terms of Reference and Operating Arrangements.

The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers, and set out in respective Terms of Reference and Operating Arrangements for LHB Boards for approval.

5.7 Full details of the joint sub-Committee structure requirements determined by the Joint Committee, including detailed terms of reference for each of these joint sub- Committees are set out in Annex 3 of these JCC SOs.

5.8 As a minimum, it shall ensure that there are joint sub-Committee arrangements which cover the following aspects of Joint Committee business:

- Audit and Risk
- Quality, Safety and Outcomes
- Planning and Performance.

The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own joint sub-Committees or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the Hosting Agreement between the Joint Committee and the host LHB or the Memorandum of Agreement between the seven LHBs (as appropriate).

The LHBs shall agree the delegation of any of its functions to joint sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions of the Welsh Ministers.

The Health Boards shall agree and formally approve the delegation of specific powers to be exercised by joint sub-Committees which it has formally constituted on to others.

Full details of the joint sub-Committee structure established by the Joint Committee, including detailed Standing Orders for each of these joint sub-Committees are set out in Annex 3 of these JCC SOs

5.9 Each joint sub-Committee established by or on behalf of the Joint Committee must have its own Terms of Reference and operating

arrangements, which must be formally endorsed by the Joint Committee for approval by LHB Boards.

These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority)
- Membership (including member appointment and removal; role, responsibilities and accountability; and terms and conditions of office) and quorum
- Meeting arrangements
- Communications
- Relationships and accountabilities with others (including the LHB Board its Committees and Advisory Groups)
- Any budget, financial and accounting responsibility
- Secretariat and other support
- Training, development and performance
- Reporting and assurance arrangements.

In doing so, the Joint Committee shall specify which aspects of the JCC SOs are not applicable to the operation of the joint sub-Committee, keeping any such aspects to the minimum necessary.

6. MEMBERSHIP

Membership of the Joint Commissioning Committee

6.1 The membership of the Joint Committee is provided for within the Joint Committee Directions and the Joint Committee Regulations. It shall be 11-13 voting members and one associate member as detailed below.

Chair

6.2 The Chair is responsible for the effective operation of the Joint Committee and is appointed by the Welsh Ministers through the Public Appointments process.

Non-Officer Members [known as Lay Members]

6.3 Up to 5 non-officer members, to be referred to as Lay Members, appointed by the Welsh Ministers through the Public Appointments process.

Note: At the time of preparing these Standing Orders 3 Lay Member have been appointed.

Officer Members

6.4 A total of 7, drawn from each Local Health Board in Wales (the Chief Executive Officer of each).

Associate Member

6.5 The Chief Commissioner of the JCC Team will be appointed as an Associate Member of the Joint Committee attending meetings on an ex-officio basis,

without voting rights.

6.6 Where a post of Chief Commissioner is shared between more than one person because of their being appointed jointly to the post, either or both persons may attend and take part in a Joint Committee meeting.

In attendance

6.7 The Joint Committee should, at appropriate times, invite other members of the JCC team and key providers of services commissioned by the JCC to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work. Representatives from Llais may also be invited to meetings as required (Section 7.7).

In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Llais) and to demonstrate openness and transparency in the conduct of business.

Member Responsibilities and Accountability

6.8 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing responsibility for all the decisions of the Joint Committee.

The JCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to JCC functions must be acting clearly in the interests of the JCC and of the population of Wales, rather than furthering direct or indirect financial, personal, professional or organisational interests.

6.9 Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the population of Wales.

6.10 All members must comply with the terms of their appointment to the Joint Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

6.11 The Joint Committee may also co-opt additional independent external members from outside the LHBs or the JCCT to provide specialist skills, knowledge and experience. These individuals would attend in an ex-officio capacity.

The Chair

6.12 The Chair is responsible for the effective operation of the Joint Committee:

- Chairing Joint Committee meetings

- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with JCC SOs
- Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHBs Board.

Supported by the Committee Secretary, the Chair shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

The Chair, shall be appointed by the Minister for Health and Social Services for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

The Chair is accountable to the Minister for Health and Social Services in respect of their performance as Chair of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners. The Minister for Health and Social Services undertakes a performance appraisal of the Joint Committee Chair and sets objectives accordingly.

In addition to the eligibility, disqualification, suspension and removal provisions contained within the Constitution Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of and NHS body in Wales whilst also serving as the Chair of the Joint Committee.

Lay Members

6.13 On a day-to-day basis, Lay Members are responsible to the Committee Chair for discharging their roles as Lay Members of the JCC (and any subsequent sub-Committee). The Committee Chair will undertake performance appraisals of Lay Members on behalf of the Minister for Health and Social Services.

The Committee Lay Members are appointed by, and are accountable to, the Minister for Health and Social Services in respect of their performance as Lay Members of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners.
In addition to the eligibility, disqualification, suspension and removal provisions contained within the Constitution Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of an NHS body in Wales whilst also serving as a Lay Member.

Vice Chair

6.14 The members of the Joint Committee may appoint one of the non-officer members, other than the chair, to be vice-chair for such period, not exceeding the remainder of that person's term as a member, as they may specify on the appointment.

They may, at any time resign from the office of vice-chair by giving notice in writing to the chair or, if the office of chair is vacant, to the members.

The appointment will cease if the Chair were to be suspended and advice should be sought from Welsh Government and reference made to Regulation 11 of the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024.

Chief Commissioner

6.15 The Joint Committee will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.

This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Chief Commissioner may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.

The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services, by the Joint Committee, on behalf of the 7 LHBs.

In respect of personal performance this will include an annual performance review undertaken by the Committee Chair. This will take into account those functions delegated from the host, as set out within the Hosting Agreement, and will therefore be informed by the Chief Executive of the Host Body. Feedback from other Joint Committee members will also be sought in informing the appraisal of the Chief Commissioner.

As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host Body in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair.

As a Joint Committee of LHBs, the Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.

The Committee Secretary

6.16 The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members.

Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:

- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance
- Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups
- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role
- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of a committee culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, JCC SOs and the framework set by the LHBs and Welsh Ministers.

The Committee Secretary is accountable to the Joint Committee Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.

As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7 LHBs, in respect of the overarching governance framework of the 7 LHBs. As an employee of the Host Body (CTMUHB), the Committee Secretary will also have a relationship with the Host Body's Director of Corporate Governance with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement.

The Committee Secretary will have a relationship with the Head of NHS Governance within Welsh Government, as a Senior Governance Professional within NHS Wales

7. COMMITTEE MEETINGS

Chairing Joint Committee meetings

7.1 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the vice-chair, if appointed, shall preside. If the Vice-Chair is also absent or disqualified, the Lay Members present shall elect one of them to preside.

The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace.

In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

7.2 Quorum will be met if at least 6 voting members, 4 of whom are Officer Members (LHB Chief Executives) and 2 are the Chair, Vice-Chair or Lay Members, are present to allow any formal business to take place at a Joint Committee meeting.

If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a deputy to attend on their behalf. The nominated deputy must be an Executive Director (and hold office in accordance with regulation 3(2) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009) of the same organisation who can fully engage and take decisions in the absence of the CEO.

Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

If the Chief Commissioner is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting.

The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member or their deputy disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any

resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Frequency of Meetings

7.3 Meetings shall be held not less than six times a year and otherwise as the Chair of the Committee deems necessary.

Meeting arrangements

7.4 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

7.5 Circulation of Papers

The Committee Secretary will ensure that all papers are distributed at least 7 calendar days in advance of the meeting.

Putting Citizens first

7.6 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities
- The selection of accessible, suitable venues for meetings
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings, and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh, in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

Working with Llais (Citizen Voice Body for Health and Social Care Wales)

7.7 The Joint Committee shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.

Part 4 of the Health and Social Care (Quality and Engagement)

(Wales) Act 2020 (2020 asc 1) (the 2020 Act) places a range of duties on LHBs and Trusts in relation to the engagement and involvement of Llais in their operations, which are extended to the activities of the JCC.

The 2020 Act places a statutory duty on LHBs and Trusts to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.

The Statutory Guidance on Representations made by the Citizen Voice Body can be found at https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf

The 2020 Act also places a statutory duty on LHBs and NHS Trusts to promote awareness of Llais and make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions.

Promoting and facilitating engagement between individuals and Llais through access to relevant premises can help strengthen the public's voice and participation in shaping the design and delivery of services. LHBs and Trusts must have regard to the Code of Practice on Access to Premises and Engagement with Individuals (so far as the code is relevant).

The Code of Practice on Access to Premises and Engagement with Individuals can be found at: https://www.gov.wales/code-practice-llais-accessing-premises-and-engaging-people

The LHBs and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning, developing, considering proposals for service change and commissioning services.

Annual Plan of Committee Business

7.8 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.

The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in Section 7.7 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.

The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of joint sub-Committees, Expert Panels and Advisory Groups.

The Joint Committee shall agree the plan for the forthcoming year by the end of May 2024, and for subsequent years by the end of March, and this plan shall be published on the Committee's website.

Calling Meetings

7.9 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time.

Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.

If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

Preparing for Meetings

7.10 Setting the agenda

The Joint Committee Chair, in consultation with the Committee Secretary and the Chief Commissioner, will set the agenda.

In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from joint sub-Committees and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.

Any Joint Committee member may request that a matter is placed on the agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting.

The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12-day notice period if this would be beneficial to the conduct of Joint Committee business.

7.11 Notifying and equipping Joint Committee members

Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 7 calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members

electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.

No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration.

Impact assessments shall be undertaken, as appropriate, when planning, securing or commissioning those services delegated to the Joint Committee. They will also be completed on all new or revised policies, strategies, guidance and / or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.

In the event that at least half of the Joint Committee members do not receive the agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

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7.12 Notifying the public and others – Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh) as follows:

- Each LHBs website shall link to the JCC website, where the papers supporting the public part of the agenda will be available; as well as
- Through other methods of communication as set out in the Joint Committee's communication strategy.

When providing notification of the forthcoming meeting, each LHB shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc.

Conducting Joint Committee Meetings

7.13 Admission of the public, the press and other observers

The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.

The Joint Committee shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting a JCC Member or a patient.

In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

- *That representatives of the press and other members of the public be excluded* from *the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].*

In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

The Committee Secretary, on behalf of the Joint Committee Chair, shall

keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

In encouraging entry to formal Joint Committee Meetings from members of the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Dealing with motions

7.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g., where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken.

The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member and seconded by another Joint Committee member (including the Joint Committee Chair).

7.15 Proposing a formal notice of Motion

Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out.

Where sufficient notice has been provided, and the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee's business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.

Amendments

Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

7.16 Motions under discussion

When a motion is under discussion, any Joint Committee member may propose that:

- The motion be amended
- The meeting should be adjourned
- The discussion should be adjourned and the meeting proceed to the next item of business
- A Joint Committee member may not be heard further
- The Joint Committee decides upon the motion before them
- An ad hoc committee should be appointed to deal with a specific item of business, or
- The public, including the press, should be excluded.

7.17 Rights of reply to motions – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

7.18 Withdrawal of Motion or Amendments – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

7.19 Motion to rescind a resolution – The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

A Motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a joint sub-Committee/Chief Commissioner to which a matter has been referred.

Voting

7.20 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint

Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted.

In order to ensure balanced and collective decision, Members are not permitted to abstain during voting, given that the JCC must discharge its collective duty for the population of Wales.

The Associate Member may not vote in any meetings or proceedings of the Joint Committee.

In determining every question at a meeting, the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the LHBs utilising their formal Board Advisory Fora (Stakeholder Reference Group and Healthcare Professionals' Forum).

The Joint Committee will make decisions based on a majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

A nominated deputy of an LHB Chief Executive may vote. Absent Joint Committee members, who have no nominated deputy present, may not vote by proxy. Absence is defined as being absent at the time of the vote.

Record of Proceedings

7.21 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

Confidentiality

7.22 All Joint Committee members (including the Associate Member), together with members of any joint sub-Committee, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant chair of a joint sub-Committee or group, as appropriate, and in

accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Standards of Behaviour Framework (including Gifts and Hospitality) Policy or legislation such as the Freedom of Information Act 2000, etc.

Committee members and attendees must not disclose any matter dealt with by or brought before the JCC in confidence without the permission of the Committee's Chair.

Expert panel and other groups

7.23 Where delegated by LHBs, the Joint Committee may also establish other groups to help it in the conduct of its business. The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers, must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed Standing Orders are set out in Annex 4 of the JCC SOs.

Any Expert Panel or Advisory Group established by the Joint Committee must have its own Standing Orders and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum in the same way as for sub committees (section 7.5).

In doing so, the Joint Committee shall specify which aspects of the JCC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers, and set out in respective Terms of Reference and Operating Arrangements.

The Joint Committee shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Expert Panel or Advisory Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

Reporting activity to the Joint Committee

7.24 Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities.

Joint sub-Committee Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

8. VALUES AND STANDARDS OF BEHAVIOUR

Values and Standards of Behaviour

8.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework.

These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, JCC Team officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the JCC SOs.

Declaring and recording Joint Committee members' interests

Declaration of interests

8.2 It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or could be perceived to affect the conduct of their role as a Joint Committee member.

This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations.

The JCC's Guidance on the Handling of Interests provides further detail on the requirements of Joint Committee members.

The Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour Framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.

Register of interests

8.3 The Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members through the following processes:

The recording of JCC members' interests will be recorded as follows:

- JCC Chair – via the Host Body's policy and process for declaring and recording interests;
- JCC Lay Members - via the Host Body's policy and process for declaring and recording interests;
- JCC Officer Members – via their respective Health Board's policy and process for declaring and reporting interests; and
- Chief Commissioner - via the Host Body's policy and process for declaring and recording interests.

The register will be held by the Committee Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, working with LHBs in respect of Officer Members, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.

In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This may include publication on the Joint Committee's website.

Publication of declared interests in Annual Report

8.4 Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

Dealing with Members' interests during Joint Committee meetings

8.5 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it is taken in an open, balanced, objective and unbiased manner.

In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales.

The JCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to JCC functions must act in accordance with this principle, rather than furthering direct or indirect financial, personal, professional or organisational interests. This

also includes ensuring that Officer Members do not seek to achieve a greater benefit for the population of their respective Local Health Board over and above that of others.

Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary, before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting.
All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may vary dependent on the type of interest declared and further detail on the options takes are set out within the JCC's Guidance on the Handling of Interests.

For the purpose of the JCC's business, interests fall into the following categories with further detail set out within the JCC's Guidance on the Handling of Interests:

1. Personal Financial Interests
2. Non-Financial Personal Interests
3. Non-Financial Professional Interests
4. Indirect Interests
5. Provider Organisation Interests

In extreme cases, it may be necessary for the individual member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.

Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by a lay members acting as the Vice-Chair, on behalf of the Joint Committee.

In all cases the decision of the Joint Committee Chair (or the Vice-Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

Members with pecuniary (financial) interests

8.6 Where a Joint Committee member, or any person they are connected with

has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it.

The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

8.7 The Local Health Boards (Constitution, Membership and Procedures) Wales Regulations 2009 define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. The JCC SOs must be interpreted in accordance with these definitions.

Reviewing how interests are handled

8.8 The Joint Committee will ensure that arrangements of the Handling of Interests relating to the JCC are reviewed through the Host Body's assurance arrangements as required within the Hosting Agreement and Memorandum of Agreement between the 7LHBs.

Dealing with offers of gifts, hospitality and sponsorship

8.9 The Host Body's Standards of Behaviour Policy (Incorporating Declarations of Interest, Gifts, Hospitality, Sponsorship and Honoraria) applies to the Joint Committee's Chair, Lay Members and Chief Commissioner, and prohibits Joint Committee members from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

Gifts, benefits or hospitality must never be solicited. Any Joint Committee member who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or JCC Team member. Failure to observe this requirement may result in disciplinary and/or legal action.

In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate.

The Committee Secretary will ensure the recording of gifts, hospitality and sponsorship for the JCC's Chair, Lay Members and Chief Commissioner is embedded into the recording and reporting requirements of the Host Body.

The recording of gifts, hospitality and sponsorship for the JCC's Officer Members will be undertaken in accordance with the respective LHB's Standards of Behaviour Policy and reporting arrangements.

9. REPORTING AND ASSURANCE ARRANGEMENTS

Reporting to Health Boards

9.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the LHB Boards on the Committee's activities
- This includes written submission of Chair summary or highlight reports throughout the year and an in-person attendance at every LHB, meeting annually with Board Members
- Bring to the Board's specific attention any significant matters under consideration by the Committee
- Ensure appropriate escalation arrangements are in place to alert the Members, NHS Wales Chairs or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of NHS Wales.

Annual Reporting Requirements

9.2 The Committee shall provide a written, annual report to the host body on its work in support of the Annual Governance Statement.

The LHBs may also require the Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate.

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

Risk and Assurance

10.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

10.2 The role of Internal Audit in Providing independent internal assurance.

The Host Body shall ensure the effective provision of an independent internal audit function for the Joint Committee as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

10.3 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups

The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, Expert Panels and any other Advisory Groups.

Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.

Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair to align with the LHBs annual reporting cycle, setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes
- Its Joint Committee Development Programme, as part of an overall Organisation Development framework, and
- Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

10.4 External Assurance

The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the Joint Committees operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.

The Joint Committee shall keep under review and ensure that, where

appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the Senedd's Public Accounts and Public Administration Committee and other appropriate bodies.

The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

11. DEMONSTRATING ACCOUNTABILITY

11.1 Accountability

Taking account of the arrangements set out within these JCC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and healthcare professionals.

The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

11.2 Support to the Joint Committee

The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee
- Co-ordinating and facilitating appropriate induction and organisational development activity
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others
- Ensuring the provision of secretariat support for Joint Committee meetings
- Ensuring that the Joint Committee receives the information it needs on a timely basis
- Ensuring strong links to communities/groups
- Ensuring an effective relationship between the Joint Committee and the Host Body, and
- Facilitating effective reporting to each LHB enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

12. REVIEW

12.1 The JCC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in JCC SOs, including the appropriate impact assessment.

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NHS WALES JOINT COMMISSIONING COMMITTEE

SCHEME OF DELEGATION AND RESERVATION OF POWERS

A. MATTERS RELATING TO THE JCC, RESERVED FOR HEALTH BOARDS		
REF.	AREA	MATTER
A1.	Operating Arrangements	Approval of the Joint Committee's Governance Framework, including: • JCC Standing Orders • JCC Standing Financial Instructions • JCC Scheme of Delegation and Reservation of Powers • JCC sub-Committee Terms of Reference
A2.	Strategy & Planning	Endorse the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee), as agreed by the Joint Committee
A3.	Strategy & Planning	Endorse the JCC Integrated Medium-Term Plan, as agreed by the Joint Committee for inclusion in LHB Integrated Medium-Term Plans
A4.	Strategy & Planning	Endorse the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure), as agreed by the Joint Committee

B. MATTERS RELATING TO THE JCC, DELEGATED FROM HEALTH BOARDS AND RESERVED FOR THE JOINT COMMITTEE		
REF.	AREA	MATTER
B1.	Operating Arrangements	Develop, vary, and amend the Joint Committee's Governance Framework for LHB approval, including: • JCC Standing Orders • JCC Standing Financial Instructions • JCC Scheme of Delegation and Reservation of Powers • JCC sub-Committee Terms of Reference
B2.	Operating Arrangements	Develop and approve arrangements for the handling of Interests declared by Joint Committee members, in alignment with the Host Body's Values and Standards of Behaviour Framework
B3.	Operating Arrangements	Develop and approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to provide the JCC with advice in the exercise of its functions: • Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. • Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.
B4.	Strategy & Planning	Develop and approve the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee)
B5.	Strategy & Planning	Develop and approve the JCC's Integrated Medium-Term Plan, for LHB approval
B6.	Operating Arrangements	Ratify any urgent decisions taken by the Chair, in-line with JCC Standing Order requirements

B7.	Operating Arrangements	Receive report and proposals, after consideration by the appropriate Audit Committee, regarding any non-compliance with JCC Standing Orders (and schedules contained within), and where required ratify in public session any action required in response to failure to comply with JCC SOs for onward reporting to LHBs
B8.	Operating Arrangements	Adopt the Host Body's Values and Standards of Behaviour Framework for the JCC
B9.	Strategy & Planning	Determine and approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
B10.	Operating Arrangements	Approve the Joint Committee's Risk and Assurance Framework, ensuring alignment with the Host Body
B11.	Operating Arrangements	Approve the Joint Committee's Performance Management Framework
B12.	Performance & Assurance	Receive reports from the Chief Commissioner on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
B13.	Performance & Assurance	Receive assurance reports from the Joint Committee's sub-Committees and groups on the performance of those services commissioned by the JCC, and approve action required, including improvement plans, where required
B14.	Performance & Assurance	Receive reports produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)
B15.	Performance & Assurance	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required
B16.	Performance & Assurance	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Commissioner, set out in the JCC's SFIs, and in-line with any requirements of the Host Body
B17.	Performance & Assurance	Approve the Joint Committee's audit and assurance arrangements, in-conjunction with the Host Body as the provider of an internal audit function
B18.	Performance & Assurance	Receive assurance regarding the Joint Committee's performance against the Health and Care Quality Standards 2023 and the Duty of Quality and the arrangements for approving required action, including improvement plans, to provide onward assurance to LHBs and the Host Body.
B19.	Strategy & Planning	Approve policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC
B20.	Strategy & Planning	Approve the JCC's key plans and programmes required to exercise its functions relating to the planning, securing and commissioning of those services delegated to it (excluding the Integrated-Medium Term Plan [B5]).

C. MATTERS RELATING TO THE JCC, <u>DELEGATED FROM</u> THE JOINT COMMITTEE TO THE CHIEF COMMISSIONER		
REF.	AREA	MATTER
C1.	Performance & Assurance	Responsibility for the leadership and overall delivery of the JCC's: • Integrated Medium-Term Plan; and

		• Budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
C2.	Performance & Assurance	Responsibility for the framework for planning and securing those services delegated to the JCC from LHBs, in-line with the approved Integrated Commissioning Plan (title to be confirmed)
C3.	Performance & Assurance	Responsibility for ensuring the Health and Care Quality Standards 2023 and the Duty of Quality is embedded within Joint Committee Team's activity
C4.	Performance & Assurance	Responsibility for implementing those policies approved by the JCC in relation to the planning and securing of those services delegated to the JCC from LHBs

D. MATTERS RELATING TO THE JCC, <u>DELEGATED FROM</u> THE JOINT COMMITTEE TO SUB-COMMITTEE AND OTHERS (INCLUDING INIDVIDUAL LAY MEMBERS)		
REF.	AREA	MATTER
		To be determined upon establishment of the JCC

NHS Wales Joint Commissioning Committee - Accountability Map

APPROVED – March 2024

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Health Boards	Health Board Chief Executives are equal members of the Joint Committee, delegated to act on the behalf of respective Boards.	The JCC is a Joint Committee of the 7 LHBs. Ultimately all 7 LHBs are bound by the decisions taken by the JCC, in-line with the powers delegated to it from the 7 LHBs or as directed by the Minister for Health and Social Services. The JCC is accountable to Health Boards via respective CEOs as set out below.		As a Joint Committee of Health Boards, each of the 7 LHB's ultimately remain accountable to Welsh Government for planning, securing and delivering health services to their respective populations.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Joint Committee		The Joint Committee will report to the individual LHBs on its activities. It is formally accountable to the individual LHBs, via the respective CEO as a JCC Member and a LHB Board Member, in respect of its role carried out on the LHB's behalf.		The Joint Committee may form part of the NHS performance management system, via the Chief Commissioner, as determined by Welsh Government. Ultimately, the 7 LHBs remain accountable for the performance of those

				activities delivered via the JCC on their behalf. The individual accountability of the Committee Chair is set out below.
To / From	**JCC/Committee Chair**	**Health Boards**	**Host Body**	**Welsh Government**
Committee Chair		As a Joint Committee of LHBs, the Committee Chair will have a bi-lateral relationship with each of the Chairs of the 7 LHBs, in respect of the JCC's role carried out on their behalf and to ensure that the JCC's governance framework remains appropriate to the overarching governance framework of the 7 LHBs.	The Committee Chair will have a relationship with the Host Body's CEO given their respective accountability arrangements with regard to the Chief Commissioner (Tier 1 Director) (as described further below under Chief Commissioner arrangements and set out within the Hosting Agreement). The arrangements to support the relationship between the Chair and the Host Body CEO are further detailed in the Hosting Agreement.	The Committee Chair is accountable to the Minister for Health and Social Services in respect of their performance as Chair of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners. The Minister for Health and Social Services undertakes a performance appraisal of the Committee Chair and sets objectives accordingly.

To / From	**JCC/Committee Chair**	**Health Boards**	**Host Body**	**Welsh Government**
Lay Members	On a day-to-day basis, Lay Members are responsible to the Committee Chair for discharging their roles as Lay Members of the JCC (and any subsequent sub-Committee). The Committee Chair will undertake performance appraisals of Lay Members on behalf of the Minister for Health and Social Services.			The Committee Lay Members are appointed by, and are accountable to, the Minister for Health and Social Services in respect of their performance as Lay Members of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners.

To / From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Chief Commissioner (Tier 1 Director)	The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services. In respect of personal performance this will include an annual performance review undertaken by the Committee Chair. This will take into account those functions delegated from the host, as set out within the Hosting Agreement, and will therefore be informed by the Chief Executive of the Host Body. Feedback from other Joint Committee members will also be sought in informing the appraisal of the Chief Commissioner.	As a Joint Committee of LHBs, the Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.	As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host LHB (CTMUHB) in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. In this regard, the Host Body CEO will inform the annual performance review of the Chief Commissioner, undertaken by the Committee Chair. As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair. The governance and issues relating to the hosting of the JCC will be incorporated into the standard business of the existing Host Body's Audit Committee. The assurance for the governance and issues relating to the hosting of the JCC will be to the Host Body's Board. Issues relating to the functions of the JCC delegated from the 7 LHBs will be fed into a separate Host Body Audit Committee for the JCC specifically, operating within its own work cycle as required. The	The Chief Commissioner will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the Health Boards, and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship will be set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body. The Chief Commissioner will have a relationship with Welsh Government officials, with regard to informing and discharging policies relating to the resources and functions delegated to the JCC. The Chief Commissioner and Officers of the JCC Team may seek advice where matters present a conflict with the Host Body as a provider of services commissioned by the JCC. Detail on the handling of

			assurance for this will be to the 7LHBs.	conflicts between the Chief Commissioner and the JCC Team are further described within the Hosting Agreement.

To / From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Tier 2	Tier 2 roles will have a relationship with the JCC Chair and the wider Committee, recognising the professional advice that these roles will provide. Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.	As a Joint Committee of LHBs, Tier 2 roles will have a relationship with the Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.	Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team. Where Tier 2 roles have regulated professional accountabilities, these roles will be professionally accountable to the appropriate member of the Executive Team of the Host Body (CTMUHB) and will be explicitly set out within the Hosting Agreement.	The Chief Commissioner and Officers of the JCC Team may seek advice from Welsh Government where matters present a conflict with the Host Body as a provider of services commissioned by the JCC. Detail on the handling of conflicts between the Chief Commissioner and the JCC Team are further described within the Hosting Agreement. Tier 2 Officers will have a relationship with Welsh Government officials with regard to informing and discharging policies relating to the resources and functions delegated to the JCC.

To / From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Committee Secretary	The Committee Secretary is accountable to the JCC Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance	As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7	As an employee of the Host Body (CTMUHB), the Committee Secretary will have a relationship with the Director of Corporate Governance of the Host Body	The Committee Secretary will have a relationship with the Head of NHS Governance within Welsh Government, as a

	Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.	LHBs, in respect of the overarching governance framework of the 7 LHBs.	(CTMUHB) with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement.	Senior Governance Professional within NHS Wales.

To / From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Host Body	The Chief Executive of the Host Body for those elements set out within the Hosting Agreement will ensure the Chief Commissioner is discharging their responsibilities as an employee of the host body. The Host Body CEO and Chair with have a relationship with the JCC Chair relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.	The Host Body will enter into an agreement with 6 other LHBs for the delivery of the Hosting Agreement to support the effective functioning of the JCC on their behalf. The 6 LHBs will have a relationship with the Host Body CEO and Chair relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.	The Host Body's CEO will be responsible to the Board of the Host Body for the effective delivery of the Hosting Agreement. The Chair of the Host Body will have a relationship with the JCC Chair and the 6 LHB CEOs, relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.	CTMUHB is appointed as Host Body for the JCC under Ministerial Direction, ultimately CTMUHB is therefore accountable to the Minister for Health and Social Services for the effective delivery of the Hosting Agreement. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Our ref: MA-EM-0832-24

Chairs of Local Health Boards

19 March 2024

Dear Chairs

Development of new Model Standing Financial Instructions for the NHS Wales Joint Commissioning Committee

Further to my letter of 18 March 2024 I am now able to issue the Model Standing Financial Instructions for the new NHS Wales Joint Commissioning Committee (the JCC).

The issuing of Model documents for the NHS Wales Joint Commissioning Committee are in accordance with my powers of direction contained within Section 12(3) of the National Health Services (Wales) Act 2006.

These amendments supersede those issued on 27 July 2023 and as confirmed in Welsh Health Circular WHC2023/032. A new WHC will be published to confirm this.

Your Board is required to incorporate and adopt this latest review into your organisations Standing Orders and Reservation and Delegation of Powers. The NHS Wales Joint Commissioning Standing Orders form part of Schedule 4 of the Local Health Board Model Standing Orders and the Model Standing Financial Instructions are Annex 2.1 of this Schedule.

Yours sincerely,



Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Copy: Chairs of NHS Trusts and Special Health Authorities, Chairs of EASC and WHSSC, Chief Executives of Local Health Boards, NHS Trusts and Special Health Authorities, Directors of Governance/Board Secretaries of Local Health Boards, NHS Trusts and Special Health Authorities, Managing Director, WHSSC, Chief Ambulance Services Commissioner, EASC, Committee Secretaries, EASC and WHSSC

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

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

Annex 2.1

STANDING FINANCIAL INSTRUCTIONS FOR THE NHS WALES JOINT COMMISSIONING COMMITTEE

This Annex forms part of, and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders and the Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).

Foreword

These Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the NHS Wales Joint Commissioning Committee's (the 'JCC' or the 'JCC') financial proceedings and business.

These JCC Standing Financial instructions (JCC SFIs) are an annex to the JCC Standing Orders (JCC SOs) which form a schedule to each LHBs own Standing Orders and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. Together with the adoption of a schedule of decisions reserved to the JCC; a scheme of delegations to officers and others; and JCC Standing Orders, they provide the regulatory framework for the business conduct of the JCC.

These documents, together with the following, are designed to ensure the achievement of the standards of good governance set for the NHS in Wales:

- Memorandum of Agreement which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executive Officer of the constituent LHBs as individual members of the Joint Committee;
- Hosting Agreement which outlines the accountability arrangements and resulting responsibilities for Cwm Taf Morgannwg University Health Board (the Host Body) and the other 6 LHBs; and
- Cwm Taf Morgannwg University Health Board's Values and Standards of Behaviour Framework.

All JCC members, host LHB and the Joint Commissioning Committee Team (JCCT) staff must be made aware of these JCC Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The JCC's Committee Secretary or the Director of Finance will be able to provide further advice and guidance on any aspect of the JCC SFIs or the wider governance arrangements for the JCC. Further information on governance in the NHS in Wales may be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/

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NHS Wales Joint Commissioning Committee

1. INTRODUCTION

1.1 General

1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the NHS Wales Joint Commissioning Committee's (the 'JCC' or the 'JCC') financial proceedings and business. The Standing Financial Instructions shall apply equally to members off the Joint Commissioning Committee (JCC) and staff of the JCC Team.

1.1.2 These SFIs shall have effect as if incorporated in the JCC Standing Orders (SOs) (incorporated as Annex 2 of SOs), and both should be used in conjunction with the host body SOs and SFIs.

1.1.3 These SFIs detail the financial responsibilities, policies and procedures adopted by the JCC. They are designed to ensure that the JCC's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of matters reserved to the JCC and the Delegation of Powers and Scheme of Delegation to others.

1.1.4 These SFIs identify the financial responsibilities which apply to member of the JCC, including members its joint sub-Committees, and the JCCT staff. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and Financial Control Procedure notes.

1.1.5 The general principle is that financial control procedures used by the JCC and the JCCT will normally be those of the host unless otherwise approved by the appropriate process. In some cases, the financial control procedures of the Host Body may need to be amended to take into account the nature of the business of the JCC. In these exceptional circumstances, the financial control procedures must be scrutinised and recommended by the Director of Finance of the JCCT (as referred to as the Director of Finance within these SFIs) for approval by the Audit and Risk Committee that deals with the JCC matters. Prior to consideration by the Audit and Risk Committee, the Director of Finance will discuss any proposed changes to Financial Control Procedures with the Executive Director of Finance of the Host Body.

1.1.6 Should any difficulties arise regarding the interpretation or application of these SFIs the advice of the Committee Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the JCC's SOs.

1.2 Overriding Standing Financial Instructions

Full details of any non-compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Committee Secretary, who will ask the Audit and Risk Committee that deals with the JCC matters to formally consider the matter and make proposals to the JCC on any action to be taken. LHB Boards should be notified of any material non-compliance and the action taken, as determined by the Committee Secretary.

1.2.1 All JCC members, members of joint sub-Committees and the JCCT staff have a duty to report any non-compliance to the Director of Finance and the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported.

1.2.2 Ultimately, failure to comply with JCC SFIs is a disciplinary matter.

1.3 Financial provisions and obligations of LHBs and the JCC

1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The JCC exists for the purpose of jointly exercising those functions relating to the planning and securing a defined range of services on a national All-Wales basis, on behalf of each of the seven LHBs in Wales. Each LHB shall be bound by the decisions of the JCC in the exercise of its delegated functions. The JCC must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the JCC to plan and secure those services, including the running costs of the JCCT. The JCC will prepare an Integrated Medium-Term Plan (IMTP) which shall outline the funding requirements in relation to the relevant services. The JCC will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to the IMTP and any variation from the agreed IMTP.

2. RESPONSIBILITIES AND DELEGATION

2.1 The JCC

2.1.1 The JCC exercises financial supervision and control by:

a) Formulating and approving the Medium-Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium-Term Plan (IMTP)
b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding

c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability), and
d) Defining specific responsibilities placed on JCC members and the Chief Commissioner, and joint sub-Committees, as indicated in the JCC's Scheme of Delegation and Reservation of Powers.

2.1.2 The JCC has adopted the JCC SOs and resolved those certain powers and decisions may only be exercised by the JCC in formal session. The JCC, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day-to-day business of the JCC may be carried out effectively, and in a manner that secures the achievement of the JCC's aims and objectives.

2.1.3 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services for residents within their area.

2.2 The Chief Commissioner

2.2.1 The Chief Commissioner and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain ultimately responsible for financial control.

2.2.2 The Joint Committee will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.

2.2.3 The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services, by the Joint Committee, on behalf of the 7 LHBs.

2.2.4 As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host Body in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair.

2.2.5 The Chief Commissioner will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the LHBs and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship is set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.

2.2.6 The Chief Commissioner is responsible for ensuring that financial obligations and targets are met and has overall responsibility for the JCCT's system of internal control.

2.2.7 It is a duty of the Chief Commissioner to ensure that JCC and JCCT members, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Director of Finance of the JCCT

2.3.1 The Director of Finance is responsible for:

a) Implementing the JCC's financial policies and for co-coordinating any corrective action necessary to further these policies
b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions
c) Recommending to the relevant Audit and Risk Committee any Financial Control Procedures for the JCC, where the Host Body's cannot be applied, for approval
d) Ensuring that sufficient records are maintained to show and explain the JCC's transactions, in order to disclose, with reasonable accuracy, the financial position of the JCC at any time, and
e) Without prejudice to any other functions of the JCC, and employees of the host LHB and JCCT, the duties of the Director of Finance include:
    (i) The provision of financial advice to members of the JCC, joint sub-Committees, Advisory Groups, and the JCCT;
    (ii) The design, implementation and supervision of systems of internal financial control, and
    (iii) The preparation and maintenance of such accounts, certificates, estimates, records and reports as the JCC may require for the purpose of carrying out its delegated responsibilities.

2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

2.4 JCC members, members of joint sub-Committees, and JCCT staff

2.4.1 All members of the JCC, its joint sub-Committees, (including those employed to perform JCCT functions), severally and collectively, are responsible for:

a) The security of the property of the JCC and host LHB where these are used by the JCCT
b) Avoiding loss
c) Exercising economy and efficiency and sustainability in the use of resources, and
d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of Delegation and Reservation of Powers.

2.4.2 For all JCC members and JCC Team staff, and joint sub-Committees who carry out a financial function, the form in which financial records are kept and the manner in which members of the JCC, joint sub-Committee and JCCT discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by the host LHB to commit the JCC to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Commissioner to ensure that such persons are made aware of this.

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit and Risk Committee

3.1.1 An independent Audit and Risk Committee is a central means by which the JCC ensures effective internal control arrangements are in place. In addition, the Audit and Risk Committee that deals with JCC matters provides a form of independent check upon the Team supporting the JCC.

3.1.2 The governance and issues relating to the hosting of the JCC will be incorporated into the standard business of the existing Host Body's Audit and Risk Committee. Assurance on the governance and issues relating to the hosting of the JCC will be reported to the Host Body's Board.

3.1.3 Issues relating to the functions of the JCC delegated from LHBs will be reported into a separate Host Body Audit and Risk Committee for the JCC specifically, operating within its own work cycle as required. The assurance from this will be reported to the LHB Boards. Detailed terms of reference and operating arrangements for this are set out in Annex 3 to the JCC's SOs. This Audit and Risk Committee will follow the guidance set out in the NHS Wales Audit and Risk Committee Handbook**.**

3.2 Chief Commissioner

3.2.1 The Chief Commissioner is responsible for ensuring arrangements are in place within the JCCT to review, evaluate and report on the effectiveness of internal control, in-line with the requirements of the Host Body's audit arrangements, as set out within the Hosting Agreement.

3.3 Chief Executive of the Host Body

The responsibilities of the Chief Executive of the host LHB are set out within the Host Body's SFIs.

3.2.1 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature
b) Access at all reasonable times to any land or property owned or leased by the host LHB
c) Access at all reasonable times to JCC members and the JCCT
d) The production of any cash, stores or other property of the host LHB under a JCC member or a member of the JCCT's control, and
e) Explanations concerning any matter under investigation.

3.4 Internal and External Audit

3.3.1 CTMUHB, as the Host Body, has responsibility for ensuring that appropriate internal and external audit of the activities of the JCC are in place. Details of these arrangements will be further set out within the Hosting Agreement.

3.5 Fraud and Corruption

3.5.1 In line with their responsibilities, the Chief Commissioner and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 The Chief Commissioner and Director of Finance shall report to the JCC and the host LHBs Local Counter Fraud Specialist any matters relating to fraud or corruption.

3.5.3 More detailed information about counter fraud can be found in section 3.5 of the host LHBs SFIs.

3.6 Security Management

3.6.1 The Chief Executive of the host LHB has overall responsibility for controlling and coordinating security. The Chief Commissioner will ensure that adequate processes are in place to comply with the requirements.

3.6.2 In line with their responsibilities, the Chief Executive of the host LHB will monitor and ensure compliance with Directions issued by Welsh Ministers on NHS Security management.

4. FINANCIAL DUTIES

4.1 Legislation and Directions

4.1.1 Whilst the JCC is not a statutory body, the JCC exists for the purpose of jointly exercising functions on behalf of each of the seven LHBs in Wales which means it must operate in a way which supports delivery of the Local Health Boards two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."

WHC/2016/054 - English and Welsh Versions



4.3.2 To support the LHB's statutory duty, the JCC is required to prepare an Integrated Medium-Term Plan. The Integrated Medium-Term Plan (IMTP) must reflect longer-term planning and delivery objectives for the ongoing development of those services commissioned on behalf of the seven health boards, in conjunction with the Welsh Ministers. The Integrated Medium-Term Plan should be continually reviewed based on latest Welsh Government policy and national and local priority requirements. The Integrated Medium-Term Plan, produced and approved annually, will be 3 year rolling plans. In particular, the Integrated Medium-Term Plan must reflect the Welsh Ministers' priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.

4.3.3 The NHS Planning Framework directs health boards and trusts to develop, approve and submit an Integrated Medium-Term Plan (IMTP) for approval by Welsh Ministers. Whilst there is not a statutory duty upon the JCC to develop an IMTP it is a requirement. The plan must:

- describe the context, including population health needs, within which the JCC will deliver key policy directives and operational targets from Welsh Government
- demonstrate how the JCC are:

a) delivering their well-being objectives, including how the five ways of working have been applied,
b) contributing to the seven Well-being Goals,
c) establishing preventative approaches across all care and services,

- demonstrate how the JCC will utilise its existing commissioned services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to the quality and efficiency of services
- demonstrate how financial breakeven is to be achieved over a rolling three-year period.

4.3.4 Integrated Medium-Term Plans should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans to ensure that the Integrated Medium-Term Plan (including a balanced Medium-Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.

4.3.5 The Integrated Medium-Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium-Term Plan will incorporate the balanced Medium-Term Financial Plan and will incorporate the JCC's response to delivering the

- NHS Planning Framework
- Quality, governance and risk frameworks and plans, and
- Outcomes Framework.

4.3.6 The Integrated Medium-Term Plan will be developed in line with the Integrated Planning Framework and include:

- A statement of significant strategies and assumptions on which the plans are based
- Details of major changes in activity, commissioned service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans
- Profiled activity, service, quality, workforce and financial schedules
- Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures.

4.3.7 The JCC will, in respect of those functions delegated to it by LHBs:

a) Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services
b) Develop national policies for the equitable access to safe and sustainable, high quality services across Wales, whether planned, funded and secured at national, regional or local level, and

c) Agree annually those services that should be planned on a national basis and those that should be planned locally.

4.3.8 The Chief Commissioner is responsible for the development of the plan and submission to the JCC, on an annual basis, the rolling 3 year Integrated Medium-Term Plan. The JCC's approved Integrated Medium-Term Plan will be submitted to Local Health Boards and Welsh Government in line with the requirements set out in the NHS Planning Framework.

4.3.9 The JCC will:

a) Approve the Integrated Medium-Term Plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Committee approval, the Plan will be submitted to Local Health Boards and Welsh Government prior to the beginning of the financial year of implementation
b) Approve a balanced Medium-Term Financial Plan as part of the Integrated Medium-Term Plan, which meets all financial duties, probity and value for money requirements
c) Agree the appropriate level of funding for the provision of those services delegated to the JCC , and determining the contribution from each LHB for those services (which will include the running costs of the JCC and the JCCT) in accordance with any specific directions set by the Welsh Ministers
d) Prepare and agree with the Local Health Boards a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the Committee plan is not in place or in balance.

5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

5.1 Budget Setting

5.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Commissioner, prepare and submit budgets for approval and delegation by the JCC. Such budgets will:

a) Be in accordance with the aims and objectives set out in the JCC Integrated Medium-Term Plan, and Medium-Term Financial Plan, and focussed on delivery of improved population health, safe patient centred quality services
b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the JCC approved balanced IMTP
c) Take account of approved business cases and associated revenue costs and funding
d) Be produced following discussion with appropriate Directors and budget holders
e) Be prepared within the limits of available funds

f) Take account of ring-fenced, specified and non-recurring allocations and funding
g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents)
h) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
i) Identify potential risks and opportunities.

5.2 Budgetary Delegation

5.2.1 The Chief Commissioner may delegate the management of a budget to permit the performance of a defined range of activities,. This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

a) The amount of the budget
b) The purpose(s) of each budget heading
c) Individual or committee responsibilities
d) Arrangements during periods of absence
e) Authority to exercise virement
f) Achievement of planned levels of service, and
g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

5.2.2 The Chief Commissioner, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the JCC.

5.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Commissioner, subject to any authorised use of virement.

5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Commissioner, as advised by the Director of Finance.

5.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.

5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.

5.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets

successfully.

5.3 Financial Management, Reporting and Budgetary Control

5.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every JCC meeting. Any significant variances should be reported to JCC as soon as they come to light and the JCC shall be advised on any action to be taken in respect of such variances.

5.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:

a) Regular financial reports, for revenue and capital (where applicable), to the JCC in a form approved by the JCC containing sufficient information for the JCC to:

- Understand the current and forecast financial position
- Evaluate risks and opportunities
- Use insight to make informed decisions
- Be consistent with other JCC reports, and as a minimum the reports will cover:
  - Details of variations from the Medium-Term Financial Plan showing the contributions to be made by each LHB under the risk sharing framework
  - Actual income and expenditure to date compared to budget and showing trends and run rates
  - Forecast year end positions
  - A statement of assets and liabilities, including analysis of cash flow and movements in working capital
  - Explanations of material variances from plan
  - Capital expenditure and projected outturn against plan (where applicable)
  - Investigations and reporting of variances from financial, activity and workforce budgets
  - Details of any corrective action being taken as advised by the relevant budget holder and the Chief Commissioner's and/or Director of Finance's view of whether such actions are sufficient to correct the situation
  - Statement of performance against savings target
  - Key workforce and other cost drivers
  - Income and expenditure run rates, historic trends, extrapolation and explanations, and
  - Clear assessment of risks and opportunities.
- Provide a rounded and holistic view of financial and wider JCC performance.

b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible

c) An accountability and escalation framework to be established for the JCCT to formally address material budget variances

d) Investigation and reporting of variances from financial, activity and workforce budgets
e) Monitoring of management action to correct variances
f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will:

- be held to account for managing their responsibilities within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Commissioner subject to the JCC's scheme of delegation;
b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement; and
c) No permanent employees are appointed without the approval of the Chief Commissioner other than those provided for within the available resources and workforce establishment as approved by the JCC.

5.3.5 The Chief Commissioner is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Integrated Medium-Term Plan and Medium-Term Financial Plans.

5.4 Capital Financial Management, Reporting and Budgetary Control

5.4.1 The JCC is not normally allocated any capital expenditure. In the event that there is an allocation the general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers and host procedures and processes.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Chief Commissioner is responsible for ensuring that the appropriate monitoring returns for the JCC are submitted to the Welsh Ministers in accordance with published guidance and timescales.

5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Chief Commissioner. This commentary should also highlight and quantify any significant risks with an assessment of the impact and

likelihood of these risks maturing.

5.5.3 All information made available to the Welsh Ministers should also be made available to the JCC. There must be consistency between the Medium-Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly JCC reports.

6. ANNUAL ACCOUNTS AND REPORTS

6.1 The JCC is not a corporate body and does not therefore have a statutory duty to prepare annual accounts and reports.

6.2 However, the JCC is hosted by the host LHB and therefore the Chief Executive of the host LHB is required to ensure that the financial results of the JCC are consolidated into its own financial statements and disclosed as appropriate. Details of what is required is set out in the Hosting Agreement and will be communicated to the JCC and JCCT by the Executive Director of Finance of the Host Body.

7. BANKING ARRANGEMENTS

7.1 General

7.1.1 The JCC is legally hosted by the host LHB and therefore all banking arrangements are the responsibility of the host LHB. Further details of the banking arrangements can be found in section 7of the host LHBs SFIs.

8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

8.1.1 The JCC is generally only an expenditure incurring segment of the host LHB. Any cash requirements for the JCC is likely to be incidental to its main activities.

8.1.2 All aspect relating to the recording, handling and collection of cash will be the responsibility of the host LHB.

8.1.3 Further details of the processes and responsibilities can be found in section 8 of the host LHBs SFIs.

9. INCOME, FEES AND CHARGES

9.1 General

9.1.1 The JCC is generally only an expenditure incurring segment of the host LHB. Any income generated by the JCC is likely to be incidental to its main activities, including recovery of contract underperformance or the cost of drug therapies under agreed rebate arrangements.

9.1.2 All aspects relating to the recording, handling and collection of income will be the responsibility of the host LHB.

9.1.3 Further details of the processes and responsibilities can be found in section 9 of the host LHBs SFIs.

10. NON PAY EXPENDITURE

10.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

10.1.1 The Chief Commissioner will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the JCC's Scheme of Reservation and Delegation of Powers.

10.1.2 The Chief Commissioner will set out in the operational scheme of delegation and authorisation:

a) The list of managers who are authorised to place requisitions for the supply of goods and services, and
b) The maximum level of each requisition and the system for authorisation above that level.

10.2 The Director of Finance's responsibilities

10.2.1 The Director of Finance will:

a) Advise the JCC regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs
b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure
c) Ensure systems are in place for the authorisation of all accounts and claims
d) Ensure Directors and officers (staff) strictly follow NHS Wales' system and procedures of verification, recording and payment of all amounts payable
e) Maintain a list of Directors and officers (including specimens of their signatures) authorised to certify invoices
f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed
g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs, and
h) Be responsible for Petty Cash system, procedures, authorisation and record

keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures.

10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Director of Finance and that:

a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged
b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement
c) Contracts above specified thresholds are approved by Welsh Ministers prior to any commitment being made
d) goods have been duly received, examined and are in accordance with specification and order
e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct
f) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to JCC members, members of the Host Body or any employee of the Host Body, including JCCT staff, other than:
   (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars
   (ii) Conventional hospitality, such as lunches in the course of working visits.
   This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7. of the host LHBs Standing Orders and the JCC's Standing Order 8.9.

g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Commissioner
h) All goods, services, or works are ordered on official orders except works and services executed in accordance with a contract and purchases from petty cash
i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds
j) Goods are not taken on trial or loan in circumstances that could commit the JCC to a future uncompetitive purchase
k) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.

10.3.2 The Chief Commissioner and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the scheme of delegation.

10.4 Departures from SFI's

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. The JCC must consult with NWSSP Procurement Services, Host Body Executive Director of Finance, Director of Finance and Committee Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of the JCC, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable.

10.6 Prepayments

10.3.1 Prepayments should be exceptional and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%)
- It is the industry norm e.g. courses and conferences
- It is in line with requirements of Managing Welsh Public Money
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact
- The prepayment is part of the routine cash flow system agreed by the Directors of Finance.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

a) The appropriate JCCT Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the host LHB or JCC if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments

b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations where the contract is above a stipulated financial threshold), and

c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Commissioner if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

General Information

11.1 Procurement Services

11.1.1 While the Chief Commissioner is responsible for procurement, as delegated by the Host Body, the service is delivered by NWSSP Procurement Services.

11.1.2 Procurement staff are employed by NHS Wales Shared Services Partnership (NWSSP) and provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the Host Body. Where the term Procurement staff or department is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example pharmacy and works who undertake procurement on a devolved basis.

11.2 Policies and Procedures

11.2.1 NWSSP Procurement Services shall, on behalf of the Host Body, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The policies and procedures shall comply with these SFIs, Procurement Manual, and the Revised General Consent to enter Individual Contracts.

11.2.2 The Chief Commissioner is ultimately responsible for ensuring that the JCC Members and JCCT staff strictly follow procurement, tendering and contracting procedures.

11.2.3 NWSSP Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures:

- Are kept up to date
- Conform to statutory requirements and regulations
- Adhere to guidance issued by the Welsh Ministers
- Are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

11.3 Procurement Principles

11.3.1 The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by the JCCT to

perform its functions, and furthermore embrace all building, equipment, consumables and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

11.3.2 The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:

- Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented
- Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin
- Equal treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information
- Proportionality: requirements and conditions in the procurement should be reasonable in proportion to the object of procurement and measures taken should not go beyond what is necessary
- Legality: public bodies must conform to legal requirements
- Integrity: there should be no corruption or collusion with suppliers or others;
- Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement
- Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.

11.4 Legislation Governing Public Procurement

11.4.1 Prior to January 2021 a range of EU Directives which set out the EU legal framework for public procurement were implemented into UK law by statutory regulations, the primary statutory regulations in Wales being 'The Public Contracts Regulations 2015 No. 102. From 1 January 2021 no further amendments or developments of EU related procurement law are to be incorporated into domestic law. Following the Health Service Procurement (Wales) Act 2024 coming into force, it is expected that secondary legislation governing NHS Wales procurement will be in place by late 2024. The Welsh Government policy framework and the Wales Procurement Policy Statement (WPPS) also govern this area. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. Legislation, policy and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the JCC's SFIs.

11.4.2 The main Regulations (the Public Contracts Regulations (2015 No. 102)) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are

responsible for seeing that those Regulations are understood and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.

11.4.3 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the Chief Commissioner (JCCT) and Procurement Services e.g. Engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

11.4.4 Other relevant legislation and policy include:

- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Policy Framework
- The Wales Procurement Policy Statement (WPPS).

11.5 Procurement Procedures

11.5.1 To ensure that the JCCT is fully compliant with UK Procurement Regulations, and Welsh Ministers' guidance and policy, the JCCT shall, through NWSSP Procurement Services, ensure that it shall have procedures that set out:

a) Requirements and exceptions to formal competitive tendering requirements
b) Tendering processes including post tender discussions
c) Requirements and exceptions to obtaining quotations
d) Evaluation and scoring methodologies
e) Approval of firms for providing goods and services.

11.5.2 All procurement procedures shall reflect the Welsh Ministers' guidance and the JCC's delegation arrangements and approval processes.

11.6 Procurement Consent

11.6.1 Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on NHS Wales to obtain the consent of the Welsh Ministers before:

- Acquiring and disposing of property
- Entering into contracts, and

- Accepting gifts of property (including property to be held on trust, either for the general or any specific purposes of the JCCT or for any purposes relating to the health service).

The provision allows the Welsh Ministers to give consent, which may be given in general terms covering one or more descriptions of case.

11.6.2 General Consent has been granted to LHBs by the Welsh Ministers for individual contracts up to the value of £1 million in each case, with the exception of those contracts specified in 11.6.3. All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being entered into. In addition, Health Board's must provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being entered let.

11.6.3 The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and/or Welsh Ministers direction, and therefore does not apply to:

i) Contracts of employment between LHBs and their staff
ii) Transfers of land or contracts effected by Statutory Instrument following the creation of the LHBs
iii) Out of Hours contracts
iv) All NHS contracts, that is where one health service body contracts with another health service body
v) Wales Public Sector Framework Agreements, through direct award or mini competition
vi) Third Party Public Sector Framework Agreements as established by Crown Commercial Services or NHS supply chain

No further approval is required to award contracts under these Frameworks through a direct award. Approval will, however, be required for award of contracts under these Framework Agreements through mini competition or where the specification of the product or service required is modified from that stated within the Framework Agreement.

11.6.4 The Revised General Consent does not remove the requirement for LHBs to comply with SOs, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

Planning

11.7 Sustainable Procurement

11.7.1 To further nurture the Welsh economy, in support of social, environmental and

economic regeneration, Health Boards must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible. The principles of the Well-being and Future Generations Act (Wales) 2015 (WBFGA 2015) should be adopted at the earliest stage of planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

11.7.2 The WBFGA 2015 requires that bodies listed under the Act must operate in a manner that embraces sustainability. The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

11.7.3 The 7 Wellbeing goals are:

- a prosperous Wales
- a resilient Wales
- a healthier Wales
- a more equal Wales
- a Wales of cohesive communities
- a Wales of vibrant culture and thriving Welsh language
- a globally responsible Wales.

These goals have been put in place to improve the social, economic, environmental, and cultural well-being of Wales

11.7.4 Public bodies need to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future. The Act expects them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now
- take action to try and stop problems getting worse - or even stop them happening in the first place.

11.7.5 The JCCT is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.

11.7.6 The JCCT shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA 2015. The JCCT shall benchmark its performance against the WBFGA 2015. For all contracts over £25,000, the JCCT shall take

account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).

11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with Welsh Government commitments policy set out in the current WPPS and subsequent versions of this statement the JCCT shall ensure that it provides opportunities for these organisations to quote or tender for its business.

11.9 Planning Procurements

11.9.1 The Chief Commissioner must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks governing public procurement and the requirement of open competition.

11.9.2 Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost
- the likely 'route to market' which will consider the legislative and policy framework set out above
- The availability of funding to be able to award a contract following a successful procurement process
- That the procurement follows current legislative and policy frameworks including Value Based Procurement.

11.9.3 The procurement specification should factor in the 4 principles of prudent healthcare:

- Equal partners through co-production
- Care for those with the greatest health need first
- Do only what is needed, and
- Reduce inappropriate variation.

Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

11.9.4 Where free of charge services are made available to the JCCT, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that the Host Body does not unintentionally commit itself to a single provider or

longer-term commitment. Regular reports on free of charge services provided to the JCCT should be submitted to the Host Body's Audit and Risk Committee.

11.9.5 The JCC is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

11.9.6 **Joint or Collaborative Initiatives**
Specialist advice should be obtained from Welsh Government and the opinions of NWSSP Procurement Services and NWSSP Legal and Risk prior to external opinion being sought where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

11.10 Procurement Process

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the Host Body's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales.

11.10.2 In the absence of an existing suitable procurement framework to source the required item, a competition must be run in accordance with the table below. The Chief Commissioner must ensure the value of their requirement considers cumulative spend for like requirements and opportunity for collaboration with other Health Boards and Trusts.

11.10.3 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

<u>Competition Requirements</u>

11.11 **Procurement Thresholds**

11.11.1 The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in EU Procurement Directives and UK Procurement Regulations.

Goods/Services/Works Whole Life Cost Contract value (excl. VAT)	Minimum competition[1]	Form of Contract
<£5,000	Evidence of value for money has been achieved	Purchase Order
>£5,000 - <£25,000	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
>£25,000 – Prevailing OJEU threshold	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
>OJEU threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route.	Formal contract and Purchase Order
Contracts above £1 million	Welsh Government approval required[2]	Formal contract and Purchase Order

[1] subject to the existence of suitable suppliers
[2] in accordance with the requirements set out in SFI 11.6.3.

11.11.2 Advice from the Procurement Services must be sought for all requirements in excess of £5,000.

11.11.3 The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Host Body to risk of legal challenge and could result in disciplinary action against an individual[s].

11.11.4 Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000, must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 and require competition.

11.12 Designing Competitions

11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- Required timescales are achievable
- Specifications are drafted which:
  - are fit for inclusion in competition documents
  - are drafted in a manner encouraging innovation by the market
  - are capable of being responded to and do not narrow competition
  - deliver in line with legislative and policy frameworks
  - include robust performance measures to effectively measure and manage

supplier performance, and
- consider the ability of the market to deliver.

11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the JCC and ultimately the improvement of patient outcomes and wider health and social care communities.

11.12.3 Criteria for selecting suppliers and achieving an award recommendation must:
- be appropriately weighted in consideration of quality/price
- consider cost of change where relevant
- be transparent and proportionate
- deliver value for money outcomes
- fully explore complexity/risk, and
- consider whole life cost.

11.13 Single Quotation Application or Single Tender Application

11.13.1 In exceptional circumstances, there may be a need to secure goods / services / works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:
- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition)
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause
- a need to retain a particular contractor for genuine business continuity issues (not just preferences) or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all Wales competition / national strategy.

11.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The Executive Director of Finance of the Host Body must approve such applications up to £25,000. The Host Body's Chief Executive is required to approve applications exceeding £25,000, in-line with the Host Body's SFIs. The recording and reporting of applications will be in-line with the Host Body's Standing Financial Instructions and governance arrangements.

11.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Commissioner and Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The

Head of Procurement will scrutinise and endorse each request to ensure:

- Robust justification is provided
- A value for money test has been undertaken
- No bias towards a particular supplier
- Future competitive processes are not adversely affected
- No distortion of the market is intended
- An acceptable level of assurance is available before presentation for approval in line with the JCC Scheme of Delegation, and
- An 'or equivalent' test has been considered proving the request is justified.

11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA / STA, where the JCCT has already entered into an arrangement directly.

11.13.2 The recording and reporting of SQA and STA will be in-line with the Host Body's Standing Financial Instructions and governance arrangements.

11.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. Procurement Manual details schedule of departures from SQA/STA where competition not possible.

11.13.8 For performance monitoring purposes, the NWSSP Procurement Service will retain a central register of all such activity including SQA/STA's not endorsed by Procurement or any exceptional matters.

11.14 Disposals

11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

11.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the Health Board making use of any agreements covering the disposal of such items.

11.14.3 Disposals will be undertaken in-line with the requirements set out within the Host Body's Standing Financial Instructions.

Approval & Award

11.15 Evaluation, Approval and Award

11.15.1 The evaluation of competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the JCCT. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and

reach a consensus recommendation for internal approval.

11.15.2 The internal approval of any recommendation to award a competition must follow the JCC's Scheme of Delegation.

11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.

11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.

11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

11.16 Contract Management

11.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money.

The relevant budget holder shall oversee and manage each contract on behalf of the JCCT so as to ensure that these implicit obligations are met. This contract management will include:

- Retaining accurate records
- Monitoring contract performance measures
- Engaging suppliers to ensure performance delivery
- Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services, and
- Permitting stage payments as part of a formally agreed implementation / delivery plan which must be supported by written evidence issued by the budget holder.

11.16.2 Contract management on All Wales contracts will be provided by NWSSP Procurement Services.

11.16.3 Advice on best practice on Contract Management is available from NWSSP Procurement Services.

11.17 Extending and Varying Contracts

11.17.1 Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract,

e.g. scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

11.17.2 If there is no such provision, the Public Contracts Regulations 2015 define such limitations.

11.17.3 The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.

11.17.4 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

11.17.5 If there was no provision to extend, further approvals are required from the JCCT and the local Head of Procurement. The JCC Team must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

11.17.6 This ensures an appropriate identification and assessment of potential risks to the compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

11.17.7 The JCCT must seek advice from NWSSP Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The JCC Team must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

11.18 Requisitioning

11.18.1 In choosing the item to be supplied (or the service to be performed) the JCCT shall always obtain the best value for money. The JCCT will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

11.18.2 Where a required item is not on catalogue or on framework contract the JCCT shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with SFI 11.11 thresholds.

11.18.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.19 No Purchase Order, No Pay

11.19.1 The JCCT will ensure compliance with the 'No Purchase Order, No Pay' policy, the All-Wales policy which was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.20 Official orders

11.20.1 Official Orders, issued following approved requisition and sourcing, must:

a) Be consecutively numbered
b) State the terms and conditions of trade.

11.20.2 Official Orders will be issued on behalf of the JCCT by NWSSP Procurement Services.

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The JCC will commission healthcare services for the resident population of all Local Health Boards, both from the LHB provided services and from Trusts and other providers. The Chief Commissioner is responsible for ensuring the JCC enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services. These agreements will be entered into in the name of the Host Body and authorised in-line with the Host Body's Scheme of Delegation.

12.1.2 All Health Care Agreements, Individual Patient Commissioning Agreements and Contracts should aim to implement the agreed priorities contained within the Integrated Medium-Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Commissioner should take into account:

- The standards of service quality expected
- The relevant quality, governance and risk frameworks and plans
- The relevant national service framework (if any)

- The provision of reliable information on quality, volume and cost of service and
- That the agreements are based on integrated care pathways.

All agreements must be in accordance with the functions delegated to the JCC by the Welsh Ministers.

12.2 Statutory provisions

12.2.1 The National Health Service (Wales) Act 2006 (c.42) enables Health Boards to commission certain healthcare services. The JCC commissions services on behalf of the seven health Boards, and the Host Body enters into these contracts. Further information is available in paragraph 12.2 of the Local Health Board SFI's and these provisions may extend to the JCC with regard to those services delegated to the JCC.

12.3 Reports to Committee on Health Care Agreements (HCAs)

12.3.1 The Chief Commissioner will need to ensure that regular reports are provided to the JCC detailing performance, quality and associated financial implications of all health care agreements. These reports will be linked to, and consistent with, other Committee reports on commissioning and financial performance.

12.4 Tendering for supply of health care services

12.4.1 Where the JCC is required or elects to invite quotes or tenders for the supply of healthcare services, the host LHBs SFIs in relation to procurement shall apply in relation to such competitive exercises.

12.4.2 The procurement arrangements surrounding the provision of healthcare services is a complex area and as such legal advice must be secured where there is doubt over the applicability or not of applying competitive processes. Further guidance is provided in the Host Body's SFIs, Annex A.

13. GRANT FUNDING

13.1 Policies and procedures

13.1.1 The host LHB shall be responsible for all aspects of the grant funding process on behalf of the JCC. Further details can be found in section 13 of the host LHBs SFIs.

14. PAY EXPENDITURE

14.1 Appointments and Remuneration

14.1.1 Appointments to the JCC shall be in accordance with section 6 of the JCC SOs and the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024.

14.1.2 All other appointments or recruitments to the JCCT (including the Chief Commissioner) and any remuneration or employment contract related matters shall be dealt with by the host LHB on behalf of the JCC in accordance with the host LHBs own SOs and SFIs.

14.1.3 Further details of the host LHBs responsibilities can be found in section 14 of the host LHBs SFIs.

15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 General

15.1.1 The funding delegated by the JCC is mostly revenue in nature, however in the event that it is required all Capital plans, and annual capital programmes, must be approved by the JCC before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium-Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within capital finance resource limits.

15.1.2 Any capital plans, and capital investment and expenditure incurred, by the JCC or the JCCT shall be dealt with in accordance with section 15 of the host LHBs SFIs. This includes the recording and safeguarding of assets.

16. LOSSES AND SPECIAL PAYMENTS

16.1 Losses and Special Payments

16.1.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

16.1.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

16.1.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Commissioner and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Chief Commissioner.

16.1.4 Where a criminal offence is suspected, the Director of Finance must liaise with the Executive Director of Finance of the host and the host LHB's Counter Fraud Service to determine the next immediate action including when to inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the host LHBs Local Counter Fraud Specialist (LCFS) and the Counter Fraud Service (CFS) Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.

16.1.5 The Director of Finance or the host LCFS must notify the Audit and Risk Committee dealing with JCC matters, the Auditor General for Wales' representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.

16.1.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:

a) The Audit and Risk Committee on behalf of the JCC,
b) The host body Executive Director of Finance and LCFS, and
c) An Auditor General for Wales' representative.

16.1.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the JCC's and the host LHBs interests in bankruptcies and company liquidations.

16.1.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.). The Director of Finance must consult with and notify the Executive Director of Finance of the Host body on all losses and special payments.

16.1.9 The Host Body's Audit and Risk Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in in Annex 3 of the JCC SOs.

16.1.10 For any loss or special payments, the Director of Finance should consider whether any indemnity claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

16.1.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Executive Director of Finance of the Host Body and the Health and Social Services Group's Director of Finance.

16.1.12 All novel, contentious and repercussive cases must be notified to the Executive Director of Finance of the Host Body and referred to the Welsh Government's Health and Social Services Group's Finance Directorate, irrespective of the delegated limit.

16.1.13 The reporting of all losses and special payments will be in-line with the Host Body's Standing Financial Instructions and governance arrangements.

16.1.14 The JCC must obtain approval of the Executive Director of Finance of the Host Body and the Health and Social Services Group Director General's approval for special severance payments. Where this relates to employment, the Host Body's Remuneration and Terms of Service must provide approval.

16.1.15 The Host LHB must notify the JCCT of any changes to the reporting and approval requirements in respect of losses and special payments in order to facilitate full compliance with the hosts SFIs.

17. DIGITAL, DATA and TECHNOLOGY

17.1 Digital Data and Technology

17.1.1 The JCC and the JCCT shall operate within the guidance set out in section 18 of the host LHBs SFIs.

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Commissioner and Host Body Chief Executive

18.1.1 The Host Chief Executive is the accountable officer for the retention of records and the associated statutory duties. The Chief Commissioner is responsible to the Host Chief Executive in respect of retention of records in order for the Host Chief Executive to discharge their statutory body accountability for this function.

18.1.2 The Chief Commissioner shall have delegated responsibility from the Host Body in respect of maintaining archives for all records in respect of JCC matters, in-line with the Host Body's Policy on Records Management.

18.1.3 The records held in archives shall be capable of retrieval by authorised persons.

18.1.4 Records held in accordance with regulation shall only be destroyed in-line with the Host Body's Policy on Records Management and Schedule for the Retention and Destruction of Records.

Agenda Item:4.1

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Our future, our voice: babies, children and young people of Gwent 2023/24 Director for
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Tracy Daszkiewicz, Director for Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Scott Wilson-Evans, Head of Strategic Communications Public Health

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

Er Gwybodaeth/For Information

- For Information ahead of publication

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Director of Public Health (DPH) has a statutory requirement to produce an annual report. The DPH Annual Report is a vehicle for informing local people about the health of their communities, as well as providing necessary information for decision-makers in local health services and authorities on health gaps and priorities that need to be addressed. The report can focus on any aspect of the local population's health and wellbeing.

It is being brought to Board for information ahead of its publication on 29th March 2024.

Cefndir / Background

For this year's report its production has been informed by families, children, and young people across Gwent, with the intention of producing a report written by our babies, children, and young people to tell us their experiences. They have told us their stories and experiences of living through and coming out of the Covid 19

pandemic. It has given us a real insight to what it was like to live through the pandemic through the eyes of children and young people.

The report concludes with an open letter to all of us to listen to their voices and instructions on how we can better deliver for them and future generations,to improve the outcomes for children and young people in Gwent.

Asesiad / Assessment

The report sets out a number of data sets around the current child health situation in Gwent using data from the newly published Gwent Join Strategic Assessment along with data from Public Health Wales and National Statistics, which highlights a number of key areas to inform the new Children's Strategy which will go into development this year.

Argymhelliad / Recommendation

The Board is asked to DISCUSS and NOTE the report prior to its publication.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	NA
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Getting it right first time for children and young people
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Not Applicable
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Gwent Joint Strategic Assessment - Aneurin Bevan University Health Board (nhs.wales)
Rhestr Termau: Glossary of Terms:	Contained within the document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee 14th March 2024

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

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Our future, our voice: babies, children and young people of Gwent 2023/24

Director for Public Health Annual Report

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

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Foreword

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What we hope to achieve

Each year Directors of Public Health produce an annual report that tells the story about the health of their population. These reports are traditionally quite formal documents. This year, following the past four years, I wanted it to be different. For it to be written by the children of Gwent about the children of Gwent. This is another opportunity to hear about the impacts of the pandemic and to understand what health means to our young people.

This further contributes to the work we are doing to tackle inequalities towards a fairer, safer, stronger and healthier Gwent as part of our ongoing Marmot Region work. With this report we are amplifying the voices of babies, children and young people. I wanted to understand the legacy the pandemic has left and the impact on our children.

Our report will share personal experiences from children and inspire thought on what we can do to make Gwent a place where our babies, children and young people can flourish. The report culminates in an open letter, collated from what has been shared. This will inform the Babies, Childrens and Young People's Strategy we will be developing over the coming months. ■

Tracy Daszkiewicz,
Director for Public Health, Gwent

> "There can be no keener revelation of a society's soul than the way in which it treats its children."
> Nelson Mandela



Introduction

In February 2020, the Covid-19 Pandemic touched every part of our lives: changed the way we accessed education, work; even work stopped for some.

Our social connections went online; bringing lockdowns, babies were born to the quiet of no visitors; children learnt on screens instead of in classrooms; technology arrived just in time to move office-based work to meeting platforms; the lasting impact of losing special people from our lives without a chance to say goodbye.

We saw the impressive commitment of many professions and the pace of groundbreaking advancements in vaccinations. Like us all, children and young people faced a change to the world, as we knew it, were faced with isolation from peers and disruption to their routine that determines predictability and safety.

Though we are no longer in the heightened response to the pandemic, we continue to witness the enduring impact on our babies, children and young people across Gwent. This year's Director of Public Health Annual Report is handed over to them, a place to tell their story, a space to serve as a memoir to their childhood, a childhood spent in an extraordinary time.

Pregnancy and the Pandemic

There are many joys during pregnancy; seeing your baby on the ultrasound for the first time, attending classes to prepare for your baby and holding the little one in your arms surrounded by people you love during the birth and visitors joining you to share this special time. Sadly, during the pandemic this joyous experience looked very different.

Throughout the majority of 2020, partners couldn't attend antenatal or ultrasound appointments and were only allowed in the delivery room once labour began and to stay for an hour post-birth. Hospital visits from partners were also stopped during this time.

Helping our little ones grow

As your baby grows, they will reach natural stages of development both physically and mentally which may require many different interactions and support from friends, families and sometimes NHS services.



Around 12,000 babies were born in Gwent during the pandemic.
(March 2020 and March 2022).



> "I felt nervous and lost for what I would say six months of her life. I felt I had failed her... I couldn't give her the same experience her brother had."

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"I had to attend scans alone, which caused me a lot of anxiety. It took a lot of excitement out of the experience and filled me with so much worry, that if anything was wrong, I would be on my own. Staff within the maternity department were very reassuring throughout the process. But I still couldn't help feeling upset for my husband who wasn't able to be part of the experience and I still to this day feel he missed out on so much, because of the restrictions that were in place during that time.

My husband wasn't able to witness the birth. I remember feeling so scared but had the comfort of two lovely midwives who held my hand rubbed my knee and gave me support by telling me I could do this.

I remember being surrounded by a face of masks, but my husband wasn't with me. Due to restrictions in place me and my husband weren't allowed to visit her together and our nearly 4-year-old at the time wasn't allowed to meet her until she came home.

When she came home, I felt worried about others meeting her because I wanted to keep her safe. I felt nervous and lost for what I would say six months of her life. I felt I had failed her because I couldn't give her the same experience her brother had." Kayleigh, aged 33, Newport.

The Covid-19 lockdown restrictions meant natural social interactions for some babies never happened.

Babies and children were unable to access their normal activities such as nursery, play groups, extracurricular activities and school. It will take time to understand the full impact of the pandemic on children's health and development, in particular their communication and social skills.

The consequences of lockdown and separation impacted both parents and children's wellbeing, with some expressing the pressure during this time impacted their mental health. During the pandemic, many support services moved to virtual and phone contact. As a result, vulnerable children were less visible to professionals and services. The usual safety nets were reduced and potentially more children were at risk from unidentified harm.

From the classroom to home learning

From 20 March 2020 until 21 April 2021 nurseries, schools, colleges and universities were closed due to the Covid-19 pandemic. Children and young people experienced disruptions with home-based learning and the cancellation of GCSEs and A-Levels examinations. Transitions from primary →

to secondary school was really challenging for many children.

Moving to home learning was tough for many; with little to no preparation time, reduced interactions with teachers and peers, the need for parents to take on a teaching role and having to quickly adapt.

Children's opportunity to "play", particularly outside and with their friends, was significantly impacted. Playgrounds across Gwent were chained up and had signs with "do not enter". Many children didn't have access to any green space such as a garden.

Some disabled children and young people, identified as clinically vulnerable, had to shield for long periods of time. This along with reduced access to support networks and community activities, impacted their mental health and personal wellbeing.

Children's mental and emotional wellbeing has been widely reported as being negatively affected during the pandemic. With the limited opportunity for social interactions children and young people experienced increased anxiety and loneliness during the pandemic, and for some, these effects continue even now. ■

> "On the first day of high school, we had no transition and kind of just put into a school we didn't know. A one-way system was put into place and was very confusing. It took a while to get used to it all having to wear masks and all."
>
> Cwmbran High School, Pupil, age 15



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> "I do believe that the impact on my mental health has affected my child, she has always been a more anxious, sensitive child who struggles being away from me."



"Restrictions meant I had no celebration from family for my child, I had no visitors, baby shower, nothing. I was filled with so much loneliness during the Covid-19 part of pregnancy and after my daughter was born.

I do believe that the impact on my mental health has affected my child, she has always been a more anxious, sensitive child who struggles being away from me. We spent so much one on one time during her first year of life at a time when I was receiving little support, and my mental health was declining. It saddens me to think this has directly caused my child to struggle socially and with her mental health at such a young age.

We were unable to consistently attend baby groups which are imperative for social development. My daughter, although she has attended nursery and is well developed in all areas of development, her social development is not quite where it should be. Once lockdown restrictions eased my daughter became nervous around crowds or even in soft plays, this anxiety has never really gone away.

Unfortunately, I did not have a positive experience. The only positive was my little girl that I was lucky enough to gain in such a terrible time."
Kira, aged 30, Caerphilly.

> "Throughout Kira's pregnancy, stringent regulations left me feeling like an outsider, unable to partake in any appointments or significant moments."

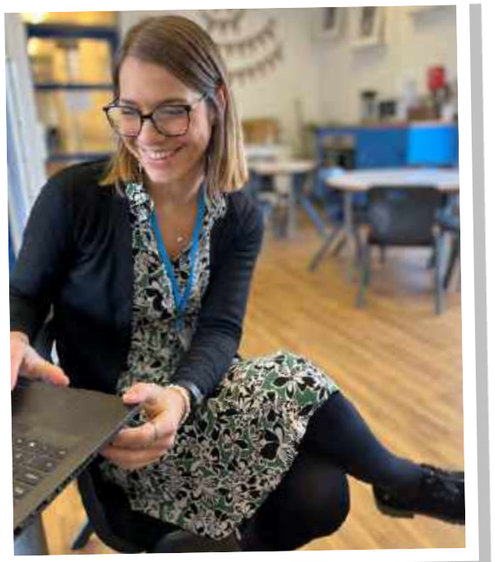
"Throughout Kira's pregnancy, stringent regulations me feeling like an outsider, unable to partake in any appointments or significant moments. The restrictions intensified my feelings of disconnection and powerlessness from the pregnancy process.

Enduring this tumultuous period has significantly impacted my mental health, fostering feelings of isolation, undervaluation, and neglect by the healthcare system. It emphasizes the crucial need for a more inclusive approach that acknowledges the emotional needs of fathers during such pivotal life moments."
Rhys, aged 31, Caerphilly.

Crafting this report

Reading and research

To inform this report we reviewed available legislation, data and literature relevant to the children and young people of Gwent. This included a close look at the key articles in the United Nations Convention on the Rights of the Child, understanding how the Covid-19 pandemic affected these rights, studying the statistics on the cost-of-living crisis and its impact on childhood poverty rates.



The literature review delved into the direct and indirect harms of the Covid-19 pandemic on expectant mothers, babies, children and families, particularly those already grappling with the wider social and health inequalities.

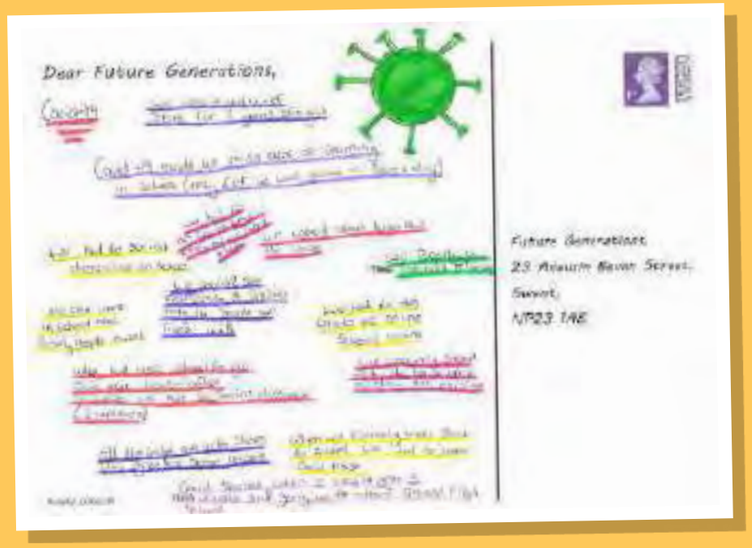
Partner engagement

We have worked with key partners including, Healthy Schools Coordinators, Youth Provisions, the Gwent Integrated Well-Being Network Team and schools to identify and connect with children and young people to tell their stories through a series of engagement sessions.

These sessions brought together children and young people representative of the vibrant and diverse communities across Gwent from a range of ethnicities, ages and backgrounds across the five local authority areas.







Engaging with children and young people

We engaged with children, aged 7 to 11 visiting 9 primary schools, and 2 youth provisions. Through the medium of art, we asked children to express what 'Health & Well-being' means to them and highlight the people and services who help them stay healthy, this work will form part of the visual artwork for this report. We conducted 2 focus groups with Year 6 pupils from 2 primary schools to gain their insights on the Covid-19 pandemic. We also connected with young people, aged 10 to 18, visiting 2 high schools and 4 youth provisions.











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Number of smiles received?

Let's just say we've officially become contenders for the 'World Smiles Collected' record – move over Guinness!

They were asked to share with the group an animal (real, fictional or extinct) that symbolises the Covid-19 pandemic, which has officially been named the 'Pandemic Park'. The children and young people also wrote postcards for a time capsule immortalising their experience from the pandemic.

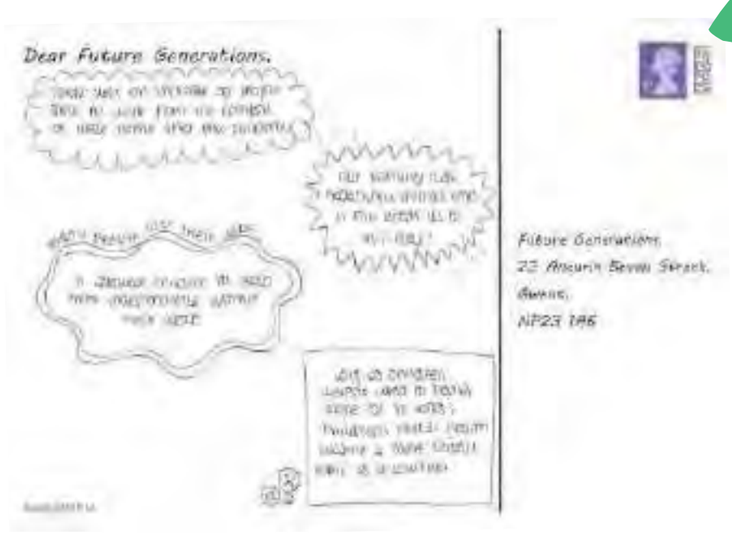
Family experiences

Email submissions were received from 2 families who shared their experiences of being pregnant, giving birth and nurturing their babies during the Summer 2020 lockdown.



Voices of young people

Finally, 2 young people participated in telephone interviews, expressing their views on the challenges they faced due to missing 2 crucial schooling milestones; the transition from primary school to high school and GCSE examination cancellations.

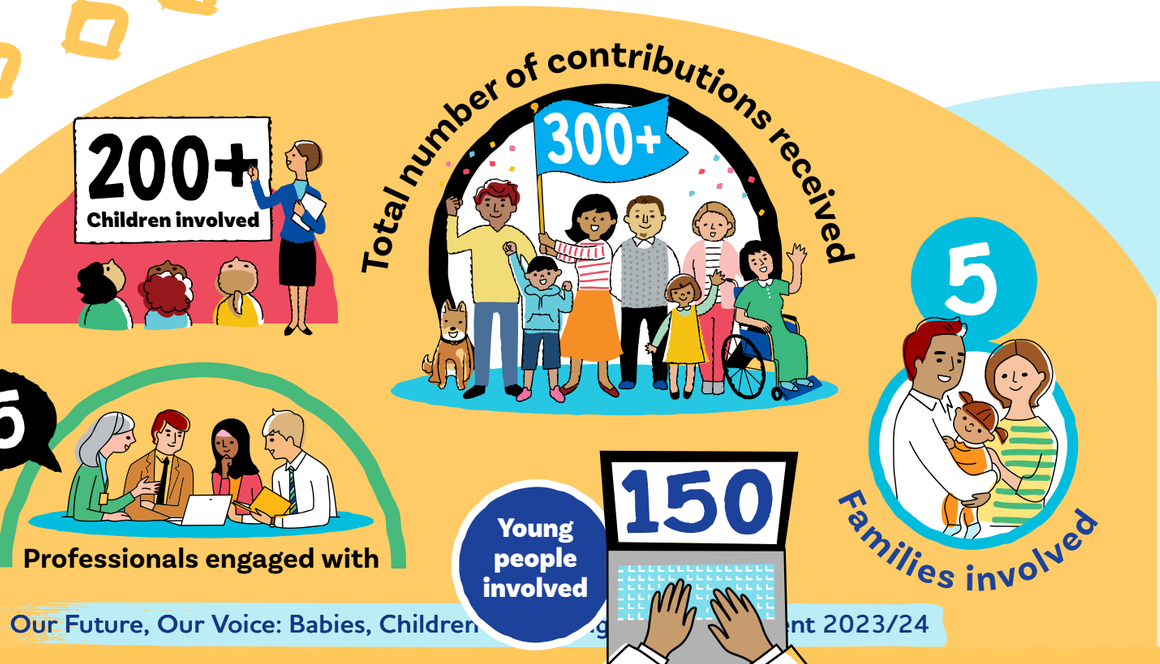


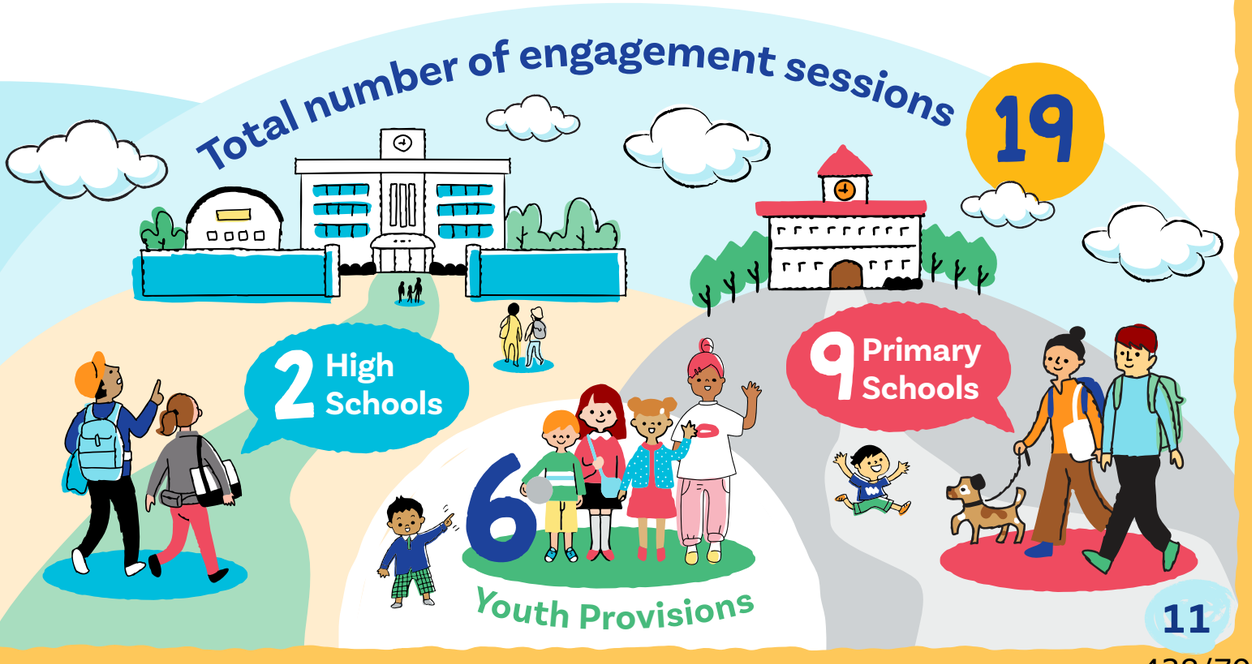
Telling their stories

More than 200 artworks and over 150 postcards were created by the children and young people during the engagement sessions which will be used for a time capsule; and some of which you will see throughout this report.

To complete this report, we captured several key themes raised in our engagement sessions and leads an open letter which represents the voices of children and young people across Gwent. The letter is collated from the perspectives of the children and young people of Gwent, talking about their experiences of the pandemic, the impact it had and what they need in terms of support and development- aimed at parents, families, and services across Gwent. ■







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A glimpse into Gwent child health and wellbeing

132,779



Children and young people in Gwent aged 0-18 (2023)

15.1% Smoking during pregnancy (at initial assessment) in Gwent (2022)



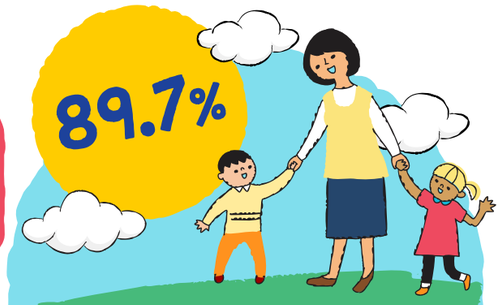
Babies born with a low birth weight (2022) **6.1%**



3% Young people in Gwent smoke at least once a week (2021)

Gap in life expectancy in the most and least deprived areas.

6.6 years **M** | **6.4** years **F**

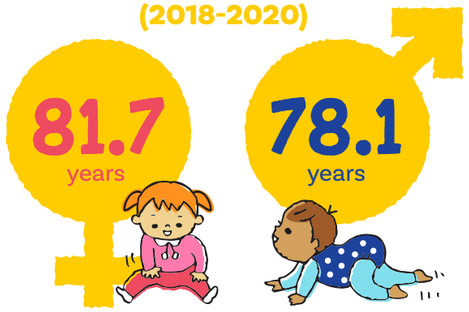


89.7% Children who have had both MMR vaccines by aged 5 (2023)

Children aged 5 living with obesity (2021-22) **12.9%**



Life expectancy at birth (2018-2020)



81.7 years

78.1 years

Looked after Children aged 0-16 years in Gwent (2022) **1,650** children



13% Young people have been classified as being a problematic user of social media across Gwent (2021)



Children receiving care and support with domestic abuse as a factor (2022) **1,659** Young people or children attending counselling Services for support (2021-22)



30.4%

Young people have experienced cyberbullying while online in the past couple of months (2021) **18.6%**



Young people in Gwent (2021) have tried:

1 in 5 Vaping

3.8% Cannabis

11-16-year-olds who walk or cycle to school (2021) **37.5%**

Teenage conceptions (under 18) in Gwent (2021) **17.3%** rate per 1000 women





10 days **47%** | 6 months **17%** Mums in Gwent who breastfeed (2022)

Children (aged 0-15) in Gwent have been seriously injured or killed on the roads (2022) **86** children



32.6% Young people have been bullied in the past couple of months (2021)

Find out more about Gwent population health data visit:
Gwent Joint Strategic Assessment - Aneurin Bevan University Health Board (nhs.wales)

Covid-19 through children and young people's eyes

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2020

20 March 20
Closure of nurseries, school and colleges in Wales closed with in-person teaching remaining open for children of key workers and children considered vulnerable.



> "We stood outside to clap for the NHS, because they worked through the whole pandemic."
> Young Carers Group, 13

29 June 20
Schools re-open in Wales. Phased approach, with year groups being split into cohorts with staggered start times and breaks.

> "They created bubbles for us to go to school which was alright but i wanted it to go back to normal."
> Cwmbran High School, 14

26 August 20
Face coverings in schools recommended to be worn by those over the age of 11 where social distancing cannot be maintained.



> "School was awful, we had to wear masks and had to keep them on for the majority of the day."
> Caerphilly Youth Forum, 11

19 October 20
Wales announce 17 day 'circuit break' lockdown from 6pm Friday 23 October, until Monday 9 November.

> "Me and my family had all planned to go away for Christmas, but because of lockdown we had to cancel it which was sad."
> Marshfield Primary School, 10



10 November 20
Wales cancel GCSE and A-Level qualification exams for 2021.

> "I was quite happy about exams being cancelled at first, because I didn't feel prepared for them *due to missing out on the normal prep period*."
> Croesyceiliog High School, 18

23 November 20
Face covering in schools and colleges; should now be worn in all areas outside of the classroom.

> "Masks hid our faces, our emotions obscured."
> Cwmbran High School, 15

> "My biggest memory is my dad teaching me maths and literacy."
> Cwm Primary School, 10

14 December 20
All secondary schools moved back to online learning from 14 Dec 20. Primary and special schools were encouraged to remain open due to the difficulties associated with home learning.



> "I ended up having to go back into lockdown due to my medical condition – for 6 weeks – and when everyone was in school and going out, I was stuck in."
> Caerphilly Youth Forum, 15



22 December 20
Children and young people that are clinically extremely vulnerable advised to no longer attend school.

2021

> "I got sent to Hwb everyday as my mum was a key worker and couldn't look after us."
> Cwmbran High School, 13



4 January 21
All schools and colleges moved to online learning until 18 January 2021. Schools and colleges remained open for children of key workers, vulnerable learners and pupils that need to complete essential exams or assessments.

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Covid-19 through children and young people's eyes

2021

18 January 21
Wales announce additional £40m for universities to support students facing financial hardship, helping those most affected by the pandemic.

1 February 21
Wales announce £9.4m for Mental Health and Wellbeing support for Children and Young people.



> "I think that the main reason everyone's mental health declined is because they forgot how to communicate properly."
> Cwmbran High School, 15

5 February 21
Wales announce schools and colleges to now move to twice weekly testing using lateral flow tests. Phased return to schools for pupils aged 3-7 years old (from 22 February 21).



22 February 21
Twice weekly, LFTs at home to all those of upper secondary age. This will start with offering tests to years 11 to 13, and to all further education college learners and those on work-based apprenticeship and traineeship programmes.

19 February 21
Children aged 3-7 and those sitting priority vocational qualifications will begin a phased return to school from 22 February 2021.



> "Covid makes you feel really bad, and you had to do test."
> Off The Streets, 10

15 March 21
All primary pupils and those in qualifications years will return to school. All learners will return to on-site learning on 12 April 2021.

> "There was some sadness going back to school as less playing and spending time with family."
> Lliswerry High School, 13

31 March 21
Relaxation of restrictions and further confirmation that all children and students will return to face-to-face education in Wales.

> "I was joyful to see my friends. I was a little apprehensive at first, but as time passed, I settled. It was a lovely feeling being with my friends."
> Marshfield Primary School, 10



4 August 21
JCVI advises the roll out of the Covid-19 vaccine for young people aged 16-17 years old.



> "Scientists found a vaccination, it did not get rid of covid, but it prevented it."
> Lliswerry High School , 12

19 July 21
JCVI advises the roll out of the Covid-19 vaccine for children aged 12-15 with severe Neurodisability's and those aged 12-17 that live with an immunosuppressed person.

22 December 21
Joint Committe on Vaccination and Immunisation advises the roll out of the Covid-19 vaccine for children aged 5-11 years old that are in a clinical risk group or living with someone who is immunosuppressed.

> "I didn't know what it (the vaccine) was, but when my mum told me it was to help people, I was happy to have it because it would help stop covid."
> Marshfield Primary School, 11

2022

14 February 22
JCVI advises the roll out of the Covid-19 vaccine for children aged 5-11 years old.

> "I didn't want to get a needle in my arm. My family got theirs."
> Marshfield Primary School, 10



Pandemic Park

COVID-19 ZOO SAFARI

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Have you ever asked yourself 'if Covid-19 was an animal what would it be?'

Get ready for a wild ride! Join us on an adrenaline-fueled journey through the Covid-19 Zoo Safari, where we'll be venturing into various habitats crafted by the imaginative minds of children across Gwent.

They've transformed their pandemic experiences into animal forms, and trust us, this safari is not for the faint-hearted.

Brace yourself for a thrilling expedition, and remember, some of these critters might just pack a bite! Let the adventure begin!

Airborne Allies

In the sky flying with our Airborne Allies habitat you'll find; the Bat that takes flight, much like Covid-19, creating a mysterious start and unsettling the world. The Buzzard, a silent prowler of the woods, echoes the pandemic's lingering dangers. Annoying birds, including Seagulls, join forces to irritate, while the persistent Wasp and Fleas tag along, symbolizing the relentless annoyances we faced. Lastly, the Mosquito, small but deadly, encapsulates the unseen threats hovering in the air during the pandemic adventure.

- **Buzzard**; spend a lot of time hiding in the woods, but very dangerous
- **Seagull / birds**; they are annoying
- **Bat**; because it flies around the world, like Covid-19, started Covid-19, attacks other animals
- **Wasp**; keeps coming back and tortures people
- **Fleas**; takes ages to get rid of one and they're annoying
- **Mosquito**; small and deadly.

Wilderness Wonders

Don't stay still for too long in our Wilderness Wonder habitat. Here you'll find the Bear that led us into a cosy hibernation, like when we all stayed home to stay safe. With its big stomp, the Elephant showed how germs could spread everywhere, just like the virus, with a cheetah's speed showing how quickly it spread. The other animals, like the vicious nature of Wolves, Tigers and Hyenas symbolised the scary and dangerous aspects of the young people's pandemic journey.

- **Bear**; we all hibernated
- **Sloth**; made everyone lazy
- **Elephant**; it could do a big stomp and it could have spread germs everywhere
- **Cheetah**; fast like how Covid-19 spread and comes and goes when it wants
- **Hyena**; eat people and leave the skeleton body on the floor, filthy, carry diseases (like rabies)
- **Rhino**; horns can kill somebody
- **Wolf**; vicious.

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Pandemic Park
COVID-19 ZOO SAFARI

Sneaky Strikers

In the secretive realm of Sneaky Strikers watch your step with creatures like the Snake, a sneaky serpent, symbolizing the poisonous and surprising nature of the virus. The Cat compared to Covid-19, pouncing out of nowhere, appearing lazy but causing unexpected trouble. The Chameleon, much like the ever-changing Covid-19 strains, hides from sight, making it seem invisible. Meanwhile, the Rat, with its diseases, and the Skunk, notorious for spraying, reflect their nature to quickly spread the disease.

- **Snake**; poisonous, sly & sneaky, infecting you by surprise (like a serpent). They come out of nowhere and kill people. Cat; Covid-19 pounced out of nowhere and because it was too lazy to do anything serious
- **Chameleon**; changes like Covid-19 strains did and it hides from people and can't be seen – it's invisible
- **Rat**; carries a lot of diseases
- **Skunk**; because it sprays, and no-one likes them.

Mystical Marvels

Not all creatures walk this earth, so let's spread a little magic as we enter the enchanting world of Mystical Marvels. Here you'll find overhead the Dragon breathing fire, echoing the widespread impact of Covid-19; whilst the Fluff ball, seemingly innocent, walks around carrying diseases, reflecting the subtle and unpredictable nature of the challenges faced during this crazy time.

- **Dragon** breathing; spread fire like Covid-19 did
- A **fictional creature** that has long arms and wings; it's mysterious, can fly and has claw like hands that represent the many lives that it has taken
- **Fluff ball**; It walks around catching diseases and spreading them

Pandemic Park

COVID-19 ZOO SAFARI

Creepy Crawlers

Watch where you stand in the world of Creepy Crawlers. The Ant is like a sneaky spy that manages to be everywhere like the challenges of the pandemic that are all around us. Bed bugs, which we try to get rid of, are similar to the testing and precautions we do against the virus. The Caterpillar changes, much like how things have changed during the pandemic. Meanwhile, the Spider, with its web, shows how the virus can keep us away from where we want to be. The Scorpion, with its lethal sting, and the Parasite going inside of you, represent the potentially dangerous and unseen threats that are part of our journey.

- **Spider**; keeps you away from where you want to be
- **Ant**; they get everywhere
- **Bed bug**; because you check for it (testing), you don't want it and try to get rid of it
- **Caterpillar**; changes like Covid-19 did
- **Scorpion**; can kill you.



Well, you made it through the Zoo and are back in one piece, just like our children made it through Covid-19, or so we assume. Although we've witnessed the forms that Covid-19 took for some of our children, it is important to check in with them because not everything can be found on the surface. As we shut the door to the Covid-19 Zoo for now, let's hope we never have to open it again!

Aquatic Avengers

Scuba masks on as we take the plunge underwater for our next habitat, the watery world of Aquatic Avengers. Fish, like the many challenges of Covid-19, swim together in a sea of complexity. They sometimes find themselves in a bit of a squabble, similar to the disagreements we faced during this tricky time. The Shark, part of a 'school' like our own schools that temporarily closed, adds an underwater twist to their pandemic adventure. Much like the virus, the Puffer Fish, if not handled properly, can be dangerous and even harmful, echoing the need for caution in our journey.

- **Fish**; loads of them and they kill each other
- **Shark**; killed everyone off. A group of sharks is called a 'school' and there were school closures
- **Puffer fish**; if you don't cook it properly, it can be poisonous and even fatal. It also has spikes that are dangerous.

POSTCARDS FROM THE PANDEMIC (YOUNG PEOPLE)

Imagine this: young people across Gwent are gearing up for their GCSE exams, daydreaming about prom, planning parties with friends—when suddenly everything comes to a screeching halt. No more school, no more hanging out with friends, and for some, no chance to sit those important exams.

The pandemic and lockdown threw our young people's lives into a tailspin. We wanted to capture their thoughts and emotions about how their world changed. So, we decided to create a time capsule filled with postcards from the pandemic—personal messages from young people across Gwent sharing their experiences.

This collection was our way of immortalising their stories, ensuring if we ever face another crisis, we can learn from their resilience and provide support to future generations. Here are just a few of the many experiences we gathered.

When Covid -19 first hit I was just leaving primary school and starting high school. I was looking forward to having my year 6 leavers assembly but due to covid that never happened. It broke me we had to our leavers gathering on the school field where we had to sit 2+ meters apart. It just didn't feel right.

On the first day of high school, we had no transition and kind of just put into a school we didn't know. A one-way system was put into place and was very confusing. It took a while to get used to it all having to wear masks and all. This was down to covid.

Cwmbran High School, Aged 15



My lockdown experience was very hard at times as halfway through my mum had a stroke. The first half of lockdown was quite fun covid wasn't too serious, but my mum was still going to work, and I was basically living with my nan as my stepdad was working in London. My mum then had a stroke, and the NHS were very helpful as it affected my entire family's mental health. Trying to live during the pandemic with my mum in the condition she was in was very difficult. I ended up switching between houses which was difficult due to covid.

The hospitals were very supportive of our situation. Not having school was kind of useful as I could do work where and when I needed to once restrictions lifted my primary school was helpful and my secondary school try to help. The Covid-19 virus really affected us once my mum came out of hospital as they were dealing with covid patients meaning they couldn't help us as well or provide resources and appointments. The NHS are now trying to help us a lot more than they were before and moving things a lot faster.

Monmouthshire Young Carer's Group, Aged 12

I found many pros and cons during my time of the covid pandemic during the covid pandemic I really disliked being away from school. I missed my friends seeing family every week and being active. I really fell out of shape, and I got very lazy. By the end of lockdown, I lost my passion for my favourite sport which once again football, but I ended up quitting my football team. I feel not having face to face learning made it difficult to understand the work I was doing.

