Partnerships, Population Health & Planning Committee

Thu 07 July 2022, 09:30 - 12:30

Microsoft Teams

Agenda

09:30 - 09:45
15 min

1. Preliminary Matters

1.1. Welcome and Introductions

Verbal *Chair*

1.2. Apologies for Absence

Verbal *Chair*

1.3. Declarations of Interest

Verbal *Chair*

1.4. Minutes of the previous meeting held on the 25th April 2022- for ratification

Attachment *Chair*

1.4 PPHPC Draft Minutes 25.04.22 (Chair Approved).pdf (9 pages)

1.5. Committee Action Log- July 2022

Attachment *Chair*

1.5 PPHPC Action Log 22-23 July.pdf (6 pages)

09:45 - 10:05
20 min

2. Committee Governance

2.1. Committee Strategic Risk Report

Attachment *Head of Corporate Governance*

2.1 Planning Committee Cover Risk Report Jul2022 V1.pdf (5 pages)
2.1a Updated SAPlanning Committee Risks July 2022.pdf (10 pages)

10:05 - 10:35
30 min

3. Strategic Partnerships

3.1. To receive an update in respect of creating a Marmot Region via the Public Services Board

Attachment *Director of Public Health & Strategic Partnerships*

3.1 PPHP Committee_07Jul22_Marmot Region.pdf (15 pages)
3.1a PPHP Committee_07Jul22_Marmot Region.pdf (1 pages)

10:35 - 12:05
90 min

4. Strategic Planning and Developments

4.1. To receive an update on the development and delivery of a Strategy for Mental Health Services in Gwent

Presentation *Interim Executive Director of Primary Care and MHLD*

- 4.1 MH LD STRATEGY July Latest with images2022.pdf (13 pages)

4.1.1. 11:00am- 10 MINUTE COMFORT BREAK

4.2. To receive an update on the Key Clinical Futures Models of Care

Attachment *Director of Planning, Performance, Digital & IT*

- 4.2 CF Models update June 2022 V8.pdf (17 pages)

4.3. To receive an update on the development and delivery of a Strategy for Agile Working in ABUHB

Attachment *Director of Workforce & OD*

- 4.3 070722_Agile Working Update June 22.pdf (8 pages)
- 4.3a 070722_Appendix 1 Agile Programme Plan.pdf (1 pages)
- 4.3b 070722_Appendix 1 Agile Programme Plan- Risks and Issues.pdf (2 pages)

12:05 - 12:15
10 min

5. Other Matters

5.1. To confirm any key risks and issues for reporting/escalation to Board and/or other Committees

Verbal *Chair*

5.2. Date of the next meeting is Tuesday 8th November 2022

Verbal *Chair*

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Partnerships, Population Health, and Planning Committee (PPH&PC) held on Monday 25th April 2022 at 9.30 am via Microsoft Teams

Present:

Ann Lloyd	-	Chair
Katija Dew	-	Independent Member
Richard Clark	-	Independent Member
Sarah Aitken	-	Director of Public Health & Strategic Partnerships
Chris Dawson-Morris	-	Deputy Director of Planning
Phil Robson	-	Co-opted Member, Special Advisor

In attendance:

Rani Mallison	-	Director of Corporate Governance
Glyn Jones	-	Interim Chief Executive Officer
Robert Holcombe	-	Director of Finance Procurement and Value Based Health Care
Neil Miles	-	Clinical Futures Programme Director
Stuart Bourne	-	Consultant in Public Health
Mathew Lane	-	Energy and Carbon Manager
Emma Guscott	-	Secretariat

Observers:

Arain Howells	-	Management Graduate, Planning

Apologies:

Nicola Prygodzicz	-	Director of Planning and IT (Chris Dawson-Morris representing)

1	**Preliminary Matters**
PPHPC 2504/01	**Apologies for Absence**

	The Chair welcomed everyone to the meeting. The Committee had not received any written questions prior to the meeting. Apologies for absence were noted.
PPHPC 2504/02	**Declarations of Interest** There were no Declarations of Interest raised to record.
2	**Committee Governance**
PPHPC 2504/03	**Committee Terms of Reference & Operating Arrangements** Rani Mallison, Director of Corporate Governance, presented the paper to the Committee. The Committee received and endorsed the Terms of Reference (ToR) and operating arrangements, following consideration by the Board in March 2022.
PPHPC 2504/04	**Committee Priorities 2022/23** Rani Mallison, Director of Corporate Governance, provided a high-level overview of the Committee's priorities. The priorities for the Committee for 2022/23 were outlined as, but not restricted to, the following: • Evaluation of the Health Board's Clinical Futures Model. • IMTP priority programmes. • Strategic partnership planning, including regional planning. • Civil contingencies act and business continuity plan. • Engagement strategy refresh. • Any arising strategic risks and gaps in assurance, linking to the Board Assurance Framework (BAF). The outlined priorities would inform the Committee's workplan, which would be presented to the Board in May 2022. Committee members requested that the governance of the Regional Partnership Board (RPB) be included in the ToR and Committee work plan. Rani Mallison informed members that there was an identified need for further development of the Partnership Governance Arrangements. **Action:** Governance of RPB to be included in Committee priorities for 2022/23. **Rani Mallison** The Chair discussed the importance of the Health Board, as a strategic partner of the RPB, being able to have visible oversight of the RPB's activities. The Committee approved the Priorities for 2022/23, with amendments as noted.

3	**Strategic Partnerships**
PPHPC 2504/05	**Overview of Work of the Gwent Public Service Board (PSB), including an update in respect of Developing a Marmot Region** Sarah Aitken, Director of Public Health and Strategic Partnerships, introduced the newly appointed Consultant in Public Health, Stuart Bourne. It was noted that Stuart Bourne would be taking a lead in delivering on the proposal that the Gwent area should become a Marmot Region. The proposal outlined the rational for asking the PSB to become a Marmot region. The programme would focus on the wider determinations of health, and the focus of the Minister for Health and Social Services on the actions of the NHS to tackle health inequalities and health improvement. The aim of the programme would be to include the PSB work within the Health Board's Integrated Medium Term Plan (IMTP). The Committee noted that the PSB Wellbeing Assessment had been considered by Board members in January 2022. The PSB would complete an analysis based on the Wellbeing assessment, and this would inform the Wellbeing Plan and new collective PSB objectives. Once the objectives were finalised, the Health Board would use them to help inform its objectives. The PSB had recently agreed three priorities. These were as follows: • Health and Wellbeing, and Inequalities, led by Sarah Aitken • Climate Change and Biodiversity, led by National Resources Wales (NRW) • Community Cohesion, including substance misuse, led by the Chief Constable. The Chair queried the fourth priority that had been previously discussed. Sarah Aitken informed the Committee that discussions had taken place regarding the economy, and there was a view that the development of the economy sits with Cardiff City Deal region. **Action:** The Chair requested further discussions with the PSB regarding the development of the economy, as this was fundamental to the Health Board becoming part of the Foundational Economy as required by Ministers. The Health Board was not party to discussions about the City Deal. **Sarah Aitken** Sarah Aitken informed members that the Health Board's plan was to deliver a response analysis to the PSB in June 2022 and the Well-being Plan in September 2022, ensuring legal compliance with the Well Being of Future Generations Act. The planned proposal to be taken to the