But I did enjoy the comfort of my sofa and pyjamas all day and as I finished my work quite quickly, I got to play a lot more video games but for a while I also started to not like playing video games anymore. By the end I had lost all of my confidence and I feel I would be much more confident I it hadn't happened. I believe as I did my homework lockdown didn't really affect me as much as it did other people.

Lliswerry High School, Aged 14

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POSTCARDS FROM THE PANDEMIC (YOUNG PEOPLE)

When covid started I among many others thought that it was a novelty, we got to stay off of school and didn't have to get up early in the morning. However, it quickly led to a massive lack of motivation from me, and because of the isolation from my friends I fell into depression. Before lockdown I was happy, outgoing, loud and after I was depressed, anxiety at an all-time high and my physical appearance had taken a massive toll.

I never left my room let alone my house despite the allowance of 30 minutes exercise outside, so I therefore also put on weight. The way I viewed myself was extremely poor and I took no photos of myself throughout all lockdowns. I was in year 7 and now I'm in year 11 any my life is still disrupted. As bad as this all was lockdown also taught me how to deal with my mental health, I coached myself through panic and anxiety attacks and now even though they are rare I can calm myself down and stop them within about 4 minutes. Covid-19 shaped who I am now and changed who I was.

Cwmbran High School, Aged 15



During lockdown my experience was interesting with some positive and negative. It was interesting because it was new and I got to experience something new, the positives were like I got to play a lot of games with my friends and spend more time with who I live with. But the negatives are I can't meet with people, and I lose out on my education. I did spend most of my time upstairs in my room and I didn't spend much time with the people I lived with which I now regret because spending time with family is important. If this type of lockdown happens again, I would spend so much more time with family than upstairs.

I would say that my lockdown experience was mixed with pros and cons, and it was just an interesting experience all together. My advice to everyone about lockdown would be spend time with family because you don't know if anything will happen to the next day.

Cwmbran High School, Aged 14

Covid – 19 in 2020 was horrible and had a huge effect on many people all around the world. There was a lockdown, and many children lost a years' worth of their education and went to home learning.

Through the lockdown you would barely have any contact with your friends and family for ages in real life. After the lockdown it was hard to start talking to people again and being in public.

A lot of people including myself suffered with anxiety after the virus, especially Health anxiety and still suffer now years later. Many people got sick that I knew making me worried and upset. A lot of people died, and it was scary. The masks made it hard to breathe and were annoying. I gained a lot of weight after not going outside and having more time to stay in and eat and sleep. I was stressed about my schoolwork and not knowing anything when I went back.

Caerphilly Youth Forum, Aged 13

To: @Gwent

Subject: **How we can get it right for our babies, children and young people?**

Hi Gwent 👋

My name is Jo and I'm 17 years old ☺️ and I lived through a pandemic. I wrote this email because it was a strange time for me, I felt many different things and I want to share this with people and show how it has impacted young people and children like me across Gwent. Maybe this could help if we ever had another pandemic, or maybe it would help for thinking about helping young people and children like me in general.

😷😷 My pandemic 😷😷

When we first went into lockdown and my school closed, I remember feeling really confused, no one really explained to me why we were not allowed to go to school or see my friends, I felt like that for weeks. I was getting ready for my GCSE's, I really wanted to be a vet so worked really hard at science. They ended up cancelling GCSEs, at first, relief hit, but the grades I got were just predictions. No real sense of earning them, you know?

👩‍💻 Home schooling was tricky, we had really slow internet and I had to share my laptop with my sister who did home learning too. Online lessons were hard, it was nothing like being in a classroom where I could just shout out a question, after a few weeks I didn't really feel I was learning anything and it felt like my fault, I felt stupid. Mum found it difficult to help us with our schoolwork – she looked really fed-up – I guess all the jobs she had to do got on top of her.

We made sure as a family we spoke more and we did quiz nights on Zoom, that was my suggestion, I was great at the animal questions and my uncle made me laugh because he never worked the camera out, we just saw his forehead. 🤦🤣

Missing my friends!

I really found it hard not seeing my friends especially as the start of lockdown was so warm, 2 of them moved away to make a bubble with their families, but we all joined TikTok and kept in touch sharing funny videos and laughing. It wasn't the same as going to the park or swimming, everything eventually just felt like we were robots living in a virtual world. I actually put on a lot of weight and would get out of breath walking upstairs. I was so down that I never went outdoors for the 30 minute exercise that we were told to do. Eating wasn't great either; one week, Mum came back with no veggies, and the toilet paper was MIA – still not sure why.

We eventually went back to school I had to do a covid test two times a week before going in – I hated putting the swab up my nose! Nothing felt right, at first we had to wear masks (they itched!) and only one of my friends was in my bubble with me, I didn't get to see or chat to my friends like normal. It felt strange to be sitting in a classroom, it was exhausting getting back into a routine, and seeing big groups of

DRAFT 11.03.24

To: @Gwent

Subject: How we can get it right for our babies, children and young people?

people I developed anxiety. The saddest part is I never got a prom, my grandparents had a frame ready for a picture of it and everything. 💔😢

My 'new normal'

The pandemic feels a bit like a distant memory these days, I wish I could say the same for how it's changed my every day. I recently sat my A-Level exams, they were so tough, and I wasn't very confident with exams, I had to re-sit two exams, but my teachers were really helpful and had us do some study sessions. I'm really anxious about my future uni plans – will I even get into uni with no A-Levels? My dream of becoming a vet feels impossible!

I still struggle going into busy places, I used to love going shopping with friends but now I avoid it, and just shop online if I need something. I've been getting some support from college for my anxiety and my doctor has given me with some anti-anxiety meds – these things have really helped. But with putting on weight and feeling so bad about myself, some days can feel tough, but I remind myself that I am getting there! I'm learning to be kinder to myself.

What we need from you

So, I wrote a little list of things that I feel would help me and other young people and children across Gwent.

1. **Be here for me. I need someone to be patient with me and not judge, giving me a safe place to just be me.**
2. **Take the time to explain stuff to me. I want to understand things.**
3. **Accept me for who I am. Be inclusive, respectful and celebrate my differences.**
4. **Recognise when I need extra support. Help me find it easily in a way that works for me.**
5. **Give me somewhere safe I can call home. Somewhere warm, happy and secure where I can grow up.**
6. **Make time for me. In the pandemic we spent so much time together, let's not lose that.**
7. **Help me develop skills for life: Education that sets me up for success for the future I want.**
8. **Give us spaces to hang out and play with friends. Parks, playgrounds, woodlands somewhere we can switch off and enjoy.**
9. **Give me a voice. If you are planning something that impacts young people and children like me then ask our opinion.**

Thanks Jo 💗

A big thanks to these people...

We extend our gratitude to all those who played a role in creating this report. In particular, we would like to express my thanks to:

The Budding Artists & Writers

The children and young people of Gwent who attended the sessions and expressed their thoughts; thank you for gracing us with your beautiful artwork and invaluable contributions. Your creativity and dedication inspire us all!

The Schools, Youth Provisions, and Services

Thank you for inviting us to attend your setting and for granting us the opportunity to run these sessions.

All Saints Roman Catholic Primary School, Blaenau Gwent's Off The Streets Project, Caerleon Lodge Primary School, Caerphilly Miners Centre for the Community, Caerphilly Youth Forum, Castle Park Primary School, Cwm Primary School, Cwmbran High School, Cwmfelinfach Primary School, Llanyrafon Primary School, Lliswerry High School, Marshfield Primary School, Monmouthshire's Young Carers Service, Newport's KidCare4U and Rogiet Primary School.

The Families of Gwent

For sharing your experiences of preparing for some key life milestones, whilst navigating the pandemic.

Kayleigh, Lexi, Daisy, Kira and Rhys.

Editorial Team

Neesha Varsani, Joanne Foley, Eryl Powell, Scott Wilson-Evans, Michael Allum & Bevleigh Evans.

Scarlet Design International

For bringing this report to life; you've seamlessly blended together the imaginative expressions of children and young people with a touch of professional magic.

Contributors

Florence Beach, Susan Carmichael, Kathryn Cross, Xela Dafauce Bouzo, Sarah Davies, Sarah Evans, Abbey Forshaw, Sian Harris, Rhiannon Hobbs, Natasha Jones, Richard Lewis, David Llewellyn, Anna Morgan, Joan Ogonovsky, Anna Pennington, Cherie Price, Niamh Falconer, Rebecca Stanton, Laura Rich, Rebecca Smith and Rosalin Williams.



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Further reading

To inform the report and the data we have utilised a number of sources which you will find below. These have been broken down by the data source and the specific set of data used:

1. https://statswales.gov.wales/Catalogue
   a. Population projections for children and young people (0-18 years old) for the year 2023.
   b. Percentage of pregnant women that self-reported smoking, at their initial assessment (2022).
   c. The number of singleton live births with low birth weight (2022).
   d. The percentage of women that reported breastfeeding at 10 days old and 6 months old (2022).
   e. The number of children and young people attending Local Authority school counselling services (not CAMHS - 2021-22).
   f. The number of children who have been seriously injured or killed on the roads; this refers to casualties from personal injury accidents on public roads reported to Gwent Police (2022).
   g. The number of Looked After Children aged 0-16 (2022).
   h. The percentage of children receiving care and support with domestic abuse as a factor; Collected from individual Local authority records, it measures the parental factors that contribute to that child receiving care and support.
   i. The percentage of young people (16-24) not in education, training or employment (NEET) across Southeast Wales (2022-23).
2. https://www.ons.gov.uk/
   a. Life expectancy at birth for 2018-20; this is defined as how long, on average, a new born can expect to live, if current death rates do not change.
   b. The number of infant deaths and the mortality rate for babies that are born in 2021 and died before their first birthday, broken down by the five local authorities, Gwent and Wales totals. The mortality rate is not available for Blaenau Gwent and Monmouthshire due to the number of infant deaths being less than 3 (the data included is for Wales - specific data was unavailable for ABUHB or each Local Authority).
3. https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/
   a. the gap in life expectancy, across Gwent, for males and females living in the most and least deprived areas.
   b. Number of conceptions among teenage girls under 18 years divided by the female population aged 15-17 multiplied by 1,000 giving a rate per 1,000 women.
4. COVER report Feb 95 [WP] (nhs.wales); data for the percentage of children who have received 2 doses of the Measles, Mumps and Rubella (MMR) vaccination by aged 5 (2022/23).
5. phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2021-2022/child-measurement-programme-annual-report-2021-2022/ the percentage of children aged 5 living with obesity (2021-22) - this means that they are above the 95th centile, which was calculated using BMI.
6. National Data - School Health Research Network (shrn.org.uk); a self-reporting survey capturing high school pupils (aged 11-16) views and behaviours on six key topics. Data presented from 2021.
   a. Who walk or cycle to school.
   b. Have ever tried vaping.
   c. Smoke at least one a week.
   d. Have ever tried cannabis.
   e. Classified as a problematic user of social media.
   f. Who have been bullied in the past couple of months.
   g. Who have experienced cyberbullying whilst online in the past couple of months.



If you need information from this report in a different format please email Scott.Wilson-Evans@wales.nhs.uk

This report is available online at: abuhb.nhs.wales

Further information on key data used is available at: abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/

We welcome feedback about our annual report. If you have any comments please email Scott.Wilson-Evans@wales.nhs.uk

Report Design:
Scarlet Design International Ltd

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

Agenda Item: 4.2

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Cancer Annual Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Calvert, Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Ian Williamson, Consultant Physician

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Cancer Annual Report describes key achievements, challenges and progress on delivery of one of the Health Board's key strategic priorities over the past 12 months.

Cefndir / Background

Within its Integrated Medium-Term Plan 2023-26, the Board set out its priority to take forward action to maximise cancer outcomes for the population of Gwent. Whilst progress has been made in recent years, the Health Board is committed to accelerating the rate of improvement.

Through the Health Board's Cancer Strategy, "Delivering a Vision 2020 – 2025", The Health Board has challenged itself to make enhancements in cancer outcomes through focusing on transformation right across the cancer system, reducing cancer inequalities through prevention and early detection, and to delivering best quality outcomes for people with cancer.

Asesiad / Assessment

The formation of a Cancer Delivery Group has brought greater focus on performance and implementation of the National Optimal Cancer pathways.

Performance against the Single Cancer pathway remains below target and the Cancer Delivery Group is looking to address this across several tumour sites.
The last 12 months have been exceptionally busy, with the number of patients referred to Cancer Services increasing by 19.2% to over 40,000. This resulted in a 4% increase in the number of patients receiving treatment for cancer last year. This increase in activity has been challenging to absorb across both diagnostic and treatment pathways.

There has been significant staff turnover within the department. In September 2023 the Health Board employed a new Cancer Services Manager and a Cancer Services Programme Manager.

A key focus this year has been on 'cleansing' the Patient Tracking List (PTL) ensuring that only those patients who are still suspected of having a diagnosis of cancer are being tracked and managed as efficiently as possible to diagnosis and timely treatment. For those patients no longer suspected of having cancer, or who have an alternative benign diagnosis, they have been removed from a cancer pathway and informed of the outcome. This has enabled staff resources to concentrate on progressing the remaining patients through the pathway to timely treatment.
Several long-term projects have made considerable progress over the last 12 months e.g. the new breast cancer unit at YYF opened in January 2024. This will help optimise the diagnostic breast cancer pathway within a purpose-built unit for all patients across Gwent.

Construction of the Radiotherapy Satellite Centre (RSC) at NHH commenced in 2023, with a view to becoming operational in spring 2025. This joint development with Velindre Cancer Centre, will provide excellent care for a range of radiotherapy services for patients across South East Wales.

The development of a business case for a local cancer centre at NHH, to include the joint VCC / Haematology SACT delivery unit and Outpatient clinics has been postponed due to the impact of RAAC at NHH.

There has been significant development of our Acute Oncology Service, in line with the South East Wales regional plan for improving this aspect of patient care. This provides much needed support for cancer patients presenting as an emergency at our acute hospital sites.

Overall, it is believed that the Health Board is in a strong position to progress with implementing its key objectives next year and improve performance, outcomes and patient experience.

Argymhelliad / Recommendation
The Board is asked to receive the report as assurance that the Health Board is progressing with its strategy.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 3. Effective Care 4. Dignified Care 5. Timely Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	GUH – Grange University Hospital RGH – Royal Gwent Hospital NHH – Nevill Hall Hospital YYF – Ysbyty Ystrad Fawr YAB – Ysbyty Aneurin Bevan MAU – Medical Assessment Unit SDEC – Same Day Emergency Care ED – Emergency Department SACT – Systematic Anti-Cancer Therapy SRU - Satellite Radiotherapy Unit SCP – Suspected Cancer Pathway PTL – Patient Tracking Lists SLA – Service Level Agreement VCC – Velindre Cancer Centre VUNHST – Velindre University NHS Trust

	CAVUHB – Cardiff & Vale University Health Board RDC – Rapid Diagnostic Clinic
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives









CANCER ANNUAL REPORT 2023/24

Aneurin Bevan University Heath Board
Published March 2024

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

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

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Throughout our report we are delighted to share some of the patient stories and faces collected from our Health Board Communications & Engagement Team. We would like to say a personal thank you to all who have shared their journey with us.

Foreword

We are pleased to present Aneurin Bevan University Health Board's annual cancer report, which summarises key achievements, challenges, and progress on delivery of the cancer strategy in the last 12 months.

1 Progress against the Suspected Cancer Pathway

2 National Optimal Pathways

3 Prevention and Early Detection

4 Primary Care

5 Research and Development

6 Person Centred Care

7 Investment and Infrastructure - SRC, Breast Unit

8 Acute Oncology Service

9 Patient Experience

10 Going forward – Partnerships and our Forward Plan

In December 2019, we published a five-year Cancer Strategy "Delivering a Vision" 2020-2025 that was built around 6 core themes. It set out our ambition to reduce cancer inequalities through prevention & early detection and to consistently provide patient centred pathways that deliver the best quality outcomes for people who have cancer.



A re-structure of cancer services within the Health Board last year enabled a move from Corporate Services to the Clinical Support Services Division and the formation of a Cancer Delivery Group, to bring a greater focus on performance and oversee the implementation of the National Optimal Cancer pathways.

There has been significant staff turnover within the department this year, and in September we welcomed a new Cancer Services manager and a Cancer Services Programme manager to the team.

The last 12 months have been exceptionally busy, with the number of patients referred to Cancer Services now exceeding 40,000 per annum, an increase of 19.2% compared with the previous year. This resulted in a 4% increase in the number of patients receiving treatment for cancer. An increase in activity of this magnitude has been challenging to absorb across both our diagnostic and treatment pathways. Our performance against the Single Cancer pathway therefore remains below target but we have made progress addressing the backlog of cases over 62 days. The Cancer Delivery Group continues to work with several tumour sites to improve performance.

A key focus has been on 'cleansing' the Patient Tracking List (PTL) which ensures that only those patients who are still suspected of having a diagnosis of cancer are being tracked and managed as efficiently as possible to diagnosis and timely treatment. Patients no longer suspected of having cancer, or who have an alternative benign diagnosis, have been removed from a cancer pathway and informed of the outcome. This enables staff resources to concentrate on progressing the remaining patients through the pathway to timely treatment. This work and our performance against the SCP compliance target of 75% from referral/suspicion of cancer to treatment is a key focus of the Cancer Delivery Group.

Several long-term projects have made considerable progress over the last 12 months. Construction of the new breast cancer unit at YYF has been completed, and the building opened in January 2024. This will help optimise our diagnostic breast cancer pathway within a purpose built unit for all patients across Gwent.

Construction of the Radiotherapy Satellite Centre (RSC) at NHH commenced in 2023, with a view to becoming operational in spring 2025. This is a joint development with Velindre Cancer Centre, which will provide state of the art care for cancer patients from across the North of the region, closer to their homes. The RSC will also provide a range of radiotherapy services for patients across South East Wales.

We started the year working on the final stages of developing the business case for an adjacent local cancer centre at NHH, to include the joint VCC / Haematology SACT delivery unit and Outpatient clinics. However due to the impact of RAAC at NHH, and continued work on developing the Outreach SACT models between ABUHB and VCC, this business case has been paused until we have analysed outputs from a series of collaborative workshop between ABUHB and VCC, the first of which took place on 26 February.

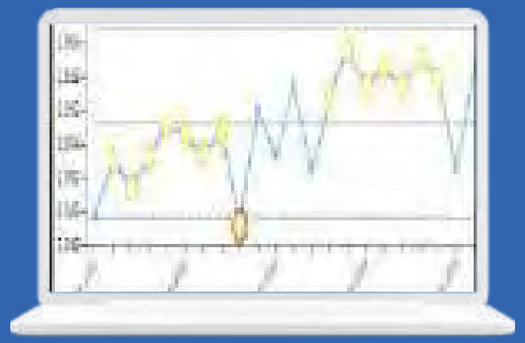
Following an increase in Acute Oncology Service staff in 2022, the team have focused on embedding the service across all 4 of the ABUHB acute sites over the course of 2023. The team also support SACT delivery in NHH. We have seen significant development of our Acute Oncology Service, in line with the South East Wales regional plan. The team provide much needed support for cancer patients presenting as an emergency at our acute hospital sites. The AOS team have supported student placements, improved governance, introduced keyworkers for Cancer Unknown Primary (CUP) and Brain cancers, and supported the Bevan Exemplar project lead by the Lead AOS nurse and Cancer Service Programme Manager, introducing a pathway into SDEC from the VCC Treatment Helpline.

We start 2024 settled in a new division with support from our new Cancer Services manager and Cancer Services Programme manager. We would like to thank everyone for their continued dedication and hard work in maintaining and developing cancer services across the Health Board. Following three months of embedding our new team members within the Health Board, we are in an excellent position to progress our key objectives over the coming year, with the aim of developing actions and work to support the delivery of our cancer strategy, and drive improvements in cancer outcomes and the experience of patients using our services.

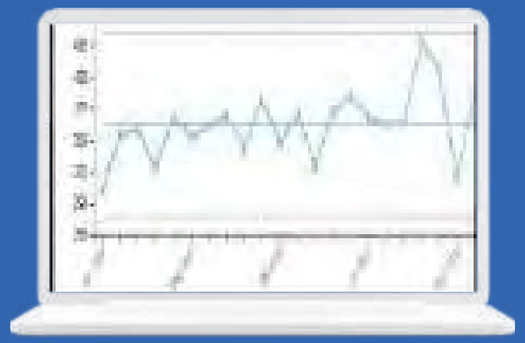
Progress against the Suspected Cancer Pathway

We are pleased to present Aneurin Bevan University Health Board's annual cancer report, which summarises key achievements, challenges, and progress on delivery of the cancer strategy in the last 12 months.

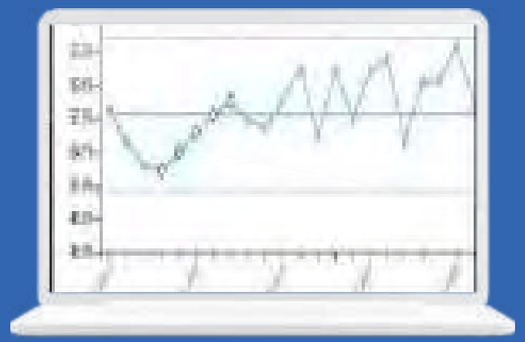
SCP Referral Demand



SCP Treatments



SCP Compliance



SCP backlog over 62 days



Operational Performance and Trajectories

The Health Board continues to work towards the operational target of 75%, or more, of patients being treated within 62 days from point of suspicion of cancer. Against a backdrop of sustained increase in demand and no short term increase in capacity the Health Board's focus is on optimising efficiency and performance of existing pathways before working with operational divisions to develop cases for additional investment.

Compliance remains below trajectory. The aim was to achieve 75% compliance by 31 March 2024; the forecast suggests that we are more likely to achieve 60% compliance by quarter 4 2023/24. Trajectories will be set for 2024/25 to reflect our ambition to improve on this year's compliance with the aim of a significant improvement in the coming 12 months.

Improvement Task and Finish Groups

Optimal Pathways have been developed nationally (NOP) for each tumour site. These represent a series of pathways with timed "key step" milestones from referral/point of suspicion to first treatment. These are aimed to support achievement and communication of a timely diagnosis for patients suspected of having cancer.

One "key step" is to inform patients within 28 days from the point of suspicion whether or not they have a cancer diagnosis, thus reducing patient anxiety for those who do not have cancer whilst aiming to promptly progress to treatment for those with malignant disease.

The Health Board has introduced Improvement Task and Finish (T&F) groups, which are multi-disciplinary in membership, bringing together clinicians and managers to identify gaps against the NOP key timed milestones to collectively explore and implement solutions to close the gaps.The success of this programme of work will be evidenced through improved compliance with the 75% target for patients on the Suspected Cancer Pathway (SCP).

The first of these groups will commence work during Q4 2023/24 and include Gynae-oncology, Urology, Head and Neck and Colorectal cancers. Others will be introduced as appropriate and the learning from the initial groups will be shared across all tumour sites.

Each T&F Group will seek to improve on baseline compliance by implementing learning from "lean" training derived from the Toyota Production System (TPS), funded by the Cancer Network. Throughout 2023/24 MDT members have attended the three-day training course at the Toyota engine making factory in Deeside. The TPS principles of efficiency and elimination/significant reduction in waste, will be considered locally and applied to health pathways.

Successes and Challenges

Snapshots of Success in 2023

- SCP December backlog reduction significantly ahead of forecast
- An accelerated GI cancer staging project reduced the average waiting time from endoscopy to staging scans from 11 days to 1 day for CT and 11 days to 3 days for MRI
- Straight to test in Colorectal (aligned to GI) has also delivered significant improvements at the front end of the pathway
- Radiological stratification commenced in Urology - providing rapid, direct access MRI to patients with suspected prostate cancer. This reduced pathway waiting times by up to 2 weeks
- Cancer performance assurance meetings have been initiated to embed improved response to escalations and ensure prompt actions
- Macmillan funded Optimal Pathway Manager
- Re-instigation of Rapid Diagnostic Clinic (RDC) within ABUHB. This is primarily a one stop service led by the Clinical Support Services Division.
- AI pilot for prioritisation of chest x-ray reporting
- Toyota training successes e.g. vastly improved turnaround times for USC pathology samples

Challenges of 2023

- Continued operational pressures in all aspects of clinical care in ABUHB
- Demand for cancer services has surpassed previous levels
- Drop in SCP performance; demand remains high and above pre pandemic levels
- Cancer Services Manager left in April 2023; replacement manager commenced in September 2023 therefore causing a gap in leadership
- Industrial Action disruption

Planned activity and ambition for 2024/25

- Continued participation in national clinical audits with a focus on accurate and timely submission. The Wales Cancer Service Department is working with Cancer Network colleagues to improve data quality checking & reporting. Currently, a three-monthly report is published. A monthly report would ensure improved data completeness with reduced workload for the MDT Coordinators.
- The National Cancer Audit Collaborating Centre has introduced requirements for Health Boards to collect data for several new cancer clinical audits:
  - National Breast Cancer Audit: Primary and Metastatic (NBCA)
  - National Ovarian Cancer Audit (NOCA)
  - National Pancreatic Cancer Audit
  - National Non-Hodgkin Lymphoma Audit (NNHLA)
  - National Kidney Cancer Audit (NKCA)
- To complete the transfer from the old cancer system to CANISC; ensuring that all aspects of the system deliver to the agreed specification.
- Support the Urology Task and Finish group to improve the Prostate and Bladder SCP pathways
- Support the Gynae-oncology Task and Finish group to improve the endometrial and ovarian SCP pathways
- Support the Head and Neck Task and Finish Groups to identify which pathways requires attention and to develop work plans to achieve this
- Support the Colorectal Task and Finish Group to identify the primary constraining factors causing delays for patients; this will include working closely with Endoscopy Department
- Rapid Diagnostic Centre (RDC) – currently operates a service for patients with vague symptoms and provides a rapid pathway for GPs to follow if they suspect cancer but are unsure of the potential anatomical site.Aim is to refine criteria to support GPs in identifying which patients would benefit most from referral.
- Achieve 65-75% SCP compliance by 31 March 2025; via support for the tumour specific Task and Finish groups

Prevention and Early Detection

During 2022/23, Gwent Public Services Board (PSB) continued its work to address the underlying causes of poor health, publishing a five year well-being plan for the region and 'Building a Fairer Gwent'. (http://www.gwentpsb.org/en/).

BUILDING A FAIRER GWENT TEG I BAWB

Four in ten cancers are preventable through lifestyle change, with corresponding action to address tobacco, alcohol, diet and physical activity taking place in 2022/23. The multi-year optimisation (age extension) of bowel cancer screening has continued, and the breast screening programme has continued work to restore performance post the COVID-19 pandemic.

Snapshots of Success in 2023

- Gwent has become the first Marmot Region in Wales, publishing 'Building a Fairer Gwent' in July 2023.
- Smoking prevalence continues to decline year on year.
- 'Help Me Quit' smoking cessation services treated 4.8% of adult smokers in ABUHB area 2022/23, 52% were self-reported as quit at 4-weeks.
- Self Directed Level 1 Weight management web-based resource launched.
- Provision of Level 2 Weight Management service piloted in two locations in Gwent.
- HPV vaccination post COVID pandemic catch-up completed.
- Multi-disciplinary Alcohol Care Pathway Group established.
- Inpatient stop smoking service began implementation.

Activity for 2024

- Work to increase the uptake of specialist stop smoking support among pregnant women.
- Increase proportion of hospital admitted patients offered support to stop smoking.
- ·Increase stop smoking activity through community pharmacies (Level 3).
- Continue to implement a whole-system approach to Healthy Weight in Gwent, and increase access to NHS weight management services
- Establish and deliver the action plan of the ABUHB Reducing Cancer Inequalities Group.
- Continue to work with Public Health Wales to address inequalities in screening uptake.
- Increase provision of alcohol "brief intervention" training to support professionals in identifying those drinking above low risk guidelines
- HPV vaccination working group to be established to target hard to reach groups.

Challenges of 2023

·5.8% difference between adult smoking rates in Monmouthshire and Newport.
·Ensuring sufficient numbers of smokers take up the offer of specialist stop smoking support.
·Alcohol-specific deaths have increased in Wales since the onset of the COVID-pandemic having remained stable from 2012 to 2019
·Addressing increased alcohol drinking patterns established during the COVID-19 pandemic in those already drinking heavily.
·Uptake of HPV vaccination is below the national average.

Sgrinio Serfigol Cymru Cervical Screening Wales

Women and people with a cervix aged between 25 and 64 years are invited to receive cervical screening in Wales.

Screening coverage in the Health Board area in 2021/22 was 70.8%.

Bron Brawf Cymru Breast Test Wales

Women aged 50 to 70 years who are resident in Wales, and registered with a GP are invited for screening every 3 years.

Screening coverage in the Health Board area as at April 2021 was 72.5%.

Sgrinio Coluddion Cymru Bowel Screening Wales

People between the ages of 51 and 74 years are invited to participate in bowel screening every two years.

Screening coverage in the Health Board area in 2021/22 was 67.6%.

Primary Care

The focus continues to be on achieving an earlier diagnosis of cancer, through strategies to strengthen recognition and referral of suspected cancer. Work with HEIW and WCN has resulted in Gateway C, an online recognition and referral improvement resource for primary care being commissioned for Wales for 5 years.
Aneurin Bevan continues to be in the vanguard of Faecal Immunochemical Testing (FIT) for bowel cancer in the symptomatic population with Aneurin Bevan being represented at the NICE DG56 Specialist Committee. This guidance places FIT as a decision aid prior to USC Lower GI referral for most presentations of lower GI cancer. Next year's focus will be on embedding DG56 and promoting practice safety netting processes and equity of FIT completion across our demographic groups.

Snapshots of Success in 2023

- Gateway C Cancer online Professional Development commissioned for Wales for 5 years
- Aneurin Bevan pilot of 'C the signs' Cancer Referral AI software completed in October 2023
- Patient USC leaflet, in conjunction with CRUK reviewed and updated
- Monthly tumour site waiting time information made available to support referrers to counsel patients on expected USC waiting times
- GP Cancer Symposium held in 2023 - Mandatory Cancer focussed Primary Care education to all ABUHB GP practices.
- The Primary care USC pathways have been published on the 'Pulse' Intranet pages to clarify referral criteria and provide information to support quality in USC referrals and patient care
- Primary Care clusters committing to cancer improvement activity e.g. Blaenau Gwent non clinical cancer champions and improving screening uptake work

Challenges of 2023

- Sustainability of GP services with an anticipated 25% GP vacancy rate by 2030 (currently 15.5% with significant variation across ABUHB)
- Competing priorities in Primary Care
- Workload pressures & competing priorities (low morale and burnout)
- Dissemination & engagement with low uptake of QI initiatives such as, Gateway C and C the Signs
- No e-Radiology requesting in Primary Care impacting on efficiency, quality and pathway assurance
- Tension at primary and secondary interface regarding referrals and vetting quality/appropriateness

Activity for 2024

- Collaborate with Public Facing communications e.g., CRUK Spring 2024 Public Campaign
- Embedding the DG56 guidance into Primary Care to improve completion of FIT testing
- Improve the cancer interface between Primary and Secondary Care through networking events
- Focus on increasing dermoscopy skills in Primary Care in collaboration with Dermatology
- Data and quality analysis of USC referrals, including radiology, with targeted outreach in Q1
- Pursue opportunities to include patient preparation and post treatment rehabilitation support within community structures

Research and Development

The ABUHB R&D strategy "Research – A Core Activity" was developed in consultation with Health and Care Research Wales and fully supported and approved by the Board in November 2022. It aims to deliver research that is core to clinical services and meets the needs of our population, and aligns with objectives set out in the National CReST strategy. One area that has shown improving research recruitment is the haematology Directorate. The research nurses work closely with the clinicians, specialist nurses and haematology pharmacists to align care and promote research.

Patients who are offered clinical trials have the opportunity to have medications earlier in their treatment pathways, or even have medications that would not normally be available. Alongside the income generation that commercial research can offer, there can also be an additional benefit of cost avoidance. The Interventional Medicinal Product (IMP) is usually provided free for commercial clinical trials and in some cases some non-commercial trials. In some instances, medications can be funded by WG via the Excess Treatment (ETC) Budget. This results in a direct saving for the directorate who don't have to fund drug costs. We are hoping that the haematology research nurse post will be fully cost recovered over the next few years and that this model of working can be replicated in other areas.

Snapshots of Successes in 2023

- 11% of research recruits were to cancer studies. This is an increase of 3% on previous year
- Increase in the number of cancer trials in the last year, from 9 to 16.
- Two commercial cancer trials.
- Trials opened in new cancer disease areas e.g. pancreatic, RDC.
- Two chemotherapy trained research nurses on the team.
- Getting better at choosing the correct trials for ABUHB patients based on clinical pathways.
- Principal Investigator for NIHR £1.4million R&D study titled Inclusive Prehabilitation
- ABUHB is Sponsor to the Quic-DNA Lung Cancer study which is currently open in AB & C&V and is set to open in all Welsh HBs. This study aims to demonstrate how a blood sample for ctDNA taken earlier in the patient pathway can result in an initiation of earlier treatment resulting in better outcomes for lung cancer patients. There has been considerable interest in this project which has therefore attracted large amounts of funding from Industry and charity.

Challenges of 2023

- Continued operational pressures in all aspects of clinical care in ABUHB
- Staffing capacity – COVID staff funding has ended and there is the likelihood of reduction in funding for next financial year from HCRW.
- Communication – change of pathways and services not always communicated with enough time to ensure research activity can continue smoothly.
- Infrastructure (accommodation) and supporting services (pharmacy, pathology) poor at some sites – GUH, YYF, NHH Cancer centre.This can severely limit the type of clinical research that can take place at these sites.
- Understanding how we measure research opportunities given to ABUHB patients at other sites (Velindre and early phase trials at Cardiff).

Activity for 2024

- Work alongside Velindre to ensure that research is included in the NHH Radiotherapy and SACT Centre plans and explore opportunities for dual trial working.
- Research training opportunities – to continue to offer research training, which includes PI training, phase 2 training and local bespoke trial orientation
- Developing named leads for each speciality within cancer to allow for quicker submission of research trial applications and to ensure research opportunities are included in each MDT.
- Continuing to strengthen links and close working partnerships with cancer directorate

Person Centred Care

Person centred care ensures that people affected by cancer achieve the outcomes that matter to them (Welsh Government, 2021).
The principles of person-centred care align with the "living with and beyond cancer" and "improving cancer care" components of our Cancer Board Strategy.

Snapshots of Successes in 2023

- Development of digital Health Optimisation Self-Assessment Tool for people referred onto the "cancer suspected" pathway.
- Working with Primary Care to have clearer conversations with patients to improve compliance with the Suspected Cancer Pathway (patient non-attendance is one of the commonest reason for not achieving 62 day SCP)
- Welfare and Benefits team see on average 222 patients per quarter, procuring over £1million per quarter in patient grants and benefits.
- Enhance Psychological Wellbeing Project grant received in 2022, and year one implemented;
  - Recruitment of project manager and other key staff
  - Delivery of patient groups in living with the impact of cancer; living with uncertainty and mindfulness.
  - Counsellor trained in British Sign Language (L1)
  - Establishment of cancer cafes run by volunteers in community locations across all local authorities.
  - Training to increase awareness of the psychological impact of cancer has been delivered to 60 professionals and 37 volunteers to improve conversation skills
  - Weekly consultation slots with psychology team in enhance skills and understanding
  - Raising awareness of the specific vulnerabilities of the LGBQTI+ and other groups with protected characteristics on living with the impact of cancer.
- 33 % increase in direct 1-2-1 referrals (2022/2023) to cancer psychology
- Integrated support workers in all tumour sites (With the exception of skin) to deliver, holistic needs assessment, information and wellbeing support.
- Self Management Programme, My Medical Record, implemented in prostate cancer reducing number of outpatient appointments.
- Advanced Communication course delivered by external facilitators for CNS' and AHPs

Challenges of 2023

- No specifically funded specialist prehabilitation service for cancer patients.
- Developing a cost neutral universal approach for getting ready for cancer treatment
- Integration of person-centred care on background of current demands
- Sustaining the funding for psychological and social support programme manager
- Future funding for Teenage and Young Service
- No multi modal risk stratification prehabilitation service
- Development of cost neutral approach for getting ready for cancer treatment

Activity for 2024

- Update of our patient website, a resource for patients living with cancer, due to go live in Spring 2024.
- Proposed cost neutral model for Getting Ready for Treatment
- Embedding "CARE AIMS" within Cancer
- Sustaining the Enhanced Psychological and Social Programme with a Programme Manager to lead on Person Centred Care developments.
- Development of a system for PROMS and PREMS to support patient centred care evaluation and developments.
- Implement reflective practice groups for clinical nurse specialties in line with recent legislations changes.
- Implement an education and training programme for AHPs, nursing and support workers
- Develop/implement proposed cost neutral model of Getting Ready for Cancer Treatment
- Evaluate and roll out digital Health Optimisation Self Assessment tool
- Scope and compete gap analysis for AHPs/NCS' for Satellite Radiotherapy Unit and Acute Oncology Services

ABUHB as a Commissioner of Cancer Services

ABUHB commission a range of cancer services from other tertiary providers in Wales and England under long term agreements. These agreements include:

- Velindre NHS Trust – provision of radiotherapy and SACT services in addition to tertiary cancer activity.
- Other Welsh HBs – provision of tertiary cancer pathways including diagnostics.
- English providers – provision of Cancer Services to the Cross Border population

In addition, ABUHB is a member of the Welsh Health Specialised Services Committee arrangements which oversees the commissioning of specialised cancer services. Current work is focused in the following areas:

- Performance Management
  - Referral to Treatment times for the tertiary element of the pathway
  - Waiting list management
  - Provision of better information and Performance dashboards
  - Escalation processes
- Reviewing and developing Governance Arrangements including a new contractual framework with Velindre.
- Commissioning new service developments

I'm James and I fought through Testicular Cancer



Investment and Infrastructure

In line with the Health Board's Cancer Strategy; Delivering a Vision 2020/25 and the Transforming Cancer Services (TCS) in South East Wales Programme. Two significant capital investments are underway in ABUHB's footprint. These will deliver care closer to home for patients, helping to deliver our strategy and vision, as part of local and regional investments in cancer care. Detailed developments are as follows:

I'm Lee and I had Bowel Cancer



The Breast Unit at Ysbyty Ystrad Fawr



The new Breast Unit at Ysbyty Ystrad Fawr has been accepting patients from 5th February 2024, as part of a phased opening. All new and follow up appointments will take place at the new centralised breast unit in YYF. The facility will provide high quality diagnostic and treatment services for the residents of Gwent. The unit will allow the local population to access a broader range of integrated services, tailored to meet their specific needs, which should in turn improve overall patient access, waiting times for diagnosis and treatment and clinical outcomes. The model supports regional, collaborative planning, and is consistent with the outcome of the surgical models developed under the auspices of the NHS Wales Collaborative. Patients from CTMUHB who live nearer to YYF and are undergoing annual follow up mammography could also have their mammograms performed at YYF for convenience.

The Cancer Centre at Nevill Hall



Through collaboration between ABUHB and Velindre Cancer Centre, a Business Justification Case for the Cancer Centre at Nevill Hall had been drafted, and was expected to be submitted in 2023. However due to the impact of RAAC at NHH, and continued work on developing Outreach models between ABUHB and VCC, the work has been paused.

Despite this, 2023 has seen regular collaborative conversations between ABUHB and VCC, supporting working together on SACT and other Outreach services being delivered at ABUHB sites in the future. This has included conversations on repatriating SACT clinics, including the Windsor Suit, which was repatriated back to NHH in April 2023. This has provided 7 chairs for SACT delivery, staffed by Velindre Cancer Centre 2 days a week. This has supported ABUHB patients to be treated closer to home, in line with the Cancer strategy. Patient feedback has been positive, both on the experience provided by staff, and the ability to receive treatment closer to home.

The Satellite Radiotherapy Centre



The Health Board is working in collaboration with Velindre University NHS Trust on the Satellite Radiotherapy Centre (SRC) at NHH. Building began in January 2023, with opening anticipated in Spring 2025. The SRC forms part of the Transforming Cancer Services regional model, with patients able to access radiotherapy more locally as part of bringing care closer to home. This represents a significant improvement in terms of access to and capacity for radiotherapy treatment for South East Wales Region, specifically for the populations surrounding the Heads of the Valleys Road network, and residents of South Powys. It will provide radiotherapy treatment for approximately 20% of patients (provided by 2 new linear accelerators) supported by Velindre Cancer Centre. This means fewer patients need to travel to VCC for their radiotherapy ; resulting in better access and reduced travel for patients and associated improved outcomes.

Work has begun in the last quarter of 2023, looking at the operational service model, both from a clinical and non-clinical standpoint and will be a key focus for 2024.

Acute Oncology Service

As part of a commissioned comprehensive clinical model for Acute Oncology Service across South East Wales, the focus is to work more with our front door services, aiming for a reduction in patients needing to be admitted for overnight stays.Scoping for 7 day working and implementing AOS Steering Group meeting is underway.

Snapshots of Successes in 2023

- Piloted an AOS nurse led ambulatory pathway for CUP/MUO and brain tumour patients reducing their length of stay by 40-60%.
- Increase in patient referrals month on month in Q3
- Established the team's skills, abilities and maturityto ensure a well lead team that provides specialist cover across the 4 acute sites.
- Embedded a CUP (Cancer of unknown primary) MDT and clinical nurse specialist at VCC for SE Wales
- Specialist Acute Oncology Virtual Clinical with VCC consultant.
- Developed AOS pathways with SDEC, via Bevan Exemplar project.
- Developed a pathway for MSCC physio support.
- Created Link nurse roles for CUP and Brain
- AOS Awareness week
- Attended UKONS with poster presentation
- Two nurses undertaking Masters in advanced practice

Challenges of 2023

- Financial challenges on securing funding for education and the next phase of development, including the progression of AOS clinical Lead recruitment
- Aligning clinical AOS Pathways with Velindre Cancer Centre
- Covering 4 sites 5 days a week

Activity for 2024

- Phase 2 of Business Case, to include AHP scoping
- Front door working
- Pilot 7 -day service



Levi ringing the Bell

Patient Experience

Snapshots of Successes in 2023

Identified themes from CPES (Cancer Patient Experience Survey) and programme of work has been developed:

- 25% of patients wanted more financial support; 100% of patients are now offered a heath and wellbeing conversation
- Commenced a Patient Partnership Steering Group in June 2023, with the purpose of improving user involvement in the Cancer Board; The panel have suggested workstreams including Getting Ready for treatment and the development of patient information.
- The group has provided key insights into what is important to them through stages of their cancer journey, and have developed three themes on which the teams can focus improvements



Challenges of 2023

- Funding
- Creating a diverse patient group, representative of our Health Board population

Activity for 2024

- Welsh language offering
- Sustain and increase diversity of the patient panel
- Digital inclusion
- Development of PREMS
- Co design for fatigue programme

Partnerships and our Forward Plan

Working collaboratively with our partners across the region is key to making improvements in the delivery of cancer care.

2024 starts with strong regional collaboration, with a proposed review of regional Cancer planning in SE Wales, involving Velindre Cancer Centre and the three local Health Boards.



Greater collaboration is required with our partners to commission and deliver complex treatment pathways effectively. We continue to build relationships with colleagues at Velindre Cancer Centre, with a focus on improving collaboration for 2024, between Velindre, Cardiff and Vale UHB and other external partners to deliver Cancer care across the region. Work will continue with Velindre Cancer Centre to develop a model for SACT and Outpatient outreach services to be hosted at ABUHB, as well as continued development of both capital and operational elements of the Radiotherapy Satellite Centre at NHH.

Locally at ABUHB, early detection, prompt diagnosis and treatment are essential factors in optimising cancer outcomes. The Cancer Inequalities Group met in January 2024, with a workshop to understand the inequalities data and the gaps for our Gwent population. This will involve a strong collaborative approach between ABUHB, Primary Care and Public Health Wales to identify and agree key areas of particular interest and develop action plans to reduce the inequalities gap alongside the ABUHB Cancer Strategy.

The drive to reduce waiting times and improve performance compliance will continue with a strategy to achieve the Welsh Government target of 75% compliance with a 62-day cancer pathway, whilst in turn optimising the experience of receiving care for patients.

The structural change for Cancer Services from the Corporate Directorate to Clinical Support Services Division will provide benefits to the efficiency of cancer pathways as two of the main diagnostic departments, radiology and pathology, sit within the same division.

We will continue to invest in programmes of work to address the lifestyle risk factors that constitute 40% of preventable premature deaths from cancer. Optimal uptake of cancer screening programmes across all communities is seen as key to increasing the proportion of patients that receive treatment for early stage 1 disease. We will develop a set of actions specifically targeted at reducing inequalities in cancer across the whole of the treatment pathway

We will also continue to work closely with colleagues in primary care to ensure that patients with suspected cancer are referred promptly with all necessary information to the appropriate cancer site team.

The continued implementation of the national optimal cancer pathways will remain a priority for our clinical reference group.

Internally, we have re-instigated the Cancer Clinical Reference Group which brings together tumour site leads from across the Health Board and Velindre Cancer Centre, to support developments or improvements identified by the group.



Developments in Information Technology can now provide cancer services with highly accurate data regarding both current and projected activity, as well as pathway performance. This data will be used to drive improvements and build a sustainable cancer service.

Increasing workload is a significant problem within the health service and is affecting many of our tumour site teams. Recruitment and retention of our cancer clinical workforce will be key to delivering the priorities within our cancer strategy. Closer collaboration with neighbouring healthcare providers, the third sector and industry will help in attaining these goals.

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

Glenda Survived Breast Cancer



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Medium Term Plan (IMTP) 2023/26 Quarter 3 Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans (Director of Strategy, Planning and Partnerships)
SWYDDOG ADRODD: REPORTING OFFICER:	Marie-Claire Griffiths (Head of Strategic Planning) Jennifer Keyte (Senior Corporate Planning & Service Improvement Manager)

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the Board with a progress report against the Aneurin Bevan University Health Board's Integrated Medium-Term Plan (IMTP) 2023/26. This report summarises the Health Board's progress during Quarter 3, through the lens of the following chapters:

- Outcomes Framework through Life Course approach
- Clinical Futures Priority Programme progress
- Ministerial priorities progress
- A review of the planning scenario

A complementary Performance report has been developed to provide assurances to committee and Board in the intervening months between full outcome reports.

The Board is asked to:

- Note the position against IMTP 2023/24 commitments as at Quarter 3 and the mitigating and improvement actions in place.

Cefndir / Background

The IMTP for 2022/2026 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

Aligned to the five life course priorities the Health Board has developed a set of supporting outcomes and associated indicators that helped focus understanding of how well they were doing in 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 Quarter 3 of 2023/4, with a focus on delivery against key national targets included within the performance dashboard. This section of the report also includes improvement actions against those indicators where there has been deterioration.

Progress on Priorities: Ministerial Priorities and Clinical Futures Programmes

Through the templates underpinning the IMTP in 2023/24, the health board made a number of commitments in response to the Minister's priorities for delivery. Progress in delivering against these commitments is set out in this chapter. Additionally, the IMTP set out key priority programmes, 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 designing 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 programme areas, aligned to the relevant ministerial priority.

IMTP Planning Scenario

The report provides an update against the dynamic modelling and forecasting that was included in the IMTP, what was planned, what took place and forward projections.

This information has supported refreshed profiles included in the updated Minimum Data Set for Quarter 3, this is required to be submitted to Welsh Government as part of the IMTP process.

Asesiad / Assessment

In Quarter 3 there has been mixed performance in line with the forecasted activity levels, with increases in activity coupled with increasing demand preventing progress in some areas. Our planning assumptions were set out in the IMTP, and they are in line with expected delivery.

Outcomes and Performance Framework

- Of the 41 indicators included in the Outcomes Framework, 31 have newly available data to be reported upon during this quarter. 22 of the 31 measures have either improved or are statistically similar and 9 indicators have deteriorated since the last reporting period.

- Outcome measures for 'Every child has the best start in life' demonstrates good progress, with all indicators either reporting an improvement or sustaining performance levels.
- There is mixed progress across the adult life course outcomes with 6 indicators having deteriorated across three areas. 5 of these are within the 'maximising an individual's time' outcomes and 1 in the 'adults living healthily and aging well' outcome measure.
- 5 out of the 7 outcome indicators for Older People have either improved or are similar. The two deteriorating indicators are increase in older people free from limiting long term illness and increase in accepted referrals to Rapid Response Services. Across the Dying well as part of life priority area good progress in sustaining all indicator measures, including the compliance of Urgent Palliative care referrals assessed within 2 days.
- Under each life course section, clarity is provided on improvement actions initiated to recover performance where required.

<u>Progress on Priorities: Ministerial Priorities and Clinical Futures Programmes</u>

- Variable progress continues to be made across the Ministerial priorities and priority programmes with some notable achievements that deliver system change as well as some service areas with persistent challenges. The current financial context has limited progression of service developments in some areas.
- There continues to be high demand on services. Within Primary Care, there has been an increase in NHS Dental Care and Community Dental services units of activity and new patients. Additionally, the number of new patients accessing NHS Optometry services has increased. Both areas are exceeding forecasted levels Quarter 3.
- Cancer demand continues to increase, despite prioritisation of capacity; performance against the forecast in reduction in backlog of cancer patients waiting over 62 days and percentage of patients starting definitive cancer treatment within 62 days from point of suspicion has not been achieved.
- The Health Board is ahead of trajectory in eliminating waits of over 156 weeks for treatment, with 11 patients waiting at the end of January 2024 compared with the March 2023 position of 553.
- Improvements have also been made to wait time for treatments. The number of patients waiting over 104 week waits for treatment which have reduced from 1,935 in March 2023 to 1,239 at the end of January 2024. Despite this reduction, the Health Board remains off track to meet the Quarter 3 104-week treatment trajectories by 993.
- An area of concern remains the growth in the total waiting list, largely driven by the outpatient (stage 1) component. The number of patients waiting over 104 weeks for a first outpatient appointment has increased from 1,000 April 23 to 2,290 January 24. There is mixed progress across specialities with ENT, Orthopaedics and Ophthalmology currently behind trajectory.
- Challenges remain in the timely provision of mental health assessment and interventions. Mental Health assessment within 28 days of referral (Part 1a) performs at 18.2% (position at December 2023) and interventions fewer than 28 days following assessment at 9.9% (position at December 2023). Both of these areas are significantly below target and a 90-day action plan to improve performance is in place and being monitored by Executive Committee.
- The performance of our Urgent & Emergency Care system remains a priority due to its fragility. Ambulance handovers over one hour increased during the

winter period and peaked in January 2024 (1,537 – 44.7%). However, this has since reduced significantly during February 2024 (1,104 - 40.2%). Whilst this remains high, partially as a result of poor flow through the system, there has been a concerted effort to decrease the number of delayed ambulance handovers. Good progress continues to be made against milestones including the implementation of a new Falls Pathway, eTriage and Stroke reconfiguration.

IMTP Planning Scenario

The planning scenario has, in aggregate form, largely followed as predicted by the services and is in line with the pressures on the availability of capacity due to delayed discharges and length of stay. Outpatient and inpatient treatments are ahead of projections as of Quarter 3, reflecting the priority that services are placing on addressing the longest waiting patients and managing demand.

The Health Board continues to make progress in reducing the number of the longest waiting patients for planned care treatments. With the rate of referrals and current focus on treat in turn, there is a risk of greater wating list growth due to the profile and will mean the Year 2 position may become more challenging without changes in activity. The Quarter 3 forecasts were in line with the actual activity for ED attendances with a total of 46,065 attendances during the quarter across all sites. The bed plan has continued to follow the overall expected occupancy levels with demand patterns with Medicine Division running at 99% occupancy against their bed plan and the Community Division at 107%.

This Quarter 3 assessment sets out the organisation's understanding of its system and plan remains robust and the priority decisions made in the IMTP remain valid areas of focus now and into next year's IMTP planning.

Argymhelliad / Recommendation

Board is asked to:

- Note the position against IMTP 2023/24 commitments as at Quarter 3 and the mitigating and improvement actions in place.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The report highlights key risks for delivery against the IMTP
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	In-line with National Outcomes
Rhestr Termau: Glossary of Terms:	Included within the paper
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

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

	If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. All

Aneurin Bevan University Health Board

IMTP 23/26

Integrated Medium-Term Plan



Quarter 3

Outcomes and Performance Report





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

1. INTRODUCTION

This report summarises the Health Board's progress for Quarter 3 of 2023/24 against the commitments set out in the Integrated Medium-Term Plan (IMTP), bringing together reporting on outcomes, performance, priority programmes, Ministerial Priorities and a review of the underpinning planning scenarios.

Key achievements from Quarter 3 include:

- ✓ Patient safety team interventions across all main hospital sites focusing on reducing length of stay through an improvement in discharges leading to a reduction in bed base and length of stay;
- ✓ Opening of Breast Care Unit at Ysbyty Ystrad Fawr;
- ✓ Good progress towards eliminating the number of patients waiting over 156 weeks from referral to treatment with 11 patients waiting at the end of January 2024 compared with the March 2023 position of 553;
- ✓ Outpatient Did Not Attend (DNA) rate has reduced further from 6.4% (4,579) in September 2023 to 6.1% (4,682) in January 2024;
- ✓ Increase to 63.2% (Q2 2023/24) of breastfeeding uptake, optimising a child's long-term potential from the last reported position of 58.9% (Q4 2022/23);
- ✓ Sustained compliance with national target of 95% of children receiving 3 doses of the hexavalent '6 in 1' vaccine by age 1;
- ✓ Increase in Urgent Primary Care contacts to 9,469 in December 2023;
- ✓ Opening of new Endoscopy suite at Royal Gwent Hospital at the start of November. The impact of this investments has resulted in the number of people waiting over 8 weeks at the end of January 2024 reducing to 1,686, compared to 1,890 (Nov 23);
- ✓ Improved 62 day Single Cancer Pathway compliance performance of 62.9% at the end of December 2024;
- ✓ Increase in healthy weight and life satisfaction amongst older people in Gwent, above all-Wales levels.

Risks across a number of pathways have endured into Quarter 3. Addressing underlying capacity constraints and sustained urgency profiles across these pathways will result in continued challenges around reducing the numbers of patients waiting:

- Number of patients waiting more than 104 weeks for treatment in planned care, predominantly in the specialities of Orthopaedics (mainly spines), Ear Nose and Throat and Ophthalmology;
- Delivery of Mental Health interventions (Part 1b) in a timely way with 18.2% receiving an intervention within 28 days of an assessment - a 90-day action plan is in place to address;
- The proportion of Child and Adolescents Mental Health waiting on the neurodevelopmental waiting list has reduced from 38.8% to 29.9%
- Backlog of Cancer patients waiting over 62 days with Urological and Colorectal pathways needing targeted improvement plans.

The actions to improve the position and risk-level have been included in our plans set out later in this document.

Structure

This report is structured across four sections as follows:

CHAPTER	PAGE
Outcomes Framework and Performance Summary – This section reports against the life cycle priority outcome measures.	3
Progress of Priorities – This section reports on the key milestones and actions against the Ministerial and Clinical Futures priorities as set out in the IMTP	16
IMTP Planning Scenarios - This section reports against the planning scenarios as set out in the Minimum Data Set of the IMTP.	25

2. OUTCOMES FRAMEWORK & PERFORMANCE SUMMARY

The vision set out in the IMTP 2023-2026 is to:

> Improve population health and reduce the health inequalities experienced by our communities.

In order to achieve this vision, the IMTP focuses on five life course priorities. The Outcomes Framework is updated quarterly and, depending on data availability, the latest data is reported for each indicator. For the 2023/26 IMTP, the Outcomes Framework was reviewed and aligned, where appropriate, aligned with the newly published Public Health Outcomes Framework. 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.

Of the 41 indicators included in the Outcomes Framework, 31 have newly available data to be reported upon during this quarter. 22 of the 31 measures have either improved or are statistically similar and 9 indicators have deteriorated since the last reporting period. The full Outcomes Framework can be found in Appendix 1 and a breakdown of the type of change by priority between Quarter 2 and 3 can be seen in the table below:

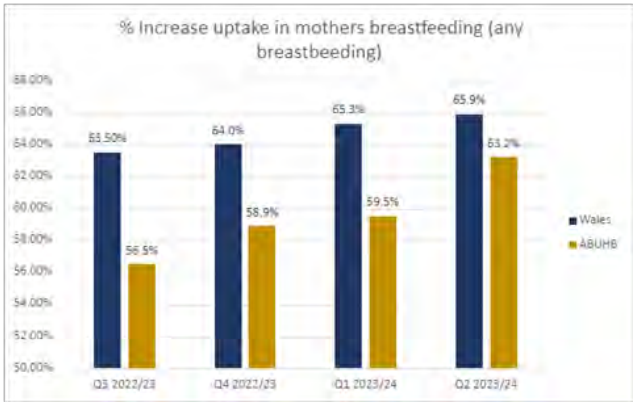
Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	2	0	4	4	0	**10**
Similar	2	1	4	1	4	**12**
Deteriorated	0	1	6	2	0	**9**
Total indicators	**4**	**2**	**14**	**7**	**4**	**31**



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 1,000 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.

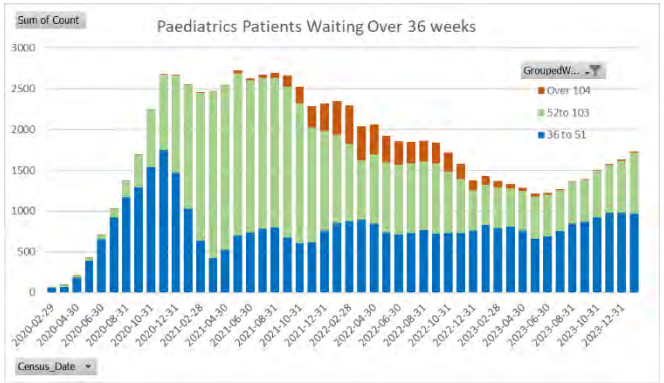
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Optimising a child's long term potential	Increase uptake in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q4 2022/23	58.9%	Q2 2023/24	63.2%	Improved	Indicator value has improved by 7.3% between Q4 22/23 and Q2 23/24
		Increase of eligible children with contact at 10-14 days	88.2%	95%	Q4 2022/23	88.2%	Q2 2023/24	89.8%	Similar	Improvement in indicator between Q4 22/23 and Q2 23/24 by 1.8%
		Increase of eligible children with contact at 6 months	78.3%	95%	Q4 2022/23	78.3%	Q2 2023/24	82.7%	Improved	Significant improvement in indicator between Q4 22/23 and Q2 23/24 by 5.6%
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q1 2023/24	94%	Q2 2023/24	95%	Similar	Indicator has improved slightly and target has now been met.

There has been an improvement in two of the three indicators of the outcome **'Optimising a child's long term potential'** with an increase from the last reported position of 58.9% (Q4 2022/23) to 63.2% (Q2 2023/24) in the increase of breastfeeding uptake. As part of the Healthy Wales Child programme, there has been an increase over the last four quarters in the number of eligible children with contact at 10-14 days and is currently reported at 89.8% (Q2 2023/24), however this remains just below the all Wales average of 92.9%. Similarly, there has been an observed improvement in the increase of eligible children with contact at six months from 78.3% (Q4 2022/23) to 82.7% (Q2 2023/24). Contacts that were not completed are largely due to workforce capacity constraints or contacts not attending an appointment.



The position in the reported indicator in the outcome **'Increasing childhood immunisation and preventing outbreaks'** has remained similar as the previous reporting period, with 95% of children receiving three doses of the hexavalent '6 in 1' vaccine by age 1, demonstrating both strong performance and compliance with the national target.

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. As of September 2023, there were 251 children waiting over 52 weeks for a new outpatient appointment. There continues to be focused efforts to reduce paediatric waiting times and consequently, intensive plans have been developed to reduce and maintain the waiting time for first outpatient appointments across all specialities.



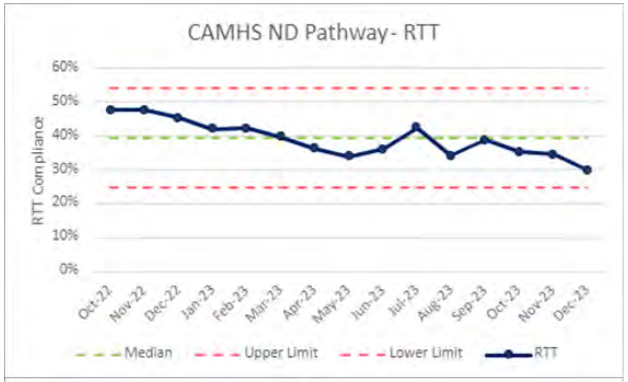
Priority 1 Improvement Actions		
Indicator	**Improvement Action**	**Monitoring Arrangement**
Children who received three doses of the hexavalent '6 in 1' vaccine by age 1:	Referral pathways being embedded to ensure that professionals within Health Visiting are able to directly refer to the Vaccination Service to allow vaccinations or immunisations to be delivered outside the usual route.	Divisional Assurance meetings
Children waiting over 52 weeks for a new outpatient appointment:	• Service improvement developments including referral triage team and advice letters as an alternative to consultation where appropriate; • Continued use of GP triage.	Divisional Assurance meetings
Increase of eligible children with contact at 10-14 days Increase of eligible children with contact at 6 months Increase uptake in mothers breast feeding	A six-part control measures plan has been developed, with continued implementation during Quarter 4 including: • Wider health visiting improvement programme – particular focus on standardisation of clinical and non-clinical aspects of the service and development of robust project plan; • Partnership – delivery of interventions through partnerships and delegated working across organisations; • Improving data collection – improvement plan to increase data accuracy; • Integration of Flying Start and Generic Caseload to increase workload equity and service delivery; • Clinic availability – renewed focus on providing an increase in clinic provision; • Workforce – modernisation of workforce structure to maximise clinical time and ensure workforce sustainability.	Strategic Health Visiting Service Improvement Board / Divisional Assurance meetings



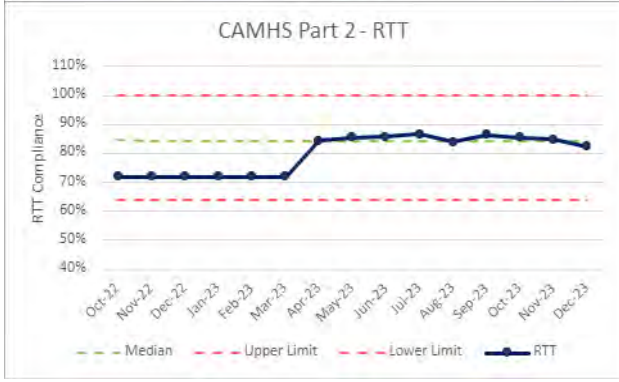
Nurturing future generations is essential for our communities. There is strong evidence that healthy behaviours in childhood impact throughout life; therefore, targeting actions to improve outcomes in these areas has a long-lasting impact on delivery. Young adult mental health is a Ministerial Priority area with CAMHS a focus in the national performance framework.

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		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	Decrease in 4 week CAMHS waiting list	95%	80%	Sep-23	87.6%	Dec-23	86.2%	Similar	Indicator is statistically similar since last reporting period. Slightly deteronation between Sep 23 (87.6%) to Dec 23 (86.2%). National target of 80% remains achieved.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Sep-23	38.8%	Dec-23	29.9%	Deteriorated	Indicator has significantly deteriorated by 22.9% between Sep 23 (38.8%) and Dec 23 (29.9%) and remains below the IMTP target.

Progress within the **'Improve Mental health Resilience in Children and Young Adults'** outcome remains mixed. The CAMHS Neuro-developmental (ND) Service remains committed to achieving the 80% target of completing ND assessments within 26 weeks. Quarter 3 of 2023/24 has seen a continued demand of referrals requesting consideration of an ND assessment. There are on average 220 new referrals a month which is a 600% increase on the monthly average for 2019/20 and this challenge has resulted in an RTT compliance for the end of December 2023 of 29.9%. A recovery plan was implemented in April 2023 to be able to support the current waiting lists across the 0-18 years pathway by separating the cohorts of 0-5 years and the 5-18 years.



PCAMHS 1a performance against the ministerial target of 80% compliance has remained steady since 2022. As of December 2023, the reported position was 86.2% which is a slight decrease to the end of Quarter 2 position of 87.6%, however Part 1b remains significantly off track at 5% compliance (November 2023). Despite workforce constraints, the waiting list is reducing. In June 2023, 640 young people were waiting over 28 days for an intervention following assessment, which has now reduced to 378 (November 2023). CAMHS Part 2 RTT has seen increased compliance since April 2023, however there is a slight decrease in the reported December 2023 position at 82.4%.



Priority 2 Improvement Actions		
Indicator	**Improvement Action**	**Monitoring Arrangement**
PCAMHS Part 1a and 1b compliance	Continued implementation of the CAMHS recovery plan: • Flex service capacity to maintain the RTT position (1a); • Monitoring 1b weekly in PCAMHS performance meetings (1b); • Monitoring and reviewing 6 session model (1b); • SBAR to Executives to consider funding for additional capacity.	Divisional Assurance meetings / PCAMHS performance meeting
CAMHS Neuro-developmental (ND) Service 80% target of completing ND assessments within 26 weeks	Continued implementation of the CAMHS recovery plan with a particular focus during Q4 on: • Workforce plan – including recruitment of assistant psychologists during, SALTs, and additional community Paediatrician sessions to increase capacity; • Pan-Gwent pathway to be developed and merged into one multi-disciplinary group including the membership from a community paediatrician, speech and language therapist and psychologist with training and experience in working with ND children and young people. This will provide a single point of access for referrals to the autism team.	Divisional Assurance meetings



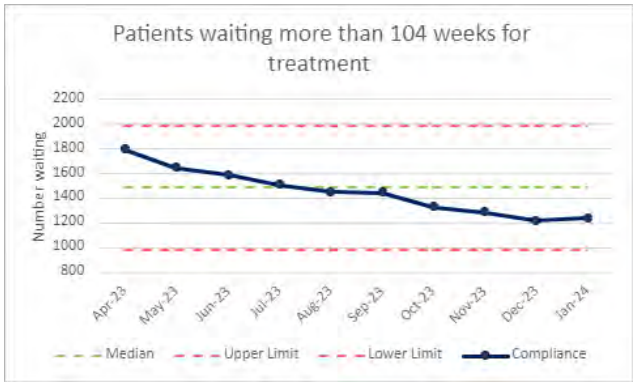
Our ambition is for citizens to enjoy a high quality of life and to be empowered to take responsibility for their own health and care. A significant number of measures fall within this area, particularly in relation to maximising an individual's time. The outcomes and performance set out below underpin the work of the priority programmes and in particular the work of the Six Goals for Urgent and Emergency Care, Planned Care and Mental Health.

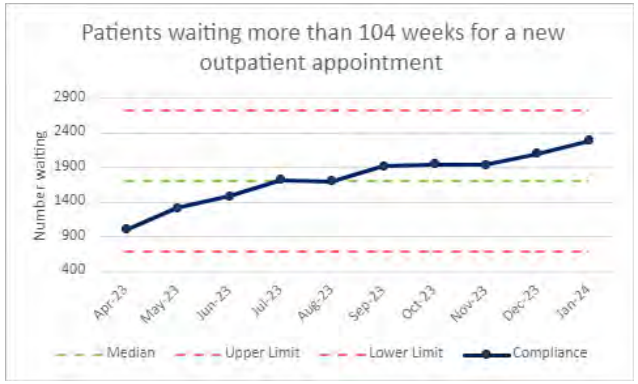
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Latest reported position (Jan 24)		Change over the last time period	Latest Strings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	12,202	32,760	Sep-23	36,985	Jan-24	19,671	Deteriorated	Indicator value has increased since Sep 23 and Jan 24 by 8.7%
		Reduction in the number of patients waiting for a follow up outpatient appointment	112,107	93,259	Sep-23	126,709	Jan-24	132,230	Deteriorated	Indicator value has increased by 4.4% between Sep 23 and Jan 24
		Increase in Urgent Primary Care Contacts	6,336	6,650	Sep-23	7,233	Dec-23	9,459	Improved	Significant increase in the number of UPCC contacts between Sep 23 and Dec 23 by 2,226
		Reduction of ambulance handovers over 1 hour	732	0	Sep-23	823	Jan-24	986	Deteriorated	Overall improving trend over the last 12 months however, measure has deteriorated in Dec 23 to 986
		Reduction in patients never waiting in ED over 12 hours	412	0	Sep-23	397	Jan-24	457	Deteriorated	Increase in indicator value between Sep 23 and Jan 24
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Sep-23	2.3 hours	Jan-24	2.1 hours	Improved	Improvement from 2.3 hours in Sep 23 to 2.1 hours in Jan 24
		Reduction in time for bed allocation from request	11.5 hours	6 hours	Sep-23	9.7 hours	Jan-24	13.6 hours	Deteriorated	Improving trend overturned over the last 6 months
	Adults living healthily and aging well	Increase in adults meeting physical activity guidelines	53.6%	60%	2021/22	51%	2022/23	49.8%	Deteriorated	Since Covid 19, there has been a decrease in physical activity from 54.6% (19/20) to 49.8% (22/23)
		Increase in working age adults of healthy weight	34.6%	32%	2021/22	29.5%	2022/23	30.4%	Improved	For the first time since Covid 19, there has been a 1.6% increase in the number of working age adults of healthy weight. However this does remain below the all wales average of 36.1%
		Increase in working age adults in good to very good health	68%	80%	2021/22	70.5%	2022/23	69.5%	Similar	Whilst indicator remains statistically similar both the ABUHB and All Wales average have seen a decreasing trend in the indicator since Covid 19
	Improved mental health resilience in adults	Increase in life satisfaction among working age adults	76.4%	85	2021/22	79.5%	2022/23	79.2%	Similar	Indicator remains statistically similar during 21/22 and 22/23
		Increase in percentage of Health Board residents in receipt of secondary mental health services who have a valid Care and Treatment plan (16 years and over)	88%	95%	Aug-23	89.8%	Dec-23	90.1%	Similar	Measure has been sustained at similar level between reporting periods.
	Maximising cancer outcomes	Increased compliance of the number of patients starting their definitive cancer treatment within 62 days from point of suspicion	61.8%	75%	Sep-23	54.5%	Dec-23	62.9%	Improved	Significant improvement in indicator value from 54.5% (Sep 23) to 62.9% (Dec 23)
		Increase in 5 year cancer survival	47.1%	51%	2015-19	50.1%	2016-20	50.6%	Similar	Indicator value is similar however a slight decrease has of 0.8% has been observed and remains below the wales averages for the third year

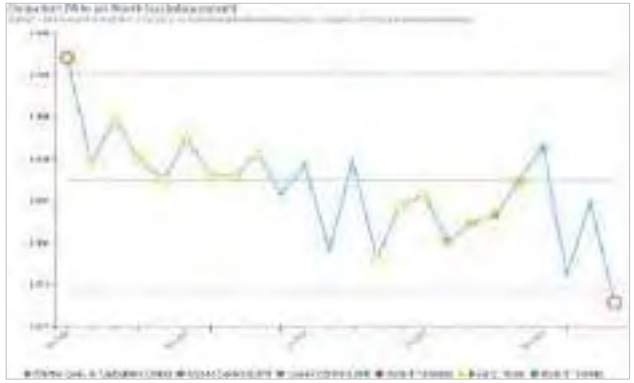
Maximising an Individual's Time-Planned Care

Maximising an individual's time is a core element of planned care. During the Junior Doctor Industrial Action on the 15th-18th January 2024, a total of 1,937 outpatient appointments and 356 treatments were cancelled and this loss of capacity has had an impact upon performance levels. The Health Board has made good progress towards eliminating waits of over 156 weeks, with 11 patients waiting at the end of January 2024 compared to the March 2023 position of 553. Improvements have also been made with 104 week waits for treatment which has reduced from 1,935 in March 2023 to 1,239 at the end of January 2024. Despite this reduction, the Health Board remains off track to meet the Quarter 3 104-week treatment trajectories by 993.

There is a particular challenge within ENT where demand has outstripped capacity, along with reduced outpatient capacity. A 'GP gatekeeper model' has been introduced and is being piloted to review demand with the purpose of managing demand in the most appropriate way, and early indicators show that the additions to the waiting list have reduced. Ophthalmology have launched a new technician diagnostic hub to address the backlog of Glaucoma patients on the follow-up waiting list, with a particular focus on those waiting over 100% past their follow-up target date.







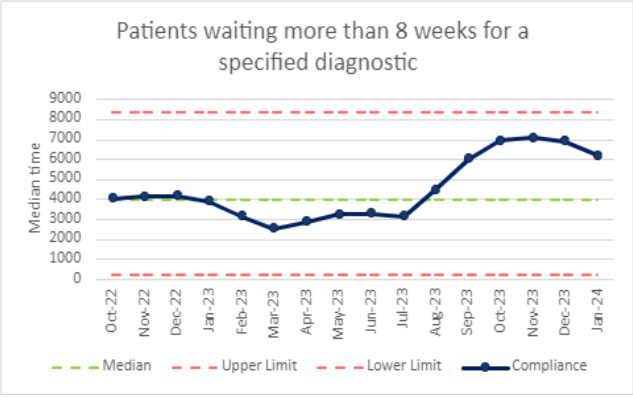
Improvement in outpatient performance remains essential to make the most of an individual's time and is a core focus of the Planned Care Programme. At the end of January 2024, there were 2,290 patients waiting over 104 weeks for a first outpatient appointment. There is mixed progress across specialities with ENT, Orthopaedics and Ophthalmology currently behind trajectory. There are extensive recovery plans in place across ENT and Urology including a clinical review of patients on the waiting list along with other solutions (e.g. audiology) supporting ENT and a focus on improving treat in turn prioritisation across all specialities. However, despite plans being implemented it is likely to take time to recover the 104-week position, although significant improvements have been noted within the ENT 52-week position due to the implementation of the recovery plan.

The outpatient transformation programme is focussing on the outpatient Did Not Attend (DNA) plan, of which the current rate for new outpatient appointments has reduced further from 6.4% (4,579) in September 2023 to 6.1% (4,682) in January 2024. Additionally, the programme is continuing to work alongside finance and divisional teams, with a particular focus to further explore opportunities of virtual activity to meet the needs of those waiting for an appointment.

Maximising an Individual's Time - Diagnostics

The overall eight week diagnostic breach position has seen an improvement since November 2023. Key areas in diagnostics include:

- Royal Gwent Hospital endoscopy unit opened in November 2023, with the purpose to sustain services and reduce backlog of those waiting. The impact of this investments has resulted in the number of people waiting at the end of January 2024 reducing to 1,686, compared to 1,890 (Nov 23);
- Radiology diagnostics patients waiting over 8 weeks has decreased from 3,802 (November 2023) to 1,686 (January 2024);
- Cardiology position has been maintained at 217 breaches in January 2024.

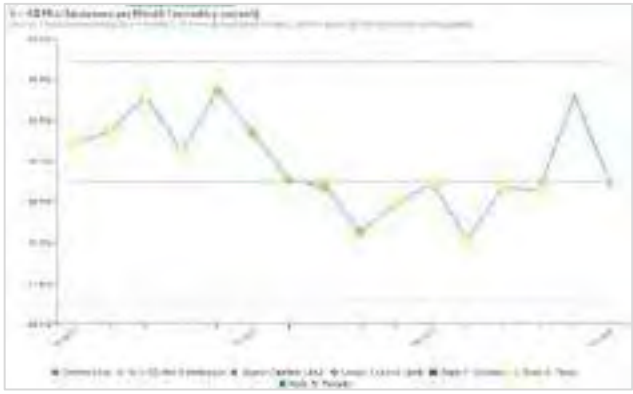


Maximising an Individual's Time- Urgent Care

Urgent Care services continue be under significant pressure both nationally, regionally and locally, making delivering timely care challenging. There has been increasing demand for urgent primary care, increased ambulance call demand, increasing numbers of self-presenters at Emergency Departments and Minor Injury Units, increased acuity, increased bed occupancy for emergency care and high levels of delayed discharges linked with significant social care workforce challenges.



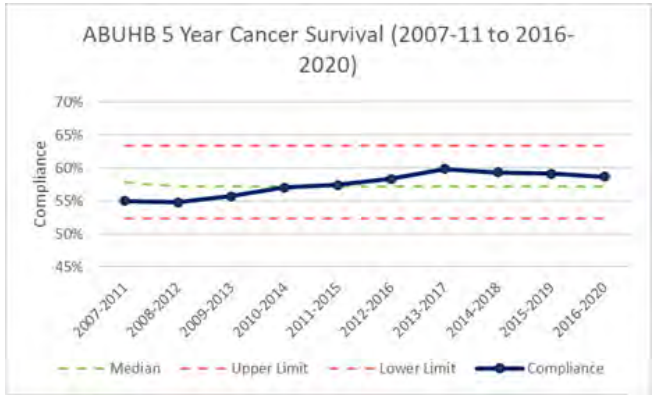
Over the last three months, there have been on average 422 daily attendances to the Emergency Department or a Minor Injury Unit and the pressure on the urgent care system has resulted in patients staying in hospital for longer. The average time from arrival to departure in the GUH Emergency Department continues to be above target, with the total number of patient hours spent in A&E increasing significantly above pre-covid levels as the chart on the right demonstrates. The number and rate of patients waiting over 60 minutes to be transferred to the Emergency Department from an Ambulance increased during the winter period and peaked in January 2024 (1,537 – 44.7%). However, this has since reduced significantly during February 2024 (1,104 – 40.2%). Whilst this remains high, as a result of poor flow through the system, there has been a concerted effort to decrease the number of delayed ambulance handovers.

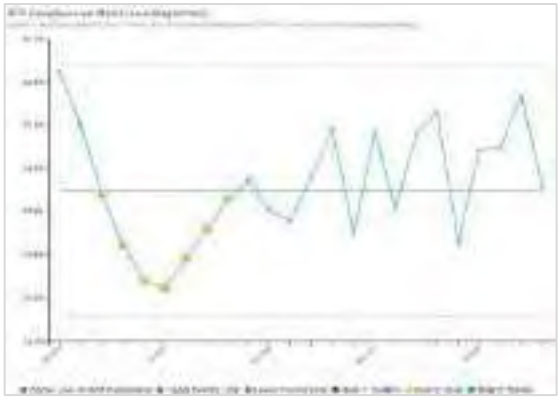


Despite the extreme pressures upon the urgent care system, the performance measures of patients waiting fewer than four hours in ED has been maintained throughout the winter period and is currently reported at 73.2% (January 24) against a national target of 75%. The most recent national performance data reports that the Health Board's performance is higher than the Welsh average of 67%. Patients waiting over 12 hours in Emergency Departments was 1,568 in January 2024.

Maximising cancer outcomes

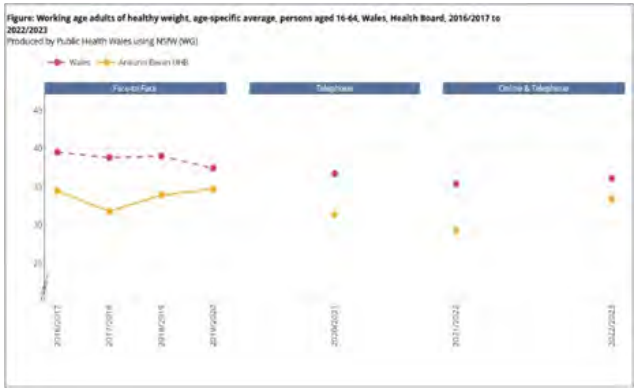
Overall, there has been significant improvement in the rate of five-year cancer survival reported over the last 10 years. However, whilst statistically similar, a slight decrease of 0.8% has been observed and cancer survival remains below the Welsh average for the third consecutive year.





Compliance against the 62-day target for definitive cancer treatment has increased from 54.5% (Sep 23) to 62.9% at the end of December 2024. This is behind the performance ambition set in the IMTP but a positive improvement. Drivers for this include the significant increase in demand alongside the focus on reducing the over 62 day waits, which will affect compliance. Significant increases in demand relating to the suspected cancer referrals have continued to exceed 3,500 referrals per month compared to pre-covid levels of 2,500.

The number of SCP treatments undertaken has increased by 7.5% over the last 12 months and is continuing to increase month by month. Despite the pressures of increased demand and capacity challenges, there has been a small improvement in the number of patients waiting over 62 days since the beginning of the quarter, with 337 waiting over 62 days at the end of January 2024 compared to 388 at the end of September 2023.



Adults living healthily and aging well

Lifestyle factors such as diet and physical activity are closely associated with chronic health conditions such as cancer, diabetes, obesity and cardiovascular disease. The outcome 'Adults living healthily and aging well' has seen improvements across a number of indicators, most notably in the increase in working age adults of health weight for the first time since Covid-19. The rate significantly increased between 2021/22 (29.3%) and 2022/23 (33.4%), however this still remains below the Welsh average. The rate of working age adults in good or very good health has remained statistically similar at 69.5%, however both ABUHB and the all-Wales levels have seen a decreasing trend since Covid-19. There has been an observed deterioration in the rate of adults meeting physical guidelines (49.9% - 2022/23) and as with the other metrics, this rate has also been decreasing since the pandemic.

Mental Health in Working Adults

Mental wellbeing and life satisfaction result in better subsequent health outcomes on some physical health indicators, health behaviours and

psychosocial indications, including depressive symptoms. Mental wellbeing remains a key priority for the organisation and sustained performance levels have been observed in the 'improved mental health resilience in adults' outcome. As of December 2023, 68.3% of Health Board residents over 18 in receipt of secondary mental health services have a valid care and treatment plan. There are concerns on the provision of assessment by mental health service within 28 days from referral which is currently at 18.2% (December 23) and interventions less than 28 days from assessment which is currently 9.9% both areas are being addressed in a 90 day action plan monitored by Executive Committee to ensure targeted assurance.

Priority 3 Improvement Actions		
Indicator	**Improvement Action**	**Monitoring Arrangement**
Reduction in the number of patients waiting more than 156 weeks for treatment	• Targeted approach for T&O and ENT to maintain improvements in December 2023 position. • 85% theatre utilisation drive for 24/25;	Divisional Assurance meetings
Patients waiting over 104 weeks for a first outpatient appointment	Actions in the challenged services include: • ENT – joint model with audiology, GP review of lists, treat in turn rates; • Ophthalmology – progress with regional solution to increase capacity for cataract outpatient and inpatient stages; • Spines - a lower backpain pathway is in development between MSK therapy and orthopaedic services. This work has already redirected patients from the spinal waiting list to the physio waiting list; • Increased volume lists (colorectal UGH) and increase productivity; • Treat in turn – specialities targeting opportunities to deliver improvements necessary for stage 1 and 4 to achieve a significantly improved 104 position. • Urology, OMFS and GS – development of plan to clear backlog of patients (approx. 100) breaching 104wks by year end. • Outsourcing of approximately 400/500 Ophthalmology patients by year end through spa medica.	Divisional Assurance meetings
Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	• Optimal pathway work to reduce volume of breaching patients through reviewing capacity scheduled with specialities, with a particular focus on Urology, Gynaecology, Head & Neck and Lower GI. • Close working with Radiology regarding Accelerated Imaging and Pathology regarding turnaround times. • Continued rollout of Did Not Attend (DNA) reduction pilot schemes	Divisional Cancer Weekly Assurance meeting

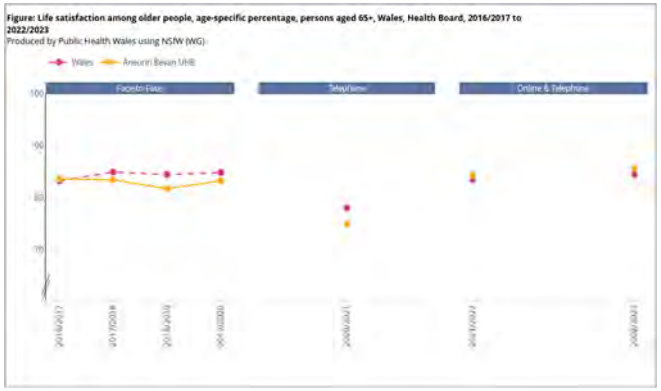
	• Joint working with tertiary centres on shared pathways	
Maximising and Individual's Time-Diagnostics	• Royal Gwent Hospital endoscopy unit opened November 2023, with the purpose to sustain services and reduce backlog of those waiting, future reports will see impact of this investment • Radiology continue to prioritise clinically urgent cases and maternity ultrasound	Divisional Assurance meetings
Maximising and Individual's Time-Urgent and Emergency Care	• Enhanced monitoring improvement plan in place focusing on: o ED actions on triage time and wait to see a clinician, o Assessment models to facilitate timely ambulance handover o Actions in the 6 goals programme including Acute Frailty model	Enhanced monitoring arrangements
Assessment by mental health service within 28 days from referral	• 90-day improvement plan in place with targeted actions to address part 1 performance.	Executive Committee via escalation arrangements
Interventions <28 days following assessment by mental health service	• Embedding of mental health services in Neighbourhood care networks continues in piloted areas with a view to expand across all boroughs. • Further progress matched care model and implementation of therapy pathways.	Executive Committee via escalation arrangements



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. Within the Urgent and Emergency Care 6 Goals programme there is prioritisation in Goals 1 and 2 for redesigning services for older people.

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Jan 24) Data available	Last reported position (Jan 24) Indicator value	Current reported position (Jan 24) Data available	Current reported position (Jan 24) Indicator value	Change over the last time period	Latest findings
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people (65+) admitting long term illness	43.3%	50%	2021/22	46.7%	2022/23	45.1%	Deterioration	Emergency admissions increased from 46.7% (2021/22) to 45.1% (2022/23) and remains below the all Wales average of 51.47.7%
		Increase in life satisfaction among older people	85.0%	86%	2021/22	84.2%	2022/23	85.5%	Improved	Increase in indicator over the last 3 financial years and remains above the all wales average of 83.4%
		Increase in older people of healthy weight	39.7%	45%	2021/22	39.6%	2022/23	41.2%	Improved	Increase in indicator from 39.6% (21/22) to 41.2% (22/23), surpassing the all wales average of 39.4%
	Delivering Care Closer to Home	Increase in accepted referrals to Rapid Response Services (CRT)	348	370	Sep 23	329	Jan 24	392	Improved	Indicator has improved by 19.1% between Sep 23 and Jan 24
		Increase in accepted referrals to Reablement & Falls Services (CRT)	331	375	Sep 23	83	Jan 24	71	Deterioration	Further reduction in the number of accepted referrals between Sep 23 (83) to Jan 24 (71)
	Reducing admissions and time spent in hospital	Reduction in the number of Emergency Admissions >65 years of age	1,397	1,000	Sep 23	1737	Jan 24	1,530	Improved	Significant reduction in the number of emergency admissions by 11.4% between Jan and Sep 23
		Decrease from 65 - 85% in LOS over 21 days	85%	55%	Q2 2023/24	54%	Q3 2023/24	58%	Similar	Statistically similar to last reported position

Good progress has been made in the **'Prevention and keeping older adults well'** outcome with an improvement in 2 indicator values. Firstly, there has been an increase observed in life satisfaction reported amongst older people from 84.2% (2021/22) to 85.5% (2022/23) and this remains above the all-Wales average of 84.4%. Additionally, there has been a significant increase in the percentage of older people of healthy weight. This has increased from 35.6% (2021/22) to 41.2% (2022/23) and has also surpassed the all-Wales average of 39.6%. Despite these improvements, there has been a deterioration observed in the percentage of older people free from limiting long term illness, decreasing from 46.7% (2021/22) to 45.1% (2022/23).



The indicator values for '**Delivering Care Closer to Home'** outcome are mixed. As of January 2024, there were 392 accepted referrals to the Rapid Response Services and 71 to the Reablement & Falls Services. Goal 1 of the Urgent & Emergency Care Transformation programme has progressed the development of redesign of frailty services, including a Nurse-led Acute Frailty Response team at the GUH front door and the expansion and capacity build across Community Resource Teams via RPB funding to enable people to remain at (or close to) home, where this is safe and appropriate.

The outcome **'Reducing admissions and time spent in hospital'** has seen generally positive progress, with the number of emergency admissions for over 65 years of age decreasing during Quarter 3 and is currently reported at 1,539 at the end of January 2024. The indicator 'decrease in the length of stay over 21 days' has remained statistically similar to the previous reported position of 55% in January 2024, which has resulted in the IMTP target of 55% being met.

Priority 4 Improvement Actions		
Indicator	**Improvement Action**	**Monitoring Arrangement**
Increase in accepted referrals to Rapid Response Services (CRT)	Infrastructure in place to commence the implementation of findings of CRT review (principles work) that aims to optimise and standardise offer across ABUHB footprint.	Divisional Assurance meetings Six Goals for Urgent & Emergency Care
Increase in accepted referrals to Reablement & Falls Services (CRT)	Redesign of services for older people programme taking forward actions to increase referrals to reablement and falls. Development of a consistent offer across Gwent monitoring service availability across the Health Board and relevant Local Authorities.	Divisional Assurance meetings Six Goals for Urgent & Emergency Care
Reduction in the number of Emergency Admissions >65 years of age	Plan to implement an Acute Frailty Unit (AFU) are underway with appropriate stakeholders. Realigning resource to provide daytime Urgent Primary Care support and utilisation of HCSWs to support keeping patients at home.	Divisional Assurance meetings

		Six Goals for Urgent & Emergency Care



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 organisation's 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	IMTP Target	Last reported position (Dec 23) Date available	Last reported position (Dec 23) Indicator value	Current reported position (Jan 24) Date available	Current reported position (Jan 24) Indicator value	Change over the last time period	Latest findings
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in inpatient mortality rate	2.0%	1.5%	Q2 2023/24	1.7%	Q3 2023/24	1.8%	Similar	Statistically similar rate of inpatient mortality, which is a slight increase from from 1.7% in Q2 23/24 to 1.8% in Q3 23/24
	Improved planning and provision of end of life care	Increase in referrals to Palliative Care Services	141	200.0%	Aug-23	153	Dec-23	156	Similar	Indicator has remained statistically similar
		Increase in proportion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Aug-23	99%	Dec-23	97%	Similar	Indicator has remained statistically similar
	Maximising available life	Reduction in the number of deaths from non communicable diseases	324.9	tbd	2019-21	328.1	2020-22	329.9	Similar	The rate of deaths from non communicable [illegible] statistically similar over the reporting period

Progress against all three outcomes of this life course priority remains statistically similar. For the outcome measure **'Improve care at the end of life'**, it is recognised that the relationship between mortality rates and the quality of patient care is a complex one. For this reason, the indicator 'decrease inpatient mortality rate' is used as a measure and trigger for further investigation, understanding that it may not indicate any deficiency in the quality of care. The rate in inpatient mortality increased slightly from 1.7% during Quarter 2 to 1.8% during Quarter 3.

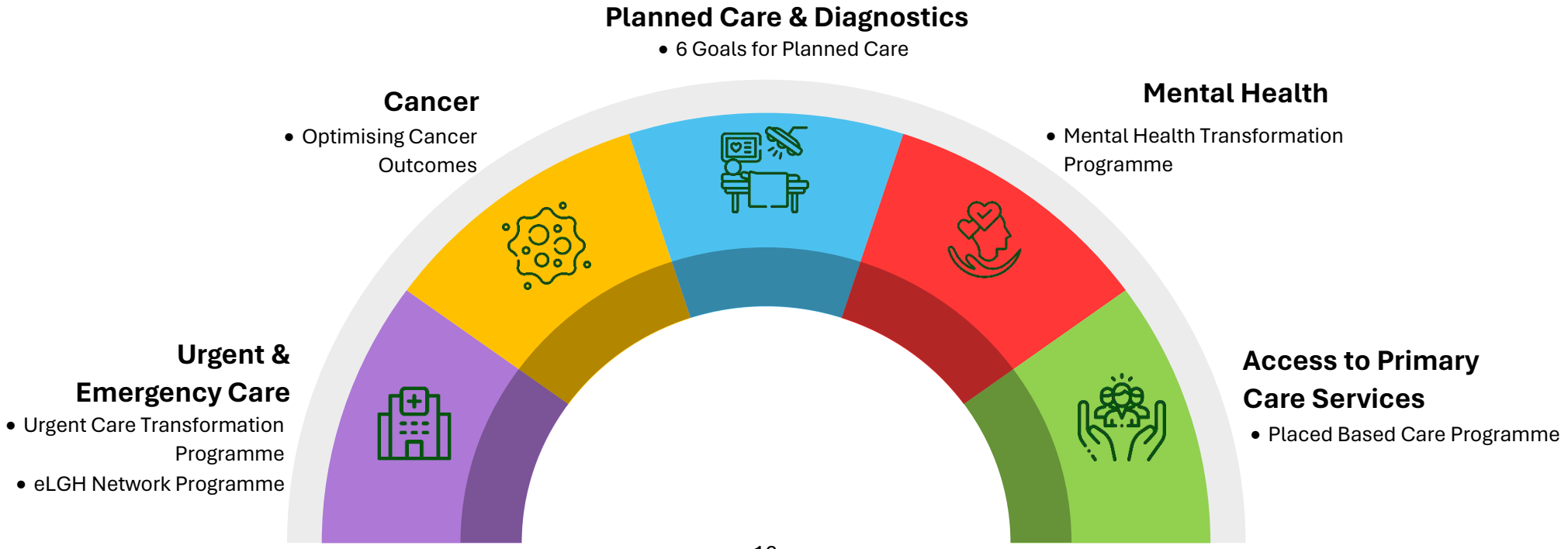


For the outcome **'Improved planning and provision of end-of-life care'**, an increase in referrals to palliative care services has remained statistically similar (156 – Dec 23), however the proportion of urgent palliative care referrals assessed within 2 days has deteriorated slightly from 99% (Aug 2023) to 97% (Dec 2023). Despite this decrease, the IMTP target remains met.

Priority 5 Improvement Actions		
Indicator	**Improvement Action**	**Monitoring Arrangement**
Increase in referrals to Palliative Care Services	Continued collaborative approach to advanced care planning programme working with primary care, secondary care, care homes and voluntary sectors, driven by the End of Life Care delivery plan to raise awareness.	Divisional Assurance meetings

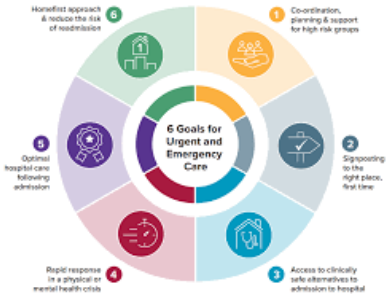
3. PROGRESS OF PRIORITIES

This chapter of the report updates on delivery against the Ministerial Priorities and Clinical Futures programmes. There is a high degree of synergy between the Ministerial Priorities for 2023/24 that are designed to support a swift recovery of business as usual and to reduce growing waiting lists and waiting times. All priorities are underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services. This chapter provides a quarterly update on progress made against key milestones, planned actions for the next quarter and measurement against trajectories.



3.1 URGENT AND EMERGENCY CARE

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.



<u>Ministerial key focus should be on delivering</u>:

- Honour commitments that have been made to reduce handover waits.
- Reduction in backlog of delays transfers of care (Pathways of Care).
- Implementation of Same Day Emergency Care services.

<u>We have achieved:</u>

⇒ **Ambulance Handovers:** Ambulance handovers over 1 hour at 828 in Dec 23 compared to 925 in Apr 23.

⇒ **Delayed Transfers of Care (DTOC):** DTOCs at 266 in Dec 23 compared to 250 in Apr 23.

⇒ **Same Day Emergency Care**: volume increased in Q3 from 40 to 50 a week.

Quarter 3 update against actions & milestones

<u>Goal 1:</u>

- **Nurse led Acute Frailty Response (AFR)** team phase one implementation commenced to provide capacity to in-reach into the GUH front door Monday-Friday 8.30am-4.30pm.
- Recurrent **Further Faster funding,** via the RPB agreement, to enable the expansion and capacity building across Community Resource Teams (CRT).
- **Frailty Consultant** capacity identified to provide input at the Flow Centre to support clinician to clinician conversations and triage of identified frail/older patients, including care home residents, to offer an appropriate alternative to acute admission.

<u>Goals 2, 3 and 4:</u>

- **Same Day Emergency Care** Both GUH and YYF have seen increased medical patient volume in Q3 (40 to 50 per week). Surgical SDEC maintains circa 100 patients per week.



- A **new Falls Pathway** has been introduced to reduce the number of non-injurious fallers conveyed to the Emergency Department by ambulance. Since implementation, 47% of non-injurious falls

patients are conveyed to the eLGH instead of GUH for initial clinical assessment.

- The **Safety flow initiative** Neck-of Femur (NOF) pathway improvement and an Acute Release Area (ARA) co-located with ED to ensure early release of ambulances back into the community.
- **WAST / ABUHB Collaborative Programme** commenced in Q3 focusing on reducing Ambulance conveyance to ED.

Goals 5 & 6:

- Delivery of **Patient Safety Team** with a focus on RGH/STW - positive impact of an additional 50 patients per week discharged home or to their usual place of residence and a reduced ALOS of 1.5 days across all sites, (medical patients only) reinforcing the importance of continuing with this approach.
- **Hospital to Home** funding agreed via Regional Partnership Board. Recruitment of additional HCSWs, prevention of deconditioning, reduction in hospital days, ongoing work to capture the benefits.
- **Discharge Lounge** improvement in the function and performance of model, including relocation of RGH discharge lounge to D6W, capital works at NHH, realignment of pharmacy and WAST resource to facilitate discharges earlier in the day.

Enhanced Local General Hospital Configuration:

- **Stroke reconfiguration** completed with temporary consolidation of the stroke service to a single HASU at the Grange University Hospital (GUH) and single rehabilitation site within (YYF) due to an urgent service risk, reduction of 8 beds.

Planned actions & milestones for next quarter

Goal 1:

- Development and embedding appropriate and sustainable pathways from the "front door" into CRT/community services as well as developing a plan for phase two (24/25).

Goals 2, 3 and 4:

- **System Navigation,** single phone number to be implemented which will reduce complexity and improve awareness of alternative services.
- A 12-month pilot of **Electronic Registration and Triage software 'eTriage'** to go-live, with first 2 patients booked on 28th Feb. Expected benefits include improved patient dignity, earlier risk assessment of patients in the waiting rooms, improved staff experience and a more efficient triage process.
- **WAST / ABUHB Collaborative Programme** in-person workshops are planned in Q4. Teams will work together to review solutions for the top conveyance complaints including chest pain and shortness of breath. In addition, ways of working will be reviewed for referrals via the clinical support desk to ensure opportunity for clinical intervention is maximised.

Goals 5 & 6:

- **Hospital to Home** discussions with Local Authority re implementation and roll out, initiative launched in June 2023, aligned to Patient Safety Team events.
- **Step Down improvement,** focus on reviewing the purpose, format and content of a step-down SBAR, usage of the step-down tracker, improving staff awareness of the pathways/services and the implementation nurse led step down/discharge.
- **D2RA** digital solution to live across all sites aligned to D2RA audit, capturing date re red to green, medically optimised for discharge and D2RA pathways.

Enhanced Local General Hospital:

- **Stroke reconfiguration** engagement on the long-term strategic service model early 2024.
- **Review of acute medical model** and prepare options appraisal by March 24.

3.2 CANCER RECOVERY

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.

Ministerial key focus should be on delivering:

- Reduction in backlog of patients waiting over 62 days, to enable delivery of 75% if patients starting their first definitive cancer treatments 62 days.
- Implement the agreed national cancer pathways within the national target, demonstrating annual improvement towards achieving target by March 2026.

We have achieved

⇒ **62 days:** 62.9% achieved in Dec 23 against forecasted target of 70%

⇒ **NOPs:** Groups re-launched led by Deputy Chief Operating officer.

Quarter 3 update against actions & milestones

- **Satellite Radiotherapy Unit** Joint operational group established to review clinical and service models and SLAs.
- **Systemic Anti-Cancer Therapy (SACT) outreach model with Velindre Cancer Centre.** – joint working with Velindre to identify opportunity to do increase levels of SACT provided in Gwent.
- **YYF Breast Unit, opened** as planned on 29th January - the unit will offer a wide range of services, tailored to meet the needs of patients. It will focus on timely access to treatment, ensuring person centred care is at the forefront when delivering breast care services.
- Enhanced **psychological programme** for those living with and beyond cancer – development of community cancer cafes in Caerphilly and Blaenavon to provide support for patients and their families via informal social meetings.
- **Patient Partnership Steering Group** held in Q3, themes identified for future meetings – improved communication, earlier access to support and emotional wellbeing tools.
- Implemented AOS pathway for **SDEC** YYF and GUH in December 23.
- **Endoscopy suite** opened in November, with positive compliance with 14 day waits observed.

Planned actions & milestones for next quarter

- Enhanced **psychological programme** plans to roll out community cancer café sessions in Newport, Torfaen and Monmouthshire by the end of March 2024.
- **Patient website** is being re-designed and due to be launched in spring 2024.
- **Public Health** – Cancer Service team to join 'Reducing Cancer Inequalities Group', focus on screening up take in hard-to-reach areas of Gwent and supporting the Marmot work on building a Healthier Gwent. A workshop to start this will be held in Q4.

3.3 PLANNED CARE AND DIAGNOSTICS

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'.

Ministerial key focus should be on delivering:

- Implementation of regional diagnostic hubs, to reduce waiting times and meet waiting time ambition in Spring 2024.
- Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary.
- 52 week Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT.
- Address capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025.

We have achieved

⇒ **Straight to test:** implementation of bladder cancer STT service in progress.

⇒ **52 Week Outpatients:** 13,253 against a target of 10,311.

⇒ **104 weeks treatment:** 1,211 against a target of 428.

⇒ **Capacity Gaps:** Improvement in job planning of junior doctors to increase capacity.