	PSB in June was to develop a leadership group, to include members of the PSB with delegated responsibility to make decisions between meetings and oversee the implementation of projects outlined in the paper. The Health Board proposes that this Group be chaired by a Chief Executive of a Local Authority partner, with members including Sarah Aitken, Chief Executive of Gwent Association of Voluntary Organisations (GAVO), Chief Executive of Tai Calon and a Welsh Government (WG) PSB representative. The Chair of the Committee welcomed the idea of a leadership group. The Chair requested consideration of the role of the WG representative, suggesting that the representative be an 'observer'. The ability of the PSB to provide funding for the outlined proposal was questioned. Sarah Aitken informed the Chair that funding would be about core services and organisations being committed to provide what is agreed. Aligning core activity was one of the main aims. Katija Dew, Independent Member, supported the wider approach and noted she would be keen to observe further discussions between Sarah Aitken and Professor Michael Marmot. Sarah Aitken informed the Committee that a communications plan was being developed, to strengthen community involvement. The Chair stated that communications and engagement were important, and that the Committee would require an overview on how engagement will inform the next steps for the programme. **Action:** The Communications plan to be included in the paper being presented to the PSB in June. Any papers presented at the PSB to come to future meetings for discussion. **Sarah Aitken** The Chair requested information explaining the difference between the Foundational Economy programme, being an anchor institution and how this fitted with the Marmot proposal. **Sarah Aitken** Phil Robson, Independent Member, supported the initiative and queried what would be done differently through this proposal. Sarah Aitken informed members that there would be a Wellbeing plan with clear focus and commitments to doing things differently. The plan would include collective SMART objectives, clearly outlining each organisations required contribution. The Committee endorsed the approach outlined in the paper and thanked Sarah Aitken.
4	**Strategic Planning and Developments**
PPHPC 2504/06	**Integrated Medium Term Plan, 2022-2025** Chris Dawson-Morris, Deputy Director of Planning, supported by Neil Miles, Clinical Futures Programme Director, presented an overview of

	the Health Board's Integrated Medium Term Plan (IMTP). Members were informed of the Health Board's plans and intended delivery of the IMTP. The main pillars of delivery were discussed. **Action:** Chris Dawson-Morris informed members that a paper on the Health Board's revised performance reporting, linking to the development of the Outcomes Framework, would be presented to the Committee in July. **Chris Dawson-Morris** **Action:** An analysis of the 'first look' and implementation of the Outcomes Framework to come back to the Committee at the end of the first Quarter. **Chris Dawson-Morris** Chris Dawson-Morris discussed the Health Board's Delivery Framework and Outcomes, informing members of the Health Board's mission to '*reduce the health inequality experienced by our communities through the improvement of population health'* and discussed how this linked to the development of Gwent becoming a Marmot region. The distinction between population, system and individual outcomes was discussed. This piece of work gave an overview of outcomes at a system level. For each of the Health Board's 'life course priorities', the planning team intended to develop a series of proxy measures, linking to Welsh Government (WG) Outcomes Framework and other indicators, showing system performance against the Health Board's priorities. This report had been discussed with Executive team members. A point to note was the ability to analyse counterbalancing measurements, for example, analysing both discharge data and re-admission data. **Action:** A report would be presented to the Committee each quarter, linked to the Board Assurance Framework (BAF), updating members on progress against each priority area. An example of the report was displayed to members. **Chris Dawson-Morris** Chris Dawson-Morris welcomed feedback from members on the measures outlined in the presentation. Phil Robson, Special Advisor, queried how the teams would ensure that this reporting was connected throughout the organisation, and how it would flag any potential issues, enabling a deep dive into potential cause. Chris Dawson-Morris informed members that the purpose of the Outcomes framework is to help the Health Board ask the important questions, be able to interpret data, drill down and enquire based on headline measures. This also links with Marmot work and working with partnership organisations. The Chair discussed indicative measures and requested that the measures reflect the strategy; and when looking at the service delivery model, 'what is perfection?' and what makes the greatest difference to achieve perfection in terms of outcomes. A priority that required a

	further look, was outlined as 'Priority 4 Older Adults'; this could be used to look to improve care for people in their own or housing association accommodation. The Chair queried how the Health Board could influence WG, in terms of measuring performance against outcomes. Chris Dawson-Morris informed the committee that Health Board Planning team members were part of National Measures Groups with the intention to influence a strategic focus. Katija Dew, Independent Member, stated the importance of the Heath Board measuring what is important for its outcomes and using it to influence system change. Neil Miles, Clinical Futures Programme Director, presented an update on the Clinical Futures programme and the delivery of the IMTP to the Committee. The Clinical Futures identity had evolved, with slight changes to the branding to restrengthen messaging on how to access services. A huge communications drive had taken place, outlining both services provided and Health Board employment opportunities, through social media platforms and the 'Work with Us' roadshows. Neil Miles discussed the Health Board's priority programmes, and the importance of governance and ability to influence when working alongside partnership organisations, helping achieve the key priorities. The Committee noted the redesigning of services for older people. Led by James Calvert, Medical Director, the previous COTE and Frailty programmes were being combined as one service for patient care in and out of hospital, aiming to deliver consistency of services across the Health Board area. **Action:** Further detail on the establishment of this programme of work to come back to the Committee. **Neil Miles** The Committee was informed that the Clinical Futures Programme Board would oversee and ensure clear lines of communication between each priority, also establishing clear links with staff side and the Community Health Council (CHC). Further work was being undertaken by Rani Mallison, Director of Corporate Services, around the governance of other linked reporting groups. Rani Mallison informed members that the Clinical Futures Programme would be monitored through this Committee and the newly established Finance and Performance Committee, providing assurance to the Board. A proposal would be going to the Board in May for the establishment of an Executive Committee, as a further reporting mechanism to the Board. Phil Robson requested a further look at the language used in the Clinical Futures programme, to replace 'cluster development' to the 'development of NCNs'. **Action:** Neil Miles to change the reference to the NCNs, with reference to WG language as a subtitle. **Neil Miles**

	The Chair requested a formal report explaining Same Day Emergency Care (SDEC) and the consequences for the rest of the emergency workload to Board members. **Action:** A report on SDEC and its associated assumptions to come back to the Committee. **Neil Miles** Chris Dawson-Morris gave a special thanks to Jennifer Keyte, Planning and Service Development Manager, for her contribution to the work underpinning the report. The Chair thanked the teams for the update, the good work being undertaken, and welcomed regular updates from the team.
PPHPC 2504/07	**Decarbonisation Strategy and Update of Progress to-date** Chris Dawson-Morris introduced an overview of the Health Board's commitment to produce a strategy on decarbonisation. Members were informed that a draft Decarbonisation Framework was being developed and would be shared with the Health Board and Welsh Government (WG) on completion. Mathew Lane, Energy and Carbon Manager, discussed several key drivers to reducing energy and water consumption, wider organisational carbon emissions and their environmental impacts, which would influence the Health Board's Decarbonisation agenda. The key drivers include environmental and social, financial, and regulatory influences. The WG Decarbonisation Delivery Plan had been published in 2021, and the Health Board's Decarbonisation Framework aimed to address the objectives outlined in that document. Members were informed that the framework would be a collaboration between the energy and carbon and clinical futures teams, becoming a 'Live working document' with whole system responsibilities. The framework would be working towards the WG aspiration of a net zero position by 2030, with an NHS Wales requirement of a 34% reduction target. Aligning to the NHS Wales Decarbonisation Strategic Delivery Plan, that identifies 46 national objectives, there is a Health Board requirement for annual reporting of progress against objectives to WG. Members were informed that, excluding of the Grange University Hospital (GUH), over the last decade the Health Board had made consistent progress on the reduction of carbon emissions and energy consumption from its estate. GUH data would be included in 2022/23 analysis. **Action:** Presentation to be shared with members. **Mathew Lane/Secretariat**

	Subject to further consultation, draft plans suggested that progress against the Decarbonisation Framework be reported through a newly formed Decarbonisation Programme Board, providing governance of reporting through appropriate forums. Members were informed that from 2022/23 the Health Board's Estates Strategy would be superseded by the Decarbonisation Framework. A list of potential energy projects had been identified, with the Health Board's intention to deliver these through the Re:Fit Cymru Programme. Robert Holcombe, Director of Finance Procurement and Value Based Health Care and Executive lead for Decarbonisation, informed members of the Health Board's refreshed approach and how this would link to the Integrated Medium-Term Plan (IMTP). Katija Dew, Independent Member, queried whether the outlined metrics included the impact of agile working and the carbon emissions from shared home and office working. She also highlighting the cost-of-living crisis caused through increased energy and gas prices and the consequences for communities. Mathew Lane informed members that early discussions had taken place with WG to investigate how data could be captured from the move to agile/home working. The Health Board was aiming to refresh and invigorate its 'Going Green' information, with help and advice for staff members. The Chair requested an opinion on whether or not the targets outlined were achievable. Members were informed that the biggest challenge would be the Health Board's influence on procurement and the supply chains used. The Committee thanked Chris and Mathew for the presentation and the work undertaken.
PPHPC 2504/08	**Regional Planning Update** Chris Dawson-Morris gave an overview of the paper and an update to the Committee on the progress made in regional planning. Members were informed that there would be a possible delay on the 'go live' date of 14th of June 2022 for Vascular services reconfiguration due to current operational risk, based on bed availability and system pressures. A risk-based decision would be made closer to the 14th of June 2022. The Chair discussed the delay in Vascular Services. Chris Dawson-Morris informed the Committee that the commitment was to 'go live'