Quarter 3 update against actions & milestones

- **Health Pathways** – Clinical Editors continue to develop pathways with subject matter experts, 12 pathways have gone through final governance stage and communication plan has been implemented.
- **Patient Access and Activation** – plans for Keeping Well service (Single Point of Contact) being established following confirmation of funding from WG, bilingual waiting well brochures are being developed, engaging with specialties to develop internet pages with patient information. Total views on the Keeping Well landing page since July 2023 = 3,063 views.
- **Outpatient Transformation** – Welsh Government part-funded RGH Outpatient Treatment Unit until March 2024, business case drafted for full funding of the unit. Clinically led Outpatient Model meetings have taken place with T&O (spines), Urology, Gastroenterology, Max Fax, ENT and Eyes (Glaucoma).
- **Diagnostics** – Endoscopy Unit at RGH opened on November 2023 – Continuing to engage in regional diagnostic developments e.g., Community Diagnostic Hubs, Pathology and Endoscopy.
- **Straight To Test (STT)** – following the successful appointments in General Surgery and Respiratory to support pathway redesign, staff induction and training taking place to provide additional capacity has been delivered. Bladder service STT in development.
- **Elective Capacity/Theatre Utilisation** – Draft data pack from Getting It Right First Time 'GIRFT' shared, working through data quality issues. Embedding new dashboard through scheduling meetings and performance reporting. Refining reporting structure and meeting schedule.
- **Planned Care Academy** – Suite of tools format for dashboard has been drafted. Agreement sought on Patient Access policy with training plan drafted. Initial developments of planned care career pathway.

Planned actions & milestones for next quarter

- **Health Pathways** – Continue progress towards March 'go live' date and mitigate associated risks (capacity due to Industrial Action and Programme Management gap). Finalise discussions on specialties for Phase 2 priority pathways with paper going to Executive Committee in Q4.
- **Patient Access and Activation** – submit plans to Welsh Government for funding to develop a Single Point of Contact service. Engage with public regarding feedback from the Keeping Well brochures.
- **Outpatient Transformation** – Working with Digital Health Care Wales on development of an Automated Clinic Booking System to increase clinic efficiencies across the Health Board. Focus on increased virtual/video/group activity. Implement plans to reduce 100% past target FUs. Continue workshops to agree Outpatient models, starting with priority specialities.
- **Diagnostics** – Efficiencies plan to be completed by the Endoscopy team. Funding resolution for endoscopy decontamination unit.
- **Straight To Test** – Maintenance and sustaining existing STT pathways in Respiratory, General Surgery, Urology, Cardiology, Sleep, Ashma, Gastro and Endoscopy with all new pathways in place and established. Review of performance of pathways.
- **Theatres** – finalise GIRFT data pack and work through in-depth data analysis. Scheduling Theatres e-Form (STeF) developing multi-site platform for first speciality.
- **Planned Care Academy** – sign off of training plan and progress plans for delivery of training e.g RTT Basics, WPAS, Referral Management, Clinical Management. Development of planned care career pathway in more detail.

3.4 MENTAL HEALTH AND CAMHS

Why is this a priority? 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. Demand for mental health and CAMHs services is sharply increasing and we need to find ways of supporting people earlier to better support crisis prevention and recovery.

Ministerial key focus should be on delivering:

- Implement 111 press 2 for urgent mental health issues (24/7) basis.
- Recover waiting time performance to performance framework standards of 18+ LPMHSS assessment and intervention.
- Recover waiting time performance to performance framework standards for Specialist CAMHS.
- Recover waiting time performance to performance framework standards of under 18 LPMHSS assessment and intervention.

We have achieved

⇒ **Implement 111**: Currently utilising additional emergency funding to implement minimal viable product.

⇒ **18+ LPMHSS:** 68.3% in Dec 23 compared to 70.6% in Apr 23.

⇒ **CAMHS:** 91% in Dec 23 CAMHS choice referrals compared to 90% in Apr 23.

Quarter 3 update against actions & milestones

- All planned quarter 3 milestones for **implementation of 111 press 2** are off track due to capacity constraints impacting on delivery of service improvements. Emergency funding from Welsh Government is being used to deliver core service. The move of the service into new accommodation is being considered as part of wider organisational work on estates.
- **Hub based model** operating across seven Neighbourhood Care Network (NCN) areas is significantly off track as funding constraints impacted estates availability. At present this is on hold until other avenues that require less investment can be agreed.
- Demand and capacity modelling completed to identify commissioned therapy requirements - **therapy pathways** implemented in Quarter 3.
- The Welsh Community Care Information Systems (WCCIS) backlog has been reduced.
- Further progress is being made regarding the **Matched Care Model.**
- Weekly performance meetings continue and are responsive to the demand ensuring effective use of capacity.
- CAMHs have maintained and surpassed 80% compliance for **CHOICE (New referrals) to assessment within 28 days** for Quarter 3. Monthly demand and capacity review undertaken to ensure that job plans have sufficient capacity to meet CHOICE demand. Continued implementation of workforce plans including efficient recruitment into vacancies.
- **CCIH and SPACE** continue to interface for pre-allocations and enquiries. CCIH Clinicians also attend SPACE multi agency panels.
- PCAMHS is continuing to flex capacity to meet the **Initial Assessment Part 1A 80% target** with December 23 position 86.17% despite significant vacancies and workforce deficits.
- **Under 18s Initial Assessment Part 1B recovery plan** continues to be implemented making reasonable progress,

Planned actions & milestones for next quarter

- Maintain **111 press 2** compliance with service targets and pathway targets. Adapt and develop the service based on evidence. Maintain data reporting and ensure the service meets the necessary targets, making changes to processes where needed.
- **Initial Assessment and Intervention by LPMHSS** continued implementation of recovery plan towards Welsh Government targets.
- Explore funding options for **hub-based model** across Neighbourhood Care Network areas.
- To maintain over **80% RTT Target Compliance for New Choice referrals to assessment within 28 days** - CORE CAMHS and CET ED Teams
- **CCIH** to continue to work closely with Gwent wide SPACE Wellbeing partners and continue to hold weekly performance meetings to review capacity and demand and expedite potential breachers.
- **PCAMHS Initial Assessment Part 1A** maintain steady state RTT 80% Target and **PCAMHS Initial Intervention Part 1B Recovery.**



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3.5

3.5 ACCESS TO PRIMARY CARE SERVICES

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.

Ministerial key focus should be on delivering:

- Improved use of community pharmacy.
- Increase access to dental services.
- Improved access to GP and Community Services.
- Improved use of optometry services.

We have achieved

⇒ **Community Pharmacy:** A median of 3962 claims under common ailment scheme since Apr 23.

⇒ **Dental Services**: 60% of full year forecast of new patients achieved, total patients 237,895 as at Dec 23.

⇒ **GP & Community Services:** 370,608 appointments seen in Oct 23, the highest number of 2023.

⇒ **Optometry Services**: 106,488 new patients accessed NHS Optometry Services, 75% of full year forecast as at Dec 23.

Quarter 3 update against actions & milestones

- **Professional Collaboratives** maturing and developing action plans, evaluation of 28 NCN funded projects undertaken with pan cluster projects reviewed through focussed stakeholder meetings.
- **Communication and Engagement** – #bekind campaign completed and evaluated, professional collaborative role/service video created and distributed for GMS, Dental, Pharmacy & Optometry, Communication & Engagement strategy adopted with localised C&E plans being formulised centred on respective priorities.
- **Organisation Development and Sustainability** – 5 Locality based Workforce Planning workshops undertaken to identify challenges and future requirements, Induction programme devised for new NCN & Professional Collaborative leads, Training & development resources have created and shared with Cluster and Professional Collaborative Leads.
- **Planning and Outcomes Framework** – Thematic insights captured through respective leads, Data, Planning & prioritisation workshops delivered to support the development of 11 NCN draft annual plans.
- **Pharmacy** – Primary Care Cluster Community Pharmacy Leads inputted into the Winter respiratory vaccination programme. Commissioning of offsite vaccination of Care Home Staff and third sector carers reviewed.
- Continuing to progress the units and levels of patients accessing NHS and **Community Dental Services** as expected (237,895 as of Dec 2023).
- Development of new dental contract as part of Tredegar Development is currently in progress and on track to open on 1st April 2024.
- Expansion of **Multidisciplinary Team (MDT) roles within Urgent Primary Care,** including Advance Practice Paramedics, Clinical

Pharmacists and extended scope nurse practitioners to reduce reliance on sessional medical workforce.

- Nursing and AHP Professional Collaboratives and NHS Optometry Professional Collaboratives respond to **Population Needs Analysis** to inform development of NCN, ISPB and RPB planning cycle for 2024/25.
- On track with the measure of the number of new patients accessing NHS Optometry services.

Planned actions & milestones for next quarter

- Progress **Professional Collaboratives interface** with NCNs, formalise employment/ governance arrangements for professional collaborative leads and finalise priorities for each professional collaborate.
- Planning implementation of 2024/25 localised delivery projects
- Engagement and delivery of **NCN development programme** for NCN/Collaborative leads
- Develop a plan to establish a range of services identified as best delivered at a NCN level or for a pan- NCN population.
- Review of uptake of **Pharmacy service** and review of promotional materials.
- Continue to progress the units and levels of patients accessing NHS and **Community Dental Services**
- Continue to monitor and manage contract delivery, including orthodontic delivery.
- Support the roll out of Wales National Workforce and Reporting System (WNWRS).
- Refresh **NCN and ISPB plans** including local analysis of demand / capacity and priorities for investment.
- Creation of information resources / service directories to facilitate collaborative working between GP Practices with Urgent Care Teams, Frailty Consultants, Allied Health professionals, Nursing Teams and other services.
- Support the ongoing implementation of the contract requirements for **Wales General Ophthalmic Services (WGOS)** in 2024/25.

4. IMTP PLANNING SCENARIO

In line with Welsh Government IMTP requirements, the organisation submitted a Minimum Data Set (MDS) outlining a profile of activity for the year alongside forecast performance and workforce information and this information is reviewed quarterly.

The planning scenario has, in aggregate form, largely followed as predicted by the services and is in line with the pressures on the availability of capacity due to delayed discharges and length of stay. Outpatient and inpatient treatments are ahead of projections as of Quarter 3, reflecting the priority that services are placing on addressing the longest waiting patients and managing demand.

- Referrals during Quarter 3 were slightly higher than forecasted.
- Both new and follow-up outpatient levels have been operating significantly above forecasted levels. This is particularly noted in a number of specialties including: Cardiology, Dermatology, Gynaecology, Neurology, Rheumatology, T&O and Urology.
- Treatment activity is operating above the forecasted scenario, despite staffing challenges and urgent pressures. This is attributed to the significant drive to increase activity levels to meet demand and reduce waiting times.



Waiting Lists	Urgent Care	Primary Care	Bed Plan
The Health Board continues to make progress reducing the number of the longest waiting patients for planned care treatments and outpatient appointments. With the rate of referrals and current focus on treat in turn, there is a risk of greater wating list growth due to the profile and will mean the Year 2 position may become more challenging without changes in activity.	Overall, the Quarter 3 forecasts were aligned with the actual activity for ED attendances with a total of 46,065 attendances during the quarter across all sites. Emergency attendances are the same as the forecasted position and therefore forward projections will not be amended.	GMS activity levels have gradually started to decrease from April with more face-to-face activity and is currently ranging between 17,000 – 20,000 a week. Increased demand is reported by practices. GP referrals for urgent assessments via Rapid Response, Emergency Departments or Assessment Units have increased against pre-covid level.	The bed plan has continued to follow the overall expected occupancy levels and demand patterns. Medicine Division have running at 99% occupancy against their bed plan and the Community Division at 107%. Beds occupied by patients cared for by Care of the Elderly was in line with the forecast and continues to drive the need for additional inpatient capacity which presents associated workforce challenges.

5. SUMMARY

Of the 41 indicators included in the Outcomes Framework, 31 have newly available data to be reported upon during quarter 3. 22 of the 31 measures have either improved or are statistically similar and 9 indicators have deteriorated since the last reporting period. Improvements have been observed in the increase in mothers breastfeeding and contact with children at 6 months as part of the Healthy Child Wales Programme. Vaccinations performance also remains high, meaning we are providing vital protection to our population.

In relation to our adult population, progress is mixed. In longer term outcomes, we are sustaining progress in cancer survival and improved Mental Health resilience. 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 the Ministerial priorities and Clinical Futures programmes in focussing upon urgent care, planned care and services for older people. Similarly, in relation to supporting people to live well in the community, the system is holding too many patients in hospitals, and this is a key focus area for our population.

Across both the Ministerial Priorities and Clinical Futures Programmes there are noted key achievements that deliver system change coupled with enabling actions to improve service delivery and ultimately patient outcomes. There continues to be high demand on service which is evidenced in performance against forecast in areas. Within Primary Care, there has been an increase in NHS Dental Care and Community Dental services units of activity and new patients. Additionally, the number new patients accessing NHS Optometry services has increased.

This quarter 3 assessment sets out the organisation's understanding of its system and the plan remains robust and the priority decisions made in the IMTP remain valid areas of focus now and into next years IMTP planning.



Priority Indicator Summary

Quarter 2

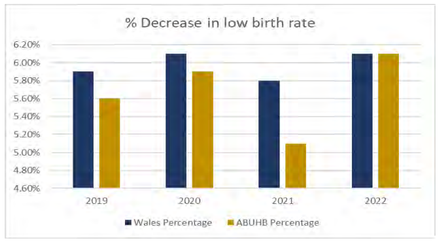
Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

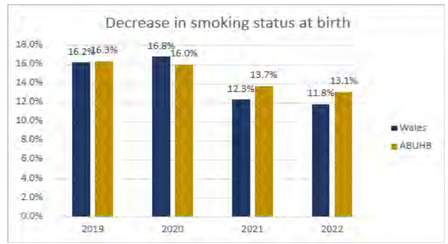
Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	3	1	5	0	2	**11**
Similar	2	0	1	1	1	**5**
Deteriorated	0	1	3	3	0	**7**
Total indicators	**5**	**2**	**9**	**4**	**3**	**23**

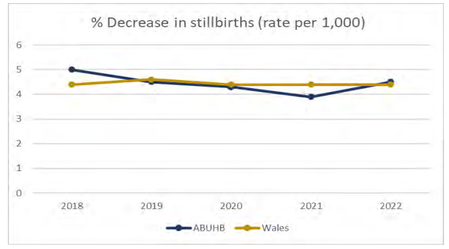
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Improving Good Health in Pregnancy	Decrease in low birth weight rates	5.6%	4%			2022	6.1%	Deteriorated	Increase in indicator between 2021 and 2022. In line with the All Wales average. Next update due June 2024 (provisional).
		Decrease in smoking status at birth	16%	10%			2022	13.1%	Improved	Significant decrease between 2021 and 2022, however remains above the all Wales average. Next update due June 2024 (provisional).
		Decrease in stillbirths	4.8	3.0			2022	4.5	Deteriorated	Increase in stillbirth rates between 2021 and 2022. 10% decrease in stillbirths observed over the last 5 years.
	Optimising a child's long term potential	Increase uptake in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q4 2022/23	58.9%	Q2 2023/24	63.2%	Improved	Indicator value has improved by 7.3% between Q4 22/23 and Q2 23/24.
		Increase of eligible children with contact at 10-14 days	88.2%	95%	Q4 2022/23	88.2%	Q2 2023/24	89.8%	Similar	Improvement in indicator between Q4 22/23 and Q2 23/24 by 1.8%
		Increase of eligible children with contact at 6 months	78.3%	95%	Q4 2022/23	78.3%	Q2 2023/24	82.7%	Improved	Significant improvement in indicator between Q4 22/23 and Q2 23/24 by 5.6%
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%			Q2 2023/24	89.7%	Similar	Indicator value has remained stable.
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q1 2023/24	94%	Q2 2023/24	95%	Similar	Indicator has improved slightly and target has now been met.

Improving Good Health in Pregnancy



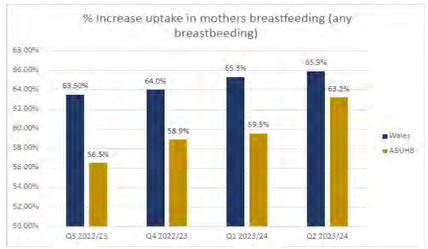


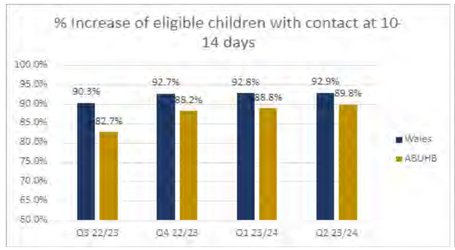


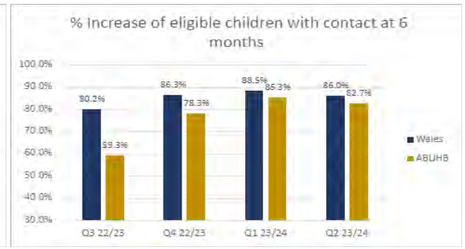


Optimising a child's long term potential

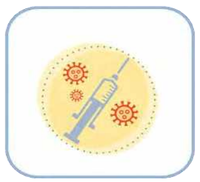


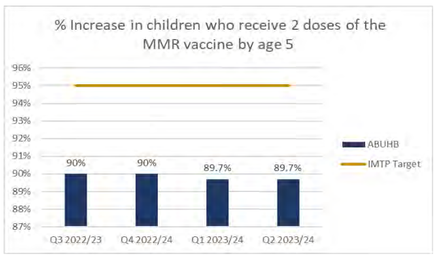


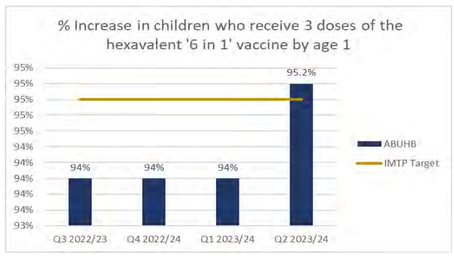




Increasing childhood immunisation



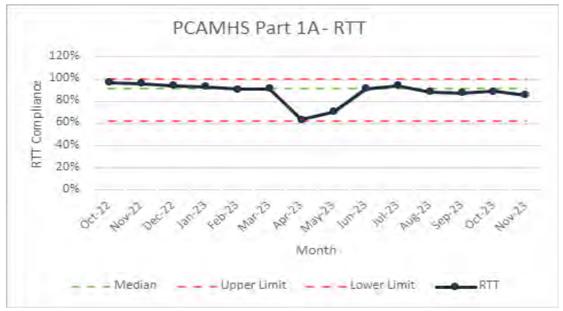


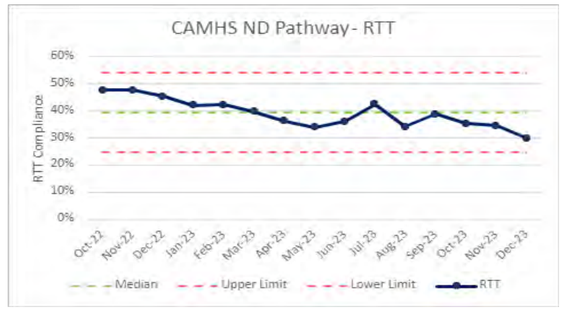


Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Decrease in 4 week CAMHS waiting list	95%	80%	Sep-23	87.6%	Dec-23	86.2%	Similar	Indicator is statistically similar since last reporting period. Slightly deteroriation between Sep 23 (87.6%) to Dec 23 (86.2%). National target of 80% remains achieved.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Sep-23	38.8%	Dec-23	29.9%	Deteriorated	Indicator has significantly deteriorated by 22.9% between Sep 23 (38.8%) and Dec 23 (29.9%) and remains below the IMTP target.
	Support being a healthy weight	Increase in physical activity (for at least 60 minutes a day) in adolescents	15.1%	20%			2021	15.1%	Similar	Indicator is lower than the welsh average of 16.2%. Please note, trend data is not yet avaiable.
	Improve healthy lifestyle behaviours	Decrease in adolescents using alcohol	40.9%	30%			2021	40.9%	Similar	Indicator is higher than the welsh average of 40.2%. Please note, trend data is not yet avaiable.
		Decrease in adolescents drinking surgary drinks once a day or more	18.5%	10%			2021	18.5%	Similar	Indicator is higher than the all welsh average of 16.4%. Please note, trend data is not yet available.

Improve mental health resilience

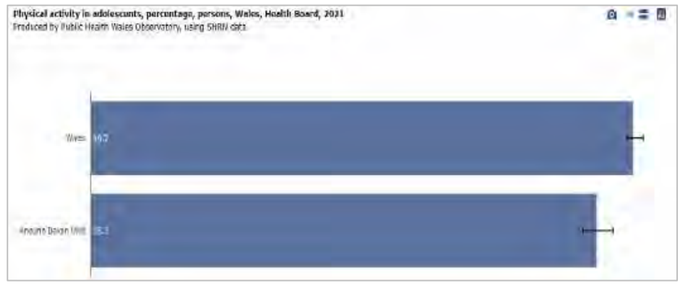






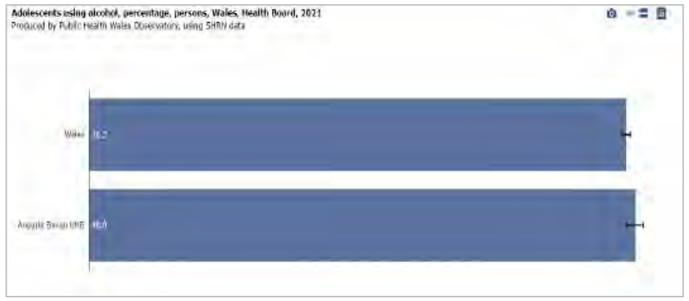
Support being a healthy weight

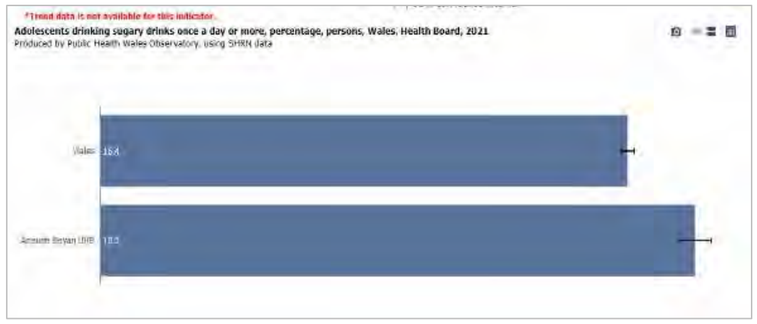




Improve healthy lifestyle behaviours



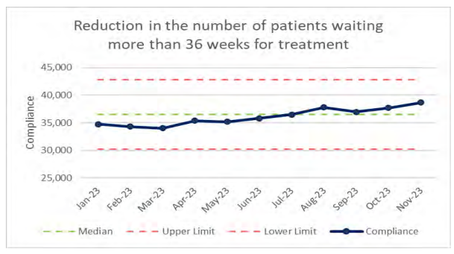


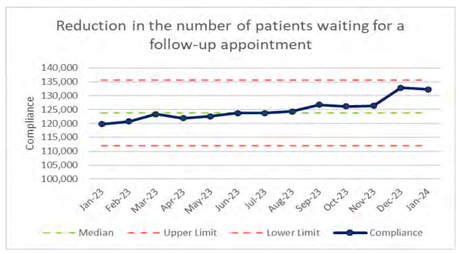


Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	32,202	32,168	Sep-23	36,985	Jan-24	40,576	Deteriorated	Indicator value has increased since Sep 23 and Jan 24 by 9.7%
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113,107	69,268	Sep-23	126,708	Jan-24	132,230	Deteriorated	Indicator value has increased by 4.4% between Sep 23 and Jan 24.
		Increase in Urgent Primary Care Contacts	5,336	8,000	Sep-23	7,233	Dec-23	9,469	Improved	Significant increase in the number of UPCC contacts between Sep 23 and De 23 by 2,236.
		Reduction of ambulance handovers over 1 hour	737	0	Sep-23	873	Jan-24	906	Deteriorated	Overall improving trend over the last 12 months, however, measure has deteriorated in Dec 23 to 906.
		Reduction in patients never waiting in ED over 16 hours	417	0	Sep-23	367	Jan-24	457	Deteriorated	Increase in indicator value between Sep 23 and Jan 24.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Sep-23	2.3 hours	Jan-24	2.1 hours	Improved	Improvement from 2.3 hours in Sep 23 to 2.1 hours in Jan 24.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Sep-23	9.1 hours	Jan-24	13.6 hours	Deteriorated	Improving trend overserved over the last 6 months.
	Adults living healthily and aging well	Increase in adults meeting physical activity guidelines	53.8%	60%	2021/22	51%	2022/23	49.9%	Deteriorated	Since Covid-19, there has been a decrease in physical activity from 54.6% (19/20) to 49.9% (22/23).
		Decrease in the % of adults smoking	19%	15%			2021/22	11.9%	Improved	IMTP target met. Decrease in percentage of adults smoking and in line with national trends.
		Increase in working age adults of healthy weight	34.4%	50%	2021/22	29.3%	2022/23	33.4%	Improved	For the first time since Covid-19, there has been a 14% increase in the number of working age adults of healthy weight. However, this does remain below the all wales average of 36.1%.
		Increase in working age adults in good or very good health	69%	80%	2021/22	70.5%	2022/23	69.5%	Similar	Whilst indicator remains statistically similar, both the ABUHB and All Wales average have seen a decreasing trend in the indicator since Covid-19.
		Increase uptake of National Screening Programmes	64.2%	80%			2020/21	70.2%	Improved	Improvements in indicator value observed. Next update scheduled Quarter 4 (provisional).
	Improved mental health resilience in adults	Increase in life satisfaction among working age adults	76.4%	55	2021/22	79.5%	2022/23	79.2%	Similar	Indicator remains statistically similar during 21/22 and 22/23.
		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%	Aug-23	68.8%	Dec-23	68.3%	Similar	Measure has been sustained at similar level between reporting periods.
	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%	Sep-23	54.5%	Dec-23	62.9%	Improved	Significant improvement in indicator value from 54.5% (Sep 23) to 62.9% (Dec 23)
		Increase in 5 year cancer survival	49.1%	60%	2015-19	59.1%	2016-20	58.6%	Similar	Indicator value is similar, however a slight decrease has of 0.8% has been observed and remains below the welsh averages for the third year.

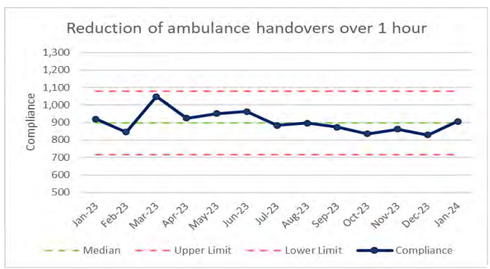
Maximise an individuals time



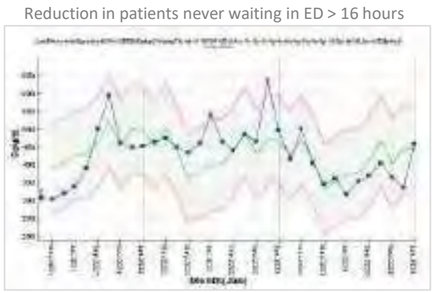




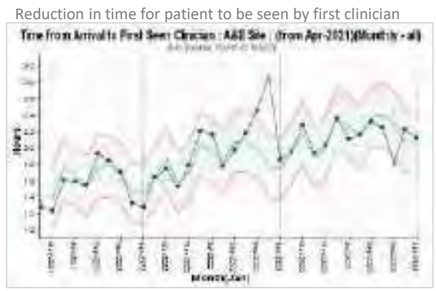




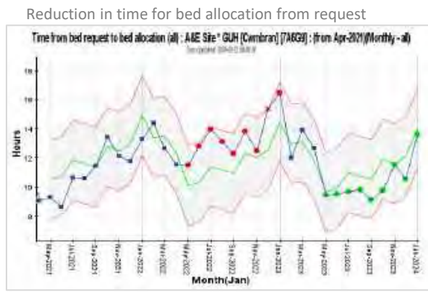
Reduction in patients never waiting in ED > 16 hours



Reduction in time for patient to be seen by first clinician



Reduction in time for bed allocation from request

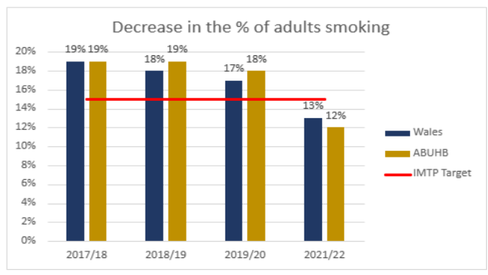


Adults living healthily and aging well

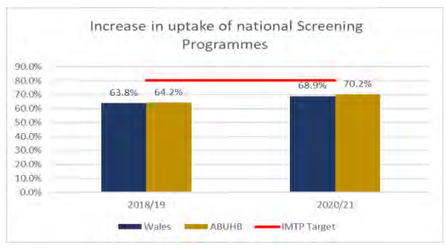










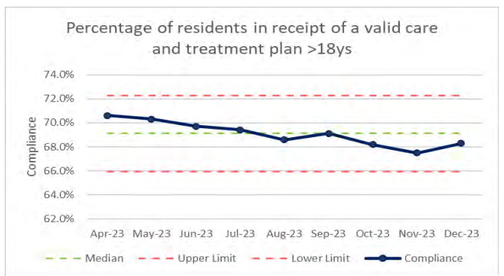




Improve mental health resilience

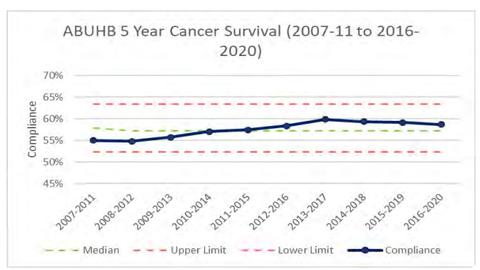


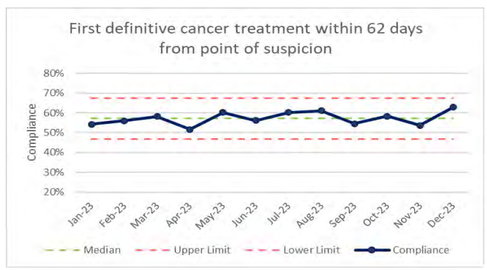




Maximise cancer outcomes







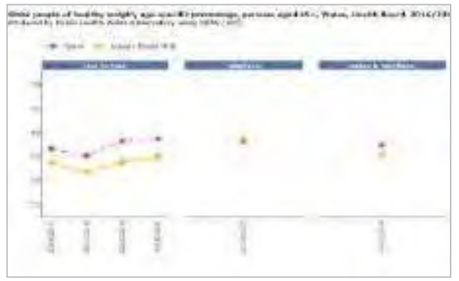
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people free from limiting long term illness	43.3%	50%	2021/22	46.7%	2022/23	45.1%	Deteriorated	Deterioration in indicator from 46.7% (2021/22) to 45.1% (2022/23) and remains below the all Wales average of 47.7%
		Increase in life satisfaction among older people	75.0%	85%	2021/22	84.2%	2022/23	85.5%	Improved	Increase in indicator over the last 3 financial years and remains above the all wales average of 84.4%
		Increase in older people of healthy weight	38.7%	45%	2021/22	35.6%	2022/23	41.2%	Improved	Increase in indicator from 35.6% (21/22) to 41.2% (22/23), surpassing the all wales average of 39.6%.
	Delivering Care Closer to Home	Increase in accepted referrals to Rapid Response Services (CRT)	343	375	Sep-23	356	Jan-24	392	Improved	Indicator has improved by 10.1% between Sep 23 and Jan 24.
		Increase in accepted referrals to Reablement & Falls Services (CRT)	331	375	Sep-23	83	Jan-24	71	Deteriorated	Further reduction in the number of accepted referrals between Sep 23 (83) to Jan 24 (71).
	Reducing admissions and time spent in hospital	Reduction in the number of Emergency Admissions >65 years of age	1297	1000	Sep-23	1737	Jan-24	1539	Improved	Significant reduction in the number of emergency admissions by 11.4% between Jun and Sep 23.
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q2 2023/24	54%	Q3 2023/24	55%	Similar	Statistically similar to last reported position.

Prevention and keeping older adults well



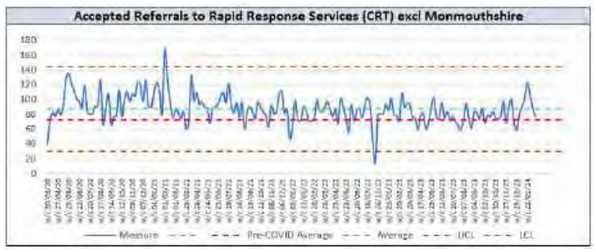






Delivering care closer to home

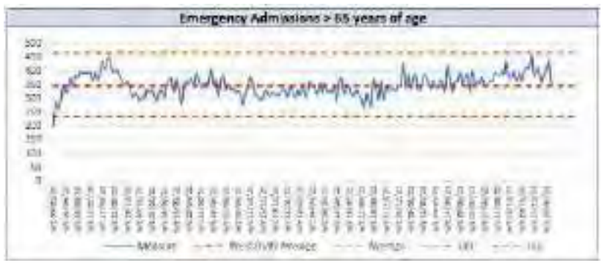


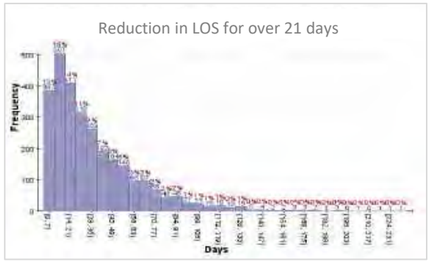




Reducing admissions and time spent in hospital



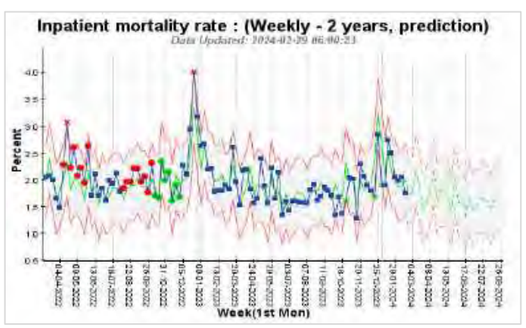


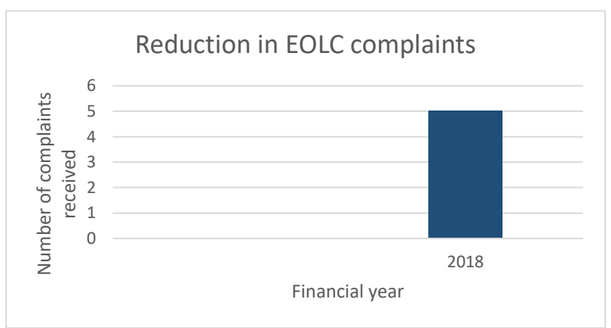


Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in inpatient mortality rate	2.0%	1.5%	Q2 2023/24	1.7%	Q3 2023/24	1.8%	Similar	Statisticall similar rate of inpatient mortality, which a slight increase from from 1.7% in Q2 23/24 to 1.8% in Q3 23/24
		Reduction in compliants	11	0			2022/23	21	Deteriorated	Deterioration in indicator from 11 complaints received during 2021/22 to 21 during 2022/23.
	Improved planning and provision of end of life care	Increase in referrals to Palliative Care Services	141	200.0%	Aug-23	153	Dec-23	156	Similar	Indicator has remained statistically similar.
		Increase in propotion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Aug-23	99%	Dec-23	97%	Similar	Indicator has remained statistically similar.
	Minimising avoidable ill health	Reduction in the number of deaths from non communicable diseases	324.8	300	2019-21	326.1	2020-22	329.9	Similar	The rate of deaths from non communicable diseases has remained statistically similar over the reporting period.

Improved end of life care experience



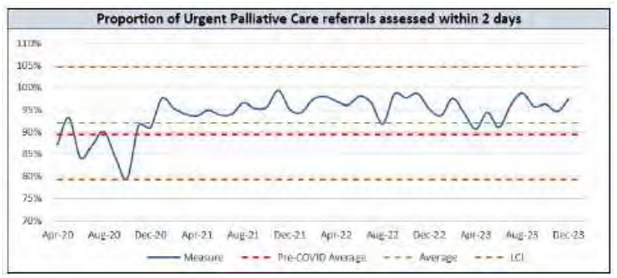




Improved planning and provision of end of life care

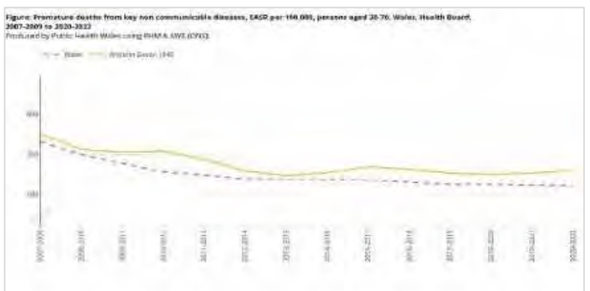






Minimising avoidable ill health





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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Patient Safety and Quality reports: • Patient Safety, Experience, Engagement and Quality Narrative Report • Quality Outcome Framework
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr James Calvert, Executive Medical Director Jennifer Winslade, Executive Director of Nursing Peter Carr - Executive Director of Therapies & Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Leeanne Lewis – Assistant Director for Quality and Patient Safety Tracey Partridge Wilson - Deputy Director of Nursing

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

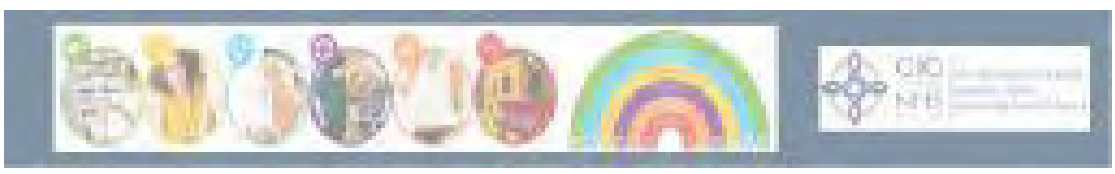
Sefyllfa / Situation

As an NHS Wales organisation, there are clear expectations for the quality standards that must be maintained. These are set out through the:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020;
- A Healthier Wales;

The aims to improve and learn continuously are clear. The quality strategy supports the new legislative requirements and has recently been updated (see attachments).

The reporting of patient safety and quality metrics is maturing via our Quality Outcomes Framework (QOF) and the quality narrative report. The Quality Management System will be developed to set meaningful targets, monitor, measure and report performance to ensure the organisation provides excellent standards of care and sets quality goals to continuously improve the services we provide.





Cefndir / Background

In April 2023, the Health Board launched its first Quality Strategy and Patient Experience & Involvement Strategy. As part of ensuring successful implementation a Quality Outcomes Framework (QOF) was approved by the Patient, Quality, and Safety Operating Committee (PQSOC) in Quarter One. It was acknowledged this would become an iterative framework that was under constant development throughout year one. The reporting of the QOF recognises the development of some of the measures as new ways of reporting and capturing what is important for patients and the population and for the Board are brought in line. This process will continue to be refined by working with planning and the digital, data and technology team.

The timing and format of the report is under review for Q4. An interim report will continue to be published between quarters. Working collaboratively will allow standardised reporting quality metrics and enable a quantitative data to inform insight to intelligence.

This quality narrative report provides a summary of the performance to date around the six pillars of quality as defined in the quality strategy. It focuses on patient safety, patient experience, health and safety and infection prevention and control activity.

The QOF and quality narrative report is for Quarter Three (time period October to December 2023).

Asesiad / Assessment

The Health and Care Quality Standards provide a clear framework to help plan, deliver and monitor healthcare services in Aneurin Bevan University Health Board. The Quality Outcomes Framework (QOF) is mapped to ensure the organisation develops and delivers our services around the six domains of quality and the six quality enablers. These outcomes and indicators collaboratively establish a set of quality indicators that align with the Health Boards priorities and strategic goals. The indicators cover all aspects of care, clinical outcomes, patient safety, patient experience, and efficiency.

The quality narrative report provides current data on quality and patient safety as mapped against the Pillars of quality:

- Patient and staff experience and stories
- Incident reporting – falls, pressure ulcers, medicines management and mortality
- Complaints, concerns and compliments
- Health, safety and security
- Infection Control and Prevention
- Safeguarding

These ‘pillars of quality’ run through the organisation, ensuring that it delivers the highest standards of care under these domains. Providing data in these Pillars of Quality will enable the organisation to review our performance. The pillars are Quality Markers in the quality management system. Strengthening the quality



management system helps us make sure decision-making focuses on improving the quality of health services.

Preparing both reports has provided the organisation with the opportunity to reflect on progress, which shows evidence of the hard work and commitment from the Health Board to develop the quality strategy and improve outcomes. The report demonstrates how the organisation is striving to better understand the systems of care. The Quality Management System and the refining of the QOF will enable the setting of meaningful targets, monitor, measure and reporting of performance.

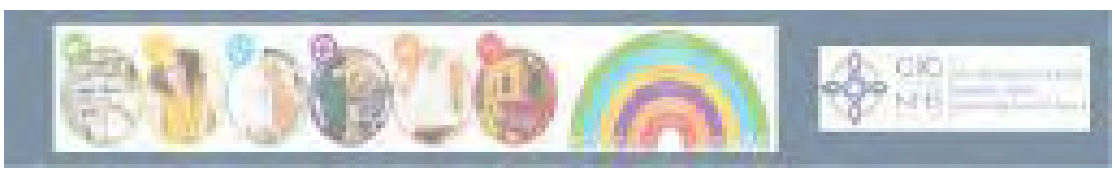
The learning forum which highlights creativity, passion, expertise, and commitment to learn from experiences continues to develop. This report illustrates how insight into data and developing an understanding on insights from multiple sources of information throughout the entire system is improving. The key objectives outlined for the first year in the strategy is on track. The quality reporting structure will provide a way to set progressive implementation plans, adapt plans based on experiences and learning, and monitor progress against our strategic goals.

As part of this work, the governance structures through Board-to-Floor connections that promote cross directorate and multi-professional working will continue to be strengthened. Work has been initiated to ensure that the implementation, measurement and monitoring of the strategy is hardwired through the governance and integrated performance reporting structures.

Argymhelliad / Recommendation

This report is to provide assurance for the Committee on the ongoing work to deliver the Duty of Quality and Duty of Candour, through implementing the Quality Strategy and Patient Experience & Involvement Strategy.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable currently
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care 6.3 Listening and Learning from Feedback Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well



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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Health and Social Care (Quality and Engagement) Wales Act (2020)). Duty of Quality.
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

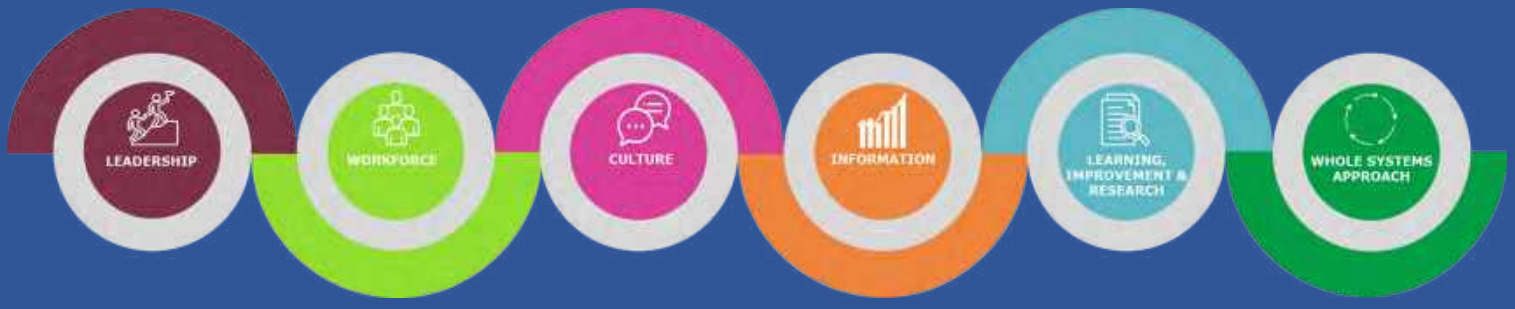
Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for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

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Quality Report
October - December 2023



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1 Introduction

As an NHS Wales organisation, there are clear expectations set out for the quality standards we must maintain. These are set out through the:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020
- A Healthier Wales
- Core Commissioning Requirements

Putting quality and safety above all else is the first NHS Wales core value. This focus has been strengthened through the Health and Social Care (Quality and Engagement) (Wales) Act (2020). Enhancing quality, honesty and transparency, the legislation provides the Health Board with a Duty of Quality, Duty of Candour, and establishes a Citizen Voice, enriching engagement with our patients, relatives, carers, staff and communities.

The Health and Care Quality Standards provide a clear framework to help us plan, deliver and monitor healthcare services in Aneurin Bevan University Health Board. Our Quality Outcomes Framework (QOF) is mapped to ensure we develop and deliver our services around the six domains of quality and the six quality enablers:



The quality narrative report focuses on experience and stories to enrich our data. This is mapped to the Pillars of quality, as detailed in the quality strategy:



This report should be read in conjunction with the QOF and provides the narrative to support the Quality and Safety assurance to Board. This Quality Report ensures that the Health Board discharges its duties for “Always On” reporting of quality under the Duty of Quality and will contribute to the new Annual Report for Quality.

1.1 Summary of positive progress, risks and issues

We continue to develop our ‘Quality Management System’ approach to embed a culture of learning: a culture where people listen, think, feel and act ‘quality’ - promoting openness and learning, continuous improvement and service transformation. This includes work to embed positive cultures of continuous improvement and working together.

We are working with data, digital and technology to develop our Quality Management System to routinely set meaningful targets, monitor, measure and report performance. This ensures we provide excellent standards of care and set quality goals to continuously improve the services we provide.

It is the delivery of the Quality Strategy, together with the supporting strategies of patient experience, risk management, clinical effectiveness, and employee wellbeing that will enable delivery of high quality, person centred and effective health and care services for our local population. Through improvement methodology and ongoing programmes, we are enabling effective and sustainable change in the most important area.

Our ongoing commitment to quality and safety:

- Aneurin Bevan University Health Board will be a learning organisation where staff members work towards delivering high quality clinical care every day.
- We will strive to better understand our systems of care, build capability through an all teach/all learn philosophy, encourage innovation and engage patients, relatives, carers, staff and communities in improvement endeavours, whilst learning from mistakes.
- We will ensure that quality is embedded throughout the organisation creating a culture of openness and transparency where people are supported to raise concerns
- Our patients, relatives, carers, staff and communities will be encouraged to work alongside us to achieve this vision.

To date we achieved many of the milestones, which include:

- Implementing the Quality and Engagement Act including the Duty of Candour and Duty of Quality.
- Developing a reporting framework and Quality Outcomes Framework to align with the six domains of quality (STEEEP).
- Reviewing Quality Safety and Patient Experience structures within divisions/directorates, formalising lines of responsibility, accountability, escalation, and assurance.

- This report highlights our creativity, passion, expertise and our commitment to learn from experiences. Our quality pledge and ambitions aim to put quality, equality and learning at the heart of our service.

We are striving to become a listening and learning organisation by:

- Ensuring we are doing everything we can to make *everyone's* health and care experience the best it can be, delivering safe and effective services.

- Ensuring our colleagues, are valued, work in safe and secure environments, are supported and empowered to act when things can be improved.

- The people we serve are heard, included, involved and empowered;

- We embrace transparency, accountability and knowledge, celebrate success, share learning and actively seek to improve.

2 Strategy

In 2023 the Health Board published and implemented two Strategies: -



The *Quality Strategy*, which serves as a blueprint for patient safety and quality for the next three years placing quality and safety at the forefront of all we do, while at the same time recognising that challenges to patient safety and quality, change and emerge over time. We will remain agile in responding flexibly to emerging safety and quality issues as they arise. It outlines our improvement objectives for the next three years as well as the frameworks that will support that activity. Our culture values quality, and we are committed to continuous improvement.



The *Patient Experience and Involvement Strategy* was developed as a direct result of staff, patient, family and carers feedback, telling us what matters to them. Our teams and our staff members have a passion to improve people's experiences within our services and it is important to us that learning from experience is at the heart of the organisation.

These Health Board Strategies have been developed from the experiences of our patients, relatives, carers, staff and communities to focus on improvement, planning and assurance in the right areas. This is aligned with the objectives and aims of the Duty of Quality and in the context of meeting our obligations under the Duty of Candour.

Both Strategies outline our goals and objectives to improve services, clinical effectiveness, safety and people's experiences. It encompasses our intent to engage patients, families, carers, staff and the wider community, with a commitment to listen to feedback, learn from it, and therefore improve healthcare across all of our services.

A better experience for people is one of our Health Board's highest priorities. To underpin the fantastic work our staff do every day, we have developed both Strategies to ensure that we are able to embed a culture of person-centred care throughout all our services.

The links between patient experience, clinical safety, and clinical effectiveness are supported by a substantial body of evidence. This

evidence clearly demonstrates that encouraging improvements in patient experience results in greater employee satisfaction and improved patient safety.

Ongoing work will continue on:

- Setting out the core evidence that will be considered by each Committee (service/division to sub-committee of board levels) to provide assurance on delivery of Health and Care Quality Standards.
- Developing a corporate clinical audit plan to address any gaps in assurance.
- Develop an Annual Report for each Health and Care Quality Standards, scheduled for consideration by Patient Quality Safety and Outcomes Committee (PQSOC).
- Strengthened assurance mechanisms for commissioned services
- Standardising resources, role profiles and appraisal arrangements for QPS leads.
- Standardised QPS agendas (evidence and risk based).
- Clearly defining the support from corporate teams associated with the quality safety and patient experience agenda and setting the expectation.
- Introducing the integrated decision framework with Board development and the identification of priority areas for implementation.
- Ensuring that the groups and committees across the Health Board can be responsive in promoting quality and patient safety at all levels of the organisation.

By updating and refining the Quality Strategy, we are making clear our commitment and approach to empower the people at the heart of our services. Staff will have the freedom, skills, tools and resources to work in partnership with the people we serve to improve and innovate safely towards defined quality goals.

3 Reporting

As part of ensuring the successful implementation of both the Quality Strategy and the Patient Experience and Involvement Strategy, the QOF is being refined. The indicators will be used to provide a systematic approach to measure, monitor, and enhance the quality of our healthcare services.

The primary objective of implementing the QOF is to drive continuous improvement in the delivery of healthcare services by focusing on measurable outcomes. The QOF will be presented quarterly in line with the IMTP cycle.

We will measure our progress and guide our actions towards becoming a listening and learning organisation. Data for Quality and Improvement- both qualitative and quantitative data are critical in understanding the quality-of-care provision and in evaluating and guiding improvement. Increasing the availability of data and the capability and capacity to analyse, understand and utilise the data will ensure a focus on quality. Key areas for delivery include: -

- We will capture electronic feedback from the Civica Citizen Feedback System and in-person, developing generic and bespoke surveys that will enable clinical teams to recognise what they do well and what may need to change. Paper surveys will be made available to those who may be unable to complete electronically.

- To introduce an electronic patient feedback system to capture real time patient experience feedback from people accessing our services to introduce and publish 'You Said, We Did' information to support the Duty of Candour.

- To increase the capacity and capability of divisions to utlise data that underpins quality and patient safety priorities.

- To increase the capacity and capability of the corporate Quality and Patient Safety Team to utilise data to support their agenda.

- To develop a quality and patient safety dashboard with meaningful quality indicators that drives improvement and provides assurance.

- To provide quantative evidence that provides assurance in relation to the NHS Wales Health and Care Quality Standards, this will be undertaken in line with the national review of Health and Care Quality Standards.

- To introduce the Once for Wales Concerns Management System (OfW) to capture accessible real time feedback from our service users.

It is vital through the reporting and analysing of outcomes that a feedback loop is established by continuously monitoring the impact of improvement initiatives and quality indicators. Regular evaluation of the effectiveness of implemented changes, identifying barriers to success, with the ability to make the necessary adjustments as required. The outcomes and indicators will also help us to deliver and complete the Annual Quality Report to Welsh Government and support future reports to the NHS Executive.

4 Areas of Escalation

Mental Health & Learning Disability Services

Since July 2023, the Mental Health and Learning Disability Division has been subject to an internal escalation process for a number of concerns regarding the management of quality, safety and governance processes. These concerns manifested following HIW investigations, patient experience concerns and safeguarding incidents.

The Health Board therefore undertook an internal review of the systems and processes within the Division and subsequently identified several improvement actions on a risk-based approach, these were prioritised into a 30, 60, and 90-day improvement plan.

The plan addressed the above areas but also initiated broader efforts in staff and patient engagement, workforce modelling, leadership, performance, risk management, and service transformation. The improvement plan was intended to address the most immediate and pressing issues and a wider more encompassing improvement programme of work which will commence following the completion of the 90-day plan. The 90-day plan was originally intended to be completed by the end of December, this was delayed until the end of February due to the need for additional scrutiny and provision of evidence.

The Health Board established a governance and assurance structure based on the NHS England Risk Summit Guidance which provides a mechanism to address rapid improvement in organisations and services. Internal governance and oversight has been provided through the Executive Committee, the Patient Quality and Safety Oversight Committee and Board who have received detailed analysis of the risks and mitigating improvement actions as well as progress on the governance arrangements. Reporting to NHS Wales has been managed through the Integrated Quality and Performance Delivery Meetings and through direct oversight from colleagues.

Following completion of the 90-day plan there is further work required to ensure the plan is embedded and enable sustainable change. As a result, further organisational development, cultural and patient safety and quality improvement plans have been developed with staff and patient engagement implicit within these plans. The Divisional assurance will continue to be managed within the Health Boards revised performance management framework and governance and assurance will continue to be provided through the Executive Committee, Patient Quality Safety Oversight Committee and Board.

Urgent & Emergency Care

The Health Board has been placed in Enhanced Monitoring for the performance and outcomes of its urgent and emergency care (UEC) pathways at the Grange University hospital (GUH) in January 2024. The site continues to experience significant pressure in terms of demand and acuity and timely flow through the system which is impacting long waits for treatment and poor patient experience. Before this WG escalation, actions were already underway to address these issues and concerns and internally the urgent care division was escalated into enhanced monitoring under the Health Board's performance framework due to the issues described above.

This work is divided into two working groups:

1. Urgent Care Division Enhanced Monitoring Group

   The Urgent Care Division has established an Enhanced Monitoring Group to address key Emergency Department (ED) metrics and improvements, listed below:

   - Average ambulance handover time - understand the baseline to inform improvement trajectories.
   - Lost hours in ambulance handovers and reduction of 4hr breaches
   - 24hrs stays in ED impacting flow- agreed metric to tackle pts exceeding 24hrs in ED.
   - Improved triage times – agreed metric for triage times.
   - Awaiting Clinician – agreed metric in place for WTBS.
   - Clarification of roles and responsibilities in the department

   The group is also looking at pre-hospital pathways, and how the Operations teams impact on UEC. There is a 30, 60, 90 day improvement plan that underpins this work.

2. Wider System Working Group

   The Enhanced Monitoring Group will focus on broader system issues to support the front door and facilitate flow across the broader Urgent & Emergency care system. The Health Board is scheduled to meet with WG on the 9th of April for the Inception Meeting, where they will agree on the Performance and Outcomes measures to oversee the process and the de-escalation criteria.

The progress made to date is highlighted below: -

- Fortnightly UEC meetings in place with agreed focus for each meeting
- System-wide Focussed UEC Dashboard is in development and about to be piloted.
- System-wide refreshed Escalation framework in development that colleagues can work to and what you do outside of normal working conditions.

- System wide and collective risk/decision making process embedded.
- Interface between ED and other services
- Primary & Community Care / pre-hospital focus

5 Person Centred Care and Patient Experience

5.1 Civica

The Civica Lead continues to engage with clinical teams to determine hierarchy's and provide training. Although the roll out of Civica is slower than originally anticipated, it is evident that clinical teams need training in how to access their feedback results.



Between October and December 2023, 589 surveys have been completed with an overall satisfaction score of 87%. The Person-Centred Care Survey alone has generated 273 responses with an overall satisfaction score of 90%. Baseline is 85%.

There are ongoing discussions with the Value Based Health Care Team to determine whether patient experience surveys can be sent via SMS through DrDoctor. This will generate a higher level of patent response rates, as demonstrated by those Health Boards who are sending surveys through SMS.

The Top 3 feedback themes indicate:

What we did well
• 65 comments around Compassion - 30 patients use word ‘caring’ and 17 ‘kind’ • 54 comments around Friendliness – 40 patients use word ‘friendly’ • 46 comments around Emotional and Physical Support. 23 patients use word ‘Helpful’.

What we could have done better
• 16 comments around Waiting – 8 patients use word ‘waiting’ and 6 ‘wait or waited’ • 11 comments around Comfort – 6 patients use word ‘uncomfortable’ • 10 comments around Feeling Safe - 3 patients use word ‘lonely’

5.2 Patient Story

A patient story was taken to the Deteriorating Patient Collaborative in October 2024. This story focussed on the deterioration of a patient who died within 24 hours of being 'stepped down'. His wife expressed concern around:

- Lack of communication and contact following his death
- Delays in receiving an update on cause of death
- Lack of contact from those identified as managing her complaint
- Failure to secure a priest for last rites
- Delays in being able to arrange the funeral due to having the death certificate late
- Needing to seek support from external advocate in order to 'get answers'

Action taken as a result of feedback include this patient's wife now joining the Health Board's Bereavement Collaborative. Discussions have taken place with the Care After Death Team and Chaplaincy to take forward the learning from this experience.

5.3 Volunteer to Career

This position is open to all existing Volunteers and will particularly support volunteers who may not hold or are unable to gain a formal care qualification (or who do not wish to pursue these) but have a passion for patient wellbeing and are seeking paid employment. For those new to the organisation, the expectation is that people applying for a career through this route would volunteer for a minimum of 30 hours, gaining experience either in their preferred area or on other areas on a rotational basis to get a sense of where they may like to work. During their volunteering period, they will be assigned a 'mentor' and access relevant training. Following the 30-hour volunteer probationary period, they would progress through the 'volunteer to career pathway'. Opportunities to gain formal health and care qualifications will be in line with current career progression qualification pathways.

Working closely with Workforce and Organisational Development Leads, this model has been a great success and a number of volunteers have gained paid employment:

Volunteer to Career "Got the job!"
RS - Successful in securing Wellbeing Assistant Role at RGH
TG - Successful in securing a paid position outside of NHS. Volunteering gave him the confidence to apply, and he still volunteers today.
CS - "It's a good opportunity as I can accommodate my daughters school hours and it's only a couple of hours each morning so the holidays will be

ok. Plus, if I gain 450 hours with Social Care Wales, I can do a social work course with OU. I've found a health and social care course on there and the points can go towards that course." Got the job!
BT – Secured paid employment on ABUHB Bank
MG - Secured HCSW role in Mental Health and now considering Registered Nurse Training
LH - Secured full time employment in a Nursing Home

A case study on our Volunteer to Career model can be found at [Volunteer to career at Aneurin Bevan Health Board - WCVA]

5.4 Volunteering



The Volunteering Annual Report up to December 2023 has been drafted and will be presented to Board in May 2024. This report outlines progress against the Volunteering Framework, describes the roles and opportunities volunteers are offered, outlines feedback from volunteers themselves and showcases the success of our Volunteer to Career pathway.

5.5 Bereavement

The National Bereavement Framework supports those commissioning or providing bereavement services. This is to ensure that good quality services are available for those who need support. The Health Board has appointed a Lead Nurse for Bereavement who will commence in role on 1st April 2024.

On 20 March 2024, the Health Board are holding a Big Conversation Bereavement event. This event is open to the public, staff and partners and to date, 200 people are registered to attend. The purpose of the day is to afford attendees the opportunity to better understand the requirements of the National Bereavement Framework and to speak about their own bereavement experiences. This feedback will be used to inform the new bereavement model.

The morning will bring the bereavement standards to life, supported by presentations from people and partners who have either experienced personal loss or support others who have been bereaved.

The first presentation will focus on Advance and Future Care Planning (ACFP), raising awareness of what matters to people with life limiting conditions and how expressed wishes can be made known. The aim is to encourage more people to have AFCP discussions, to both promote a good death and lessen the impact of a negative bereavement experience.

Subsequent presentations will cover what we need to consider following:

- Those bereaved following the loss of a child or young person
- Those bereaved by suicide/traumatic deaths
- Bereavement considerations for people from Black, Asian and Minority Ethnic communities
- Bereavement considerations for those with sensory loss and protected characteristics
- Bereavement considerations for those with identified religious and spiritual beliefs
- The Impact of the New Death Certification Reforms (delivered by the CEO of the Medical Examiner's Office)
- The Health Board and partner's local vision

The afternoon session will consist of 9 dedicated round-table discussions, reflecting conversations on all of the above plus dedicated discussions around people's experience of loss of loved ones in hospital, in the community and losses of people with cognitive impairment. Feedback from all of these discussions will then be fed back into The Big Conversation.

5.6 Dementia Standards

The Regional Dementia Board continues to oversee the implementation of the Dementia Standards through the Dementia Workstreams. Particular challenges are noted with taking forward the Memory Assessment Services Pathway (a key priority for Welsh Government). This is due to extreme pressure on older adult service and the Older Adult Lead Nurse having resigned recently. The Lead Nurse is responsible for the Dementia Clinical Pathway for the Older Adult Directorate. This post is being recruited to.

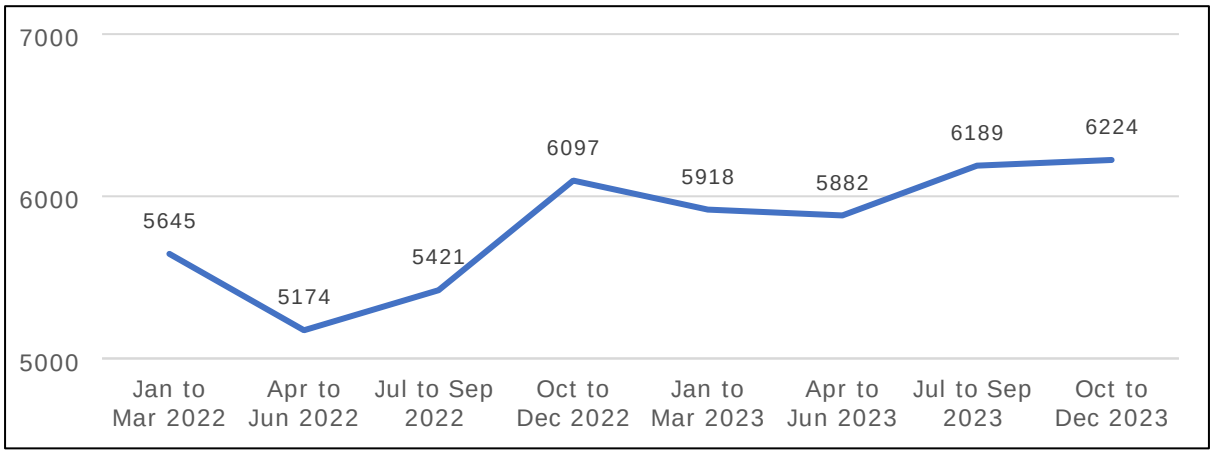
As an interim measure, the Lead Nurse for Dementia has kindly stepped in as interim chair for the workstream given her overall clinical knowledge of Dementia requirements. The Directorate is working, as quickly as possible, to recruit to the Lead Nurse position. As a further interim measure, the Directorate Manager will support the workstream by amalgamating related operational meetings to further support workstream activities.

6 Patient Safety Incidents

During the period October to December 2023 a total of 6,224 patient safety incidents have been reported via the Datix system.

This equates to an incidence rate of 10.4 per 1,000 people based on the Gwent population.

The following chart provides comparative data for previous quarters:



All patient safety incidents are being referred to the relevant Divisions whereby local managers remain responsible and accountable, for conducting the management review.

It is widely acknowledged within the Patient Safety literature that a positive and supportive safety culture is evidenced by a high reporting culture indicating an open and transparent safety culture with proportionately low levels of harm overall. This is evident from the Health Board's incident data presented below.

However further work is required on reducing the number of incidents where the investigation has yet to be completed.

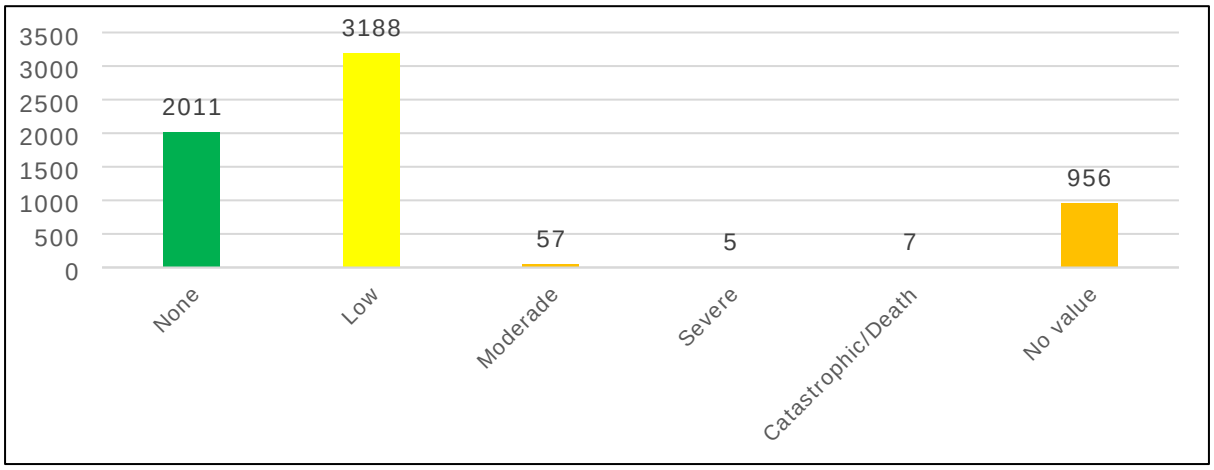
6.1 Incident Severity

There are currently three levels of harm that are recorded within the Datix system against patient safety incidents.

The table below provides more information on the harm fields within the Datix system.

Field Name	Definition
Reporters view on level of harm	Initial harm reported by incident reporter
Following the Initial / Management review, what level of adverse outcome was considered?	Assessment of the level of harm at time of initial management review
Severity of Incident Post Investigation	Outcome or harm caused by the organisation

The following chart illustrates the 'Severity of Incident Post Investigation' for all patient safety incidents reported during the period 1 October 2023 to 31 December 2023.



The data highlights that 83.5% of incidents have a post investigation severity of either 'None' or 'Low'. However, these incidents often have the highest propensity for learning and prevention of reoccurrence. The Health Board is currently developing a listening and learning framework to systematise learning and improvement.

Currently for 15.3% of incidents the investigation has not been concluded, therefore the 'Severity of Incident Post Investigation' field has not been populated on the Datix system. This is being addressed by Datix Project Group. This will be reported by the Quality and Patient Safety Operational Group going forward.

The Datix system currently holds 4,594 open patient safety incidents, almost 50% of these incidents occurred during 2023. 8% of the open patient safety incidents (366 records) occurred prior to 2023. The Health Board is developing a plan to address the backlog of open incidents.

6.2 Incident Themes

The top five main reporting themes during the period 1 October to 31 December 2023 were:

- Patient falls: (931 incidents reported within this category).
- Healthcare acquired pressure damage: (601 incidents reported within this category). 13.4% of these incidents were reported as either Grade 3, Grade 4 or Unstageable.
- Medication incidents: (417 incidents reported within this category). 47% of medication incidents reported relating to administration errors.
- Healthcare acquired infections: (396 incidents reported within this category).
- Self-harm/self-injurious behaviour incidents: (160 incidents reported within this category).

All of these themes are included with the Health Boards quality priorities in terms of quality improvement.

7 Complaints and Concerns

7.1 Concerns

During this reporting period the Public Services Ombudsman for Wales (PSOW) has recognised that the organisation's performance against the target dates to provide evidence to comply with individual recommendations has reassuringly continued to be better than average. Financial renumeration, continued to be comparable with a total of £1700 (£700 in settlements and £1000 in draft reports), offered to complainants during quarter 3 of 2023/24. A marginal decrease from £1750 (£750 in settlements and £1000 in draft reports) awarded in the same period of 2022/23. The PSOW have a four-level redress payment system. Level 1 can award £50-£450 for minor injustice and no long-term impact, i.e., delays in complaint response, failure to update complainant. The sum awarded is at the discretion of the individual PSOW officer, and number of updates given to complainant. Level 2 can award £500-£950 for moderate injustice with no or little long-term impact, level 3 £1000-1950 for significant injustice and Level 4 for Very significant injustice. During the Quarter 3, 6 PSOW investigations were opened, and 10 investigations were closed, all were submitted within the required timeframes. The PSOW upheld 6 reports during Quarter 3.

The PSOW are engaging earlier in the process for complainants than in previous years, hence there is an increase in financial renumeration. Proactive measures have been instigated to provide targeted staff training and education to improve the quality and timeliness of concern investigations.

Positive engagement sessions took place across the Quality, Patient Safety and Quality Improvement teams. The benefits realisation of a centralised structure will ensure that the retention of skills, knowledge and experience is optimised within the teams. It is anticipated that it will improve consistency of practice and most importantly place a greater focus on a collaborative person-centred approach to concerns management across services.

The introduction of the Patient Advice Liaison Service Team in November 2023 has already seen a positive impact upon engagement with patients and families across the organisation and in turn the number of compliments received. PALS launched on the 6th of November and to the 31st of December received 754 enquiries of which 29 became complaints all were managed through early resolution.

114 compliments were recorded in the reporting period 2023/24 compared to 45 compliments for the same period in 2022/23: a more than 100% improvement.

Learning and Improvement:

The Health Board recognises that organisational learning plays a pivotal role in continuous improvement and development. Placing patient experience and person-centred care at the very heart of each and every investigation. Considering feedback from the perspective of patients and families allows the organisation to identify areas for development and minimise the potential for recurrence.

Centralisation of the Quality Patient Safety resource will support a culture of shared learning and a triangulated approach to patient safety and quality. The Health Board aims to achieve this through dedicated and concentrated training to support staff who will be undertaking investigations. Learning is everybody's business, and this will be recognised by the development of an organisational learning framework produced via a multi-disciplinary approach and in collaboration with external stakeholders such as Welsh Risk Pool, the Public Services Ombudsman for Wales and local advocacy services.

8 Claims, Redress & Inquests

The Health Board Patient Legal Team oversee the management of clinical negligence claims, personal injury claims, concerns progressed under the PTR Redress Scheme, and Coroner inquests.

Total clinical negligence claim numbers remain steady at 657 matters, up slightly on Q2, 637. The variation in figures is minimal and of no concern or indication of increase in trend.

Personal injury claims continue to remain at historical low levels below 100, with 76 live matters at the end of Q3. Taking account of the Health Board's wide spread of sites and footfall, these are very encouraging numbers.

Claims are spread across Divisions and Directorates. Numbers continue to remain higher as expected in our higher risk areas, including surgery, Trauma and Orthopaedics, Urgent Care, and Obstetrics & Gynaecology.

Whilst clinical treatment remains the largest class of cases, there continues to be a very mixed picture in the detail of the cases, spread over multiple Divisions/Directorates, sites and timescales.

Overall inquest numbers have steadied, dropping below 200 for the first time in the last 12 months. Current live inquests stand at 188. Whilst fluctuating all the time, as we constantly close and open new matters on a

daily basis, this is a significant stabilisation of the Health Board's position over the last 12-month period.

The Health Board had 2 Regulation 28 Reports issued by Welsh Coroners during the index period. Regulation 28 reports seek assurance from Health Boards as to actions taken or planned for the prevention of future deaths.

Graeme Hughes, Senior Coroner for South Wales Central issued a Regulation 28 report concerning ambulance handover delays. The Report was issued collectively to the Health Board, WAST, and the Minister for Health Welsh Government.

Caroline Saunders, Senior Coroner for Gwent issued a Regulation 28 report concerning delegation of nursing duties to the family of an inpatient.

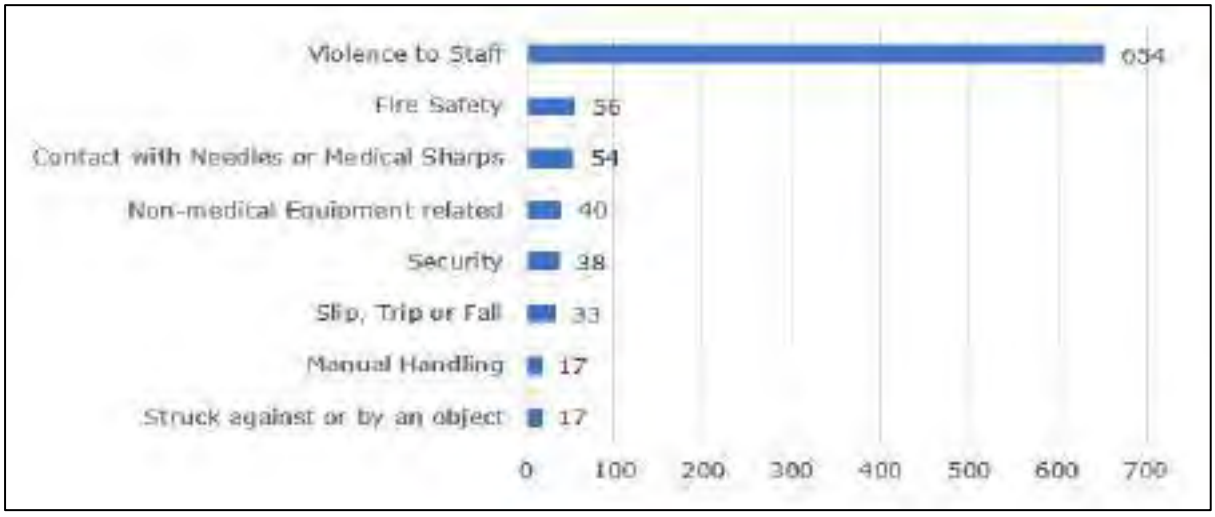
Both Regulation reports have been formally responded to via the Chief Executive. Both responses will be available to the public via the Chief Coroner website. The second report was also shared with Health Inspectorate Wales (HIW).

9 Health, Safety and Security

9.1 Health and Safety Incidents

A total of 1,020 incidents relating to Health, Safety, Fire and Security were reported during the period 1 October 2023 to 31 December 2023. This is an increase of approximately 11% compared with the same period in 2022. 907

The following table shows a breakdown by type of the most common incident themes reported for the period 1 October 2023 to 31 December 2023:



Violence and aggression to staff is significantly the highest reported incident and highlights the risks faced by the workforce from violence in

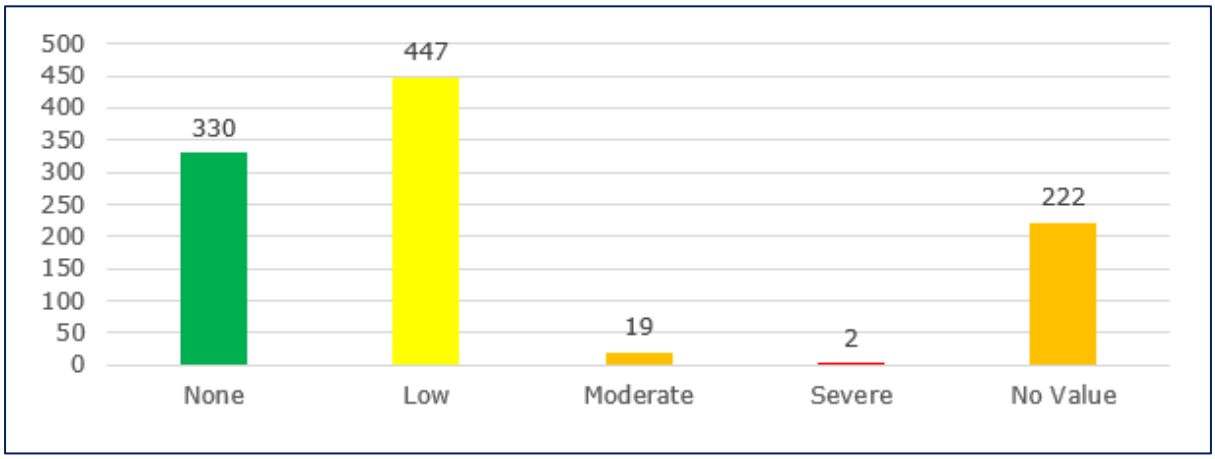
the workplace. The monthly average for the period October to December 2023 is 218 incidents per month, which equates to approximately 7 incidents of violence and aggression per day.

Physical assaults to staff account for approximately 26% of violence and aggression incidents during the reporting period.

Contact with needles or medical sharps is the second highest reported health and safety incident causing injury to staff. 80% of these were exposure to contaminated devices.

Of the 17 manual handling incidents reported during the period, 8 of these relate to patient handling activity.

The table below illustrates the level of harm based on the '*Severity of Incident Post Investigation*', which highlights that there are currently 222 incidents that are still to be investigated and the final severity recognised. This is being addressed via Divisions. 11 of the 21 moderate or severe incidents are related to violence and aggression.



9.2 Violence Prevention & Reduction Plans

The Health Board is considering implementation of the NHS England Violence Prevention and Reduction Standard.

The standard has been developed in partnership with the Social Partnership Forum and its subgroups, including trade unions and the Workforce Issues and Violence Reduction Groups. It was endorsed by the Social Partnership Forum on 15 December 2020.

The standard delivers a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.

9.3 Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) Compliance

21 incidents were reported to the Health and Safety Executive (HSE) in accordance with RIDDOR during the period 1 October to 31 December 2023.

The table below shows a breakdown of incidents reported:

RIDDOR Notification Type	Number of Reports
Dangerous Occurrence	1
Over 7 days injuries	14
Specified Injury	6

0 (nil) incidents relating to injuries to patients or members of the public.

Physical assaults, manual handling and slips, trips and falls (all 4 incidents) contributed towards the highest reported number of over 7-day injuries reported.

Slips, trips and falls reported the highest number of specified injuries (5 incidents).

62% of the RIDDOR reports were submitted to the HSE within the legal timeframe. On the 8 occasions where the timeframe was not met, this was due to the incident reports being submitted late by the injured party / Line Manager or the Corporate Health and Safety Department had inadequate information to submit the report (awaiting investigation to take place).

9.4 Security Incidents

There were 48 incidents relating to security reported during October and December 2023.

The highest reported security incidents are as follows:

Incident Type	Number of Reports
Break in / burglary	8
Theft/missing/loss of patients/service users property/money	7
Security doors left open / inappropriate use	5

The Health Board Security Manager reviews all security incidents and offers advice and support to implements security measures.

9.5 Workplace Inspections

A target was set to conduct health and safety workplace inspections for all Inpatient areas at Acute Hospital sites by end of March 2024. As at end of December 2024 22% (11 out of 49) of the inspections were completed with average compliance score of 90.1%. A plan to review progress against the non-compliances arising from working inspections will be completed at end of March 2024.

9.6 Fire Safety

There have been 1 fire reported and 48 unwanted fire signals reported across the Health Board during the period October to December 2023.

The fire occurred at the Grange University Hospital when Works and Estates were carrying out routine maintenance in the Sprinkler Pump Room. An engineer was resetting the pumps following a routine test when they could smell burning. The engineer noticed black smoke coming out of the Newlec fan heater along with flames.

A carbon dioxide extinguisher was quickly applied to the electric fan heater and the fire was very promptly extinguished following these actions. All power was then disconnected from the fan heater, (including the unaffected one) and all electrics were then isolated at the fuse board within the building. New Tubular wall mounted heater units have been procured and installed to reduce the likelihood of a re-occurrence of this incident.

The following table provides a breakdown of the unwanted fire signals by site:

Site	Number of unwanted fire signals
County Hospital	3
Grange University Hospital	4
Llanfrechfa Grange	4
Maindiff Court	2
Nevill Hall Hospital	9
On-Line House	1
Royal Gwent Hospital	15
St Woolos Hospital	9
Ysbyty Ystrad Fawr	1

The Fire Safety Team investigate all fire safety incidents to identify the cause(s) and extract the learning.

A programme of fire risk assessments across the Health Board is conducted by the Fire Safety Team. There is currently a backlog of assessments that are overdue and these are being prioritised for completion. As at end of December 2023 the team are on target to review 85% of all fire risk assessments prioritised for 2023/24.

10 Safeguarding

10.1 Multi Agency Public Protection Arrangements (MAPPA)

The Health Board is working to formalise its processes to better respond to its statutory duty in regard of Multi Agency Public Protection Arrangements (MAPPA).

10.2 Domestic Abuse

10.2.1 Multi-Agency Risk Assessment Conference (MARAC)

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors.

In QTR 3 2023/24, the Corporate Safeguarding Team attended 33 MARAC, providing information and contributing to safety plans for 230 survivors of Domestic Abuse.

10.2.2 Identification and Referral to Improve Safety (IRIS)

IRIS is a collaboration between primary care and third sector organisations specialising in Domestic Violence and Abuse. Core areas of the programme include ongoing training, education and consultancy for the clinical team and administrative staff, care pathways for primary health care practitioners and an enhanced referral pathway to specialist domestic violence services for patients with experience of Domestic Violence and Abuse.

This programme has been in place across the Health Board area for two years, with funding provided from the NCN. Further funding has been provided for QTR 1 2024/25, as the health Board explores options for future funding or alternative methodologies for continuation of key components of the service.

10.2.3 Ask and Act Training

Ask and Act Training is nationally prescribed training for public service staff who are likely to be making contact with those experiencing domestic

abuse, sexual violence and other forms of gender-based violence as part of their roles.

Reports generated at the end of QTR 3 2023/24 highlight that the current compliance by the Health Board, for the staff identified as requiring the training, is 73%. This is a positive trend but below the target level of 80% compliance, this has been escalated to Divisional Leadership Teams via the Safeguarding Committee.

10.2.4 Domestic Homicide Review (DHR)

A DHR is a statutory multi-agency review, which takes place following a domestic homicide. The purpose of the review is to establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims and to apply these lessons to improve service responses for all domestic violence and abuse victims and their children.

At this current time there are 5 DHRs underway and at various stages, in relation to homicides that took place in between 2021 and 2023. Initial reviews of these cases do not highlight any significant failures by the Health Board or its contractors. However, much of the generic learning can be applied across all agencies including the Health Board.

10.3 Sexual Violence

The 2022 the Women's Rights Network published a national report in regard of the volume of sexual assaults that have taken place in hospital settings. As a result of this, the Corporate Safeguarding Team are leading a piece of work to understand the areas where these incidents are more prevalent, the types of incidents and to identify the actions that can be taken to proactively prevent this and to protect potential victims.

10.4 Care Inspectorate Wales (CIW) Rapid review of Safeguarding Arrangements

In 2023 CIW undertook a rapid review of child protection arrangements in Wales, with much of the focus being on multi agency working. ABUHB is working collaboratively with partners from the Gwent Safeguarding Board to address the findings of the report, which require an effective multi agency solution. In addition, internal work has been undertaken to:

- Ensure Health Visiting or School Nursing provide up to date reports, highlighting the health needs of children prior to the Initial child protection conference.

- Work with Local Authorities to ensure that health staff are invited to strategy meetings and child protection conferences, in order to ensure any relevant information can be provided and that we have an avenue to actively contribute to the decision-making process.

- Ensure that health contributions to Strategy meetings and conferences takes in to account the wider family and that relevant information is shared with providers proportionately and in line with legislation.

- Ensure that there are internal pathways for the outcomes of meetings to be shared with all departments supporting the patient and that there is flagging of systems to invite conversation with the corporate safeguarding team when a child is referred to a new service.

10.5 Safeguarding Annual Report 2022 -2023

In QTR 3 the Safeguarding Annual report was prepared, in readiness for presentation to PQSOC in February 2024.

This report highlights the significant progress made in the previous twelve months, in relation to both core business and targeted areas of development, it also highlights the current challenges and the plans in place to address these, including how successes can be measured.

One of the key themes that runs throughout the report is the increase in safeguarding activity across the Health Board footprint. Whilst any increase in safeguarding activity is concerning, it can in part be attributed to the increased awareness within our workforce, which has been reflected in a positive increase in referrals made by the Health Board.

10.6 Board and Executive Safeguarding Development Session

During October 2023 the Corporate Safeguarding Team delivered a development session for members of the Board and Executive Team, in line with national guidance.

This session was delivered in two parts, with the first part serving as a reminder of the statutory responsibilities of the organisation in relation to safeguarding and the second part focussing on learning from two complex cases.

In relation to the two complex cases presented there was significant reference to the complexities of supporting vulnerable individuals and the importance of effective inter agency working in achieving effective outcomes.

11 Infection Prevention and Control

11.1 Guidance/Governance

The Reducing Nosocomial Transmission Group (RNTG) is a clinically-led group to oversee the reduction of healthcare acquired infections (HAI) and antimicrobial resistance (AMR). Its purpose is to actively monitor

compliance with the Health Board's Welsh Government HAI AMR goals action plan, directing action where necessary and escalating matters to the Executive Team as appropriate.

During the reporting period, the following National updates have been received and shared via RNTG:-

- UKHSA Briefing Note Non-0157 Shiga Toxin-Producing E coli
- Public Health Wales Short Briefing – Pertussis
- Public Health Wales Short Briefing – Mycoplasma Pneumonia
- Public Health Wales Short Briefing - Norovirus
- Public Health Alert – Influenza Antivirals
- Welsh Health Circular – Vaccination for staff to protect against measles

11.2 Welsh Government Reduction Expectations

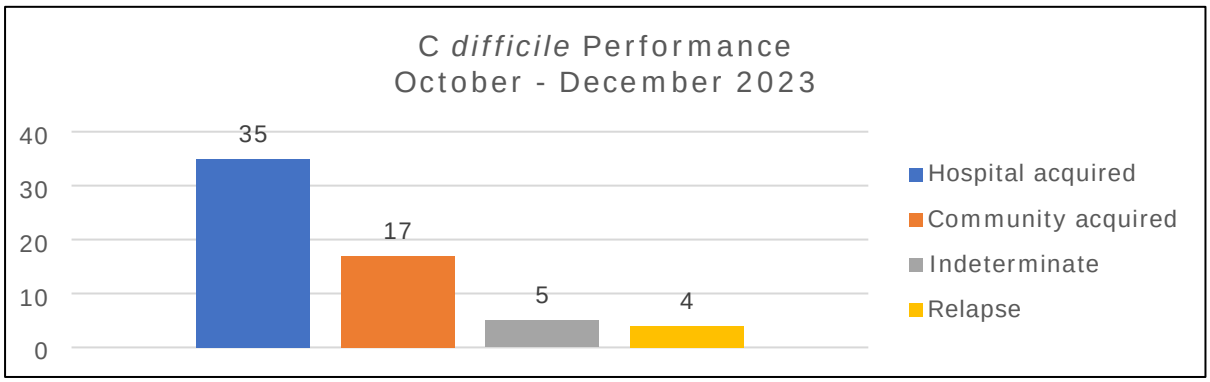
Welsh Government reduction expectation goals for 2023/24 are unchanged from the previous year. An action plan has been developed and is monitored via the Infection Prevention Antimicrobial Stewardship Committee.

	On trajectory to achieve 2023/24 reduction expectation
	Not on trajectory to achieve 2023/24 reduction expectation

Organism	Reduction Expectation per 100,000 population	HB rate per 100,000 population	Number of cases reported Apr-Dec 2023	Cases reported equivalent period 2022
C *difficile*	25.00	36.71	162	150
Staph Aureus	20.00	19.13	87 (5 MRSA)	97 (8 MRSA)
E coli	67.00	60.29	271	243
Klebsiella	10% reduction	23.58	106	88
Pseudomonas	10% reduction	4	18	14

11.2.1 C *difficile* Performance

Total: October – December = 61



There has been confirmed outbreaks on 4 wards during the report period.

LEARNING
The highest incidence of CDT is evident within the Division of Medicine. As a result, a quality improvement project has commenced looking at risk reduction across a number of factors. The route cause analysis has determined the outcome measurements and will focus on: • Improving antimicrobial stewardship • Staff and patient education • Patient management including prompt isolation • Hand hygiene • The wearing of correct personal protective equipment • Governance and culture which encompasses all learning The success of this improvement project will be rolled out across the Health Board.

Public Health Wales briefing indicates an association with increased disease severity, mortality and transmission compared with other strains. There have been several cases linked to Aneurin Bevan University Health Board therefore it is essential the following is implemented robustly: -

- Maintain high standards of antimicrobial stewardship to avoid any preventable C *difficile* infections
- Assess patients with diarrhoea, in healthcare settings and the community, promptly
- Treat appropriately for C *difficile* infection, if suspected or confirmed, according to NICE and local Health Board/guidance

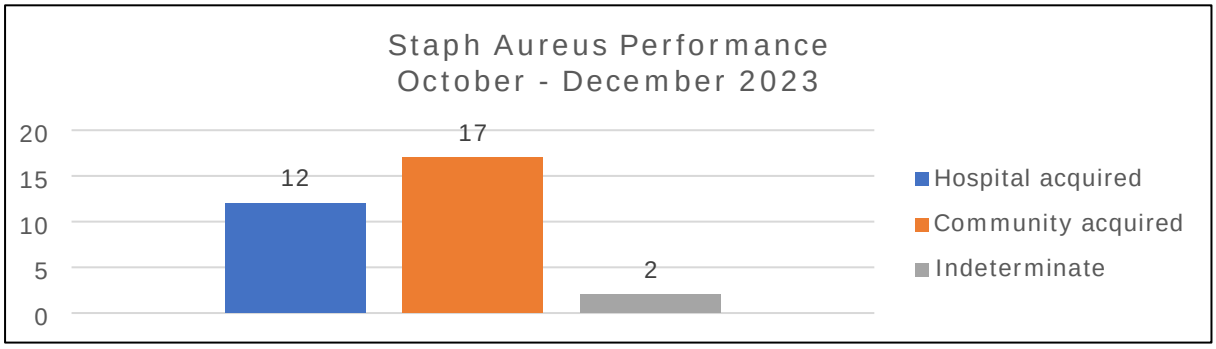
- Seek advice on infection prevention and control precautions from the Infection Prevention Team (IPT) in the event of any newly suspected or confirmed case, outbreak or period of increased incidence

- Test patients who present with severe or refractory C *difficile* infection, using a rapid C *difficile* PCR test, for the presumptive presence of RT955 (an emerging strain of C *difficile)*

C *difficile* root cause analyses for Q3 revealed 21/67 patients received suboptimal antibiotics that may have increased their risk of *C difficile* infection. A theme of suboptimal use of piperacillin/tazobactam and co-amoxiclav, particularly in GUH and RGH was identified. However, this does not appear to have continued into Q4. The Lead Antimicrobial Pharmacist for secondary care is undertaking a benchmarking exercise to identify any ongoing concerns in admissions areas at all sites.

11.2.2 Staph Aureus Performance

Total: October – December = 32 (2 MRSA)



Source of infection

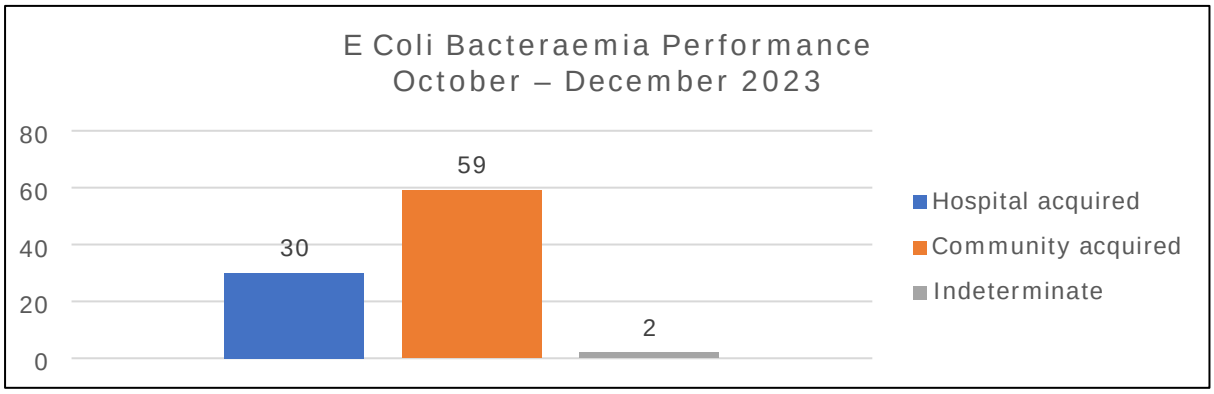
- MRSA: skin & soft tissue, wound.
- MSSA: 7 bone, 8 skin & soft tisue, 5 urine (1 CAUTI), 3 line, 4 respiratory, 2 gastro, 1 unknown.

LEARNING

- Skin and soft tissue injury remains the largest source of infection.
- IPT continue to promote good wound care via Aseptic Non-Touch Technique (ANTT).
- Bronze accreditation for ANTT will form part of ward accreditation moving forward.
- Education and training has been sourced via the skin cleaning company, promoting best practice for line care.
- Route cause analysis has highlighted the requirement for Divisions to work in collaboration with IPT to promote and embed the essential requirement for admission screening, to include any identified wounds.
- IPT continue to link with admission units to refresh screening requirements.

11.2.3 E Coli Bacteraemia Performance

Total: October – December = 91

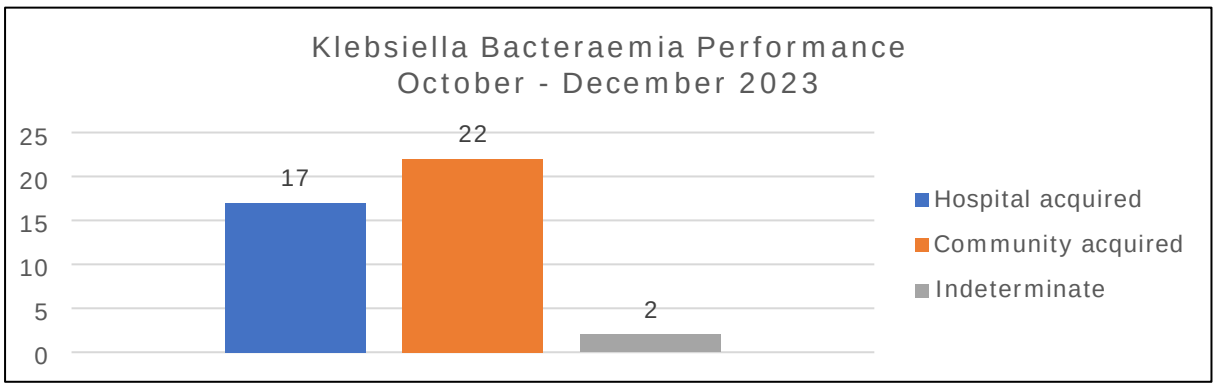


Source of infection

43 urine (8 CAUTI), 23 hepatobiliary, 8 gastro, 9 respiratory, 4 other, 2 skin & soft tissue, 1 bone, 1 unknown)

11.2.4 Klebsiella Bacteraemia Performance

Total: October – December = 41

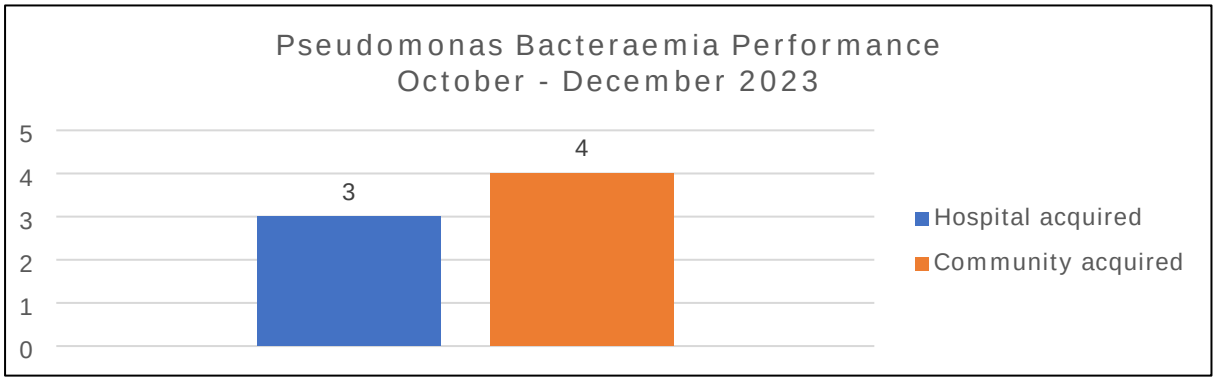


Source of infection

17 urine (6 CAUTI), 10 hepatobiliary, 5 gastro, 3 skin, 4 respiratory, 2 unknown

11.2.5 Pseudomonas Bacteraemia Performance

Total: October – December = 7



Source of infection

3 hepatobiliary, 2 respiratory, 2 urine (1 CAUTI)

LEARNING

The presence of bacteraemia infection has been determined as multifactorial in nature, related to:

- Endogenous infection
- Compliance with care bundles
- Known past medical history

A deep dive of gram-negative blood cultures has been undertaken to review antimicrobial resistance associated with these pathogens.

- Tazocin is the first line antibiotics for the management of sepsis. However, data demonstrates that within Aneurin Bevan University Health Board, there is a 20% resistance linked to Klebsiella and 5% linked to E coli. Therefore, the promotion of prudent prescribing, coupled with good infection prevention measures, is fundamental.

IPT continue to promote safe management of medical devices. This is implemented by supporting root cause analysis meetings for cases linked to catheter associated urinary tract infection (CAUTI) and the roll out of HOUDINI.

11.3 Antimicrobial Stewardship

There has been a seasonal increase in primary care antimicrobial usage, however total volume has demonstrated a slight increase compared to pre-pandemic use. This means Aneurin Bevan University Health Board is highly unlikely to achieve the expectation target of a 25% reduction compared to the 13/14 baseline.

Of particular concern is the variation in prescribing across the Health Board, with three localities being the highest prescribers of total volume of antibiotics in England and Wales. Audit and feedback cycles are underway with high prescribing practices. Antimicrobial prescribing is included as part of the local incentive scheme and has been escalated as an area of concern by prescribing advisors during practice visits.

Prescribing of higher risk 4C agents remains stable, and whilst use is now higher than in the other health boards, use is lower than the English average. High prescribing practices are being audited as part of the audit & feedback cycles.

Within Secondary care Aneurin Bevan University Health Board achieved the target of ≥55% of total antibiotic consumption in the WHO ‘access’ category (lower risk antimicrobials) in Q1 2020/21, this performance has been

maintained every quarter since. However, whilst attainment of the other secondary care antimicrobial stewardship interventions is generally complete, completion of Start Smart Then Focus audits to monitor stewardship principles in secondary care remains poor. A strategy to mitigate this is being discussed with the Medical Director and Assistant Director for QPS, which is likely to involve divisional ownership of the audits and migration of the audit from the PHW developed tool with benchmarking data, to AMAT as the ABUHB preferred audit platform.

11.4 Acute Respiratory Infections (ARI) Surveillance

During the reporting period, the Hospital Discharge Passport/Transfer Document was updated to remove isolation requirements for patients being discharged or transferred back to care home environment.

Overall, the number of hospital onset cases of ARI remained steady with fewer outbreaks reported than previous months.

LEARNING
• IPT continue to promote education and training in regard airborne transmission precautions. • Data demonstrates single occupancy wards see a far lesser incidence of healthcare acquired infections and onward transmission within the healthcare setting.
• ABUHB has the one of the lowest onwards transmission rates for influenza and COVID. • The majority of outbreaks have occurred in the Royal Gwent and Nevill Hall hospital where patients are cared for in bays and share facilities. • IPC constantly review patient's infectious status in line with the standard operating procedure to ensure appropriate patient placement • The functionality of ICNET supports the IPC Team in identifying early identification of clusters and instigate appropriate actions to prevent onward transmission.

During the reporting period:

Covid 19	▪ 14 ward outbreaks reported (8 NRI) ▪ 558 bays monitored
Influenza	▪ Nil ward outbreaks ▪ Nil bays monitored

RSV	▪ Nil outbreaks. ▪ 24 bays monitored

11.5 Diarrhoea & Vomiting (Norovirus)

During the reporting period, patients with unexplained diarrhoea and vomiting began to increase. Fortunately, there were no outbreaks reported at this time, however, 16 bays were monitored for increased incidence. With support from the IPT, to sustain good infection control practice, sporadic cases were contained to bays and no onward transmission occurred.

11.6 Measles

The task and finish group continued to meet following increased cases of measles across the UK. A response resource pack has been created to support Health Boards to recognise, prepare and respond to possible measles cases in primary and secondary care. There is also significant focus on current vaccine status and promotion within high-risk clinical areas and community population.

11.7 Infection Prevention Incidents

Two patients who underwent thyroid surgery grew *Streptococcus disgalactiae* from the surgical site.

Remedial actions taken: -

- Review staff risk assessment for respiratory infections
- Staff wellbeing included in theatre WHO risk assessment.
- Ensure access to theatre restricted to appropriate personnel
- Vents in theatres cleaned.
- Consideration to be given to type of procedure being undertaken due to small theatre environment
- Reported as an NRI

11.8 National Reportable Incidents (NRI)

2 C *difficile* outbreaks reported due to same genomonic sequencing identified indicating cross infection has occurred	Ruperra & D3E
8 Covid outbreaks reported due to a loss of beds	Oak ward, 3/3, Gwanwyn, Sycamore, D3W, C5W, C6W, C7E

11.9 Ongoing Overall Risks

- Inpatient capacity to manage appropriate patient placement to support isolation/cohorting.
- Sustainable workforce
- Increase in prevalence of infection i.e., pertussis (whooping cough), measles.
- Ensuring Divisional ownership
- Compliance with Health Board policy for prudent antimicrobial prescribing and infection prevention practice
- Capacity to support the authorised person for decontamination role within ABUHB.
- Compliance concerns with decontamination national requirements within endoscopy/HSDU and community dental services.

To support the risk assessment there are evidence-based policies available, the infection prevention team has a robust monitoring system via the use of ICNET promoting early identification of clusters. The team are also available promoting best practice within the clinical areas and challenging any non-conformities.