	over the next few months and that the Health Board would push for this commitment to go ahead. The Chair informed members that this would be raised for discussion at the upcoming meeting on regional working with Chairs of the other Health Board's. Good progress had been made on development of regional Ophthalmology service plans and development of a Regional Cataract Centre. Positive conversations had taken place between the Health Board, Cwm Taf Morgannwg University Health Board and Cardiff & Vale University Health Board. The Chair thanked the ABUHB Planning Team for their determination in implementing discussions and actions in respect of regional services and regional working for the population, a key priority for the Minister for Health and Social Services Wales. Glyn Jones, Interim Chief Executive Officer (CEO), echoed thanks to the planning teams and informed members that the CEO of each Health Board were meeting in the coming week to agree regional working priorities and to discuss progress on Vascular services, alongside the priorities on Ophthalmology and Orthopaedics.
5	**Other Matters**
PPHPC 2504/09	**Any Other Urgent Business** None noted.
PPHPC 2504/10	**Date of the Next Meeting** The date and time of the next meeting was noted as Thursday 7th July 2022, at 09:30am via Microsoft Teams.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Partnerships, Population Health & Planning Committee
2022/23 Action Sheet

(The Action Sheet also includes actions agreed at previous meetings of the PPHPC and are awaiting completion or are timetabled for future consideration for the Committee. These are shaded in the first section. When signed off by the PPHPC these actions will be taken off the rolling action sheet.)

Agreed Actions Key:

Overdue	Not yet due	Due	Transferred	Complete	In progress

Action Ref	Action Description	Due date	Lead	Progress	Status
PPHPC 2504/04	**Committee Priorities 2022/23** Governance of RPB to be included in Committee priorities for 2022/23.		**Rani Mallison**	RPB Governance was identified as a priority for the Committee in the annual priorities presented to Committee on 25th April 2022. This will inform future agenda setting.	**Complete**
PPHPC 2504/05	**Overview of Work of the Gwent Public Service Board (PSB), including an update in respect of Developing a Marmot Region**		**Sarah Aitken**	Included in meeting agenda item.	**Complete**

	The Chair requested further discussions with the PSB regarding the development of the economy, as this was fundamental to the Health Board becoming part of the Foundational Economy as required by Ministers. The Health Board was not party to discussions about the City Deal.				
PPHPC 2504/05 .1	**Overview of Work of the Gwent Public Service Board (PSB), including an update in respect of Developing a Marmot Region** The Communications plan to be included in the paper being presented to the PSB in June. Any papers presented at the PSB to come to future meetings for discussion.	**Nov 2022**	**Sarah Aitken**	Gwent Marmot Region Communication and Engagement Strategy presented to the PSB on 30th June 2022. Added to the Committee Forward Workplan for November 2022.	**Not yet due**
PPHPC 2504/05 .2	**Overview of Work of the Gwent Public Service Board (PSB), including an update in respect of Developing a Marmot Region** The Chair requested information explaining the difference between the Foundational Economy		**Sarah Aitken**	Included in the agenda item.	**Complete**

	programme, being an anchor institution and how this fitted with the Marmot proposal.				
PPHPC 2504/06	**Integrated Medium-Term Plan, 2022-2025** Chris Dawson-Morris informed members that a paper on the Health Board's revised performance reporting, linking to the development of the Outcomes Framework, would be presented to the Committee in July.	**July 2022**	**Chris Dawson-Morris**	Will be included as part of the Outcomes Report to the July Board.	**In progress**
PPHPC 2504/06 .1	**Integrated Medium-Term Plan, 2022-2025** An analysis of the 'first look' and implementation of the Outcomes Framework to come back to the Committee at the end of the first Quarter.	**July 2022**	**Chris Dawson-Morris**	Will be included as part of the Outcomes Report to the July Board.	**In progress**
PPHPC 2504/06 .2	**Integrated Medium-Term Plan, 2022-2025** A report would be presented to the Committee each quarter, linked to the Board Assurance Framework	**July 2022**	**Chris Dawson-Morris**	Will be included as part of the Outcomes Report to the July Board.	**In progress**

	(BAF), updating members on progress against each priority area. An example of the report was displayed to members.				
PPHPC 2504/06 .3	**Integrated Medium-Term Plan, 2022-2025** Led by James Calvert, Medical Director, the previous COTE and Frailty programmes were being combined as one service for patient care in and out of hospital, aiming to deliver consistency of services across the Health Board area. **Action:** Further detail on the establishment of this programme of work to come back to the Committee.	**Nov 2022**	**Neil Miles/ James Cavert**	Added to the Forward Work Plan for the Committee meeting in November 2022.	**Not yet due**
PPHPC 2504/06 .4	**Integrated Medium-Term Plan, 2022-2025** Phil Robson requested a further look at the language used in the Clinical Futures programme, to replace 'cluster development' to the 'development of NCNs'. **Action:** Neil Miles to change the reference to the		**Neil Miles**	ACD now primary identifier as NCN with ACD as the sub headline.	**Complete**

	NCNs, with reference to WG language as a subtitle.				
PPHPC 2504/06 .5	**Integrated Medium-Term Plan, 2022-2025** The Chair requested a formal report explaining Same Day Emergency Care (SDEC) and the consequences for the rest of the emergency workload to Board members. **Action:** A report on SDEC and its associated assumptions to come back to the Committee.	**Nov 2022**	**Neil Miles**	Document circulated outside of the meeting providing an overview of the Implementation approach, timeline, Clinical model, layout and expected benefits to patient experience. Added to the Committee Forward Work Plan for November 2022.	**Not yet due**
PPHPC 2504/07	**Decarbonisation Strategy and Update of Progress to-date** Presentation to be shared with members.		**Mathew Lane/ secretariat**	Presentation shared outside of meeting.	**Complete**

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Partnerships, Population Health and Planning Committee 7th July 2022 Agenda Item: 2.1

Aneurin Bevan University Health Board

Partnerships, Population Health and Planning Committee - Strategic Risk Report

Executive Summary

This report provides an overview of the profile of risks that are required to be reported to the Partnerships, Population Health and Planning Committee (PPHPC). The risks reflect the sustained challenges of service delivery and restart and recovery plans against a backdrop of continued disruption and delays caused by the COVID pandemic.

The report also provides an update in respect of:

- Continued establishment of the Risk Management Strategy and associated delivery framework within operational, Divisional teams and at Executive level;
- Assurance that the organisational strategic risks are used as intelligence to inform the Committee agenda and forward business programme.

The PPHPC is asked to note this report for assurance.

The Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor:	Rani Mallison, Director of Corporate Governance
Report Author:	Danielle O'Leary, Head of Corporate Services, Risk and Assurance

Report Received consideration and supported by :

Executive Team	**N/A**	**Committee of the Board:**	• **Partnerships, Population Health and Planning Committee**

Date of the Report: 30th June 2022

Supplementary Papers Attached:
Appendix 1 – Detailed risk assessments for Planning/Strategic Risks

Purpose of the Report

This report is provided for assurance purposes and seeks to provide a summary of the current key risks related to the Finance and Performance Committee, which also form strategic risk profiles for the Health Board and as such, feature on the Board Assurance Framework.

Background and Context

In conjunction with the Board Assurance Framework (BAF) and the Risk Management Approach, the Health Board is able to review and assess its strategic risks against achievement of objectives as set out in the revised IMTP.

This report provides the Partnership Population Health and Planning Committee with an opportunity to review the organisational strategic risks pertinent to the Committee and which also form part of the risks featured in the Board Assurance Framework.

The Health Board utilises the All-Wales Risk Matrix to assess the potential impact and likelihood of occurrence of all predicted risks to form an overall risk score. Risks may then be tolerated, treated, transferred or terminated in line with the Health Board Risk Management Strategy.

Assessment & Overview of Current Status

Revised Risk Management Approach and Update on National OfW Risk Module

The revised risk management approach remains in the embedding phase throughout the organisation. A plan for implementation and full realisation of the risk management strategy has been developed and is being actively monitored through the Audit, Risk and Assurance Committee.