12 Recommendation

This report is to provide assurance for the Board on the ongoing work to implement and deliver the Quality Strategy and Patient Experience & Involvement Strategy and therefore the delivery of Compliance with the Duty of Candour and the Duty of Quality. There is ongoing work to refine measures and align the reporting of the QOF to mirror the new iconography style of reporting.

The Board are requested to note the report and request additional assurance through PQSOC where required.

Aneurin Bevan University Health Board

Quality Strategy

Quality Outcomes Framework



2023/24

Quarter Three

The Quality Outcomes Framework (QOF) structure and metrics was approved by the Patient, Quality, and Safety Operating Committee (PQSOC) in Quarter One. It was acknowledged this would become an iterative framework and would be under constant development throughout its first year. The goals, expectations and ambitions were set out in the Quality Delivery Plan. This has been implemented to comply with the Duty of Quality and Duty of Candour as part of the Health and Engagement Act (Wales).

The Health and Care Quality Standards provide a clear framework to help us plan, deliver and monitor healthcare services in Aneurin Bevan University Health Board. Our Quality Outcomes Framework (QOF) is mapped to ensure we develop and deliver our services around the six domains of quality and the six quality enablers.



The reporting of the new QOF recognises the development of some of the measures as the Health Board develops new ways of reporting and capturing what is important for our patients. This process will continue to be refined by working with planning and the digital, data and technology Division and our staff and our population.

We are updating the QOF to ensure measures are being refined and reviewed. The reporting is being aligned in 2024/25 to mirror the Performance report produced for the Board with the use of 'iconography'. This will ensure the measures in the QOF from part of our Quality Management System.

The timing and format of the report is under review for Q3 and Q4. An interim report will continue between quarters. Working collaboratively will allow standardised reporting quality metrics and enable a quantitative data to inform insight to intelligence.

In summary, during Quarter 3 the Health Board delivered:

- ✓ Review of the Serious Incident Policy
- ✓ Introduction of PALS
- ✓ Increase in early resolution of complaints
- ✓ Maintained RAMI and Crude Mortality Scores
- ✓ Improved provision of Safeguarding training
- ✓ Improved cancer programme outcomes through adoption of Quality Improvement methodology.

The actions to improve the position and risk level have been included in our plans set out later in this document.

Structure

This report is structured across four sections as follows:

CHAPTER	PAGE
Quality Outcomes Framework and Performance Summary – This section reports against the Quality outcome measures. It provides population and system outcome measures to support understanding of delivery of the Quality Strategy.	
Priority 1 – Person Centred	1
Priority 2 - Safe Care	7
Priority 3 – Timely Care	17
Priority 4 - Effective Care	23
Priority 5 – Efficient Care	27
Priority 6 – Equitable Care	29

2. OUTCOMES FRAMEWORK & PERFORMANCE SUMMARY

The vision set out in the Quality Outcome Framework 2023-2024 is to:

> Drive continuous improvement in the delivery of healthcare services by focusing on measurable outcomes.

In order to achieve this vision, the Strategy focuses on developing and delivering our services around the Health and Care Quality Standards.

The QOF is updated quarterly and, depending on data availability, the latest data is reported for each indicator. For the 2023/24 the Quality Outcomes Framework was reviewed and, where appropriate, aligned with the domains and quality and quality enablers. The timescales for indicators vary according to the data source. The 'New Measure' category is used where the indicator is in development but has been recognised as important to include and measure.

The QOF will be produced for Board, the Executive Committee and PQSOC. The proposed indicators have been drawn from existing Services, Ward, and National Reporting benchmarking against best practice. There is a complimentary 'Patient Safety, Experience, Engagement and Quality Narrative Report' available to provide the additional patient experience data and learning.

Quality Priority 1- PERSON CENTRED and opportunities to improve patient safety.

Delivering PERSON CENTRED care which involves patients, relatives, families, carers, and system partners in the planning delivery of care and opportunities are key to ensuring improved health outcomes and to improve patient safety.

Priority	Outcome Description	Indicator	Last Reported Position		Current Reported Position (Sept partial)		Change over the last time period	Expected for Q2 reporting	Latest findings
			Latest data available	Indicator value	Latest data available	Indicator value			
Priority 1 - Person Centred	Our patients, their families, and carers receive an experience that not only meets but exceeds their expectations	General experience rating of episode of care	*New Measure*	*New Measure*	Q3 2023.24	87.0%	*Improved*	Y	Overall satisfaction score as 87% (benchmark is 85%). It should be noted that currently survey completion is small scale
		Balance of complaints received and closed by grade score	Q2 2003	269/271	Q3 2023	502	Improved	Y	The number of complaints received and managed through PTR was 498 and 329 were managed via Early Resolution.
		Compliments - Themes identified for improvement	*New Measure*	*New Measure*	Q2 2023		*New Measure*	N	Communication, and recording of information
		Reduction in the complaints backlog	Q1 2023	400	Q2 2022	380	No Change	Y	The backlog has seen a continued decrease with focused work to improve the baseline position established in June 2022
	Increased patient, public and staff involvement.	Increase in number of responses in Civica	*New Measure*	*New Measure*	Q3 2024	282	*New Measure*	Y	Q3 282. (Q1/2 466).Total 728 reponses. CIVICA is live on all inpatient wards.
	Learning from complaints is implemented	Qualitative feedback use of the learning section in Datix						N	In development
		Increase in the number of actions plans completed						N	Action plans are not currently collated however work has commenced to collect this data

Our patients, their families, and carers receive an experience that not only meets but exceeds their expectations.

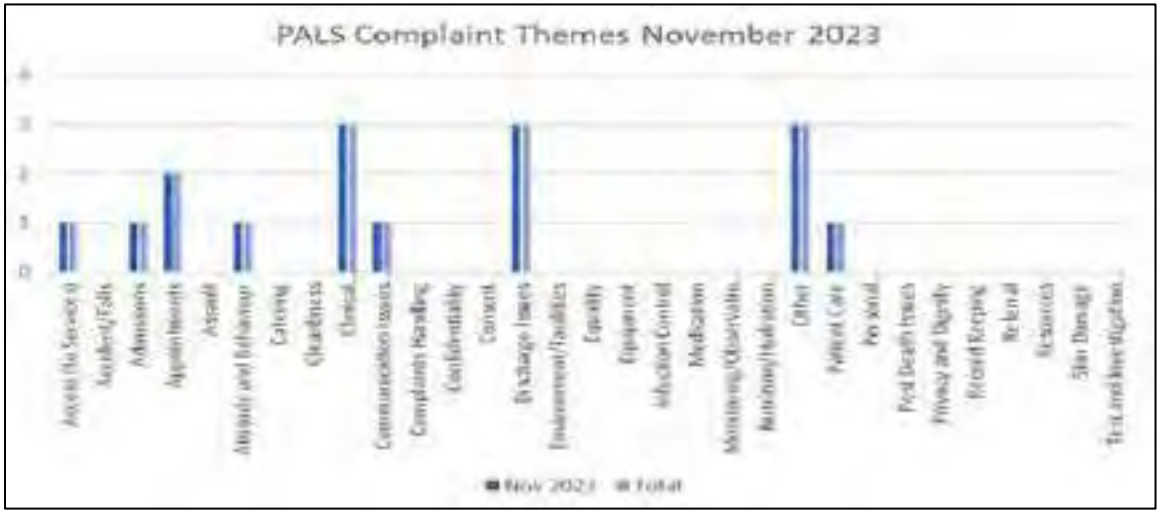
The Aneurin Bevan University Health Board introduced the CIVICA Citizen Experience platform across the organisation in February 2023. An organisational hierarchy has been developed across all Divisions. This is to ensure patients can provide anonymous feedback which can be recorded (and retrieved) across several levels, including down to Ward, Team/Department, and service location.

Increased patient, public and staff involvement.

There has been a graduated roll-out to support staff training in CIVICA resulting in 728 Person Centred Care (PCC) Surveys completed to date. This is a new measure and adoption, and completion is expected to significantly increase over the next two quarters. CIVCA is being included in Ward Accreditation and highlighted through Divisional Reporting showing the following measures.: satisfaction score, heat map, comment analysis (themes), comment reports, listening and learning and 'you said, we did'. The KPI's for Primary and Community have been structured in to 8 core questions, and to ensure a whole system approach to provide feedback the National ED and COVID surveys are now active.

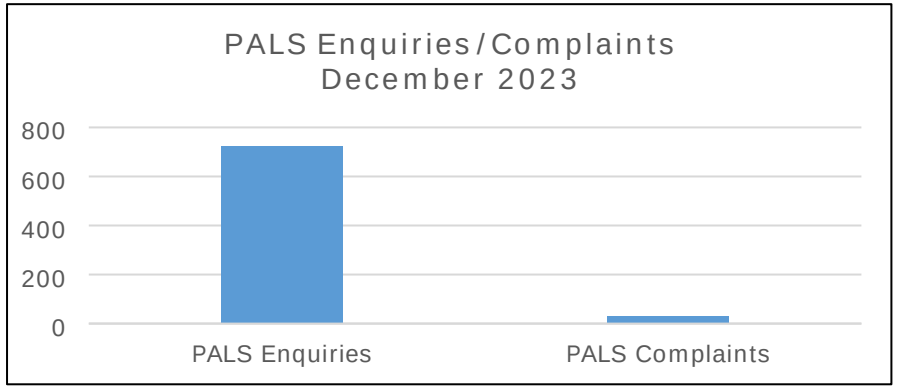
Satisfaction Score Health Board Wide01/03/23 – 31/12/23
87%

For Q3, 728 surveys having been completed, these have indicated an overall satisfaction score as 87% (benchmark is 85%), which combines Q1-3. CIVICA is live on all inpatient wards, however not all have received feedback, therefore it should be noted that currently survey completion is small scale. CIVICA is being embedded with patient experience feedback. A minimum number of surveys per month will be built into Ward Accreditation systems. Summary to date: Q1&2 there were 446 responses - 75% overall satisfaction and Q3 there were 282 responses – 87% overall satisfaction.



The PALS service was launched on 6 November 2023. As well as being the first point of contact for members of the public who have queries or concerns, the Team support clinical teams in managing concerns that can be dealt with through early resolution.

Since its inception, calls and contact through email to the PALS team are increasing. Enquirers include patients themselves, relatives, members of the public, patients, advocates, and GP practices. In November 2023, the PALS team dealt with 350 enquiries and only 2 were referred to PTR. This approach has enabled us to listen, learn and act upon how the patients feel that we need to improve our services to provide a better person-centred approach.



Since the introduction on the Patient Liaison Service (PALS) there were no cases escalated to PTR for December 2023. Total activity for one month:

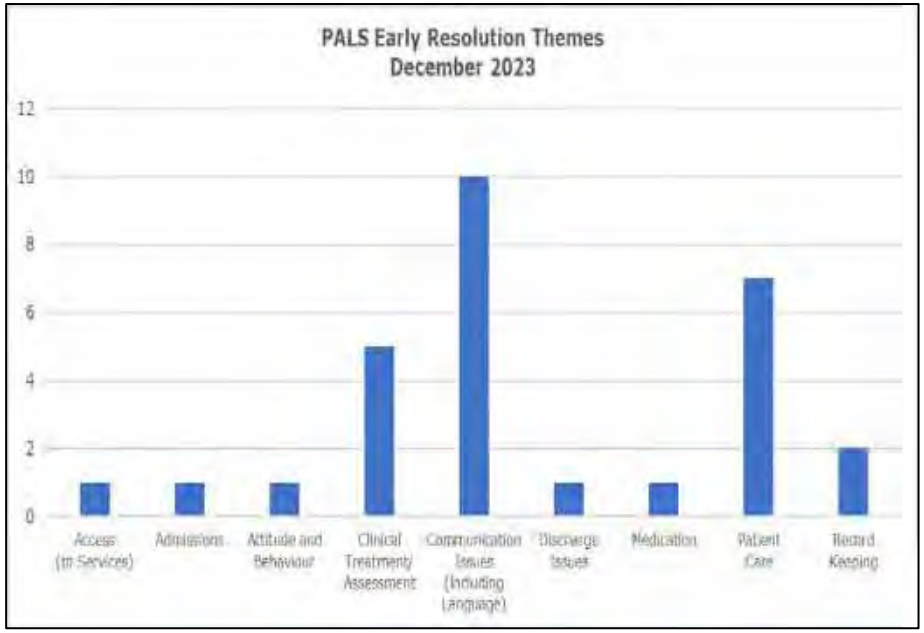
PSO / PALS Enquires: 725

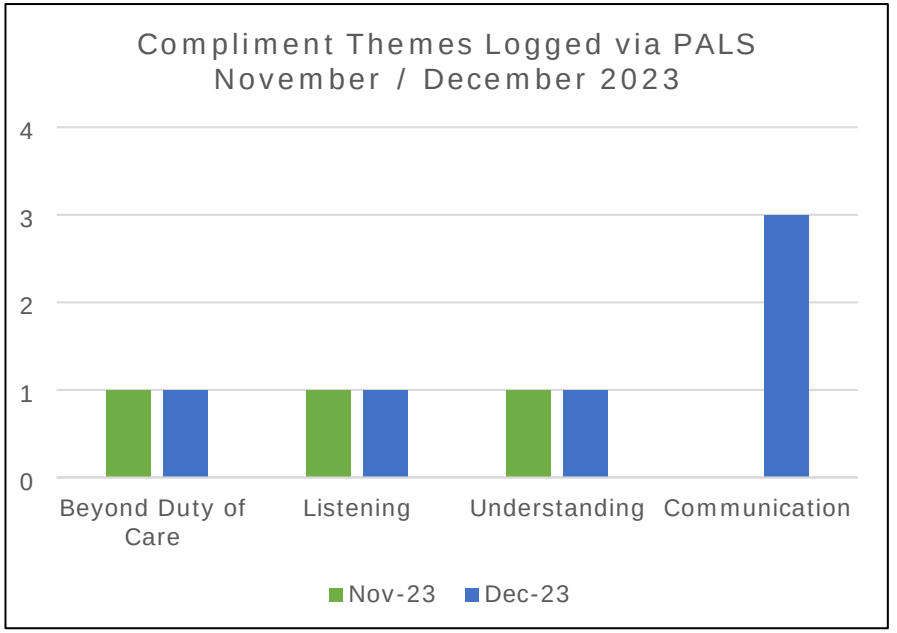
PALS Complaints (managed / being managed through Early Resolution): 29

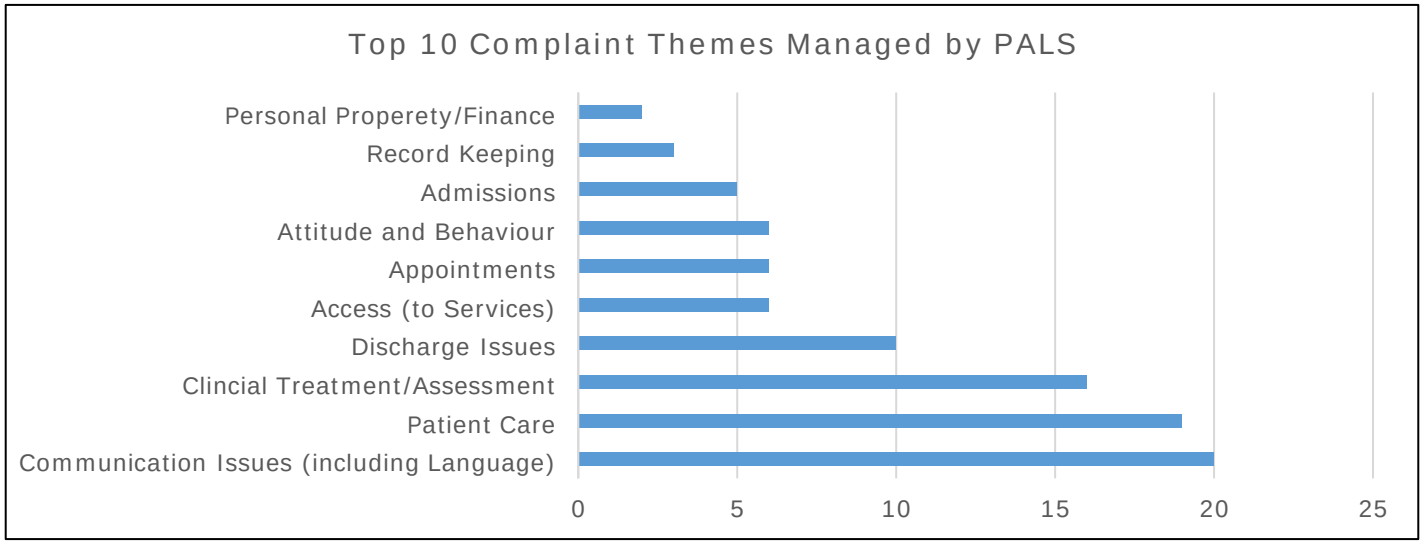
Complaints Escalated to PTR: 0

Compliments relating to PALS: 3

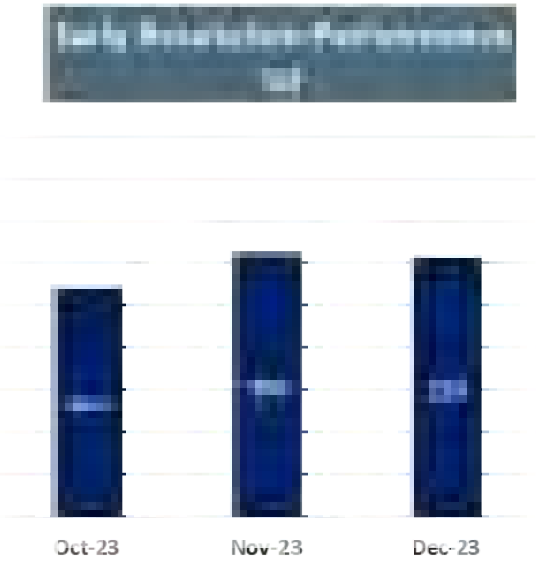
Reviewing the complaints and identifying themes and impact is important for continuous learning and change, themes will form part of the patients experience feedback.

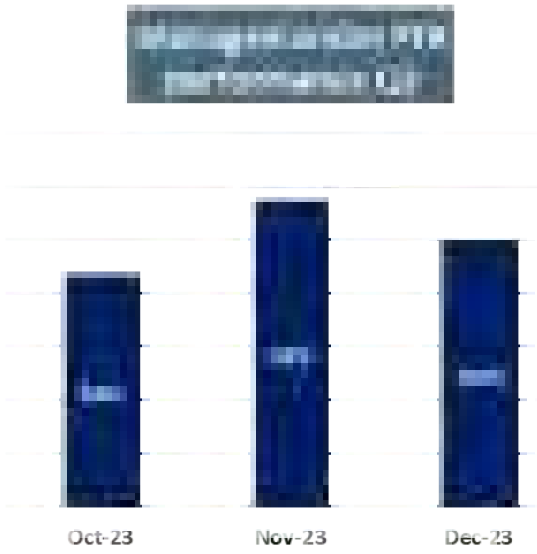

PALS Early Resolution Themes
December 2023
12
10
8
6
4
2
0
Access (to Services)
Admissions
Attitude and Behaviour
Clinical Treatment/ Assessment
Communication Issues (including Language)
Discharge Issues
Medication
Patient Care
Record Keeping


Compliment Themes Logged via PALS
November / December 2023
4
3
2
1
0
Beyond Duty of Care
Listening
Understanding
Communication
Nov-23
Dec-23


Top 10 Complaint Themes Managed by PALS
Personal Properety/Finance
Record Keeping
Admissions
Attitude and Behaviour
Appointments
Access (to Services)
Discharge Issues
Clincial Treatment/Assessment
Patient Care
Communication Issues (including Language)
0
5
10
15
20
25

Complaints


Oct-23
Nov-23
Dec-23


Oct-23
Nov-23
Dec-23


Complaints received July - December 2023
200
150
100
50
0
137
146
122
132
126
119
119
170
109
194
96
138
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Early Resolution
Formal Concerns


Total Open Complaints and Overdue complaints October - December 2023
600
500
400
300
200
100
0
428
451
482
279
288
338
152
160
184
71
71
78
31
36
26
15
8
23
9
10
21
Total open complaints at end of period
total overdue complaints
overdue < 3 months
overdue 3-6 months
overdue 6-9 months
overdue 9-12 months
overdue > 12 months
October
November
December

The number of complaints received and managed through PTR was 502 and 329 were managed via Early Resolution. Organisational compliance with the 30-working day target was positive across the period in relation to the volume of concerns received and those being successfully managed and completed under PTR. The number of complaints opened and closed remains comparable.

Complaint Compliance Q3 2020-2023				
	2020	2021	2022	2023
October	67%	100%	55.08%	53.79%
November	79%	94.3%	70%	67.74%
December	75%	84.3%	59.18%	60.74%

The total overdue concerns were on a downward trajectory. Although November and December saw a slight upturn in the number of open historic concerns.

A focused strategy has commenced across the organisation to ensure emphasis remains on overcoming historic concerns; particularly those greater than 12 months.

The top four themes identified were: -

1. Delay in appointment/waiting time/transport
2. Delay/Lack of treatment or Assessment
3. Incorrect/insufficient treatment or Assessment
4. Attitude/behaviour of clinical staff & General care and respect

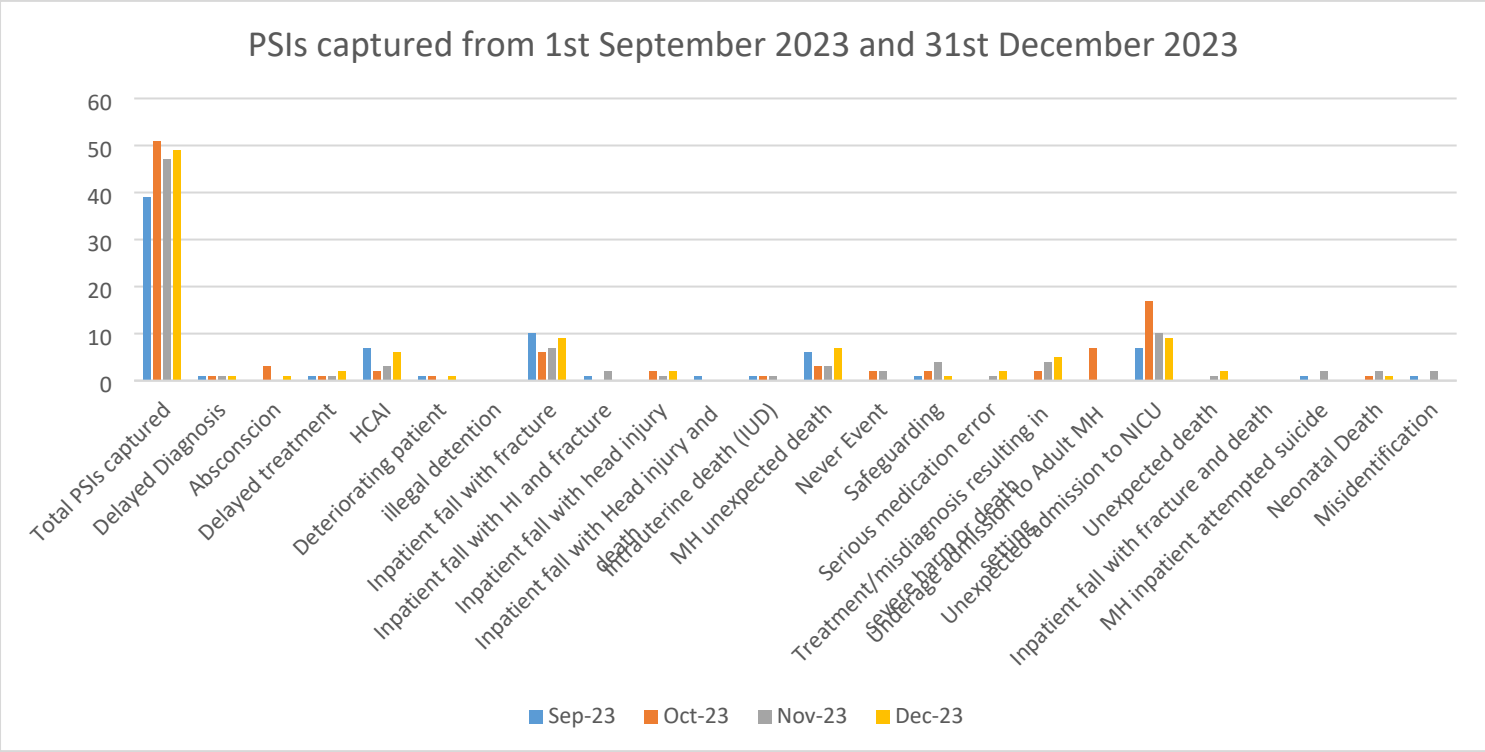
Quality Priority 2- Safe Care.

Provide SAFE care through reducing harm, preventing errors, and delivering consistently safe care through increased visibility and insight from multiple sources of patient safety information.

Priority	Outcome Description	Indicator	Last Reported Position		Current Reported Position (Sept partial)		Change over the last time period	Expected for Q2 reporting	Latest findings
			Latest data available	Indicator value	Latest data available	Indicator value			
Priority 2 Safe Care	Fewer repetitive incidents in the priority areas and across the Health Board	Reduction in the number of SI's, by harm category,	Q2 2023	61	Q3 2023.24	68	Increased	Y	As of 31st December 2023 the PSI team were managing 68 live Serious Incident investigations (moderate/severe), with 48 in meeting stages, and so an upward trend in SI investigation numbers
		Reduction in the number of National Reportable Incidents	Q2 2023	173	Q3 2023.24	45	No Data	Y	Reported NRI's for October 2023 were 12, rising to 22 in November, and lowering to 11 in December. 45 submitted in total for Qrt3'
		Reduction in the number of Never Events	Q2 2023	1	Q3 2023.24	4	Increased	Y	2 Never Events reported in October, 2 reported in November and 0 in December. 4 submitted in total for Qrt 3'
		Improvement in the time to respond and close incidents	Q1 2023	70 days	Q2 2023	70 days	No Change	Y	There has been increasing trend over the past year for the time taken to close incidents, and an increase in the number of incidents reported in line with an increased use of the DATIX stem
		Decrease in the number of reportable IPAC incidents	Q2 2023	23/week	Q3 2023.24	23/week	No Change	Y	Numbers ensure seasonal trends and winter planning Around 41% occur in RGH, and 21% in NHH
		The number of incidents with no harm themes identified						N	
		Increase in the compliance of Health and Safety Statutory and Mandatory Training	Q1 2023	84%	Q2 2023	86%	Improved	Y	There has been an increase in all the health and safety areas compared with the previous report
	Improved clinical outcomes,	Decrease in the time to complete safety alerts	Q2 2023	4 days	Q2 2023	4 days	No Change	Y	The average time to report has stabilised however the data is highly variable with regular peaks above four days
		Improvement in the severity of harm following a fall in hospital	Q1 2023	10%	Q2 2023	10%	No Change	Y	The number remains in line with Q1 however the variation has decreased
		Decrease in the number of Falls by 10,000 occupied IP Bed days	Q1 2023	10	Q2 2023	9	No Change	N	Compared to the previous period the number have stabilised following a period of reduction
		Decrease in the number of falls treated in ED which have had a previous admission - reattendance	No Data	No Data			No Data	Y	
		Improved RAMI Scores	Q2 2023	98	Q3 2023.24	114	Increased	Y	There has been a significant decrease in RAMI until December 2021 before gradually increasing in line with the rest of Wales but continued to be below the Welsh average. Q1 110, Q2 showed a decrease. The time lag of coding is 3 months so RAMI appears to increase for Q3, but this could be inaccurate until coding is recorded.
		Improved Crude mortality by hospital	Q1 2023	4.3	Q2 2023	4.3	No Change	Y	Over the past year ABUHB has seen an improvement in the Deaths by 1000 bed days measure and notably in the first quarter
		Decrease in the number of HA pressure ulcers by grade	Q2 2023	20%	Q3 2023.24	20%	No Change	Y	Around 20% are considered Moderate or Severe based on the reporter's view.
		Decrease in the number of HA pressure ulcers	Q2 2023	23/week	Q3 2023.24	23/week	No Change	Y	Work underway with improvement collaborative
		Decrease in the severity of medication incidents	Q2 2023	389	Q3 2023.24	469	Severe category consistent	Y	Q1 total 304, Q2 total 389 and Q3 total 469
		Decrease in the number of incidents under - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations	Q2 2023	28	Q3 2023.24	23	Decreased	Y	23 incidents to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). 65% of these cases were reported within the legal timeframes within the legislation. This is an increase of 2% from the previous report.
		Reviewed Cardiac Arrest calls by 10,000 bed days	No Data	No Data			No Data	Y	
		Decrease in Hospital Acquired Venous Thrombosis incidents	Q3 2022	54	Q2 2023	49	Improved	Y	Q1
		Increase in the number of PREM Audit and actions						N	

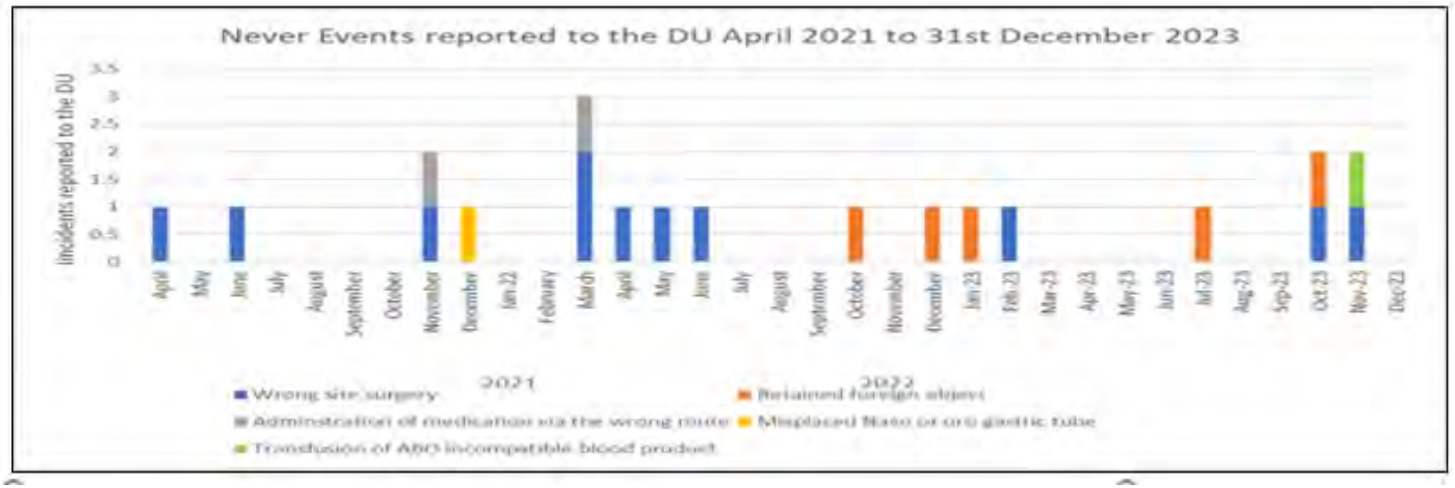
Fewer repetitive incidents in the priority areas and across the Health Board

Reduction in the number of SI's, by harm category, National Reportable Incidents and Never Events



As of 31st December 2023, the PSI team were managing 68 live Serious Incident investigations (moderate/severe), with 48 in meeting stages, and so an upward trend in SI investigation numbers.

In November 2023 the Health Board's Serious Incident policy was updated to map to the National Policy, receiving approval from PQSOC and the Executive team 'Patient Safety Incident Reporting and Management Policy (Duty of Candour: Moderate/Severe Harm)'.

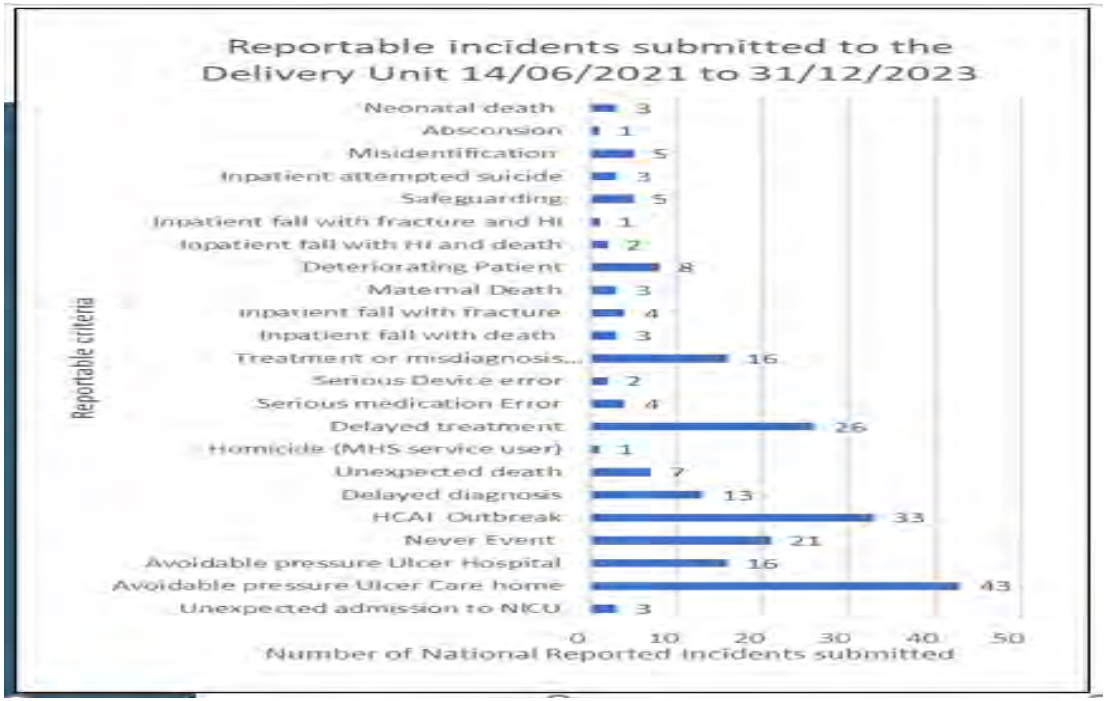


There were 4 Never Events reported during Q3.

Two Never Events were reported during October. One retained foreign object in Obstetrics and one wrong site surgery within Dermatology.

There has been 2 Never Events reported in November – a wrong site block and transfusion of ABO incompatible products.

A focussed approach to preventing Never Events continues across the organisation. A report presented at December's QPSOC, outlined the Improvement Programme for Theatres.



45 incidents have been reported to the NHS Executive for Q3 2023. There has been a marked increase since the summer, when the Health Board were advised to review their reporting criteria. 12 being reported during October. There were no particular themes. However, two Never Events were reported during October. One retained foreign object in Obstetrics and one wrong site surgery within Dermatology.

The Health Board saw an increase in November in NRI'S to 22, with a return to 11 in December. There were no themes. However, two Never Events were reported during November. One Transfusion of ABO incompatible Blood products on an acute medical ward and One wrong site surgery in Endoscopy.

Decrease in the number of reportable IPAC incidents

There have been around 29 infection incidents recorded each week. Numbers have been much lower since April. Around 41% occur in RGH, and 21% in NHH. 74% of infection incidents occur in Medicine settings. The vast majority of these are considered to be "Low" level of harm. Respiratory infections are also being recorded as part of winter planning.

There were 12 more cases of C difficile infection reported for the period Apr-Dec 2023 compared to the equivalent period 2022. During Q3, 2 wards were affected by periods of increased incidence where the genomic sequencing indicated onward hospital transmission. From the outbreak review meetings, learning around fundamental IP measures such as hand hygiene, cleaning & isolation were identified as contributing factors.

C difficile Faculty utilising PDSA cycles for improvement within Medicine launched in November.

Table 1. Current FY rate per 100,000 population of specimens by HB, Apr - Dec 23

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	36.71	1.11	18.02	60.29	23.58	4
Betsi Cadwaladr UHB	39.17	1.14	23.65	79.66	24.22	5.49
Cardiff and Vale UHB	21.1	2.11	31.39	72.02	24.27	4.22
Cwm Taf Morgannwg UHB	30.77	2.07	29.59	86.98	27.52	4.14
Hywel Dda UHB	47.13	3.07	26.3	106.55	26.3	7.85
Powys THB	18.01	0	1	2	0	0
Swansea Bay UHB	62.64	1.7	37.11	69.11	23.49	6.47
Velindre NHST						
Wales	37.75	1.72	25.7	74.78	23.93	5

Increase in the compliance of Health and Safety Statutory and Mandatory Training

At end of December 2023 training compliance for the Health Board was reported as:

Training	End of May	End of August	End of December
Health & Safety	84%	86%	86%
Violence & Aggression	82%	84%	85%
Fire Safety	79%	81%	82%
Manual Handling	52%	56%	54%

There has been an increase in all the health and safety areas compared with the previous report. A review of all health and safety training strategies is being undertaken to ensure an increase in compliance and active engagement with the Divisions to implement the training model is happening.

Challenges remain in the delivery of manual handling training. The Manual Handling Team continue to explore different ways of working to ensure the Health Board has a competent workforce to deliver manual handling tasks and meet the requirements of the All-Wales Manual Handling Passport. Since April 2023 there has been an increase in the delivery of face-to-face fire safety and violence & aggression training.

The Corporate Health and Safety Department are currently exploring opportunities to record and monitor compliance with Display Screen Equipment (DSE) training and risk assessment, including DSE risk assessment completed for hybrid workers.

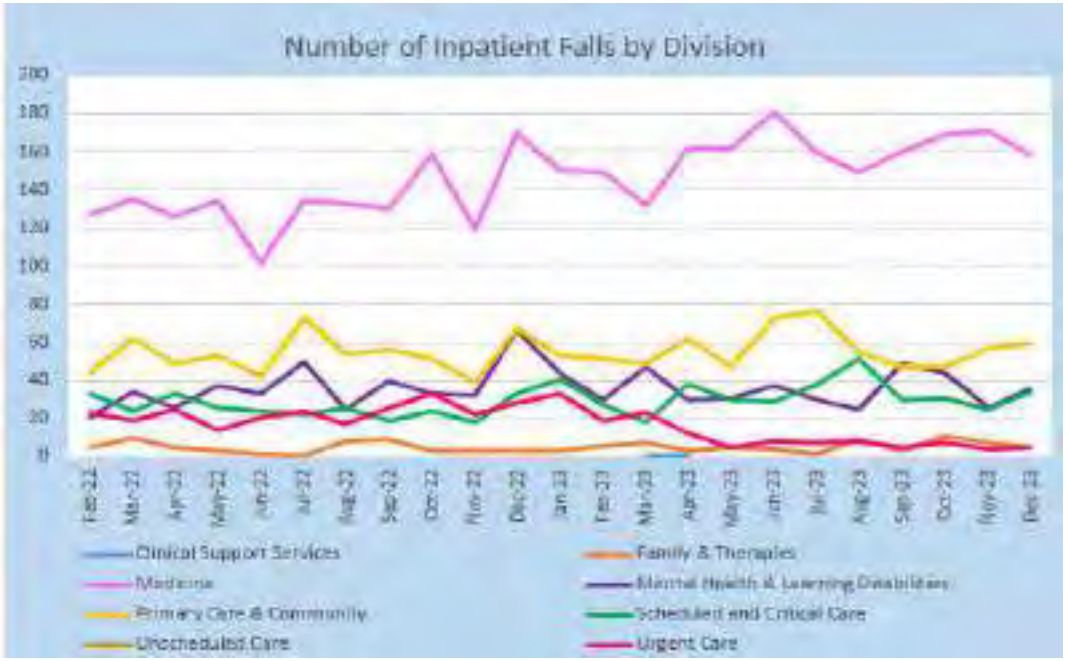
Improved clinical outcomes

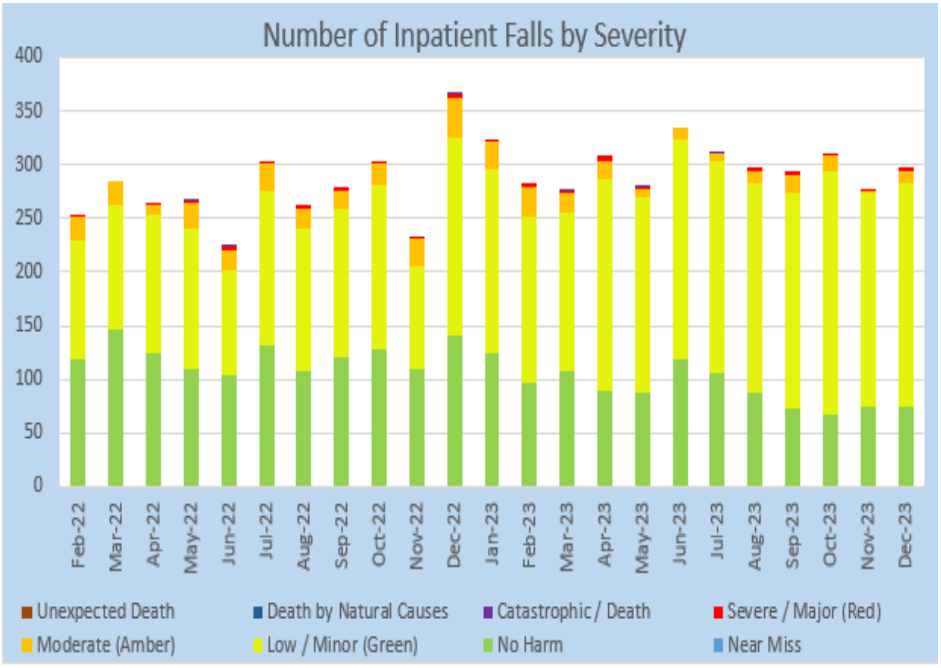
Falls

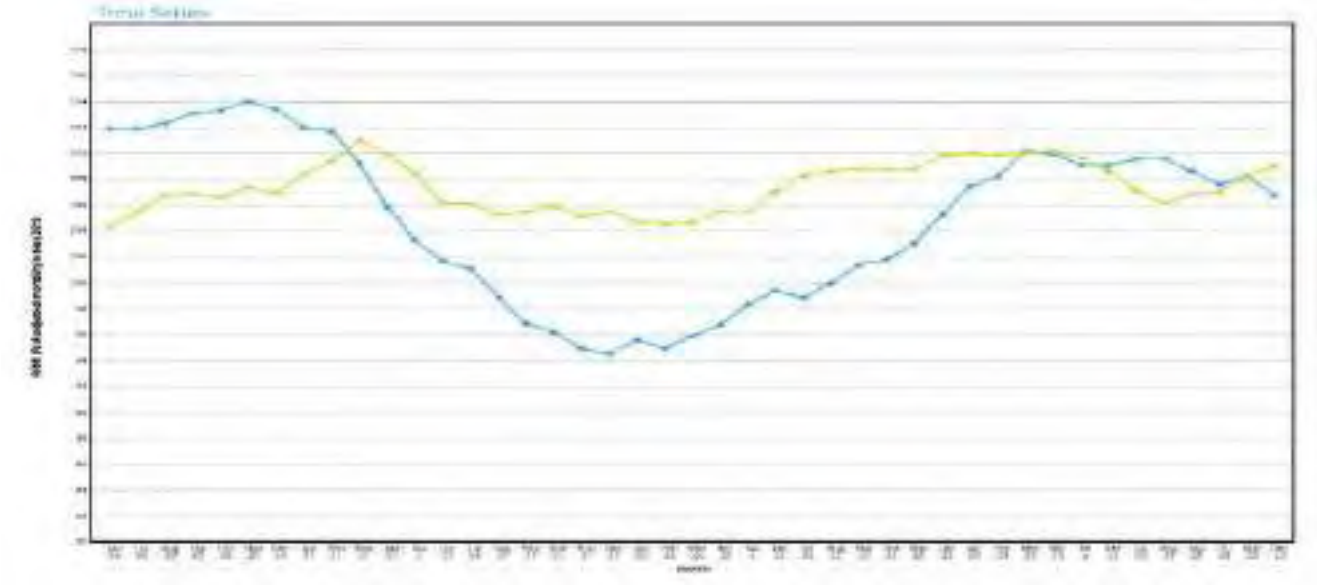
Falls analysis of data associated with Inpatient falls management continues to be monitored over a two-year rolling period to provide assurance. This approach identifies any changing trajectories or statistical variation in the number of falls incidents. The mean average value for the total number of falls per quarter remains consistent.

For Q3 there was a decrease in the number of falls. This year there has been a return to closer alignment to the mean average value, with a downwards trajectory for July and August 2023.









Risk Adjusted Mortality Index (RAMI)

RAMI is used to assess whether inpatient mortality across all medical and surgical patients deviates from the expected, taking risk factors into considerations. Since the opening of the Grange University Hospital, there has been a significant decrease in RAMI until December 2021 before gradually increasing in line with the rest of Wales but has continued to be below the Welsh average. To date, the Health Board is performing 2nd of 6 within its peer group.

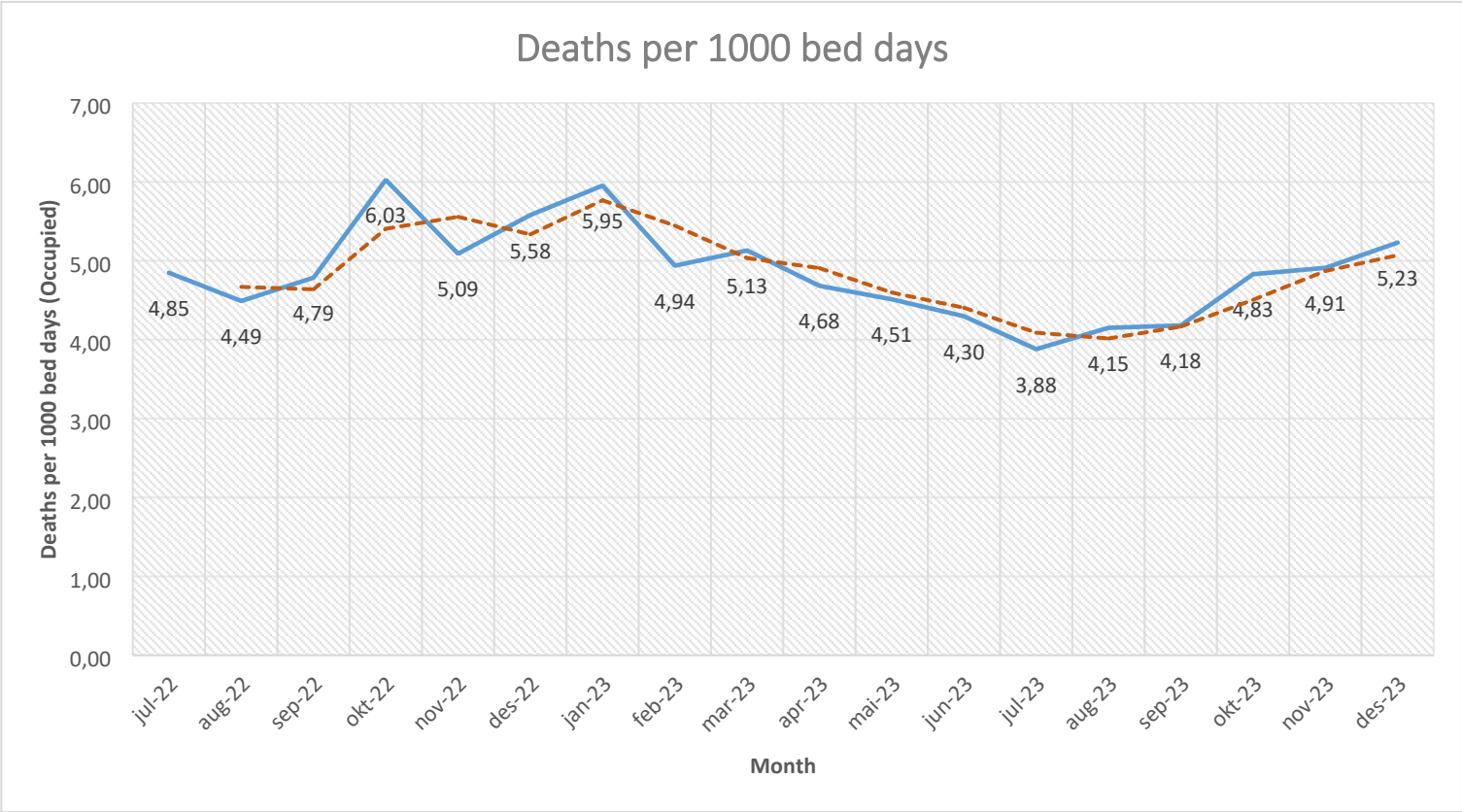
Blue - ABUHB

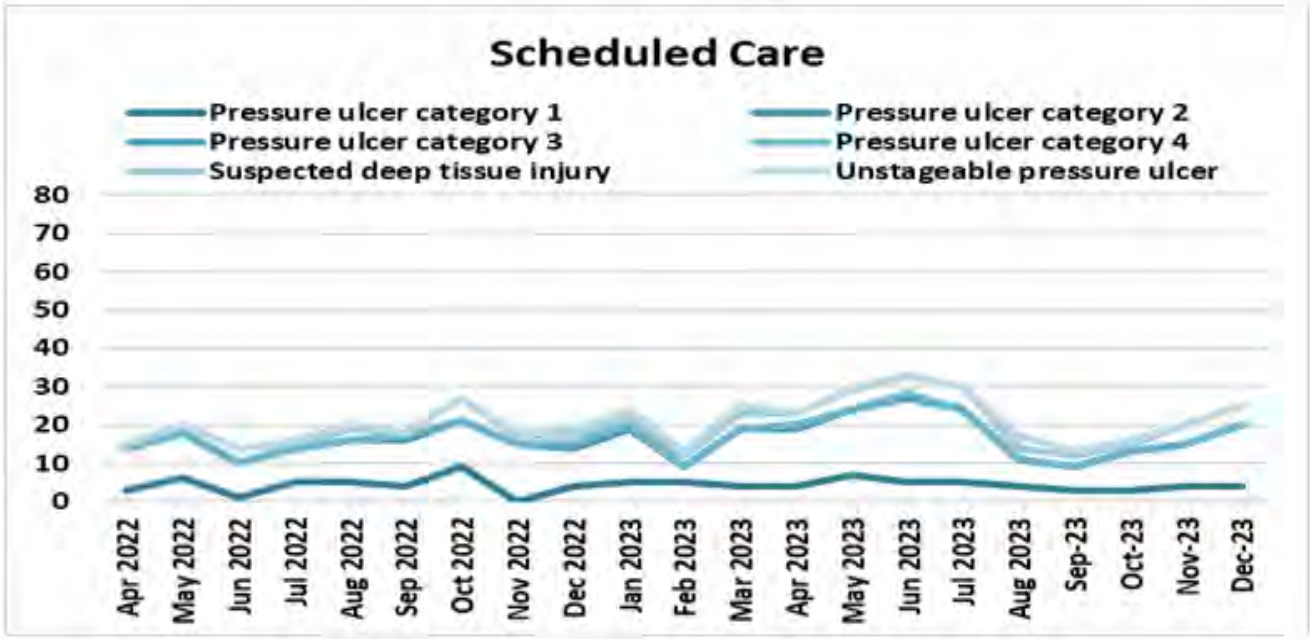
Yellow – PEERS (All Wales)

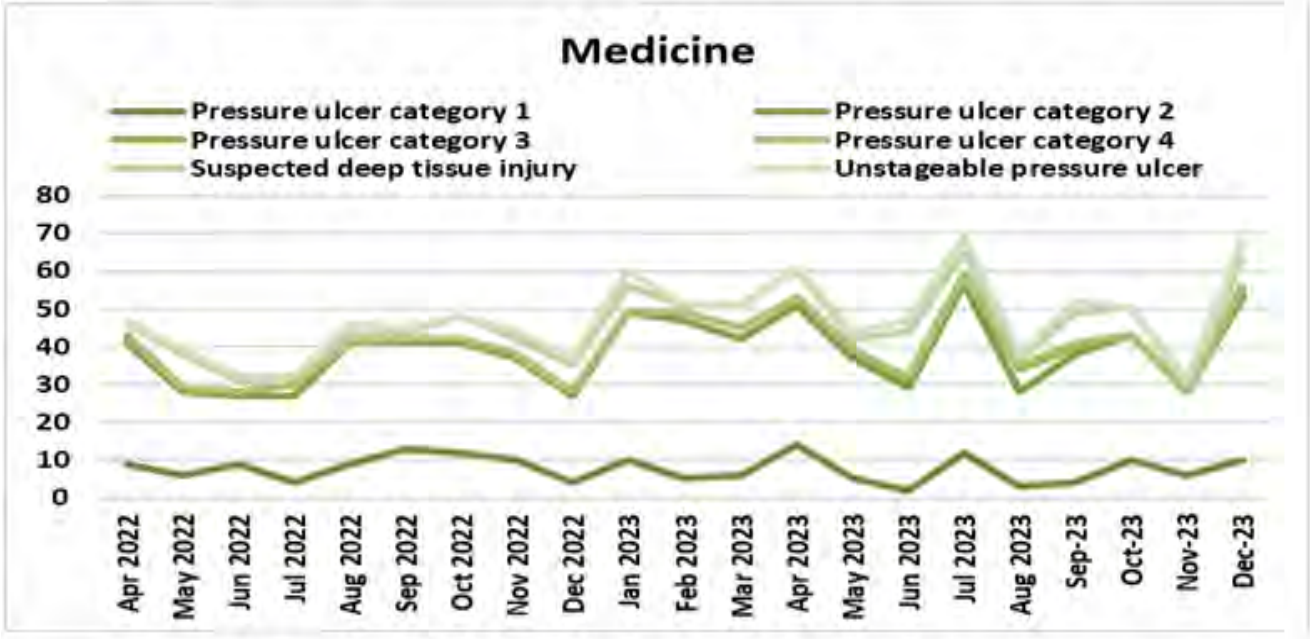
Crude Mortality

The review of mortality rates supports understanding of many questions about the causes, consequences, correlates, and measurement of mortality in a complex environment: Over the past year ABUHB has seen an improvement in the Deaths by 1000 bed days measure and notably in the first quarter.

Whilst our RAMI has varied significantly our crude mortality and mortality rate are flat and consistent. This emphasises the need for an individual mortality report where we do deep dives in high mortality specialities. This is currently under review.







Health Acquired Pressure Ulcers

Following the COVID-19 Pandemic, the Health board reported increased numbers of unstageable and grade 3 & 4 Health Acquired Pressure Ulcers (HAPU's).

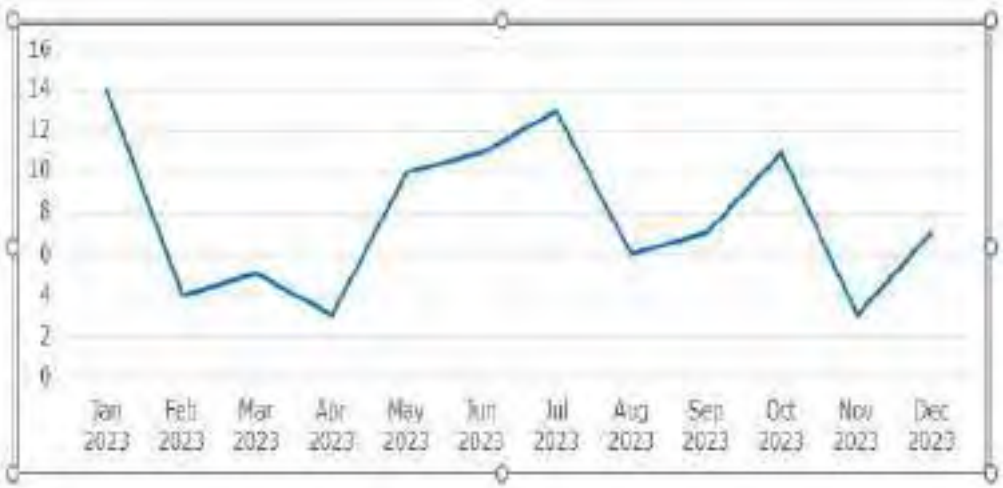
Reported Health Acquired Pressure Damage occurs at a rate of around 23/week. Around 20% are considered Moderate or Severe based on the reporter's view. 34% of these occurred at GUH and 52% in eLGHs.

With the success of the previous pressure ulcer prevention and reduction collaborative, the Pressure Ulcer Faculty 2023 has been developed, led by the Nursing Directorate and Senior Nurses from Medicine, Unscheduled Care, Urgent Care and Community Care nursing; with support from ABCi. The Aim of the Faculty is to:

Reduce HAPU incidences by 25% of baseline within 4 months from the commencement of the faculty and eradicate incidence of grade 3 & 4 avoidable HAPUs 4 months from the commencement of the faculty

There has been an upward trend noted in November and December 2023, which has resulted in the TVNs developing a pre-recorded PowerPoint teaching package. PDSA cycles are in progress and a diagram has been updated. Date of commencement of Pressure Ulcer Pilot is February 2024.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations



During the period January 2023 to December 2023 the Health Board have reported 94 incidents to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

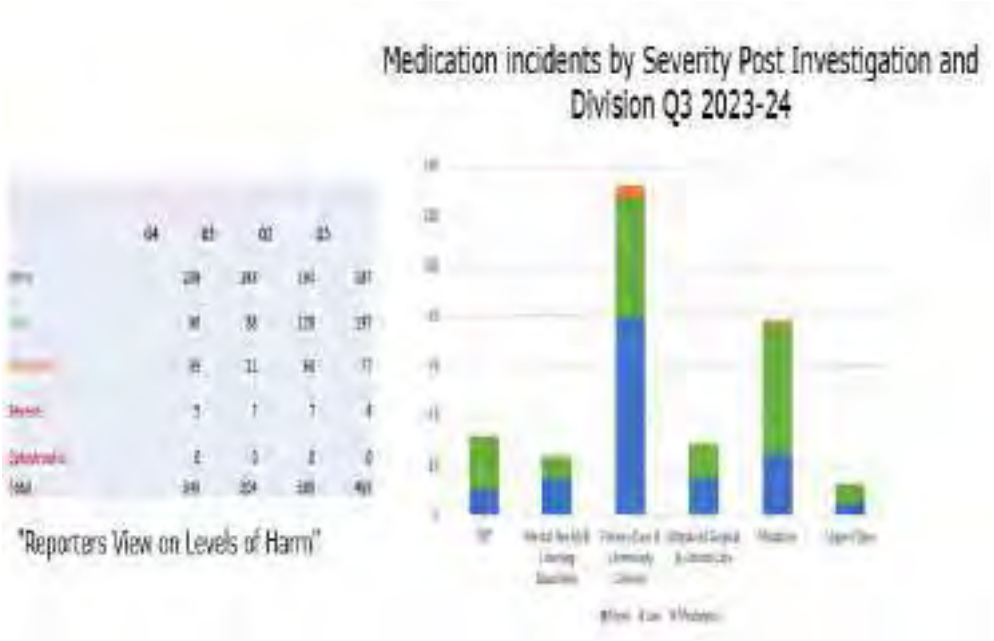
62% of the RIDDOR reports were submitted to the HSE within the legal timeframe. On the 8 occasions where the timeframe was not met, this was due to the incident reports being submitted late by the injured party / Line Manager or the Corporate Health and Safety Department had inadequate information to submit the report (awaiting investigation to take place).

Medication Incidents

Data for Q3 was scrutinised in terms of type of incidents, themes and areas of concern. Total 469 incident reported Oct to Dec 2023 based on "reporters view on level of harm". Total 319 incidents reviewed and investigated.

<u>Focused outcomes</u>

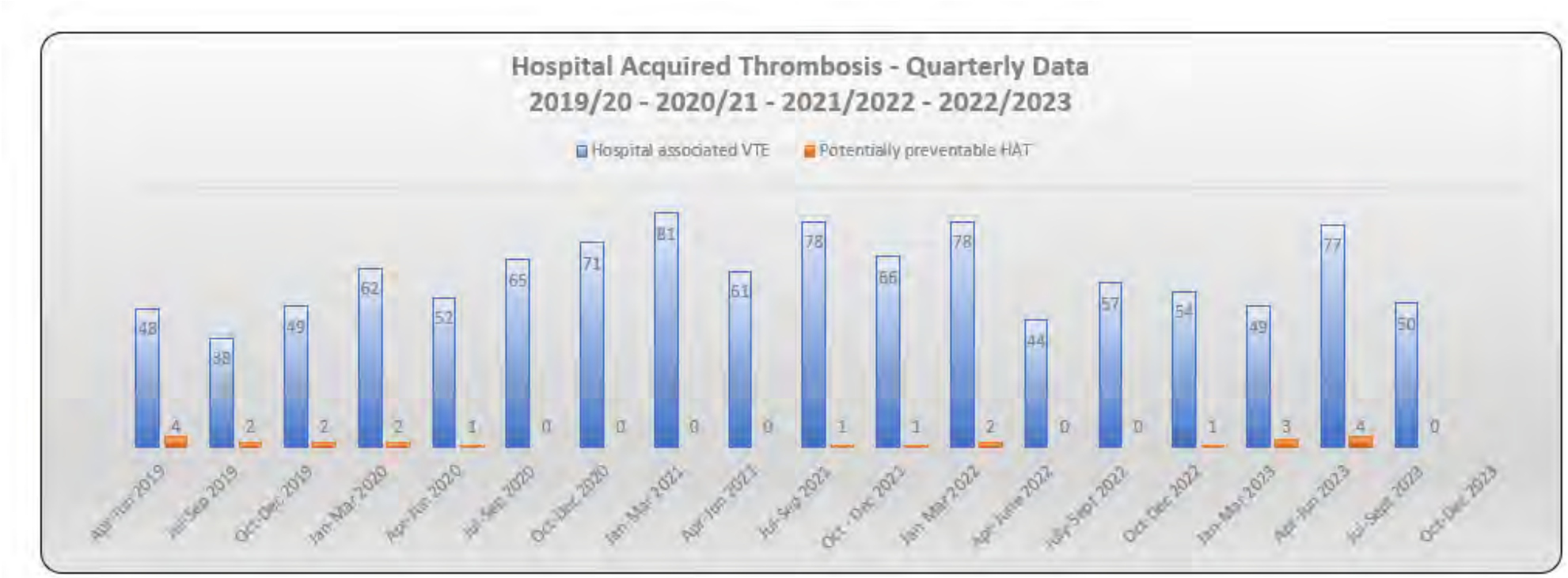
- Corporate action plan for anticoagulant incident review to include scoping activities such as pharmacy intervention report, thematic review, SOP update.
- Ongoing work to deliver on recommendations for Time Critical Medication e.g., patient information posters in admission areas.



- Continue to work with DICE to highlight areas requiring support with VRIII/ insulin training
- Monitor medication reconciliation incidents to identify any new learning for sharing
- Work with risk team to improve timely processing of incidents.

Health Acquired Venus Thrombosis

The last available data is Q2 2023, due to the 90 days delay with reporting a HAT. There number of HAT's in ABUHB remain consistent. However, over Q3 and 4 of 2022.23 and Q1 2023 there has been an increase in the number of preventable incidents. There is a focused programme of work with Scheduled Care and Trauma and Orthopaedics who have seen the highest prevalence and an increasing trend. Potentially preventable HATs will be recorded via Datix, which will include scrutiny of the notes to develop knowledge of themes and enhance learning.



Quality Priority 3- Timely Care

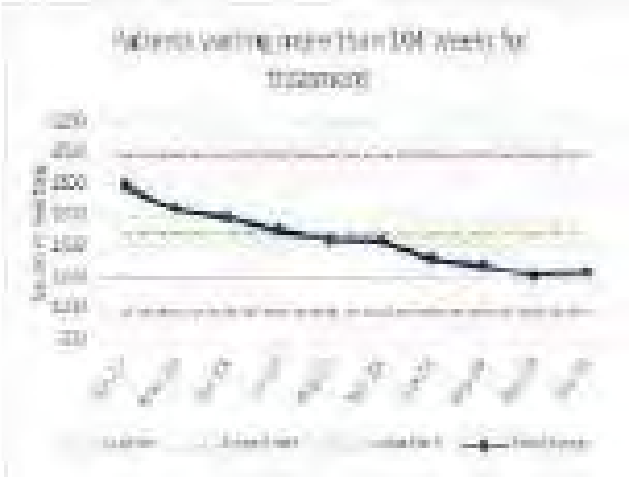
Provide TIMELY care, through ensuring people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time.

Priority	Outcome Description	Indicator	Last Reported Position		Current Reported Position (Sept partial)		Change over the last time period	Expected for Q2 reporting	Latest findings
			Latest data available	Indicator value	Latest data available	Indicator value			
Priority 3 Timely	Maximising and individuals time and outcomes	Decrease in the time from admission to surgery for emergency admissions	Q3 2023	30 hours	Q4 2023	34 hours	No change	Y	Average time to theatre from Arrival/Admission continues generally around 30 hours aside from a period in October/November of 32-42 hours.
		Decrease in the time from surgery to discharge	Q3 2023	2.6 hours	Q4 2023	3 hours	No Change	Y	Average time from leaving theatre to discharge has been mostly stable around 3 hours
		Decrease in time spent on a waiting lists	Q2 2023	34.16			Improved	Y	Improving trend for our longest wating patients, ahead of plan for those waiting 156 weeks, emerging issues in ENT and Ortho spines with Divisional actions plans
		Decrease in the number of handovers >1 hour, monthly	Q3 2023	1169	Q4 2023	1314	Improved	Y	Improved indicator value through implementation of change programme over the summer
		Decrease in the time for patients to be seen by first clinician	Q3 2023	4.2 hours	Q4 2023	3.8 hours	Deteriorated	Y	Trend has stabilised since Q2. Was improved in November but returned to normal in December.
		Decrease in the time for bed allocation from request	Q3 2023	7.5 hours	Q4 2023	8.4 hours	Deteriorated	Y	Increase from September to November
		Decrease in ED waits >12hrs, weekly	Q3 2023	261	Q4 2023	261	No Change	Y	No change
		Increase in discharges before midday:	Q3 2023	32%	Q4 2023	32%	Improved	Y	Improving indicator value, expected to see further improvement in Q3
		Decrease in the number of patients with a LoS over 21days	Q3 2023	563	Q4 2023	550	Improved	Y	>21 days Occupancy is below normal trends by around 40 patients
		Time from Flow Centre call to discharge/ admission from assessment?					No Data	Y	
		Number of emergency admissions in hospital over 7 days	Q3 2023	354	Q4 2023	354	No Change	Y	7-21 days Occupancy is has continued at normal levels
		Decrease in the time from request to step up/down to a different site					No Data	Y	
		Decrease Overnight bed moves and patient transfers	Q3 2023	37.90%	Q4 2023	38.70%	Deteriorated	Y	Gradual increase since Q2 against the overal improving trend since 2021.
		Reducing time spent in hospital					No Data	Y	
	Maximising cancer outcomes	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	Q3 2023	59.20%	Q4 2023	60.80%	Improved	Y	Deterioration in indicator value from 58.2% (Mar 23) to 56.2% (Jun 23)
		Increase in 5 year cancer survival rates	Q2 2023	0.54			Improved	New	Indicator value is similar and has been sustained. Next update scheduled Sept 23 (provisional)
	Improve Mental Health Resilience in Children and Young adults	Decrease in 4 week CAMHS waiting list	Jun-23	82.90%			Deteriorated	New	Further data updates to follow in Q4
		Decrease in neurodevelopmental (SCAN) waiting list	Jun-23	36.20%			Deteriorated	New	Further data updates to follow in Q4
	Improved mental health resilience in adults	Increase in life satisfaction among working age adults	2021/22	79.50%			Improved	New	Further data updates to follow in Q4
		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)	-	-				New	Further data updates to follow in Q4
		Increase in life satisfaction among older people	2021/22	84.20%			Improved	New	Further data updates to follow in Q4

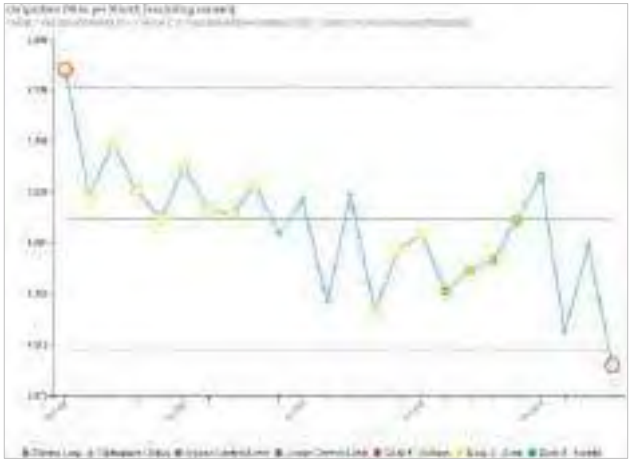
Maximising an Individuals Time-Planned Care

Maximising an individual's time is a core element of planned care. During the Junior Doctor Industrial Action on the 15th-18th January 2024, a total of 1,937 outpatient appointments and 356 treatments were cancelled and this loss of capacity has had an impact upon performance levels. The Health Board has made good progress towards eliminating waits of over 156 weeks, with 11 patients waiting at the end of January 2024 compared to the March 2023 position of 553. Improvements have also been made with 104 week waits for treatment which has reduced from 1,935 in March 2023 to 1,239 at the end of January 2024. Despite this reduction, the Health Board remains off track to meet the Quarter 3 104-week treatment trajectories by 993.

There is a particular challenge within ENT where demand has outstripped capacity, along with reduced outpatient capacity. A 'GP gatekeeper model' has been introduced and is being piloted to review demand with the purpose of managing demand in the most appropriate way, and early indicators show that the additions to the waiting list have reduced. Ophthalmology have launched a new technician diagnostic hub to address the backlog of Glaucoma patients on the follow-up waiting list, with a particular focus on those waiting over 100% past their follow-up target date.







Improvement in outpatient performance remains essential to make the most of an individual's time and is a core focus of the Planned Care Programme. At the end of January 2024, there were 2,290 patients waiting over 104 weeks for a first outpatient appointment. There is mixed progress across specialities with ENT, Orthopaedics and Ophthalmology currently behind trajectory. There are extensive recovery plans in place across ENT and Urology including a clinical review of patients on the waiting list along with other solutions (e.g. audiology) supporting ENT and a focus on improving treat in turn prioritisation across all specialities. However, despite plans being implemented it is likely to take time to recover the 104-week position, although significant improvements have been noted within the ENT 52-week position due to the implementation of the recovery plan.

The outpatient transformation programme is focussing on the outpatient Did Not Attend (DNA) plan, of which the current rate for new outpatient appointments has reduced further from 6.4% (4,579) in September 2023 to 6.1% (4,682) in January 2024. Additionally, the programme is continuing to work alongside finance and divisional teams, with a particular focus to further explore opportunities of virtual activity to meet the needs of those waiting for an appointment.

Maximising an Individual's Time - Diagnostics

The overall eight week diagnostic breach position has seen an improvement since November 2023. Key areas in diagnostics include:

- Royal Gwent Hospital endoscopy unit opened in November 2023, with the purpose to sustain services and reduce backlog of those waiting. The impact of this investments has resulted in the number of people waiting at the end of January 2024 reducing to 1,686, compared to 1,890 (Nov 23);
- Radiology diagnostics patients waiting over 8 weeks has decreased from 3,802 (November 2023) to 1,686 (January 2024);
- Cardiology position has been maintained at 217 breaches in January 2024.

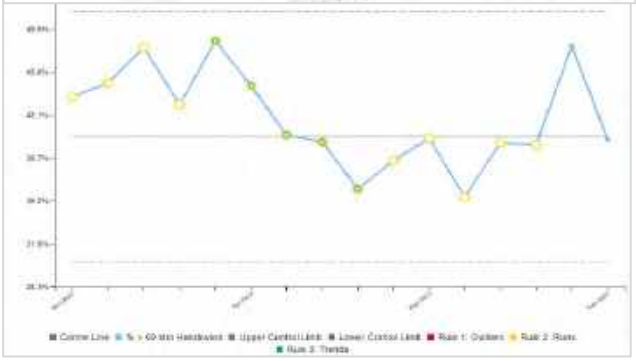


Maximising an Individual's Time- Urgent Care

Urgent Care services continue be under significant pressure both nationally, regionally and locally, making delivering timely care challenging. There has been increasing demand for urgent primary care, increased ambulance call demand, increasing numbers of self-presenters at Emergency Departments and Minor Injury Units, increased acuity, increased bed occupancy for emergency care and high levels of delayed discharges linked with significant social care workforce challenges.



Over the last three months, there have been on average 422 daily attendances to the Emergency Department or a Minor Injury Unit and the pressure on the urgent care system has resulted in patients staying in hospital for longer. The average time from arrival to departure in the GUH Emergency Department continues to be above target, with the total number of patient hours spent in A&E increasing significantly above pre-covid levels as the chart on the right demonstrates. The number and rate of patients waiting over 60 minutes to be transferred to the Emergency Department from an Ambulance increased during the winter period and peaked in January 2024 (1,537 – 44.7%). However, this has since reduced significantly during February 2024 (1,104 – 40.2%). Whilst this remains high, as a result of poor flow through the system, there has been a concerted effort to decrease the number of delayed ambulance handovers.

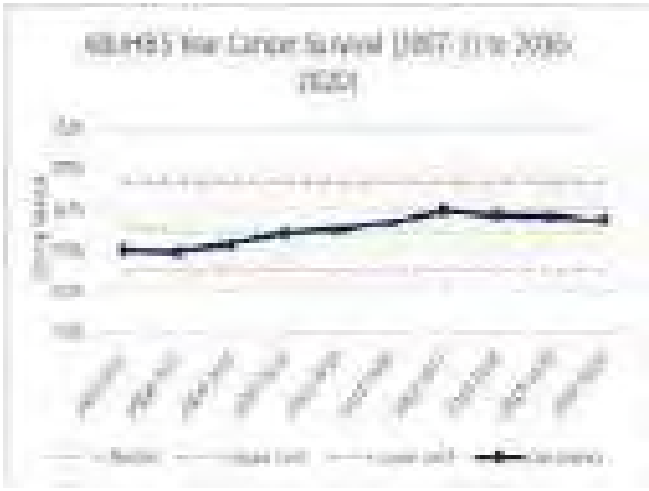


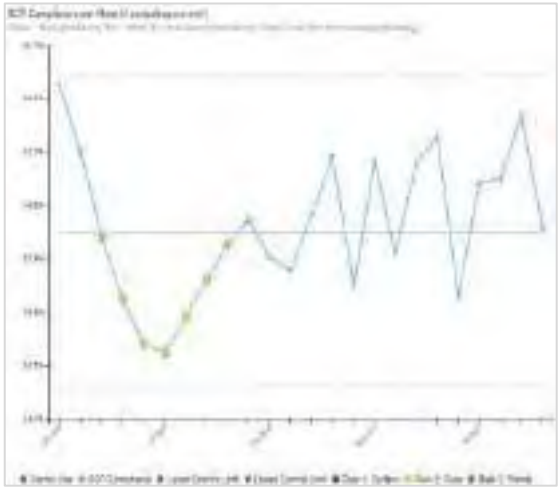
Despite the extreme pressures upon the urgent care system, the performance measures of

patients waiting fewer than four hours in ED has been maintained throughout the winter period and is currently reported at 73.2% (January 24) against a national target of 75%. The most recent national performance data reports that the Health Board's performance is higher than the Welsh average of 67%. Patients waiting over 12 hours in Emergency Departments was 1,568 in January 2024.

Maximising cancer outcomes

Overall, there has been significant improvement in the rate of five-year cancer survival reported over the last 10 years. However, whilst statistically similar, a slight decrease of 0.8% has been observed and cancer survival remains below the Welsh average for the third consecutive year.





Compliance against the 62-day target for definitive cancer treatment has increased from 54.5% (Sep 23) to 62.9% at the end of December 2024. This is behind the performance ambition set in the IMTP but a positive improvement.

Drivers for this include the significant increase in demand alongside the focus on reducing the over 62 day waits, which will affect compliance. Significant increases in demand relating to the suspected cancer referrals have continued to exceed 3,500 referrals per month compared to pre-covid levels of 2,500.

The number of SCP treatments undertaken has increased by 7.5% over the last 12 months and is continuing to increase month by month. Despite the pressures of increased demand and capacity challenges, there has been a small improvement in the number of patients waiting over 62 days since the beginning of the quarter, with 337 waiting over 62 days at the end of January 2024 compared to 388 at the end of September 2023.

Mental Health in Working Adults

Mental wellbeing and life satisfaction result in better subsequent health outcomes on some physical health indicators, health behaviours and psychosocial indications, including depressive symptoms. Mental wellbeing remains a key priority for the organisation and sustained performance levels have been observed in the 'improved mental health resilience in adults' outcome. As of December 2023, 68.3% of Health Board residents over 18 in receipt of secondary mental health services have a valid care and treatment plan. There are concerns on the provision of assessment by mental health service within 28 days from referral which is currently at 18.2% (December 23) and interventions

less than 28 days from assessment which is currently 9.9% both areas are being addressed in a 90 day action plan monitored by Executive Committee to ensure targeted assurance.

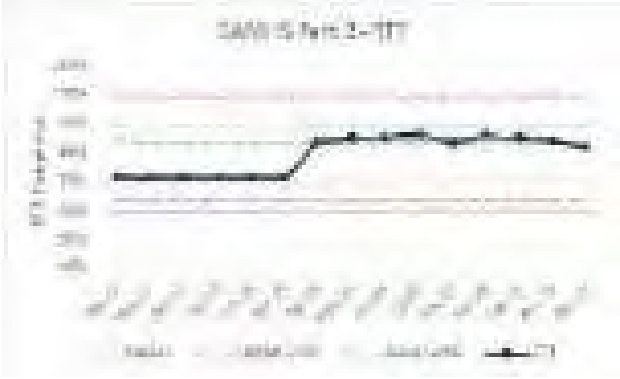


Supporting older adults to live well and independently is a core component of the Health Boards' plan for a sustainable health and care system. We know we need to deliver improvement for this section of our population in our service offer. Within the Urgent and Emergency Care 6 Goals programme there is prioritisation in Goals 1 and 2 for redesigning services for older people.

Improve Mental Health Resilience in Children and Young adults

Progress within the 'Improve Mental health Resilience in Children and Young Adults' outcome remains mixed. The CAMHS Neuro-developmental (ND) Service remains committed to achieving the 80% target of completing ND assessments within 26 weeks. Quarter 3 of 2023/24 has seen a continued demand of referrals requesting consideration of an ND assessment. There are on average 220 new referrals a month which is a 600% increase on the monthly average for 2019/20 and this challenge has resulted in an RTT compliance for the end of December 2023 of 29.9%. A recovery plan was implemented in April 2023 to be able to support the current waiting lists across the 0-18 years pathway by separating the cohorts of 0-5 years and the 5-18 years.

PCAMHS 1a performance against the ministerial target of 80% compliance has remained steady since 2022. As of December 2023, the reported position was 86.2% which is a slight decrease to the end of Quarter 2 position of 87.6%, however Part 1b remains significantly off track at 5% compliance (November 2023). Despite workforce constraints, the waiting list is reducing. In June 2023, 640 young people were waiting over 28 days for an intervention following assessment, which has now reduced to 378 (November 2023). CAMHS Part 2 RTT has seen increased compliance since April 2023, however there is a slightly decrease in the reported December 2023 at 82.4%.





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 Six Goals for Urgent and Care, Planned Care and Mental Health.

Priority Actions for Improvement

Priority actions for improvement in Timely care are detailed within the Health Board's performance report

Quality Priority 4- Effective Care

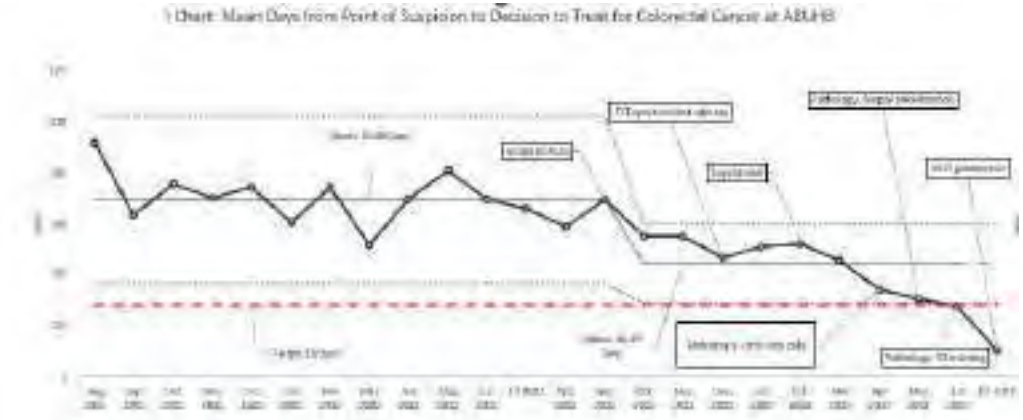
Quality Priority 4 - Provide EFFECTIVE care – Deliver consistently effective and reliable care, based on evidence-based best practice which is delivered in a culture that encourages and enables innovation to improve outcome.

Priority	Outcome Description	Indicator	Last Reported Position		Current Reported Position (Sept partial)		Change over the last time period	Expected for Q2 reporting	Latest findings
			Latest data available	Indicator value	Latest data available	Indicator value			
Priority 4 Effective	Reduced variation in Care	Increased Get It Right First Time (GIRFT) implementation plans by area						N	New measure reporting from Q3
		Insert ward accreditation measures - to be confirmed						N	New Measure from Q3
	Increased understanding of variation to focus Improvements	Increase in the SMART action plans with accountability in National Clinical Audit						N	New Measure from Q4
		Increase in the numbers of wards participating in accreditation (Audits via AMaT)						N	New Measure from Q5
		Increase in the actionable audit recommendations by National Clinical Audits						N	New Measure from Q6
	Improvement is part of the AB way	Staff Survey - increase in the score for staff being able to raise concerns						N	New Measure from Q7
		Compliance the number of incidents triggering Duty of Candor within 5 days	No Data	No Data			No Data	Y	T&F group working on data and validation
		QI projects outcomes (Non SCC)	Q1 2023		Q2 2023			Y	Narrative report
		Outcomes of the SCP teams	Q1 2023		Q2 2023			Y	Narrative report
	Improving Good Health in Pregnancy	Decrease in low birth weight rates	2021	5.10%	2022	6.10%	Deteriorated	New	Increase in indicator between 2021 and 2022. In line with the All Wales average.
		Decrease in stillbirths	2021	3.9	2022	4.5	Deteriorated	New	Increase in stillbirth rates between 2021 and 2022. 10% decrease in stillbirths observed over the last 5 years.
	Optimising a child's long term potential	Increase uptake in mothers breastfeeding (any breastfeeding)	59.20%	56.50%	Q4 2022/23	58.90%	Improved	New	Indicator value has improved by 4.2% between Quarter 3 and Quarter 4.
		Increase of eligible children measured and weighed at 8 weeks	62.50%	35.00%	Q4 2022/23	39.70%	Improved	New	Improvement in indicator over the last 4 quarters, however this remains significantly below the all Wales average.

Improvement As part of the AB Way

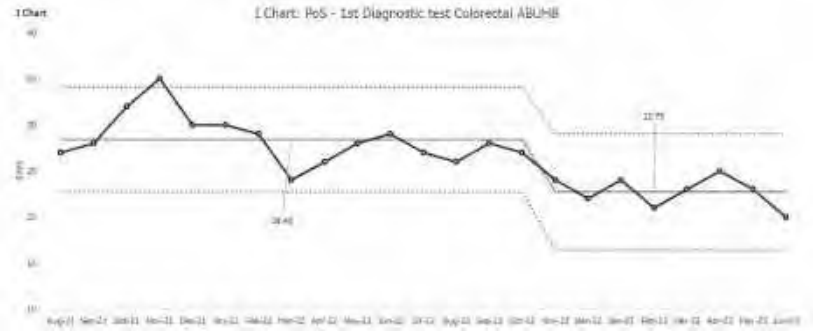
QI projects outcomes (Non-Safe Care Collaborative) - ABUHB Colo-rectal Suspected Cancer Pathway Improvement Work

Health Board is working with the Wales Cancer Network and Improvement Cymru to work with Cancer MDTs across Wales to facilitate and enable improvement to the Suspected Cancer Pathway with a focus on the first 28 days. A Go Look Go See visit to understand the current system followed by a 3-day training programme at Toyotas engine plant in Deeside to focus on improvement work. The people on the training were asked to extract lessons learnt from Toyota into the health setting and their day-to-day work. With this work the persons experience/ story has always been considered in any conversation around reducing the days waiting.



A follow up coaching visit from Toyota was undertaken to hear about improvement changes and ideas. Improvement Cymru provided coaching support to enable application of new knowledge and learning.

The chart shows an overall improvement in a person's journey from 70 days to a new mean of 44 days. The second graph shows an overall improvement in days from a median of 17 to 12 days wait between POS to 1st appointment. This appointment can be outpatients or at endoscopy/ straight to test. Work in Endoscopy has included introducing cross site calls each day to coordinate phone calls to book appointments and further work is being undertaken on standardising the calls to ensure people are booked in for the earliest possible appointment available. Further standardisation of all processes is being undertaken to ensure people are booked in within the 2-week target.



Work in Radiology (Pre Toyota) correlates with improvements being made to the Colo-rectal pathway – The Endoscopist can now send an e-referral for same day CT staging scans, whereas previously biopsy results were awaited before arranging these scans. Endoscopies complete all safety and pre scan preparations allowing the staging CT to take place on the same day and MRI within the 72 hrs of the referral. This has helped reducing waiting times to the overall pathway by between 15-20 days.





Safe Care Collaborative Update

November – December 2023

Organisational Update: Stage-Action Period 8

- **Learning Session 4, Nov 28-29th** – First local Learning Session of the ABUHB Deteriorating Patients Collaborative – focussing on Safety Culture, Sharing Learning and listening to unheard voices (bereaved family & jnr dr). Day 2 held virtually
- **"ABUHB Deteriorating Patients Collaborative** – Draft driver diagram based on SCC participant feedback. Focussing on reducing harm from acute and chronic deterioration, through development of Safety Culture
- **Leadership programme of work** – schedule of executive Safety Walkarounds – 2 visits took place during Nov/Dec. Programme set up until March 2024.
- **Quality Outcomes Framework**– Working to refine QOF in conjunction with Public Health. Prep of Q3 report
- **QI Skills Development**– Improvement in Practice training initiated with Improvement Cymru for staff from Primary Care, Mental Health and Collaborative work. Quality Coach Course being developed for New Year.
- **OCP – QPSQI Teams together – Nursing Directorate**
- **Improvement Advisor – Theatres** appointed

Team Update:

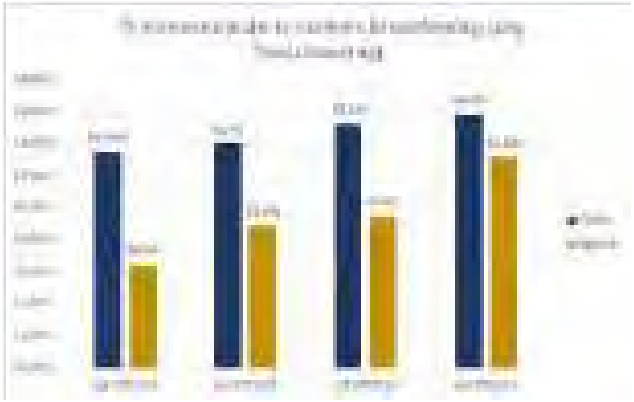
Storyboards – Monmouthshire Team were invited to present their project at Spotlight Session at National SCC LS4

Project Outcomes

- **Ward C0** -270 days with only one crash call
- **Monmouthshire** – Reduction in Package of Care hours for medically optimised patients. ALOS reduction but recent increase being explored.
- **AMU** – Increase in the number of observations each week. Focussing on Response arm of work
- **OT Early Intervention** – 30-60 minute saving for each patient 3 month evaluation via telephone rather than face to face now adopted as common practice

Workstream	ABUHB Team	Score
Acute	Medical Assessment Unit at GUH	2.5
	Ward C0 (ENT surgical ward) at GUH	3
	Theatres – Human Factors	tbc
Ambulatory	North Monmouthshire Integrated Team	3.5
Community	OT/MH Early Intervention for Cognitive Impairment Team	3
Leadership	Executives, Leaders for Safety, Faculty	3

Score	IHI – Stage of Project Scoring
0.5	Intent to participate
1.0	Forming team
1.5	Project plan begun
2	Activity but no changes
2.5	Changes tested but no improvement
3	Modest improvement
3.5	Improvement
4	Significant improvement
4.5	Sustainable improvement
5.0	Outstanding sustainable improvement



There has been an improvement in two of the three indicators of the outcome 'Optimising a child's long term potential' with an increase from the last reported position of 58.9% (Q4 2022/23) to 63.2% (Q2 2023/24) in the increase of breastfeeding uptake. As part of the Healthy Wales Child programme, there has been an increase over the last four quarters in the number of eligible children with contact at 10-14 days and is currently reported at 89.8% (Q2 2023/24), however this remains just below the all Wales average of 92.9%. Similarly, there has been an observed improvement in the increase of eligible children with contact at six months from 78.3% (Q4 2022/23) to 82.7% (Q2 2023/24). Contacts that were not completed are largely due to workforce capacity constraints or contacts not attending an appointment.

The position in the reported indicator in the outcome 'Increasing childhood immunisation and preventing outbreaks' has remained similar as the previous reporting period, with 95% of children receiving three doses of the hexavalent '6 in 1' vaccine by age 1, demonstrating both strong performance and compliance with the national target.

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. As of September 2023, there were 251 children waiting over 52 weeks for a new outpatient appointment. There continues to be focused efforts to reduce paediatric waiting times and consequently, intensive plans have been developed to reduce and maintain the waiting time for first outpatient appointments across all specialities.



Health Visiting Improvement and Sustainability Board

In response to increasing challenges and concerns from managers and staff regarding the health visiting service this Board was established in November 2023. The group is chaired by Jenny Winslade Executive Director of Nursing and its members include managers, staff ,staff reps and key stakeholders. The group has agreed a draft Improvement Plan which incorporates 5 key workstreams: Service Redesign, Workforce, Governance, Well Being and Communication and Engagement

Each workstream has an identified lead and working group who are identifying key priorities. The workstream leads will provide progress reports to the Board which will meet quarterly.

Quality Priority 5- Efficient

Quality Priority 5 - Provide care that is EFFICIENT by taking a value based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste.

Priority	Outcome Description	Indicator	Last Reported Position		Current Reported Position (Sept [illegible])		Change over the last time period	Expected for Q2 reporting	Latest findings
			Latest data available	Indicator value	Latest data available	Indicator value			
Priority 5 Efficient	Patient experiences are visible and acted on	Decrease in the number of open personal injury claims	Q1 2023	71	Q3 2023	76	Increased	Y	Q1 71 Over 100 submissions of evidence/learning/assurance No Financial Penalties at July WRP Committee
		Decrease in the number of open clinical negligence claims	Q2 2023	637	Q3 2023	557	Increased	Y	Q1 615 No Financial Penalties at July WRP Committee
		Decrease in the number of open Coroner inquests	Q2 2023	216	Q3 2023	188	Decreased	Y	Q1 205. Decrease in Q3
		Decrease in the DNA's and CNA'S	Q1 2023	6.10%	Q2 2023	5.40%	Decreased	Y	The current rate has reduced from 6.1% (2,762) in March 2023 to 5.4% (2,354) in June 2023 the programme is continuing to work alongside finance and divisional teams, with a particular focus next quarter to further explore opportunities of virtual activity to meet the needs of those waiting for an appointment
		Response time to Public Services Ombudsman for Wales(PSOW)	No Data	No Data	Q2 2023		No Data	Y	
		Number of INNUS's being completed	Q2 2022	518	Q3 2022	457		Y	Remained constant over the year with a small decrease between Q2 and Q3
		Decrease in the number of outliers by Specialty	New Measure					N	New Measure
		Decrease in the number of medically fit for discharge patients	Q1 2023	280	Q2 2023	280	No change	Y	In the past year there has been a decreasing trend in the numbers from 320 to 280, this has now stabilised over the last quarter to 280
		Decrease in the number of patients cancelled on the day of surgery	Q1 2023	130	Q2 2023	110	Decreased	Y	There has been a decreasing trend in the numbers cancelled in the day of surgery the numbers over the past quarter remain circa 110 per week
		Decrease in the % of hospital as a place of death	Q1 2023	4%	Q2 2023	2.50%	Decreased	Y	There has been a notable decrease in the % of hospital as a place of death in the past quarter outside of normal season trends from 3.2% to 2.75%
	Improve care at the end of life	Increase in compliance of issuing of Medical Certificates within 5 days	No Data	No Data	Q2 2023		No Data	Y	

Patient Experience is visible and acted upon

Claims, Redress & Inquests

Quarters 1 and 2 focused on learning through the Welsh Risk Pool Learning Advisory Panel, ABUHB focus on all aged cases > 6 months and returned over 100 submissions of evidence/learning/assurance. Data has been collected for Q1-3 to look at trends. There has been a small increase in the number of personal injury claims, from 71 to 76. There has been a slight decrease in the number of open inquests which has decreased from 216 to 188.

	Q1 2023	Q2 2023	Q3 2023	Trend
Decrease in the number of open personal injury claims	71	71	76	Increase
Decrease in the number of open clinical negligence claims	615	637	657	Increase
Decrease in the number of open Coroner inquests	205	216	188	Decrease

In October the Patient Safety Investigation Team transferred to Legal Services. There have been time out sessions reviewing systems and looking at how to improve and simply processes.

Did not attend

The outpatient transformation programme is focussing on the outpatient Did Not Attend (DNA) plan, of which the current rate for new outpatient appointments has reduced further from 6.4% (4,579) in September 2023 to 6.1% (4,682) in January 2024. Additionally, the programme is continuing to work alongside finance and divisional teams, with a particular focus to further explore opportunities of virtual activity to meet the needs of those waiting for an appointment.

Quality Priority 6 Equitable

Quality Priority 6 - Provide EQUITABLE care, ensuring equal opportunities for individuals to attain their full potential for a healthy life which does not vary in quality and is non-discriminatory.

Priority	Outcome Description	Indicator	Last Reported Position		Current Reported Position (Sept		Change over the last time period	Expected for Q2 reporting	Latest findings
			Latest data	Indicator value	Latest data	Indicator value			
Priority 6 Equitable	Improving quality of life and equitable access	Increase in the access to Safeguarding Training	Q2 2022	Level 1 Adult 84.07% Children 83.05% Level 2 Adult 84.57% Children 82.03%	Q3 2023.24	Level 1 Adult 79% Children 85% Level 2 Adult 88% Children 86%	N/A	N	Compliance remains within tolerance of 85%
		Narrowing of the life expectancy Gap across our Health Board	Q4 2020	Women 20 years Men 13 years	Q4 2020	Women 20 years Men 13 years	N/A	Y	The current the 13yr (men) and 20yr (women) gap in healthy life expectancy between our wealthiest and poorest communities
		Timely closure of Safeguarding Incidents		Measure in development		4 Child Practice Reviews 1 Adult Practice Review 5 Domestic Homicide Reviews		N	
		Decrease in the incidents of violence and aggression towards staff						N	

Increase in the access to Safeguarding Training

The Health Board is required to provide Safeguarding Training in relation to Children and Adults in line with national standards. The current compliance levels are in line with expected levels. The Safeguarding offer has been expanded during Q1-Q3 2023 with Safeguarding level 3 training package commencing in April 2023. Both adults and children's training packages are currently evaluating well, reporting will commence in Q3.

Safeguarding Training continues to be provided and monitored, in line with the recommendations of the Intercollegiate Documents for Safeguarding of Children and Adults.

Training Module	Compliance %
Adult Safeguarding Level 1	79%
Children Safeguarding Level 1	85%
Adult Safeguarding Level 2	88%
Children Safeguarding Level 2	87%

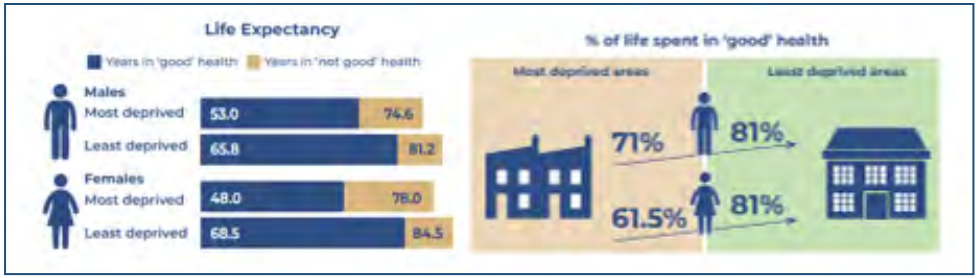
Compliance with Adult Safeguarding Level 1 is below the agreed threshold of 80%, however on further interrogation of the data it has been noted that this is support staff and not amongst clinical staff caring for patients. Improvement plans are in place at Divisional Level to ensure that this is addressed in a timely and effective way.

Level 3 Children's and Adults continues to be a challenge and further work is required across the Health Board to ensure that this is mandated to staff appropriately via ESR and that compliance data can then be analysed.

At this current time the uptake/compliance of Level 1 and 2 Safeguarding Training remains at very similar levels. Level 3 Safeguarding Training continues to be available, though sessions are not fully booked. Work has been completed with the ESR Team, so managers will be able to monitor compliance from Q1 2024/25.

The Safeguarding team are in the process of pulling together a dashboard for monthly reporting to Divisions. This will host data and training reporting rates will be reviewed in due course.

Narrowing of the life expectancy Gap across our Health Board



As an organisation our mission is to improve population health, and, through doing this, reduce the health inequalities experienced by our communities. The current the 13yr (men) and 20yr (women) gap in healthy life expectancy between our wealthiest and poorest communities. The consequences of inequality that mean a greater number of citizens require our services; this measure is expected to be next reported in 2024 through Public Health.

Quality Outcomes and Performance Summary

The outcome measures are being refined as part of the first year of the Duty of Quality and implementation of the quality strategy. Overall, the indicators show that the Health Board is making some progress in key areas. This first iteration has provided a good starting point to understand the quality of our services and the experiences of our patients. The QOF has been replicated for Q3 and will continue for Q4.

The new financial year and year two of the implementation plan will see the reporting structure being developed with the data, digital and technology team. This will enable automated reporting and the facilitate the development of a dashboard. The reporting format will mirror the new style Performance report for the Board following the iconography style of reporting. This will be a progressive step in building our quality management system, whilst still working in collaboration with planning and quality improvement.

Agenda Item: 4.5

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – January 2024 (2023/24 Month 10)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of January 2024 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- The revenue reserve position on the 31st of January 2024,
- The Health Board's underlying financial position, and
- The Capital position.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, at the 31st January 2024 (month 10).

The 2023/24 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. 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.

Jan-24
Performance against key financial targets 2023/24
+Adverse / ( ) Favourable

Target	Unit	Current Month	Year to Date	Movement	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. *This confirms the YTD and forecast variance.*	£'000	536	48,259	↓	52,900
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. *This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.*	£'000 £59,743	5,855 9.8%	41,553 69.6%	↔	0
Public Sector Payment Policy To pay a minimum of **95%** of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.4%	97.2%	↔	>95%

Performance against requirements 23/24		20/21	21/22	22/23	3 Year Aggregate (20/21 to 22/23)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue		(245)	(249)	36,842	36,348
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(13)	(50)	(43)	(106)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers					

Underlying Financial Position (Brought Forward ULP)	20/21	21/22	22/23	23/24
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£16.261m Deficit	£20.914m Deficit	£89.6m Deficit	£81.181m Deficit

The ABUHB month 10 year to date budget performance identifies an adverse variance of £48.259m.

The revised Health Board forecast of £52.9m is £40m greater than the control total of a £13m deficit set by Welsh Government. The reasons driving the overall forecast are as follows: -

This forecast was derived by:

- Month 6 reported forecast of £145.7m
- Confirmed and anticipated allocations from WG of (£88.4m)
- WG funding pressure of £0.6m (Adferiad)

- Removal of bed and other savings of £2.5m
- Additional commissioning and contingency release (£4m)
- GDS clawback, Medical aged locum review and VAT income (£2.6m)
- Corporate improvements (£0.7m), CHC (£0.6m) and other reserves (£0.4m)
- Industrial action by junior doctors of £0.8m.
- Total £52.9m

The Health Board is reporting a forecast deficit range of best case £50m to worst case £58m as reflective of the remaining opportunities and risks; the financial impact of further industrial action is not factored into the range.

The forecast position is still subject to delivery risk as it relies on savings being achieved and other mitigating actions across a wide range of services, some of which remain 'Amber'. These actions remain a key standing item on Executive Committee meetings as well as the focus of the ABUHB Value and Sustainability group.

Cefndir / Background

The Board, Executives, budget holders and staff have engaged in a rigorous and thorough review of the opportunities to improve the financial forecast for 2023/24 as part of the mid-year review process. This process involved a multi-professional clinical advisory group performing an impact assessment of proposals with consideration of what is an acceptable patient risk (i.e. stopping certain services).

The CEO accountability letter to the Director General for NHS Wales on 16th October 2023 stated a forecast deficit of £145.7m. The month 8 forecast position was updated for the additional WG allocations[1] and funding being received of c.£82m as well as anticipated funding of £6.4m relating to energy costs.

In month 9 benefits in relation to reduced forecast prescribing costs and additional primary care contractor funding resulted in a forecast reduction of a further c.£1.2m and in month 10 additional VAT income, GDS clawback and reduced Adult CHC package costs contributed to a further c.£2.5m reduction.

The revised forecast deficit at month 10 is £52.9m. This forecast includes the impact of the strike action by Junior Doctors in January but does not include the impact of further action in February and March 2024.

Key points to note for month 10 include:

- A reported year to date position of £48.3m deficit,
- The reported forecast is a £52.9m deficit, after assuming WG funding of £88.4m; however, there remain risks to achievement given the level of savings and actions required combined with specific allocation risks and the impact of further industrial action.

[1] Welsh Government correspondence 20th October 2023

- Income includes anticipated funding of £33m; including the remaining outstanding elements of the pay award namely 2023/24 A4C pay award (£2.65m), the 2023/24 medical pay award (£0.6m), estimated revenue charges related to Capital accounting (£5.2m)and real living wage (£5.4m).

- Pay Spend (excluding the notional pension adjustment from March 2023), is at a similar level compared with month 9. Month 10 includes £0.8m for industrial action cover.

  Substantive Pay costs of £58.9m (m9 of £58.8m) and variable pay costs of £6.7M (£6.8m m9).

- Non–Pay Spend (excluding capital adjustments) – was £91.6m in m10 compared with £86.5m in m9, an increase of c.£5.1m, due to regional ophthalmology costs, funding and spend for RIF, WHSSC, and 6 goals.

- Savings – overall forecast achievement is £43.3m (£42.3m green, £0.95m amber), against the IMTP savings plan of £51.5m. £27.8m of which are recurrent with a full year impact of £33m.
  - Year to date achievement of £32.5m against year-to-date plan of £42.2m.

There remain risks associated with maintaining this forecast position, particularly the full receipt of all anticipated income, identification and achievement of mitigation of savings plans, further industrial action, prescribing cost growth, CHC cost growth and workforce pressures. Further detail is provided in this report, the estimated risk range is between a £50m and £58m deficit.

As at month 10 the reported capital position is break-even with a balanced forecast.

Asesiad / Assessment

- Revenue Performance

The month 10 position is reported as a £48.3m deficit, the planned year end deficit agreed by the Board as part of the Annual Plan was £112.8m. This has been revised to a forecast deficit position of £52.9m.

A summary of the financial performance is provided in the following table, by delegated area. The month 10 year to date position is supported by the recognition of the WG support funding on a pro-rata basis (10/12ths). The primary & community care and prescribing budgets have been ‘re-set’ by the division during month 10; prior month comparatives have not been updated.

Summary Reported position - January 2024 (M10)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	285,917	3,943	682	3,261
Prescribing	114,944	5,450	8,019	(2,569)
Community CHC & FNC	73,581	(2,821)	(1,827)	(993)
Mental Health	127,930	10,692	10,034	659
Total Primary Care, Community and Mental Health	**602,372**	**17,265**	**16,908**	**357**
Scheduled Care	197,792	8,415	7,274	1,141
Clinical Support Services	62,608	(1,325)	(1,207)	(118)
Medicine	153,260	11,067	10,054	1,013
Urgent Care	34,965	4,116	3,683	432
Family & Therapies	132,514	4,536	2,837	1,700
Estates and Facilities	87,676	5,171	5,097	74
Director of Operations	8,391	644	571	73
Total Director of Operations	**677,206**	**32,624**	**28,309**	**4,315**
Total Operational Divisions (Chief Operating Officer)	**1,279,578**	**49,889**	**45,217**	**4,672**
Corporate Divisions	122,799	(3,775)	(2,453)	(1,322)
Specialist Services	184,492	(3,021)	(2,700)	(321)
External Contracts	88,950	327	342	(15)
Capital Charges	53,606	392	389	3
Total Delegated Position	**1,729,425**	**43,811**	**40,795**	**3,017**
Total Reserves	(1,296)	4,448	6,929	(2,481)
Total Income	(1,728,129)	(0)	(0)	(0)
Total Reported Position	**0**	**48,259**	**47,723**	**536**

Summary of key operational pressures for Month 10

- During January 2024, total pay expenditure was £65.6m a decrease of c.£0.05m (0.1%) compared with December.
- Substantive pay spend was £58.9m (m9 of £58.8m).
- Variable pay spend was £6.7M (£6.8m m9).
  Key Movements compared with month 9 include:
    - Substantive reductions linked to junior doctor industrial action of (£0.7m),
    - Equivalent impact of additional junior doctor cover undertaken by other medical staffing of £0.7m,
    - Additional consultant clinical sessions of £0.1m,
    - Reduction in medical agency costs of (£0.4m) offset by increased nursing HCSW bank costs of £0.3m,
    - Continued spending on admin agency in month of £0.067m (£0.029m in M9)

- Overall variable pay costs remain significant (£6.7m in month 10, YTD value £78.2m) but decreased by £0.1m compared with December particularly linked to medical agency offset by nursing bank costs. The cessation of flexible reward payments continues to reduce the overall variable pay monthly average,
- HCSW costs in estates and facilities remain high linked with the continuation of enhanced cleaning standards and other Covid legacy related costs.

- Non–Pay Spend (excluding capital adjustments) was £91.6m an increase of c.£5.1m (5.9%).
  Key movements from month 9 include;
  - SEW Regional Ophthalmology costs (funded through planned care recovery monies) were paid to other organisations of £2m,
  - Funded Regional Partnership Board costs of £2m,
  - Additional Paediatric CHC costs off-set £1.2m
  - WHSSC funded treatment costs paid in month 10 of £0.25m,
  - 6 goals associated costs of £0.45m.
  - Dental contract funded costs incurred in month 9 (£1m),

- Demand pressures for elective and urgent care across all services, including primary care, mental health, acute and community hospitals remain above the pre pandemic levels. There were 336 inpatients who are fit for discharge at the end of January; approximately 27% of the blocked bed days are health related, 46% are social care and package of care related with the remaining 27% relating to other reasons e.g. patient/family related, nursing homes, etc.

- The estimated cost for the year of continued blocked bed days for all reasons is c.£21.5m using a £200 cost per bed day. The challenges in terms of demand and flow across the UHB drive surge bed capacity requirements which result in increased demand in high cost temporary staff and overspends across the UHB. The delays need to reduce to avoid the requirement for this capacity and to achieve a safe and sustainable aligned service, workforce and financial plan for the UHB. There is a focus on optimising appropriate bed capacity to support financial sustainability for 2023/24 and the future, through the discharge and bed reduction saving programme.

- For January other issues include:-
  - The impact of the junior doctors industrial action is in the region of £0.8m. This is based on cross cover costs including overtime of c.£1m off-set by deductions for junior doctors of c£0.2m. It is noted that these costs may increase dependant on the impact of annual leave taken by consultants as a result of this action.

- Prescribing spend remains significant at £9.9m in-month (£101.2m year to date). The November PAR average cost per item was 3p higher than October. The 2023/24 forecast PAR price per item is now £7.54 (previously £7.51) however growth is now forecast to be 0.54% which is now lower than the original IMTP growth assumption of 0.8%.

- CHC cost and growth pressures in Mental Health, Learning Disabilities and a Paediatric package cost (value is disputed with LA) off-set by reduced Adult complex care package numbers (Mental Health year to date deficit variance of c.£5.5m, forecast £6.1m deficit),
- On-going use of variable pay above budget within mental health wards for acuity as well as sickness and vacancy cover, (nursing variable pay within the Division of £6.8m year to date with over 40% linked to enhanced care),
- Energy forecast costs received via NWSSP indicate a lower forecast compared to forecasts provided earlier in the financial year, this is offset by increased non-NWSSP energy costs alongside laundry energy costs, this is currently being reviewed given the potential impact of associated funding received, and
- Increased non-pay costs driven by volume growth across a number of areas including homecare drugs, respiratory equipment, diabetes pumps/consumables and hearing aids. Diabetes pumps and associated consumable costs are now forecast to be c.£1.4m above funded levels across both adult and paediatric services, despite better price negotiations.

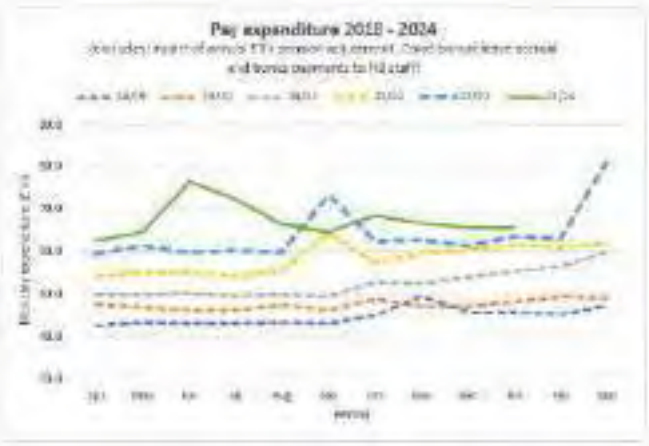
Key areas of focus for mitigating actions for the Health Board remain:

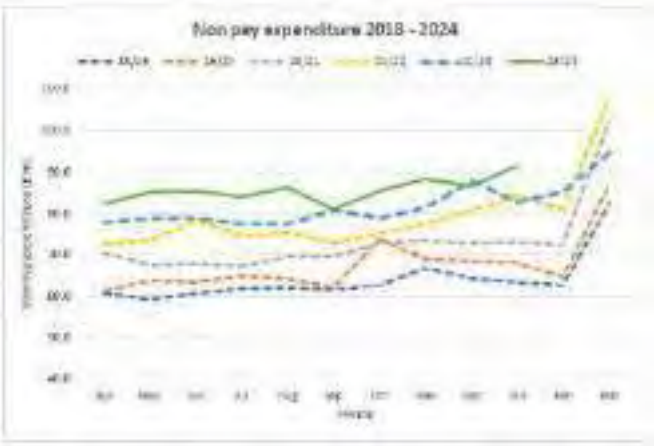
- System level working & redesign – reducing DTOCs and additional bed capacity requirements, improving the efficiency of the inpatient services
- Urgent care pathways re-design,
- Demand and flow management,
- Workforce efficiency, reducing variable pay in particular agency and medical temporary pay costs,
- Driving Medicines management opportunities,
- Review of CHC pathways within Mental Health and Complex Care,
- Review of savings plans, current investments made and service options across Divisions,
- Elective care, Theatre and operational efficiency improvement,
- Other actions to improve the financial position e.g. review and increase income and non-pay expenditure.
- Consideration of longer term benefits of prevention services
- Optimising Digital solutions.
- Recruitment to vacant posts go through a weekly scrutiny panel process,
- A freeze on all agency and consultancy for administrative work
- Internal conferences not to be held at external venues

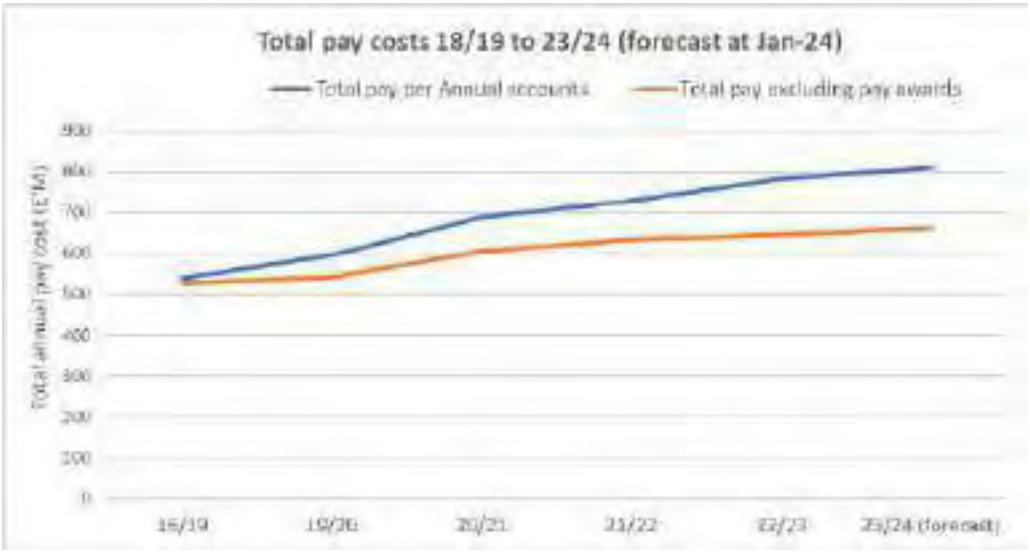
- IT equipment will be subject to IT department approval and refurbished or reallocated equipment will be used as the first call for requests for kit.
- A freeze on purchasing all office equipment and furniture

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for the last four financial years are shown below, along with a chart showing annual total pay and the impact of pay awards;







The expenditure run-rates need to reduce in the remaining two months of the financial year to meet the revised forecast for the Health Board.

The run rate from the operational divisions (i.e. excluding reserves) drives an overspend of c.£4.4m per month. The overall run rate will need to be a maximum average of £2.3m per month for months 11 to 12 to remain within the overall Health Board forecast deficit of £52.9m at year end. The forecasts for operational Divisions reflect a level of planned savings for the remainder of the financial year, which are described within this report. Achievement of these savings during months 11 to 12 will be critical and thus present a risk to the forecast position.

Workforce

The Health Board spent £65.6m on workforce in month 10 23/24, a decrease of £0.05m compared with month 9 driven by industrial action costs and reduced medical agency costs offset by increased nursing bank useage. The monthly average year to date for 23/24 is £67.4m per month, (22/23 monthly average of £64.1m).

Workforce expenditure is shown below differentiating between substantive and variable pay[2]:

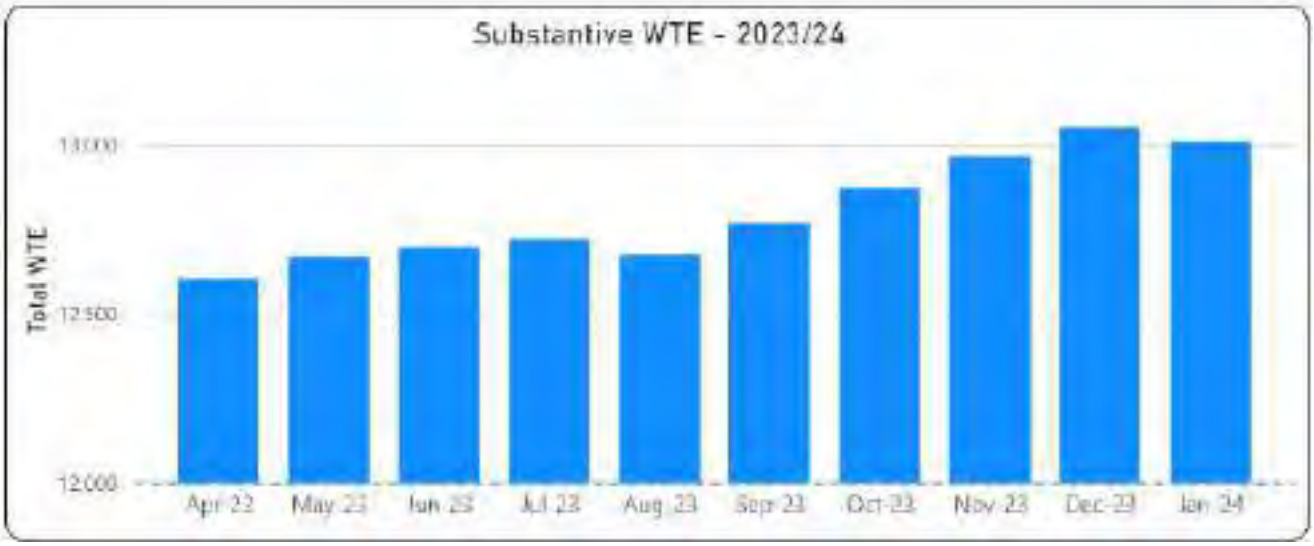


Substantive staff

Substantive pay was £58.9m in January, costs increased by £0.09m compared with December due to the impact of junior doctor industrial action in January coupled with additional consultant sessions.

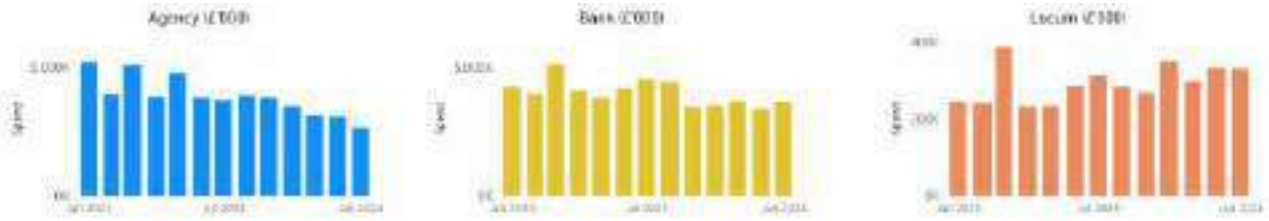
Month 10 includes 13,011 wte employed staff, a decrease of 39 wte over the prior month.

[2] *To enable useful comparisons and trends all references to 22/23 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£27.5m).*

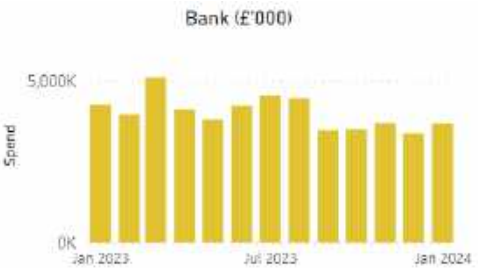


Variable pay

Variable pay (agency, bank and locum) was £6.7m in January. The monthly average variable pay cost is currently running at £7.8m for 2023/24 (£9.2m average 22/23). Vacancy cover along with sickness and enhanced care continue to drive a financial pressure as well as pressure on our workforce. Mental Health remains an area with a sustained increase in acuity which subsequently impacts variable pay. Nursing bank expenditure increased in-month which is likely to be the effect after the Christmas period. Medical agency costs decreased in-month linked to a review of aged shifts above 3 months provided for in specific Divisions.



Bank staff

	In-month spend of £3.7m, a £0.3m increase compared with December, and reduced compared to the average spend April-January (£3.9m per month). o Flexible rewards ceased end of August 23. Flexible rewards costs were £0.6m in August, with no new costs incurred since (£2.7m year to date). o Continued pressures in Medicine wards, GUH Acute Medicine and GUH ED (c.£1.4m). o Enhanced care / observation shifts particularly linked to Mental Health (£0.45m). o Continued expenditure in Critical Care, General Surgery and Trauma & Orthopaedics for operational pressures / elective activity (£0.6m). o Average bank spend in 2022/23 was £3.8m per month

Agency

Total agency spend in January was £2.7m compared with £3.1m in December.

	• In-month spend of £0.7m, a £0.5m decrease compared with December. o On-going expenditure in specialist Mental Health, Managed Practices and Community Hospitals (£0.25m) o Continued pressures in Medicine wards, and GUH ED to cover operational pressures (c.£0.15m). o COTE expenditure (c.£0.07m) for operational pressures. o Trauma & Orthopaedics costs (c.£0.1m) for junior rota (vacancies) and orthogeriatric cover that was implemented post GUH. • Medical agency spend averaged c.£1.3m per month in 2022/23.
	In-month spend of £1.4m a similar level compared with December. Average spend per month, year to date, is £1.4m per month. • Reasons for use of registered nurse agency include: o Vacancy cover o Additional service demand, o Enhanced care and increased acuity of patients across all sites, and o On-going sickness and international recruitment costs, • On-going costs in GUH Emergency Department (c.£0.3m) and medicine wards (c.£0.4m) linked to enhanced care, sickness pressures as well as vacancy cover. Mental Health agency costs of £0.1m mainly linked to enhanced care cover. • Registered Nursing agency spend averaged c.£1.8m per month in 2022/23.
	• In month spend of £0.24m on Estates & Ancillary agency, a similar level compared with December. • Reasons for use of agency include: o Meeting enhanced cleaning standards, o Other additional surge capacity, o Sickness, o Vacancies and o Supporting National Covid-19 programmes (Mass Vaccination). • Estates and Ancillary agency spend averaged c.£0.65m per month 2022/23.



- In month spend of £0.065m on HCSW agency, showing sustained improvement at a similar level to December
- Areas where spend remains are:
  - MH&LD £20k including: £16k in Psychiatric ICU,
  - PCCS £28k across the wards including: £11k in County, £4k in YAB & £12k in STW.
  - Medicine £7k across the wards including: £2k NHH & £5k YYF
- HCSW agency spend averaged c£0.88m per month in 2022/23.

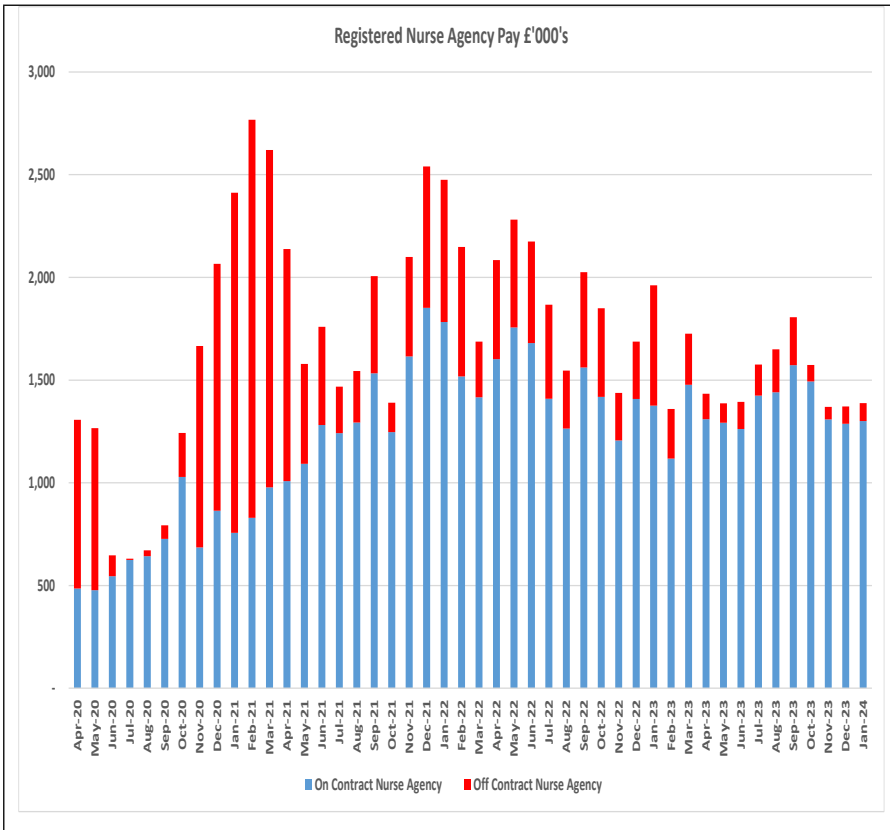
Registered Nurse Agency

Health Board spend in January 2024 on RN agency is £1.4m which is at a similar level compared with December 2023. Any impact due to the removal of the flexi rewards for Bank staff is being monitored. It is forecast that decreases in bed capacity should directly reduce agency costs, albeit there will be limited opportunity for this during the winter period.

Current indications are that 23/24 agency costs would be in the region of £17.9m.

Registered nurse agency spend totalled £22m in 2022/23, £22.8m in 2021/22, £18.1m in 2020/21 and £10.2m in 2019/20.

The use of "off-contract" agency i.e. not via a supplier on an approved procurement framework usually incurs higher rates of pay, is decreasing but remains a pressure and last resort for the Health Board.



The Health Board spent £0.09m on "off" contract RN agency in January which is a similar level compared with December. These costs reflect the on-going vacancy cover as well as smaller usage for other operational pressures such as:

- Enhanced care,
- Additional capacity,
- Nursing vacancies,
- Patient safety, and
- Increased sickness and cover for staff in isolation.

Implications of Nursing Shift 'Fill Rate'

It should be noted that there remain high levels of unfilled shifts. Whilst filling these shifts may improve workforce and service provision, there would be an increased cost. In January there were approximately 130 unfilled registered nursing shifts and 420 unfilled HCSW shifts, which could in total result in a further c.£0.2m if these shifts had been filled. The increase in substantive appointments has now significantly decreased the level of unfilled shifts which demonstrates a service improvement but presents some financial risk in terms of variable pay reduction opportunity.

Junior Doctor industrial action

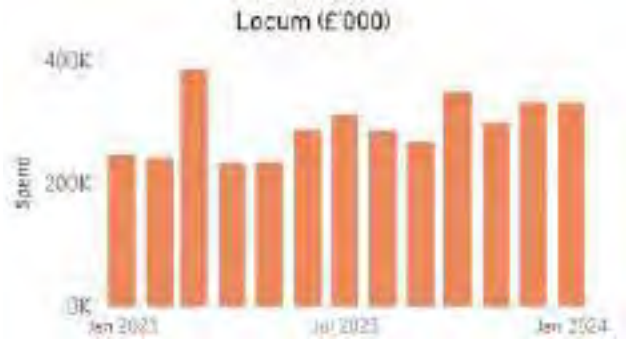
The impact of the junior doctor industrial action in January is summarised in the tables below.

	Day	Night	Total
Total Shifts	881	124	1,005
Total Hours	6,610	927	7,538

	Day £	Night £	Total £
Cross Cover Cost	843,071	118,241	961,312
A4C Overtime			20,470
Gross Impact	843,071	118,241	981,782

It should be noted that there were payroll deductions of approximately £0.173m and therefore the net impact is £0.809m. It is noted that the impact of additional annual leave cover is unconfirmed and will require further update in future months.

Medical locum staff



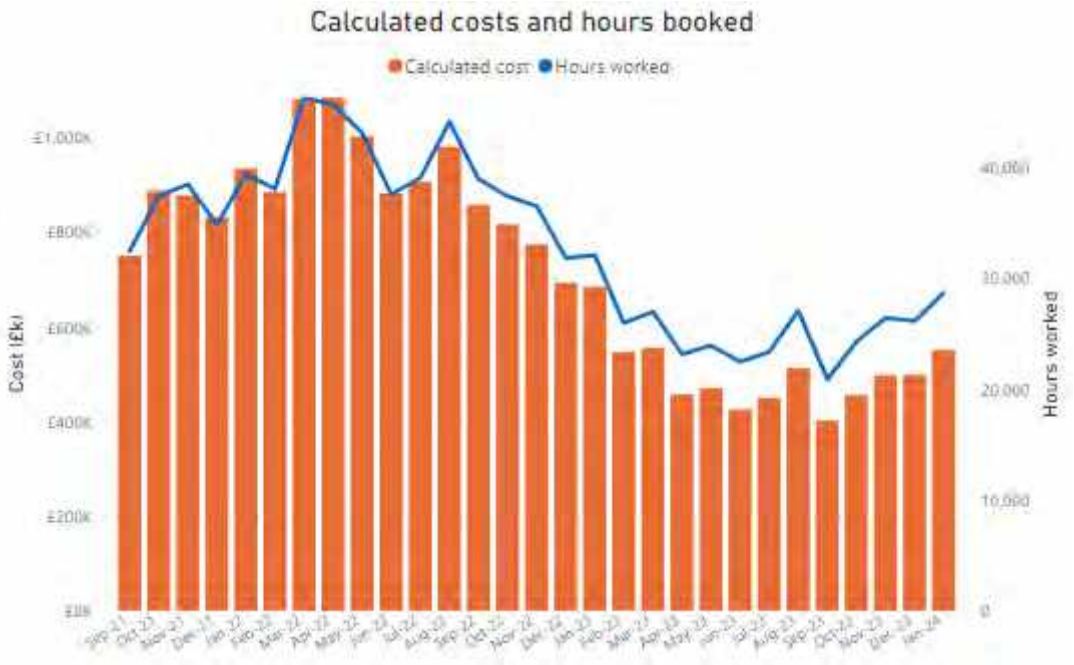
- Total locums spend of £0.3m, a similar level compared with December.
  - Radiology, Pathology, Gastro and YYF medicine are the specialties with the greatest in-month expenditure.
  - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.

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 or avoid falls through one-to-one patient monitoring. Enhanced care is designed to ensure an appropriate level of safety and supervision for patients with additional care needs.

The following graph highlights the hours attributed to enhanced care for the period September 2021 to January 2024 (£0.6m 'notional calculated' expenditure in January) using bank and agency registered nurses and health care support workers. The trend suggests that targeted actions may be having a positive impact on enhanced care usage, in conjunction with other reasons for reduced variable pay usage.

Enhanced Care bank and agency calculated costs and hours booked.



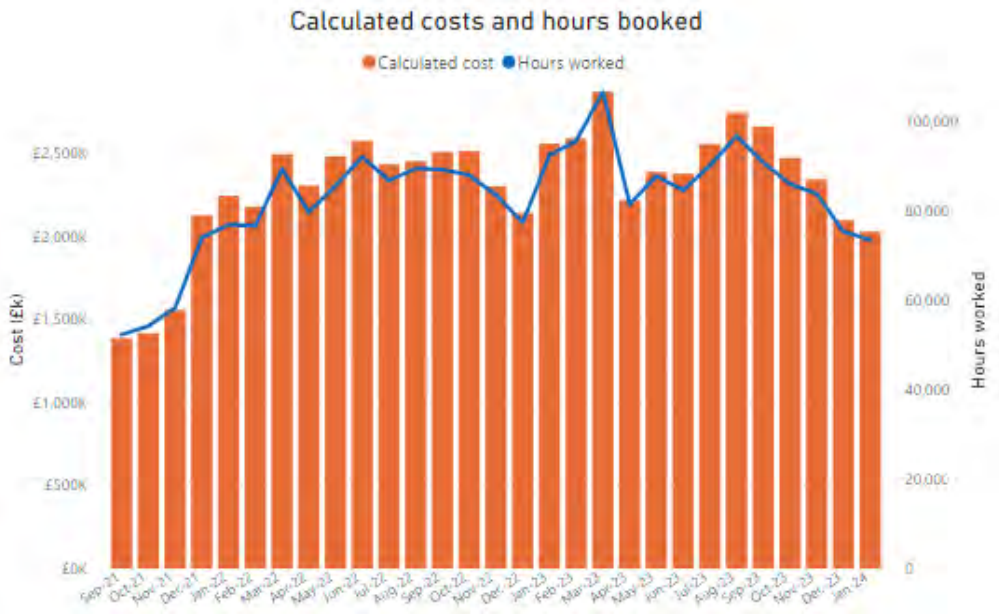
The level of the provision of enhanced care for patients within the Medicine Division for April to January 2024 is shown below, it shows a small increase in January within NHH and YYF off-set by a decrease within GUH and RGH. It is assumed that the decreases are linked to where the 'patient safety' reviews have been undertaken, any longer-term impact of these is to be monitored.

Enhanced Care by Hospital Site as a percentage of total bed capacity	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
RGH										
Total no of Medicine beds	192	192	192	192	192	192	192	192	192	192
Monthly average enh care patients	46	38	32	31	42	37	22	33	33	29
%age of beds in receipt of enh care	24%	20%	17%	16%	22%	19%	12%	17%	17%	15%
NHH	**M1**	**M2**	**M3**	**M4**	**M5**	**M6**	**M7**	**M8**	**M9**	**M10**
Total no of Medicine beds	164	164	164	164	164	164	164	164	164	164
Monthly average enh care patients	17	17	23	23	24	25	23	23	20	24
%age of beds in receipt of enh care	10%	10%	14%	14%	15%	15%	14%	14%	12%	15%
GUH	**M1**	**M2**	**M3**	**M4**	**M5**	**M6**	**M7**	**M8**	**M9**	**M10**
Total no of Medicine beds	91	91	91	91	91	91	91	91	91	91
Monthly average enh care patients	14	12	12	11	10	9	12	12	15	12
%age of beds in receipt of enh care	15%	13%	13%	12%	11%	10%	13%	13%	16%	13%
YYF	**M1**	**M2**	**M3**	**M4**	**M5**	**M6**	**M7**	**M8**	**M9**	**M10**
Total no of Medicine beds	148	148	148	148	148	148	148	148	148	148
Monthly average enh care patients	33	35	30	27	28	18	14	20	19	23
%age of beds in receipt of enh care	22%	23%	20%	18%	19%	12%	9%	14%	13%	16%
Total										
Total no of beds	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**
Total monthly average enh care patients	**110**	**102**	**97**	**92**	**104**	**89**	**71**	**88**	**86**	**88**
	18%	**17%**	**16%**	**15%**	**17%**	**15%**	**12%**	**15%**	**15%**	**15%**

Nursing vacancy cover

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover vacancies. The graph highlights that in January 2024 variable pay relating to vacancies remains significant and is c.£2.0m of 'notional calculated' expenditure.

Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies.



Nursing sickness cover

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system. The graph highlights that in January 2024 variable pay relating to sickness is significant (c.£0.7m) of 'notional calculated' expenditure.

Calculated bank and agency costs / hours booked to cover shifts resulting from sickness.

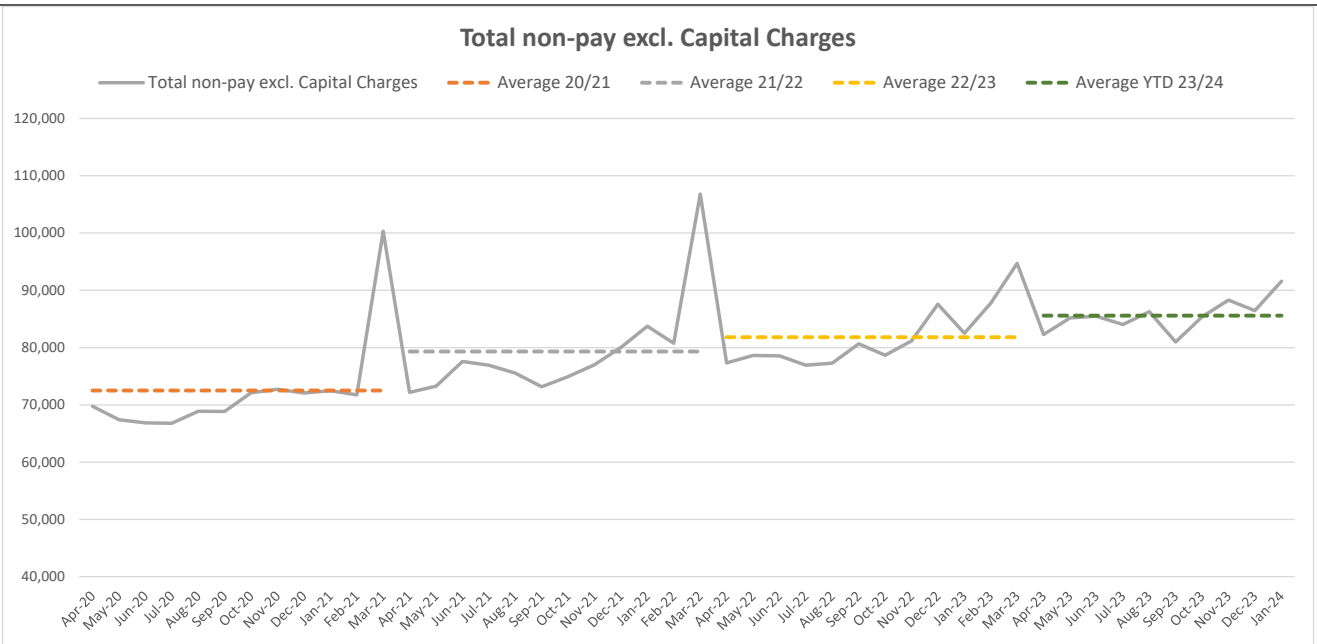


Non-Pay

Spend (excluding capital) was £91.6m in January, which is a £5.1m increase when compared with December. Key reasons include:-

- SEW Regional Ophthalmology costs (funded through planned care recovery monies) were paid to other organisations of £2m,
- Funded Regional Partnership Board costs of £2m,
- Additional Paediatric CHC costs off-set £1.2m
- WHSSC funded treatment costs paid in month 10 of £0.25m,
- 6 goals associated costs of £0.45m.
- Dental contract funded costs incurred in month 9 (£1m),

The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):-



Energy

Energy costs remain a volatile cost pressure. Additional non-recurrent funding received in 2022/23 was c.£13.7m with total expenditure of c.£22.2m. 2023/24 forecasts will continue to be updated in line with the latest data and advice received by NWSSP as well as internally for those energy costs outside of this arrangement. The latest forecast was received on the 6th February and is reflected in the following table.

Forecast expenditure for 2023/24 as at month 10 is £16.8m, compared with c.£29m IMTP estimates and the baseline 2022/23 costs of £22.2m.

Energy Report	2022/23 costs (baseline) (£'000)	2023/24 costs (forecast) (£'000)	Variance (£'000)
Total Shared Service Energy Cost	20,620	15,155	(5,465)
Total Other Energy costs	571	777	206
NWSSP (Greenvale Laundry)	992	877	(115)
Total	**22,183**	**16,809**	**(5,374)**

Note 2022/23 experienced a significant energy cost increase over 21/22 of £13.7m.

The current energy costs above the original 2021/22 baseline are lower than the anticipated allocation at present; however the other energy costs outside of the NWSSP contract forecast are currently being reviewed since the latest forecast has increased compared to earlier in 2023/24.

CHC

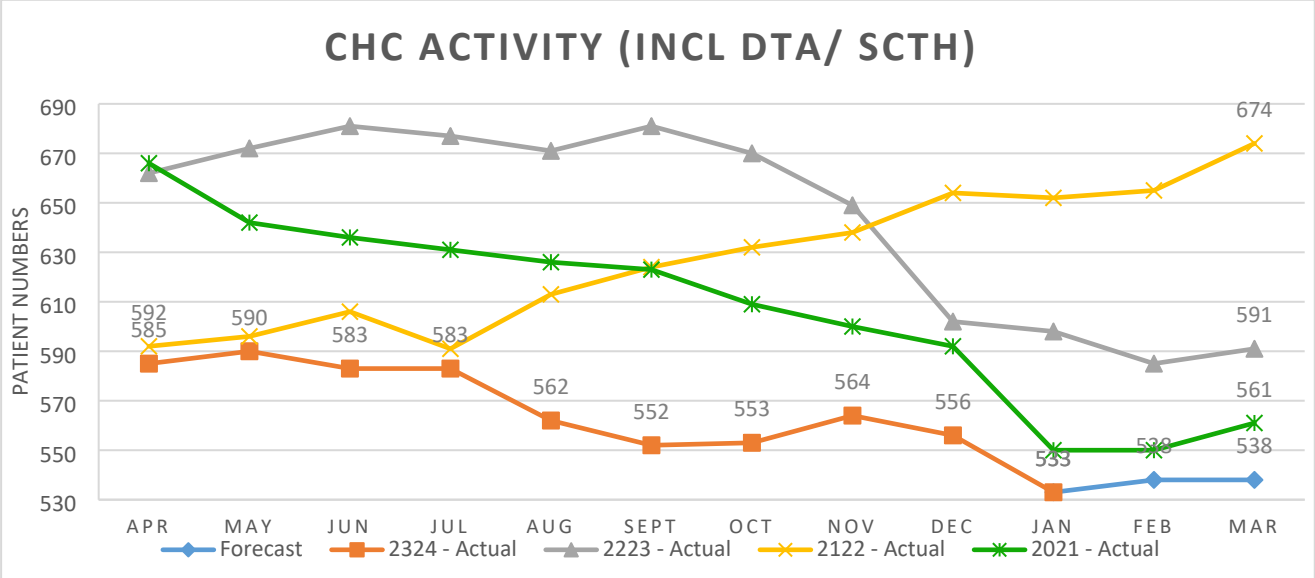
- CHC Mental Health – the patient numbers at the end of January were 418 at an expected cost of £4.3m (414 patients at a cost of £4.1m in December).
- CHC Adult / Complex Care - 533 total active placements on 31st of January at a cost of £4.4m in-month (decrease of 23 from previous month). There was a decrease of 1 D2A patients and a decrease of 4 placements on the 'Step Closer to Home' pathway in January.
- Delays in the step closer to home pathway, where patients are not eligible for CHC, are being caused due to resistance from social care services in allocating a social worker. This is impacting on the number of patients being discharged.
- The table below summarises the current position (patients and forecast costs):

Activity	Jan 2024	Dec 2023	Movement
D2A	20	21	-1
Step Closer to Home	5	9	-4
All Other CHC	508	526	-18
Total	533	556	-23

£'000	M10 Forecast	M09 Forecast	M08 Forecast
D2A	2,167	2,273	2,165
Step closer to home	435	484	510
All other CHC	40,534	40,693	40,762
Total	43,136	43,450	43,437

- FNC - currently 1,064 active placements, which is an increase of 5 compared with December (expenditure of £1m in January).

Adult Complex Care CHC activity over the last four financial years is summarised in the chart below: -



- CHC Paediatric – currently 15 Out of County patients (2023/24 year to date cost of £1.5m) and 15 internal packages (18 patients). There are 6 external and 2 internal high cost packages which continue to be a cost pressure against budget levels. There is also a high cost case awaiting a dispute panel discussion.

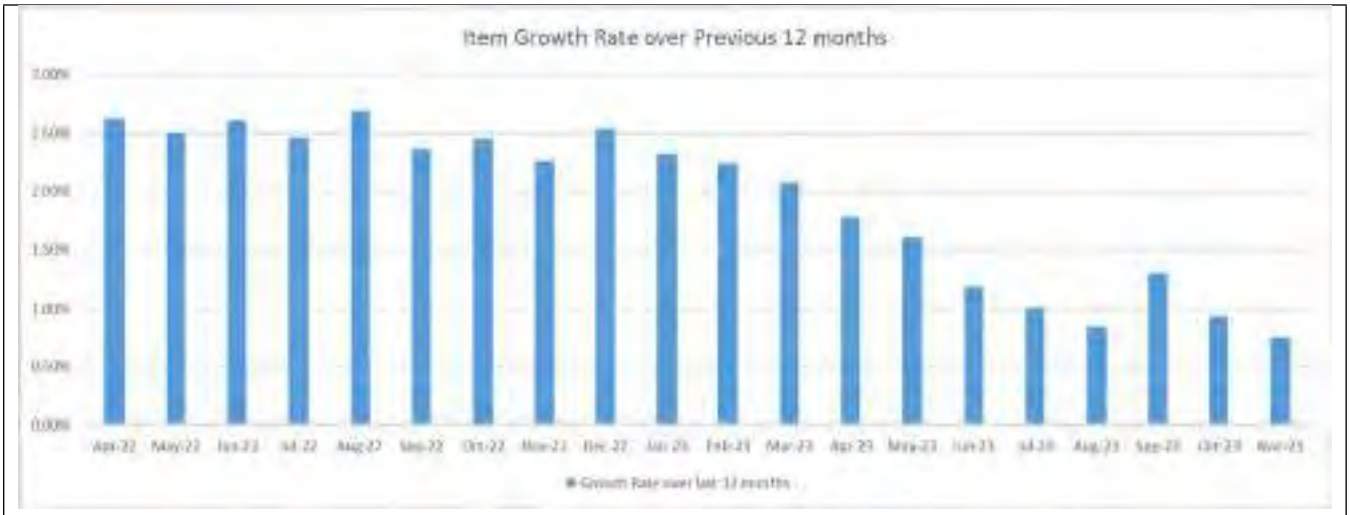
Prescribing

- Primary Care prescribing – the expenditure year to date is £101.2m. The January 2024 costs are based on November PAR data: -
    - IMTP item growth rate for 2023/24 of 0.54% (forecast volume of items based on the number of prescriptions for 23/24 is c.16.8m)
    - Current growth rate for the previous 12 months is 0.74 % taking into account the number of prescribing days
    - IMTP average cost per item was £7.20.
    - Average actual cost per item for 2022/23 was £7.21.
    - Average cost per item price forecast for 2023/24 (April-March) is £7.54. This has increased in month 10 by £0.03.

The above intelligence is indicating a spend forecast of £121.1m for 23/24, compared with budget of £114.9m.

The graphs below show the monthly average price per item and item growth: -





Scheduled Care treatments and outpatients

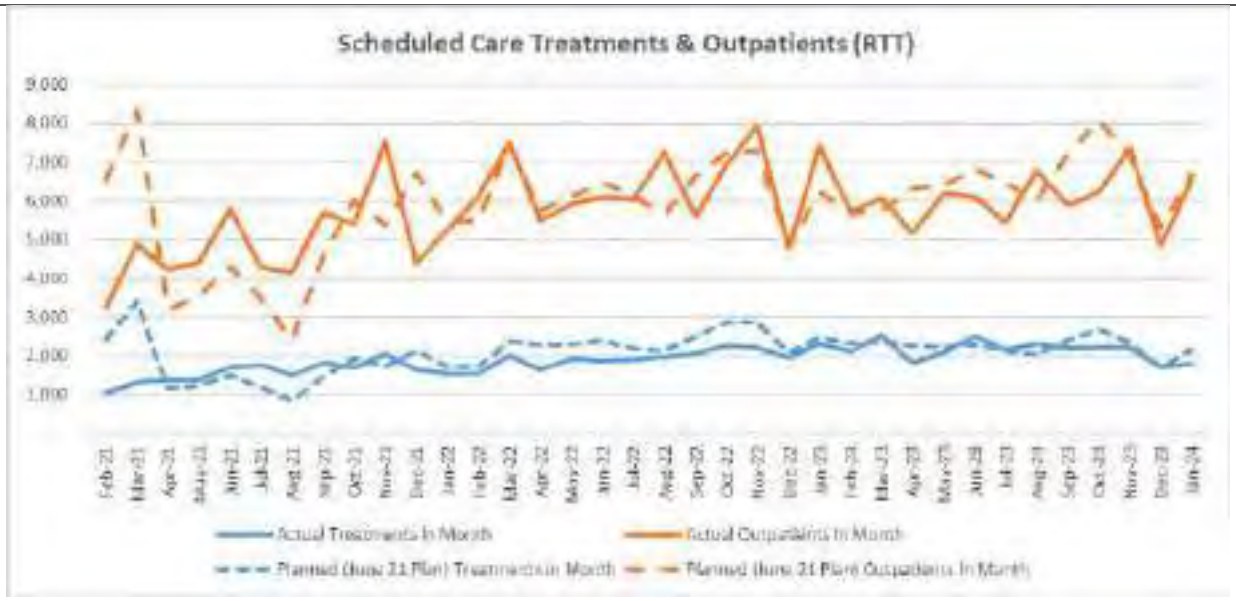
Elective Treatments for January '24 were 1,808 (December '23 were 1,717). Elective Activity in January has increased by 91 treatments compared with December (5% increase). The number of in month treatments are 356 below plan for January, resulting in a cumulative deficit against plan of 1,271 treatments.

Outpatient activity for January '24 was 6,538 (December '23 was 4,854). Outpatient activity has increased in comparison with the level achieved in December (increase of 1,684 attendances, 35%) but remains significantly (5,837 cases) below the planned levels on a year-to-date basis.

Activity levels were lower than expected and this is likely to be as a result of the industrial action undertaken in-month.

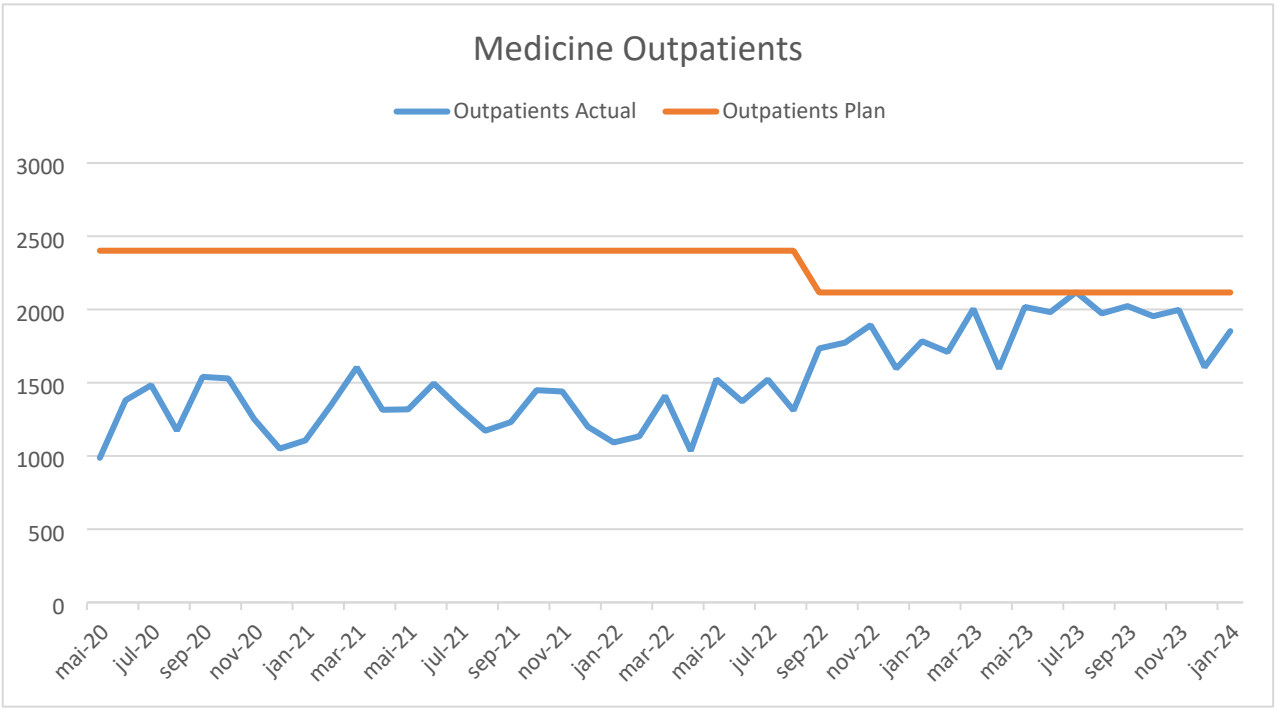
There were WLIs in-month for elective treatments to improve the 156 week position for ENT.

There remain significant efficiency opportunities in the delivery of elective care which need to be progressed as part of the Planned Care programme. The graph below presents performance compared with the plan.



Medicine Outpatient Activity

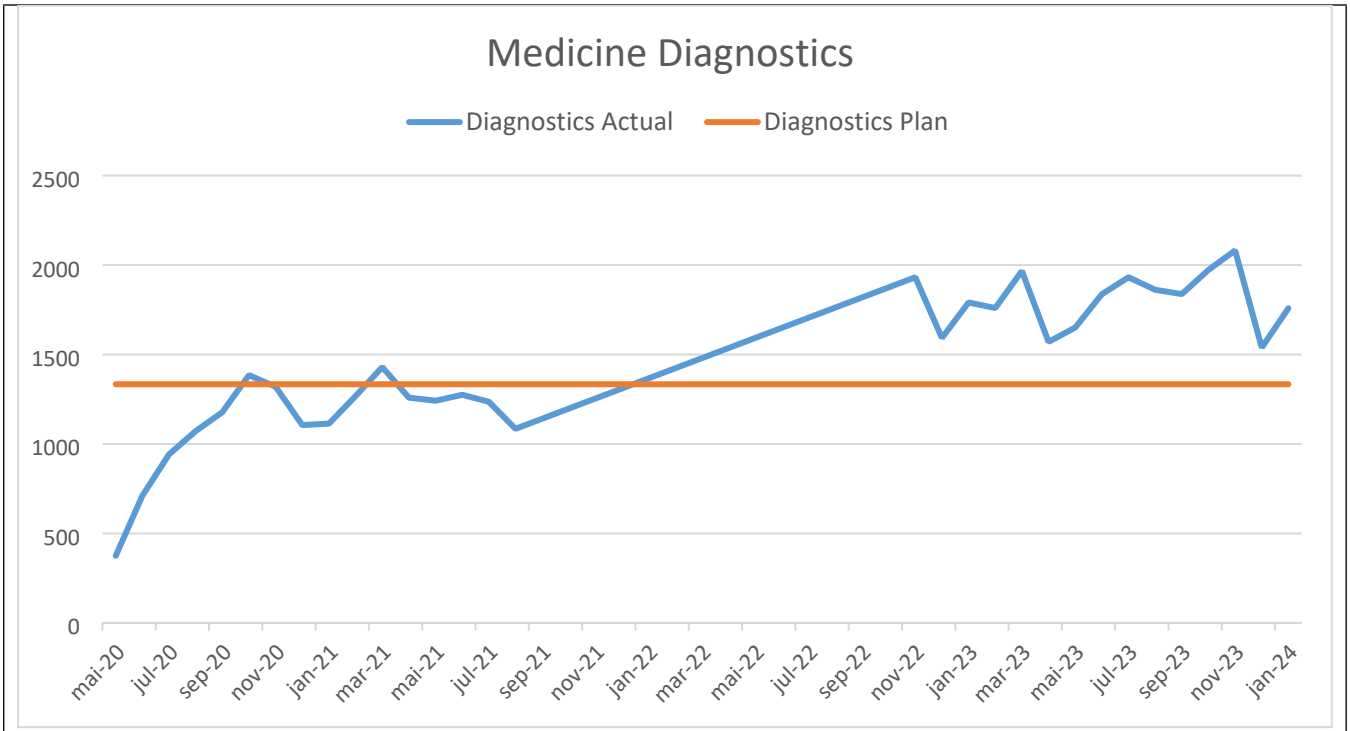
Medicine Outpatient activity for January ‘24 was 1,852 attendances (December ‘23 was 1,606 attendances),the activity is presented below:



Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for January ‘24 was 1,759 procedures which is 425 cases more than plan (December ’23 activity was 1,539).

The activity undertaken since May ‘20 is shown below.



Divisional analysis

Summaries of the Divisional forecast positions are included in the appendices. These include expenditure and budget profiles along with a list of savings schemes and their current progress. Note, the primary & community care and prescribing budgets have been 're-set' by the division during month 10; prior month comparatives have not been updated.

The table below identifies operational divisional forecasts at month 10.

Summary Reported position - January 2024 (M10)	Annual Year Budget £000s	Full-year forecast at M10 £000s	Full-year forecast at M09 £000s	Movement £000s
Operational Divisions:-				
Primary Care and Community	285,917	3,969	928	3,041
Prescribing	114,944	6,126	10,077	(3,951)
Community CHC & FNC	73,581	(3,911)	(3,672)	(239)
Mental Health	127,930	12,159	12,571	(412)
Scheduled Care	197,792	9,864	9,403	460
Clinical Support Services	62,608	(1,021)	(774)	(247)
Medicine	153,260	12,392	12,554	(162)
Urgent Care	34,965	5,194	5,119	75
Family & Therapies	132,514	5,700	3,715	1,985
Estates and Facilities	87,676	5,001	6,263	(1,262)

In line with the ABUHB performance escalation framework, Divisions with a forecast overspend attend escalation 'special budgetary financial review' meetings to

establish further plans to achieve an improved financial forecast, ensure control and governance procedures are maintained and identify any areas requiring support.

Divisional forecast movement summaries are as follows (f=favourable, a=adverse):-

- Primary Care and Community / Prescribing £0.9m (f) – due to Dental clawback (£0.9m) and CEPP/VAT on Oxygen contract (£0.05m) off-set by additional primary care staffing costs for the ready to go ward (£0.285m).
- Community CHC & FNC £0.2m (f) – impact of reduced actual and forecast numbers for CHC pathway.
- Mental Health £0.4m (f) –linked to CHC income recovery for a London patient (£0.045m), CHC review of case forecasts (£0.2m), release of aged medical accruals (£0.036m)and 111#2 funding (£0.22m) partly offset by an increase in variable pay in the Older Adult wards (0.06).
- Scheduled Care £0.46m (a) – increased forecast costs for haematology drugs and impact of junior doctor industrial action.
- Clinical Support Services £0.25m (f) – relating to maintenance contract reviews and other non-pay benefits.
- Medicine £0.16m (f) – Medical agency shift review (shifts > 3 month3 old) off-set by the impact of the Junior doctor industrial action.
- Urgent Care £0.075m (a) – increased costs relating to the Junior Doctor industrial action.
- The main driver behind the increase in Family & Therapies month 10 financial position and end of year forecast relate to the inclusion of a CHC package of care which was presented and discussed at the January 2024 Children's Continuing Healthcare Panel. An element of these costs has been included within the month 10 position and forecast; however, the value remains disputed with the LA.
- Estates & Facilities £1.261m (f) – impact of reduced energy costs which needs to be reviewed for other non NWSSP contract energy costs, the off-set is provided for centrally.

Covid-19 – 2023/24 Revenue Financial Assessment

Covid-19 funding of £15.4m (£10.82m received, £4.54m anticipated) is for specific schemes only these are:

- Nosocomial investigation- £0.753m
- PPE (quarters 1 and 2) - £0.977m
- Health Protection (quarters 1 and 2) - £4.517m
- Immunisation/Mass Vaccination (quarters 1 and 2) - £4.088m
- Adferiad (Long Covid) - £0.486m

Anticipated funding

- Immunisation (Mass Vaccination) (quarter 4) - £3.712m
- Health Protection (quarter 4) - £0.283m
- Adferiad (Long Covid) - £0.121m
- PPE (quarter 4) - £0.423m

Spend will continue to be reviewed as detailed service delivery plans and models are approved; however, the UHB's financial plan and forecast depends on the receipt and retention of the full levels of funding anticipated.

The Health Board continues to incur additional costs related to Covid-19 for enhanced cleaning standards, security and rental costs. These costs result in an on-going financial pressure for the Health Board.

Following a review of all operational expenditure relating to Health Protection, forecast expenditure remains at £12.6m.

As a result, anticipated income remains at £12.6m which is £0.3m below the original IMTP funding level of £12.9m. The forecast needs continued review to ensure that these costs are within the Health Protection funding envelope.

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 or they are earmarked to support the financial position.

A number of items in reserves have been re-allocated to specifically indicate that they are supporting the financial position. A summary of all Health Board reserves on 31st January, along with details of amounts approved for delegation by the CEO in Month 10 can be found in the appendices.

Long Term Agreements (LTA's)

ABUHB has signed LTA documentation with all organisations, except ABUHB has not received back signed documentation from CTM where ABUHB is the provider of services (£1.06m).

ABUHB and Cwm Taf have signed a Heads of Agreement 2023-24 reflecting the arbitration outcome where ABUHB were successful in reducing the commissioning contract by c.£2m for 2023/24.

Meetings have commenced with CTMUHB to establish a revised LTA contract for 2024/25; however, there are likely to be continued differences between the intentions of each Health Board.

Underlying Financial Position (ULP)

The Underlying (U/L) forecast position was a brought forward value of £89.6m. The current revised carry forward position into the 2024/25 financial year is assessed to be aligned with the revised 2023/24 £145m forecast deficit reduced by anticipated funding. This forecast will undergo further review during 2023/24 as part of the 2024/25 annual plan process.

The analysis of the c/f underlying deficit is as follows: -

- Mid-Year Review revised forecast (from plan £112m) - £145.7m
- Additional WG funding (received Month 7 assumed recurrent) - £64.5m
- Total - £81.2m

It is noted that this assumes Health Board savings and mitigating actions for 2023/24 are implemented in line with the plan.

Financial sustainability is the top on-going priority and focus for the Health Board & will form the basis upon which the 2024/25 Annual Plan is developed.

It should be noted that although the £64.5m allocations are recurrent in principle they are conditional on HB's making progress to delivering the WG target control totals, representing £13m deficit for ABUHB. The reduction in forecast by £2.5m for January in addition to the £1m reduction in December demonstrates progress but more attention is needed.

Savings delivery

As part of the IMTP submitted by the Board to Welsh Government, the financial plan for 2023/24 identified an ambitious savings requirement of £51.5m. As at Month 10 the forecast achievement in 23/24 of green and amber schemes is reported as £43.3m. This includes the additional options considered and approved by the Board on the 11th October.

Of the expected £43.3m savings delivery, actual savings delivered to January amount to £32.5m.

As part of revised escalation arrangements the Board has established a Value and Sustainability Board to progress savings, delivery of mitigations, Executive leads have been allocated to the following themes:-

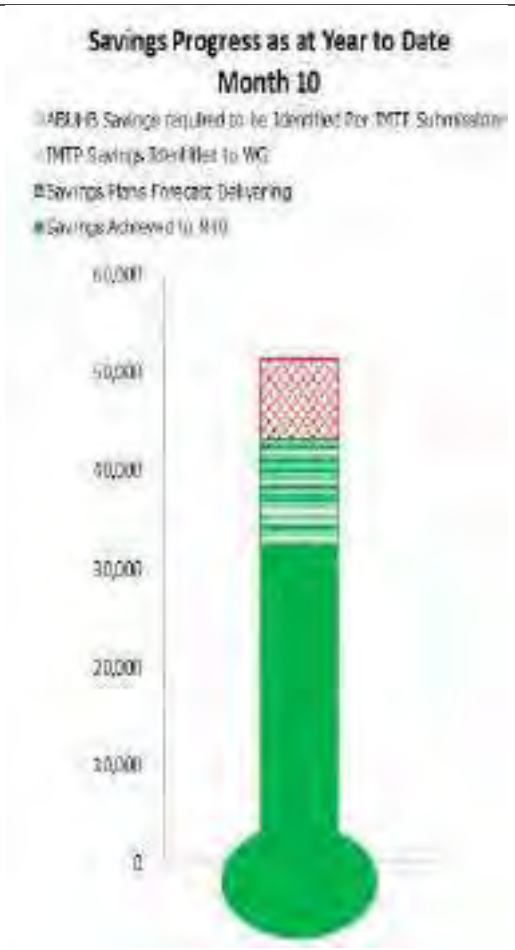
- CHC
- Medicines Management
- Non-pay
- Workforce
- Service reconfiguration
- Prevention
- Digital

The challenge for ABUHB is significant and the reported forecast deficit at month 10 is based on mitigations considered by the Board on the 11th October and at previous sessions.

The table below presents the month 10 updated forecast savings profile:

	£m					
RAG Rating	IMTP	Month 6	Month 7	Month 8	Month 9	Month 10
Green	24.0	29.0	29.2	32.6	34.0	34.2
Additional Green ideas		5.6	6.4	6.5	6.5	8.1
Amber	8.0	7.9	6.5	2.6	1.9	0.9
Red savings variance	19.5	9.0	9.4	9.8	9.1	8.2
Total	**51.5**	**51.5**	**51.5**	**51.5**	**51.5**	**51.5**

The year to date savings delivery is £32.5m.



Month 10 Forecast Savings Plans

	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	6,940	1,430	5,510	7,010
Commissioned Services	7,014	3,195	3,819	3,819
Medicines Management (Primary and Secondary Care)	5,627	21	5,606	8,291
Pay	14,261	4,871	9,390	9,920
Non Pay	9,435	5,803	3,632	3,953
Total	**43,277**	**15,320**	**27,957**	**32,992**

Month 10 Forecast Savings Plans – Gree

Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	**6,940**	**1,430**	**5,510**	**7,010**
Commissioned Services	**7,014**	**3,195**	**3,819**	**3,819**
Medicines Management (Primary and Secondary Care)	**5,627**	**21**	**5,606**	**8,291**
Pay	**13,886**	**4,711**	**9,175**	**9,705**
Non Pay	**8,862**	**5,307**	**3,555**	**3,875**
Total	**42,328**	**14,664**	**27,665**	**32,700**

To achieve the revised forecast the Health Board needs to ensure that savings plans are successfully implemented and that potential risks are offset by mitigation either through additional savings plans or other solutions.

The graph below describes the current profile of green and amber savings (£43.3m), noting that the delivery of other mitigating actions not reflected in the savings graph will be essential to support achievement of the £52.9m forecast deficit.



Savings Plans progress to Note

- The savings schemes relating to the closure of beds of £2.25m has been removed due to the on-going operational pressures. It should be noted that savings for Ruperra ward in St Woolos (24 beds) and smaller piecemeal bed closures have been included within Divisional plans and are shown as amber.
- Medicine reduced Cardiology evening sessions from 4 to 2, however, this is impacting the waiting lists and may need to be reconsidered.
- Urgent Care are reviewing the use of Discharge Lounges, this needs to be considered alongside discharge improvement plans.
- Good progress is now being made with CHC package reviews.
- Dental clawback savings have been included in Month 10 of c.£1.2m

It is vitally important that all budget holders continue to pursue savings plans to meet the ABUHB financial target and mitigate operational pressures; however, it is acknowledged that the Junior Doctor strike will impact this work.

2023/24 IMTP revenue plan profile

The in-month variance profile submitted as part of the IMTP for 2023/24 is presented below:

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Revised forecast position	12.27	12.27	8.75	8.90	8.90	8.75	8.90	8.90	8.90	8.90	8.90	8.48	**112.85**

The revised profile for 2023/24 with the updated forecast, current savings assessment and updated for new funding, noting the month 10 position is described as follows: -

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Revised forecast position	13.49	15.98	14.52	13.11	14.32	10.74	(40.28)	4.85	1.01	0.54	2.335	2.340	**52.935**

Risks & Opportunities (2023/24)

There are significant challenges to achieving the financial forecast for 2023/24, which include: -

Risks:

- Ensuring delivery of the savings plans identified in the annual plan,
- Receipt of Strategic Cash funding from WG,
- Receipt of all full anticipated funding,
- Managing variable pay linked to workforce operational pressures,
- Identifying savings to mitigate any further financial pressures identified outside of the plan,
- Delayed transfers of care due to LA service challenges (estimated c.£6.5m year to date impact),
- Funding for any wage award or change in terms and conditions,
- Impact of any strike action,
- Prescribing growth in items and average cost per item,
- Further CHC fee uplifts above forecast levels,
- Inflationary impacts including provisions and supplies,
- Real living wage funding for Complex Care and Mental Health & Learning Disabilities methodology differences compared to WG,
- Mental Health SIF funding 23/24 anticipated element (50%) to review against funding received,
- Additional revenue costs due to IFRS 16,
- WCCIS in relation to the cessation of WG supporting the use of the platform required to run it, ABUHB has invested in staff to undertake work related to phases 2 & 3. If it is decided to cease this work then the costs of these staff will no longer be eligible for Capital funding and will transfer to revenue,
- The new funding indicated in the NHS letter was apportioned based on Commissioner shares; there is a risk that the HB will be directed to pass some of the funding through to the Providers of AB's services,
- IFRS 16 for PFI schemes. HM treasury has issued guidance related to the accounting / recording of the index linked payments in accordance with IFRS 16 from 2023/24. This could mean additional charges to revenue, this is being taken forward by WG colleagues,
- RISP national project – funding excluding VAT based on the assumption it is reclaimable along with any impact of an 'onerous' contract accounting requirements, and
- Impact on service delivery and performance on waiting times because of savings required.
- Specific economic factors/Ukraine conflict issues such as energy costs, supply chain issues and non-pay inflation including travel expense costs, and

- Additional national IMTP programme costs.

Opportunities

- Potential energy cost reduction using British Gas assumptions (noting that the UHB would need to retain the total anticipated funding for energy growth),
- A share of 6 Goals funding slippage, to be confirmed with the All Wales lead,
- VAT rebates,
- Velindre NICE performance,
- Re-review of 'discounted' savings ideas, and
- Maximising the opportunity to change services resulting in improved health outcomes for the population.

Capital

The approved Capital Resource Limit (CRL) as at Month 10 totalled £58.247m. Further funding letters have also been received in month totalling £1.133m; these will be added to the CRL in February. In addition, Charitable funds donations totalling £0.150m and disposals proceeds of £0.493m have been confirmed. The forecast outturn at Month 10 after adjusting for AWCP funding that is required to be returned in relation to underspends (£0.280m), is breakeven. The forecast AWCP underspend (£0.280m) relates to the YYF Centralised Breast Unit scheme.(further details below).

The Health Board confirmed the CRL requirements for all All-Wales Capital Programme (AWCP) schemes at the end of October. Any future slippage will need to be managed by the Health Board through brokerage with the Discretionary Capital Programme.

The handover and commissioning of the new Bevan (Tredegar) Health and Well-being Centre took place in January. Phase 2 (demolition of the existing Health Centre and car-parking) is anticipated to be completed in September 2024. The scheme is forecasting an overspend of £0.478m in 2023/24 which is being funded by the Discretionary Capital programme (DCP). The current overall projected overspend for the scheme is £0.848m with the balance of this amount falling into 2024/25. Further risks are identified in relation to seven rejected compensation events which total £2.541m plus VAT (including re-design of the foundations (£0.753m plus VAT), costs associated with the cancellation of the brick supply (£0.644m plus VAT), the delay associated with the remedial works to the heart floor slab (£0.367m plus VAT) and delays in relation to the electricity and water meter installations (£0.534m plus VAT)) which are not currently built into the forecast outturn. If these claims are found to be valid, they will increase significantly the reported overspend position and will need to be funded via the remaining DCP contingency balance during 2023/24. An additional funding bid to WG will be made in 2024/25 for unfunded costs in relation to inflation allowances on works and fees, EV charging and other required changes. These currently total circa £1.2m plus VAT.

Slippage of £480k is being reported on the NHH Satellite Radiotherapy Centre Scheme as the contingency sum allocated for the current financial year is not

required in full. This slippage will need to be brokered via the DCP. There remains a risk of further slippage as the scheme is currently tracking £1.5m behind the mid-year plan. A meeting has been called with the external advisors for the 9th February to confirm how the position will be recovered. WG have confirmed an additional £0.401m of funding in 2024/25 to address the Reinforced Autoclaved Aerated Concrete found to be present in an area of the existing hospital which will link to the new unit.

The new Unified Breast Unit at YYF Centralisation Unit is now fully operational and went live on the 5th February. The scheme is currently forecasting an underspend of £0.280m; however, the final account is still to be agreed with the contractor. WG approval is being sought to retain some of the underspend for additional equipment. Works on Newport East H&WBC continue with scheme completion now expected to be April 2025. The project budget remains under pressure due to additional asbestos and utility costs. There is a forecast overspend of £0.323m on the project overall which will impact on the 2024/25 DCP unless mitigated by additional funding and / or value engineering savings.

The RGH Blocks 1 & 2 Demolitions and Car Park scheme is forecasting slippage of £0.230m due to delays associated with the discovery and removal of further asbestos found under the building post demolition. WG have been advised of the brokerage with the DCP.

The main contractor has been appointed and works are expected to commence in mid-February on the CAMHS Sanctuary Hub scheme. Scheme completion is currently anticipated to be August 2025.

The GUH Emergency Department extension scheme was approved by WG in January. The underspend of £110k reflected against the scheme relates to the reimbursement to the DCP for prior year fees incurred.

Additional CRL funding has been received during January in relation to NHH RAAC works (£0.757m), Ty Gwent Lease enhancements (£0.150m) and Diagnostic equipment (£0.339m). Funding letters have also been received for End of Year funding in relation to essential works and equipment (0.452m) and IT replacements (£0.681m).

The Health Board Discretionary Capital Programme (DCP) funding available for 2023/24 is £7.107m made up of:

- 2023/24 DCP Funding - £9.521m (a reduction of 12% compared to 2021/22)
- Less 30% EFAB contribution – (£0.629m)
- Less 2022/23 AWCP scheme brokerage – (£2.278m)
- NBV of Assets Disposed - £0.493m

The opening DCP for 2023/24 was approved at the January 2023 Board meeting. The current forecast spend for approved DCP schemes is £7.516m generating an overspend against DCP of £0.409m. The overspend relates to the acceleration of 2024/25 DCP schemes in order to broker the slippage occurring on AWCP schemes.

The approvals received for the GUH ED Extension, NHH RAAC Urgent works, additional AWCP slippage and End of Year funding have reimbursed the 2023/24 Discretionary Capital Programme. The remaining contingency at the end of January is £1.207m. The remaining balance will be used to address any risks that emerge in relation to the Bevan (Tredegar) H&WBC disputed compensation events or to fund the acceleration of 2024/25 approved schemes.

Cash

The cash balance on the 31st of January is £10.81m, which is above the advisory maximum figure set by Welsh Government of £6m.

The main reason for the UHB holding £4.810m above the WG advisory sum is due to the following:-

- Payment received for an ICF invoice of £4m at the end of January, the timing meant the cash could not be utilised during the month. Changes to the processes for notifying the cash management team for large invoices have been implemented.
- Delay in being able to process capital invoices in line with the cash drawn resulting in a capital cash balance held of £3m.

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 January and cumulatively (97.2% year to date). There has been a slight decrease in the number of NHS invoices paid within 30 days this month & cumulatively however the value of these invoices results in an increase in the percentage achieved.

We are continuing to work with those departments where invoices are being processed outside of the 30-day payment terms and at the NHS payment rate.

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of January 2024 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- The revenue reserve position on the 31st of January 2024,
- The Health Board's underlying financial position, and
- The capital position.

Note the appendices attached providing further detailed information.

Appendices:



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20Report%20appen

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	n/a
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium
Rhestr Termau: Glossary of Terms:	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/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB 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 CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme 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 DTOC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund F&T – Family & Therapies (Division) FBC – Full Business Case FNC – Funded Nursing Care GDS – General Dental Services GMS – General Medical Services GP – General Practitioner

	GWICES – Gwent Wide Integrated Community Equipment Service GUH – Grange University Hospital GIRFT – Getting it Right First Time 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 IMTP – Integrated Medium Term Plan INNU – Interventions not normally undertaken IPTR – Individual Patient Treatment Referral I&E – Income & Expenditure ICF – Integrated Care Fund LoS – Length of Stay LTA – Long Term Agreement LD – Learning Disabilities MH – Mental Health MSK - Musculoskeletal Med – Medicine (Division) MCA – Mental Capacity Act MDT – Multi-disciplinary Team MMR – Welsh Government Monthly Monitoring Return NCA – Non-contractual agreements NCN – Neighbourhood Care Network NCSO – No Cheaper Stock Obtainable NI – National Insurance NICE – National Institute for Clinical Excellence NHH – Neville Hall Hospital NWSSP – NHS Wales Shared Services Partnership ODTC – Optometric Diagnostic and Treatment Centre OD – Organisation Development 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 RGH – Royal Gwent Hospital

	RN – Registered Nursing RRL – Revenue Resource Limit RTT – Referral to Treatment RPB – Regional Partnership Board RIF – Regional Integration Fund SCCC – Specialist Critical Care Centre SCH – Scheduled Care Division SCP – Service Change Plan (reference IMTP) SLF – Straight Line Forecast SpR – Specialist Registrar STW – St.Woolos Hospital TCS – Transforming Cancer Services (Velindre programme) T&O – Trauma & Orthopaedics TAG – Technical Accounting Group UHB / HB – University Health Board / Health Board USC – Unscheduled Care (Division) UC – Urgent Care (Division) ULP – Underlying Financial Position VCCC – Velindre Cancer Care Centre VERS – Voluntary Early Release Scheme 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 YAB – Ysbyty Aneurin Bevan YTD – Year to date YYF – Ysbyty Ystrad Fawr
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

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

	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Aneurin Bevan University Health Board

Finance Report – January (Month 10) 2023/24

Appendices

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Pay Summary (1) (subject to change excluding annual leave effect Pension employer costs):



Substantive (£'000)

Pay category	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Change	%	Avg 22/23
ADD PROF SCIENTIFIC AND TECHNICAL	2,425	2,163	2,150	2,139	2,305	2,334	2,335	1	0.1%	2,007
ADDITIONAL CLINICAL SERVICES	9,152	8,071	7,755	7,616	8,001	7,746	7,712	-34	-0.4%	7,111
ADMINISTRATIVE & CLERICAL	11,514	10,151	9,883	10,076	10,379	10,162	9,962	-230	-2.3%	9,419
ALLIED HEALTH PROFESSIONALS	4,538	4,030	4,009	4,095	4,152	4,171	4,111	-60	-1.4%	3,889
ESTATES AND ANCILLIARY	3,342	2,974	2,975	2,869	2,973	2,868	2,900	32	0.4%	2,761
HEALTHCARE SCIENTISTS	1,235	1,118	1,111	1,112	1,136	1,131	1,160	30	2.6%	1,099
MEDICAL AND DENTAL	13,297	13,297	13,213	16,884	14,212	13,998	14,178	179	1.3%	13,085
NURSING AND MIDWIFERY REGISTERED	16,278	16,143	15,996	16,281	16,582	16,346	16,539	193	1.2%	15,603
STUDENTS	5	4	4	3	2	4	2	-3	-61.4%	3
Total	**63,761**	**57,871**	**57,006**	**61,213**	**59,741**	**58,810**	**58,899**	**88**	**0.1%**	**54,913**

Variable pay (£'000)

Pay category	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Change	%	Avg 22/23
Agency	3,724	3,913	3,835	3,497	3,132	3,093	2,668	-425	-13.7%	5,077
Bank	4,568	4,460	3,460	3,519	3,692	3,392	3,681	289	8.5%	3,831
Locum	311	285	287	349	299	332	330	-2	-0.7%	260
Total	**8,603**	**8,658**	**7,582**	**7,365**	**7,122**	**6,817**	**6,678**	**-139**	**-2.0%**	**9,169**

Total pay (£'000)

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Change	%	Avg 22/23
Pay	**72,366**	**66,529**	**64,588**	**68,578**	**66,863**	**65,627**	**65,577**	**-50**	**-0.1%**	**64,082**

Pay Summary (2): Substantive Pay

Substantive pay by analysis code











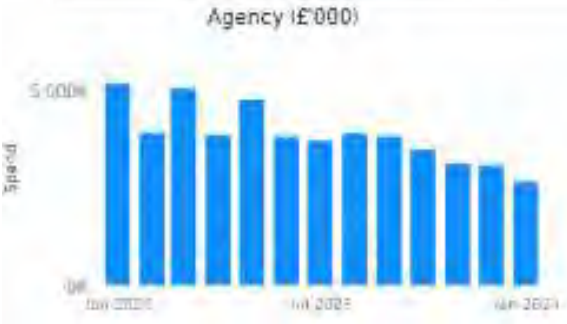


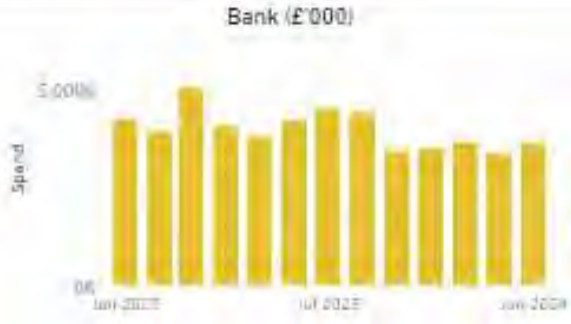
Analysis type by Division

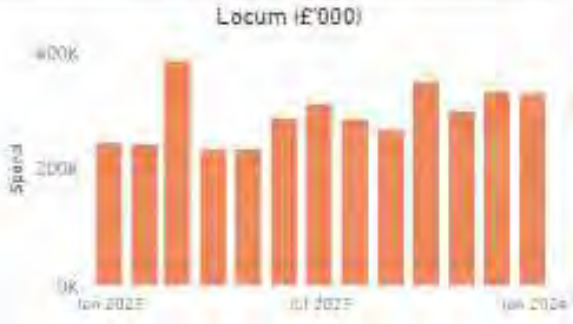
Analysis type	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Total
ENHANCEMENTS						
Medicine	410	434	340	437	438	2,260
Scheduled Care	337	386	454	361	361	1,880
Estates and Facilities Division	346	340	382	316	315	1,699
Family and Therapies	279	299	351	295	280	1,504
Primary Care and Community	297	334	336	268	268	1,453
Mental Health and LD	203	212	237	212	207	1,092
Urgent Care	173	186	240	191	187	981
CHC and FNC	93	101	120	96	93	503
Clinical Support Services	93	93	113	86	90	486
Corporate	27	36	38	32	32	165
Total	2,226	2,396	2,831	2,300	2,270	12,024
Additional Hours	984	941	1,120	1,068	1,050	5,163
CONSULTANTS SESSION: CLINICAL	576	746	581	609	679	3,190
OVERTIME	218	249	324	260	272	1,323
Waiting List Payments: Consultants	191	218	219	132	126	886
ON CALL	59	65	70	62	60	316
Total	4,253	4,615	5,146	4,432	4,457	22,903

Pay Summary (3): Variable Pay (£'k)

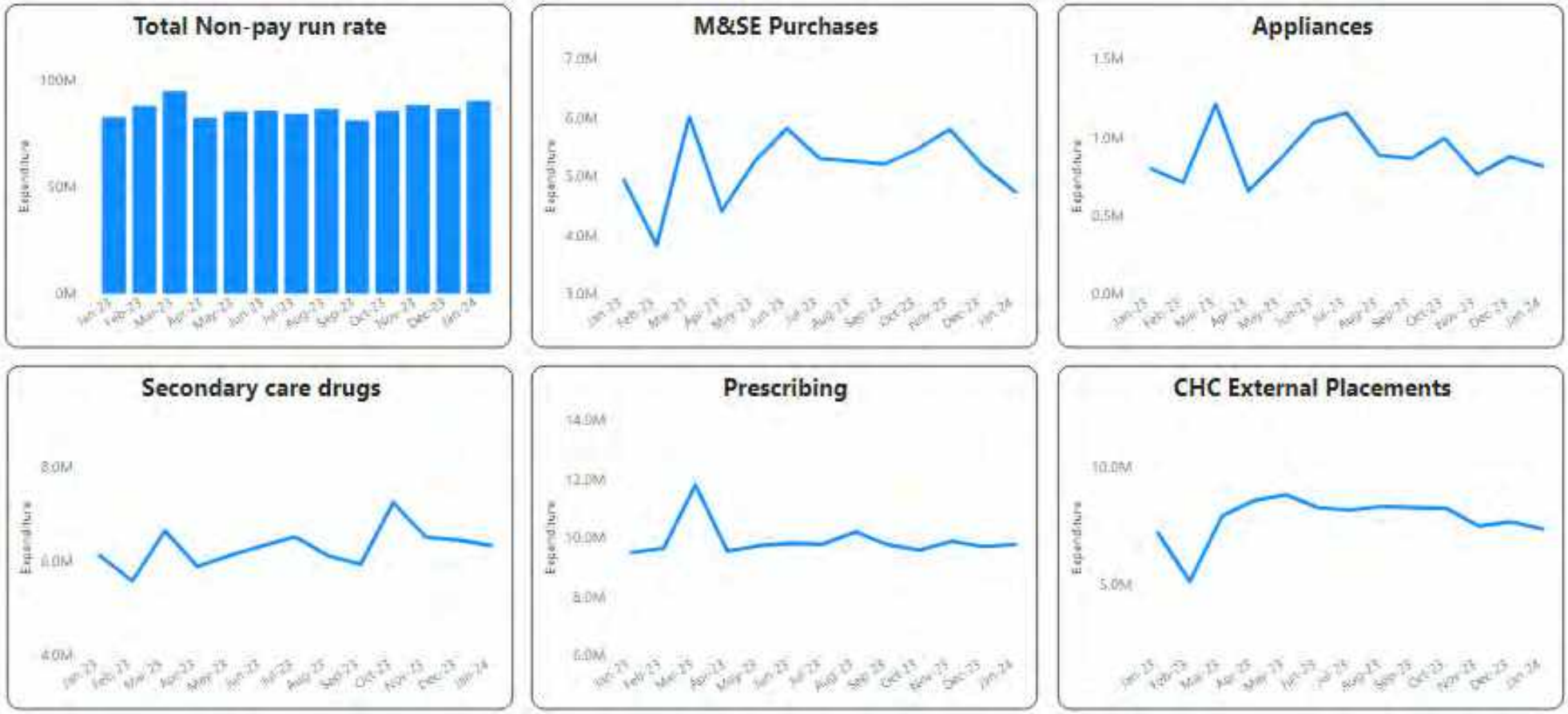
Pay category	Jun-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Change	%
Agency															
Admin & Clerical Agency	79	10	147	72	84	77	49	41	69	46	38	29	67	38	131.0%
Allied Health Prof Agency	242	188	169	171	219	147	196	196	192	123	165	195	120	15	71.8%
Estates & Ancillary Agency	639	560	1,036	683	675	483	490	341	471	465	246	281	239	42	15.1%
Medical Agency	1,377	1,336	1,271	1,162	2,025	1,474	1,165	1,399	1,098	1,091	1,167	1,166	690	476	40.8%
Nurse HCA/HCSW Agency	853	423	825	295	839	209	166	236	183	89	79	89	65	24	27.3%
Other Agency	58	64	109	58	70	43	90	49	60	46	47	23	99	76	363.9%
Registered Nurse Agency	1,952	1,399	1,726	1,484	1,987	1,394	1,575	1,650	1,807	1,574	1,368	1,373	1,388	17	1.3%
Total	**5,195**	**3,941**	**5,075**	**3,873**	**4,781**	**3,827**	**3,724**	**3,913**	**3,835**	**3,497**	**3,132**	**3,098**	**2,668**	**-425**	**-13.7%**
Bank															
Admin & Clerical Bank	109	88	123	94	86	108	114	92	92	82	89	87	95	9	10.1%
Estates & Ancillary Bank	156	158	204	158	142	156	218	201	215	216	224	243	254	11	4.4%
Nurse HCA/HCSW Bank	1,614	1,432	1,765	1,388	1,485	1,635	1,877	1,816	1,438	1,508	1,572	1,479	1,711	238	16.1%
Other Bank	0	0	0	0	0	0	1	1	0	2	2	0	0	0	-100.0%
Registered Nurse Bank	2,397	2,268	3,014	2,285	2,110	2,832	2,425	2,352	1,736	1,699	1,808	1,589	1,620	31	1.9%
Total	**4,277**	**3,965**	**5,105**	**4,125**	**3,823**	**4,242**	**4,568**	**4,460**	**3,480**	**3,519**	**3,692**	**3,392**	**3,681**	**289**	**8.5%**
Locum															
Medical Locum	245	241	385	233	234	286	311	285	267	349	299	332	330	-2	-0.7%
Total	**245**	**241**	**385**	**233**	**234**	**286**	**311**	**285**	**267**	**349**	**299**	**332**	**330**	**-2**	**-0.7%**
Total	**9,717**	**8,148**	**10,565**	**8,230**	**8,838**	**8,355**	**8,603**	**8,658**	**7,582**	**7,365**	**7,122**	**6,817**	**6,678**	**-139**	**2.0%**







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 January '24 was 1,808 (December '23: 1,717. 2022/23 total: 22,327, 2019/20 total: 28,004)

Planned Treatments (M10)					
Treatment	Core	Backfill	WLI	Other	Total
N107-Dermatology	214	0		0	214
N147-ENT	126	0		0	126
N105-General Surgery	280	56		0	336
N146-Oral Surgery	129	12		0	141
N148-Ophthalmology	295	0		0	295
N108-Rheumatology	0	0		0	0
N115-Trauma & Orthopaedics	457	138		0	595
N106-Urology	458	0		0	458
	1,958	206	0	0	2,164

Actual Treatments (M10)					
Treatment	Core	Backfill	WLI	Other	Total
N107-Dermatology	208	21	0	0	229
N147-ENT	97	0	0	0	97
N105-General Surgery	329	9	0	0	338
N146-Oral Surgery	206	0	0	0	206
N148-Ophthalmology	235	0	0	0	235
N108-Rheumatology	0	0	0	0	0
N115-Trauma & Orthopaedics	440	6	0	0	446
N106-Urology	254	3	0	0	257
	1,769	39	0	0	1,808

Treatment Variance (M10)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	(6)	21	0	0	15
ENT	(29)	0	0	0	(29)
GS	49	(47)	0	0	2
Max Fax	77	(12)	0	0	65
Ophth	(60)	0	0	0	(60)
Rheum	0	0	0	0	0
T&O	(17)	(132)	0	0	(149)
Urology	(204)	3	0	0	(201)
	(189)	(167)	0	0	(356)

- Outpatient activity for January '24 was 6,538 (December '23: 4,854. 2022/23 total: 65,873, 2019/20 total: 75,707)

Planned Outpatients (M10)					
Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	1,228	0		0	1,228
N147-ENT	608	0		0	608
N105-General Surgery	1,790	0		0	1,790
N146-Oral Surgery	272	40		0	312
N148-Ophthalmology	617	0		0	617
N108-Rheumatology	140	0		0	140
N115-Trauma & Orthopaedics	1,252	287		0	1,539
N106-Urology	436	18		0	454
	6,341	345	0	0	6,687

Actual Outpatients (M10)					
Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	1,149	0	0	0	1,149
N147-ENT	397	38	0	0	435
N105-General Surgery	2,055	34	0	0	2,089
N146-Oral Surgery	461	0	9	0	470
N148-Ophthalmology	654	8	0	0	662
N108-Rheumatology	195	0	0	0	195
N115-Trauma & Orthopaedics	820	0	0	0	820
N106-Urology	700	0	18	0	718
	6,431	80	27	0	6,538

Outpatient Variance (M10)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	(79)	0	0	0	(79)
ENT	(211)	38	0	0	(173)
GS	265	34	0	0	299
Max Fax	189	(40)	9	0	158
Ophth	37	8	0	0	45
Rheum	55	0	0	0	55
T&O	(432)	(287)	0	0	(719)
Urology	264	(16)	18	0	264
	89	(265)	27	0	(149)

Medicine Outpatients activity for January ’24 was 1,852 (December ’23: 1,606, 2022/23: 19,258):

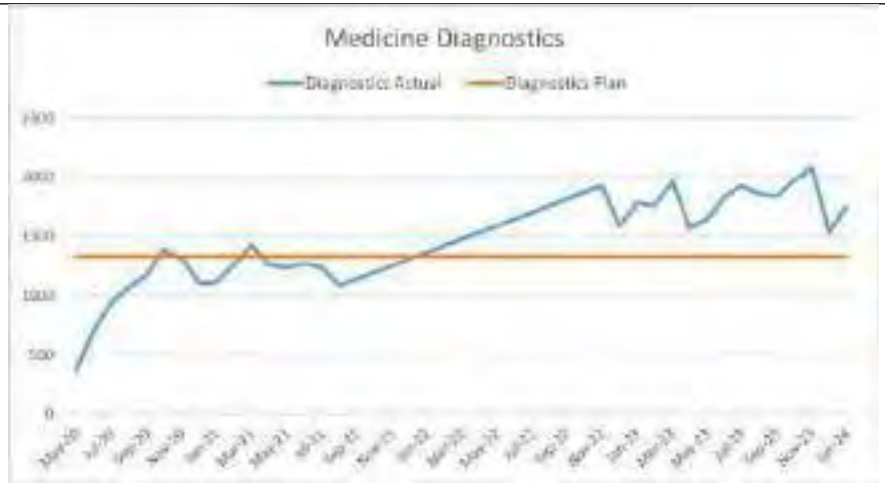
Jan-24

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	261	-214
Cardiology	430	422	-8
Respiratory (inc Sleep)	455	446	-9
Neurology	257	353	96
Endocrinology	186	167	-19
Geriatric Medicine	313	203	-110
Total	**2116**	**1852**	**-264**

Jan-24

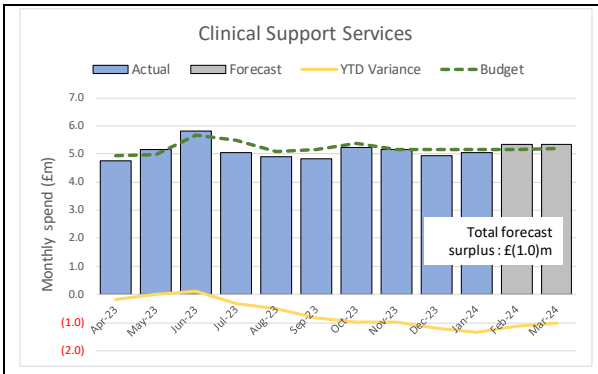
YTD Jan-24	YTD Plan	YTD Actual	Variance
Gastroenterology	4750	3617	-1133
Cardiology	4300	4291	-9
Respiratory (inc Sleep)	4550	4539	-11
Neurology	2570	2909	339
Endocrinology	1860	1657	-203
Geriatric Medicine	3130	2105	-1025
Total	**21160**	**19118**	**-2042**

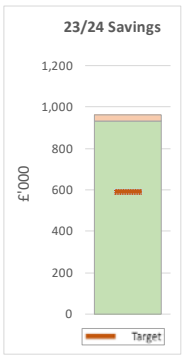
Medicine Diagnostics activity for January ’24 was 1,759 (December ’23: 1,539, 2022/23: 36,246):



YTD January 24	YTD Plan	YTD Actual	Variance
Endoscopy	13340	18044	4704
Total	**13340**	**18044**	**4704**

Divisional analysis – Clinical Support Services



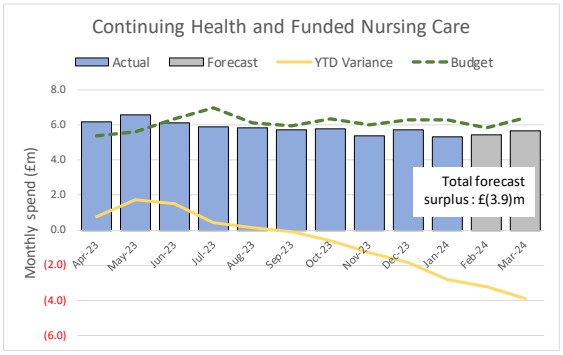


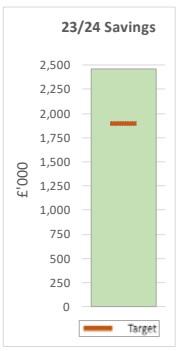
Clinical Support Division is reporting a forecast surplus of £(1.0)m

1. Radiology medical pay pressures (vacancy cover/WLIs).
2. Pathology year-to-date underspend linked to scheme slippages

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Clinical Support Services	CSS-01	Generic CIP - Pay	R	IMTP	Red	0	190	0	(190)
Clinical Support Services	CSS-02	Procurement	R	IMTP	Red	0	138	0	(138)
Clinical Support Services	CSS-03	Rostering Efficiencies	R	IMTP	Red	0	139	0	(139)
Clinical Support Services	CSS-04	procurement	R	IMTP	Red	0	21	0	(21)
Clinical Support Services	CSS-05	Generic CIP - Non-Pay	R	IMTP	Red	0	105	0	(105)
Radiology	CSS-06	Radiology - IPFR patients via WhSSC	R	In Year	Green	15	0	50	50
Radiology	CSS-07	Radiology - WHSSC other Commissioning Costs	R	In Year	Red	0	0	0	0
Radiology	CSS-08	Radiology - Reduce Dosage of CT IV Contrast	R	In Year	Green	41	0	50	50
Radiology	CSS-09	Radiology - PICC Line - change of supplier / change of consum	R	In Year	Green	30	0	30	30
Radiology	CSS-10	Radiology - Review Agency Sonographers	R	In Year	Green	66	0	100	100
Radiology	CSS-11	Radiology - Review of overtime CT & MR	R	In Year	Green	35	0	50	50
Radiology	CSS-12	Radiology - Non Pay All Other	R	In Year	Green	62	0	75	75
Pathology	CSS-13	Pathology - Agency Scientist cost reduction	R	In Year	Green	168	0	214	214
Pathology	CSS-14	Pathology - KPI rebates on MSC's - Siemens and Sysmex	NR	In Year	Green	142	0	147	147
Pathology	CSS-15	Pathology - SLA's - Income review	R	In Year	Green	50	0	60	60
Pathology	CSS-16	Pathology - repatriation of tests	R	In Year	Red	0	0	0	0
Pathology	CSS-17	Pathology - DHCW SLA Haemonetics	R	In Year	Green	11	0	13	13
Pathology	CSS-18	Pathology - All Wales Non Pay Procurement scheme	R	In Year	Green	34	0	47	47
Radiology	CSS-19	Radiology - Decommission YYF Room 2 - maintenance contrac	R	In Year	Green	7	0	10	10
Pathology	CSS-20	Pathology - Figrinogen concentrate - change of supplier	R	In Year	Green	10	0	12	12
Pathology	CSS-21	Pathology - Use of Taxis	R	In Year	Green	24	0	29	29
Radiology	CSS2	Radiology - Decommission Flouroscopy Equipt NHH - mainter	R	In Year	Green	2	0	6	6
Radiology	CSS3	Radiology	NR	In Year	Amber	0	0	30	30
Radiology	CSS4	Radiology - restricted GP access MSK scans	R	In Year	Green	27	0	40	40
						723	**593**	**963**	**370**

Divisional analysis – Complex Care



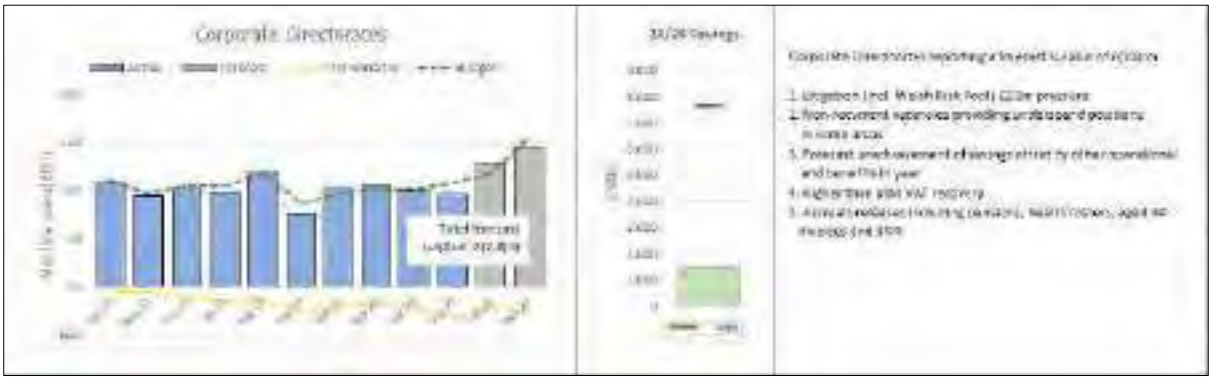


Complex Care Division reporting a forecast surplus of £(3.9)m

1. Reduction in CHC/DTA (£3.6m)
2. Forecast 77 FNC places above plan +£726k
3. Other underspending areas including IRPs (£700k)

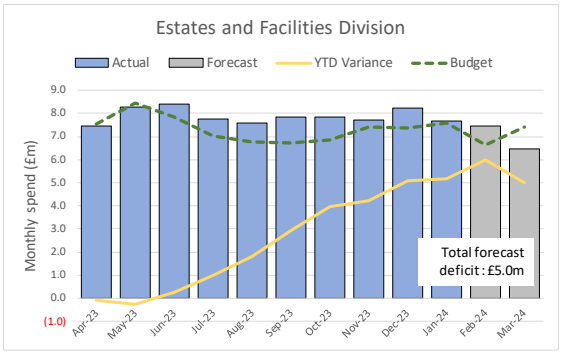
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Complex Care	CHC-01	Generic CIP - Pay	R	IMTP	Red	0	34	0	(34)
Complex Care	CHC-02	Rostering Efficiencies	R	IMTP	Red	0	305	0	(305)
Complex Care	CHC-03	Adult CHC Care at home team	R	IMTP	Green	101	100	133	33
Complex Care	CHC-04	Adult CHC high cost packages, 1:1 & chages for hospital visits	R	IMTP	Red	0	100	0	(100)
Complex Care	CHC-05	Adult CHC (balance to NP plan (3m target @40% of spend for	R	IMTP	Red	0	1,000	0	(1,000)
Complex Care	CHC-06	procurement	R	IMTP	Red	0	56	0	(56)
Complex Care	CHC-07	Generic CIP - Non-Pay	R	IMTP	Red	0	288	0	(288)
Complex Care	CHC-08	Right Sizing Commitments	R	In Year	Green	339	0	459	459
Complex Care	CHC-09	Enhanced care working group and panel	R	In Year	Green	191	0	266	266
Complex Care	CHC-10	CHC review assessments	NR	In Year	Green	33	0	41	41
Complex Care	CHC-11	Enhanced care cohort model - TBC	R	In Year	Red	0	0	0	0
Complex Care	CHC-12	CHC placements review	NR	In Year	Green	1,389	0	1,389	1,389
Complex Care	CHC1	Enchanced care	R	In Year	Green	6	0	171	171
Complex Care	CHC3	Hospital admissions	R	In Year	Red	0	0	0	0
Complex Care	CHC4	Days after death	R	In Year	Red	0	0	0	0
Complex Care	CHC5	Deputyship SLA	R	In Year	Red	0	0	0	0
						2,059	**1,883**	**2,459**	**576**

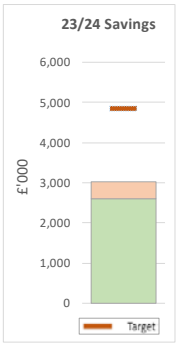
Divisional analysis – Corporate



Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Corporate-ABCi	CORP-01	Generic CIP - Non-Pay	R	IMTP	Red	0	4	0	(4)
Corporate-CEO	CORP-02	Generic CIP - Pay	R	IMTP	Green	108	0	130	130
Corporate-CEO	CORP-03	Review of RIF expenditure	NR	IMTP	Red	0	300	0	(300)
Corporate-CEO	CORP-04	Review of Health protection expenditure	NR	IMTP	Red	0	1,200	0	(1,200)
Corporate-CEO	CORP-05	Generic CIP - Non-Pay	R	IMTP	Green	139	415	203	(212)
Corporate-DirFin	CORP-06	Generic CIP - Pay	R	IMTP	Green	232	46	322	276
Corporate-DirFin	CORP-07	Generic CIP - Non-Pay	R	IMTP	Green	4	5	5	0
Corporate-DirNurs	CORP-08	Generic CIP - Pay	R	IMTP	Red	0	34	0	(34)
Corporate-DirNurs	CORP-09	procurement	R	IMTP	Red	0	1	0	(1)
Corporate-DirNurs	CORP-10	Generic CIP - Non-Pay	R	IMTP	Red	0	6	0	(6)
Corporate-DirOps	CORP-11	Generic CIP - Pay	R	IMTP	Red	0	61	0	(61)
Corporate-DirOps	CORP-12	procurement	R	IMTP	Red	0	2	0	(2)
Corporate-DirOps	CORP-13	Generic CIP - Non-Pay	R	IMTP	Red	0	16	0	(16)
Corporate-DirPCMH	CORP-14	Generic CIP - Pay	R	IMTP	Green	63	2	76	74
Corporate-DirPH	CORP-15	Generic CIP - Pay	R	IMTP	Green	17	33	17	(16)
Corporate-DirPH	CORP-16	Generic CIP - Non-Pay	R	IMTP	Green	26	3	38	35
Corporate-DirPH	CORP-17	Health protection review	NR	IMTP	Red	0	1,000	0	(1,000)
Corporate-DirPH	CORP-18	procurement	R	IMTP	Green	9	1	13	12
Corporate-DirPH	CORP-19	Health protection review	NR	IMTP	Red	0	3,000	0	(3,000)
Corporate-DirTher	CORP-20	Generic CIP - Pay	R	IMTP	Green	39	6	58	52
Corporate-DirTher	CORP-21	Generic CIP - Non-Pay	R	IMTP	Green	4	2	6	4
Corporate-DirTher	CORP-22	Rostering Efficiencies	R	IMTP	Red	0	47	0	(47)
Corporate-Governance	CORP-23	Generic CIP - Pay	R	IMTP	Green	7	7	7	0
Corporate-Governance	CORP-24	Generic CIP - Non-Pay	R	IMTP	Red	0	2	0	(1)
Corporate-Litig	CORP-25	Generic CIP - Non-Pay	R	IMTP	Red	0	11	0	(11)
Corporate-Litig	CORP-26	procurement	R	IMTP	Red	0	2	0	(2)
Corporate-MedDir	CORP-27	Generic CIP - Pay	R	IMTP	Red	0	19	0	(19)
Corporate-MedDir	CORP-28	Generic CIP - Non-Pay	R	IMTP	Green	1	10	3	(7)
Corporate-PlanICT	CORP-29	Generic CIP - Pay	R	IMTP	Red	0	77	0	(77)
Corporate-PlanICT	CORP-30	procurement	R	IMTP	Green	94	113	113	0
Corporate-PlanICT	CORP-31	Generic CIP - Non-Pay	R	IMTP	Red	0	63	0	(63)
Corporate-WOD	CORP-32	Generic CIP - Pay	R	IMTP	Green	234	43	304	261
Corporate-WOD	CORP-33	procurement	R	IMTP	Green	5	6	6	0
Corporate-WOD	CORP-34	Generic CIP - Non-Pay	R	IMTP	Green	123	43	130	87
Corporate-DirOps	CORP-35	NEPT & INTERSITE	R	IMTP	Red	0	1,000	0	(1,000)
Corporate-PlanICT	CORP-36	Generic CIP - Non-Pay	R	IMTP	Green	17	20	20	0
Corporate-PlanICT	CORP-37	Generic CIP - Pay	R	IMTP	Green	20	25	25	0
Corporate-DirOps	FAC-41	Reduced Bed Capacity	R	In Year	Red	0	0	0	0
Corporate - CAPITAL CHARGE	CAP1	Disposal of unused equipment	NR	In Year	Amber	0	0	22	22
						1,141	**7,623**	**1,497**	**(6,126)**