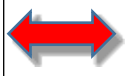
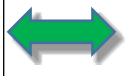
Continued engagement throughout the organisation has taken place to strengthen the utilisation of the Health Board's internal electronic risk management system (DATIX). This is being driven, informed and underpinned by the National work being undertaken by Once for Wales to develop a dedicated and specific Risk Management module. It is anticipated that the electronic risk management system will form one of the key sources of business intelligence in respect of identification and escalation of operational risk, in conjunction with Executive level horizon scanning led risk identification.

Divisional and Operational Risk Management Development

Further development work alongside Divisions continues to be undertaken to ensure risks are being captured on the system appropriately and consistently in terms of scoring, risk assessment and descriptors. This work is underpinned and supported by Executive Team which provides an overarching position in relation to each risk area. In parallel to horizon scanning, strategic risk identification, the Health Board's risk management approach and infrastructure, is continually evolving.

Current Status

There are currently **22** risks that form the Corporate Risk Register, **3** of which report to the PPHPC; **1** forms a Principal Risks within the remit of the Committee and the remaining **2** present moderate risk levels. The risks with a score 15> are also considered to be principal risks to achievement of the Health Board IMTP. The following tables provide a breakdown of the risks, level of severity and risk appetite assessment:

Risk ref and Descriptor	Current Score	Target Score (informed by Appetite level)	Risk Appetite Level	Managed to Agreed Level Y/N?	Risk Treatment	Date and Trend Since Last Reporting Period	Assurance/ Oversight Committee	Risk Owner
CRR007 Inability to reflect demands of an increasingly aging population.	16	12	**Zero or low** level of risk appetite in terms of protecting patient safety and the quality of services. **Moderate** level of risk appetite in relation to some risk controls and mitigations is required due to interdependencies with partner organisations.	**No**	**Treat** the potential impacts of the risk by using internal controls. **Tolerate** the impacts of some mitigations and acknowledge that some may not work and some are out of the Health Board's control.	**(May 2022 Board)** 	**PPHPC**	**Director of Primary, Community and Mental Health Services & Director of Public Health**
CRR012 Inability to address health inequalities across the population leading to increased dependency on Health Board services in the longer term and impact's ability of achievement of strategic objectives. **(re-framed Dec 2021)**	12	4	**Low** risk appetite in terms of patient safety and services. **Moderate** risk appetite with regard to innovation and developments in primary care and public health initiatives.	**No**	**Treat** the potential impacts of the risk by using internal controls.	**(May 2022 Board)** 	**PPHPC**	**Director of Public Health and Strategic Partnerships**
CRR004 Failure to comply with WBoFG Act and Socio-Economic Duty	4	4	**Low to Moderate** - Risk appetite in this area is low in terms of compliance with the Legislation. However, further innovation is required to develop new approaches and ways of working therefore,	**Yes**	**Treat** the potential impacts of the risk by using internal controls. **Take Opportunities** and use	**(Mar 2022 Board)** 	**PPHPC**	**Director of Public Health and Strategic Partnerships and Board Secretary**

			risk appetite in this area is defined at a moderate level.		positive risk management to realise efficiencies, better ways of working and realise our long-term strategic aims.			

Detailed risk profiles for which the Committee provides oversight (**3 profiles in total**), are appended to this report at ***Appendix 1***.

We will be actively working to review risk targets to ensure realistic and as far as possible; set within the context of the Board's appetite for risk.

Organisational risks that feature on the Corporate Risk Register and receive oversight from this Committee will be actively reviewed as part of the identification of the Committee's priorities and agenda setting process to ensure a risk focussed approach is taken to managing the business of the Committee. This will also strengthen assurance in relation to Committee priorities and ensure appropriate focus is placed on most significant areas. It is anticipated that these detailed reports provide a level of assurance to the Committee on the management of the risks identified within this paper.

Further Development of Risk Management

Over the last 6 weeks, targeted support has been provided to the Scheduled Care Division to review current risks and encourage Divisional Management Teams to tailor the business of their meetings around themes emerging from the Divisional risk registers. This approach is the corporate approach and is expected to be incrementally rolled out to the wider organisation with the next Division for targeted support identified as Unscheduled Care.

Recommendation & Conclusion

The Committee is asked to:

- Note the content of this report for assurance purposes, recognising that there will be further iterative development work to embed the revised risk management approach across the organisation.
- Acknowledge the updates that have been received and reflected in the appendices for the last reporting period.
- Endorse the approach to utilising the risk profiles for this Committee to inform the Committee work plan throughout the year to ensure a risk-based approach is adopted to managing the business of the Committee.

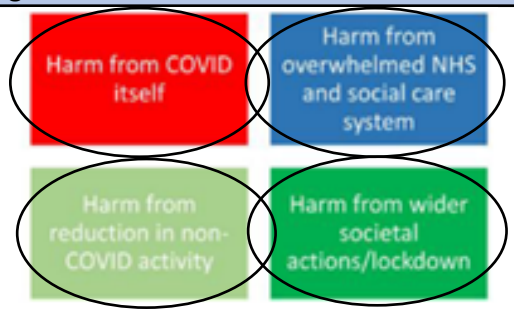
Supporting Assessment & Additional Information

Risk Assessment (including links to Risk Register)	The monitoring and reporting of organisational risks are a key element of the Health Boards assurance framework.
Financial Assessment (including value for money)	This report has no financial consequence although the mitigation of risks or impact of realised risks may do so.
Quality, Safety & Patient Experience Assessment	This report has no QPS consequence although the mitigation of risks or impact of realised risks may do so.
Equality & Diversity Impact Assessment (including child impact assessment)	This report has no Equality and Diversity impact but the assessments will form part of the objective setting and mitigation processes.
Health & Care Standards	This report contributes to the good governance elements of the H & CS.
Linked to Integrated Medium Terms Plan & Corporate Objectives	The objectives will be referenced to the IMTP
The Wellbeing of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to the report, however, considerations will be included in considering the objectives to which the risks are aligned.
Glossary of Terms	None
Public Interest	Report to be published

<table>
<tr><td colspan="2">Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22</td><td colspan="2">Risk Description, Appetite and Decision</td></tr>
<tr><td colspan="2">Supporting adults in Gwent to live healthy and age well
Provide high quality care and support for older adults
Staying healthy
Care closer to home
Less serious illness which require hospital care</td><td colspan="2">CRR007 – (March-2017)
Threat Cause: Increasingly aging population with complex healthcare needs and requirements
Threat Event: Health Board inability to respond to the demands of this cohort of patient demographic.
TREAT</td></tr>
<tr><td>High Level Themes</td><td>Population health
Partnership
Patient Outcomes and Experience
Quality and Safety
Reputational
Public confidence</td><td>Risk Appetite</td><td>Zero or low level of risk in terms of protecting patient safety and the quality of services in care homes; however, acknowledge that this is a transferable, shared risk and therefore the Health Board should understand its Partner's risk profile in relation to the care home sector and a dynamic risk appetite may be required.

When exploring innovative areas of providing enhanced services, the Health Board will be cognisant and acknowledge that some level of risk will need to be tolerated. Therefore, a higher level of risk appetite will be applied in this instance.</td></tr>
<tr><td>Committee Assurance</td><td>Internal Controls – Policies/Procedures</td><td colspan="2">Risk Score</td></tr>
</table>

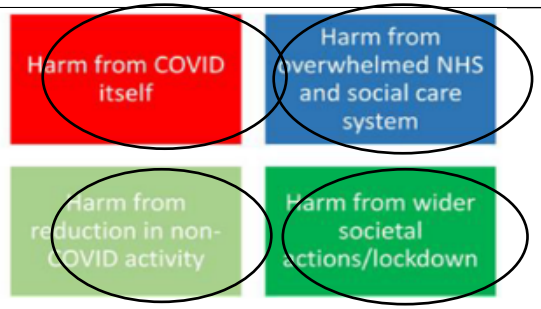
Partnerships, Population Health and Planning Committee	• Section 33 Pooled budgets for Care Homes to support sustainability in place. • Continued training, equipment and staff support is provided to care homes. • Implementation of agreed joint contract. • Health Boards continue to work on an All-Wales basis to comply with requirements of the Supreme Court Judgement. • Risk assessment updated monthly and reported to Complex Care and Health Board Quality and Patient Safety meetings.	**Inherent** ***Risk level before any controls/mitigations implemented, in its initial state.***		**Current** ***Risk level after initial controls/mitigations have been implemented.***		**Target** ***Risk level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.***	
Action Plan ***SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.***	**Due Date**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**
		4	4	4	4	3	4
Sustainability Funding Plan to be developed.	Mar-20	**16**		**16**		**12**	

Trend		**Executive Owner: Director of Primary Care, Community and Mental Health**
Mapping Against 4 Harms of COVID		**Update**
		June 2022 : Since the onset of the COVID 19 pandemic we have seen a significant increase in the number of vacancies within the Older Adult Care Home sector and this has resulted in a significant change in the financial sustainability / fragility of the sector. The sector is currently being supported by additional funding provided by from Welsh Government, which has been extended until June / July. A review is required based on the anticipated demand and capacity requirements of the local population and the type of care provision which is required, working with the providers to ensure we have a sustainable and vibrant sector providing the quality of care determined by the commissioners and population. Redesign of older adult services has commenced on a multi-agency basis. The plan will be fully costed, with financial and workforce modelling as a core part of the delivery.