Divisional analysis – Estates & Facilities



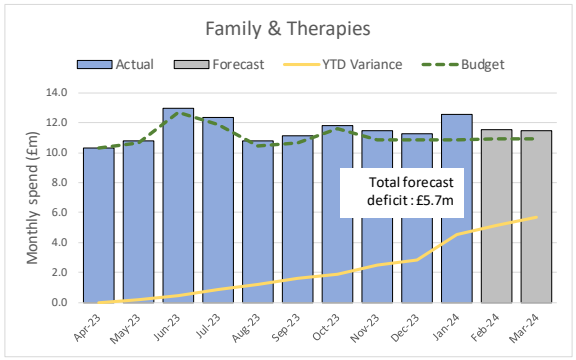


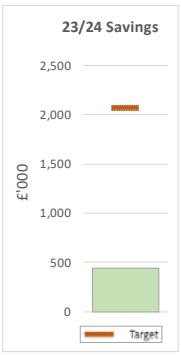
Estates and facilities Division reporting a forecast deficit of £5.0m

1. Forecast unachievement of savings £1.8m
2. Energy forecast £4.4m underspend (excl. Decarb savings)
3. Covid legacy Enhanced Cleaning, security, portacabin £7.2m
4. Other items £0.5m including waste and E block flood
5. Bed contract £1.4m

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Estates and Facilities	ESF-01	Generic CIP - Pay	R	IMTP	Red	0	161	0	(161)
Estates and Facilities	ESF-02	Parking	R	IMTP	Green	175	210	210	0
Estates and Facilities	ESF-03	Procurement	R	IMTP	Green	20	40	27	(13)
Estates and Facilities	ESF-04	Rostering Efficiencies	R	IMTP	Red	0	642	0	(642)
Estates and Facilities	ESF-05	estates and facilities strategy	R	IMTP	Red	0	170	0	(170)
Estates and Facilities	ESF-06	Decarbonisation	R	IMTP	Green	832	1,000	1,000	(1)
Estates and Facilities	ESF-08	Estates Opps / leases (running costs)	R	IMTP	Red	0	1,000	0	(1,000)
Estates and Facilities	ESF-09	procurement	R	IMTP	Red	0	181	0	(181)
Estates and Facilities	ESF-10	Estates and Facilities avoid agency premiums (50%)	R	IMTP	Green	209	1,095	391	(704)
Estates and Facilities	ESF-11	Generic CIP - Non-Pay	R	IMTP	Red	0	340	0	(340)
Estates and Facilities	ESF-12	Rates Rebates	NR	In Year	Green	352	0	584	584
Estates and Facilities	FAC-02	Pod-point chargers	R	In Year	Green	3	0	4	4
Estates and Facilities	FAC-03	Catering Subsidy Removal	R	In Year	Green	70	0	117	117
Estates and Facilities	FAC-04	Hot Vending	R	In Year	Green	9	0	14	14
Estates and Facilities	FAC-12	Security @ GUH	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-13	Security @ NHH	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-14	Security @ STC	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-15	Security @ RGH	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-17	Enhanced Cleaning - reduced WTE's	R	In Year	Green	110	0	170	170
Estates and Facilities	FAC-22	GUH Carparking	R	In Year	Green	25	0	38	38
Estates and Facilities	FAC-23	All Wales Buying Group Credit for sale of energy procured	NR	In Year	Amber	0	0	423	423
Estates and Facilities	FAC-24	NCC Parking - Kingsway & Park Square	R	In Year	Green	26	0	39	39
Estates and Facilities	FAC-28	Window Cleaning	R	In Year	Green	10	0	15	15
Estates and Facilities	FAC-29	Removal of water coolers	R	In Year	Green	1	0	2	2
						1,843	**4,840**	**3,034**	**(1,806)**

Divisional analysis – Family & Therapies



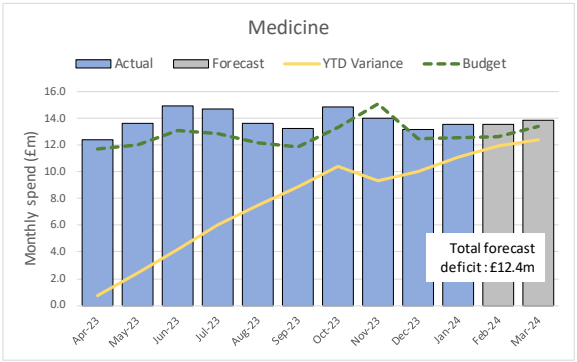


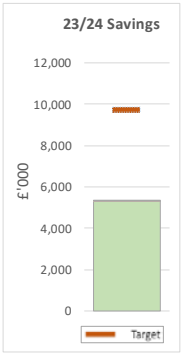
Family & Therapies Division reporting a forecast deficit of £5.7m

1. Forecast unachievement of savings £1.6m
2. CHC out of county placements £2.8m
3. Other operational pressures off-set by operational benefits (e.g. therapies) £1.1m

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Families and Therapies	FAT-01	Generic CIP - Pay	R	IMTP	Green	176	558	211	(347)
Families and Therapies	FAT-02	BADS	R	IMTP	Red	0	25	0	(25)
Families and Therapies	FAT-03	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	0	93	0	(93)
Families and Therapies	FAT-04	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	0	134	0	(134)
Families and Therapies	FAT-05	Procurement	R	IMTP	Red	0	25	0	(25)
Families and Therapies	FAT-06	Rostering Efficiencies	R	IMTP	Green	137	1,021	164	(857)
Families and Therapies	FAT-07	Medicines management	R	IMTP	Green	33	50	36	(14)
Families and Therapies	FAT-08	procurement	R	IMTP	Red	0	72	0	(72)
Families and Therapies	FAT-09	Generic CIP - Non-Pay	R	IMTP	Red	0	96	0	(96)
Families and Therapies	FAT-10	ABUHB Exec decision to cease Flexible Rewards from end of .	R	In Year	Green	19	0	26	26
Families and Therapies	FAT-11	Medicines management (VRIII Fluids - supplier Switch)	R	In Year	Green	1	0	1	1
						365	**2,074**	**438**	**(1,635)**

Divisional analysis – Medicine



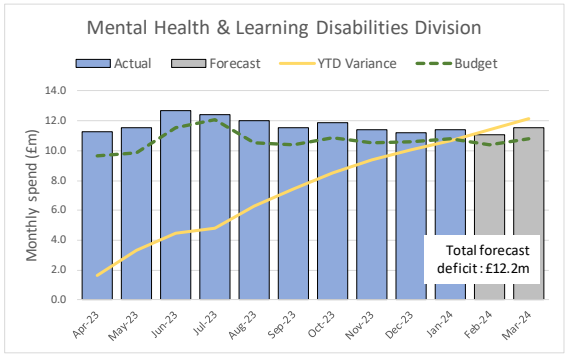


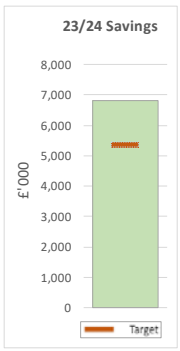
Medicine Division reporting a forecast deficit of £12.4m

1. Un-achieved savings forecast £4.3m
2. Operational medical pressures £5.4m
3. Operational non-pay (incl Diabetic Pumps, CPAPS, OSN's) £3.8m
4. Drugs/IVIG - £90k

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Medicine	MED-01	Generic CIP - Pay	R	IMTP	Green	30	516	42	(474)
Medicine	MED-02	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	0	95	0	(95)
Medicine	MED-03	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	0	656	0	(656)
Medicine	MED-04	Beds (1 ward Med)	R	IMTP	Red	0	2,223	0	(2,223)
Medicine	MED-05	Procurement	R	IMTP	Red	0	25	0	(25)
Medicine	MED-06	Rostering Efficiencies	R	IMTP	Green	609	738	709	(28)
Medicine	MED-07	Insourcing review	R	IMTP	Red	0	1,066	0	(1,066)
Medicine	MED-08	Medicines management	R	IMTP	Green	130	150	182	32
Medicine	MED-09	procurement	R	IMTP	Green	71	35	77	42
Medicine	MED-10	Slippage in spend regional eyes / endo / path	NR	IMTP	Green	3,322	4,000	3,987	(13)
Medicine	MED-11	Generic CIP - Non-Pay	R	IMTP	Red	0	184	0	(184)
Medicine	Med-12	Green Schemes - Drugs MED 12 & MED 13	R	In Year	Red	0	0	0	0
Medicine	Med-13	Green Sheme - Medical MED 05 & MED 19	R	In Year	Green	42	0	83	83
Medicine	Med-14	Green Schemes - Non Pay Wound Clinic REF MED-06	R	In Year	Green	17	0	25	25
Medicine	Med-15	Green Schemes - Income Spy Glass MED-07	R	In Year	Amber	0	0	70	70
Medicine	Med-16	Green Scheme - Virtual Outliers	R	In Year	Green	48	0	96	96
Medicine	Med-18	RGH reduction in bed base	R	In Year	Green	66	0	110	110
Medicine	Med-22	Green Scheme - HCRU	R	In Year	Red	0	0	0	0
						4,335	**9,688**	**5,381**	**(4,307)**

Divisional analysis – Mental Health and Learning Disabilities



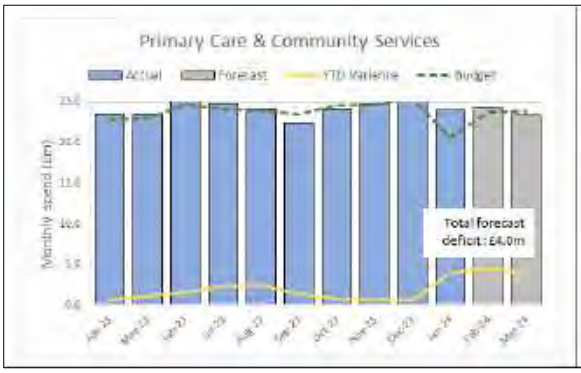


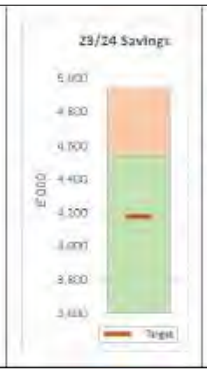
Mental Health & LD Division reporting a forecast deficit of £12.2m

1. Overachievement of savings £1.5m
2. CHC Fees increases greater than IMTP assumption £8.1m
3. Ward pressures & medical cover forecast £5.3m
4. Other operational costs including drugs £0.6m

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Mental Health and Learning Disabilities	MHLD-01	Generic CIP - Pay	R	IMTP	Red	0	107	0	(107)
Mental Health and Learning Disabilities	MHLD-01a	MH Adults - Reduction of agency costs due to appointment o	R	IMTP	Green	81	142	122	(20)
Mental Health and Learning Disabilities	MHLD-01b	OAMH - Reduction in LT Med Agency due to successful recrui	R	IMTP	Green	42	50	50	0
Mental Health and Learning Disabilities	MHLD-01c	Flexi rewards ceasing	R	IMTP	Red	0	9	0	(9)
Mental Health and Learning Disabilities	MHLD-02	Generic CIP - Non-Pay	R	IMTP	Red	0	0	0	0
Mental Health and Learning Disabilities	MHLD-02a	Maximise ECT Income generation from private patient referr	R	IMTP	Green	58	70	70	0
Mental Health and Learning Disabilities	MHLD-02b	PCMHS Counselling commissioning	R	IMTP	Green	67	218	100	(118)
Mental Health and Learning Disabilities	MHLD-02c	SLA Recovery works & Sanctuary	NR	In Year	Green	238	0	285	285
Mental Health and Learning Disabilities	MHLD-03	Rostering Efficiencies	R	IMTP	Red	0	562	0	(562)
Mental Health and Learning Disabilities	MHLD-04	MH CHC - LD	R	IMTP	Red	0	922	0	(922)
Mental Health and Learning Disabilities	MHLD-05	MH CHC High cost packages	R	IMTP	Green	133	250	200	(50)
Mental Health and Learning Disabilities	MHLD-06	MH Older Adults Beds	R	IMTP	Red	0	206	0	(206)
Mental Health and Learning Disabilities	MHLD-06a	OAMH - Capped beds on Annwylfan (YYF) resulting in lower v	R	IMTP	Green	30	150	30	(120)
Mental Health and Learning Disabilities	MHLD-07	Review of Mental Health expenditure	NR	IMTP	Red	0	2,000	0	(2,000)
Mental Health and Learning Disabilities	MHLD-08	MH CHC (balance to NP plan (3m target @60% of spend for M	R	IMTP	Red	0	628	0	(628)
Mental Health and Learning Disabilities	MHLD-09	procurement	R	IMTP	Red	0	55	0	(55)
Mental Health and Learning Disabilities	MHLD-10	CHC Eligibility Reviews	R	In Year	Green	184	0	403	403
Mental Health and Learning Disabilities	MHLD-11	CHC Repatriations to in house wards	R	In Year	Green	875	0	1,123	1,123
Mental Health and Learning Disabilities	MHLD-12	CHC Right Size Packages	R	In Year	Green	245	0	343	343
Mental Health and Learning Disabilities	MHLD-13	CHC Step Down	R	In Year	Green	534	0	727	727
Mental Health and Learning Disabilities	MHLD-14	CHC Change in Need	R	In Year	Green	906	0	1,188	1,188
Mental Health and Learning Disabilities	MHLD-15	Structured Clinical Management	R	In Year	Green	87	0	157	157
Mental Health and Learning Disabilities	MHLD-16	Paliperidone HC FYE	R	In Year	Green	89	0	109	109
Mental Health and Learning Disabilities	MHLD-17	Paliperidone Non HC FYE	R	In Year	Green	72	0	87	87
Mental Health and Learning Disabilities	MHLD-18	Clozapine repatriation FYE	R	In Year	Green	59	0	71	71
Mental Health and Learning Disabilities	MHLD-19	Clozapine price reduction	R	In Year	Green	5	0	6	6
Mental Health and Learning Disabilities	MHLD-20	Flexi Rewards Ceasing	R	In Year	Green	215	0	301	301
Mental Health and Learning Disabilities	MH2	Step 9 People Down From Secure Placements	R	In Year	Green	285	0	397	397
Mental Health and Learning Disabilities	MH3	Repatriate Individuals From OOA And In House Placements	R	In Year	Green	50	0	75	75
Mental Health and Learning Disabilities	MH6	Review SIF SLAs	NR	In Year	Green	167	0	200	200
Mental Health and Learning Disabilities	MH10	Review secure transport options	R	In Year	Green	5	0	15	15
Mental Health and Learning Disabilities	MH11	Flexi Rewards Ceasing	R	In Year	Red	0	0	0	0
Mental Health and Learning Disabilities	MH4	West Sussex Dispute	NR	In Year	Green	495	0	742	742
Mental Health and Learning Disabilities	MH12	Non Pay Reduction	R	In Year	Green	6	0	10	10
						4,926	**5,369**	**6,811**	**1,442**

Divisional analysis – Primary Care and Community



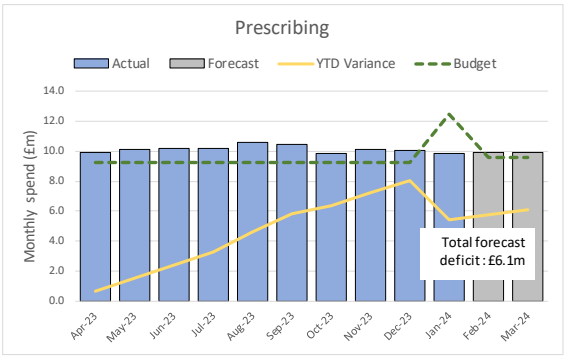


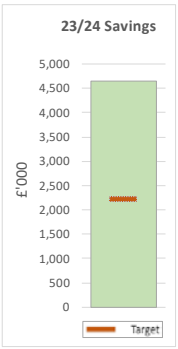
Primary Care & Comm. Division reporting a forecast deficit of £4.0m

1. Increased Medical spend (mainly CDTE) - £0.459k
2. On-going community Hospitals (nursing) pressure £0.783m
3. Further pressures in EHEW, Palliative Care and GPOOH
4. Ready to go ward £0.285m
5. Delayed ward closures - savings reduced
6. Managed practices

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Primary Care and Community	PCC-01	Generic CIP - Pay	R	IMTP	Green	278	278	278	0
Primary Care and Community	PCC-02	Generic CIP - Non-Pay	R	IMTP	Green	264	291	293	2
Primary Care and Community	PCC-04	Beds (1 ward Community)	R	IMTP	Amber	0	2,223	215	(2,009)
Primary Care and Community	PCC-05	Procurement	R	IMTP	Red	0	85	0	(85)
Primary Care and Community	PCC-06	Rostering Efficiencies	R	IMTP	Green	80	1,008	124	(884)
Primary Care and Community	PCC-08	Managed practices	R	IMTP	Green	100	100	100	0
Primary Care and Community	PCC-10	procurement	R	IMTP	Red	0	185	0	(185)
Primary Care and Community	PCCS11	Reduce Face To Face CPD Cost	NR	In Year	Green	12	0	16	16
Primary Care and Community	PCCS17	Bank MV HCSW	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS18	Bank & Agency CCH Registered Nurses	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS19	Reduce Non Pay Monnow Vale Ward	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS2	NCN Development Programme Manager No Backfill	NR	In Year	Green	24	0	36	36
Primary Care and Community	PCCS20	Non-Pay Cas Gwent	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS21	Non Pay DNS	NR	In Year	Green	10	0	14	14
Primary Care and Community	PCCS3	Dental Professional Collaborative On Hold	NR	In Year	Green	16	0	24	24
Primary Care and Community	PCCS36	GMS IT Services	NR	In Year	Green	29	0	35	35
Primary Care and Community	PCCS37	GMS Improvement Grants	NR	In Year	Green	228	0	274	274
Primary Care and Community	PCCS4	Uncommitted SPPC Funding	NR	In Year	Amber	0	0	27	27
Primary Care and Community	PCCS45	Withdraw Band 7 Advert PC Contracting Team	NR	In Year	Green	30	0	40	40
Primary Care and Community	PCCS58	Remove Band 3 Admin Post Newport	NR	In Year	Green	18	0	24	24
Primary Care and Community	PCCS6	Hold Current SPCC Vacancy Band 4	NR	In Year	Amber	0	0	10	10
Primary Care and Community	PCCS7	Reduce Spend On SPCC Promotion	NR	In Year	Green	5	0	5	5
Primary Care and Community	PCCS8	Delay Recruitment Of Band 8A Academy Nurse	NR	In Year	Green	15	0	18	18
Primary Care and Community	PCCS9	Delay Recruitment Of Lead Pharmacist for academy	NR	In Year	Green	15	0	18	18
Primary Care and Community	PCCS1	NCN Academy Funding	NR	In Year	Green	125	0	175	175
Primary Care and Community	PCCS10	Amendment to ANP Programme	NR	In Year	Amber	0	0	9	9
Primary Care and Community	PCCS26	GMS LES Additional Clinics	NR	In Year	Green	100	0	140	140
Primary Care and Community	PCCS30	GDS UDA Clawback 22/23	NR	In Year	Green	282	0	282	282
Primary Care and Community	PCCS32	GDS CR Clawback 22/23	NR	In Year	Green	1,187	0	1,187	1,187
Primary Care and Community	PCCS67	Review ONN Overnight vehicle hire	NR	In Year	Green	1	0	3	3
Primary Care and Community	PCCS69	Reduce GP & Nurse mobiles	NR	In Year	Green	12	0	18	18
Primary Care and Community	PCCS33	GDS CR Clawback 23/24	NR	In Year	Green	0	0	1,194	1,194
Primary Care and Community	PCCS12	UPC To Support Sustainability	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS14	Additional Managed Practice to Independent Status	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS38	WG Improvement Grant	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS73	Review Current Workforce In Managed Practies	NR	In Year	Green	28	0	28	28
Primary Care and Community	PCCS59	Non Pay Stock Review	NR	In Year	Amber	0	0	15	15
Primary Care and Community	PCCS76	District Nursing Variation	NR	In Year	Amber	0	0	50	50
Primary Care and Community	PCCS78	Community Wards Variation	NR	In Year	Amber	0	0	70	70
Primary Care and Community	PCCS13	Merge Telephone Contracts In Managed Practices	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS79	Flexi rewards saving	NR	In Year	Green	120	0	186	186
Primary Care and Community	PCCS77	Reduce Variation In Managed Practices	NR	In Year	Green	26	0	26	26
						3,005	**4,170**	**4,934**	**763**

Divisional analysis – Prescribing



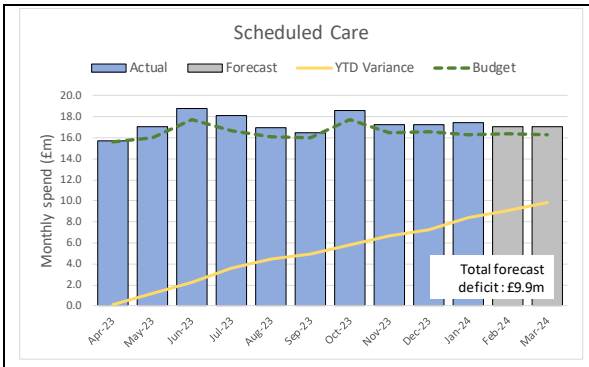


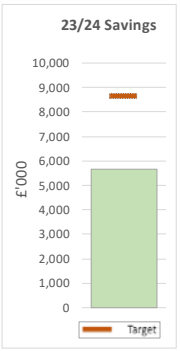
The full year Prescribing forecast deficit is £6.1m

1. Savings over-achievement forecast £2.4m
2. Average cost per item reduced by 7p to £7.51 for the year
3. Underlying growth assumed at 0.8% above 2022/23 item numbers
4. Actual 2022/23 growth 1.3%
5. On-going effect of 56-day prescribing

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Prescribing	PCC-03	Generic CIP - Non-Pay	R	IMTP	Green	384	435	434	(1)
Prescribing	PCC-07	Medicines management	R	IMTP	Green	826	1,125	1,125	0
Prescribing	PCC-09	Medicines management	R	IMTP	Green	378	650	463	(187)
Prescribing	PCC-11	LOE - Apixaban	R	In Year	Green	1,568	0	2,382	2,382
Prescribing	PCC-12	LOE - Sitagliptin	R	In Year	Green	157	0	225	225
Prescribing	PCCS51	Specials And Liquid Preps Review	NR	In Year	Green	4	0	6	6
Prescribing	PCCS52	ONPOS/NWOS Expanded To GP Surgeries	NR	In Year	Green	9	0	15	15
						3,326	**2,210**	**4,650**	**2,440**

Divisional analysis – Scheduled Care





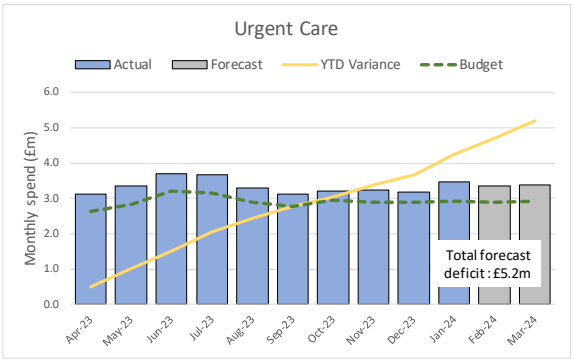
Scheduled care division is reporting a forecast deficit of £9.9m

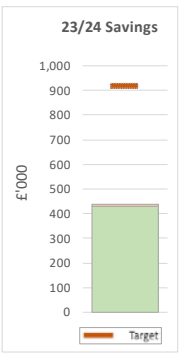
The key reasons for this forecast position are as follows:

1. Un-achieved savings target £2.98m
2. D7E open for the full year £700k
3. T&O backfill costs (net of WLI reduction) £2.7m
4. Additional activity costs £1.1m
5. Plus further variable and operational pressures for review

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Scheduled Care	SCH-01	Generic CIP - Pay	R	IMTP	Red	0	703	0	(703)
Scheduled Care	SCH-02	BADS	R	IMTP	Red	0	478	0	(478)
Scheduled Care	SCH-03	RTT WLI	R	IMTP	Green	1,574	2,296	1,934	(362)
Scheduled Care	SCH-04	RTT Backfill	R	IMTP	Green	91	962	91	(871)
Scheduled Care	SCH-05	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	0	1,490	0	(1,490)
Scheduled Care	SCH-06	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	0	277	0	(277)
Scheduled Care	SCH-07	SAU rostering	R	IMTP	Red	0	155	0	(155)
Scheduled Care	SCH-08	Procurement	R	IMTP	Red	0	586	0	(586)
Scheduled Care	SCH-08a	Procurement - Ophthalmology B&L theatre consumables	R	IMTP	Green	20	38	40	2
Scheduled Care	SCH-08b	Procurement - Stryker Pricing review	R	IMTP	Green	24	72	40	(32)
Scheduled Care	SCH-09	Rostering Efficiencies	R	IMTP	Green	1,097	895	1,243	348
Scheduled Care	SCH-09a	Ortho Geriatric variable pay saving	R	IMTP	Green	12	48	24	(24)
Scheduled Care	SCH-10	Medicines management	R	IMTP	Green	731	150	911	761
Scheduled Care	SCH-11	procurement	R	IMTP	Red	0	166	0	(166)
Scheduled Care	SCH-12	Generic CIP - Non-Pay	R	IMTP	Red	0	317	0	(317)
Scheduled Care	SCH11	Stop backfill	NR	In Year	Green	46	0	46	46
Scheduled Care	SCH2	Christmas shutdown of elective activity	NR	In Year	Green	57	0	57	57
Scheduled Care	SCH23	Retinue accruals hold for 3 months not 6 months	NR	In Year	Green	111	0	111	111
Scheduled Care	SCH6	Nursing - Reduction of flexible rewards for agency / bank	R	In Year	Green	483	0	700	700
Scheduled Care	SCH13	Non-uk resident patient spend target	R	In Year	Green	27	0	48	48
Scheduled Care	SCH12	Purchasing off frameworks	R	In Year	Green	17	0	33	33
Scheduled Care	SCH22	Switch all patients from originator drugs to biosimilar	R	In Year	Green	174	0	300	300
Scheduled Care	SCH24	Rationalisation of Uni Knee and removing Zimmer	R	In Year	Green	4	0	8	8
Scheduled Care	SCH9	Limit value of study leave with a cap	NR	In Year	Green	3	0	5	5
Scheduled Care	SCH3	Medical staff agency spend reduction	NR	In Year	Green	44	0	68	68
Scheduled Care	SCH NEW	Specialist Rates ITU / Theatres	NR	In Year	Red	0	0	0	0
						4,515	**8,634**	**5,659**	**(2,975)**

Divisional analysis – Urgent Care



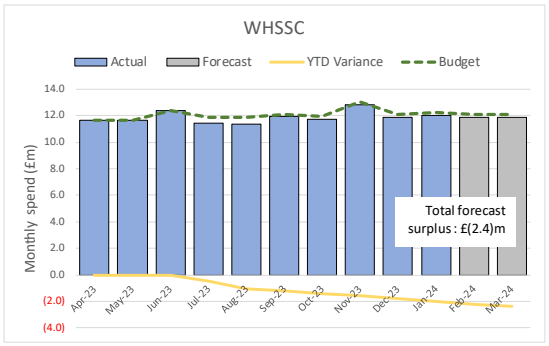


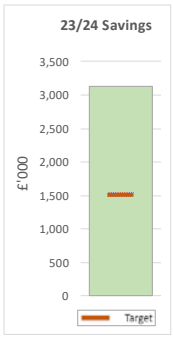
Urgent Care Division reporting a forecast deficit of £5.2m

1. ED Middle grade cover and consultant sessions (£2.0m pressure)
2. Nursing vacancy premium (£2.5m)
3. SATU - £0.2m
4. MIU opening times savings assumed unachieveable - £0.4m
5. Drugs pressure - £0.1m

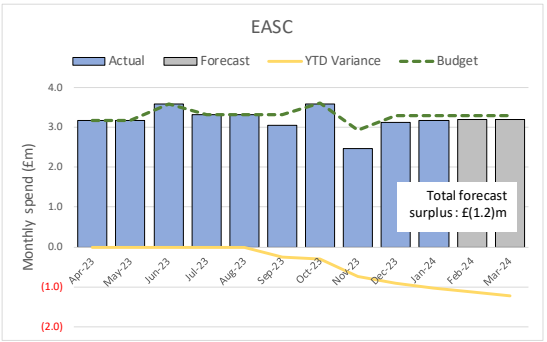
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Urgent care	URG-01	Generic CIP - Pay	R	IMTP	Green	227	198	251	53
Urgent care	URG-02	Procurement	R	IMTP	Amber	0	25	8	(17)
Urgent care	URG-03	Rostering Efficiencies	R	IMTP	Green	50	170	70	(100)
Urgent care	URG-04	Reduce opening times of MIU	R	IMTP	Red	0	500	0	(500)
Urgent care	URG-05	procurement	R	IMTP	Green	25	4	41	37
Urgent care	URG-06	Generic CIP - Non-Pay	R	IMTP	Green	12	22	16	(6)
Urgent care	MMUC01	Variable Fluids Rate	R	In Year	Green	1	0	2	2
Urgent care	MMUC02	Monifer	R	In Year	Green	4	0	7	7
Urgent care	UC-01	Hold Rectuiting Assistant PFCs	NR	In Year	Green	19	0	26	26
Urgent care	UC-02	Hold Flow Centre Manager Recruitment	NR	In Year	Green	17	0	17	17
						355	**919**	**437**	**(482)**

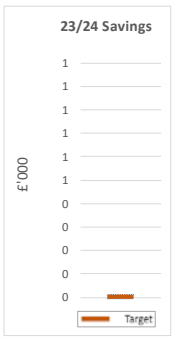
Divisional analysis – External Commissioning / WHSSC / EASC



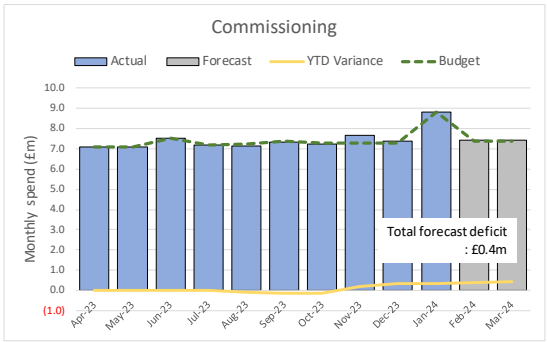


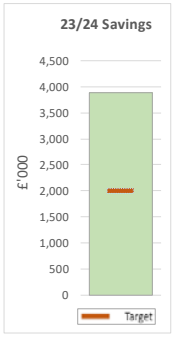
WHSSC reporting a forecast surplus of £(2.4)m in line with the agreed WHSSC position





EASC currently reporting a forecast surplus of £(1.2)m against the plan





Commissioning currently reporting a forecast deficit of £0.4m

Cwm Taf LTA is subject to a significant reduction in delivery of c.2000 treatments as this has been the profile of delivery over recent years and is not expected to recover.

Savings exceeding target due to renegotiation of Velindre LTA

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Contracting and Commissioning	CON-01	External Contracts	R	IMTP	Green	1,667	2,000	2,000	0
Contracting and Commissioning	CON-02	External Contracts	R	In year	Green	276	0	331	331
Contracting and Commissioning	CON-03	External Contracts	NR	In year	Green	169	0	207	207
Contracting and Commissioning	CON-04	External Contracts (English)	R	In Year	Green	1,126	0	1,350	1,350
WHSSC	WHC-01	WHSSC 1% pathways savings	R	IMTP	Red	0	1,363	0	(1,363)
WHSSC	WHC-01a	WHSSC 1% pathways savings	R	IMTP	Green	138	138	138	1
WHSSC	WHC-02	WHSSC 10-20-30% savings	NR	In Year	Green	462	0	554	554
WHSSC	WHC-03	WHSSC Integrated Commissioning Plan Savings	NR	In Year	Green	2,028	0	2,434	2,434
						5,866	**3,500**	**7,014**	**3,514**

National Covid-19 Funding Assumptions

The Health Board has received £10.821m of funding relating to Covid-19 schemes. Anticipated WG funding for Covid-19 is listed below;

Type	Covid-19 Specific allocations - December 2023	£'000
HCHS	Nosocomial Covid 19 cases - Investigation and learning	753
HCHS	C19 PPE (Q1+Q2)	977
HCHS	C19 Health Protection (Q1+Q2+Q3)	4,517
HCHS	C19 Vaccination programme (Q1+Q2+Q3)	3,342
GMS	GMS Covid19 Vaccinations (Q2+Q3)	746
HCHS	Adeferiad Programme	486
	Total Confirmed Covid-19 Allocations	**10,821**
HCHS	Adferiad Programme	121
HCHS	C19 Vaccination programme	2,201
HCHS	C19 Health Protection	1,794
HCHS	C19 PPE	423
	Total Anticipated Covid-19 Allocations	**4,539**
	Total Covid-19 Allocations	**15,361**

In addition, Estates & Facilities legacy costs for areas such as enhanced cleaning, security, portacabins continue and provide a significant forecast pressure for 2023/24 (forecast c.£7.2m).

Reserves

Reserves Delegation:

A number of confirmed and anticipated allocations have remained in reserves for month 10 reporting (£2.8m). This funding will be reviewed by the Executive Team to determine whether it is appropriate to delegate to Divisions in the context of the budget setting methodology for 23/24 and the Health Board deficit.

A net total of £2.6m was approved and delegated into 23/24 Divisional positions from reserves in month 10. Significant delegations in-month were:

- *Regional Planned Care: Ophthalmology -£1.8m – Delegated to Commissioning (£1.76m) with other amounts to Digital, Planning and Finance (NR)*
- *WHSSC Traumatic Stress Wales £271k – Delegated to WHSSC in line with spend plan (NR)*
- *DPIF-Video Consultation contract variation £250k – Additional funding to cover extension of licensing costs with current supplier (NR)*
- *Mental Health 111/Press 2 £220k – Additional funding allocated to stabilise the MH 111/Press 2 service by utilising variable pay (NR)*

Further delegations will be made in month 11 where confirmed and approved. Other allocations require further information and discussion before delegation can be confirmed.

7769-ALLOCATIONS TO BE DELEGATED

Confirmed or Anticipated	R / NR	Description	23/24
Confirmed	NR	Regional Planned Care funding: Ophthalmology	514,382
Confirmed £290k Anticip	NR	PPE 23-24	662,642
Anticipated	NR	MH SIF 23-24 remaining 50pct	471,000
Anticipated	NR	MH SIF 22-23 remaining 25pct	1,012,496
		Healthcare pathways Income (NHS Excl.)	120,000
Confirmed	NR	Urgent and Emergency Care M1-6 supplementary	34,000
		Confirmed Allocations to be apportioned	**2,804,520**

7788-COMMITMENTS TO BE DELEGATED

Description	23/24
Innovation and Development Fund (£10m)	-461,312
Total Commitments	**-461,312**

7501-SUPPORTING FINANCIAL POSITION

Description			23/24
		Balances at month 9	10,265,787
Confirmed	NR	Neighbourhood District Nursing: Data Analyst	85,000
Confirmed	NR	IT Revenue to Capital (IT Purchases) Jan-24	30,516
		Healthcare pathways Income (NHS Excl.)	(120,000)
	R	Further National Pressures	1,000,000
	R	Allocation risks / UHB risks	624,269
	R	Innovation and Development Fund (£10m)	9,000,000
Total Commitments			**19,885,674**

7515-IMTP 23/24 DEFICIT

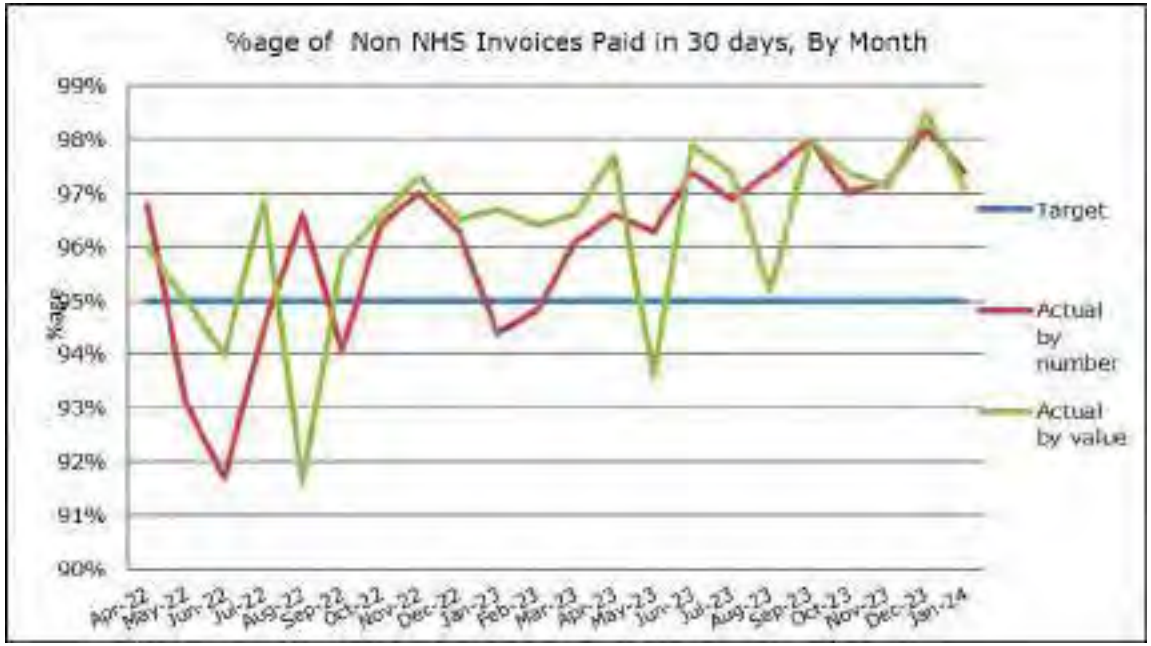
Description			23/24
	R	23/24 recurrent deficit	(332,848,240)
Confirmed	NR	Underlying deficit	25,800,000
Confirmed	NR	Inflationary uplift (conditional recurrent)	55,700,000
Confirmed	NR	Inflationary uplift (non-recurrent)	14,400,000
Anticipated	NR	Energy	9,500,000
Total Commitments			**(227,448,240)**
		Totals	**(1,299,194)**

Cash Position

The cash balance at the 31st January is £10.810m, which is above the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods/services in January and cumulatively. There has been a slight decrease in the number of NHS invoices paid within 30 days this month, with an increase in the value of invoices paid within 30 days.

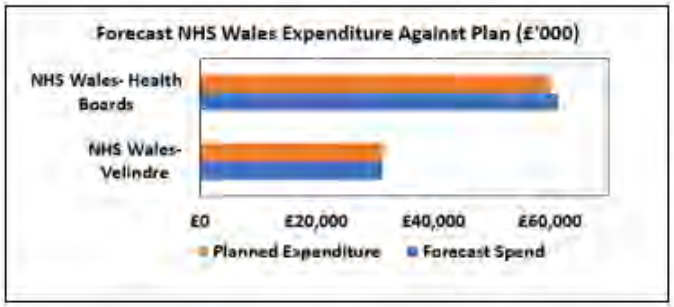


Contracting & Commissioning – LTA Spend & Income

Month/Financial Year:- Month 10 (January) 2023-24

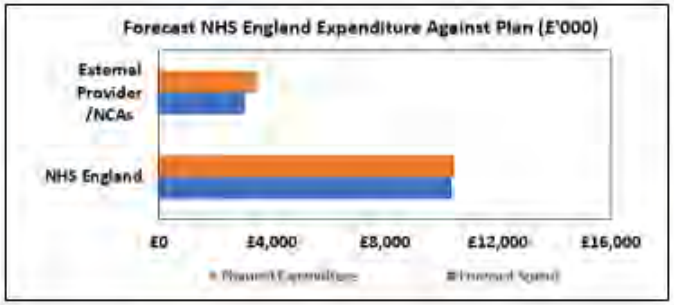
At Month 10 the financial performance for Contracting and Commissioning is a £327k overspend against the delegated budget

The key elements contributing to this position at Month 10 are as follows:



NHS Wales Expenditure

ABUHB pursued additional underperformance from Cwm Taf Morgannwg UHB to reflect reduced activity being provided for Gwent residents WG had to arbitrate on the disputed position and the outcome was a reduction of c£2m compared to the 22-23 LTA



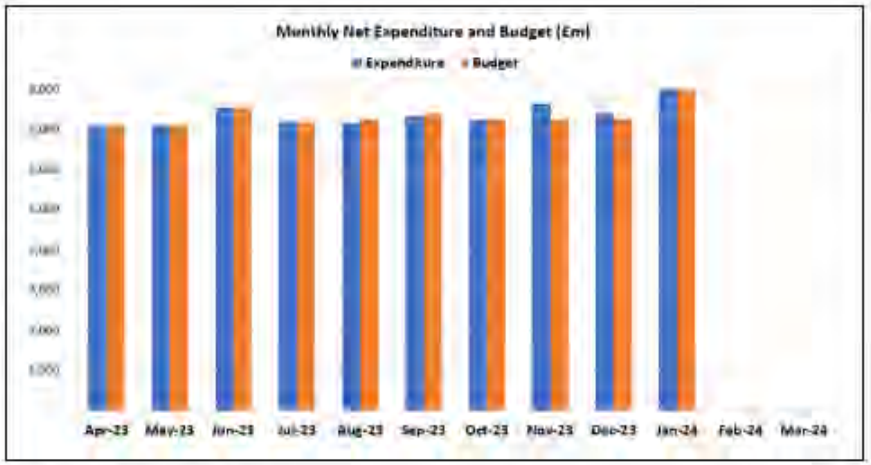
NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£12m in 2023/24 and will continue to be monitored and managed regularly



Provider Income

Provider income of c£16m is being planned and forecast in 2023/24 and will continue to be monitored and managed regularly

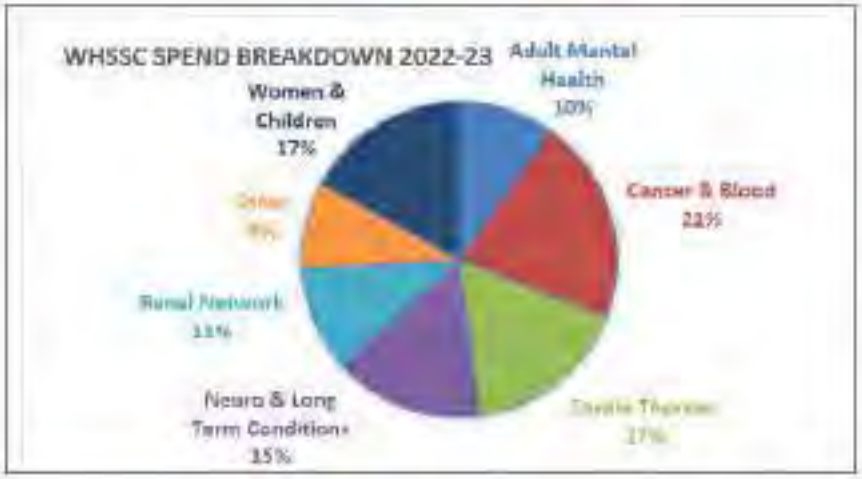


Key Issues 2023-24

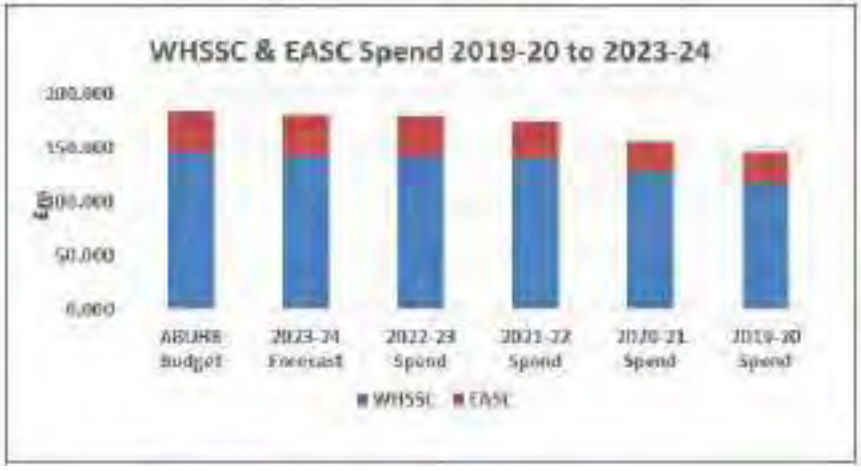
- All LTAs have been signed by the end of June 2023 WG deadline with the exception of the Cwm Taf LTA. A Heads of Agreement has now been signed by both parties reflecting the WG arbitration which resulted in c£2m reduction in expenditure compared to 22-23 terms and conditions.
- The nationally agreed inflationary uplift of 1.5% has been funded and is reflected in the above position
- The forecast spend at Velindre Trust is broadly in line with the provider IMTP however there is a degree of uncertainty around NICE and activity forecasts and the implementation of new service developments.
- A new saving of £331k was achieved in month 5 from negotiating additional underperformance from the Velindre contract
- A cost pressure of c£210k is forecast for increased delivery of pancreatic cancer surgery and thyroid surgery for AB patients at Swansea Bay UHB
- The plan and forecast takes into account the full year effect of the regional vascular centralisation project in Cardiff and the phased contract reduction for Powys patients in relation to reduced GUH flows (income)

WHSSC & EASC Financial Position 2023-24: Month 10

The Month 10 financial performance for WHSSC & EASC is an underspend of £3.020m. The Month 10 position reflects the agreed IMTP with WHSSC and EASC.









Balance Sheet

Balance sheet as at 31st January 2024	2023/24 Opening balance £000s	31st January 2024 £000s	Movement £000s
Fixed Assets	893,408	933,555	40,147
Other Non current assets	83,283	57,872	-25,411
Current Assets			
Inventories	9,576	9,848	272
Trade and other receivables	152,220	213,988	61,768
Cash	4,704	10,810	6,106
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	166,500	234,646	68,146
Liabilities			
Trade and other payables	242,817	210,718	-32,099
Provisions	168,466	205,607	37,141
	411,283	416,325	5,042
	731,908	**809,748**	**77,840**
Financed by:-			
General Fund	552,859	611,814	58,955
Revaluation Reserve	179,049	197,934	18,885
	731,908	**809,748**	**77,840**

Fixed Assets:-

- An increase in net additions of £40.7m in relation to new 2023/24 capital expenditure incurred.
- A reduction of £35.8m for depreciation charges. A reduction of £2.3m for IFRS16 related charges.
- An increase in indexation costs of £37.9m

Other Non-Current Assets: This relates to an increase in Welsh Risk Pool claims due in more than one year £28.3m, a decrease in intangible assets of £1.8m and an increase in ICR income due in more than one year of £0.1m since the end of 2022/23.

Inventories: The increase in year relates to changes in stock held within the divisions

Current Assets, Trade & Other Receivables: The main movements since the end of 2022/23 relate to:

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2022/23 to the end of January £9.6m
- An increase in the value of both NHS & Non-NHS accruals of £67.2m, of which £64.3m relates to an increase of Welsh Risk Pool claims due in less than one year, £3.5m relates to an increase in NHS & Non-NHS accruals and £0.6m relates to a decrease in VAT & other debtors since the end of 2022/23.
- An increase in the value of prepayments held £4.2m

Cash: The cash balance held at the end of January is £10.810m.

Liabilities, Provisions:

- The movement since the end of 2022/23 relates to a number of issues the most significant of which are:- a decrease in Capital accruals (£2.5m), an increase in NHS Creditor accruals (£4.0m), a decrease in the level of invoices held for payment from the year end (£13.0m), a decrease in non NHS accruals (£2.7m), a decrease in Tax & Superannuation (£2.3m), a decrease in other creditors (£12.9m), a decrease in the liability for lease payments (£1.9m), an increase in payments on account (£0.8m)
- Due to the increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £37.7m and a decrease in other provisions of £0.4m.

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: £1.6bn

Funding Allocations - January 24 (M10 2023/24)

	£'000
HCHS	1,503,030
GMS	110,766
Pharmacy	34,917
Dental	34,643
Total confirmed allocations	**1,683,356**
Anticipated allocations	**33,015**
Total Allocations	**1,716,370**

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 £110m. (£108m for 22/23). 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 £1.83bn (£1.75bn for 22/23).

WG anticipated allocations: £33.0m

WG Revenue Resource Limit : Anticipated Allocations (January)			
Funding Type	**Description**	**Value £'000**	**Recurrent / Non Recurrent**
GMS	GMS Refresh	1,603	R
HCHS	(Provider) SPR's	125	R
HCHS	(Provider) Clinical Excellence Awards (CDA's)	149	R
HCHS	Technology Enabled Care National Programme (ETTF)	1,800	R
HCHS	Informatics - Virtual Consultations	1,065	R
HCHS	Digital Medicines transformation team (pre-implement)	203	NR
HCHS	Same Day Emergency Care (SDEC)	1,560	R
HCHS	Adferiad Programme	121	NR
HCHS	Exceptional-Incremenntal Real Living Wage	5,404	NR
HCHS	VBH: Heart Failure and Rehab in the Community	506	R
HCHS	23-24 C19 Vaccination programme	2,201	NR
HCHS	23-24 C19 TTP	1,794	NR
HCHS	New Medical Training Posts 2017-2022 cohorts	1,100	R
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	551	NR
HCHS	Capital - DEL Depreciation - Strategic	337	NR
HCHS	Capital - DEL Depreciation - Accelerated	95	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	(343)	NR
HCHS	Capital - IFRS16 DEL Depreciation (Equipment + Property)	363	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	116	NR
HCHS	Capital - AME Depreciation - Donated Assets	336	NR
HCHS	Capital - AME Depreciation - Impairments	23,567	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(19,552)	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	(300)	NR
HCHS	Revenue Interest Expense (IFRS16) Equipment	117	NR
HCHS	Revenue Interest Expense (IFRS16) Property	160	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,325)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(2,070)	NR
HCHS	Mental Capacity Act 23-24	189	NR
HCHS	Mental Capacity Act Advocacy 23-24	217	NR
HCHS	Consolidated pay award 1.5% Apr-23	932	NR
HCHS	C19 PPE 23/24	423	NR
HCHS	Mental Capacity Act 23-24 - Gwent consortium	49	NR
HCHS	A4C Pay award 23-24	2,655	R
HCHS	Informatics - Virtual Consultations platform license	1,273	NR
HCHS	Financial position 23-24 - Energy	6,394	NR
HCHS	Pay award-Medical and Dental 5% 23-24	639	R
HCHS	Mental Health SIF 22-23 (final 25%)	1,012	NR
HCHS	Mental Health SIF 23-24 (final 50%)	471	NR
HCHS	Planned Care Recovery: Delivering the 3Ps	80	NR
	Total Anticipated: Per Ledger	**33,015**	

	2023/24				
	Original Plan £000	Revised Plan £000	Spend to M10 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	9,521	9,521		9,521	0
Less EFAB Contribution	-629	-629		-629	0
Less AWCP Brokerage 22/23	-1,472	-2,278		-2,278	0
Grant Income Received	0	0		0	0
NBV of Assets Disposed	0	493		493	0
Total Approved Discretionary Funding	7,420	7,107		7,107	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	43,396	50,617		50,617	0
Anticipated AWCP Funding	0	1,133		1,133	0
AWCP funding adjustment re: underspends	0	0		-280	-280
Charitable Donations YYF Breast Centralisation Unit	0	150		150	0
Total Approved AWCP Funding	43,396	51,900		51,620	-280
Total Approved IFRS16 Lease funding	0	1,016		1,016	0
Total Capital Funding / Capital Resource Limit (CRL)	**50,816**	**60,023**		**59,743**	**-280**
Applications:					
Discretionary Capital:					
Commitments B/f From 2022/23	321	644	146	444	-199
Statutory Allocations	576	660	458	660	0
Divisional Priorities	2,868	3,790	2,389	3,494	-297
Corporate Priorities	300	186	120	152	-34
Informatics National Priority & Sustainability	2,170	2,008	784	1,559	-449
Remaining DCP Contingency	1,185	-180	0	1,207	1,387
Total Discretionary Capital	**7,420**	**7,107**	**3,897**	**7,516**	**409**
All Wales Capital Programme:					
Grange University Hospital Remaining works	-3,517	-74	-203	-74	0
Tredegar Health & Wellbeing Centre Development	4,019	3,375	3,840	3,853	478
NHH Satellite Radiotherapy Centre	17,675	16,158	11,051	15,678	-480
YYF Breast Centralisation Unit	8,685	8,632	7,833	8,352	-280
Newport East Health & Wellbeing Centre Development	10,362	9,411	6,595	9,411	0
RGH Endoscopy Unit	4,004	4,914	4,558	4,914	0
RGH – Block 1 and 2 Demolition and Car Park	404	554	257	324	-230
EFAB Schemes	1,764	1,580	345	1,580	0
EOY Funding Schemes	0	239	216	256	17
MH SISU Development	0	10	2	10	0
ICF Schemes	0	16	14	14	-2
Housing with Care Fund - 2022/23 Schemes	0	10	9	10	0
ED Waiting Area Funding	0	256	138	235	-21
CAMHS Sanctuary Hub	0	662	210	662	0
National Imaging Programme - 2022/23 Old year schemes	0	55	8	51	-4
Digital Eye Care	0	10	10	10	0
Radiotherapy Satellite Centre NHH Enabling Works	0	9	1	9	0
SDEC Equipment	0	19	0	22	3
Housing with Care Fund - 2023/24 Schemes	0	293	185	274	-19
DPIF - RISP, Cyber and End of Year Funding	0	1,088	9	1,088	0
GUH ED Extension	0	2,985	1,341	2,875	-110
Diagnostics Funding	0	339	0	339	0
Ty Gwent	0	150	0	150	0
EOY Funding 2023/24	0	452	0	412	-40
NHH RAAC Funding	0	757	221	757	0
Total AWCP Capital	**43,396**	**51,900**	**36,639**	**51,211**	**-689**
Total IFRS16 Lease Expenditure	**0**	**1,016**	**1,016**	**1,016**	**0**
Total Programme Allocation and Expenditure	**50,816**	**60,023**	**41,553**	**59,743**	**-280**
Forecast Break Even against Overall Capital Resource Limit					**0**

Agenda Item:4.6

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Decarbonisation Programme - Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Executive Director of Finance & Procurement
SWYDDOG ADRODD: REPORTING OFFICER: ADRODDIAD A GYNHYRCHWYD GAN REPORT PRODUCED BY:	Terry Watkins, Senior Programme Manager (SPM)

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

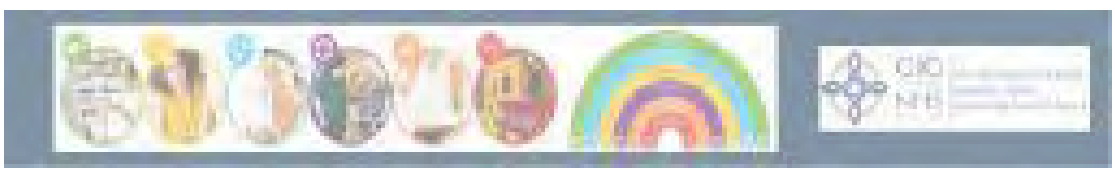
Sefyllfa / Situation

This paper is to provide an update on:

- The Decarbonisation Programme, including progress against the Decarbonisation Action Plan and associated reporting
- Progress against the National Programme to deliver the goal of Net Zero emissions by 2050

The Board is asked to acknowledge this assurance and progress report.

Cefndir / Background



Wales has a target to deliver the goal of Net Zero emissions by 2050. This target is underpinned by an ambition for the Public Sector to be Net Zero by 2030. There is significant opportunity for the Wales health and social care system to lead the way on reducing carbon emissions. Action is needed not only because NHS Wales is the biggest public sector emitter (with a carbon footprint of around 1.00 MtCO2e which represents approximately 2.6% of Wales's total greenhouse gas emissions) but also because the health and social care system are at the forefront of responding to the impact of the climate and nature emergency on health outcomes.

In response, the Health and Social Care Climate Emergency National Programme has been established to support both National and Local action across the sector including the delivery of the NHS Decarbonisation Strategic Delivery Plan 2021-2030.

A community of experts group has been formalised by Welsh Government with organisations meeting throughout the year to discuss & share their plans to deliver the Net Zero programme.

The Health Board formalised a Decarbonisation Programme, led by the Director of Finance, as part of the Clinical Futures Priorities in the 2022/23 IMTP cycle and reconfirmed its importance in 2023/24 as one of the organisation core priority programmes.

Asesiad / Assessment

Assessment of the Health Board's Current Position

As one of Aneurin Bevan University Health Board's priorities a Decarbonisation Programme Board was established, chaired by the Executive Director of Finance, delivered through four sub-groups and coordinated and supported by the Clinical Futures Team. The structure of the Health Board's decarbonisation programme is delivered through 4 active workstreams:

1. Waste, Transport, Fleet, Estates & Land Use
2. Communications, Digital & Training
3. Clinical & Health Care Planning
4. Procurement & Resources (inc. Performance, Finance & Workforce OD)

These workstreams have relevant national objectives from the NHS Wales Strategic Delivery Plan allocated to them, and to plan, manage and implement projects & solutions with the overall aim of contributing to achieving net zero by 2050. The reporting and governance system requires the workstreams to report to the Programme Board which then reports through the Executive Committee and Finance & Performance Committee of the Board.

Interdependencies with other Programmes



The Programme works with multiple partners and in the true sense will only achieve the targets through partnerships and collaborative delivery. The key programmes that will support our goals are:

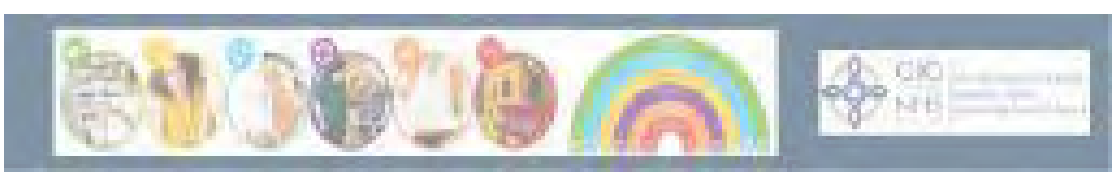
1. The Agile working group due to staff travel, working base and mileage claims which contribute to the Carbon footprint for ABUHB.
2. Capital development schemes and future funding opportunities working with the third sector / voluntary groups and link in with Arts, Biodiversity and Wildflower planting when planning New Builds or Developing existing building/land areas.
3. Several initiatives to reduce waste have emerged through the Non-Pay Programme Board.

Progress to Date

The following tables set out the agreed workplan agreed for each group and the progress to date against the initiatives agreed in our Carbon reduction action plan.

1. Waste, Transport, Fleet, Estates & Land Use

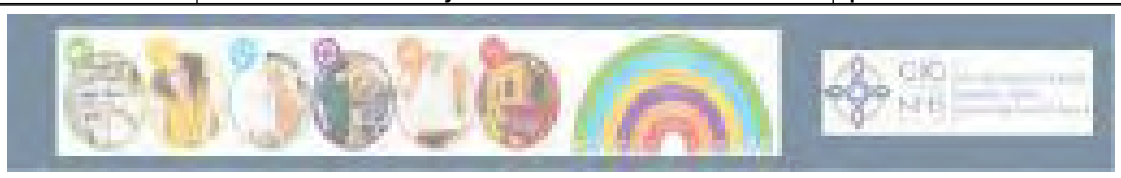
Component	Action and Current Position	Forward Plan
Building Management System (BMS)	On going optimisation of Hospital Building management System. The action to appoint a service lead is now complete	All buildings have an up-to-date, standardised and effective building management system monitoring is now in place.
LED Lighting	Continued LED lighting rollout to hospital & Community Premises. LED is standard replacement in Maintenance Strategy, St Cadoc's currently being switched to LED March 2024	All premises to be installed with LED lights by 2025
REFIT Programme	Refit contract awarded to Vital Energies Ltd. Initial meetings are underway to define survey/design and procurement programme	Vital energy survey phase 1 starting in April 2024 the high level surveys are planned to be complete by the end of Qtr 2 develop project designs with a plan to produce a Welsh Government Invest to Save bid later in 24/25 FY
Biodiversity Study	The Biodiversity Study in collaboration with Powys Teaching Health Board is now complete. Site surveys and site reports completed and received for consideration.	Reports have been received and are currently being reviewed to consider future action and common projects to promote biodiversity on sites.
Buildings	As at end Q3 (Dec 23) analysis tracks an increase in building carbon emissions of 1.6%. Potential causes: periodic reduced	Continue to monitor gas and electricity consumption through the



Gas and Electricity Consumption	Combined Heat and Power operation at GUH & NHH and YAB biomass currently non-operational	development of the data dashboard.
Solar PV	WGES Welsh Government Energy Service, solar Photo Voltanic scoping report on Grange University Hospital and Ysbyty Aneurin Bevan.	Further feasibility being undertaken to identify costs/carbon reduction in more detail. Any further design work likely to be undertaken through Refit Programme.
Transport	Bike Shelters installed at 6 hospitals to promote active Travel Relaunch of Cycle to Work Scheme to facilitate sustainable travel Additional Fleet EV Charging infrastructure installed to promote move to EV estates fleet – 10 replacement EV vans were planned 13 now delivered. Trackers are being fitted March 2024 Staff lease car scheme now excludes diesel cars (EV and petrol hybrid vehicles available only).	Opportunity to increase the shelters to other site locations Continue to promote sustainable travel alternatives for staff
Agile working programme	Clarity and understanding about how the Health Board is utilising existing and future clinical and administration estate.	The Agile working plan is to have a network of hybrid working hubs across ABUHB. A "Strategic vision" paper for 2023/24 was submitted by the Agile group on 12th October 2023

2. Communications, Digital & Training

Component	Current Position	Forward plan
External Communication	Successful article and press release on the removal of Anaesthetic volatile agent Desflurane in the Health Board.	Further development of Intranet pages; continue to promote Tec Cymru training package; case study development to video staff conducting training.
Digital	A member of the digital management team has now joined the	A benefits map has been produced and will form



	decarbonisation board (Sept 2023) and will start to provide the board with plans for carbon reducing projects	part of the reporting function at future board meetings

3. Clinical & Health Care Planning

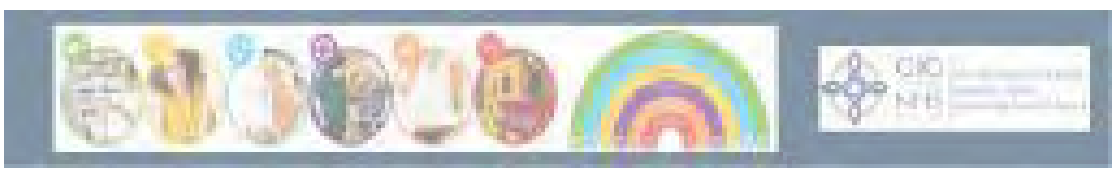
Component	Current Position	Forward Plan
Clinical Fellow	A Clinical Fellow in Sustainability was recruited to explore Theatre Shutdown processes, carbon foot-printing of anaesthesia and nitrous oxide, and reducing plastic waste in paracetamol use. Work has been sustained by other trainees and the consultant within the department.	An Anaesthetist Specialist will be taking over this role from April 2024.
Training	Training and awareness amongst other clinical MDT teams	Provide opportunities for training amongst clinical teams. 24/25
Gases	Areas for nitrous oxide improvement identified. Gas Cylinders identified and now in place at all sites which has allowed us to decommission all Delivery Pipework & manifolds which currently supply nitrous oxide at our Elgh/s. The decommissioning of the central gas storage facility which originally stored over 20 large gas cylinders which would supply the gas all around the hospital sites is no longer in use. At these sites the cylinders are now used at the point of use ie ward rooms which has resulted in less leaks from the piped system. Funding bid for the purchase of trolleys for cylinders was submitted and are now in place primarily for Royal Gwent Hospital. SWH- Manifold decommissioned YFF- Manifold decommissioned RGH- Manifold decommissioned NHH- Manifold decommissioned	Procurement of cylinders now complete and the project is finished. An evaluation of the gas reduction and cost savings is planned 1st Qtr & 2Qtr 2024

Reduction in the use of nitrous oxide and Entonox as an Anaesthetic (latter used in Maternity, ED and Endoscopy)	STW – nitrous oxide has now been removed. Penthrox has been trialled as an alternative in ED and is being trialled in Endoscopy.	Investigate and encourage trial of alternatives. Audit N2O usage in GUH. Potential to use the Entonox destruction machine to safely dispose of the out-of-date nitrous oxide and prevent it from being released into the atmosphere.

Component	Current Scope	Forward Plan
Theatre Shut Down	The Theatre Shut Down project was started by the Anaesthetic Sustainability Fellow. The project has estimated energy saving of £23,000 for turning off AGSS pumps that are no longer used across the health board. In addition, it is estimated that £20,000 Energy Saving for turning off pumps out of hours across, Nevill Hall Hospital, Royal Gwent and Ysbyty Ystrad Fawr.	Complete in RGH, YYF and partially complete in NHH. Implement in GUH.
Oral Paracetamol	Changing clinical practice with pre-operative paracetamol. The switch from intravenous intraoperative paracetamol to oral pre-operative paracetamol has been implemented across the Health Board	Will examine effectiveness in April (6-month post implementation) and re-address accordingly. Also, plan to include other medicines and roll out the use of oral medicine to also help with patient discharge times.

4. Procurement & Resources

Component	Current Position	Forward Plan
Procurement/Supply Chain	NWSSP Procurement Services initiatives include:	Refine reporting for next Welsh Government Carbon



	• Supplier/market engagement to identify decarbonisation opportunities. • Inclusion of targeted decarbonisation questions within tender evaluation criteria, both standard and contract specific • Completion of a Sustainability Risk Assessment (SRA) for all requirements over £25k • Collaborative working across NWSSP to reduce the carbon footprint of NHS Wales, both internally and within the supply chain.	Return for submission in April 2024. In addition, further refining of metrics and format, this will be evident in the Data Dashboard. Continued communication with other groups to feed in key areas of progress.

Quality, Safety and Patient Experience Assessment

Aneurin Bevan University Health Board commissioned Mott MacDonald to review existing biodiversity interest at hospital estates and to provide recommendations, sympathetic to use of grounds for the benefit of the environment, patient and staff wellbeing. The review, and subsequent recommendations, highlighted opportunities to strengthen a positive patient experience and improve well-being.

The results of the studies are now being used to support other funding bids for green spaces and wildflower growing and portable indoor/outdoor green areas.

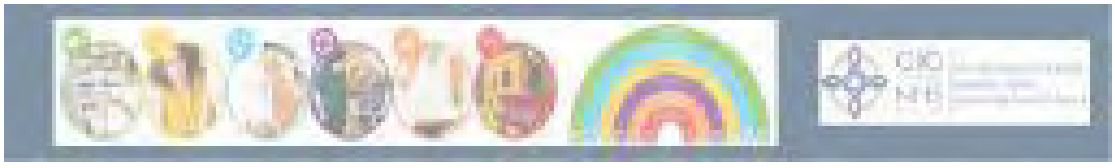
Key Risks

The following key risks have been identified for programme delivery:

- Future funding schemes to support the ongoing changes to deliver Net Zero by 2030.
- The pace of change required verses the complexity of delivery to reduce the Carbon footprint by 16% (2025 Target)
- Investing in Biodiversity now (2024) but not realising the benefits of tree carbon offset for 8-10 years
- Resources to support the schemes going forward where no funding currently exists
- Availability of financial support from Welsh Government for large scale interventions on carbon reduction / avoidance schemes such as renewable energy

Conclusion

The Decarbonisation Programme is aligned with the National Programme and the local multi-professional engagement to support the agenda has been impressive. There is further work required to mature the reporting framework to track progress across all workstreams and to understand how the benefits of decarbonisation support our



communities. The risks associated with the sustainability of resources and funding should also be noted, these are being closely monitored and tracked.

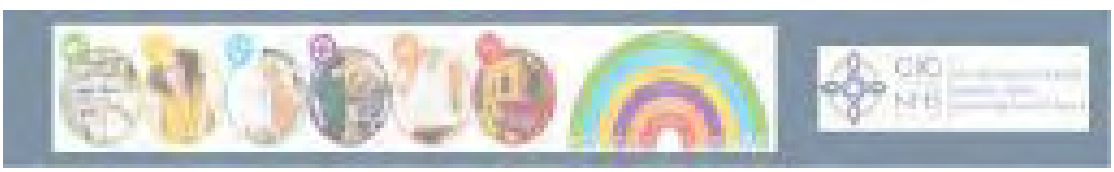
Argymhelliad / Recommendation

The Board is requested to acknowledge the progress and areas that require further work against the action plan. Overall, the Programme has set a collaborative approach, with goals and targets, stakeholder engagement, progress monitoring and reporting, and provides assurance on the ABUHB Decarbonisation action plan for healthcare.

Appendix 1

20240118 Highlight Report 3rd Qtr 2023

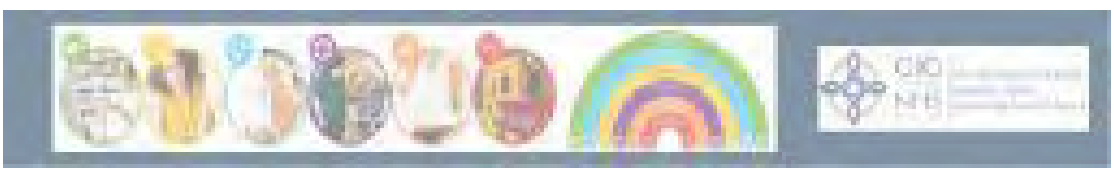
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 2.9 Medical Devices, Equipment and Diagnostic Systems 3.3 Quality Improvement, Research and Innovation 7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities	Yes - Decarbonisation
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture



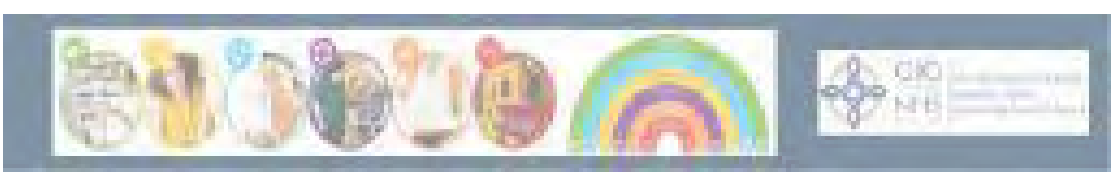
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Government & UK Net Zero Carbon Reduction Strategic Planning / DAPS / DCR 43 Matrix Aligned with Workstreams.p
Rhestr Termau: Glossary of Terms:	DAPS – Decarbonisation Action Plans DCR – Decarbonisation Coordination Reporting HEIW – Health Education & Improvement Wales NWSSP – NHS Wales Shared Services Partnership SRA – Sustainability Risk Assessment CO_2 – Carbon Dioxide AGSS – Anaesthesia Gas Scavenging System SusQi – Sustainability in Quality Improvement EV – Electric Vehicle BMS – Building Management System LED – Light Emitting Diode SRO – Senior Responsible Officer PMO – Programme Management Office EFAB – Estates & facilities advisory board WGES – Welsh Government Energy Services
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Government Decarbonisation Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA)	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk



Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Choose an item.



[Decarbonisation Programme]

Exec Lead:	Rob Holcombe	SRO:	Trish Chalk

Programme Objective

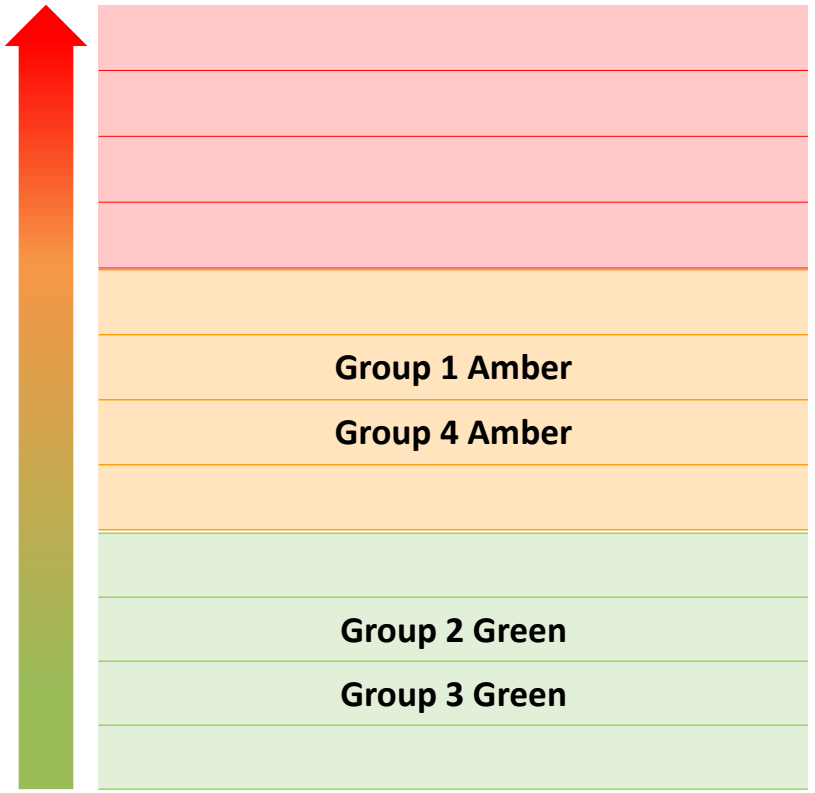
The Plan responds to the declaration of the climate emergency in 2019 and the ambition of Welsh Ministers for the Welsh public sector to be net zero by 2030. During 2022/23 the Health Board established its Decarbonisation Programme Board, chaired by the Executive Director for Finance and Procurement. Four working groups have been set up:

1. Waste, Transport, Fleet, Estates & Land Use
2. Communications, Digital & Training
3. Clinical & Health Care Planning
4. Procurement & Resources (inc. Performance, Finance & Workforce OD)

Each sub-group having a number of the national initiatives assigned to them to take forward and develop associated projects to reduce carbon emissions.

Reporting Period:	3rd Qtr 2023

Workstream RAG Ratings



What Went Well this Period

"Lets Not Waste" pledge to reduce Carbon is now live across Wales with further engagement planned in Oct & Dec 2023. This is a collaborative approach to share best practice across Wales.
ReFit tender closed with successful bidder identified & internal sign-off completed
Reduction in gas use 0.6% YTD Q3

Entonox Task & Finish Group have received agreement from Maternity to fund additional monitors to capture exposure to nitrous oxide, plus a funding bid has been submitted for additional capture and destruction machines within maternity.
The IV v Oral paracetamol has won a sustainability award through the Association of Anaesthetists and ABUHB will receive a donation of £800 to work of sustainability projects.
Increased publicity of good news stories, such as the decommissioning of nitrous oxide, with Gloves R Off and Oral Paracetamol videos are made and ready to launch in Q4.
Funding request for promotional material to support raising awareness submitted
New 'Green Healthcare' category approved for this year's ABUHB Staff Recognition Awards.
Good news story on reduction of anaesthetic gas leaks across AB resulting in both cost saving & gas waste

[Decarbonisation Programme]

Exec Lead:	Rob Holcombe	SRO:	Trish Chalk

Reporting Period:	3rd Qtr 2023

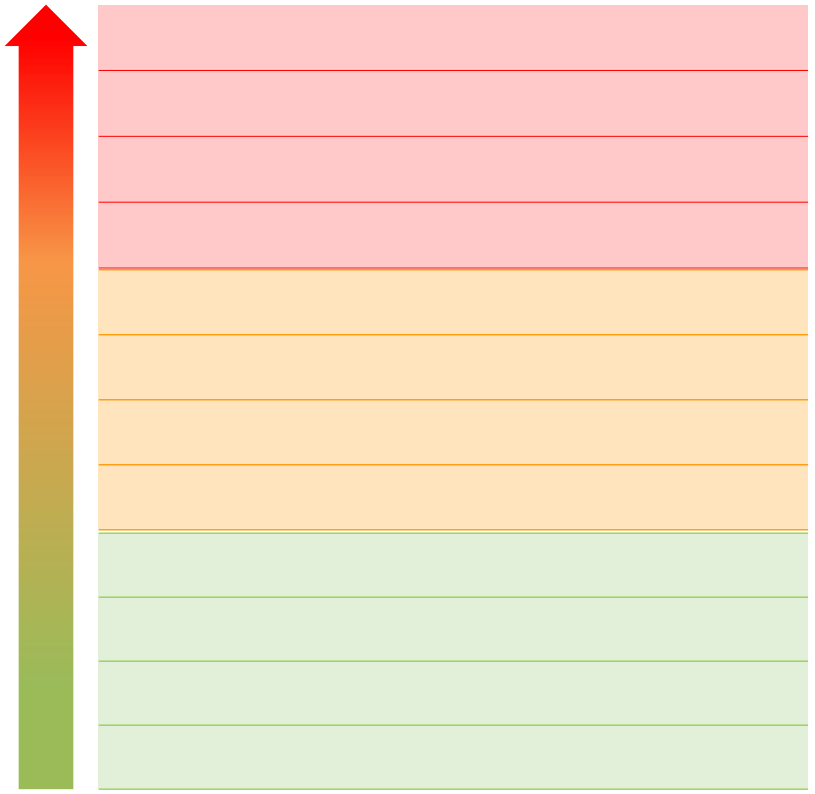
Key Milestones and Deliverables for the Next Period

Funding team development to provide support for any Carbon related funding schemes that come into the Health Board.
Decarbonisation Workshop to identify priorities for the coming year and following two years
Welsh Government approval for Refit
Collaboratively, work on a plan to reintroduce reusable clinical items and replace single use plastic
'Gloves are Off' launch across all clinical areas.
Produce educational posters working with group II communications team
Increase the use of oral antibiotics, replacing IV where possible
Group 3 engagement with Primary Care
Define baseline data for Group 3 projects – oral antibiotics, gloves r off, single use plastics, sterile gowns
SPINK Carbon footprint of ABUHB Catering function
Spread and scale the inhaler optimisation and Decarbonisation App.
Complete the "Met Office" assessing your Climate Risk training & adapt the decarbonisation high level programme to reflect the impact of temperature changes on building infrastructure / Staff / Patients.

Key Risks

Capital costs to implement the changes needed going forward to 2030.
Enhancing the ability for the teams to report on actual Carbon reduction projects and how this addresses the 2030 Net Zero emissions target in Wales.
Clinical Lead for Group 3 will step down in February due to capacity issues and lack of funding to support the work
Programme support in place since September 2023, this is a fixed position for 12 months with no further funding secured
The Academi Wales student supporting Decarbonisation in Facilities has left the department
Ensuring the wider engagement and spread of awareness of the decarbonisation agenda throughout ABUHB

Workstream RAG Ratings



[Group 1] – Workstream Updates

WORKSTREAM 1 – [Estates & Facilities Sub-Group]

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
2023/24	Jan 2024	• Progress on RGH/STW reconfiguration programme • Continued work with Biffa waste recycling • ReFit tender closed with successful bidder identified & internal sign-off completed • Elimination of single use plastics from catering and other key areas • Catering service review to include decarbonisation options • Delivery of electric vans for Facilities fleet for Q4 rollout • Reduction in gas use 0.6% YTD Q3	• Welsh Gov approval for ReFit • Formal appointment of ReFit partner & kick off meetings • Energy review to identify sites causing increased CO2 emissions • ISO14001 audit • New Recycling Regulations compliance	Funding & internal resource availability and increasing workload. Electricity consumption 1.2% increase YTD Q3 Water consumption 4% increase YTD Q3 CO2 emissions 1.6% increase YTD Q3	

[Group 2] – Workstream Updates

WORKSTREAM 2 – [Communications, Digital & Training]

RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
2022/23	Jan 2024	• Workstream goal setting session held, with development of a driver diagram to guide direction. • New 'Green Healthcare' category approved for this year's ABUHB Staff Recognition Awards. • Good news story on reduction of anaesthetic gas wastage due to replacing of old manifolds – shared on intranet, website, local media, and Welsh Government. • Wales Climate Week celebrated in December. • Free Ecosystems Course advertised to staff.	• Next workstream meetings: February 2024 • Upload the Pharmacy APP for the new inhaler onto the greenspace website for staff information. Work currently ongoing with this development • News story to direct staff to the intranet and recruit champions • Explore new Board paper field, asking for Decarbonisation impact of any proposed changes. • 2nd edition of the Green Healthcare Newsletter	Ensuring the wider engagement & spread of awareness of the Decarbonisation agenda throughout ABUHB.	

[Group 3] – Workstream Updates

WORKSTREAM 3 – [Clinical and HealthCare Planning]	RAG Status

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
2022/23	Jan 2024	• Carbon and savings signed off for several projects. • Endoscopy researching into use of alternative to Entonox for sedation/analgesia • Endoscopy establish a Green forum to tackle green initiatives • Entonox working group established to further develop the Entonox capturing and monitoring project • Maternity have agreed to fund the purchase of additional monitors for staff to wear to capture the exposure to nitrous oxide • Scavenging unit data analysis and formal outcome report • IV v Oral paracetamol project implemented across the HB	• Gloves R Off roll out across clinical area on all sites • Finalise baseline figures by division for non-sterile gloves • Inhaler app and training to be put online. • Apply to Charitable funds to support the continuation of the Clinical Lead for the next 12 months • Meet with HSDU, IPAC and other stakeholders to plan for reusable clinical items returning and	• Without financial support, the clinical lead will step down as lead in mid-February. • Funding for further scavenging units either single room or multi scavenging unit at GUH. • Significant update to the All Wales Asthma guidelines has resulted in a slight change to some of the flows within the inhaler app. Which has resulted in a delay to launch.	• Funding to support the Clinical Lead to continue in the role past mid-February

[Group 4] – Workstream Updates

WORKSTREAM 4 – [Procurement and Resources]	RAG Status	

Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
2022/23	Oct 2023	Metrics format updated and available data prepared and shared with project Board.	Refining reporting for next WG Carbon return later this year • Communication with other groups to feed in key areas of progress • More specific metrics for procurement areas planned • Carbon reduction plans for the key objectives to be developed • High level dashboard NWSSP & WG will be available in the 1st Qtr 2024 (April)	Limited information coming through from groups on carbon reduction impact	



Decarbonisation Programme

43 Matrix Initiatives Aligned with Workstreams



WS1: Waste, Transport & Fleet, Estates and Land Use

	WG Initiative	Description of Initiative	Program	Waste, Transport & Fleet,
Existing Buildings	4	Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	4	
	5	Fully replace all existing lighting with LED lighting by 2025.	2	
	6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	2	
	7	Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	4	
	8	We will not plan to install any further natural gas CHP plant -renewable CHP will be championed instead. For existing CHP plant, we will prioritise decommissioning over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.	3	
	9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.	2	
	10	Determine the overall viable potential for onsite renewable energy generationat each NHS Wales organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	4	
New Builds & Major Refurbishments	11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	4	
	12	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.	1	
	13	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.	2	
	14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straight forward installation of future charging points.	2	
	15	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.	2	
	16	Incorporate the principles of sustainable transportation into the design of newsites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	2	
Transport	18	A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management oversight within each organisation.	2	
	19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	2	
	20	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.	3	
	21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles,and public transport.	2	
Estate Planning & Land Use	33	All-Wales strategic estate planning will have carbon efficiency as a core principle – quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	2	
	34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.	3	
	35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	3	
A2H - Waste	45	Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.	4	





WS2: Communications, Training and Digital



	WG Initiat	Description of Initiative	Progra	Commu nicatio ns Trainin
A2H - Smart Working Carbon Management	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	1	
	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	2	
A2H - Education	39	Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.	2	
A2H - Waste	46	Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.	2	





WS3: Clinical and Health Service Planning



	WG Initial	Description of Initiative	Program	3 Clinical & Health Service
A2H - Smart Working	36	Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.	2	
A2H - Healthcare & Medicines	40	Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.	2	
	41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	2	
	42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	2	
	43	Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.	2	
A2H - Waste	44	Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.	1	







WS4: Procurement and Resources

	WG Initiative	Description of Initiative	Program	Procurement & Resources
Carbon Management	1	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.		
	3	Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates and Capital Project teams will engage to develop a focussed and active approach to project implementation		
Transport	17	NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning – this will include consideration of NHS Wales' own fleet, staff vehicles and visitor EV charging		
Procurement	25	NWSSP will transition to a market-based approach for supply chain emissions accounting		
	26	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers		
	27	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.		
	28	100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030		
	29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise		
	30	Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.		
	31	NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.		
	32	NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Delivery Plan.		
A2H Smart Working	37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely 12 by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.		





Agenda Item: 4.7

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an assessment of strategic risks associated with achieving the Board's strategic priorities and assurance that the strategic risks are effectively managed.

This report also provides an assessment of any newly identified risk(s) that require Board oversight and inclusion on the Strategic Risk Register.

Cefndir / Background

At its last meeting in January 2024, the Board approved changes to the Strategic Risk Register.

The Board was assured that the current controls and mitigating actions were sufficient to reduce the likelihood and impact of one of the sub-risks, resulting in its de-escalation from a strategic risk to a corporate risk, overseen by the Executive Committee. External factors led to the addition of two new sub-risks and one new high-level strategic risk, comprising one sub-risk identified by the Health Board's internal governance process.

The details of these changes are presented below.

De-escalation from a Strategic to Corporate Risk

- SRR 003A - There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse.,d*ue to poor compliance with mandated level 3 safeguarding training being undertaken by registered health and care professionals.*

New sub-risks for established High-Level Strategic Risks

- SRR 001H: There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population, d*ue to low core funding, the Public Health Directorate is heavily reliant on non-recurrent funding grants.*

- SRR 007B: There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population, d*ue to the impact of fragile services across the regional and supra regional geography.*

New High Level Strategic Risk comprising one sub-risk.

- SRR 010: The Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974, d*ue to inadequate and ineffective systems, processes, governance, and assurance arrangements being in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments*.

At the end of January 2024, the Strategic Risk Register contained 10 high-level strategic risks and 21 sub-risks. (Table 1) The Board has delegated responsibility for receiving and scrutinising assurances against specific strategic risks to various committees for focus and assurance aligned with the Committee's agenda.

The full Strategic Risk Register is included as Appendix A and the individual risk assessments for the 21 sub-risks are included as Appendix B. The risk assessment considers the control environment and assurances that the controls in place are managing the level of risk.

Table 1

Overarching Strategic Risk Description	Number of Sub-Risks	Risk Level		Sub-Risk Theme	Delegated Committee
		High (8 – 12)	Extreme (15 – 25)		
SRR 001 - There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.	8 (A-H)	2	2	People	People and Culture Committee
		2	1	Service Delivery	Partnerships, Public Health & Planning Committee
		-	1	Financial Sustainability	Finance and Performance Committee

SRR 002 - There is a risk that there will be significant failure of the Health Board's estate.	2 (A -B)	1	1	Compliance and Safety	Partnerships, Public Health & Planning Committee
SRR 003 - There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse	1 (B)	-	1	Compliance and Safety	Patient Quality, Safety & Outcomes Committee
SRR 004 - There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.	1	-	1	Compliance and Safety	Partnerships, Public Health & Planning Committee
SRR 005 - There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.	1	1	-	Service Delivery	Patient Quality, Safety & Outcomes Committee
SRR 006 - There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.	3 (A – C)	2	1	Service Delivery	Finance and Performance Committee
SRR 007 - There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	2 (A – B)	2	-	Transformation & Partnership Working	Partnerships, Public Health & Planning Committee
SRR 008 - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.	1	-	1	Transformation & Partnership Working	Patient Quality, Safety & Outcomes Committee
SRR 009 - The Health Board will be unable to protect those most vulnerable to serious disease.	1	-	1	Compliance and Safety	Partnerships, Population Health, and Planning Committee
SRR 010 - The Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974	1	-	1	Compliance and Safety	Patient Quality, Safety & Outcomes Committee
Total	21	10	11		

Asesiad / Assessment

The 10 high-level risks and 21 sub-risks previously approved by the Board pose a direct threat to the Board's strategic priorities. In accordance with risk

management best practices, all strategic risks have been reviewed and updated where necessary in line with the agreed-upon review period for the severity of the risk and subjected to focused scrutiny by the delegated Committee. (Table 1.)

Since the last presentation of this report to the Board and subsequent review of all strategic risks, the strategic risk environment has remained relatively stable, but some changes have occurred that require Board approval, as outlined throughout the report.

<u>De-escalation from a Strategic to Divisional / Directorate Risk</u>

SRR 003A - There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse, d*ue to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placements.*

The level of mitigation put in place to reduce the likelihood of the risk occurring has decreased significantly, and as a result, the risk score and level has decreased from 20 (Extreme) to 12 (High), due to a change in the likelihood from 'Likely' (score 4) to 'Possible' (score 3) and the Impact from 'Catastrophic' (score 5) to 'Major' (score 4), and is no longer considered a strategic risk and can be monitored and managed at the divisional level.

SRR 009 - The Health Board will be unable to protect those most vulnerable to serious disease. *Due to delays in providing COVID-19 vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as changes to the vaccination delivery programme.*

When reviewing the strategic risk, it was determined that due to the effectiveness of controls, the risk score and level had decreased from 20 (Extreme) to 12 (High), due to a change in the likelihood from ‘Almost Certain’ (score 5) to ‘Possible’ (score 3) and it is no longer considered a strategic risk and can be monitored and managed at a directorate level.

Furthermore, the sub-risk in its current form is no longer considered a threat; however, it is acknowledged that there may be a broader risk associated with the delivery of the wider vaccination programme, which will be determined through a thorough assessment and escalated through the risk management escalation process; if deemed a strategic risk, it will be presented to the Board in May.

<u>Reduction in Risk Score and Exposure</u>

SRR 001H - There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population, d*ue to the Public Health Directorate being heavily reliant on non-recurrent funding grants.*

The risk's likelihood has decreased from 'Almost Certain' (score 5) to 'Likely' (score 4). This is in part due to the implementation of the Organisational Change Process, which will enable changes in working practices and, the transition to a fully funded permanent structure.

Furthermore, the Welsh Government has confirmed £11.2 million in recurrent funding for health protection and vaccinations; however, there is still a significant reliance on grant funding and other non-recurrent sources. Improvements will only be achieved by increasing the Health Boards allocation of a greater core budget to continue to deliver the wider Public Health prevention agenda.

SRR 010 - The Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974. *Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed, and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.*

Through assessment of the risk and in recognition of the actions that have been taken to reduce the likelihood of the risk emerging, the likelihood of the risk was determined to be reduced from 'Likely' (risk score 4) to 'Possible' (risk score 3), lowering the risk level from extreme to high; this is based on the implementation of approximately 80% of the Health, Safety, and Fire Improvement Plan 2023-24.

Changes to Sub-Risk Descriptions

The proposed changes to the descriptions of two sub-risks are shown in Table 2. The Finance and Performance Committee, as well as the Partnerships, Public Health, and Planning Committee have proposed a change to one sub-risk description for which it is responsible.

The Finance and Performance Committee propose a change to the sub-risk description for SRR 001G, recognising that the risk has presented itself in the form of a failure to meet strategic and operational delivery plans to bring costs down to funded levels.

The Partnerships, Public Health, and Planning Committee propose a change to the sub-risk description for SRR 007A in light of the financial landscape that is impacting the working relationships of strategic public sector partners.

Table 2

Overarching Strategic Risk Description	Current Sub-Risk Description	Revised Sub-Risk Description for Board Approval
SRR 001G There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the changing needs of the population.	Due to long-term financial sustainability plans not being achieved through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes.	Due to the failure to deliver a sustainable financial position and longer-term financial plan.
SRR 007A There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	Due to ineffective relationships with strategic partners.	Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.

Identification of a New Strategic Risk

In recent months, Health Boards across Wales have faced unprecedented pressure and challenges to continue to provide high-quality services to their patients and citizens while striving to achieve efficiencies and recover their financial position. As a direct result of the operating environment, Aneurin Bevan University Health Board (UHB), along with the other six Health Boards under the Welsh Government's Joint Escalation and Intervention Arrangements, have been placed in some level of escalation. As of 23 January 2024, Aneurin Bevan UHB's escalation status for planning and finance was increased to 'Targeted Intervention' and 'Enhanced Monitoring' for performance and outcomes in urgent and emergency care. In addition, the Health Board has put the Mental Health and Learning Disabilities Division into local escalation.

To ensure that the Board is fully informed about the risks associated with the level of escalation across the Health Board, a thorough risk assessment of the areas affected by escalation measures will be conducted and presented to the Board at its May meeting.

The Board is asked to approve the inclusion of sub-risk, SRR 001J described below which will sit under SRR 001 '*There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population*.' The risk will be owned in partnership with the Director for Strategy, Planning and Partnerships, as the owner of the Performance Management Framework and other responsible Executives.

Sub-risk Description (SRR 001J)
Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.

Although we continue to manage all strategic risks, it is important to note that currently seven of the 21 sub-risks are managed outside of the risk domain's agreed-upon appetite level. The seven sub-risks are listed in Table 2.

Table 2

Overarching Strategic Risk Description	Sub-Risk Description	Risk Profile	Risk Score & Level Likelihood x Impact =
SRR 001 There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	g) *Due to long term financial sustainability plans not being achieved through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes.	Theme Financial Sustainability Appetite Minimal - Score 8 and below	4 x 4 = 16 Extreme
SRR 002	a) Due to the presence of Reinforced Autoclaved	Theme	3 x 5 = 15 Extreme

There is a risk that there will be significant failure of the Health Board's estate	Aeriated Concrete (RAAC) within structures b) Due to significant levels of backlog maintenance and Structural Impairment	Safety & Compliance Appetite Minimal - Score 8 and below	3 x 4 = 12 High
**SRR 003 There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse	b) Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placement.	Theme Safety & Compliance Appetite Minimal - Score 8 and below	3 x 4 = 12 High
SRR 004 There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident	Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level	Theme Safety & Compliance Appetite Minimal - Score 8 and below	3 x 5 = 15 Extreme
**SRR 009 The Health Board will be unable to protect those most vulnerable to serious disease	Due to delays in providing COVID-19 vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as changes to the vaccination delivery programme.	Theme Safety & Compliance Appetite Minimal - Score 8 and below	3 X 4 = 12 High
SRR 010 The Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974	Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	Theme Safety & Compliance Appetite Minimal - Score 8 and below	3 x 4 = 12 High

NB. * proposed change to the description. **Requested de-escalation.

The infographic, overleaf, depicts the Health Board's risk exposure to the 21 strategic sub-risks. At a glance, the infographic shows that the majority of the strategic risks are in the upper right quadrant of the risk matrix, indicating a high level of risk exposure, and as previously stated in the report, seven of those risks fall outside the Board's agreed-upon appetite level.

Risk Scoring Matrix					
Likelihood/ Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (91%)				1 x (Extreme)	

4. Likely (61-90%)				**3 x (Extreme)**	
3. Possible (41-60%)			**1 x (High)**	**10 x (High)**	**3 x (Extreme)**
2. Unlikely (11-40%)				**3 x (Moderate)**	
1. Rare (1-10%)					

Work with risk owners continues to assess and improve controls and assurances, with a focus on the financial context and its impact on the individual risks. In doing so, the effectiveness of controls will be evaluated, and any gaps in the internal control environment will be identified and addressed. In addition, horizon scanning remains a key focus of the risk management process.

Since the Board approved the Risk Management Framework and supporting Policy in January, the documents have been published on AB Pulse and the Health Board's website, with a targeted launch and training offer scheduled for early April to coincide with the new financial year.

In the meantime, the Corporate Governance Directorate has been working with divisions to promote and implement the Framework. The development of 'Ward to Board' risk registers within the electronic risk management system (Datix) has been a key focus during training sessions; this is to ensure that the Health Board is moving towards a single risk management system that will allow the Board to have a holistic view of risk across the organisation and how the risks are being managed and escalated.

Furthermore, initial meetings with Directors have taken place to discuss any potential high-level operational risks for their areas of responsibility that require the Executive Team's support and management through the Corporate Risk Register. Follow-up meetings have been scheduled throughout April to finalise their risk portfolio. The CRR will be presented to the Board as part of this report at its next meeting in May 2024.

If the Board approves the changes to the strategic risk register, the final position is that the Strategic Risk Register will include eight high-level strategic risks and 20 sub-risks, with five sub-risks managed outside of their predefined risk appetite level.