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision	
• **Getting it right for children and young adults** • **Supporting adults in Gwent to live healthy and age well** • **Provide high quality care and support for older adults** • **Staying healthy** • **Care closer to home** • **Less serious illness which require hospital care**		***CRR012 (Nov-2021) – (Reframed)*** ***Threat Cause: Inability to address health inequalities across the population including adequate access to appropriate Health Board Services*** ***Threat Event: Increased dependency on Health Board services in the longer term.*** **TREAT**	
High Level Themes	• Partnership • Research, Innovation Improvement Value • Quality and Patient Safety	**Risk Appetite**	Low risk appetite in terms of patient safety and services. Moderate risk appetite with regard to innovation and developments in primary care and public health initiatives.

	• Patient Outcomes and Experience • Public Confidence • Financial			
Committee Assurance	**Internal Controls – Policies/Procedures**	**Risk Score**		
Partnerships, Population Health and Planning Committee	• Sustainability Board established to monitor and report on all Primary Care GP Service sustainability. • New MDT model in place in a number of practices. • New model implemented in managed practices. • Work continues on managed practices, supported mergers and manager redistribution continues. • Oversight at Senior Management Team Meetings within Primary Care and Community Services. • Neighbourhood Care Networks well established and plans in place and reviewed. • Continuous and regular monitoring of the	**Inherent** ***Risk level before any controls/mitigations implemented, in its initial state.***	**Current** ***Risk level after initial controls/mitigations have been implemented.***	**Target** ***Risk level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.***

	implementation of 'A Healthier Gwent' at Committees, Executive Team and the Board.							
Action Plan *SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.*		**Due Date**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**
			4	4	3	4	1	4
Additional sessions to be secured in GMS/GDS Practices. Individual actions plans to be developed for each NCN area/Practice and reviewed monthly. Additional dental recovery monies to secure additional activities. Health inequalities to be included as a priority in the Gwent PSB Well-being Plan 2023-27 to drive partnership action.		Jan 2022 Jan-2022 Jan-2022 Sept-2022	**16**		**12**		**4**	
Trend			**Executive Owner: Director of Primary, Community and Mental Health Services and Director of Public Health and Partnerships**					
Mapping Against 4 Harms of COVID			**Update**					



June 2022:

Primary Care – access to Health Services:

Despite significant pressures within the Primary Care system, the vast majority of services have been maintained through the pandemic period, with only a small number of branch practice closures on an intermittent basis. The Primary Care team have conducted a full survey of GMS access arrangements which have been reported through the Executive and Board to inform the current position

Action plan has been developed to support those practices with difficulties in achieving the required access standards and individual practice plans are now being implemented to enable all areas to achieve the required minimum standards.

Further financial support has been made available for the remainder of the year in those practices where additional capacity is required to meet the increase in demand and support further improvements in sessional availability- this money will be non-recurrent and is aimed at supporting the practices who have achieved the minimum standards but who have seen growth in demand

Further work is underway in the NCN networks to develop the MDT model and now incorporates additional mental health foundation tier professionals who are deployed to support GP practices with high levels of mental health demand and provide additional staff to redirect patients to the most appropriate services

Demand for GP appointments continues to grow and the further development of community and social care support services for the coming period will be essential if demand for services is to be met.

Additional capacity has been secured within planned Dental services to deal with the treatment backlogs, alongside the investment in emergency dental appointments has resulted in an improvement in dental service access in many areas of the health board.

The continued development of the A C D is ongoing with the Gwent compliance framework being reviewed by Executive Directors. NCN development sessions are taking place throughout July August.

Jun 2022:

Public Health – addressing health inequalities within communities:

Draft response analysis produced which provides a position statement and recommendations for addressing health inequalities for Gwent PSB. To be discussed and agreed at Gwent PSB meeting on 30/06/22 as part of PSB Well-being Plan development.

Work continues with Institute of Health Equity and Gwent PSB to develop the Marmot Region approach in Gwent.

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22	Risk Description, Appetite and Decision

<table>
<tr><td colspan="2">

- **Getting it right for children and young adults**
- **Supporting adults in Gwent to live healthy and age well**
- **Provide high quality care and support for older adults**
- **Staying healthy**
- **Care closer to home**
- **Less serious illness which require hospital care**

</td><td colspan="3">

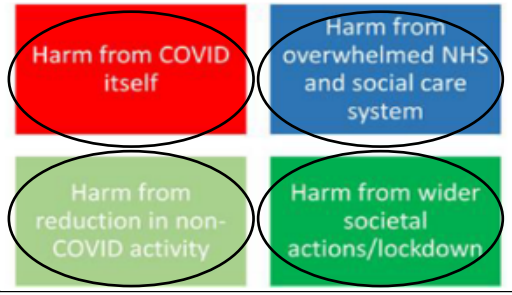
CRR004 (Nov 2021) – (Reframed)
Threat Event: The Health Board does not meet its statutory duty under the Well-Being of Future Generations (Wales) Act 2015 or the Socio-Economic Duty.
Threat Cause: Non-compliance with relevant Legislative requirements.

TAKE OPPORTUNITIES **TREAT**

</td></tr>
<tr><td>High Level Themes</td><td>

- Partnership
- Research, Innovation Improvement Value
- Quality and Patient Safety
- Patient Outcomes and Experience
- Health Inequalities
- Financial
- Public Confidence

</td><td>Risk Appetite</td><td colspan="2">LOW/MODERATE - Risk appetite in this area is low in terms of compliance with the Legislation. However, further innovation is required to develop new approaches and ways of working therefore, risk appetite in this area is defined at a moderate level.</td></tr>
<tr><td>Committee Assurance</td><td>Internal Controls – Policies/Procedures</td><td colspan="3">Risk Score</td></tr>
<tr><td>Partnerships, Population Health and Planning Committee</td><td>Programme Board in place to ensure the duties in the WBFA are applied across the organisation. Each Division has developed and agreed wellbeing objectives which have been signed off by Board and published. Organisational wellbeing objectives and PSB(s) wellbeing objectives reflected</td><td>Inherent Risk level before any controls/mitigations implemented, in its initial state.</td><td>Current Risk level after initial controls/mitigations have been implemented.</td><td>Target Risk level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.</td></tr>
</table>

	within the IMTP and Divisional Plans.						
Action Plan *SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.*		**Due Date**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**
			3	4	1	4	1	4
WBFA management arrangements to be reviewed post pandemic. Programme Board operations and wellbeing objectives to be re-set during 2022-23 to reflect maturity of WBFA arrangements. Development work is underway to incorporate the statutory obligations of the Socio-economic Duty to the corporate reporting templates of the Health Board to emphasise the importance of the Duty across the organisation.		Mar-23 Dec-21	**12**		**4**		**4**	
Trend			**Executive Owner: Director of Public Health and Partnerships and Board Secretary**					
Mapping Against 4 Harms of COVID			**Update**					
			Jun 2022: Pre-pandemic management arrangements to support adherence to WBFA requirements will be reviewed and re-set during 2022/23. This will reflect the post-pandemic position, as well as the ongoing prominence of the legislation in Wales. This will result in a re-statement of wellbeing objectives in the Health Board and a re-set of management arrangements. The Marmot Region programme of work through Gwent PSB is a significant demonstration of the Health Board's commitment to compliance with the Socio-Economic Duty.					

Aneurin Bevan University Health Board

Update on Gwent Public Services Board and the Gwent Marmot Region Programme

Executive Summary			
This report provides an update on progress with the Gwent Marmot Region programme and respond to the follow up actions recorded at the 25th April Partnerships, Population Health and Planning Committee meeting with respect to the work of Gwent Public Services Board (PSB). The Committee is asked to discuss and note this report.			
The Board is asked to: (please tick as appropriate)			
Approve the Report			
Discuss and Provide Views			X
Receive the Report for Assurance/Compliance			
Note the Report for Information Only			
Executive Sponsor: **Dr Sarah Aitken, Director of Public Health & Strategic Partnerships**			
Report Author: **Stuart Bourne, Consultant in Public Health**			
Report Received consideration and supported by :			
Executive Team		**Committee of the Board [Committee Name]**	
Date of the Report: 28/06/22			
Supplementary Papers Attached: PSB Update paper on 'Gwent: Marmot Region' and communications plan			

Purpose of the Report

The purpose of this paper is to provide an update on progress with the Gwent Marmot Region programme and respond to the follow up actions recorded at the 25th April Partnerships, Population Health and Planning Committee (PPHP) meeting with respect to the work of Gwent Public Services Board (PSB).

Background and Context

At the 25th April PPHP Committee meeting, three follow up actions were recorded in relation to agenda item 3.1 'Overview of work of the Gwent PSB, including an update in respect of Developing a Marmot Region'. These were:

1. The Chair requested further discussions with the PSB regarding the development of the economy, as this was fundamental to the Health Board becoming part of the Foundational Economy as required by Ministers. The Health Board was not party to discussions about the City Deal. **PPHPC 2504/05**

2. The Communications plan to be included in the paper being presented to the PSB in June. Any papers presented at the PSB to come to future meetings for discussion. **PPHPC 2504/05.1**
3. The Chair requested information explaining the difference between the Foundational Economy programme, being an anchor institution and how this fitted with the Marmot proposal. **PPHPC 2504/05.2**

Assessment and Conclusion

In relation to the first action (PPHPC 2504/05), at the 30th June 2022 meeting of **Gwent Public Services Board (PSB)** the areas of focus for the Gwent Well-being Plan 2023-27 will be discussed and re-confirmed. The priorities agreed at the previous PSB meeting on 10th March 2022 are:

- Health and well-being/inequalities
- Community cohesion
- Environment

The economy (& infrastructure) was originally included as a priority but subsequently removed following the PSB's decision that it would be better addressed through the governance arrangements for the Cardiff Capital Region City Deal. However, since the PSB meeting on 10th March 2022, the cost of living crisis has emerged and, in light of this, PSB members will be asked to re-consider the list of priority areas for the PSB's Wellbeing Plan when it meets on 30th June. This will provide an opportunity for inclusion of economic development in the Gwent PSB Well-being Plan to be discussed again.

In relation to the second action (PPHPC 2504/05.1), a copy of the Marmot Region paper being submitted to the Gwent PSB in June is attached in Appendix 1. The paper includes the principles for development of the Marmot Region communications and engagement plan. The recommendations in the paper are:

To **NOTE** the recent data on childhood obesity and life expectancies in Gwent and the widening inequalities in both measures (Section 3).
To **AGREE** to the establishment and terms of reference for a Gwent Marmot Region Programme Leadership Group (para 4.1 & Annex 1).
To **AGREE** to include the two additional Marmot Principles as the framework for action to reduce inequalities across Gwent, bringing Gwent into line with current approach of eight Marmot Principles (para 5.2).
To **AGREE** the principles for the Marmot Region communications and engagement strategy (para 6.1).
To **NOTE** the timetable of work (Annex 2).

To relation to the third action (PPHPC 2504/05.2), the concept of an **anchor institution** is derived from place-based and asset-based approaches to improving population health. Anchor institutions are typically described as public sector organisations which have significant assets (either physical or human) and spending power which can consciously be used to benefit communities. In the context of healthcare organisations, most anchor institutions across the UK are delivering or planning to deliver activities across the six areas shown in Figure 1.

Figure 1: The six ways that health anchors can benefit communities.

Source: Health Anchors Learning Network (https://haln.org.uk/)

The **foundational economy** are those services and products which provide basic goods and services on which every citizen relies and which are critical to community wellbeing. Examples of the foundational economy are:

- Health and care services
- Food
- Housing
- Energy
- Construction
- Tourism

The foundational economy sits alongside three other pillars of what Welsh Government describe as the 'Economic Contract' - supporting business investment that future-proofs the economy, a regional approach to investing in the skills, and infrastructure to enable communities to be connected and vibrant.

The foundational economy approach is being used by Welsh Government to provide a focus on issues such as better employment conditions and greater local investment. In this respect, the approach is very similar to that of anchor institutions, although with a broader constituency of private and public sector organisations than that typically covered by the anchor institutions more public sector approach. Foundational economy thinking is also grounded more in approaches to economic development rather than population health.

Marmot Regions are specific areas where public services have signalled a determined and joint effort to ensure that policies, approaches and resources are geared towards creating a fairer, more equal society. This is framed in the context of achieving eight common goals:

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives;

- Create fair employment and good work for all;
- Ensure a healthy standard of living for all;
- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill-health prevention;
- Tackle racism, discrimination and their outcomes;
- Pursue environmental sustainability and health equity together.

Areas given Marmot Region status are those which can provide evidence that these goals are seen throughout public service policymaking and that improved health and reducing inequalities are at the centre of how the area develops approaches to early years, education and skills, transport, housing, health, jobs and businesses. What the Marmot Principles do not do is necessarily dictate what to do or how to respond. It is through the process of becoming a Marmot Region that local areas agree and achieve the specific actions. Increasing the amount spent through local supply chains, developing workforce skills, or recruiting locally may be seen as a response to some or all of the eight Marmot Principles, but these actions are not prescribed in the way they are when thinking about anchor institutions or the foundational economy. In this sense, the foundational economy and anchor institutions are part of, but not the totality of, a joined up response to the Marmot Principles.

Recommendation
PPHP Committee members are asked to DISCUSS and NOTE the contents of this paper.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The purpose of the programme of work is to mitigate the risk of widening health inequalities
Financial Assessment, including Value for Money	The work programme is funded from existing budgets. Widening health inequalities is a financial risk to the Health Board which this work is intended to mitigate
Quality, Safety and Patient Experience Assessment	The programme of 'Marmot Region' workshops is being designed in a way to enable residents to participate, learning from the 2019 Building a Healthier Gwent programme
Equality and Diversity Impact Assessment	The work programme directly addresses health inequalities
Health and Care Standards	The work programme directly addresses providing access to health promotion services proportionate to population need
Link to Integrated Medium Term Plan	Links to the IMTP core strategic priority to reduce health inequalities
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** The Gwent Well-being Plan will cover a period of five years and respond to some of the long term issues affecting health and well-being in Gwent.
	Integration – Gwent PSB is a partnership body looking to align and integrate the response of partners to issues of common concern.
	Involvement – A wide range of stakeholders are engaged in the work of Gwent PSB.

	Collaboration – Both the Well-being Assessment, the Well-being Plan and the Marmot Region work will be subject to public engagement and collaboration.
	Prevention – The PSB is working to address some of the underlying structural issues at the root of health inequalities
Glossary of New Terms	Any new terms are explained as they occur within the document.
Public Interest	This report has been written for the public domain.

Appendix 1

Title: Update paper on 'Gwent: Marmot Region'

Paper sponsor:
Dr Sarah Aitken, Executive Director of Public Health and Strategic Partnerships, ABUHB

Paper authors:
Richard Lewis, Principal Public Health Practitioner, PHW
Stuart Bourne, Consultant in Public Health, ABUHB

Date: 30th June 2022

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1. Introduction

1.0 At its meeting on 10th March 2022, Gwent Public Services Board (PSB) formally agreed to become a 'Marmot Region', and to work in partnership with the Institute of Health Equity (IHE) to address the social determinants of health. It was also agreed to align the 'Health and Well-being/Inequalities' theme of the PSB Well-being Plan Response Analysis with the Marmot Principles.

The purpose of this paper is to up-date Gwent PSB partners on progress in establishing a Marmot Region programme, and to seek PSB endorsement to establish a sub-group of the PSB to lead and coordinate this work. This paper also provides a summary of recently published data on childhood obesity and life expectancies which adds to the body of data highlighting the importance of addressing health inequalities in Gwent.