Argymhelliad / Recommendation

The Board is requested to:

- REVIEW the strategic risks identified, ensuring that these remain fully reflective of any direct threat to the Board's strategic priorities;
- CONSIDER whether it has sufficient assurance that strategic risks are being assessed, managed, and reviewed appropriately and effectively;

- APPROVE de-escalation of risk, SRR 003B to the Mental Health and Learning Disabilities Divisional Risk Register and SRR 009, to the Public Health Directorate Risk Register

- APPROVE the reduction in the risk score and level of SRR 001H and SRR 010;

- APPROVE the revised risk description for SRR 001G and SRR 007A;

- APPROVE the new strategic sub-risk SRR 001J and NOTE a detailed risk assessment will be provided at the Board meeting in May, and;

- CONSIDER whether it is content to accept that seven sub-risks are being managed outside of their pre-defined risk appetite level.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

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

Risk ID	Monitoring Committee	Risk Theme	Risk Owner	Risk Description	Reason For The Risk	Impact	Current Risk Score				Risk Appetite		Actions to Reduce Risk to Target	Assurance that the Risk is being manged effectively	Target Risk Score			
							Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Current Risk Score	Risk Level	Current Status Against Appetite	Risk Appetite and Threshold Explained			Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Target Risk Score	Risk Level
	People & Culture Committee	People	Director of Workforce and Organisational Development		a)Due to an inability to recruit and retain staff across all disciplines and specialities.	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with safe staffing principles and standards •Reliance on agency and bank staff •Litigation & Financial Penalties	4	4	16	Extreme	Within Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Staff Attendance: Continuing support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work., "Hot spot" areas identified and plans in place to support. Recruitment: Engagement with national recruitment campaigns such as BAPIO, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW for Junior Doctor, Annual programme of Apprentice recruitment, Overseas Nursing (All Wales), Nursing Workforce Strategy, Streamlining and improve recruitment timescales through recruitment modernisation programme (started Oct 22) , Partnerships with employability schemes such as Kickstart and Restart, Actively working with Local Authorities to promote joint recruitment activities and Registration – Temporary register extended for 2 years to enable staff to return to practice. Retention: Development of career pathways (e.g., non-clinical to clinical), Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR, Internal Exit interview group has been established with a view to 1) Increase the numbers of people completing the forms and 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts, Changes in pension regulation and flexile retirement options from October 23 and reduced break in service required following retire and return, Agency reduction and Plan in place to monitor and review all agency, bank pay incentives supply and demand. E-Systems: Effective deployment of current staff - Programme Plan to introduce Workforce Medical E-Systems to support effective deployment of medical staff, Development of alternative and new roles , Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP, Primary Care workforce The Regional Integrated Fund (RIF) Workforce Programme is in development to support the wider health and social care staffing issues as required in Healthier Wales. and Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace. Training: The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2022 and beyond which are required to support turnover and existing vacancies, HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy, Development of Leadership Development programmes for key roles such as the Clinical Director post (CDs) started with 3 cohorts in September 2022 and recruiting the 4th cohort to start Oct 23. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programs fully booked. Core Leadership prog currently delivering to 200 Staff: Vacancy Numbers and establishment control Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period March 23 there were circa 728 WTE vacancies and Development of ESR establishments commenced on a national basis w/c 03/09/23.	Medium	3	2	6	Low
					b) Due to a deterioration in, and a failure to improve, the well-being of our staff	•High absence levels, with some sustained long periods •Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with safe staffing principles and standards •Reputational damage to the health board as an employer •Work-related industrial injury claims •Moral injury	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars)., Increase wellbeing initiatives: Implement and progress new Integrated Psychological Well-being roles and peer support networks within divisions and hospital sites, Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders), Train Mediators so there is team and organisational resilience and network, Regular Schwartz rounds arranged across the Health Board, Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. Close links with the Arts in Health programme, Promotion of walking meetings in leadership programmes Working with Planning and Estates team to ensure the Queens Canopy is designed to promote clear walking routes for that can be used during breaks for meetings Inclusion of break times and staff rooms in wellbeing survey to audit current provision. Chaplaincy service for staff , Re-launching Chill out in the Chapel, Recruitment of staff counsellors, Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being , Scope, design and deliver a programme of research 'Healthy Working Day', Enhanced our financial well-being offer. Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management, Drafting of a 10-year plan focusing on optimising the employee experience of work , The Avoidable Employee Harm Programme was launched on 5th July 2022 initially focusing on HR processes it will then look to other formal processes that inadvertently cause harm to all those involved and the organisation. The training day that supported the launch has evaluated very well and organisations beyond ABUHB are keen to engage. Within ABUHB we have subsequently seen a >60% reduction in gross misconduct investigations. Occupational Health Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes, Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted, Support equality and diversity of workforce Review of staff diversity networks, Review of wellbeing survey through and equality lens to understand variations within diverse workforce demographic profile. Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms. Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing. Other Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC, Reducing fatigue poster developed	Medium	3	3	9	Moderate

SRR 001				There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population														
					c) Due to insufficient and ineffective leadership levels throughout the organisation.	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Failure to deliver health board priorities, required improvements and achieve sustainability •Poor levels of accountability and delivery •Reputational damage to the health board as an employer •Adverse impacts on staff recruitment and retention	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Talent and Succession Planning lead appointed in July 2023 on a 6-month secondment funded by HEIW to create an organisational talent management framework to enable the organisation to deliberate and consistently attract, identify and develop talent for critical roles across ABUHB Pilot planned for Finance, Occ Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy Local management trainee scheme scoped, and project plan created, JDPS created and evaluated. Project team convened. Paused in May 2022 due to lack of funding. 2021/23 HEIW schemes complete. Two HEIW Grads have successfully completed the programme and have secured promotional roles within NHS in Wales; one within the health board and one at Powys, both at Band 7 level 1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. Executive Director of Planning sat on interview panel. Trainee commences scheme 5th September 2023 at HEIW at joins ABUHB Friday 8th September. Development leadership capabilities Designing learning journeys and access to Gwella Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Exploring Directorate Manager development. CDx Leadership Development for clinical directors completed for 2022/23 with 45 attendees and CDx cohort 2 starts October 23- open for current and aspiring CDs 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda.	Medium	3	2	6	Low
					d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with safe staffing principles and standards •Litigation & Financial Penalties •Reputational damage to the health board and loss of public confidence	4	4	16	Extreme	Within Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Services Business continuity plans in place. All Wales training sessions provide by legal and risk to support industrial action. Ensure early identification of mandated Statutory, and core critical clinical services. Trade union provides a list of the categories of employee to which the affected employees belong, figures on the number of employees in each category, figures on the numbers of employees at each workplace, the total number of affected employees. Such information will enable the employer to readily deduce the total number of employees affected, the categories of employee to which they belong, the number of employees concerned in each of those categories, the workplaces at which the employees concerned work and the number of them at each of these workplaces. Reducing impact on patients - Support for early supported discharge prior to industrial action. Trade Unions specifies: (i) whether the union intends the industrial action to be "continuous" or "discontinuous" (14); and (ii) the date on which any of the affected employees will be called on to begin the action (where it is continuous action), or the dates on which any of them will be called on to take part (where it is discontinuous action). Establish WOD hub with emergency planning to stand up as required Ensure early identification of mandated Statutory, and core critical clinical services. Review of business continuity plans Map services and staff provision and impacts of industrial action. Assess variable pay usage in case of work to rule applies. Assess current vacancies. Working with partners in Gwent on a system wide basis. Implementation of business continuity plans. Communication plans. Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer).	Medium	2	4	8	Moderate
	Partnerships, Public Health & Planning Committee	Service Delivery	Director of Strategy, Planning and Partnerships.		e)Due to inadequate strategic plans which respond to population health and socio-economic needs	•Increased demand •Increased patient acuity levels •Worsening of health inequalities •Worsening of health outcomes •Failure to train teams in multi-morbidity management •Failure to comply with the Wellbeing of Future Generations Act (Wales) •Reputational damage and loss of public confidence	2	4	8	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Area plan is being refreshed through the RPB Marmot Region Implementation Plan Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Refresh organisational strategy with a central focus on population health and wellbeing. Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.	Medium	2	3	6	Low

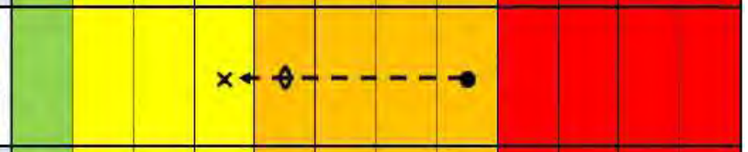
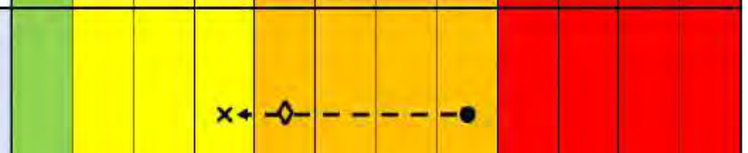
					f) Due to unsustainable service models	• Harm or injury to patients and/or staff • Adverse impacts on delivery of care to patients across acute and non-acute settings • Increased demand • Increased patient acuity levels • Worsening of health inequalities • Worsening of health outcomes • Failure to deliver health board priorities, required improvements and achieve sustainability • Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Area plan is being refreshed through the RPB. Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Review of enhanced local general hospital service models to ensure sustainable quality services. Development of SEW plan for fragile. Review of organisational strategy – to launch Summer 2024.	Medium	2	3	6	Low
	Finance & Performance Committee	Financial Sustainability	Director of Finance and Procurement		g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	• Breach of statutory duty to breakeven over 3 years • Instigation of NHS Wales Escalation & Intervention Arrangements • Non – delivery of health board priorities, required improvements and achieve longer-term sustainability • Prioritisation and possible disinvestment in service delivery • Reputational damage and loss of public confidence	5	4	20	Extreme	Above Appetite Level	Cautious = 12 or below - Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.	Update performance management framework Assessment of financial control environment within divisions and corporate teams.	Medium	2	4	8	Moderate
	Partnerships, Public Health & Planning Committee	Service Delivery	Director of Public Health and Strategic Partnerships		h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants.	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Increased patient acuity levels ➢ Worsening of health inequalities ➢ Worsening of health outcomes ➢ Unable to substantially improve the health of the population ➢ Reputational damage and loss of public confidence ➢ Multi-year CIP calculated on non-recurrent funding ➢ Major grants subject to funding cuts 24/25 ➢ No determined staffing establishment ➢ Possible at-risk TUPE posts ➢ £1.5 million temporary staff funding (RIF + EYP) majority on permanent contracts ➢ Government grants focused on particular risk factors	4	4	16	Extreme	Within Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Business cases being written for PIP to increase core funding to deliver objectives. Through Pip process work towards a funded establishment reduce risks associated with permanent staff being funded through temporary funding which impacts on the ability to plan long term.	Negative	2	3	6	Moderate
SRR 002	Partnerships, Public Health & Planning Committee	Compliance and Safety	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	• Harm or injury to patients and/or staff • Adverse impacts on delivery of care to patients across acute and non-acute settings • Non-compliance with Health & Safety legislation • Litigation & Financial Penalties	3	5	15	Extreme	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	At this stage, the controls in place are appropriate and practicable to monitor the issues and prepare medium-term responses in line with the timelines within the expert report.	Medium	1	2	2	Very Low
					b) Due to significant levels of backlog maintenance and Structural Impairment	• Harm or injury to patients and/or staff • Adverse impacts on delivery of care to patients across acute and non-acute settings • Non-compliance with Health & Safety legislation • Litigation	3	4	12	High	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01. Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce. Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance.	Medium	3	2	6	Low

SRR 003	Patient, Quality, Safety and Outcomes Committee	Compliance and Safety	Chief Operating Officer	There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse	b)Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placement	•Harm or injury to patients and/or staff •Health Board breaches statutory duties •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	4	12	High	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	Development of the CAMHS Crisis Hub (CCH), based at Bettws ward in St Cadoc's. We are in the process of developing a safe space for families and young people who are in distress, so that they have access to a team of people, out of hours, who can work directly with them in order to attempt to prevent burgeoning emotional distress from developing into a crisis situation that can cause further trauma. The CCH is being developed in order to help young people who fit the following criteria: Young people whose distress compels them to frequently attend the Emergency Department, or who frequently find themselves detained under section 136 of the Mental Health Act. Young people who having been assessed under Section 136 at the Section 136 suite at Adferiad, find themselves discharged with no immediate safe discharge destination. Young people who having presented at the Emergency Department following self-harm or overdose requiring medical treatment, are admitted overnight for treatment as per NICE guidelines, but once medically fit do not have a safe discharge destination, resulting in an extended stay at GUH for social reasons. In these cases, qualified professionals and BOOST support workers will work closely with the family and colleagues from social care, in order to ensure that a safe discharge can be agreed. Young people who are currently working with a CAMHS professional and are felt to be at risk of experiencing imminent mental health crisis and cannot be supported out of hours by the referring professional. The aim will be to focus on helping young people to stay safe by working with them to develop a short- term plan of what to do in the moment. The CCH will provide a venue that is safe, so that community -based treatment at the point of crisis can be implemented in the least restrictive of settings. Regular Crisis Hub planning meetings; ongoing development of the SOP; recruitment of a Crisis Hub team lead.	Medium	2	2	4	Low
SRR 004	Partnerships, Public Health & Planning Committee		Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	a)Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Harm or injury to patients and/or staff •Health Board breaches statutory duties under the Civil Contingencies Act 2004 •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	5	15	Extreme	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	Testing programme of business continuity plans. Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board. Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery. Repository being created on intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies. Joint planning with PH response in response to infection disease and public health incidence. Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP). Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational. Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. Continue to promote awareness in a timely manner. Continue to promote awareness of the requirement for BC across the Health Board. A tabletop BC exercise is planned for the 10th of October 2023. Continuing participation in multi-agency exercises. Programme plan to be developed to address the weaknesses in business continuity planning. Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board. Development of Pandemic Plan.	Medium	2	3	6	Low
SRR 005	Patient, Quality, Safety and Outcomes Committee	Service Delivery	Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	a)Due to inadequate arrangements to support system-wide patient flow	•Avoidable deaths or significant harm •Delays in releasing ambulances from hospital sites back into the community •Delayed discharges from acute and non-acute settings resulting in deteriorating patients •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Escalation framework – evidence suggesting inconsistent escalation of ambulance position / long waits and rationale. Winter planning – Ahead of winter 23/24 there are a series of meetings which will ensure that tangible / practical plans are put in place to ensure: Focus Processing power Capacity Mental health-focussed flow meeting – implement a MH-focussed daily forum to ensure the flow requirements and risk profile is understood across all MH sites. Build in more impromptu, OoH and site visits to check on processes i.e., patient safety, risk, and performance across the Divisions. Regional flow processes not always supported with neighbouring HBs (Health Board)	Medium	3	3	9	Moderate
					a)Due to the full or partial failure of existing digital infrastructure and systems	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Data breaches •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	5	15	Extreme	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Implement the recommendations from Templar report: • Outline a step by step process of how the proposed risk treatments need to be implemented. This should include the activities to be performed, who is responsible and deadlines for completion. • Complete any outstanding policy and process development, ensuring there is engagement with non ICT teams including the SIRO and board • Ensure ICT disaster recovery policies are complete and refer to any system specific recovery processes. • Ensure non ICT teams are aware of disaster recovery policies and processes and engaged in developing system breach/failure response definition. • Complete a policy and process review after each incident to identify if anything could be improved in detection, resolution or prevention of a cyber security incident. Also, ensure the same is done whenever there are significant system changes. • Develop the policy and processes for identity and access management to ensure that privileged and critical system accounts are reviewed periodically e.g. 6 to 12 months, with other accounts reviewed through joiners/starters, movers and leavers processes. • Investigate circumstances where dedicated devices can be used for critical system access • Consider plans for certification of users and devices and how those certifications can be used. • Consider how to monitor privileged accounts e.g. with additional logs managing not just by exception but random and planned audits • Assess whether MFA can be implemented for privileged user accounts • Review any critical system logs that are created • Update systems or request updates to create additional logs where possible and include creation of logs on user devices in any investigation • Investigate a means of alerting for specific log conditions • Consider collective identification of appropriate tools and working with other OES within NHS Wales to identify appropriate tools.	Medium	2	4	8	Moderate

SRR 006	Finance & Performance Committee	Service Delivery	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	B)Due to an adverse impact on service delivery in the implementation of new digital systems	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Data breaches •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	• Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee • Assurance activities included in project framework including clinical safety, information governance, health records and cyber security • An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects • Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements • Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation • Aggregated view of digital Lessons Learned available and lessons are reviewed during project initiation for best chance of success	Medium	2	3	6	Low
					c)Due to a failure to develop digital solutions that are sustainable and fit for the future	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Failure to deliver health board priorities, required improvements and achieve sustainability •Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	• New governance structures to be put in place by the end of 2023. • Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities • Annual planning processes to include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process • New Digital Request processes refresh with senior leadership scrutiny of requests, implementation of new prioritisation process and quarterly reporting to DDAT sub-committee • Automation of request process via 'Seren' the ICT Portal • Portfolio optimisation to ensure the resources of the service are aligned to key priorities	Medium	2	4	8	Moderate
SRR 007	Partnerships, Public Health & Planning Committee	Transformation and Partnership Working	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	•Unmet patient need resulting in harm •Ineffective use of combined resources •Delayed decision making •Adverse impacts on delivery of care to patients across acute and non-acute settings •Failure to deliver health board priorities, required improvements and achieve longer-term sustainability •Reputational damage and loss of public confidence	2	4	8	Moderate	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	• Governance review of Regional Partnership Board undertaken in August 2023. • Renewed Strategy for strategic partnership Capital in place and revised governance processes. • New Long-Term Strategy for Health Board to focus on Partnership approach. .	Medium	2	2	4	Low
					b) Due to the impact of fragile services across the regional and supra regional geography	Changes of regional flow in an unplanned way Additional demand on UHB workforce to support fragile services Unmet patient need resulting in harm Ineffective use of combined resources Delayed decision making Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence	3	3	9	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a recent review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: - • An absolute commitment to delivering on the existing regional programmes of work but with recognition that these need to be 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. • The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. • The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these. • The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions. Discussion to be had at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work	Reasonable	2	2	4	Low
													• Corporate Engagement Team					

SRR 008	Patient, Quality, Safety and Outcomes Committee	Transformation and Partnership Working	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff, the public and partners	Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement	•Adverse impact on patient experience •Failure to deliver health board priorities, required improvements and achieve longer-term sustainability •Reputational damage and loss of public confidence •Failure to deliver Duty of Quality	2	4	8	Moderate	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	• Patient Experience and Involvement Strategy- organisational ownership • Person Centred Care (PCC) Surveys via CIVICA • PCC KPI's (support PCC Quality pillar) • 'You said…… we did' public facing information for service areas. • PLO service at GUH • Introduction of PALS Service (Oct 23) • Volunteer Patient Experience Feedback • Collaboration to recruit community listeners to support Dementia Awareness • Digital patient stories to support listening and learning. • Patient Experience and Involvement Strategy • DATIX	Medium	2	2	4	Low
SRR 009	Partnerships, Public Health & Planning Committee	Compliance and Safety	Director of Public Health and Strategic Partnerships	The Health Board will be unable to protect those most vulnerable to serious disease	Due to delays in providing COVID-19 vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as changes to the vaccination delivery programme.	•Adverse impacts on the delivery of vaccinations to patients across the vaccine service for routine and seasonal vaccines • Inability to support response to outbreaks as required in 'Wales Outbreak Plan', and ABUHB Public Health Incident Response plan. • Potential increase in communicable disease incidence, with impact on healthcare use and also staff sickness • Reputational damage and loss of public confidence • Patients not being sufficiently protected therefore increases the incidence of disease and avoidable harm from Vaccine preventable diseases. • Increased disease will lead to increased admissions through acute settings therefore bed pressures on the wider system. •ABUHB not delivering in line with JCVI and WG guidance/milestones. •ABUHB not delivering in line with NHS performance framework uptake standards ABUHB not delivering vaccinations in line with the funding provided. •ABUHB already has the lowest spend on COVID vaccinations in Wales, further disinvestment would make us more of an outlier reputationally. •Lack of resources to stand up sampling and testing as a preventative/protective measure as needed for patients and staff during peak in activity. • Inability to provide sufficient interventions in closed settings for the most vulnerable population such as care homes and special schools. • Reduction in capacity to deliver equity work to provide HP intervention and screening to vulnerable groups. • Until it transfers to UPC, a lack of resources to deliver AV service will mean our most vulnerable patients not accessing clinical treatment within the treatment window leading to avoidable harm and unnecessary hospital admissions	3	4	12	High	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	• Secured additional funding against the existing allocation for bank vaccination staff. • Exploring deployment options to the Vaccination programme and use of those previously trained as vaccinators that are on the bank. • Alternative advertising methods of vacant shifts to improve uptake – liaising with bank co-ordinator to improve this. • Draft community pop-up plan to be further explored. If required, extend venue licence in key location(s).	Medium	2	3	6	Moderate
SRR 010	Patient, Quality, Safety and Outcomes Committee	Compliance and Safety	Executive Director of Therapies and Health Science	The Health Board will fail to protect the Health and Safety of staff, patients and visitors in line with its duties under the Health and Safety at Work Act 1974	Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	• Unintended physical harm; • Punitive actions from the Health and Safety Executive (HSE); • Increased levels of staff sickness; • Loss of estate due to unsafe environments; • Financial implications; • Adverse publicity; and, • Reputational damage	3	4	12	High	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	• Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices. • Health and Safety Policies and Procedures • Dedicated Health and Safety site on ABPULSE • Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety Assistance'. • Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression) • Partial Programme of Health and Safety Monitoring (Active & Reactive) • Corporate and Directorate Health and Safety Risk Register established.	Negative	2	3	6	Moderate

Reference				Risk Score Matrix
				2 4 5 6 8 9 10 12 15 16 20 25
SRR 001	Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a)Due to an inability to recruit and retain staff across all disciplines and specialities.	
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff	
			c) Due to insufficient and ineffective leadership levels throughout the organisation.	
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	
	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.	e) Due to inadequate strategic plans which respond to population health and socio-economic needs	
			f) Due to unsustainable service models	
	Director of Finance and Procurement	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.	g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	
	Director of Public Health & Strategic Partnerships	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population.	h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants	
SRR 002	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	
			b) Due to significant levels of backlog maintenance	
SRR 003	Chief Operating Officer	There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse	Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placement	
SRR 004	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level	
SRR 005	Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	Due to inadequate arrangements to support system-wide patient flow	
SRR 006	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a) Due to the full or partial failure of existing digital infrastructure and systems	
			b) Due to an adverse impact on service delivery in the implementation of new digital systems	
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future	
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners	
			b) Due to the impact of fragile services across the regional and supra regional geography	

SRR 008	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff and the public	Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement	
SRR 009	Director of Public Health & Strategic Partnerships	The Health Board will be unable to protect those most vulnerable to serious disease.	Due to delays in providing Covid-19 Vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as well as changes to the vaccination delivery programme.	
SRR 010	Director of Therapies and Health Science	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974	Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	

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

Key	Current Score	●
	Target Score	×
	Appetite Threshold	◊
	Current to Target	◂ –

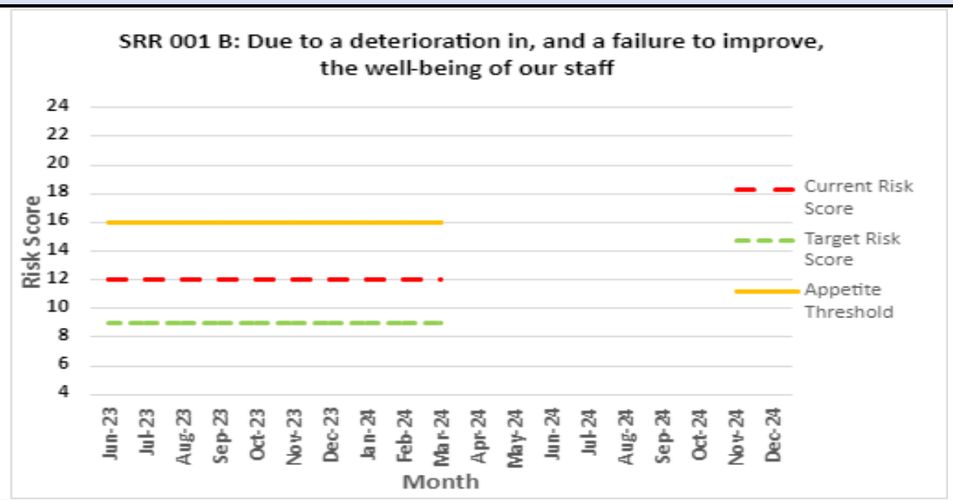
RISK THEME	PEOPLE				
Strategic Risk (SRR 001A)	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**				
Strategic Threat	**a)** Due to an inability to recruit and retain staff across all disciplines and specialties.				**Risk Appetite Level – Open** Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Non-compliance with safe staffing principles and standards ➢ Reliance on agency and bank staff ➢ Litigation & Financial Penalties				**Risk Appetite Threshold - Score 16 and below** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.
					SUMMARY **The** current risk level is **outside** of target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	People & Culture Committee	**Likelihood**	4 *(Likely)* x	3 *(Possible)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*	
Last Reviewed	01 March 2024	**Risk rating**	**= 16** *(Extreme)*	**= 6** *(Moderate)*	
Next Review	01 April 2024				

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Monitoring Framework to support roll-out of the People Plan. • Workforce Dashboard to track activity – recruitment, turnover, sickness absence. • Supply and demand tracker (Nursing and HCSW). • People Plan tracker to support delivery of actions within the People Plan 2022-25. • Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board. • Management of attendance through All Wales Management Attendance at Work Policy. • Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. • Nurse Staffing Levels (Wales) Act 201625b/25c.	**Staff attendance** • Continuing support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work. • "Hot spot" areas identified and plans in place to support. • **Recruitment** • Engagement with national recruitment campaigns such as BAPIO, M&D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW for Junior Doctor. • Annual programme of Apprentice recruitment • Overseas Nursing (All Wales Recruitment programme) • Nursing Workforce Strategy agreed • Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 22) • Partnerships with employability schemes and FE/HE to widen access.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Workforce reports to the Nurse Strategic Workforce Group. • Daily sickness monitoring reports. • Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN. • Medical Staffing Co-ordinator review of medical rotas. • Cross site operational calls. • Occupational Health and Wellbeing dashboards report KPIs. **Level 2 Organisational**	**Gaps in Assurance** **Action to Address Gaps in Assurance**	**Positive Assurance**

• Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. • Workforce planning supported by Compendium of new roles to support innovative workforce models. • Recruitment KPI's. • IMTP Educational Commissioning. • Workforce Establishment controls national working group has been instigated. • Value and Sustainability Board.	• Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board. • Registration – Temporary register extended for 2 years to enable staff to return to practice ending March 2024. • **Retention:** • Retention lead appointed with programme action plan in place. • Development of career pathways (e.g., non-clinical to clinical). • Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR. • Internal Exit interview group has been established with a view to 1) Increase the numbers of people completing the forms and 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts. • Changes in pension regulation and flexile retirement options from October 23 and reduced break in service required following retire and return. • **Variable pay reduction** • Plan in place to monitor and review all agency, bank pay incentives supply and demand reporting to Value and Sustainability Board. • **E- Systems** • Effective deployment of current staff - Programme Plan to introduce Workforce Medical E-Systems to support effective deployment of medical staff. • Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas. • **Development of alternative and new roles** • Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP. • Primary Care workforce The Regional Integrated Fund (RIF) Workforce Programme is in development to support the wider health and social care staffing issues as required in Healthier Wales. Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace. • NCN workforce planning workshops completed Dec 23. An action plan has been developed and to be agreed with PCCS senior management team, NCN board with enabling actions to highlight key challenges and opportunities to support longer term workforce sustainability. • Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal. • Looking to increase assistant band 4 in Community/Mental Health • Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity • Increasing consultant therapy and nurse practitioners • Nurses with skills to support chronic disease management in Primary Care • **Training** • The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years. In the HEIW Education Training Plan 22/23 there were increases in - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2024 and beyond which are required to support turnover and existing vacancies.	*(Executed by risk management and compliance functions.)* • Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25 • Workforce Dashboard presented to the Executive Committee, P&CC Committee, and the Board. • Workforce and OD group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation • Measurements of Wellbeing through the ABUHB Staff Survey. • Routine Reporting against nurse staffing levels. • Variable Pay Programme Board **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • **Internal Audit Reviews 2023 -24** • Long Term Sickness Absence Management (Q4) • Flexible Working (Q4) • • External quarterly vacancy reporting to WG • External reporting on Nursing Staffing Levels • National Acuity Audits (Nursing) • National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges - The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative.		

	• HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy • HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. • RN/HCSW Connect Programme has been established in connection with HEIW and higher education providers to support candidates enter registered nursing training (6 supported this year) • Cadet Nursing programme in place (20 candidates last year) • K102 bridging model now being offered to support HCSW pathways into registered nursing – 10 Mental Health HCSW applied which will address uptake on RMN graduate courses. • Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) started with 3 cohorts in September 2022 and recruiting the 4th cohort to start Oct 23. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programs fully booked. Core Leadership prog currently delivering to 200 staff. • Workforce planning within new competency framework commencing Jan 24. • **Vacancy Numbers and establishment control** • Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period December 24 there were circa 619 WTE vacancies. Reduction 109 WTE from March 23. • Development of ESR establishments commenced on a national basis w/c 03/09/23. Local delivery action plan to be developed for Executive Team approval 25th April 24.			

RISK THEME	PEOPLE			
Strategic risk (SRR 001B)	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**			
Strategic Threat	**b)** Due to a deterioration in, and a failure to improve, the well-being of staff.			**Risk Appetite Level – Open** Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ High absence levels, with some sustained long periods ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Non-compliance with safe staffing principles and standards ➢ Reputational damage to the health board as an employer ➢ Work-related industrial injury claims ➢ Moral injury			**Risk Appetite Threshold – Open Score 16 and below** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **outside** of target level but within appetite threshold. The target level to be achieved is **within** the set appetite threshold.
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	People & Culture Committee	**Likelihood**	**3** *(Possible)* *x*	**3** *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	**3** *(Moderate)*
Last Reviewed	12 January 2024	**Risk rating**	**= 12** *(High)*	**= 9** *(High)*
Next Review Due	12 April 2024			



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall)*
• Monitoring Framework to support roll out of the People Plan. • Monitoring delivery of the #peoplefirst project though Executive Team reports, KPI sickness metrics underpinned by People Plan Delivery framework. Engagement ongoing with divisional management teams. • Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture	• Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars). • Increase wellbeing initiatives: • Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders) • Trained mediators so there is team and organisational resilience and network. • Regular Schwartz rounds arranged across the Health Board • Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. • Close links with the Arts in Health programme • Promotion of walking meetings in leadership programmes Working with Planning and Estates team to ensure the Queens Canopy is designed to promote clear walking routes for that can be used during breaks for	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Monitoring Framework to support roll out of the People Plan 22-25 • Monitoring of demand on wellbeing services • Staff diversity networks • Race/LGBT groups • Wellbeing resources • Occupational Health Service **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • People and Culture Committee reports (People Plan 22-25)	**Gaps in Assurance** • Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority. **Action to Address Gaps in Assurance**	**Positive Assurance**

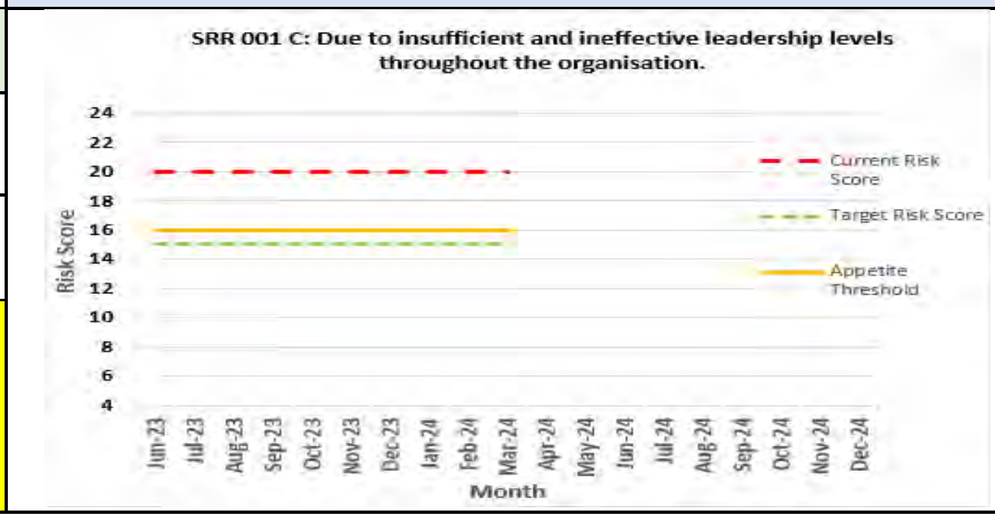
Committee with regular summary of Well-being and Occupational Health activity. • Strategic Equality plan • Rest and Facilities charter – monitoring and compliance • Staff related policies.	meetings Inclusion of break times and staff rooms in wellbeing survey to audit current provision. • Chaplaincy service for staff • Recruitment of staff counsellors • Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being • Scope, design and deliver a programme of research 'Healthy Working Day'. • Enhanced our financial well-being offer. • Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. • Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • The Avoidable Employee Harm Programme, launched on 5th July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has recently won two NHS Wales awards. • The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely initiative within ABUHB. This workstream began in October 23 and will be developed over the next 12 months with a strong emphasis on evidence analysis and culture. • An external Employee Assistance Programme has been commissioned for 12 months to offer additional psychosocial wellbeing support to staff. **Occupational Health** • Additional occupational health resources secured to reduce waiting times over winter • Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes. • Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. • Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. **Support equality and diversity of workforce** • Review of staff diversity networks • Review of wellbeing survey through and equality lens to understand variations within diverse workforce demographic profile. • Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms. • Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing. • A part time Disability Inclusion Officer has been seconded to the EDI Team (Dec 2023 – Dec 2024). • Recruiting to a Band 5 EDI Officer role (Jan 2024). • Inclusive Leadership sessions to be embedded in the Leading People Programme from Jan 2024 onwards. • Reverse Mentorship Programme to launch Feb 2024. **Other** • Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC. • Reducing fatigue poster developed	• Local wellbeing surveys • LNC – reporting of compliance of BMA Rest and Facilities **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • National workforce surveys • Monitoring and compliance of BMA Rest and Facilities via NHS Employers	• Meetings with Divisions ongoing.	

RISK THEME	PEOPLE			
Strategic risk (SRR 001C)	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**			
Strategic Threat	c) Due to insufficient and ineffective leadership levels throughout the organisation			
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Failure to deliver health board priorities, required improvements and achieve sustainability ➢ Poor levels of accountability and delivery ➢ Reputational damage to the health board as an employer ➢ Adverse impacts on staff recruitment and retention			
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	People & Culture Committee	**Likelihood**	**3** *(Possible)* *x*	3 *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	2 *(Minor)*
Last Reviewed	12 January 2024	**Risk rating**	**= 12** *(High)*	**= 6** *(Moderate)*
Next Review Due	12 April 2024			

Risk Appetite Level – Open
Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.

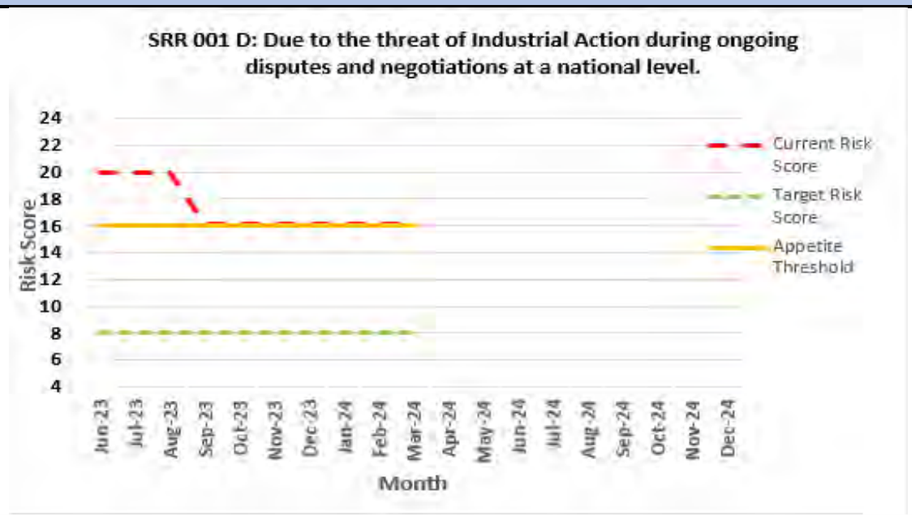
Risk Appetite Threshold - Score 16 and below
Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.

SUMMARY
The current risk level is **outside** of target level but within appetite threshold. The target level to be achieved is **within** the set appetite threshold.



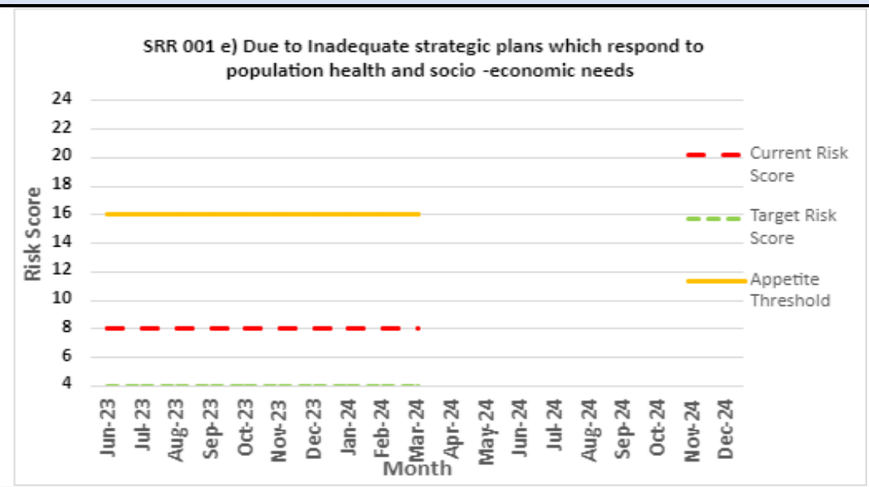
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Monitoring Framework to support roll out of the People Plan- focus on Talent and Succession Planning • Monitoring frameworks with HEIW	**Talent and Succession Planning** • Lead appointed in July 2023 on a secondment funded by HEIW to create an organisational talent management framework to enable the organisation to deliberate and consistently attract, identify and develop talent for critical roles across ABUHB • Pilot planned for Finance, Occ Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy • Local management trainee scheme scoped, and project plan created, JDPS created and evaluated. Project team convened. Paused in May 2022 due to lack of funding. • 2021/23 HEIW schemes complete. Two HEIW Grads have successfully completed the programme and have secured promotional roles within NHS in Wales; one within the health board and one at Powys, both at Band 7 level	Level 1 Operational *(Implemented by the department that performs daily operation activities)* • WOD Divisional reporting • Evaluation of internal leadership programmes Level 2 Organisational *(Executed by risk management and compliance functions.)* • Reporting to People and Culture Committee - progress against People Plan 22-25	**Gaps in Assurance** **Action to Address Gaps in Assurance**	**Positive Assurance**

	• 1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. Executive Director of Planning sat on interview panel. Trainee commences scheme 5th September 2023 at HEIW at joins ABUHB Friday 8th September. **Development leadership capabilities** • Designing learning journeys and access to Gwella • Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Exploring Directorate Manager development. • CDx Leadership Development for clinical directors completed for 2022/23 with 45 attendees and CDx cohort 2 starts October 23- open for current and aspiring CDs • 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda.	**Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Internal Audit Review • Talent and Succession Board		

RISK THEME	**PEOPLE**				
Strategic Risk (SRR 001D)	T**he Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**				
Strategic Threat	d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level				**Risk Appetite Level – Open** Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Non-compliance with safe staffing principles and standards ➢ Litigation & Financial Penalties ➢ Reputational damage to the health board and loss of public confidence				**Risk Appetite Threshold – Open Score 16 and below** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **outside** of target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	People & Culture Committee	**Likelihood**	**4** *(Likely)* *x*	**2** *(Unlikely)* x	
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	**4** *(Major)*	
Last Reviewed	01 March 2024	**Risk rating**	**= 16** *(Extreme)*	**= 8** *(High)*	
Next Review Due	01 April 2024				

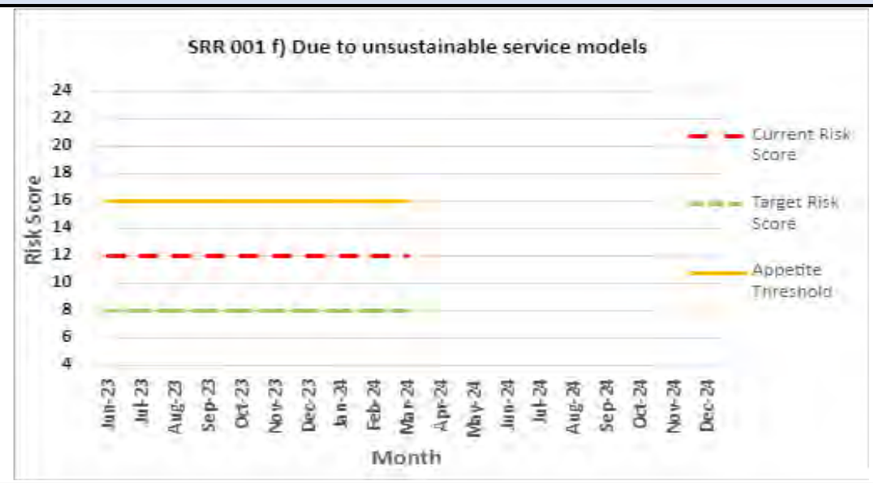
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
		Level 1 Operational	**Gaps in Assurance**	

• All Wales Industrial Action Planning Group • Local Health Board planning arrangements • Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and • CODE OF PRACTICE Industrial Action Ballots and Notice to Employers • Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. • Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture.	• Services Business continuity plans in place. • Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance • Review of rotas for junior doctor industrial action (minimum staffing levels based on safety assessment). • Command and control structure and leads established • Derogation test completed • Executive and Senior Manager leads established links with national planning cells. • All Wales training sessions provide by legal and risk to support industrial action. • Reducing impact on patients - Support for early supported discharge prior to industrial action. • Communication plans- public, stakeholders and partners • Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer) and pay application • Picketing guidance supported and agreed • Debriefing session planned to reflect and capture learning for any potential future action (national) •	*(Implemented by the department that performs daily operation activities)* • Local Staff re-deployments assessment • Divisional engagement and service planning arrangements in place • Local Negotiating Committee (LNC) • Trade Union Partnership meetings **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Reporting to Executive team • Business Continuity groups • Command and control structure in place to be implemented as required. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • All Wales IA group and Welsh Government planning cell.	• BMA have provided notice of consultant and SAS Dr ballot **Action to Address Gaps in Assurance**	**Reasonable Assurance**

RISK THEME	SERVICE DELIVERY				
Strategic risk (SRR 001)	**There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.**				
Strategic Threat	**E) Due to inadequate strategic plans which respond to population health and socio-economic needs.**				**Risk Appetite Level - Open** Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Increased demand ➢ Increased patient acuity levels ➢ Worsening of health inequalities ➢ Worsening of health outcomes ➢ Failure to train teams in multi-morbidity management ➢ Failure to comply with the Wellbeing of Future Generations Act (Wales) ➢ Reputational damage and loss of public confidence				**Risk Tolerance Level - Open Score 16 and below** Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all relating risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy. **SUMMARY** The current risk level is **outside** of target level but within the set appetite threshold.
Lead Director	Director of Strategy, Planning and Partnerships.	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	2 *(Unlikely)*	2 *(Unlikely)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 (*Major)*	3 *(Moderate)*	
Last Reviewed	12 January 2024	**Risk rating**	**= 8** *(High)*	**= 6** *(Moderate)*	
Next Review Due	12 April 2024				

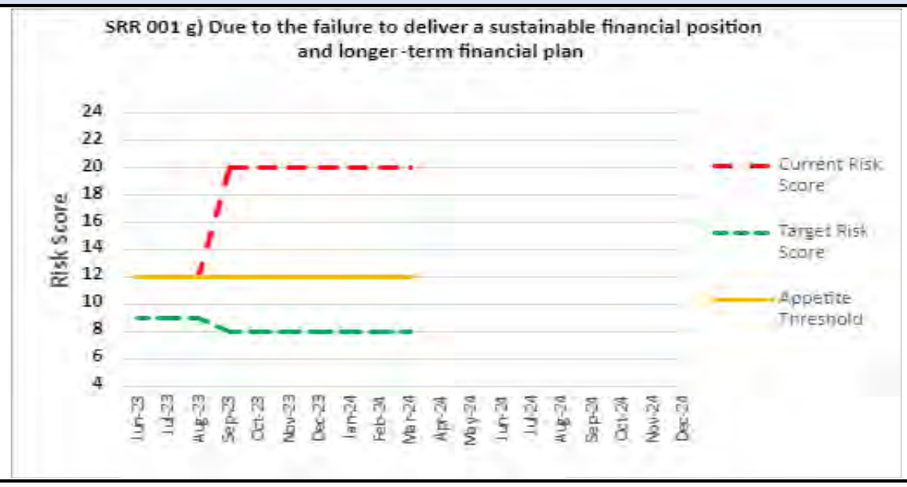
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Health Board IMTP and associated KPIs • Public Health Wales surveillance data • Qliksense – performance dashboard • Population Needs Assessment and Area Plan • Marmot Region Programme	• Area plan is being refreshed through the RPB • Marmot Region Implementation Plan • Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. • Refresh organisational strategy with a central focus on population health and wellbeing. • Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Qliksense – performance information • SFN – performance information **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • IMTP Delivery and Outcomes Reporting to Board • Marmot Region Programme • RPB reporting to Board and Population Health, Planning and Partnerships Committee • Regional Planning reporting to Population Health, Planning and Partnerships Committee • Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee	**Gaps in Assurance** • Under review **Action to Address Gaps in Assurance**	**Reasonable Assurance**

		Level 3 Independent *(Implemented by both auditors internal and external independent bodies.)* Internal Audit Reviews 2023-24 1. IMTP Planning (Q1) Outcome – Reasonable Assurance		

RISK THEME	SERVICE DELIVERY				
Strategic risk (SRR 001)	**There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.**				
Strategic Threat	**F) Due to unsustainable service models**				**Risk Appetite Level - Open** Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Harm or injury to patients and/or staff ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Increased demand ➢ Increased patient acuity levels ➢ Worsening of health inequalities ➢ Worsening of health outcomes ➢ Failure to deliver health board priorities, required improvements and achieve sustainability ➢ Reputational damage and loss of public confidence				**Risk Tolerance Level - Open Score 16 and below** Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy. **SUMMARY** The current risk level is **outside** of target level but within appetite threshold.
Lead Director	Director of Strategy, Planning and Partnerships.	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*	
Last Reviewed	12 January 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*	
Next Review Due	12 April 2024				

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• The Health Board IMPT and associated KPIs • Clinical Futures Transformation programmes. • Public Health Wales surveillance data – Covid, flu and other communicable diseases. • Qliksense – performance information. • Population needs assessment and area plan development by the RPB. • Southeast Wales Plan for fragile services.	• Area plan is being refreshed through the RPB. • Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. • Review of enhanced local general hospital service models to ensure sustainable quality services. • Development of SEW plan for fragile. • Review of organisational strategy – to launch Summer 2024.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Public Health Wales surveillance data – COVID, flu and other communicable diseases. • Qliksense – performance information. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • IMTP delivery and outcomes reporting to Board. • RPB reporting to Board and Population Health, Planning and Partnerships Committee. • Regional Planning reporting to Population Health, Planning and Partnerships Committee. • Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.	**Gaps in Assurance** • Under review **Action to Address Gaps in Assurance**	**Reasonable Assurance**

		Level 3 Independent *(Implemented by both auditors internal and external independent bodies.)* • Internal Audit Reviews 2023-24 1. IMTP planning Q1 Outcome – Reasonable Assurance.		

RISK THEME	FINANCIAL SUSTAINABILITY				
Strategic Risk (SRR 001)	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**				
Strategic Threat	**G) Due to the failure to deliver a sustainable financial position and longer-term financial plan**				**Risk Appetite Level - Cautious.** Preference for safe, through accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.
Impact	➢ Breach of statutory duty to breakeven over 3 years. ➢ Instigation of NHS Wales Escalation & Intervention Arrangements. ➢ Non–delivery of health board priorities, required improvements, and achieving longer-term sustainability. ➢ Prioritisation and possible disinvestment in service delivery. ➢ Reputational damage and loss of public confidence				**Risk Appetite Threshold - Score 12 and below** Risks relating to all aspects of our financial performance and our ability to manage cost and efficiencies. **SUMMARY** the current risk level is **outside** of the target and appetite threshold. The target level to be achieved is **within** the set appetite threshold.
Lead Director	Director of Finance and Procurement	**Risk Exposure**	**Current Level**	**Target**	
Monitoring Committee	Finance & Performance Committee	**Likelihood**	5 *(Almost certain)* x	2 *(Unlikely)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*	
Last Reviewed	08 Feb 2024	**Risk rating**	= **20** *(Extreme)*	= **8** *(Moderate)*	
Next Review	01 April 2024				

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• IMTP 2023/24-25/26 • IMTP Delivery Framework • Accountability Framework • Performance Framework • Scheme of Delegation • Standing Financial Instructions (SFIs) • Standing Orders (SOs) • Financial Control Procedure (FCP) Budgetary control • Financial Budget Intelligence (FBI) • Budget holder training • Cost intervention procedures • 23/24 savings plans & opportunities. • Health Board financial escalation processes. • Health Board Pre-Investment Panel (PIP) process. • Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs. • Quarterly financial budget plan approach agreed.	• Update performance management framework – in place • Assessment of financial control environment within divisions and corporate teams. – in place • Financial Escalation Meetings – in place • Regular organisational Recovery plan meetings and briefings • Value & Sustainability Board established	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Adherence to SO/SFI/FCPs • Regular AFD meetings to discuss position and performance. • Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments. • Performance escalation meetings established. • Financial assessment and review report to the Board and Finance & Performance Committee • Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee. • Board Briefing sessions on the financial position. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Reviews 2023 - 24** 1. Savings Programmes Q3 - Not yet undertaken. Report expected Q1 2024/25 2. Financial Controls Q2 – Not yet reported. Report expected Q4 2023/24 3. Asset Management Q3 – Report to be received at ARAC 08/02/24. **External Audit Reports 2023 -24**	**Gaps in Assurance** • Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability. **Action to Address Gaps in Assurance** • Revise accountability arrangements being progressed as part of Executive governance. – in place • 2024/25 IMTP plans focussed on 'living within budget levels' – currently work in progress.	**Reasonable Assurance**

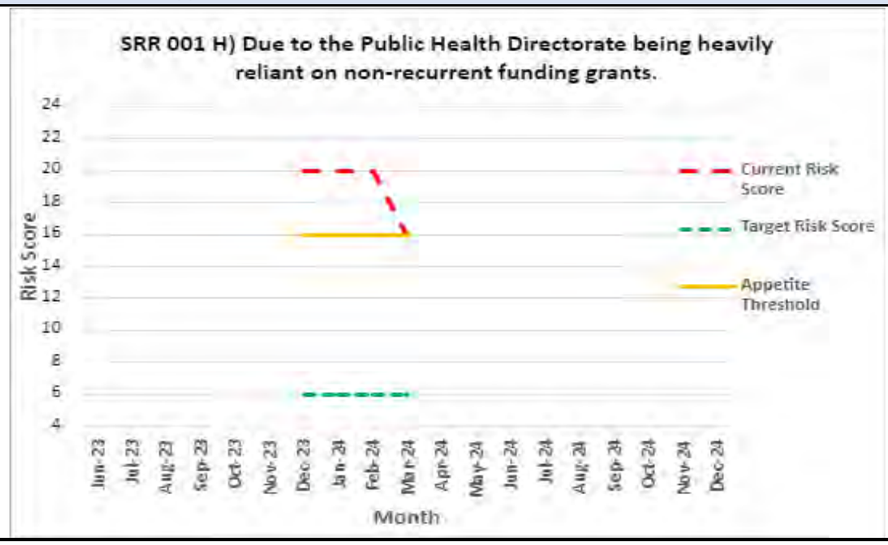
• Executive groups and structures established to deliver statutory duties		1. Efficiency Review Q3/Q4 – Not yet reported. 2. Structured Assessment - Received at ARAC November 2023. 3. Audit of Financial Statements Q4 2023/24 – Not yet reported. • Financial assessment and review reports to Welsh Government – monthly • Enhanced monitoring meetings with Welsh Government – monthly		

RISK THEME	SERVICE DELIVERY			
Strategic Risk (SRR 001H)	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population.**			
Strategic Threat	h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants.			
Impact	➢ Avoidable harm ➢ Adverse impacts on the delivery of care to patients across acute and non-acute settings ➢ Increased patient acuity levels ➢ Worsening health inequalities ➢ Worsening health outcomes ➢ Unable to substantially improve the health of the population. ➢ Reputational damage and loss of public confidence ➢ Multi-year CIP calculated on non-recurrent funding. ➢ No determined staffing establishment ➢ Possible at-risk TUPE posts ➢ £1.5 million temporary staff funding (RIF + EYP) majority on permanent contracts ➢ Government grants focused on particular risk factors			
Lead Director	Director of Public Health & Strategic Partnerships	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Population Health, and Planning Committee	**Likelihood**	**4** *(Likely)* *x*	**2** *(Unlikely)* *x*
Initial Date of Assessment	01 December 2023	**Impact**	**4** (*Major)*	**3** *(Moderate)*
Last Reviewed	18 March 2024	**Risk rating**	**= 16** *(Extreme)*	**= 6** *(Moderate)*
Next Review Due	18 April 2024			

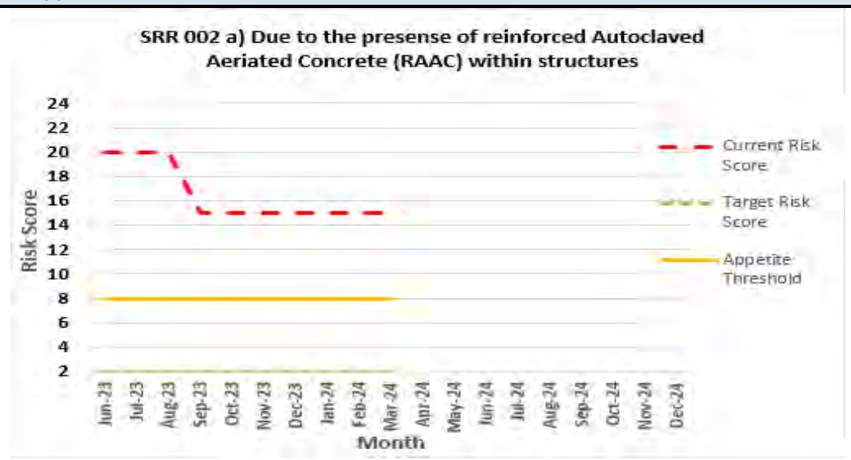
Risk Appetite Level – OPEN
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure**.**

Risk Appetite Threshold – SCORE 16 AND BELOW
Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy

SUMMARY
The current risk level is **outside** of the target level but **within** the set appetite threshold. The target level to be achieved is **within** the set appetite threshold.

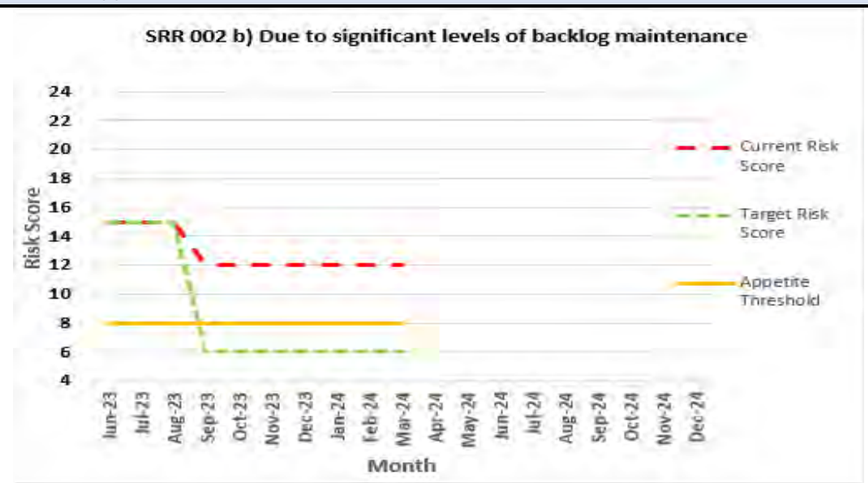


Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Organisational Change Process (OCP) instigated which will enable change to the ways of working and moving to a fully funded permanent structure. • Meetings with finance to determine TUPE level and CIP calculation. • Local public health risk register. • Identified risk relating to structure and finance. • Business cases being written for PIP for preventative adverse deaths, Health Protection, and other public health areas. • SMT meetings to discuss progress on delivery of objectives linked to the available budget. • £11.2M recurrent funding has been agreed and received for Health Protection and vaccination. • Work has commenced transferring operational delivery of the vaccination service to Primary Care with oversight from Public Health to ensure effective delivery of programmes (funded by the new recurrent funding from WG to fund Health Protection and vaccination locally)	• Business cases being written for PIP to increase core funding to deliver objectives. • Through the PIP process work towards a funded establishment to reduce risks associated with permanent staff being funded through temporary funding which impacts the ability to plan long-term. • Establish a Health Protection offer within the core Public Health Team to do strategic planning and mitigation and assurance around vaccination delivery.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Monthly finance meetings in place with the Director and Assistant Director • Monthly reporting on finance levels **Level 2 Organisational** *(Executed by risk management and compliance functions)* • Escalation to the Strategic Risk Register for Board oversight • Highlighted and discussed at Corporate Review **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies)* • Report delivery of local progress against the national public health strategy through Public Health Peer Group	**Gaps in Assurance** • Unable to assess the full impact of gaps in delivering the Public Health offer against the prevention agenda **Action to Address Gaps in Assurance** • Through the OCP process we will be able to establish the appropriate areas to place Public Health business for efficient and effective health protection and vaccination delivery. • Developing a clear evidence base to understand population need for long-term public health planning.	**Negative Assurance**

RISK THEME	COMPLIANCE AND SAFETY				
Strategic Risk (SRR 002)	**There is a risk that there will be significant failure of the Health Boards Estates.**				
Strategic Threat	**a)** Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.				**Risk Appetite Level - MINIMAL** Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.
Impact	➢ Harm or injury to patients and/or staff. ➢ Adverse impacts on the delivery of care to patients across acute and non-acute settings. ➢ Non-compliance with health and safety legislation. ➢ Litigation and financial penalties				**Risk Appetite Threshold - SCORE 8 AND BELOW** Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.
					SUMMARY The current risk level is **outside** of the target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	1 (*Rare)* x	
Initial Date of Assessment	01 June 2023	**Impact**	5 *(Catastrophic)*	2 *(Minor)*	
Last Reviewed	12th January 2024	**Risk rating**	**= 15** *(Extreme)*	**= 2** *(Low)*	
Next Review Due	12th February 2024				

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Work to assess the risk has been undertaken with expert external surveyor advice and repeat surveys have recently been completed. • Current measures including props and additional support have been put in place in line with the latest guidance and learning from other organisations working through RAAC issues. Plans will be modified in line with any further guidance. • Remediation work to areas of high-risk areas	• Additional Surveys are to take place with expert surveyors to inform the next steps relating to further remediation of the issues.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Fortnightly checks in place for the props in place and will be reduced to fortnightly as the frequency of checks is not demonstrated to be of benefit or required. • Ongoing engagement with expert surveyor and monitoring of RAAC with additional surveys continuing. • The estate's function has controlled access to roof areas and has developed and implemented toolbox talks for awareness for estate teams and contractors to work in those areas. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management.	**Gaps in Assurance** • Ongoing management of the issues. **Action to Address Gaps in Assurance** • Repeat surveys have been completed and additional more specific and technical	**Reasonable Assurance**

		• Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented. • Risk assessments completed by the Health and Safety function in those departments with props to manage any consequences of the presence of props. Note: H&S assessments were around the location of props not of RAAC itself and they flagged no issues or alterations. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Weekly dialogue with Welsh Government and Shared Services Estates. • Links with NHS England and other Health Boards in Wales for shared learning. • Ongoing engagement of external surveyors for regular monitoring of the situation in line with recommended timelines.	surveys have been commissioned and will be undertaken as promptly as possible through the contractor to provide assurance on the work to date as well as determine further management of the risk/issues.	

RISK THEME	COMPLIANCE AND SAFETY				
Strategic Risk (SRR 002)	**There is a risk that there will be a significant failure of the Health Board Estates.**				
Strategic Threat	B) **Due to significant levels of backlog maintenance and structural impairment.**				**Risk Appetite Level – MINIMAL** Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.
Impact	➢ Harm or injury to patients and/or staff. ➢ Adverse impacts on the delivery of care to patients across acute and non-acute settings. ➢ Non-compliance with health and safety legislation. ➢ Litigation and financial penalties.				**Risk Appetite Threshold – SCORE 8 AND BELOW** Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications. **SUMMARY** The current risk level is **outside** of the target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	Partnerships, Health Protection & Planning Committee	**Likelihood**	3 *(Possible)* x	3 *(Possible)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	**2** (*Minor)*	
Last Reviewed	12 January 2024	**Risk rating**	**= 12** *(High)*	**= 6** *(Moderate)*	
Next Review Due	12 April 2024				

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Health Board Estates Rationalisation Strategy • Health Board Estates Strategy • Health Board policies and procedures related to the maintenance of Health Board estate. • 6 Facet survey completed in 2019. • Divisional Risk Register • Multiple policies and SOPs published and communicated to staff.	• Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. • A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01. • Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce. • Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Estates and Facilities division improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director) • Divisional reporting of Statutory and Mandatory training of staff • Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance. • The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Outcome of the Asbestos reinspection programme	**Gaps in Assurance** • AE reports have shown a deterioration in ratings last year. • Membership of HB-wide compliance groups continues to be extended providing wider HB intelligence of the issues. **Action to Address Gaps in Assurance**	**Reasonable Assurance**

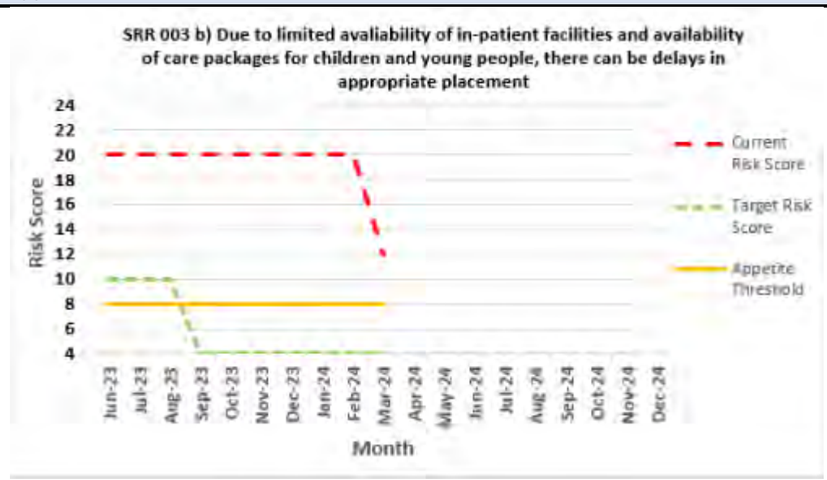
• A robust internal training programme in place covering all aspects of estate management including food hygiene. • Asbestos reinspection programme (over the next 3 years)	• Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM. • Drive clinical service engagement in compliance meetings where engagement is low. • Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible.	• Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Reviews 2023- 24** 1. Estates Assurance - Estate Condition audit completed and will be with Audit Committee in February • Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes. • Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level	• The Divisional Director (and DP) has implemented a clear approach to compliance monitoring and escalation of AE reports. • HB-wide groups on compliance (such as Ventilation and water) are being widened in membership to ensure clinical services are active participants.	

RISK THEME	COMPLIANCE AND SAFETY			
Strategic risk (SRR 003)	**There is a Risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse.**			
Strategic Threat	**b) Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placements.**			
Impact	➢ Harm or injury to patients and/or staff ➢ Health Board breaches statutory duties ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence			
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient, Quality, Safety and Outcomes Committee.	**Likelihood**	3 (possible*)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(major)*	2 *(Unlikely)*
Last Reviewed	01 March 2024	**Risk rating**	**= 12** *(High)*	**= 4** *(Moderate)*
Next Review Due	01 April 2024			

Risk Appetite Level -Minimal
Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.

Risk Appetite Threshold – Minimal SCORE 8 AND BELOW
Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.

SUMMARY
The current risk level is **outside** of the target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• CAMHS now have a team of healthcare support workers, at band 4 (our BOOST team), who are in the process of being trained, prior to being ready to be available over 7days to directly support young people who are in hospital because of a delayed discharge. • CAMHS have an agreement with adult Mental Health Services in place, enabling us to access a 'holding bed 'situated in the Extra Care area at Ty-Cyfanol ward, at YYF. This allows us to support young people experiencing suspected serious mental illness for up to 72 hours, whilst a gatekeeping assessment is carried out by our colleagues at the tier 4 in-patient unit.	• Development of the CAMHS Crisis Hub (CCH), based at Bettws ward in St Cadoc's. We are in the process of developing a safe space for families and young people who are in distress, so that they have access to a team of people, out of hours, who can work directly with them in order to attempt to prevent burgeoning emotional distress from developing into a crisis situation that can cause further trauma. The CCH is being developed in order to help young people who fit the following criteria: • Young people whose distress compels them to frequently attend the Emergency Department, or who frequently find themselves detained under section 136 of the Mental Health Act.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Senior Management Team meetings to track progress against the action plan. • Twice-daily X-Site flow meetings to provide a position report **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Regular reporting to the Patient Quality, Safety & Outcomes Committee • Regular reporting to the Mental Health Act Monitoring Committee • Reporting to the Executive Committee	**Gaps in Assurance** Development of CAMHS Crisis Hub Project build. **Action to Address Gaps in Assurance** The CAMHS Crisis Hub Project development is ongoing – tenders for contracts were return 20th December 2023 within identified capital budget constraints. Tenders are currently with Quantity Surveyors Faithful &	**Reasonable Assurance**

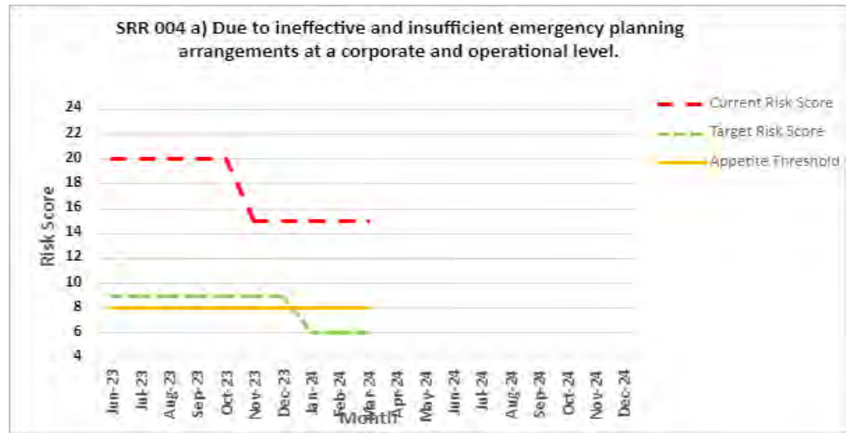
• Our Emergency Liaison Team are present at GUH on a daily basis, assessing young people at the point of need. • Windmill farm therapeutic residential home, a partnership project between CAMHS and social services, is now open and can accommodate young people struggling with complex mental distress that are environmental and not organic. There are 4 places at the home, and we have already successfully placed, supported, and transitioned several young people who may previously have required an out of county placement. • BOOST team manager in place. • Crisis Outreach Team are the designated team who manage and co-ordinate admission to the holding bed. • Standard Operational Policy in place for CAMHS teams to be able to access BOOST workers. • Agreed referral process to Windmill Farm, with a gatekeeping team comprised of CAMHS and social care colleagues who are able to advise whether or not a referral is suitable; attendance at Complex Needs panels to operationalise the gatekeeping process. • Standard operational policy and care pathway in place for admission to the holding bed. • Detailed Standard Operational Policy in place for Windmill Farm. • Regular communication meetings between CAMHS teams and the Windmill Farm team.	• Young people who having been assessed under Section 136 at the Section 136 suite at Adferiad, find themselves discharged with no immediate safe discharge destination. • Young people who having presented at the Emergency Department following self-harm or overdose requiring medical treatment, are admitted overnight for treatment as per NICE guidelines, but once medically fit do not have a safe discharge destination, resulting in an extended stay at GUH for social reasons. In these cases, qualified professionals and BOOST support workers will work closely with the family and colleagues from social care, in order to ensure that a safe discharge can be agreed. • Young people who are currently working with a CAMHS professional and are felt to be at risk of experiencing imminent mental health crisis and cannot be supported out of hours by the referring professional. The aim will be to focus on helping young people to stay safe by working with them to develop a short- term plan of what to do in the moment. The CCH will provide a venue that is safe, so that community -based treatment at the point of crisis can be implemented in the least restrictive of settings. • Regular Crisis Hub planning meetings; ongoing development of the SOP; recruitment of a Crisis Hub team lead.	**Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • HIW Inspections of Mental Health Wards across all sites	Gould for a two-week review to check for omissions or anomalies. Tenders have all identified estimated completion of the CAMHs Crisis Hub by August 2024. CAMHS Crisis Hub Project Team meet monthly – update reports are provided to the CAMHS Senior Management Team and ABUHB Capital Group. Lancer Scott Ltd have been nominated as a preferred contractor following formal tenders' process. Initial prestart presentation and discussion had been held with contractor January 2024 and the contractor construction programme received aligns to the project budget/project brief. RIBA Stage 5 and site set up for construction were on target February 2024 with a target completion of construction works date set as August 2024 Fortnightly Contractor Client meetings will continue and the monthly Project Group (CAMHS Crisis Hub Project Team meetings to ensure delivery.	

RISK THEME	COMPLIANCE AND SAFETY			
Strategic risk (SRR 004)	**There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.**			
Strategic Threat	a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.			
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Harm or injury to patients and/or staff ➢ Health Board breaches statutory duties under the Civil Contingencies Act 2004 ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence			
Lead Director	Director of Strategy, Planning and Partnerships	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	5 (*Catastrophic)*	3 *(Moderate)*
Last Reviewed	01 March 2024	**Risk rating**	**= 15** *(Extreme)*	**= 6** *(Moderate)*
Next Review Due	01 April 2024			

Risk Appetite Level – Minimal
Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls**.**

Risk Appetite Threshold – Minimal Score 8 and below
Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.

SUMMARY
The current risk level is **outside** of target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Major Incident • Health Board major incident plan in place, refreshed plan going to Board March 2024. • Local/Divisional action cards are in place. • Training undertaken service-specific relating to local response. • Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) **Business Continuity (BC) /Critical Incident** • BC Policy • BC Response Guidance • BC Template • BC Exercise • BC debrief learning. • HB and LRF Plans. 3 C (Command/Control, Communication)	• Major Incident Exercise 'Euclid' planned for 20th June 2024 – Faculty in place to plan scope and detail of exercise • Testing programme of business continuity plans. • Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery. • Repository on intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies. • Joint planning with PH in response to infectious diseases and public health incidence response. • Develop further training programmes to support staff preparedness to response to an incident. • Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Departmental debrief following an incident to inform learning and enhance controls. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Debrief with key stakeholders following an incident to inform learning and enhance controls. • Report to the Executive Committee following any incident.	**Gaps in Assurance** • Robustness of service business continuity plans • Further strategic and tactical training to be prepare to response to an incident. **Action to Address Gaps in Assurance** • Recommendations for strengthening resilience following testing of service business continuity plans	**Reasonable Assurance**

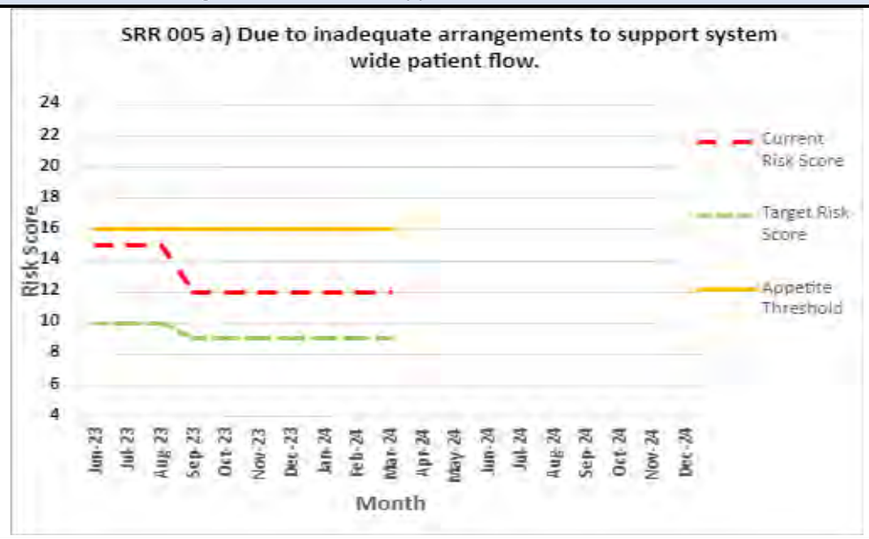
structure in place to respond to incidents. • Ongoing Participation in exercise UK, Wales, LRF and HB. • EPRR Group Established. • Repository on intranet for BC plans to be added to by areas for audit, maintenance and review of interdependencies. • Executive Team attending 2-day strategic training.	• Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational. • Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. • Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. • Continue to promote awareness in a timely manner. • Continue to promote awareness of the requirement for BC across the Health Board. • Continuing participation in multi-agency exercises. • Internal strategic on call training	**Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Review(s)** 1. Business Continuity Planning 2023-24 (Q2) outcome report published – Reasonable Assurance • Outcome and feedback from national exercises		

RISK THEME	SERVICE DELIVERY			
Strategic Risk (SRR 005)	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.**			
Strategic Threat	**a) Due to inadequate arrangements to support system-wide patient flow**			
Impact	➢ Avoidable deaths or significant harm ➢ Delays in releasing ambulances from hospital sites back into the community ➢ Delayed discharges from acute and non-acute settings resulting in deteriorating patients; ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence			
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	**Likelihood**	3 *(Possible)* x	3 *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Catastrophic)*	3 *(Minor)*
Last Reviewed	12 January 2024	**Risk rating**	**= 12** *(High)*	**= 9** *(High)*
Next Review Due	12 April 2024			

Risk Appetite Level - Open
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.

Risk Appetite Threshold – Open SCORE 16 AND BELOW
Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.

SUMMARY
The current risk level is **outside** of target level but **within** appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Escalation Policy. • Performance and Accountability Framework • Major incident Procedures • Daily X-site flow meetings - Twice daily flow calls to receive updates from all acute sites as well as community services. Allowing opportunity for escalation of risks. • Escalation communications – ambulance focussed email escalation when congestion begins to build up on the GUH forecourt. Aim to escalate to senior management to aid in quick risk-based decision making. Includes members of the Executive team.	• Escalation framework – evidence suggesting inconsistent escalation of ambulance position / long waits and rationale. • Winter planning – Ahead of winter 23/24 there are a series of meetings which will ensure that tangible / practical plans are put in place to ensure: • Focus • Processing power • Capacity • Mental health-focussed flow meeting – implement a MH-focussed daily forum to ensure the flow	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • The Escalation Framework has been enacted and is effective in mitigating threats and impact to services. • Performance report against measures/metrics **Level 2 Organisational** *(Executed by risk management and compliance functions.)*	**Gaps in Assurance** • Evidence that the Escalation Framework is delivering improvements across all areas of patient flow e.g., ambulance handovers. • The impact of the Performance and Accountability framework in improving patient flow **Action to Address Gaps in Assurance**	**Reasonable Assurance**

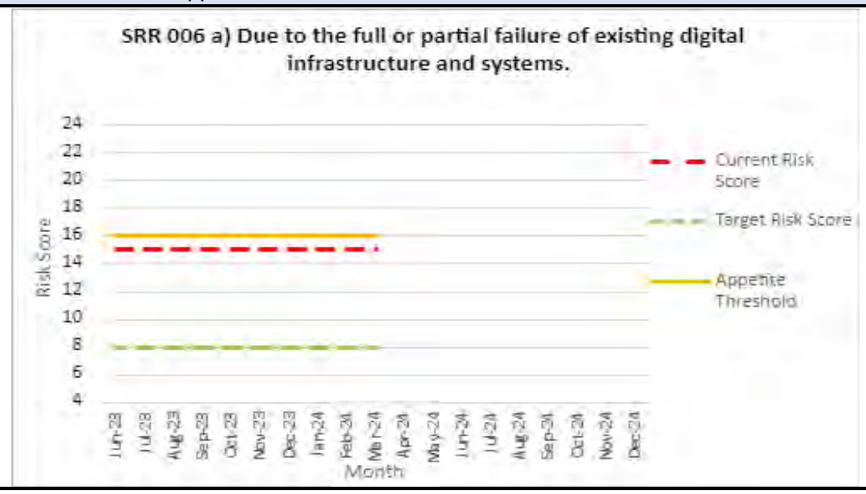
• Weekly safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Action focussed and task driven. • Range of performance measures/metrics in place • Repatriation mechanism with neighbouring Health boards – Daily repatriation calls between head of operations and counterparts in south Wales to ensure regular dialogue to repeat patients between hospitals and health boards. • Maximum Capacity Plan – Executive team agreed maximum capacity plan to ensure there is clear description ad guide for where extra capacity can be accessed to ensure patient flow is maintained. • Planned care recovery meetings with the NHS execs. • Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls. • WG – IQPD meetings to review areas of focus.	requirements and risk profile is understood across all MH sites. • Build in more impromptu, OoH and site visits to check on processes i.e., patient safety, risk, and performance across the Divisions. • Improve regional acceptance of flow processes with neighbouring Health Boards. • Industrial Action – command and control structures across gold, silver and bronze to ensure service continuity and patient safety throughout any medical strikes.	• Divisional Assurance reviews. • Performance against measures/metrics reported to the Executive Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • **Internal Audit Reviews** 1. Intra-site Patient Transfers (Q1) - Not Yet Reported (expected to be received at Audit, Risk & Assurance Committee in February 2024. • External inspections/visits.	• Close monitoring and reporting of the frameworks in practice to support learning and improvements.	

RISK THEME	SERVICE DELIVERY			
Strategic Risk (SRR 006)	**There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.**			
Strategic Threat	a) Due to the full or partial failure of existing digital infrastructure and systems.			
Impact	➢ Harm or injury to patients and/or staff ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Data breaches ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence			
Lead Director	Director of Digital	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Finance & Performance Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	5 *(Catastrophic)*	4 *(Major)*
Last Reviewed	01 March 2024	**Risk rating**	**= 15** *(Extreme)*	**= 8** *(Moderate)*
Next Review Due	01 April 2024			

Risk Appetite Level - OPEN
Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.

Risk Appetite Threshold - Score 17 and below
Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.

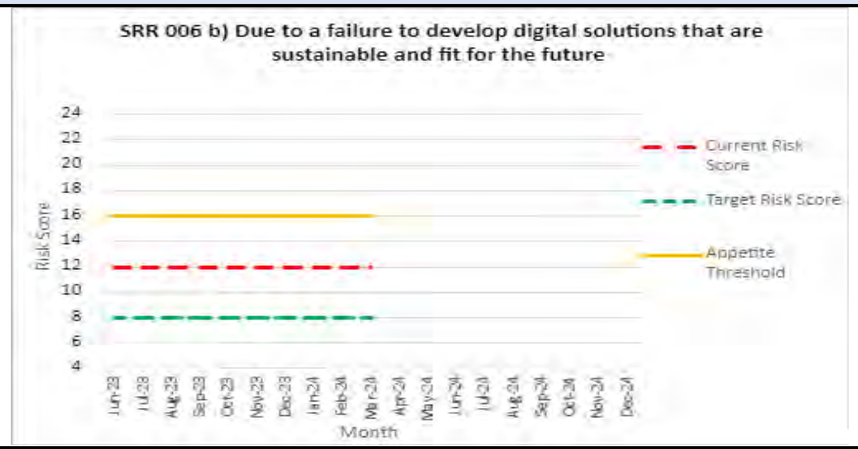
SUMMARY
The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall)*
• Cyber has developed a Remedial Action Plan to address issues identified within the NIS CAF assessment 2021. This Action Plan has also supported ABUHB risk remediation responses to ABUHB's NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed annually. • Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained. • New Information Governance and Cyber Security governance and assurance processes reviewed and implemented. • Governance group terms of reference agreed. Meetings started in November 2023. • Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staff • Cyber now undertakes scheduled monthly vulnerability scans of all ABUHB-managed servers to include third-party servers. The results of these scans will now be reported in the Monthly Cyber Report.	Implement the recommendations from Templar report: • Outline a step by step process of how the proposed risk treatments need to be implemented. This should include the activities to be performed, who is responsible and deadlines for completion. • Complete any outstanding policy and process development, ensuring there is engagement with non ICT	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Regular reporting on progress to the Finance & Performance	**Gaps in Assurance** • Oversight from NHS Wales Cyber Resilience Unit. **Action to Address Gaps in Assurance**	**Reasonable assurance**

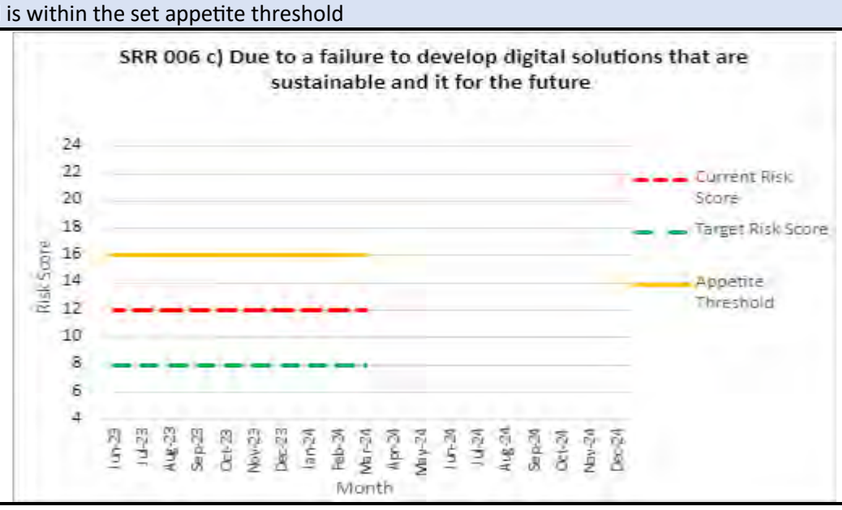
• Cyber has also worked with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber and the Teams to review compliance levels against policy. Results are captured within the monthly Cyber Report. • Cyber has worked with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The less service impacting Version 1 is being managed through ICT Departmental risk management process. • Cyber has maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails. • Cyber has begun the roll out simulated phishing campaigns. The initial phish has been tested on ICT Department and reported within the Cyber Report. Cyber will continue campaigns during 2023 to increase email security awareness among staff. • Cyber has also introduced scenario-based incident response exercising using National Cyber Security Centre developed 'Exercise in a box' the aim is to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber plans to run several more exercises during 2023	teams including the SIRO and board • Ensure ICT disaster recovery policies are complete and refer to any system specific recovery processes. • Ensure non ICT teams are aware of disaster recovery policies and processes and engaged in developing system breach/failure response definition. • Complete a policy and process review after each incident to identify if anything could be improved in detection, resolution or prevention of a cyber security incident. Also, ensure the same is done whenever there are significant system changes. • Develop the policy and processes for identity and access management to ensure that privileged and critical system accounts are reviewed periodically e.g. 6 to 12 months, with other accounts reviewed through joiners/starters, movers and leavers processes. • Investigate circumstances where dedicated devices can be used for critical system access • Consider plans for certification of users and devices and how those certifications can be used. • Consider how to monitor privileged accounts e.g. with additional logs managing not just by exception but random and planned audits • Assess whether MFA can be implemented for privileged user accounts • Review any critical system logs that are created • Update systems or request updates to create additional logs where possible and include creation of logs on user devices in any investigation • Investigate a means of alerting for specific log conditions	Committee on our cyber security action plan. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal audit • Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems.		

	• Consider collective identification of appropriate tools and working with other OES within NHS Wales to identify appropriate tools.			

RISK THEME	SERVICE DELIVERY				
Strategic Risk (SRR 006)	**There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.**				
Strategic Threat	b) Due to an adverse impact on service delivery in the implementation of the new digital systems.				**Risk Appetite Level - OPEN** Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Harm or injury to patients and/or staff ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Data breaches ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence				**Risk Appetite Threshold - Score 17 and below** Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy. **SUMMARY** The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold
Lead Director	Director of Digital	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	Finance & Performance Committee	**Likelihood**	3 *(Possible)* *x*	2 *(Unlikely)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*	
Last Reviewed	01 February 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*	
Next Review Due	01 April 2024				

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Adoption of formal project management methodologies PRINCE 2 to ensure project plans are developed in conjunction with services • Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated • Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages • Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services	• Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee • Assurance activities included in project framework including clinical safety, information governance, health records and cyber security • An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects • Business change work includes a service readiness impact assessment to enable the project team to	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans • Project Boards meet monthly and report into the quarterly Digital Portfolio Progress Group • Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans • Risk management approach and escalation processes in place in line with the Health Board's Risk Framework **Level 2 Organisational** *(Executed by risk management and compliance functions.)*	**Gaps in Assurance** • Governance and assurance groups • Oversight from NHS Wales Cyber Resilience Unit **Action to Address Gaps in Assurance**	**Reasonable assurance**

• Business change team in place to support services in improvement of clinical and administrative processes • Benefits team in place who identify, track and ensure any benefits are realised which will ultimately improve service delivery • Projects support backfilling of clinical time where required	develop a realistic plan that incorporates service change requirements • Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation • Aggregated view of digital Lessons Learned available and lessons are reviewed during project initiation for best chance of success	• Regular Reporting to the Finance & Performance Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. Internal Audit • Benefits Management review – Outcome Substantial Assurance • Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance	Information Governance Sub Committee Terms of Reference have been drafted and are under review. Cyber Security Subgroup ToR also drafted, and membership agreed.	

RISK THEME	SERVICE DELIVERY				
Strategic Risk (SRR 006)	**There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.**				
Strategic Threat	c) Due to failure to develop digital solutions that are sustainable and fit for the future.				**Risk Appetite Level – OPEN** Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Harm or injury to patients and/or staff ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Data breaches ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence				**Risk Appetite Threshold - Score 17 and below** Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.
					SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold
Lead Director	Director of Digital	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	Finance & Performance Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*	
Last Reviewed	07 February 2024	**Risk rating**	**= 12** (High)	**= 8** *(Moderate)*	
Next Review Due	01 April 2024				

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• New Digital Service Request process in place which provides governance in several key areas: 1. Information Governance – ensuring new services have appropriate controls to keep patient information safe. 2. Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework. 3. Patient Safety – ensuring services do not introduce any patient safety risks. 4. Records – ensuring new systems comply with the requirements of records management. • Strong business analysis function in operation which ensures the “as-is” and “to-be” process mapping is undertaken which provides assurance that new services	• New governance structures to be put in place by the end of 2023. • Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities • Annual planning processes to include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process • New Digital Request processes refresh with senior leadership scrutiny of requests, implementation of new prioritisation process and quarterly reporting to DDAT sub-committee • Automation of request process via ‘Seren’ the ICT Portal	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Live Microsoft Team Planning Board (Kanban) to manage new digital service requests • Fortnightly internal New Digital Service Requests meetings • Internal directorate meetings setup monthly to monitor risks and to regularly update and to provide assurance over outstanding action plans. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Regular Reporting to the Finance & Performance Committee **Level 3 Independent**	**Gaps in Assurance** To be determined once the new governance changes have been implemented. **Action to Address Gaps in Assurance**	**Reasonable assurance**

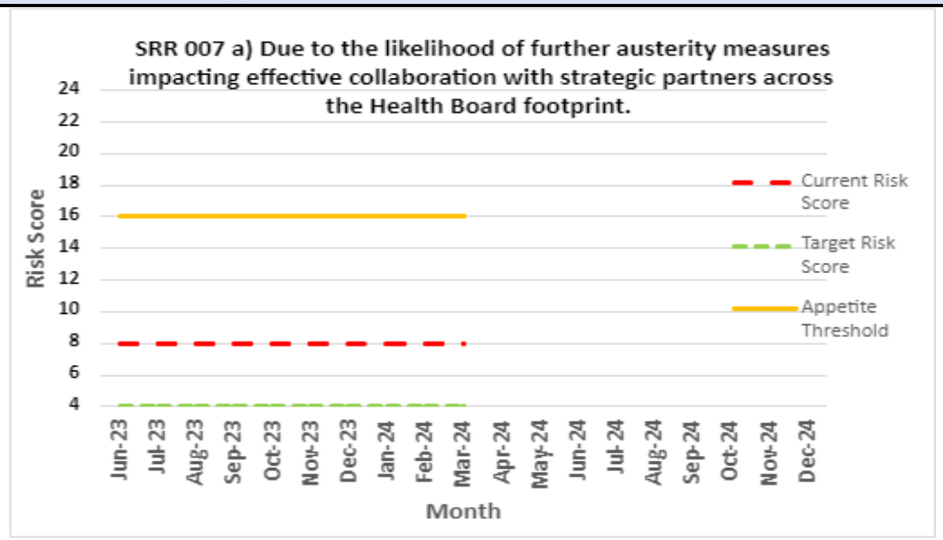
implemented are fit for purpose and delivery what stakeholders require. • Business change function which ensures implemented systems are effective and deliver the benefits required. • Formal framework in place for the adoption of new digital services and best practice guidance followed. • Operational delivery aligned to ITIL standards	• Portfolio optimisation to ensure the resources of the service are aligned to key priorities	*(Implemented by both auditors internal and external independent bodies.)* • Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. Internal Audit • LINC Programme 23/24 – Not yet undertaken. • Network Infrastructure (VPN) 23/24 Q3 - Outcome reasonable assurance		

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING			
Strategic Risk (SRR 007)	**There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.**			
Strategic Threat	a) **Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.**			
Impact	➢ Unmet patient need resulting in harm ➢ Ineffective use of combined resources ➢ Delayed decision making ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability ➢ Reputational damage and loss of public confidence			
Lead Director	Director of Strategy, Planning, and Partnerships.	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	2 *(Unlikely)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*
Last Reviewed	10 January 2024	**Risk rating**	**= 8** *(Moderate)*	**= 4** *(Moderate)*
Next Review Due	10 April 2024			

Risk Appetite Level - OPEN
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.

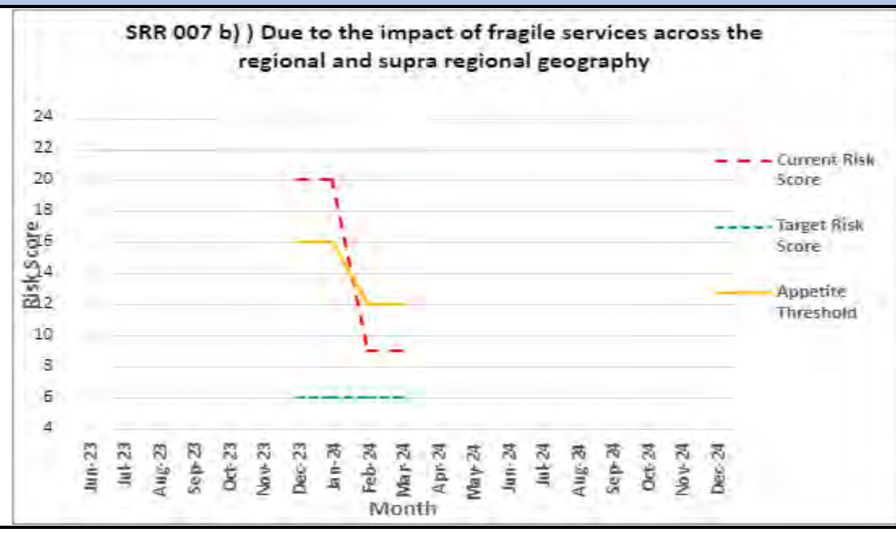
Risk Appetite Threshold - S**CORE 16 AND BELOW**
All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.

SUMMARY
The current risk level is **outside** of target level but **within** appetite threshold. The target level to be achieved is **within** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including: 1. **The Gwent Public Services Board (Gwent PSB)** brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area. 2. **The Gwent Regional Partnership Board** As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and	• Governance review of Regional Partnership Board undertaken in August 2023. • Renewed Strategy for strategic partnership Capital in place and revised governance processes. • New Long-Term Strategy for Health Board to focus on Partnership approach.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • PMO reporting to the Director of Strategy, Planning and Partnerships. • Regional Leadership Group Reporting **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Assurance reporting to the Population Health, Partnerships, and Planning Committee.	**Gaps in Assurance** • Systematic reporting of outcomes • Systematic evaluation of schemes • Governance of financial control arrangements **Action to Address Gaps in Assurance** • Implementation plan to be developed following RPB governance review.	**Reasonable Assurance**

develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care and support is in place to best meet the needs of their respective population. Through these statutory forums formal partnership arrangements take place. In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners. Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams		• Assurance reporting to the Board. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Internal Audit Governance Review 2023/24 (Q2) – Underway – due to be reported to the Audit, Risk & Assurance Committee in February 2024.	• Health Board strategy development approach to focus on partnership approach.	

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING				
Strategic Risk No: SRR 007B	**There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population**				
Strategic Threat	b) Due to the impact of fragile services across the regional and supra regional geography				**Risk Appetite Level - OPEN** Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.
Impact	➢ Unmet patient need resulting in harm ➢ Ineffective use of combined resources ➢ Delayed decision making ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability ➢ Reputational damage and loss of public confidence				**Risk Appetite Threshold - SCORE 12 AND BELOW** All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.
					SUMMARY The current risk level is **outside** of target level but **within** appetite threshold. The target level to be achieved is **within** the set appetite threshold.
Lead Director	Director of Strategy Planning and Partnerships	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x	
Initial Date of Assessment	04 January 2024	**Impact**	*3 (Moderate)*	2 *(Minor)*	
Last Reviewed	16 January 2024	**Risk rating**	***= 9*** ***(High)***	**= 4** ***(Moderate)***	
Next Review Due	16 April 2024				

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
A robust Southeast Wales Regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO. The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event of identified issues and risks. This Board then reports to an Oversight Board with Chief Executive membership. 4 workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all.	The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a recent review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: - • An absolute commitment to delivering on the existing regional programmes of work but with recognition that these need to be 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. • The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. • The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Service Divisions reporting to the Chief Operational Officer **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Assurance reporting to the Population Health, Partnerships, and Planning Committee. • Assurance reporting to the Board.	**Gaps in Assurance** • Under review **Action to Address Gaps in Assurance**	**Reasonable Assurance**

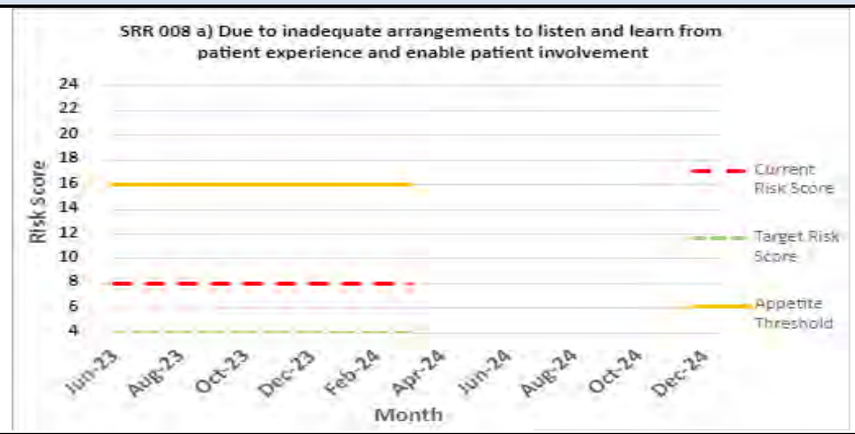
Where appropriate workstreams are underpinned by a Memorandum of Understanding between the participating health board, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency. When service issues span regions, arrangements are set up on a bespoke basis, for example the Vascular Project Board and the Interventional Radiology (IR) project. In addition to these formal arrangements, the Health Board has a range of informal planning networks and communication channels, with an ongoing commitment to communication, sharing best practice and advising of anticipated service issues and risks.	• The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions. Discussion to be had at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work	**Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)*		

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING			
Strategic Risk (SRR 008)	**There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.**			
Strategic Threat	**a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement.**			
Impact	➢ Adverse impact on patient experience ➢ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability ➢ Reputational damage and loss of public confidence ➢ Failure to deliver Duty of Quality			
Lead Director	Director of Nursing	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	**Likelihood**	2 (Unlikely) x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*
Last Reviewed	11 January 2024	**Risk rating**	**= 8** *(High)*	**= 4** *(Moderate)*
Next Review Due	11 April 2024			

Risk Appetite Level – Open
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure

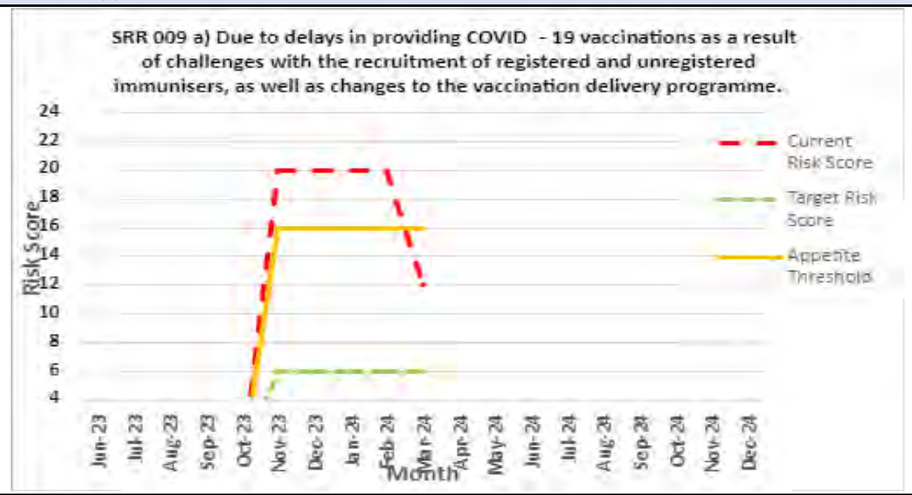
Risk Appetite Threshold – Open SCORE 17 AND BELOW
All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.

SUMMARY
The current risk level is **outside** of target but within the appetite threshold. Target level is **within** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Corporate Engagement Team • Patient Experience and Involvement Strategy- organisational ownership • Person Centred Care (PCC) Surveys via CIVICA • PCC KPI's (support PCC Quality pillar) • 'You said…… we did' public facing information for service areas. • PLO service at GUH • Introduction of PALS Service (Oct 23) • Volunteer Patient Experience Feedback • Collaboration to recruit community listeners to support Dementia Awareness • Digital patient stories to support listening and learning.	• Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress. • PCCT staff training to support Civica data entry and retrieval. • Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners. • Employment of dedicated PALS team in progress who will have a key role in gaining feedback from patients, staff, and relatives. • Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. No SMS provision.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Person Centred Care Team oversee patient experience through dedicated work programme and link in with divisional teams. • Concerns are fed back to divisional teams when identified. • Outcome of the volunteer feedback to drive improvements. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Regular reporting to the Patient Quality, Safety & Outcomes Committee (PQSCO)	**Gaps in Assurance** • No SMS provision to increase the number of PCC surveys. • No single point of contact or 'drop in' provision for patients/families/staff to raise initial patient experience concerns. **Action to Address Gaps in Assurance** • Discussions with VBHC team to consider SMS through DrDoctor	**Reasonable Assurance**

• Patient Experience and Involvement Strategy • DATIX	• National directives around new national surveys that need to be managed additional to internal roll out programme. • Volunteer feedback to be reviewed to identify themes.	• Listening and Learning reported through QPSOG/ Outcomes Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • LLais Reports • HIW inspections	• PALS Single point of contact is being established. PALS officers will have key role in patient experience and involvement- including establishing 'drop in' clinics on hospital sites should patients/staff/relatives wish to discuss concerns. • PCC KPI's and common themes need to be identified and reported through the PCC Survey. These will be added to a template patient experience report and CIVICA surveys will be built into ward accreditation. • Implement PALS DATIX Module	

RISK THEME	SERVICE DELIVERY					
Strategic Risk (SRR 009)	**The Health Board will be unable to protect those most vulnerable to serious disease.**					
Strategic Threat	➢ Due to delays in providing COVID-19 vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as changes to the vaccination delivery programme.			**Risk Appetite Level – OPEN** Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure**.**		
Impact	➢ Adverse impacts on the delivery of vaccinations to patients across the vaccine service for routine and seasonal vaccines ➢ Inability to support response to outbreaks as required in 'Wales Outbreak Plan', and ABUHB Public Health Incident Response plan. ➢ Potential increase in communicable disease incidence, with impact on healthcare use and staff sickness ➢ Reputational damage and loss of public confidence ➢ Increased disease will lead to increased admissions through acute settings therefore bed pressures on the wider system. ➢ ABUHB not delivering in line with JCVI and WG guidance/milestones. ➢ ABUHB not delivering in line with NHS performance framework uptake standards. ➢ ABUHB not delivering vaccinations in line with the funding provided.		➢ ABUHB already has the lowest spend on COVID vaccinations in Wales, further disinvestment would make us more of an outlier reputationally. ➢ Lack of resources to stand up sampling and testing as a preventative/protective measure as needed for patients and staff during peak in activity. ➢ Inability to provide sufficient interventions in closed settings for the most vulnerable population such as care homes and special schools. ➢ Reduction in capacity to deliver equity work to provide HP intervention and screening to vulnerable groups. ➢ Until it transfers to UPC, a lack of resources to deliver AV service will mean our most vulnerable patients not accessing clinical treatment within the treatment window leading to avoidable harm and unnecessary hospital admissions.	**Risk Appetite Threshold – SCORE 16 AND BELOW** Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy **SUMMARY** The current risk level is **outside** of target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.		
						
Lead Director	**Director of Public Health & Strategic Partnerships**			**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	**Partnerships, Population Health, and Planning Committee**			**Likelihood**	***3*** *(Possible)* *x*	**2** *(Unlikely)* *x*
Initial Date of Assessment	**06 November 2023**			**Impact**	**4** *(Major)*	**3** *(Moderate)*
Last Reviewed	**18 March 2024**	**Next Review Due**	**18 June 2024**	**Risk rating**	**= 12** *(High)*	**= 6** *(Moderate)*

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• **Dedicated** pool of bank staff to fill shifts – although there have been challenges in filling shifts within this pool of staff. • Opening venues on additional days to allow more vaccine appointments to be offered (provided staff are available) • Daily monitoring of public vaccinations administered. • Weekly planning and delivery meetings to monitor progress, identify alternative solutions, and implement or escalate as appropriate.	• If required, extend venue licence in key location(s). • Review infrastructure for Health Protection and Vaccinations separately. Consider options for Vaccinations to align more closely to broader operational delivery, and for health protection to be reviewed using a clear evidence base to understand the potential and likelihood of threats to ensure we	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Costs of bank staff reported to Programme Board • Uptake on staff vaccination reported to Programme Board • National and regional data shared with Programme Board on the % of the population vaccinated • Report the filled and non-filled shifts report to the Programme Board	**Gaps in Assurance**	**Reasonable Assurance**

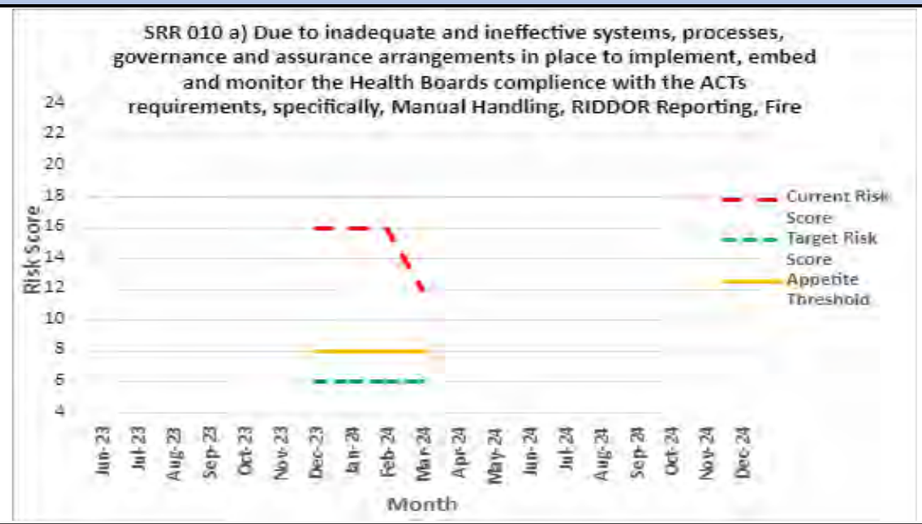
• Weekly programme board to approve key decisions and escalate potential risks. • Health protection Incident plan has been drafted for approval by the Executive Committee (Dec 2023) • Monitoring filled/non-filled shifts report. • Monitoring costs associated with the use of Bank staff. • Monitoring uptake of staff vaccination • Dedicated internal and external communications support. • Alternative service models to deliver core functions within available budget. • Business continuity plans to ensure core service delivery with unforeseen staffing challenges e.g. funding • Identify sustainable assets for venues to reduce high costs of using externally rented spaces. • Secured additional funding against the existing allocation for bank vaccination staff. • Deployment options to the Vaccination programme and use of those previously trained as vaccinators that are on the bank. • Alternative advertising methods to fill vacant shifts.	are maximising mitigation and structures to respond effectively. • Strengthen ways of working around known national threats such as Pandemic Flu and Measles • Focus performance of vaccination and health protection against national targets not best in Wales, to maximise the protection of our population.	**Level 2 Organisational** *(Executed by risk management and compliance functions)* • Risk monitored by the Partnerships, Population Health, and Planning Committee via the Committee Risk Report • Exception reporting to the Executive Committee regarding uptake of the vaccine by staff and public, and capacity to deliver the milestones. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies)* • Monthly reporting to Welsh Government on uptake • PHW national data on vaccination uptake	**Action to Address Gaps in Assurance**	

RISK THEME	COMPLIANCE & SAFETY			
Risk No: SRR 010	**There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974**			
Strategic Threat	• Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.			
Impact	➢ Unintended physical harm; ➢ Punitive actions from the Health and Safety Executive (HSE); ➢ Increased levels of staff sickness; ➢ Loss of estate due to unsafe environments; ➢ Financial implications; ➢ Adverse publicity; and, ➢ Reputational damage			
Lead Director	Director of Therapies & Health Science	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety and Outcomes Committee	**Likelihood**	3 (*possible*) **x**	**2** (*Unlikely*) **x**
Initial Date of Assessment	01 December 2023	**Impact**	***4*** *(Major)*	**3** *(Moderate)*
Date Reviewed	01 March 2024	**Overall Risk Rating**	**= 12** *(High)*	**= 6** *(Moderate)*
Date of Next Review	01 April 2024			

Risk Appetite Level - MINIMAL.
Any risk that has a MINIMAL risk appetite level should be managed to a **Score of 8 or below**.

Risk Appetite Threshold - Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible / low likelihood of occurrence of the risk after application of controls**.**

SUMMARY
The current risk level is **outside** of target level and **outside** appetite threshold. The target level to be achieved is **within** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices. • Health and Safety Policies and Procedures • Dedicated Health and Safety site on ABPULSE • Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety Assistance'. • Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression)	• Implementation of Health, Safety, and Fire Improvement Plan for 2023/24 to address 7 risk areas of concern. • Health and Safety Governance and reporting arrangements (Health and Safety Committee) • Develop and Implement a 3-year health and safety culture plan, including the implementation of a new Health and Safety Management System • Suitable and Sufficient Risk assessments (including local risk assessments, specific fire risk assessments, and fire risk assessments) • Consultation and communication with the workforce regarding compliance with the Act • New ways of working with Divisions to ensure accountability for health and safety is recognised. • Implement key performance indicators to monitor health and safety compliance.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Health and Safety compliance data extracted from ESR and Datix and reported **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Established monitoring of H&S at the Executive Committee • Corporate H&S report risk and assurance to the Health and Safety Committee	**Gaps in Assurance** • Implementation of a health and safety performance report • Health and Safety Committee Membership and governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act. • Compliance on completion of risk assessments and mitigating actions **Action to Address Gaps in Assurance** • Revise accountability arrangements for Health and Safety being progressed as part of the organisational Health & Safety Governance Framework.	**Negative Assurance**

• Partial Programme of Health and Safety Monitoring (Active & Reactive) • Corporate and Directorate Health and Safety Risk Register established.	• Review the governance arrangements for the Health & Safety Committee • Health and Safety Policies and Procedures to be reviewed. • Board Training /development • Onboard further Manual Handling trainers across the organisation to improve compliance. • Scope for training non-Health Board staff • Learning from events to be documented and communicated to the organisation.	• Established monitoring of H&S at the PQSO Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Performance reviews at All Wales Health and Safety Management Steering Group • Internal Audit – H&S processes Review to be included in 2024/25 Plan. • South Wales Fire & Rescue Service fire safety audit programme. • Health and Safety Executive reviews/inspections.	• Review the membership and ToRs of the Health and Safety Committee • Risk assessments and mitigating actions to be documented and reported regularly to demonstrate progress against the Improvement Plan	

Agenda item: 4.9

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Executive Committee Activity: 18th January 2024 – 15th March 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an overview of a range of issues discussed by the Executive Committee during the period 18th January 2024 – 15th March 2024. Due to the nature of the Executive Committee's business, not all issues will be suitable for disclosure into the public domain.

Cefndir / Background

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, which is chaired by the Chief Executive as Accountable Officer.

The Executive Committee is responsible for ensuring the effective and efficient co-ordination of all functions of the organisation, and thus supports the Chief Executive/Accountable Officer to discharge her responsibilities.

Asesiad / Assessment

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Informal Executive Team Sessions, which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A quarterly Clinical Futures 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 Executive Committee Performance Meeting, which enables the Executive Team to monitor the Health Board's integrated performance to enable a focus on quality, workforce, activity and financial performance.
- 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 meeting agendas, given the Executive Team's responsibility for strategy development and its implementation.

The Workplan of the Executive Committee is based on five key areas to ensure appropriate focus, 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 the period 18th January 2024 –15th March 2024 the following matters were some of the issues considered by the Executive Committee:

Quality, Safety & Culture

At each weekly meeting, the Executive Committee receives a Safety Briefing which includes a summary of recent Patient Safety Incidents, Complaints, Never Events, and Injurious Falls. The Executive Committee has also maintained a focus on the performance of the urgent and emergency care system, including ambulance handover delays and red release requests to ensure that the level of risk in the community is balanced across the entire system.

Other matters discussed include:

- Mental Health & Learning Disabilities Divisional Update: The Executive Committee continued to receive weekly updates on the monitoring and next steps regarding the Quality, Safety, and Governance arrangements for the Mental Health & Learning Disabilities Division.

- Impact of Consultant Rates Card Changes: The Executive Committee received an update on the impact of the establishment of the Health Board wide consultant rate card in December 2023, including the associated risks. The Executive Committee noted the update and the requirement for a 3-month evaluation and review.

- Junior Doctors Industrial Action: Prior to the Industrial Action that took place on 21st to 23rd February 2024 (Junior Doctors), the Executive Committee received and approved the operational and strategic plans to maintain service provision and ensure patient safety during this period.

- Internal Enhanced Monitoring (Urgent and Emergency Care): The Executive Committee discussed the first internal Enhanced Monitoring meeting held with the Urgent Care Division. Representatives of the Executive Team who attended the meeting provided positive feedback on the first session.

- Clinical Advisory Group: The Executive Committee approved the establishment of a Clinical Advisory Group which would undertake the Quality Impact Assessment (QIA) process for the organisation. The Clinical Advisory Group will be established from April 2024, and include Clinicians to advise the Executive Team as part of QIA and other clinical advisory matters. This Group will underpin the Board's formal Advisory Group, the Healthcare Professionals' Forum, which will be established shortly.

Delivery, Performance & Efficiencies

The Executive Committee has monitored and discussed the Health Board's financial position continuously and implemented mitigating actions to improve the forecasted financial position. To ensure a consistent sufficient focus on delivery and to explore further opportunities across the Health Board, an Executive Value and Sustainability Board has been established, with progress reported through the Financial Performance Report presented to the Board.

Other matters discussed include:

- Welsh Health Circulars (WHCs): The Executive Committee received several WHCs, issued by Welsh Government, including Vaccination Against Measles, Assurance of Aseptic Preparation of Medicines in NHS Wales and the Welsh Sustainability Awards.

- Nevill Hall Hospital: The Executive Committee received an update on Nevill Hall Hospital, which included the operational management of Reinforced Autoclaved Aerated Concrete (RAAC) at Nevill Hall Hospital and the feedback from staff workshops held on the challenges and opportunities for services. The Executive Committee noted the updates and requested that a report be submitted to a future Board meeting to ensure the Board was informed of all developments. This is scheduled to come to the Board in May 2024.

- Maternity and Neonatal Services: The Executive Committee received updates on Maternity and Neonatal Services. These included an early evaluation of the configuration of midwife led birthing units, and an update on the unannounced visit to the Neonatal Intensive Care Unit (NICU) at GUH on the 17th of

November 2023 by the Chief Midwifery Officer (CMO). In addition, an update was provided on the Health Boards improvement plan for maternity services and the work ongoing to implement and embed the required improvements. Assurance on these matters is reported to the Board's Patient Quality, Safety and Outcomes Committee.

- Health & Care Pathways Phase 2 Priority Specialties: The Executive Committee received an update on the Health and Care Pathways, an overview of phase 1 and the proposal for phase 2 implementation. The Health Board had engaged with primary and secondary care colleagues with the aim to launch the National Health and Care Pathway Platform in April 2024. The National Health and Care Pathway Platform would be part of a national pathway sharing model adopted across Wales. It was proposed to develop the full suite of pathways for 2 specialties, Dermatology and ENT. This approach would help to increase confidence amongst primary care professionals as they would be clear on which pathways are available for them to use for specialties and how they can access additional advice and guidance. The Executive Committee supported the proposal for phase 2.

- Mental Health Digital Improvement Plan: The Executive Committee received the plans for the improvement for digital services to support the delivery of the Mental Health and Learning Disabilities (MHLD) Service Improvement Plan. Several of the improvement objectives required the enhancement of the existing WCCIS solution or consideration of alternative digital technologies; the WCCIS programme team were working through solutions. The Executive Committee was supportive of incorporating learning and staff feedback from current digital systems into future procurement.

- Health Optimisation at the Point of Suspicion of Cancer- meeting our Patients needs through a Value Based Healthcare Approach: The Executive Committee received the proposed plans for the development of a self-assessment tool for health optimisation at the point of suspicion of cancer, providing information and support to patients on the suspected cancer pathway. The Committee noted that the Health Board had been successful in its bid for non-recurring funding from the Wales Cancer network and Bevan Improvement Programme to create a digital platform that would encourage patients to access existing evidence-based health and wellbeing information to improve lifestyles.

- Diabetic Technology Business Case: An update was provided on the work being undertaken to progress the Diabetic Technology Business Case. The original business case had been presented to the Executive Committee in 2022 and aimed to increase the use of effective diabetes technologies in adult and paediatric diabetes services. The Executive Committee requested that additional work be undertaken to include innovative ways of providing support to families/patients.

- 0-18 Neurodevelopment (ND) Target for Referral to Assessment: The Executive Committee received the proposal to incorporate substantive posts and implementation of the new pathway in its entirety and as a follow-up to a recent deep dive into the CAMHS service. The Executive Committee supported the request.

- Medical & Dental International Recruitment: The Executive Committee supported a proposal to pilot an international recruitment Senior Clinical Fellows. A Medical & Dental Recruitment and Retention Strategy was in draft, and this proposal will form part of the strategy and actions required to address the current and medium-term medical workforce challenges for the next three years.

- Ward/Team Accreditation: An update was provided on the positive outcome of a pilot introducing a Ward Accreditation Programme. The Executive Committee supported rolling out the Ward Accreditation Programme across the Health Board on a phased approach. It was noted that the Trade Union Partnership Forum had requested that communication on the Programme be shared wider than just with clinical areas.

- Activity and Performance: The Executive Committee reviewed routine performance and activity information, including:
  - increased activity and referrals levels in planned care including ongoing actions to reduce breaches and reduce backlogs,
  - cancer performance and the Single Cancer Pathway,
  - Mental Health service performance.

  The Executive Committee discussed the ongoing work to ensure services were operating efficiently and provided optimal delivery, including the development of Health Care Pathways.

- Data Planning Tool: The Executive Committee received an update on the requirement for an in-house resource for data planning. The Executive Committee supported the option that would enable an extension of the current contract for 1 year with the option to extend for a further year if needed, whilst an internal solution was developed.

Strategic Planning & Service Development

The Executive Committee received regular updates the Health Board strategic planning, service developments and sustainability, including business cases and programmes of work. The following key items were presented:

- Electronic Prescribing & Medicines (ePMA) Programme: An update was provided on the National ePMA Programme, which aims to remove the paper-based process from prescribing and medicines administration. When implemented it was noted that it would improve patient safety, quality of care, enhance medicines optimisation and reduce drug expenditure. The Executive Committee requested that a business case be developed to include a cost: benefit analysis to support this work albeit the funding outlook would be a key challenge to be considered.

- CVD Prevention Programme: The Executive Committee received a proposal to develop a Cardiovascular Disease Programme aimed at primary and secondary prevention. The Executive Committee was supportive of the programme in principle and requested further work be undertaken to develop the proposal.

- Multiple Sclerosis (MS) Business Case: The Executive Committee received a business case to increase the staffing model of the MS service to support the implementation of Fampridine and Siponimod, address the staffing deficit to

meet current demand, including annual reviews and futureproof staffing capacity to ensure that the service was sustainable and minimise the impact on wider healthcare system as demand continued to grow. The Executive Committee was supportive of the proposal in principle. However, given the challenging financial position, it was agreed that further consideration of the business case was required to ensure cost effectiveness whilst improving access for patients. The Executive Committee would review an updated business case and recognised this as a priority area for future investment in 2024/25 and would need to be considered further by the Board.

- Health Protection and Service Sustainability: Short Term Local Authority Funding and Fixed Term posts in Health protection: The Executive Committee received the proposals outlining requirements for the sustainability of Health Protection services. The updates included;

    - the request for funding to support Health protection and environmental support for the Gwent Health Protection Service. The Executive Committee supported the provision of funding to extend the contracts of Local Authority employed Environmental Health Officers from 1st April 2024 until 30th June 2024 at a cost to the Health Board of £79,000.

    - the proposal for the extension of fixed-term contracts and secondments for the Health Protection and Vaccination Service, noting that this is a critical service, supporting the Health Board's response to incidents, outbreak. The Executive Committee supported the decision to agree to the 3-month extension of fixed-term contracts and secondments as outlined in the report, as agreed by the Vacancy Scrutiny Panel meeting on 12th February. This would ensure that minimal core service was maintained, whilst the process for agreeing and implementing a permanent staffing structure was completed.

- International Nurse Funding: The Executive Committee received an update on the difficulties being experienced in identifying accommodation for International Nurses. The Executive Committee discussed the increased accommodation costs balanced against the implications of delaying the recruitment including the provision of the potential need to use bank/agency nurses. The Executive Committee supported additional accommodation costs.

- Inclusion Health: The Executive Committee received a proposal on the development of an approach to Inclusion Health, which aims to prevent and redress health and social inequities amongst the most vulnerable and marginalised in a community. The report provided an overview of National Policy, legislation and local communities that would benefit. The Executive Committee supported the approach, which included the establishment of a Cross-Divisional Inclusion Health Steering Group.

Strategic Partnership Arrangements

The Executive Committee received updates on the Health Boards arrangements with strategic partners. The updates included:

- Identification & Referral to Improve Safety (IRIS) Programme: The Executive Committee received an overview of Neighbourhood Care Networks (NCN) support for the implementation of the IRIS Specialist Domestic Violence and Abuse Programme for General Practices. The 3-year NCN support and funding for the IRIS programme would be ending from 31st March 2024. The Executive Committee supported the NCN decision to withdraw funding and agreed with the option to disinvest in the IRIS Programme and utilise existing services and resources, within the Health Board and regionally, to re-provide some of the elements of the service. In the meantime, the NCN would be asked to fund a six-month transition period/plan to allow for consideration of legislation changes and to allow for discussions with Regional Partners that included Local Authorities, Criminal Justice and third sector partner. The Executive Committee noted the need to ensure service sustainability and that further work would be required to understand the impact of changes to NCN funding. As part of the NCN governance process an evaluation framework had been introduced to assess the effectiveness of NCN initiatives which included projects funded through the ring-fenced allocation from Welsh Government. This Welsh Government funding was intended for time-limited projects with an expectation that successful initiatives, which have a strong evidence base and value proposition, lead to a shift in Health Board resources and/or partnership funding. In March 2023, the NCN Leads agreed that IRIS funding would cease at the end of 2023/24 in order to release funding for other NCN priorities.

Other Formal Business

As standing agenda items, the Executive Committee receives:
- Internal Audit reports issued;
- Routine reporting against Audit Recommendations Tracking; and
- Published Welsh Health Circulars and Ministerial Guidance.

In this reporting period, the Executive Committee has also considered development of papers ahead of Board and Committee consideration, including:

- Quality and Safety Performance Report
- Workforce Performance Dashboard
- Financial Performance Report
- Limited Internal Audit Reports; Estates Condition Final Internal Audit and Facilities Final Internal Audit Report
- Clinical Audit Activity
- Audit Wales Reports: Primary Care Follow Up Review and Review of Workforce Planning Arrangements
- Financial Control Procedures
- Declarations of Interest and Register of Gifts & Hospitality
- Community Therapy MSK Transformation
- Health, Safety & Fire Improvement Plan Updates

System Leadership Group

The Executive Team established monthly System Leadership Group meetings in 2023, which have continued throughout 2024 with leaders from across the Health Board. The meetings have been used to discuss system wide priorities, including a focus on how to deliver improvements and financial savings, Health Board action

plans for Industrial Action strikes, development of the Annual Plan 2024-25 and an update on the Gwent Joint Strategic Needs Assessment.

Executive Team Development

The Executive Team continues to hold monthly sessions to focus on team development, informal discussion on the development of cultural and strategic aspects as well as enable dedicated attention to key risks and issues. In the last reporting period, the Executive Team has dedicated informal time to focus on team key risks, challenges and opportunities allowing space to explore matters in an informal and collective way. The Executive Committee also spent detailed time considering progress within the Six Goals Programme and development of the Annual Plan for 2024/25.

Argymhelliad / Recommendation

The Board was asked to NOTE the update of the Executive Committee and the overview of some of its activities.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Linked to all IMTP priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	IMTP- Integrated Medium-Term Plan QIA- Quality Improvement Activities RAAC- Reinforced Autoclaved Aerated Concrete NICU- Neonatal Intensive Care Unit ENT- Ear, Nose and Throat CMO- Chief Midwifery Officer MHLD- Mental health and Learning Disabilities NCN- Neighbourhood Care Networks IRIS- Identification & Referral to Improve Safety Programme
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

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

Agenda Item: 4.10

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance Reports of Committees of the Board
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle Jones, Head of Board Business

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with the Health Board's Standing Orders, a number of Board Committees have been established. This report provides, for assurance, an overview of the business undertaken by these committees during the reporting period, and highlights key matters for Board consideration, where required.

Cefndir / Background

The Health Board's Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees be established. The following Committees have therefore been established:

- Audit, Risk and Assurance Committee
- Charitable Funds Committee
- Patient Quality, Safety and Outcomes Committee
- Mental Health Act Monitoring Committee
- People and Culture Committee
- Remuneration and Terms of Service Committee
- Partnerships, Population Health and Planning Committee
- Finance and Performance Committee

Assurance Reporting

The following Committee assurance reports are included at Appendix 1:

- Charitable Funds Committee- 22nd January 2024
- Partnerships, Population Health and Planning Committee – 31st January 2024
- Audit, Risk and Assurance Committee – 8th February 2024
- Mental Health Act Monitoring Committee -21st February 2024
- People and Culture Committee – 22nd February 2024
- Patient Quality, Safety and Outcomes Committee – 23rd February 2024

External Committees and Group
Executive Directors 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

To provide the Board with an update on the work of the EASC and WHSSC both items are covered separately at agenda item 4.12a and b.

In respect of the Shared Services Partnership Committee, the Assurance report in respect of the Committee meeting held on 18th January 2024, is shown in Appendix 2.

Asesiad / Assessment

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.

Argymhelliad / Recommendation

The Board is asked to note for assurance this report, and the updates provided from Health Board Committees.

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee Chairs

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

Name of Committee:	Charitable Funds Committee (CFC)
Chair of Committee:	Paul Deneen
Reporting Period:	22nd January 2024

Key Decisions and Matters Considered by the Committee:

Final Annual Accounts 2022/23

The Committee received an update of the final annual accounts. It was noted that:-

- The audit processes for annual accounts and the annual report was complete.
- Reports were scheduled to be approved by Board on 24th January prior to submission to the Charities Commission by 31st January 2024.
- Minor amendments were made to the reports between the draft and final stage.
- No impact was made to the financial statement, financial activities loss on investment, balance sheet or cash flow.

The Committee NOTED the report.

Annual Report/Audit Wales Report

The Committee received an overview of the results from the Audit Wales audit.

The following was highlighted from the report: -

- Audit Wales was going to issue an unqualified audit opinion, subject to a letter of representation being provided.
- There were no significant issues identified.
- A few minor misstatements were identified in the audit that had now been corrected.
- No recommendations had been made by Audit Wales.

The Committee was assured that Audit Wales would be completing the audit of the accounts earlier next year to allow more time for the process.

The Committee APPROVED the reports and noted that the report would be submitted to Board on 24th January 2024.

Finance Report

The Committee received an overview of the financial report for period ending November 2023, that included income, total spends and total losses.

The following was highlighted from the report: -

- Income increased to £630k in November, although this was £254K less than last year due to a decrease in donations, legacies and other income.
- Total expenditure was £113k; this was an increase compared with last year due to expenditure in relation to equipment and staff funding costs in the first 8 months of the year.
- CCLA investment was £80k.
- Overall deficit of £103k.
- £443k in the current account.
- No overdrawn accounts.
- No new requests for funds.
- 5 merged funds this year.
- 609 donations with a total of £168k.

The Committee was advised that the expression of interest submitted for £200k to greener funds had been unsuccessful on this occasion.

The Committee NOTED the information provided within the Finance report.

Funds Available and CHC Small Grants Scheme

The Committee received a request for £1,045 for materials such as banners to support with the Health Board priority programme Decarbonisation.

The Committee was assured that funds were available to support the small grant scheme to a total £14k.

The Committee AGREED to approve the funding request of £1,045 to support the Decarbonisation programme.

Churches Charities Local Authority (CCLA) Presentation re Investments

The Committee received an overview of the current position of the charity's investments, as of September 2023.

The following was highlighted to the Committee: -

- The latest valuation of the investments was £803,368 with forecast income for 2024 of £43,939.
- The property market had slowed towards the end of 2022 and had yet to recover throughout 2023.
- The long-term investments were delivering on target.
- Funds invested were spread across several different companies with 5% investment into the property market.

There was a request from the Committee for CCLA to share the current model being used and the options were available for fund investment.

The Committee NOTED the information provided.

Committee Self-Assessment Results

The Committee received the results of the self-assessment and reviewed the outcomes of the assessment.

The Committee was informed that the results would be submitted to Board and would be included in an overarching action plan for all Committees.

The Committee NOTED the information within the Committee Self-Assessment Result report.

Legislation Changes

The Committee was informed that there were no updates to the legislation for consideration.

Assessment and Outcomes of previously Funded Bid: Incontinence

The Committee was reminded that previously £8k had been provided for the start-up of the Incontinence project and noted that the project was still on going.

The Committee requested that this project be brought back to a future meeting so that the outcome of the project and evaluation could be considered.

The Committee NOTED the report and information provided.

Matters Requiring Board Level Consideration or Approval:

- None for this meeting.

Key Risks and Issues/Matters of Concern:

- None noted

Planned Committee business for the Next Reporting Period:

- Investment options to be reviewed.
- Review of Audit Wales timeframe for accounts
- Staff Engagement within the Charitable Funds.
- Development of Committee Annual Programme of Business 2024/25
- Annual Review of Committee Terms of Reference 2024/5
- Committee Annual Report 2023/24
- Financial Update including Investments Valuation
- Report on Significant Donations, legacies and grant income.
- Update on new and closed funds
- Overdrawn Accounts
- KPIs Review
- Legislation Changes
- Funds available to the Committee
- Consideration of Bids/Small Grants
- Attendance at Meetings
- Spending Plans over £25k
- Spending Plans Review
- Review of Financial Control Procedure
- Update on Property

Name of Committee:	Partnerships, Population Health, and Planning Committee
Chair of Committee:	Ann Lloyd
Reporting Period:	31st January 2024

Key Decisions and Matters Considered by the Committee:

Annual Review of Committee Effectiveness

The Committee received an overview of the report, summarising the findings of the Committee self-assessment.

The Committee was assured that the Committee was meeting the standards expected and that areas which required strengthening would be picked up under the Board Improvement Plan.

The Committee APPROVED the report.

Committee Risk and Assurance Report

The Committee received an overview of the revised risk report and noted the additional risks of *SRR 001H- Service Delivery* and *SRR 007B Transformation & Partnership Working,* as delegated by the Board.

The Chair flagged risks aligned to Transformation and Partnership Working and requested that the Health Board did not lose sight of the associated partner risks around public service

funding and fragility of their services. The Director of Corporate Governance suggested that both the effectiveness of partnerships and the fragility of our partners would be reflected in the risk *SRR 007B.*

Public Services Board (PSB) Update and Action Plan
The Committee received the update from the PSB and associated PSB action plan. The update included a presentation on Building a Fairer Gwent, including the mapping of associated actions against the 8 Marmot objectives.

The Chair shared concerns around the duplication of work across the PSB plans and the Regional Partnership Board (RPB) plans and suggested that the plan was shared with the RPB for alignment. To provide enhanced assurance, the PSB delivery and action plan would also be shared with the Regional Partnership Board.

Regional Partnership Board (RPB) and Place Based Care

The Committee received an update which included information on Place Based Care and the Integrated Service Partnership Boards (ISPBs).

The Committee was assured that progress had been made in progressing recommendations from the RPB governance review and noted the development of models to support partnership working. To provide additional assurance, a dedicated meeting would take place at RPB level, focussing upon improvements for governance.

Emerging Plan for 2024/25, including Pan-Cluster Plans

The Committee received the report for assurance and endorsed the planning approach and the five planning principles used to develop the annual plan.

The Committee noted that the Integrated Medium-Term Plan (IMTP) would be presented to the Board in March 2024. The Committee suggested that the IMTP include an ordered list of achievable priority programmes, so that the Board can provide support against clear goals and objectives.

To receive and discuss an update on Regional Planning

The Committee received an update of progress in respect of the regional and South Wales service planning programmes for information.

The Committee discussed regional digital services. Where delivery delays in digital services were noted, the Committee was content that alternative digital options were being reviewed.

South East Wales Vascular Network (SEWVN) Annual Report, July 2022-July 2023

The Committee received the report and endorsed the proposed service priorities and engagement approach over the coming year, as set out in the report.

The Committee noted the fragility of South-East Wales interventional radiology services and requested an update for the Board.

The Committee NOTED the report, outlining the experience and conclusions of the SEWVN service in respect of the first year of the network's operation.

Clinical Futures Programme Update

The Committee received an overview of the Health Board's Clinical Futures Programme priorities. The Committee noted the contents of the report, including the following key aspects.:

- The nurse led Acute Frailty Response Team had gone live in January 2024.
- A new falls pathway had been introduced in December 2023 to reduce the number of non-injurious fallers conveyed to the Emergency Department by ambulance.
- Work being undertaken on the Health Board and WAST collaborative programme.
- Health Pathways, finalised discussions on a phase 2 approach to be discussed by the Executive Committe on the 8th of February 2024.
- The Breast Unit at YYF opened in February 2024.
- Place Based Care had been deprioritised due to current operational issues.

The Committee was assured that planning teams were redefining plans and associated programmes of work, to include clear timescales and the associated impacts on services.

To provide enhanced assurance, the Committee requested a detailed update on the Planned Care Outpatient Transformation programme be provided to the Finance and Performance Committee.

The Committee RECEIVED the update for information.

Strategic Capital Projects Prioritisation Process

The Committee received the report providing an update on Strategic Capital Projects and the requirement for a 10-year Strategic Capital Projects Prioritisation process, aligned to the to the Welsh Government criteria.

To provide further assurance the Committee requested further explanation to come back to the Committee on how the proposed Monmouth Health and Wellbeing Centre aligned to services provided at Monnow Vale.

The Committee discussed the report and noted the following;

- The need to comply with the Welsh Government requirement to prioritise strategic capital projects and the process to be followed to achieve the prioritisation process.
- the schedule of prioritised projects that will be prioritised through a workshop using WG criteria,
- the key activities / milestones that will need to be achieved to submit the necessary information to Welsh Government by 31st March 2024,
- The updates noted in the appendices on current schemes.

Major Incident Plan

The Committee received the Major Incident Plan and endorsed the plan for Board approval in March 2024. The plan was a refreshed plan, previously approved in 2020. The Major Incident Plan outlines the roles and responsibilities of ABUHB in an emergency response, including its activation and deactivation arrangements, command and control structures and recovery arrangements.

Update on the Vaccination Programme

The Committee received the report for information on vaccination services.

The Committee was assured that conversations were ongoing at national and government level around the potential impact on Health Boards given the reduction in fees paid via Welsh Government to GPs to administer vaccinations.

The Committee was informed that the Public Health Team was working with Primary Care teams and Divisional leads to review the next steps for vaccination services. The Committee agreed to receive an update on the Vaccination Programme at the next Committee meeting.
Matters Requiring Board Level Consideration or Approval:
Matters to be discussed at Board level were noted as; - • An update on the Vascular network and the fragility of services. • Integrated Medium-Term Plan (IMTP) • Major Incident Plan.
Key Risks and Issues/Matters of Concern:
None noted.
Planned Committee business for the Next Reporting Period: • Committee Risk and Assurance Report • Development of Committee Annual Programme of Business 2024/25 • Committee Annual Report 2023/24 • Overview of work of the Gwent PSB, including an update in respect of Developing a Marmot Region • Vaccination Services • Overview of discussions at the Regional Partnership Board (RPB) • Strategy 2035 • Regional (Cross Health Board) Planning Update • Update on the Overarching Clinical Futures Programme, including Six Goals for Urgent Care • Progress Against strategic risks held by The Director of Strategy, Planning and Partnerships • To receive a report from the Primary Care Sustainability Board • Reflection on key decisions and actions
Date of Next Meeting: Tuesday 16th April 2024

Name of Committee:	Audit, Risk and Assurance Committee
Chair of Committee:	Iwan Jones
Reporting Period:	8th February 2024
Key Decisions and Matters Considered by the Committee:	

Risk Appetite Statement

The Committee received and endorsed the amended description of the risk theme of Confidence and Trust within the Risk Appetite Statement as follows.

"The Health Board's natural position is to not tolerate risks that breakdown or impact confidence & trust. However, building on and maintaining the confidence and trust of all stakeholders, including staff is vital, so to highlight both the complexity and importance of transparency, the Health Board shall be cautious to any risk or opportunity that may influence that confidence and/or trust."

Single Tender Waivers

The Committee received and noted the two Single Tender Actions awarded to the Community Transport Association and Care-Com Systems between 11 November 2023 and 19 January 2024, totalling £123,262.22.

The Chair requested that a briefing report be provided to provide additional assurance about the diligence processes that are in place to ensure that when contracts are awarded, contractors follow the terms of the contract.

Financial Governance, Reporting and Control Procedures

The Committee approved the two financial control procedures listed below.

- Petty Cash
- Petty Cash for Mental Health.

The Committee noted that the NHS Public sector payment fell just short of the 95% target but was assured that efforts to achieve and maintain the target were being made. The non-NHS payment continued to exceed the 95% target.

Quarterly Report on Counter Fraud Activity

The Committee received an overview of the Quarter 3 2023/24 Counter Fraud Report and was advised that three risk assessments were scheduled for the next quarter:

- Petty Cash,
- Omnicell storage of WP10s
- Staff Banking.

The Committee requested that future reports include data on the number of staff who had completed the mandatory Counter Fraud Training since it was mandated to provide greater assurance of the effectiveness of the Health Board's prevention agenda.

Clinical Audit Activity 2023/24

The Committee received an overview of clinical audit activity for 2023/24 and was satisfied with the progress made in this area, as well as the work being undertaken to implement the recommendations identified in the Internal Audit Limited Assurance Report 2022/23. As a result of the improvements, the Committee agreed to transfer full responsibility for clinical

audit oversight to the Patient Quality, Safety, and Outcomes Committee from the 2024/25 financial year but would expect to receive the Clinical Audit Activity Annual Report.

Committee Programme of Business

The Committee received the 2023/24 Committee Programme of Business for assurance and was informed about the improved governance process being implemented to develop the 2024/25 Programme of Business.

The Committee's Business Programme for 2024/25 will be presented at the April meeting.

Internal and External Audit Recommendations Tracking

The Committee was provided with an overview of the report, which included 73 audit recommendations that had been identified as overdue during the Quarter 3 (October - December) reporting period. 24 recommendations resulting from audits conducted between 2017 and 2021, with an additional 49 arising from audits conducted between 2022 and 2023 were outstanding. Of the 73 recommendations, 31 had revised timescale requests, 30 had been completed, and 12 were overdue with no revised timescale for implementation.

The report included detailed assurance reports for the 24 recommendations from 2017 to 2021 audit reports that had not yet been fully implemented; the Lead Directors were present to advise the Committee on barriers to implementation and provided assurance that action was being taken to fully implement the recommendations.

Following Committee approval of the 31 revised timescale requests and 30 completed, the closing position of the Audit Tracker as of 31 December 2023 concluded with 120 live recommendations, 108 not yet due, and 12 overdue.

Internal Audit Progress Report

The Committee received the Internal Audit Progress Report and a request to defer the Follow-up Maternity Action Plan Audit from the 2023-24 Audit plan to 2024-2025 to allow for the integration of updated processes following the consolidation of all actions. The Committee denied the request, stating that the risks of delaying the audit outweighed the need for assurance that the action plan was being implemented and delivering improvements in patient experience and outcomes.

Internal Audit Reports

The Committee received the four reports from the Internal Audit Plan 2023-24 for assurance, two of which concluded limited assurance and two concluded substantial assurance. The Lead Director for the Limited Assurance reports attended to provide assurance of the actions being implemented to address the findings.

Facilities – Limited Assurance

The purpose of the review was to provide assurance over whether or not appropriate stock processes were in place and whether or not applicable controls within the process for allocating/approving bank shifts were effective which represented four high priority recommendations and four medium priority recommendations.

The Committee requested that a follow-up review be conducted following the implementation of the action plan to identify any stock trends.

Estates Condition – Limited Assurance

The purpose of the review sought to evaluate the arrangements put in place by the Health Board to identify and manage key risks associated with the existing estate and the implementation of resulting strategies to manage/mitigate the risk which concluded five high priority recommendations and two medium priority recommendations.

The Committee expressed concerns about the significant cost involved to address backlog maintenance but noted that future plans would be much clearer in order to determine areas of prioritisation.

Data Quality – Substantial Assurance

The purpose of the audit was to assess the accuracy of data utilised within the Integrated Performance Report dashboard which concluded one low priority recommendation.

IT Stakeholder Engagement – Substantial Assurance

The purpose of the audit was to review the framework in place for stakeholder engagement on key IT projects which concluded two low priority recommendations.

External Audit Progress Report 2023/24

The Committee received the External Audit Progress Report, which outlined the work completed, work in progress, and work not yet scheduled. Part of the unscheduled work would be a deep dive into the health board's financial savings and cost improvement plans.

The Committee noted that the deadline for the audit of accounts had been moved forward to 15 July 2024.

External Audit Annual Audit Report 2023

The Committee received the External Audit Annual Report 2023 noting that the Auditor General for Wales had concluded that the Health Board's accounts had been properly prepared and materially accurate and therefore issued an unqualified audit opinion. However, the qualified the regularity opinion as the Health Board did not meet its revenue resource allocation over the three-year period ending 31 March 2023.

Audit Wales Primary Care Follow-up Report

The Committee received the report noting that the Health Board had made reasonable progress in addressing previous recommendations, particularly in relation to public engagement and Neighbourhood Care Network (NCN) development and activity. However; the sustainability of some primary care services remained a concern, and a more coordinated, unified, and strategic approach to primary care planning, resource allocation, and outcome reporting was required.

Audit Wales Workforce Planning Report

The Committee received the report noting that the Health Board has set clear workforce priorities based on a good understanding of its significant risks. It is working hard to address the immediate workforce challenges and key actions are appropriately aligned to the agreed People Plan. However, the approach was over-emphasising the short term and operational fixes. There is a clear need to revisit Clinical Futures implementation plans so that the Health Board develops financially affordable, efficient, and sustainable service and workforce models.

Audit Wales Structured Assessment 2023

The Committee received the report noting that the Health Board needs a clear plan to define how it will achieve financially sustainable service models. Overall, Board and Committee governance arrangements and the corporate arrangements for developing plans are reasonably effective. However, there was scope to provide clarity on both the impact of actions set out in plans and actions taken to improve performance.

All Wales Stakeholder Perception Research Project Report

The Committee received the report noting the purpose of the report was to determine how Audit Wales was perceived by the organisations it serves across three domains: - performance, outputs and reports, and relationships. The findings concluded five recommendations for improvement were made as follows:

- Reports should be focused on telling stakeholders something new, challenged existing knowledge or provided additional sector context;
- Provide clarity on decisions such as areas/topics of focus;
- Reports on cross-cutting themes and on areas of relevance to stakeholders;
- Place greater emphasis on the “so what” of reports, helping stakeholders to summarise findings and understand what to act on, and;
- Invest in high-quality auditors, communicating with stakeholders about how deadlines will be met and working with them to create timelines that meet their requirements.

Review of Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Delegation

The Committee received the report noting that the Board approved the revised model SOs and SFIs at its meeting in September 2023. The Scheme of Delegation was scheduled for Board approval at its meeting in March.

There were a few areas of non-compliance relating to section 1 (Membership), 5 (Advisory Groups) and 7 (Meetings) of the Model Standing Orders which were being addressed through an action plan to strengthen Board and Committee governance arrangements.

Review adequacy of arrangements for declaring, registering, and handling interests.

The Committee received the report, which included the full Register of Interests declared by Board Members, Consultants, and Staff at Band 8a and above as of January 16, 2024. In addition, the Register of Gifts and Hospitality declared in 2022 and 2023.

The Committee was also informed of work being undertaken to review and strengthen the policies and mechanisms in place for recording and reporting declarations of interest, gifts, hospitality, and sponsorship.

Committee Risk and Assurance Report

The Committee received the report that the strategic risks associated with achieving the Boards strategic priorities were effectively managed for assurance.

The Committee requested that the overall assessment rating within the risk assessments were reflective of the effectiveness of controls and assurance measures and that there was greater transparency on the management of risks outside of appetite.

Matters Requiring Board Level Consideration or Approval:

• To bring the Audit Recommendations Tracker to the Board's attention and request support for timely implementation or recommendations where possible.
Key Risks and Issues/Matters of Concern:
• No Items.
Planned Committee Business for the Next Reporting Period:
• Audit, Risk & Assurance Committee Terms of Reference 2024/25 • Audit, Risk & Assurance Committee Work Plan 2024/25 • Audit Risk and Assurance Annual Report 2023 - 24 • Internal/External Audit Recommendations Tracker • Report on the use of Single Tender Action. • Ratify Financial Control Procedures • Strategic Risk & Assurance Report • Internal Audit Progress Report • Internal Audit Reports • Early indication on the Head of Internal Audit's Final Opinion Report • Internal Audit Annual Workplan 2024/25 • External Audit Progress Report • External Audit Annual Workplan 2024/25 • Primary Care Follow-up Report following amendments
Date of Next Meeting: Tuesday 16th April 2024 at 13:30

Name of Committee:	Mental Health Act Monitoring Committee
Chair of Committee:	Pippa Britton
Reporting Period:	21st February 2024

Key Decisions and Matters Considered by the Committee:

Development of Committee Annual Programme of Business 2023/24

The Committee received the final programme of business for 2023/2024.

The Committee was advised that the Forward Work Plans for 24/25 were being drafted and would be brought to the next Committee meeting.

The Committee was content with the programme of business and APPROVED the programme.

Annual Review of Committee Effectiveness Results 2023/24

The Committee received the Committee Self-Assessment results for 2023/24, noting that the outcome of the self-assessment was that respondents felt that the Committee was meeting the requirements and working in an effective way, but noted that there were areas for improvement that would be included in the Improving Board Business Action Plan.

The Committee APPROVED the Annual Review of the Committee Effectiveness Results for 2023/24.

Committee Annual Report 2023/24

The Committee received the Committee Annual Report for 2023/24, including the the key areas that had been reported upon and the positive progress made throughout the year.

The Committee was assured that the present vice chair vacancy was being addressed within the wider review of the Committee membership.

The Committee APPROVED the Committee Annual Report for 2023/24

Mental Health Act Compliance Report

The Committee received a detailed report on the use of the Mental Health Act for Quarter 3, that included data for the previous year to allow the Committee to compare performance.

The Committee discussed the number of detentions under sections 4,2,3,5, under 18's and Learning Disabilities. The Committee requested a paper on the impact of the changes to Right Care, Right Person Act and the possible impact this may have on Police arrangements.

The Committee noted the Adult Services were mainly using the Act and there had been an increase of use under section 5 (2) & (4), which allowed nurses the to detain someone in hospital for up to 6hours and allowed doctors to detain for 72hours.

The Committee NOTED the report.

Power of Discharge Sub Committee (PODSC) Update

The Committee received a verbal update from Paul Deneen, Independent Member, who sits on the PODSC.

The following was highlighted:-

- The Meeting Secretariat had confirmed that the minutes of PODSC would be completed in time for this meeting to ensure that this Committee has timely over sight of the PODSC minutes.
- Regular meetings of the PODSC were diarised, with a focus of 1hour of training and 30minutes training for each meeting.
- An annual programme of training had been drafted and would be reviewed at the next meeting.
- An All-Wales Managers Conference was due to be held in March 2024 and members would be attending.
- The data from the Mental Health Act Compliance Report would be shared with Members in the next PODSC.
- New processes had been established for the PODSC so that there was improved understanding as to the expectations of the PODSC.

The Committee was content with the verbal update provided and noted that Managers who sit on the PODSC had confirmed that the new meeting structure was working well.

Mental Health Act Monitoring Policy

The Committee approved the Mental Health Act Monitoring Policy with the amendments included as previously requested by the Committee.

Matters Requiring Board Level Consideration or Approval:

No matters were to be brought to Board level for 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:

- 2024/2025 Forward Work Plans
- Committee Terms of Reference
- Changes to the Right Care, Right Person Act

Date of Next Meeting: Tuesday 4th June 2024

Name of Committee:	People & Culture Committee
Chair of Committee:	Louise Wright
Reporting Period:	Thursday 22nd February 2024

Key Decisions and Matters Considered by the Committee:

Minutes of the Meeting held on 19th October 2023

The Committee received the minutes of the meeting held on the 19th of October 2023 were agreed as a true and accurate record subject to the above amendments respect of the following items:

- Section PCC 1910/1.5,
- Section PCC 1910/3.3
- Section PCC 1910/3.3
- Section PCC 1910/3.4
- Section CC 1910/3.5

Committee Risk Report

The Committee was provided with an overview of the report and noted that the risks were from the Board strategic risk register that relate to this Committee

The Committee received and reviewed the risk report and was ASSURED with the information provided.

Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment

The Committee was provided with an overview of the work being undertaken to progress the Equality, Diversity and Inclusion (EDI) work stream within Aneurin Bevan University Health Board (the Health Board), providing assurance on compliance with the Equality Act 2010, including Equality Impact Assessment (EQIA).

The Committee was informed and noted that there was a need for the Health Board to commit to a structured program of:

- embedding EQIA practice throughout the organisation,
- the planned next steps for implementation and
- provide a view on any specific priority areas for further work

Assurance on the Development and Delivery of an Agile Working Framework

The Committee was provided with an update on the implementation of the Agile/Hybrid Programme. It was noted that the programme had been in place for 5years, and the updated plans had been approved by the Executive Committee.

The Committee was assured with the progress being made with the implementation of the agile framework, and the associated challenges.

The Committee was ASSURED with the information provided regarding the progress of the agile working framework and the next steps.

Annual Assurance Report of Medical Revalidation

The Committee received the annual assurance report on medical revalidation that required all licensed doctors to demonstrate every five years that they are up to date and fit to practice.

The Committee was assured that appraisal rates remained high across the Health Board; and that there was one recommendation arising from the revalidation quality review. The Committee also noted a positive reduction in referral rates.

The Committee NOTED the annual report and was assured that the Health Board was maintaining a high level of assessment and revalidation.

Annual Assurance Report of Job Planning including Medical E-Systems

The Committee received an update on the achievement of actions to address the 2020 Audit recommendations on Consultant Job Planning and the progress made. The Committee heard that following the roll out of the first phase and the positive feedback that this approach would be implemented across other Divisions.

The Committee NOTED the progress made and received assurance that the work was progressing and agreed to receive further updates on the implementation of the system.

HEIW Report

The Committee was advised that education in the Medicine Division had been placed in enhanced monitoring by HEIW in 2022. During September and October 2023, Health Education & Improvement Wales (HEIW) visited to a number of sites and a follow up report had been provided that demonstrated good progress. The Committee noted that the Health Board had been asked to share a copy of its new process with HEIW with a view of sharing these across other Health Boards.

The Committee also noted that a request to HEIW had been made to remove the Health Board from the enhanced monitoring status; a response was awaited.

The Committee NOTED:

- *the Report and the progress made*
- *Received assurance that the Health Board was improving its provision of training and development for its medical trainees and trainers.*
- *Agreed to receive further updates where any further HEIW issues are raised and/or when any significant changes that do not constitute business as usual occur.*

People Plan 2022/25, Quarterly Review

The Committee was provided with a quarterly update on the People Plan and associated achievements in the period October to December 2023. The update included the 3 core objectives, including:

- Staff Health & Wellbeing
- Employer Choice
- Sustainable Workforce

The Committee was assured the objectives for 2024/25 would be mapped against each quarter of the plan to ensure there was a clear understanding of the key deliverables for the year.

The Committee received the report and was ASSURED with update provided in respect of the progress made in implementing the People Plan.

Report from the Director of Workforce & OD, Including Employee Relations & Suspensions over 4 Months

The Committee was provided with an overview of a range of activities of the Workforce & OD (WOD) Team, key issues locally, regionally and in NHS Wales. The following was noted:

- Employee relation activity – There were 7 staff members currently suspended for longer than 4months.
- Positive progress had been made on flexible working.
- Tupe Transfers – It was noted that this would have an impact on the Health Boards head count.
- Pilot with RCN Wales, this would provide staff with access to nurse training.

The Committee was informed that the counter fraud training had been approved as part of the Health Boards Mandatory training.

The Committee NOTED the report and was ASSURED with the information provided.

Committee Self-Assessment results

The Committee received the summary of self-assessment results for this year, noting the outcomes of the assessment would be presented to a future Board meeting with an overarching action plan.

The Committee:

- NOTED the performance information contained within the report,
- CONSIDERED the proposed actions to address those areas as requiring further improvement, and;
- AGREED to include any proposed improvement actions within the Committee Forward Plan for 2024/25 or the wider Board Business Improvement Plan.

Audit Wales, Workforce Planning Report

The Committee received an update on the recommendations and organisational response to the Audit Wales review of workforce planning arrangements and the seven recommendations and responses to the audit report.

The Committee NOTED the audit report and recommendations and agreed to receive further updates of progress against each of the recommendations at the next committee meeting.

Committee Annual Report

The Committee received an overview of the Committee Annual report on the work the Committee had undertaken throughout the year.

The Committee AGREED the annual report for the Committee.

Matters Requiring Board Level Consideration or Approval:

The Committee agreed the following areas would be shared with Board in March 2024

- Equality Assessment
- Suspension activity of over 4months.
- Tupe Staff transfers

Key Risks and Issues/Matters of Concern:

None

Planned Committee business for the Next Reporting Period:

- Review of Committee Programme of Business
- Annual Review of Committee Terms of Reference 2024/25
- Committee Risk Report,
- Assurance on Compliance with the Welsh Language (Wales) Measure 2011
- Delivery of Welsh Government's Race Equality Action Plan for Wales
- Workforce Performance Dashboard incorporating Key Performance Indicators
- Report from The Director of Workforce & OD, including Employee Relations & Suspensions over 4 months
- Education Training Matters update report
- Assessing violence towards staff within the Mental Health Division and the appropriate support that is in place

Date of Next Meeting: Tuesday 18th June 2024

Name of Committee:	Patient Quality, Safety and Outcomes Committee
Chair of Committee:	Pippa Britton
Reporting Period:	23rd February 2024

Key Decisions and Matters Considered by the Committee:

Safeguarding Annual Report

The Committee received the Safeguarding Annual Report. A learning working group had been set up to monitor the progress of the 2023/24 priorities for the Health Board

The Committee noted that a large cohort of staff members would need to undertake level 3 children and adults training. The Committee noted that advice had been sought as about how to address these challenges.

The Committee was advised that during the period there had been an increase in reports of children being harmed which had resulted in additional strategy meetings being held.

The Committee APPROVED the report.

Committee Risk Report

The Committee received an overview of the risk reporting for assurance. This included a summary of the current strategic risks that have been delegated from the Board to the Patient Quality, Safety, and Outcomes Committee for monitoring.

The Committee NOTED the following: -

- delegated strategic risks
- delegated corporate risks
- the work being undertaken to reduce the risks to within the risk appetite level, and,
- the ongoing work to improve risk management across the quality and patient safety domain.

Overview of Audit Recommendations Tracking

The Committee received an overview of the internal and external recommendations resulting from planned audit reviews that fell under the remit of the PQSO Committee.

The Committee noted that there were 32 outstanding actions across eight audit reports which would continue to be monitored by the Audit, Risk & Assurance Committee to ensure full implementation.

The Committee NOTED the report and in doing so, the position of the 32 audit recommendations where weaknesses in internal controls had been identified.

Focus on the Pillars of Quality

The Committee received the performance report for the period ending in February 2024 noting that the content in the report covered the Ministerial priorities.

The report included an update on the following areas:-

- Bereavement Collaborative
- Volunteering Case Study
- Duty of Candor
    - The Annual Duty of Candour performance report was due to be completed in April 2024.
- o Since 1 April 2023 there have been 20,807 incidents affecting patients reported on the Datix Cymru system.
- Medication Study Group
- Complaints

- Progress had been made with responding to complaints with 30days, and that there was still work required to ensure compliance.

- Health & Safety
  - A notification of Contravention for breaches to health and safety law, from the HSE had been received in relation to a fall at Nevil Hall hospital in 2019
  - During the period, 94 incidents were reported to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.
  - Manual handling training compliance required improvement from the 54% compliance level recorded. The Committee was advised that an external provider was supporting additional courses
  - 7 risk areas had been identified as a focus for improvement in 2024, and that these would be progressed through the implementation of an action plan.
- Covid 19 investigations
- HEIW
  - HEIW had inspected Talygarn Unit at County Hospital earlier this year and the Health Board had responded to the improvement notice that had been received in respect of this inspection.
- Planned care.
  - although improvements had been made, the Health Board had not achieved the targets for the year, and a review was in train to identify learning opportunities to aid improvements in performance.
  - Endoscopy unit at the Royal Gwent hospital opened in November 2023
- Clinical Effectiveness
  - At each Clinical Effectiveness meeting the Clinical leads action plan was being considered, to address the recommendations identified within the service area.
  - Amat system funding had been approved by the Board.

The Committee NOTED the information within the report.

Q3 Quality Outcomes Framework (QOF)

The Committee received the Quarter 3 quality outcomes framework and noted that this report would be presented to Board in March.

The Committee NOTED the information provided regarding the Quality Outcome Framework.

Maternity Services

The Committee received the maternity services improvement plan. It was noted that the plan covered the following areas: -

- how the maternity service would achieve high-quality maternity care
- the approach to providing individualised care, and
- reductions in health inequalities

The Committee NOTED the ongoing work to implement and embed improvements within maternity services.

Implementation progress update on the Configuration of Midwifery-Led Units

The Committee received an overview of the progress made on the reconfiguration of the midwifery-led wards within the Health Board. Following this change an independent review of the community-led midwife birthing services had been completed along with a comprehensive public engagement exercise in September 2023.

The Committee NOTED the evaluation of the reconfiguration of the midwife led units as set out in the report.

Internal Audit Review – Medical Devices – Action Plan **Update**

The Committee received an overview of the risks associated with the current governance arrangements for the management of medical devices and equipment within the Health Board.

The Committee noted that there were two recommendations outstanding from an internal audit review undertaken in 2017/2018 in respect of:-

- Presence of medical devices
- Equipment registers

The Committee noted that a Working Group to address the outstanding recommendations was to be established.

The Committee NOTED the report for assurance.

Children's Rights & Participation Forum

The Committee received the report for information.

The report advised that a quarterly meeting group was scheduled to take place, and that there was work to be done to raise the awareness of Childrens Rights and the membership of the group and how children's rights could be implemented within daily practice.

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:
Forward work plan for 2024/25.
Date of Next Meeting: 30th April 2024 at 9:30am

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 January 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Chair's Report

The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. These included:

- Meeting with Ministers in December where there was some unsolicited positive reflections from Judith Paget on the role of NWSSP, particularly in helping to support NHS Wales in meeting the challenges of the financial climate;
- NHS Wales Chairs' meeting in January which is always helpful in terms of being kept informed on developments and risks; and
- Attending the Velindre University Trust Board at the end of November with the Managing Director to provide updates on development within NWSSP and progress with the IMTP.

The Committee NOTED the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The recent JET meeting with Welsh Government colleagues covering performance, governance, quality, and workforce planning was very positive with Welsh Government acknowledging the significant role that NWSSP plays within NHS Wales;
- The significant involvement in the response to the industrial action taken in the week of the 15th January and particularly the impact on the NWSPP Payroll Division with the need to amend the pay of those on strike;
- An incident was noted immediately prior to Christmas that led to a number of staff, primarily employed in BCUHB, not receiving their pay as expected.

Although NWSSP received the calls relating to this issue, the delay was caused by the Health Board's flexible pay arrangements provider. This incident has led to an acknowledgement of the need to revisit the respective responsibilities for this arrangement and Workforce Directors are meeting to discuss this;

- The TUPE process for the Cwm Taf laundry staff is underway and we are also supporting Hywel Dda UHB in the meetings with the staff affected by the planned closure of their laundry and the associated creation of a laundry hub; and
- Advanced negotiations with the landlord are on-going for the fit-out of the building on the Nantgarw estate that will be used to house staff moving from both Companies House and our current HQ in Nantgarw. The expected date for us to move into this accommodation will be in the latter part of 2024.

The Committee NOTED the update.

Items Requiring SSPC Approval/Endorsement

IMTP 2024-27

The draft IMTP was submitted for approval. The Ministerial Priorities for 2024-25 were targeted primarily at clinical services delivered by Health Boards. However, the Framework required NWSSP to demonstrate how we align our plan to support Health Boards to deliver their services. The financial allocation letter for 2024-2027 was published by the Welsh Government in late December and our financial plan has been revised to reflect this.

The draft IMTP was endorsed by SLG in December and has been developed in collaboration with all our divisions who have written underpinning divisional plans for the next three years. In line with the direction from the Minister for Health and Social Care, we recognise the need to focus on a smaller number of priorities for 2024-25 which are as follows:

- Doing the basics well;
- Financial sustainability;
- Duty of Quality; and
- Staff Wellbeing.

It was noted that NWSSP did not receive the 3.67% core uplift provided to other NHS organisations which has limited the ability to deliver certain service developments and initiatives that would benefit NHS Wales. The Committee acknowledged that there was a need to uplift the services provided by NWSSP under a SLA. The achievement of the financial plan for 2024-27 will be challenging and there are several significant financial risks to be managed to achieve this aim.

The plan was well received by Committee members who emphasised the need for a co-ordinated approach to ensure that all NHS Wales organisations were working to support each other in the light of the financial challenges that all organisations

currently face. The Plan would be reviewed at touch point meetings scheduled for February.

The Committee APPROVED the IMTP for submission to Welsh Government subject to any further significant changes being brought back for review.

Mamhilad Lease

The renewal of the lease for the part of Mamhilad House occupied by the NHS Wales Counter Fraud Service was presented to the Committee for approval.

The Committee APPROVED the renewal of the Lease.

All-Wales Overpayments Procedure

The procedure was submitted to the Committee for approval. Over recent years the number and value of overpayments has risen substantially and operating with 13 separate overpayment policies across NHS Wales hinders attempts to comprehensively address this issue which has been a regular finding in internal audit reports. Despite a number of attempts to introduce a once-for-Wales approach, this has not been achieved, and so the Directors of Finance tasked the Deputy Directors of Finance to establish a Task and Finish Group to take this forward. The Group included representation from Payroll, Counter Fraud, Internal Audit and Finance. The group had consulted widely and taken on board an extensive range of comments and produced a number of iterations and were currently on version 10 of the procedure. Presentations had been made to the All-Wales Deputy Directors of Finance forum and the All Wales Directors of Workforce forum. The outcome of the Group was the procedure that was presented to Committee for approval, and which generated significant discussion. Members acknowledged the significant amount of work that had gone into producing the draft procedure and welcomed the progress made in producing an All-Wales procedure. A number of constructive comments were made which would be incorporated in the final version of the procedure. Although this is a procedure rather than a policy, it was thought helpful for the document to be reviewed at the Business Committee of the National Partnership Forum.

It was therefore agreed to further update the procedure to reflect the comments of Committee members and to bring it back for approval in March. It was also agreed that the procedure should be considered by the National Partnership Forum Business Committee.

Commercial Storage and Distribution

The renewal of the contract for the commercial storage of medical consumables was presented to the Committee. The proposed renewal represents a saving on the current contract as less storage space is required.

The Committee APPROVED the renewal of the Contract.

Radiopharmacy Clean Room

The closure of legacy facilities in the Cardiff area makes the case for development of an alternative facility an urgent priority. The SSPC approved the business case for the Radiopharmacy service at the November meeting and were now presented with a proposal for the design and build of a Clean Room. Funding for this development has been approved, but the work will be undertaken in phases with each phase being dependent on the satisfactory conclusion of the previous stage. A formal tender exercise has been undertaken and contract award is dependent upon SSPC and then the Velindre University Trust Board approval.

The Committee APPROVED the Clean Room Proposal.

Finance, Performance, People, Programme and Governance Updates

Finance – NWSSP is reporting a break-even outturn position for 2023/24. The 2023/24 forecast is currently being reviewed which may lead to an increase in the £1.6m distribution identified in August 2023. The Welsh Risk Pool forecast was £135.929m which requires £26.494m to be funded under the Risk Share Agreement. NWSSP is on track to fully utilise its capital allocation.

People & OD Update – Sickness absence rates have reduced further to 2.89% (against a target of 3.3%) for the 12 months to 31 December 2023. Statutory and Mandatory training compliance is above 96% although this figure excludes the Single Lead Employer staff.

Performance – The report covered the period to 30th November. Of the 42 KPIs reported 37 were on target. The targets that were off track covered recruitment services (2) and audit and assurance (3).

Project Management Office Update – All projects are on track with the exception of the TRAMs programme and the Primary Care Workforce Intelligence System. The TRAMs programme has been hit by the lack of available capital funding, but good progress is now being made with the Radiopharmacy Unit. The Primary Care system has been impacted by a six-week delay in receiving key information from the supplier.

Corporate Risk Register – The number of red-rated risks has reduced from seven to five covering industrial action, financial climate, TRAMs programme, Brecon House, and the COVID-19 Public Inquiry.

The Committee NOTED the above Reports.

Papers for Information

The following items were provided for information only:

- Finance Monitoring Returns (Months 8 and 9).

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	21 March 2024

Agenda Item: 4.11a

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) Update Report – January 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle Jones, Head of Board Business

Pwrpas yr Adroddiad Purpose of the Report
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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 as a Joint Committee of the Board.

Cefndir / Background

WHSSC was established in 2010 by the seven Health Boards in Wales to ensure that the population of Wales had fair and equitable access to a full range of specialised services. WHSSC is responsible for planning and securing of Specialised and Tertiary Services as delegated 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).

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 it is accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

Asesiad / Assessment

The Joint Committee most recently met on 19th March 2024 and held an extraordinary public meeting on 27 February 2024 to discuss the WHSSC Integrated Commissioning Plan. The briefings from these meetings are attached at Appendix 1 and Appendix 2.

The Joint Committee met on 30th January 2024 and the papers for the meetings are available at: 2023/2024 Meeting Papers - Welsh Health Specialised Services Committee (nhs.wales). A summary of key matters discussed included:

- Integrated Commissioning Plan (ICP)
- Commissioning of Advanced Therapy Medicinal Products (ATMPs) in Wales
- WHSSC Cardiac Review – Outcomes of Phase 1
- Mental Health Specialised Services Strategy for Wales 2024/25- 2028/29
- All Wales PET Programme Progress Report
- Business Continuity Risks Related to the Establishment of the Joint Commissioning Committee

The assurance report from this meeting is shown at Appendix 3.

An In-Committee meeting was also held where a performance report for South Wales Trauma Network Delivery Assurance Group Report (Quarter 2 2023/24 was received.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this update report on WHSSC Joint Committee activity.

Attachments

Appendix 1, 2 & 3

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	N/A

Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)
JOINT COMMITTEE MEETING BRIEFING – 19 MARCH 2024

The Welsh Health Specialised Services Committee held its latest public meeting on 19 March 2024. 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 using the link below:
2023/2024 Joint Committee - Welsh Health Specialised Services Committee (nhs.wales)

1. Minutes of Previous Meetings
The minutes of the meetings held on the 30 January 2024 and 27 February 2024 were approved as a true and accurate record of the meetings.

2. Action log & matters arising
Members noted the progress on the actions outlined on the action log.

3. Integrated Commissioning Plan (ICP)
Members received a report and a presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

Members noted the planning and engagement undertaken to develop the ICP over the last 12 months, and the additional work undertaken since the JC meetings on 30 January 2024 and 27 February 2024 to refine the plan.

Members discussed the plan presented that included an average 4.45% uplift across Health Boards providing an allocation to fund activity demand and unavoidable growth as well as a 3.2% uplift for NHS Wales on non pay contracts. 6 of the 7 Health Boards (HBs) agreed to approve the plan subject to:

- An agile and flexible approach to delivery of the plan over the next 12 months,
- Recognition that they were carrying a degree of risk in the system,
- The need for the JCC team to undertake further interrogative work on medicines management and optimisation,
- A finance working group being set up to ensure HBs were closer to the recurrent spend across the year,

- Work being undertaken in parallel with HBs on policy and looking at sustainability of specialised services across Wales, including consideration of what is feasible for NHS Wales and what needs to be commissioned from NHS England to manage the volatility and instability for the next 12 months; and
- That the new JCC has strategic discussions on the delivery of the Specialised Strategy for Wales.

Members (1) Noted the report and presentation; and (2) Approved the Integrated Commissioning Plan 2024-2025 prior to its submission to Welsh Government.

4. **Chair's** Report

Members received the Chair's Report and noted:

- **Chair's Action** –a Chair's Action was taken on 12 March 2024 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme, and a letter was issued JC members on the 12 March 2024 confirming the action taken,
- **Chair's Appraisal with the Minister** - On the 26 February 2024 the Chair met with the Minister for Health & Social Services for her annual appraisal on the objectives set for the remit of the JC, in line with ministerial priorities, and areas where the Minister expected the JC, and the Chair, to demonstrate leadership and strategic direction. Members noted that the Chairs tenure comes to an end on 31 March 2024,
- Dr Sian Lewis, Managing Director, WHSSC - Dr Sian Lewis will be stepping down from her role as Managing Director on 28 March 2024. The Chair advised it had been a privilege and a pleasure working with Sian. Her energy, commitment and openness underpinned a strong and effective JC. On behalf of the JC, the Senior Corporate Team and all staff, the Chair expressed her sincerest gratitude to Sian for everything she has achieved, with and for our staff, patients, their families and carers, and our local communities,
- Appointment of IPFR Lay Members - The appointment process for the appointment of lay members on to the WHSSC Individual Patient Funding Request (IPFR) panel has been delayed and will commence under the new NHS Wales JCC in Quarter 1 2024-2025; and
- Key Meetings.

Members (1) Noted the report; and (2). Ratified the Chairs action taken on 12 March 2024 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme.

5. Managing **Director's Report**

Members received the Managing Director's Report and noted the following updates:

- WHC/2024/005 - Welsh Health Circular - Private Obesity Surgery and the Welsh NHS - In February 2024, Welsh Government published the Welsh Health Circular (WHC) - Private Obesity Surgery and the Welsh NHS. Currently, reliable estimates of the number of patients who are likely to request a follow-up are not available, however we know that approximately one third of surgical procedures carried out in the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) for patients in South Wales are emergency band removal procedures for patients who have previously undergone treatment in the private sector. Therefore, it is possible that this could have a significant impact on NHS pre-operative and post-operative service capacity,
- Gender Identity Development Services (GIDS) - An update on developments in Gender Identity Development Services (GIDS) in NHS England (NHSE), including the approach to the prescribing of Puberty Supressing Hormones was given,
- South Wales Major Trauma Network Gateway Review - The South Wales Trauma Network (SWTN) was launched on 14 September 2020 to care for adults and children across South and West Wales and South Powys who had suffered a major trauma. On 7 March 2024, the Stage Gate Assessment of the South Wales Trauma Network was reported to the SRO for the programme and was given a green assessment rating which is a significant achievement which should not be underestimated for such a young network. The report will be shared at the SWTN Governance Group scheduled in March 2024 for information, with a view to developing an action plan to address the recommendations in readiness for the SWTN Clinical & Operational Board (COB) in April 2024,
- Cardiac interventions in Wales: A comparison of benefits between **NHS Wales' specialties** - Published Article (PLOS ONE) - WHSSC in collaboration with the cardiac network and the Secure Anonymised Information Linkage (SAIL) databank in Swansea have undertaken a study aimed at assessing if specialised healthcare service interventions in Wales was benefitting the population equitably in work commissioned by the WHSSC. The findings of the study were published on PLOS ONE in February 2024; and
- NHS Wales Joint Commissioning Committee Implementation - Further to the report presented to the Joint Committee on 30 January 2024 concerning the business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee (JCC) on 1 April 2024, the recent appointment of an interim Tier 1 Chief Commissioner was a positive step forward, however concern remained regarding the Mental Health portfolio of

the new JCC concerning the ICP and quality issues which will be factored into the risk register.

6. Any Other Business

- Annual Committee Effectiveness Survey – members noted that the annul committee effectiveness survey would be issued to all members after the meeting and would focus on the work of the Joint Committee only, and not the sub-committees. The feedback will support developing the new JCC; and
- Farewell from the Chair of WHSSC – members noted that it was Kate Eden's last meeting as Chair of WHSSC and she advised that it had been a privilege to work for WHSSC for the last 4 years, working with experts and dedicated professionals to deliver high quality specialised services for Wales and also gave a thanks to the Independent Members (IMs) for supporting the work of WHSSC.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 27 FEBRUARY 2024

The Welsh Health Specialised Services Committee held an extraordinary public meeting on 27 February 2024. 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 using the link below:
[2023/2024 Joint Committee - Welsh Health Specialised Services Committee (nhs.wales)]

1. Integrated Commissioning Plan (ICP)

Members received a report and a presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

Members (1) Noted the report and presentation; and (2) Discussed the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government and agreed that further work be undertaken. It was suggested that a further presentation is provided to NHS Wales Directors of Finance peer group and other colleagues in the context of the 3.67% allocation uplift, savings and choices, and that the plan be brought back to the Joint Committee meeting in March 2024 for approval.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 30 JANUARY 2024

The Welsh Health Specialised Services Committee held its latest public meeting on 30 January 2024. 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 using the link below:
2023/2024 Joint Committee - Welsh Health Specialised Services Committee (nhs.wales)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 21 November 2023 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. Integrated Commissioning Plan (ICP)

Members received a report and a presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

Members (1) Noted the report and presentation; and (2) Discussed the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government, and agreed that further discussion be undertaken with the Management Group and other colleagues on the clinical effectiveness, access, demand and choices available as well as consideration of any agreed position regarding the handling of the inflationary uplift. The plan should then be brought back to an extraordinary Joint Committee for approval in February 2024.

4. Commissioning of Advanced Therapy Medicinal Products (ATMPs) in Wales

Members received a report and a presentation providing an update on the Advanced Therapy Medicinal Product (ATMP) landscape highlighting the additional implications that are associated with them, and to set out a proposed ATMP commissioning framework that will inform implementation plans.

Members (1) Noted the presentation, (2) Noted the report, (3) Noted the current and future Advanced Therapy Medicinal Product (ATMP)

positions and implementation progress to date, (4) Noted that further discussions are required to define the strategic partnership between the Advanced Therapies Wales Programme and WHSSC to determine the future balance of responsibilities, (5) Noted the development of a strategic partnership with NHS England for the provision of ATMPs for rare indications with low patient numbers, (6) Noted the proposed ATMP Commissioning Framework (Appendix 1), (7) Noted the development of an ATMP Commissioning Strategy for Wales; and
(8) Supported that WHSSC (and from April 2024 its successor organisation, the NHS Wales Joint Commissioning Committee) commission all NICE recommended ATMPs, including those recommended before May 2018.

5. **Chair's** Report
Members received the Chair's Report and noted:

- Key Meetings attended.

Members noted the report.

6. Managing **Director's Report**
Members received the Managing Director's Report and noted the following updates:

- The increased thrombectomy access for Welsh patients in Bristol - North Bristol NHS Trust have informed WHSSC that from 15 January 2024 they are able to offer access to thrombectomy for Welsh patients from 6.00am to 12.00am, with the last referral being accepted at 9.00pm in order that procedures can be completed by 12.00am. Currently the service accepts patients at 8.00am. Access to thrombectomy is increasing in south Wales with an average between December 2023 to June 2024 of 3.3 patients per month and for July to November 2023 an average of 6.0 patients per month. However, the overall annual rate is 2.18% of stroke patients accessing thrombectomy which is still well below the target of 12.5%; and
- NHS Wales Joint Commissioning Committee Implementation
  WHSSC were informed at the National Commissioning Review Oversight Board that it is unlikely that the Organisational Change Policy (OCP) process will be complete by 1 April 2024 and therefore a transitional model will be put in place. Development of the model will be undertaken by Welsh Government with 'sign off' by the Director General of NHS Wales. This work will be completed in the next few weeks.

Members noted the report.

7. Delivering Mechanical Thrombectomy Capacity in South Wales (Phase 1)
Members received a report seeking approval to establish phase 1 of a regional Mechanical Thrombectomy (MT) centre in South Wales.

Members (1) Noted the report, (2) Noted the financial framework to support the development of a Mechanical Thrombectomy centre for South Wales, (3) Noted the benefits and risks associated with the investment, (4) Approved the funding to establish Phase 1 of a local Thrombectomy service for the South Wales region as included in the Integrated Commissioning Plan (ICP) 2024/25; and (5) Approved the proposal for a post-implementation commissioning evaluation for Phase 1 of the commissioned service.

8. WHSSC Cardiac Review – Outcomes of Phase 1

Members received a summary on the outcomes of Phase 1 of the WHSSC Cardiac Review, which sought to: re-baseline the South Wales Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contracts to ensure that they better reflect potential demand; and assess the extent to which, in view of recent trends and differential valve costs, the TAVI policy remains both adhered to and apposite. In January 2023 the Joint Committee agreed that Phase 1 of the review would be completed by the end of Q3 2023/24, and that it would be followed by a second phase focussed on the future configuration of WHSSC commissioned TAVI and cardiac surgery.

Members (1) Noted the findings of Phase 1 of the WHSSC Cardiac Review, (2) Noted that the proposed revised Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contract baselines be used as the basis for negotiations with Cardiff and Vale University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB), (3) Noted the finding that the current WHSSC TAVI Commissioning Policy remains both adhered to and apposite; and (4) Noted the work ongoing to clarify and reduce TAVI valve costs.

9. Mental Health Specialised Services Strategy for Wales 2024/25-2028/29

Members received a report presenting the final WHSSC Mental Health Specialised Services Strategy for Wales 2024/25- 2028/29 and to outline the governance structure for the implementation programme.

Members (1) Noted the report; and (2) Approved the WHSSC Mental Health Specialised Services Strategy for Wales 2024/25-2028/29.

10. All Wales PET Programme Progress Report

Members received a report providing an update on several issues facing the Projects within the All Wales Positron Emission Tomography (PET) Programme.

Members (1) Noted the proposed actions regarding escalation to the Sponsor (Section 3.3.4), (2) Noted the issues and risks facing the projects; and (3) Noted the progress made by the Work streams and other enabling activities.

11. Business Continuity Risks Related to the Establishment of the Joint Commissioning Committee

Members received a report outlining the business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee on 1 April 2024.

Members (1) Noted the report; and (2) Noted the risks associated with the implementation of the new NHS Wales Joint Commissioning Committee, and noted that the WHSSC Corporate Risk Assurance Framework (CRAF) will be updated to include the risks to specialised service business continuity.

12. Corporate Risk Assurance Framework (CRAF)

Members received a report presenting WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) Noted the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 31 December 2023, (2) Approved the CRAF as at 31 December 2023; and (3) Noted that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group (RSG) meetings.

13. WHSSC Integrated Performance Report – November 2023

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members noted the report.

14. Financial Performance Report – Month 9 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 9 2023-2024. The financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 9 for WHSSC (excluding EASC) was an underspend against the ICP financial plan of (£5.018m), the forecast year-end position is an underspend of (£10.416m).

Members noted the contents of the report including the year to date financial position and forecast year-end position.

15. South Wales Trauma Network Delivery Assurance Group
Members received a report providing a summary of the Quarter 2 2023/24 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members (1) Noted the report; and (2) Received assurance that the Major Trauma Network's delivery and outcomes are being scrutinised by the Delivery Assurance Group (DAG).

16. 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

17. Other reports
Members also noted update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Kidney Network (WKN).

18. Any Other Business

- Farewell to CEO Hywel Dda UHB– members noted that it would have been Steve Moore, CEO Hywel Dda UHB's last Joint Committee meeting following his appointment to a new role. Members thanked him for his contribution and commitment to developing specialised commissioning in Wales and wished him every success in future; and
- Farewell to Assistant Director of Finance, WHSSC – members noted that it was James Leaves, Assistant Director of Finance, WHSSC's last meeting and members thanked him for his hard work and commitment and wished him well in his new role with CVUHB.

Agenda Item: 4.11b

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 March 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) Update Report – March 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad Purpose of the Report
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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.

Cefndir / Background

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).

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).

Asesiad / Assessment

The Joint Committee met on 19th March 2024. The papers for this meeting are available at March 2024 - Emergency Ambulance Services Committee (nhs.wales).

At this meeting an update was received on the conclusion and the recommended option for the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review, which was last received by the Joint Committee at its meeting on 30th January (and summarised in Appendix A). An update on the engagement process undertaken was provided, with Phase 3 engagement concluding on 29 February 2024 where 568 questionnaire responses were received. The detail papers and the engagement feedback can be accessed within the link provided above.

The Joint Committee was presented with the following recommendations:

- Recommendation 1 – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.

- Recommendation 2 - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report.

- Recommendation 3 - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.

- Recommendation 4 – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.

The Joint Committee discussed in detail the ongoing public and political concerns which remain around the proposed changes to the operation of the EMRTS and the Wales Air Ambulance Charity (WAAC), particularly in relation to the potential closure of local bases and a perceived local loss of service, as per the initial Service Development Proposal.

Representations from Llais were also considered. The Health Board received a letter from Llais on 19th March 2024, in which Llais outlines its concern regarding the Phase 3 engagement process and that there had been insufficient time for informed views to be considered and reflected in the final proposals. The letter received from Llais is attached at Appendix A for reference.

The Joint Committee also discussed the risks identified through engagement in respect of the potential risk of decreased donations to the Wales Air Ambulance charity and impacts on its income, potentially threatening its sustainability. Delays

in decision making regarding the Service Review had been raised by the charity and the Joint Committee acknowledged the requirement for a decision on the Service Review to be taken at the earliest opportunity.

Upon conclusion of discussion, the Joint Committee agreed that further work is required in relation to:

- responding to the issues and representations raised during the engagement period and;
- that further development of recommendation 4 was needed.

The outcome of this work will be presented to the Health Board for decision, based upon a final recommendation from the Joint Committee. In the meantime, a Board Briefing session will be arranged to ensure the opportunity for board members to explore the Service Review and feedback received through engagement in greater detail.

The Joint Committee also met on 30th January 2024. The papers for this meeting are available at Meetings and Papers - Emergency Ambulance Services Committee (nhs.wales).

A summary of the business discussed at the January meeting included:

- Performance report
- Quality and Safety report
- EASC Commissioning Update
- Update on progress related to the emergency medical retrieval and transfer service (EMRTS Cymru) service review
- Welsh Ambulance Service Provider report
- Transition to new joint commissioning committee
- Chief Ambulance Services Commissioners Update
- Finance and Governance updates
- Annual business plan – Look forward

The full Assurance report for the meeting held on 30th January 2024 is attached at Appendix B.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this report by way of an update on EASC Joint Committee activity.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Relevant to the whole Life Course.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Experience Quality and Safety Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Glossary of Terms • EASC – Emergency Ambulance Service Committee • WAST – Welsh Ambulance Service Trust+ • SDEC- Same Day Emergency Care • ICAP – Integrated Commissioning Action Plan • ROSC – Return of spontaneous circulation • CHARU- Cymru High Acuity Response Units • NEPTS- Non-Emergency Patient Transport Service • EMRTS Cymru – Emergency Medical Retrieval and Transfer Service • CASC – Chief Ambulance Services Commissioner • BCUHB – Betsi Cadwalader University Health Board • CTMUHB – Cwm Taf Morgannwg University Health Board • C&VUHB – Cardiff and Vale University Health Board • HDUHB – Hywel Dda University Health Board • SBUHB – Swansea Bay University Health Board • DHCW – Digital Health and Care Wales • SEDC – Same Day Emergency Care

	• SPC – Statistical Process Control
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant **Cenedlaethau'r Dyfodol –** 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

Llais,
33-35 Heol y Gadeirlan,
Caerdydd,
CF11 9HB

Llais,
33-35 Cathedral Road,
Cardiff,
CF11 9HB

Eich llais mewn iechyd a gofal cymdeithasol | Your voice in health and social care

15 March 2024

Dear Nicola

Following the publication on 12th March 2024 of the papers for the next meeting of the Emergency Ambulance Services Committee (EASC) on 19th March 2024, Llais has prepared an update for consideration by the Health Boards at their forthcoming Board meetings.

Llais had access to meeting papers, including the final Emergency Medical Retrieval and Transfer Service (EMRTS) review recommendation report, at the same time as the public on 12th March 2024.

Llais raised concerns with EMRTS review team before Phase 3 that the timescales of this last stage were tight and shared concerns that these timescales should not compromise the important need of meaningful consideration of the comments, views, issues, and concerns shared by individuals during Phase 3 nor the final decision-making process.

Throughout the process The Board of Community Health Councils/ Llais have listened and shared what has been heard with CASC, EASC and the seven Health Boards.

This summary builds on the Llais feedback given throughout the process and relates to Phase 3, recognising that the concerns and issues raised have been consistent throughout the process.

What have we heard?

We have predominantly heard from the communities of Mid and North Wales; the feedback Llais has seen largely mirrors the themes reflected in the EMRTS Phase 3 Engagement report.

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Prif Weithredwr / Chief Executive: **Alyson Thomas**
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Caerdydd,
CF11 9HB

Llais,
33-35 Cathedral Road,
Cardiff,
CF11 9HB

In addition, Llais has heard:

- People and communities are not reassured of the impact of the proposal on rural areas
- People and communities are not reassured that there will be no impact by the decision to move bases
- People feel strongly that Option A and B will lead to a further reduced emergency provision in rural Wales – DGH/ WAA/WAST (particularly given red call response time statistics) (*Llais recognises that this is somewhat addressed in the final report recommendation 4*)
- Concerns about further erosion of services to rural areas
- People and communities do feel they have been engaged with, but some report not feeling listened to
- A continuous feeling, as per other phases, that a decision had been made before any engagement had been undertaken
- People found it hard to understand because of the complexity and volume of the documentation, and the lack of clearly summarised information for those who wanted the facts
- The workshop (to decide on shortlist of options) was not inclusive ie. no community representation
- That the only two options provided in Phase 3 were option A) a base in Rhuddlan and option B) a base in Rhuddlan with an RRV in Wrexham
- Conflicting analysis of EASC's data [by a member of a campaign group]

<u>Llais' observations</u>

Although NHS bodies retain the responsibility for service change, it is important that they work in partnership with their communities and develop proposals in a genuinely co-designed way. Llais remains concerned that not enough clear and easy to understand information was provided for people to be able to engage effectively in Phase 3 and

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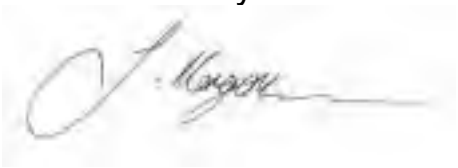
Llais,
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Cardiff,
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for informed views to be considered and reflected in the final proposals. Such as:

- There are a high volume of social media comments (circa 17K FB comments) and petitions that have not *yet* been analysed nor taken into account in writing the final recommendation report.
- Llais remains concerned that the Phase 3 engagement may have digitally excluded some people from effectively engaging with the process
- We have some concerns that there is insufficient detail in the five recommendations to provide assurance that community concerns have been a) addressed b) incorporated and c) mitigated

Representation has been made to EASC in Llais' response to the Phase 3 engagement report, which we note EASC will address at the Joint Committee Meeting.

Yours sincerely



Regional Director

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

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Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	30 January 2024

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/current-and-past-papers/january-2024/

The minutes were confirmed as an accurate record of the Joint Committee meeting held on 21 December 2023.

The Chair wished to place on record his personal and the Committee's thanks and best wishes to Steve Moore who would be leaving Hywel Dda UHB at the end of the month to take up a new post.

PATIENT STORY FROM THE WELSH AMBULANCE SERVICES NHS TRUST (WAST)

Jason Killens introduced a video with a patient story (Steven's story).

Members noted:

- the patient story had been presented at the WAST Quality and Safety Committee and Trust Board
- the 999 call and the indicated delayed ambulance response
- the decision to convey Steven's grandfather by private transport, bypassing Nevill Hall Hospital and attending the Grange University Hospital
- at the Emergency Department it was confirmed that Stephen's grandfather had suffered a cardiac arrest
- a 'Putting Things Right' concern was submitted, WAST had investigated and responded
- WAST colleagues had since met with the family to discuss the concern and the impact of this event.

Noted:

- the importance of learning from this patient story and Jason Killens agreed to share with Members the investigation and summary of contact made with the family
- ABUHB would also consider this experience with staff and their Board in order to learn lessons
- the opportunity to use the story as motivation to improve services

- the need to always ensure that the commissioning approach undertaken has the patient experience at its centre.

The Chair thanked Jason Killens for introducing a very sobering story that reflected the pressure across the system and for agreeing to share further details to ensure learning across the system.

On behalf of the Committee, the Chair also thanked Steven for sharing the story to aid understanding and further recognition of system pressures and the impact on patients and their families.

PERFORMANCE REPORT

The Performance Report was received which included the latest published Ambulance Service Indicators. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- 999 call volumes in December 2023 were 19.3% lower than December 2022
- 7.5% reduction in incidents in December 2023 compared to October 2022
- Hear and Treat levels were 0.7% higher in December 2023 compared to December 2022
- Red incidents in December 2023 were 10.7% higher compared to December 2022 but decreased by 8.9% between December 2022 and December 2023
- Amber incidents in December 2023 were 29.8% higher compared to December 2022.
- Ambulance handover lost hours in December 2023 were 29.1% lower compared to December 2022. Some improvements had been made on a number of metrics, the percentage of patients handed over in 15 min and patient handovers over 4 hours had been seen in 2023. However, between October 2023 and December 2023 there had been a 1.98% increase in handover lost hours.

Noted:

- The significant challenges in relation to handover hours lost and that work had commenced to compare English handover delays, this would be presented to a future meeting
- Improvements were seen in November but performance has since deteriorated
- A number of business continuity incidents had been declared during January
- Targeted actions relating to the Integrated Commissioning Action Plan (ICAPs) were being taken forward via the weekly Chief Operating Officer's meeting and monitored by Welsh Government
- A bespoke dashboard had been developed to monitor progress against the ICAP priorities.

Nick Wood, Deputy Chief Executive of NHS Wales drew Members' attention to the impact of this increased focus on priority areas in South and South East Wales. He expressed disappointment at the lack of progress regarding the use of some of the specialist pathways, including for patients with fractured neck of femur and frailty, in some health board areas. As a key part of the Six Goals for Urgent and Emergency Care Programme (Six Goals), this would continue to be closely monitored over the winter period.

Members noted:

- The lack of improvement in red performance as a result of a reduction in handover hours lost

- A chart prepared by WAST was shared in the Teams 'chat' showing an increasing number of red incidents responded to within 8 minutes against increasing total red demand
- The need to understand what was behind the increase in red demand, and whether opportunities to better respond / manage that increasing demand profile were available. It was stated that WAST had made changes to reflect the coding of patients in England and that this had increased acuity levels
- That WAST monitor and check their call categorisation and, while the red percentage had increased, this remained lower than in NHS England
- That although there was variation, there were positive signs in terms of improvements in amber performance
- WAST had been asked to undertake a deep dive into performance in the Cardiff and Vale (CVUHB) area, this work would be reported as soon as available in order that lessons would be shared
- There was a need to be more specific in the commissioning approach around data linking and that work was being undertaken around areas of deprivation and the impact of this
- It was important that the ICAP process be incorporated into the work of the new Joint Commissioning Committee once established
- That a range of actions were underway and that that there was an expectation of an improvement in performance.

- AGREED THE NEXT STEPS
  - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first substantive agenda items at each meeting of the Emergency Ambulance Services Committee.

QUALITY AND SAFETY REPORT

The Quality and Safety Report was received. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- The significant challenge in WAST for complainants to receive a reply within 30 days, and the need to improve their performance against the 75% target in coming months, currently at 38%
- 22 cases identified by WAST as requiring joint investigation in November 2023. The joint process had been implemented in the last 12 months and would be reviewed in 2024 (Legacy)
- Clinical indicators and compliance increased e.g. Stroke care bundle achieved for 77.9%
- Work had commenced on data outcomes and the data linking work would accelerate this; work to link to the deprivation index was also continuing and more information would be provided to Members, including the variation in services
- The return of spontaneous circulation (ROSC) rates had increased to 22.2% which was believed to reflect the impact of the Cymru High Acuity Response Unit (CHARU) service
- The continued large number of patients that self-presented at ED with a high triage category, with 574 patients self-presenting at ED with a category 1 triage level (concern re missing earlier intervention) in November.

Noted:

- That this was a slightly shorter update due to the close proximity to the previous meeting

- The challenge for the WAST team to respond to concerns within 30 days and the additional resource that had been put in place with a view to improving the position
- Winter funding had been provided in many previous years to support the work of WAST's 'Putting Things Right' team in order to improve the response during this period and to ensure that there was no backlog, but this funding had not been available this year
- The work being undertaken with WAST and Digital Health Care Wales linking data on patient outcomes, this was in progress for cardiac arrest patients initially with other patient groups to follow including major trauma and stroke
- The number of patients self-presenting at ED and that these present a different challenge to the department than those patients conveyed by ambulance (with their immediate care needs addressed)
- New systems and processes are being tested by WAST to reduce the number of patients self-presenting at ED, this work had just commenced and included input from WAST senior clinicians, an update would be provided at the next meeting
- The detailed work being undertaken by concern group in order to continue to learn from data relating to clinical outcomes
- The request from the Chief Ambulance Services Commissioner (CASC) for comments from members to support the further development of the Quality & Safety Report
- The action to work with HM Coroners to ensure a consistent national understanding and approach and a meeting was being sought
- The action to work with Hywel Dda UHB to identify if any wider system learning could be identified and coordinated and specifically to include the whole patient waiting time.

- AGREED THE NEXT STEPS
  - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first substantive agenda items at each meeting of the Emergency Ambulance Services Committee.
  - The EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances
  - Specific work with Hywel Dda UHB would continue.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:

- The EASC Team had held discussions with WAST and the Emergency Medical Retrieval and Transfer Service (EMRTS) regarding the draft Commissioning Intentions, these would be presented at a future meeting for approval
- The Committee had approved the enactment of the work to develop a new long term vision for Non-Emergency Patient Transport Services (NEPTS) that reflected health board planned services changes. Therefore, following the development of each organisation's Integrated Medium Term Plans (IMTPs) for 2024-27, the EASC Team would hold a workshop in April 2024 (Legacy).
- Members noted the importance of ensuring that representatives from health boards be in attendance, the EASC Team would be confirming the details of the workshop and seeking nominations shortly
- The growth in demand of renal and oncology patients already impacting significantly on NEPTS capacity and resulting in increased levels of corresponding demand relating to the service, with further growth expected

- With the commencement of the new Joint Commissioning Committee (JCC) in April 2024, a review would be undertaken of the structure of the ICAPs to ensure they are aligned to all commissioning and system requirements (Legacy)
- The EASC team would take a pragmatic approach to the development of the 2024-27 IMTP, recognising that 2024/25 in particular would be a transition year for the team and the committee with the establishment of the new arrangements
- With the responsibility for commissioning of 111 and 111 Press 2 services to the new Joint Commissioning Committee the plan would also explore the opportunities for these services moving forward
- That work would be undertaken with health boards to ensure that there was a regional focus where required when developing Commissioning Intentions and the IMTP.

Members agreed that the plan would assume that the financial allocation and uplift would be in line with that received by Health Boards. Work would be undertaken with Directors of Finance and Directors of Planning to ensure this would be transacted.

- AGREED THE NEXT STEPS

The EASC Team would:

- Facilitate the NEPTS Vision Workshop in April 2024
- Undertake a review of the ICAP format
- Strengthen the draft Commissioning Intentions 2024-25 for endorsement by sub groups before being presented to Committee for approval
- Continue to work with Members to enact the priorities of the Committee for their populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system using the different elements of the collaborative commissioning approach including:
- EASC Commissioning Frameworks
- Integrated Commissioning Action Plans
- EASC Integrated Medium Term Plan (including the IMTP Performance Improvements and Enablers Tracker).

UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

This section of the minutes will be presented in a different way to the normal EASC minutes. This is due to the increased interest in this agenda item. The recording of the meeting (held in public) is available at (starting at 1hr 09 minutes and 3 seconds) https://www.youtube.com/watch?v=cHHcmDagkOk&feature=youtu.be

The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave a short overview of work to date in line with the phased approach.

Members Noted:

- The update provided to EASC on 21 December 2023 where it was agreed that a third and final phase of engagement would be held in February 2024
- That discussions and considerations continued with Llais
- The work undertaken in preparation for the Phase 3 engagement
- That the EASC Team was grateful for the support from engagement leads within health boards particularly in view of the short timescales involved

- The Options Appraisal Workshop had taken place on 12 January with representatives from health boards and NHS Trust, which included clinical, operational, planning and engagement staff
- That Llais had continued to advise and support the development of the Phase 3 process and the team was grateful for their support
- Phase 3 was planned go live on 1 February 2024 and conclude on 29 February with a report to the next EASC on 19 March 2024
- The risks identified within the report.

Stephen Harrhy, Chief Ambulance Services Commissioner (CASC) responded to the overview of the report and:

- Reiterated that the work with Llais had been continued (including helpful comments on draft documents) and also with engagement colleagues in health boards
- Explained that further development of the Equality Impact Assessment (EIA) had taken place after receiving comments to take account of the current user profile of EMRTS patients
- Explained that an engagement document was being developed as well as the 'Easy read' version
- Re-emphasised that a recommendation or a decision had not yet been made, highlighting the importance of Phase 3 to be able to listen further to the public on the options identified.
- That he would be interested in members views about the approach to the Options Appraisal Workshop, the impact of the workshop and the opportunity for the public to comment on option A and B identified.
- Highlighted the additional actions which could be taken, as a perfect option had not yet been identified
- Recognised that there continued to be a lot of public interest in the work and the team are keen to gather feedback and comments from the public
- Assured Members that the EASC team would work with everyone on a health board by health board basis to provide subject matter expertise or additional information or presentations as required
- Understood that Health Boards would want to discuss the feedback and information from the formal engagement process prior to decision at EASC
- Suggested that the EASC meeting scheduled for 19 March 2024 may not align with HB meetings and suggested the meeting of EASC be rearranged to allow opportunity for consideration at health boards before a final decision at EASC.

Hayley Thomas (Powys) responded by:

- Thanking the CASC for the update and welcomed the strengthening of the Equality Impact Assessment (EIA) including impacts and mitigation
- Highlighting that for the decision making process it would need a strong assessment and costing of the mitigations proposed
- Welcoming that an easy read version would be available and the assurance from the CASC regarding liaison with Llais
- Agreeing that there was substantial public interest. Some people would want all of the information whilst others would only want a summarised version to engage with.
- Raising that of the options discounted that adequate information would be provided including the costs and reasons
- Raising concern about whether the timeline at the end of the engagement period would allow sufficient time to consider in view of the potential scale of the responses and to ensure that health boards properly consider everything prior to any decision making.
- Recognising the amount of work undertaken by the CASC and the EASC team.

Stephen Harrhy responded by

- Agreeing to share the information shared at the Option Appraisal Workshop and how options were ordered including the affordability and value for money considerations
- Agreeing that in order that HBs could respond adequately to issues raised, would want sufficient information for their consideration but if this became an issue this would be discussed broadly and members would be notified
- Identifying some mitigating actions which would support the analysis of the feedback from the public. This would include continuing the work with HB engagement leads as well as Llais and the Team would provide a weekly update report ensuring ongoing analysis from day one
- Making a commitment to meeting the deadlines already identified.

Phil Kloer (Hywel Dda) supported the issues raised by Hayley Thomas and:

- Welcomed the additional information provided as had identified similar concerns in relation to the time for analysis at the end of the engagement period
- Raised concerns over 'digital accessibility' for some people, as there was considerable interest in the engagement process and noted the EASC Team were in regular contact with Hywel Dda UHB staff.

The CASC thanked the HBs for the support already received from each area and assured members that additional information would be provided by the EASC team during the engagement process for people requiring specific information.

Nerissa Vaughan (SBUHB) also supported the information raised by Hayley Thomas and raised concerns on:

- Whether the revised documentation sent yesterday had been shared with Llais and the importance that they should have an opportunity to comment and make suggestions or changes
- Seeking assurance that HBs had the opportunity to consider the proposals within their own governance processes and timescales (outside of the work of EASC).

The CASC responded:

- Support for changing the timescales to ensure health boards could properly consider the responses received in line with their governance arrangements
- The ongoing work with Llais and taking into account and considering all feedback received on the engagement documents and assured members of his commitment to continuing this with Llais
- Agreed to update Llais following the meeting .

Carol Shillabeer (BCUHB) supported previous colleagues and asked (to check her understanding):

- Whether Llais had reviewed the documents and given their comments?
- In relation to the ideas and views from members of the public and groups which had previously been received, sought confirmation that an explanation of why options had been discounted and not included in the shortlisted options was available within the engagement documentation. Furthermore, whether supplementary communication would be required for this matter?
- To confirm in relation to the timescales for the engagement process would start on 1 February and close on 29 February. The date for reviewing and analysing including financial and non-financial aspects would be moved to the end of March to ensure the analysis could be considered by each health board to understand their view and come forward for decision making with their preferred way forward.

The CASC confirmed:

- That Llais were reviewing the documents and had given some comments and this work was continuing
- That the EASC meeting would be moved to ensure health boards had the opportunity to consider the feedback from the engagement process prior to decision making
- In relation to the engagement documents that clarity was provided on how the shortlisting process was undertaken and it would be important to take into account the views the public would want to address in order to make the best recommendation possible.

Carol Shillabeer raised an additional question in relation to the variation in the feedback and comments for different health board areas and the mechanisms to work through these.

The CASC confirmed that as much support as possible would be provided to health boards (of subject matter expertise) depending on individual health boards requirements. The aim was to continue to meaningfully engage with the public, analyse responses and share information with members in line with the other phases of the engagement process.

Nerissa Vaughan raised a query related to the practicalities of the approach depending on what health boards required and how this would be synthesised into a final decision.

The CASC responded by accepting this was a challenge but would continue with the collaborative approach and ensure no surprises for members (health boards).

Nerissa Vaughan made a plea that Llais were fully involved in the work and the CASC gave a further assurance that this was the case and explained the approach in liaising with the national officers.
The CASC also understood that health boards would have local links with Llais and would be happy to provide further support if required on this matter.

The Chair asked for any further comments or questions before summarising the resolution:

- Approving the material we are going to engage on
- Had some questions and reassurance in relation to the involvement of Llais
- Needing to work very closely with HBs (an absolute must)
- Would move the March date of EASC to allow for health board consideration of the engagement materials.

At this point, Nerissa Vaughan commented on behalf of Swansea Bay to say that they were happy with the documentation subject to Llais having a look at the documents and explained that she did not believe that this was the case at Llais. She felt it was important that Llais had sight of the documents and been able to make the amendments that they would want to make and this was a request from the engagement lead at SBUHB.

The CASC responded and offered that if there was anything more that the HB would like the team to do with Llais locally that they should contact the team. The CASC again assured members that work was continuing with the Llais national team and assumed that the onward communication internal to the organisation would take place but would be happy to further support health boards.

Phil Kloer asked whether there was confidence to deliver the go live date for the engagement following the discussion at the meeting. The CASC responded that there was and he was confident that all issues could be taken on board to deliver to the deadline agreed.

The Chair confirmed and Members RESOLVED to:

- APPROVE the start the phase 3 engagement on 1 February 2024 and end on 29 February 2024
- NOTE that a period of analysis would then take place
- NOTE that the EASC meeting would be moved in March to allow health boards consideration although recognising that there was a risk associated with the end of March and the development of the new Joint Commissioning Committee which would have new members. The risk to the Charity was also identified and therefore he believed there was an obligation on EASC Members to try and conclude the work and finalise the process. The new date for the EASC meeting would be sought and shared in due course.

WELSH AMBULANCE SERVICES NHS TRUST PROVIDER REPORT

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received with Members noting that the key headlines of the report had already been covered in earlier discussions.

Members noted:

- The consult and close rate of 14.1% in December 2023 (WAST ambition to achieve 17% by the start of Quarter 4) with a corrective action plan in place. This was more consult and close activity than had previously been delivered
- That consult and close required staff to utilise different skills in order to undertake remote assessment of patients, work was being undertaken to explore a bespoke qualification for this
- The need to better understand the themes within the alternative transport outcome arising from consult and close activity on a health board footprint
- Good performance (74% with a target of 70%) against enhanced renal journeys that arrived within 30 minutes prior to their appointment time in December 2023; further work required regarding advanced discharge & transfer journeys collected within 60 minutes of their booked ready time (78% against a target of 90%)
- Members recalled the discussion on the recommendations arising from the Manchester Arena Inquiry, work had been undertaken internally on this and a first draft would soon be considered by the WAST Executive Team, this will be reported via EASC governance processes in coming months
- There was the equivalent of an Integrated Commissioning Action Plan (ICAP) in place for WAST with more and more emphasis on remote clinical working and local initiatives including mental health and stroke services.

- AGREED THE NEXT STEPS

- WAST would to continue to focus on tactical actions in support of winter systems resilience
- ORH to complete the independent and collaborative strategic EMS Demand & Capacity Review in Quarter 4
- EASC Team and WAST to collaborate on finalising their respective 2024-27 IMTPs to ensure they are aligned

- WAST to continue to develop its strategic response to treating demand at the earliest point in the five step Emergency Medical Services (EMS) ambulance care pathway, aligning to the Six Goals for Urgent and Emergency Care Programme
- Health Boards to continue focus on handover lost hours reduction.

FOCUS ON – TRANSITION TO NEW JOINT COMMISSIONING COMMITTEE

Stephen Harrhy presented slides to aid discussion on the work to transition to the new Joint Commissioning Committee utilising the commissioned services lens.

Members noted:

- Opportunities for EASC commissioned services including NHS Wales 111 services, Major Trauma and Neonatal/Paediatric Transport
- The Welsh Government Policy view regarding the need to maintain an ambulance commissioning team as described in the EASC Regulations and Directions
- Risks for EASC commissioned services identified included:
  - maintaining the profile (of ambulances) within the larger Joint Commissioning Committee responsibilities
  - lack of engagement from the existing 111 programme team
  - capacity of the ambulance commissioning team
  - dilution of role and function of Chief Ambulance Services Commissioner (CASC) and ambulance commissioning team
  - loss of the existing integrated collaborative commissioning team approach
- The existing integrated and flexible approach of the National Collaborative Commissioning Unit.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received and was presented by Stephen Harrhy. The report highlighted key areas which included:

- Winter Ambulance Improvement Plan
- Connected Support Cymru
- Data Linking
- Transfer of 111 Services.

Members particularly noted:

- Connected Support Cymru - This service enabled individuals to get support in their home and avoided unnecessary hospital visits. This had been extended until the end of March 2023. Monthly reports continue to show the positive impact of the service and a detailed report on delivery, outcomes and next steps for the service would be brought to a future meeting.

FINANCE REPORT MONTH 9

The EASC Financial Performance Report at Month 9 in 2023/24 was received. Stacey Taylor presented the report and Members noted that there were no variances within the plan; the position showed £21k underspend.

EASC GOVERNANCE

The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted the following key areas:

- EASC Risk Register
- EASC Assurance Framework
- EASC Key Organisational Contacts
- Arrangements for the new Joint Commissioning Committee.

Noted that:

- The Risk Register had recently been reviewed (January)
- The EASC Assurance Framework had been updated in line with the changes above to the risk register, the framework utilised the host body's risk management approach and assurance framework
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups to ensure correct representation at meetings
- Getting the right contacts was highlighted as being very important, this was reflected in the recent Option Appraisal Workshop for the EMRTS Service Review held on 12 January, the level of input and collaboration from health board and Trust colleagues from a broad range of disciplines was very helpful, resulting in a very successful meeting. The Chair thanked all colleagues for their support and participation
- Arrangements to create a new National Joint Commissioning Committee continued, this included recruitment of the Chair and Lay Members and developing the supporting governance arrangements
- Legislation had been drafted and would be laid before the Senedd in early February
- Potential delays to some timelines particularly in relation to the completion of the Organisational Change Process (OCP) for the Tier 1 and Tier 2 posts
- The work was underway to develop a comprehensive legacy statement which would be presented at the next meeting.

FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the monitoring of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST – through the ICAP process

Matters requiring Board level consideration

- At the Health Board meeting in March 2024, boards will be asked to consider the feedback from the EMRTS Service Review Phase 3 engagement
- To acknowledge the continued 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 – especially in relation to the quality of services patients receive

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	19 March 2024			