2. Background

2.0 Under the leadership of the Director of Public Health (DPH), Aneurin Bevan Gwent Public Health Team (ABGPHT) is coordinating the implementation of the Marmot Region proposal. The proposal paper agreed by Gwent PSB on 10th March 2022 can be accessed here: https://www.gwentpsb.org/wp-content/uploads/2022/03/03-Proposal-Gwent-Becoming-a-Marmot-Region.pdf

2.1 Development of the implementation plan is being undertaken in consultation with Gwent PSB members, Gwent Strategic Well-being Action Group (GSWAG), Gwent PSB Engagement Group and PSB Secretariat.

2.2 On 7th December 2021 Gwent PSB agreed to adopt the six Marmot Principles as the framework for action to reduce health inequalities across Gwent as part of the forthcoming Gwent PSB Well-being Plan. The health and wellbeing / inequalities response analysis paper is aligned to the Marmot Principles for approval separately on the 30th June PSB agenda.

The six Marmot Principles are:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

3. Latest data on health inequalities in Gwent

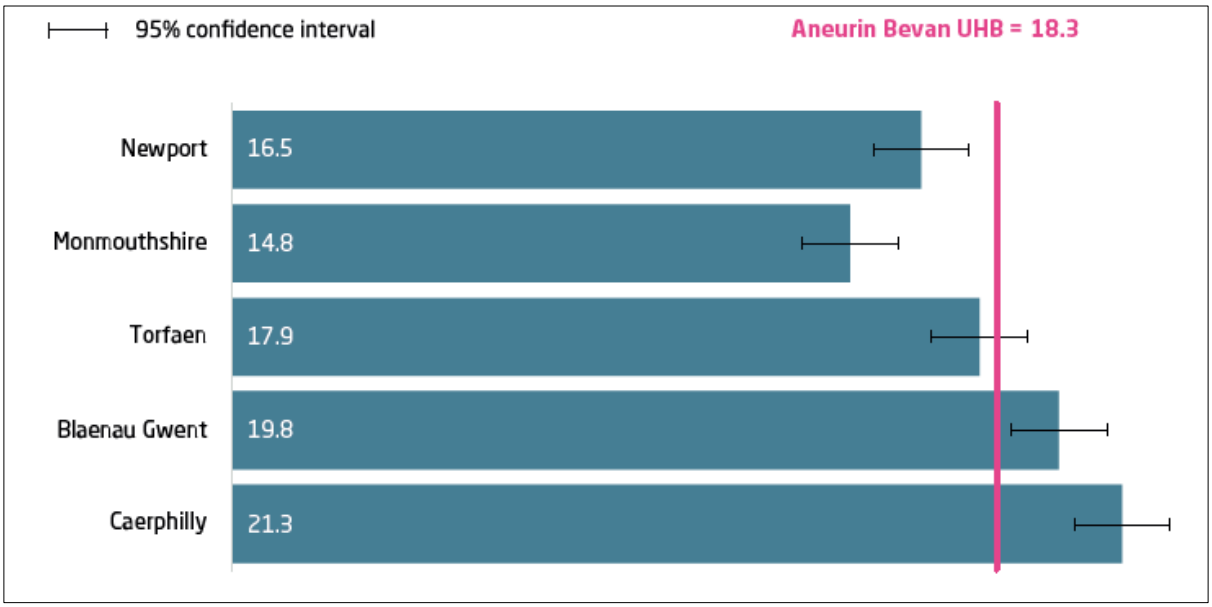
3.0 Childhood obesity (& overweight) has both immediate and long-term consequences. Increasingly, obese children are being diagnosed with a range of health conditions previously seen almost exclusively among adults such as diabetes, high blood pressure, bone, joint and respiratory problems. Overweight or obesity in childhood can also result in serious psychological difficulties due to bullying and low self-esteem. Some of these problems can persist into adulthood, resulting in longer periods of poor health and a shorter life expectancy compared with children of a healthy weight.[2]

3.1 Public Health Wales has recently released the first set of data on children's weight since 2018/19.[1] The figures for 2020/21 demonstrate a significant rise in the average rate of obesity among 4-5 year old children in the Gwent (Aneurin Bevan University Health Board) region, up from 11.8% in 2018/19 to 18.3% in 2020/21. This 6.5 percentage point increase means that, 2020/21, an estimated 1,097 4-5 year olds in Gwent started school already obese.

3.2 There is wide inequality in the rate of childhood obesity at local authority level in Gwent (Figure 1). When the figures are analysed by socioeconomic status, the extent of the gap is even wider. There is an almost eight percentage point difference in child obesity rates between the most and least deprived population quintiles in Gwent (Figure 2).

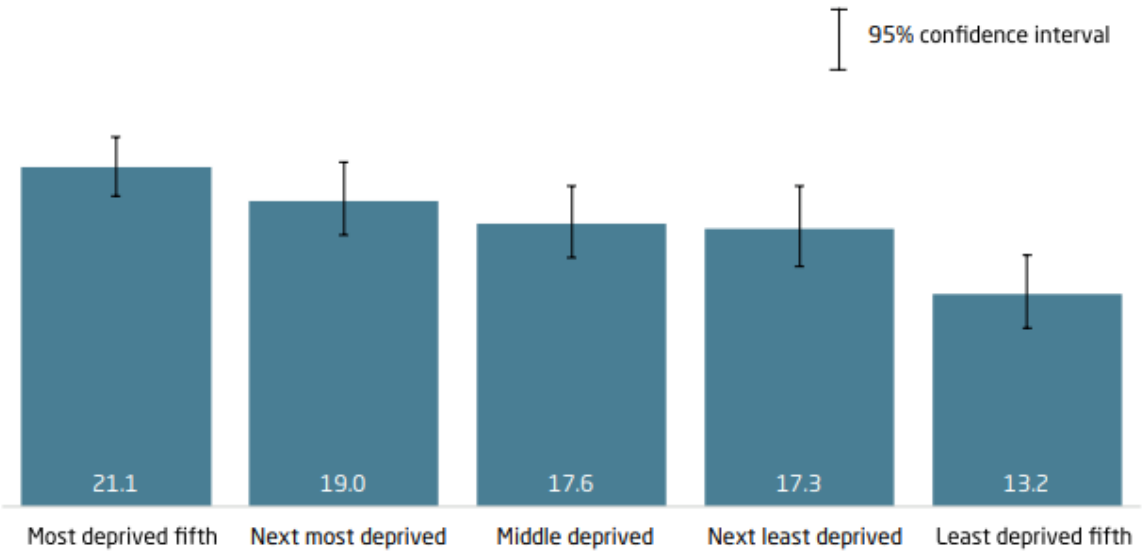
3.3 In June, Public Health Wales published new data on the inequality gap in life expectancy and healthy life expectancy in Gwent.[3] For both men and women, the inequality gap in life expectancy has remained unchanged, and there continues to be a seven year gap for men and a six year gap for women (Figure 3). The gap in healthy life expectancy is also largely unchanged for men (13 years), but it has widened for women such that the gap is now 20 years (Figure 4).

Figure 1: Percentage of children aged 4 to 5 years with obesity, Gwent local authorities, 2020/21.



Source: Public Health Wales

Figure 2: Percentage of children aged 4 to 5 with obesity, deprivation fifths, Aneurin Bevan University Health Board, Child Measurement Programme, 2020-21



Source: Public Health Wales

Figure 3: Life expectancy at birth (years), most vs least deprived quintiles, Aneurin Bevan University Health Board area, 2011-13 to 2018-20

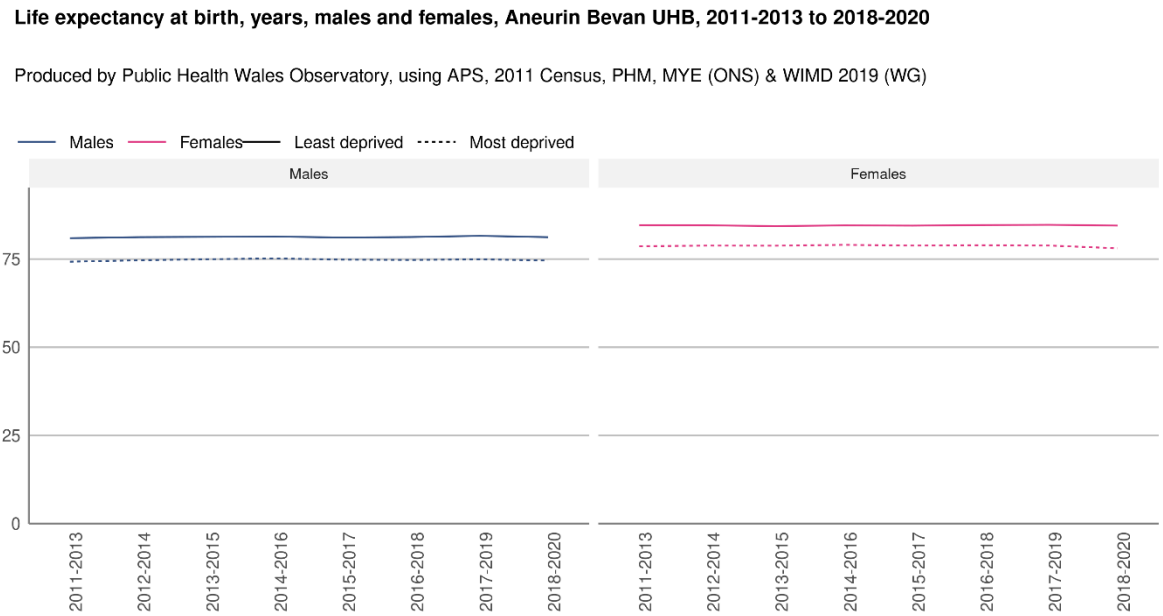


Figure 4: Healthy life expectancy at birth (years), most vs least deprived quintiles, Aneurin Bevan University Health Board area, 2011-13 to 2018-20

Source: Public Health Wales

4. Marmot Region Programme Governance

4.0 The fact that the inequality gap in life expectancy and healthy life expectancy has, at best, persisted unchanged in Gwent throughout the last decade reinforces the PSB's decision to become a 'Marmot Region' to enable a concerted, whole system response to address this issue. The widening of the inequality gap in health life expectancy for women is

particularly concerning, with women resident in the most deprived parts of Gwent living, on average, just 48 years of life in good health.

4.1 This paper proposes the establishment of a Gwent Marmot Region Programme Leadership Group to provide leadership and partnership coordination in implementing Marmot Region programme. The Group will consist of PSB members with the delegated authority to make decisions on behalf of Gwent PSB relating to programme implementation, including communications and engagement. It is needed to maintain the pace of work in 2022/23 with IHE as they help Gwent to establish itself as a Marmot Region in the next twelve months. A draft Terms of Reference for the Leadership Group are included in **Annex 1** for Gwent PSB approval.

4.2 The Leadership Group will be supported by a programme team within the Aneurin Bevan Gwent Public Health Team (ABGPHT) under the leadership of the Director of Public Health. Three fixed term posts have recently been put out to advert to support this work in 2022/23.

4.3 Since the 10th March PSB meeting, a contract has been signed between IHE and ABUHB to formally establish IHE's role working with Gwent PSB to develop its plan to address each of the Marmot Principles. A Service Level Agreement is also due to be signed, which will formalise the work-packages in the proposal.

4.4 A working timetable has been developed for the delivery of the work packages with IHE so that work can commence from IHE's start in June. This is included in **Annex 2** for information. Preparatory meetings with IHE have been taking place since 10th March to shape these outputs. A briefing of Wales/Gwent specific data sources is being prepared by the ABGPHT programme team to assist IHE with its data analysis.

4.5 The PSB's Engagement Group will support the building of the stakeholder invitation list to support participatory events in Gwent. Planning of the events is being informed by the approach and lessons learnt from the involvement programme that followed publication of the 'Building a Healthier Gwent' DPH Annual Report in 2019.

4.6 Learning from the experience of the Cheshire and Merseyside 'Marmot Community', there is a need to strengthen business sector involvement and collaboration in the Marmot programme in Gwent. The business sector has a key part to play in improving the social conditions that affect health and health equity, including employment conditions, goods and services, and wider impacts.[5] Engagement with this sector will be progressed via the Marmot workshops in the autumn, to which representatives of Cardiff Capital Region, South Wales Chamber of Commerce, CBI Wales and FSB (Federation of Small Businesses) in Wales will be invited.

5.0 Additional Marmot Principles

5.1 In May 2022, IHE published its final report 'All Together Fairer: Health Equity and the Social Determinants of Health in Cheshire and Merseyside'.[4] It presents recommendations across the 'Marmot 8' Principles and system-wide recommendations.

5.2 The 'Marmot 8' Principles include the addition of two new additional Marmot Principles to the original six, which are:

- 'Tackle racism, discrimination and their outcomes'
- 'Pursue environmental sustainability and health equity together'.

5.3 As a consequence, this paper proposes Gwent PSB extends its decision to adopt the Marmot Principles to include these two additional principles. The latter principle is consistent with Gwent PSB's theme of 'Environment (Climate and Nature emergencies)' in its Response Analysis.

5.4 As an indication of the recommendations that may arise from adopting the 8 Marmot Principles as the framework for the Gwent Marmot region programme, the system-wide recommendations arising from the Cheshire and Merseyside Marmot Region programme are:

1. Increase and make equitable funding for social determinants of health and prevention.
2. Strengthen partnerships for health equity.
3. Create stronger leadership and workforce for health equity.
4. Co-create interventions and actions with communities.
5. Strengthen the role of business and the economic sector in reducing health inequalities.
6. Extend social value and anchor organisations across the NHS, public services and local authorities.
7. Develop social determinants of health in all policies and implement Marmot Beacon indicators.

6.0 Marmot Region Communications and Engagement Strategy

6.0 A draft communications and engagement strategy is being developed to promote Gwent PSB's decision to become a Marmot Region and to illustrate how people can get involved. Development of the strategy is being co-ordinated by ABUHB's Strategic Head of Communications, Population Health.

6.1 This paper proposes in principle, the Gwent Marmot Region communications and engagement strategy should:

- Follow the Chartered Institute of Public Relations' communication principles of 'Transparency, Support, Honesty and Trust, and Accessibility
- Be developed collaboratively with the PSB's Engagement Group and Secretariat

- Be informed by the experience of other Marmot local approaches, particularly Cheshire and Merseyside
- Develop an evidence based narrative on the action needed to reduce inequalities, particularly the move from individual responsibility towards collective, whole-systems responsibility
- Tailor its key messaging and tone of voice to a variety of professional and community audiences.

7. Recommendations

Gwent PSB is asked:

7.1 To **NOTE** the recent data on childhood obesity and life expectancies in Gwent and the widening inequalities in both measures (Section 3)

7.2 To **AGREE** to the establishment and terms of reference for a Gwent Marmot Region Programme Leadership Group (para 4.1 & Annex 1)

7.3 To **AGREE** to include the two additional Marmot Principles as the framework for action to reduce inequalities across Gwent, bringing Gwent into line with current approach of eight Marmot Principles (para 5.2)

7.4 To **AGREE** the principles for the Marmot Region communications and engagement strategy (para 6.1)

7.5 To **NOTE** the timetable of work (Annex 2)

References

1. https://phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2020-21/child-measurement-programme-report-2020-2021/
2. https://post.parliament.uk/research-briefings/post-pn-0640/
3. https://phw.nhs.wales/news/inequalities-in-life-expectancy-on-the-increase-in-wales/
4. Champs | Public Health Collaborative (champspublichealth.com)
5. The Business of Health Equity: The Marmot Review for Industry - IHE (instituteofhealthequity.org)

Annex 1: Gwent Marmot Region Programme Leadership Group – DRAFT Terms of Reference

Gwent Marmot Region Programme Leadership Group Terms of Reference v0.4

Role:
The role of the Gwent Marmot Region Leadership Group ('the Group') is to provide leadership and partnership coordination to establish Gwent as the first 'Marmot Region' in Wales. The Group will consist of PSB members with the delegated authority to make decisions on behalf of Gwent Public Services Board relating to matters of establishing the Gwent Marmot Region programme in 2022/23. This will provide a mechanism to ensure that work progresses at pace and in a way that is coordinated across Gwent partner organisations.

The eight Marmot Principles are:
- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together

Approval of the eventual recommendations and actions to address the Marmot Principles will sit with Gwent Public Services Board. The focus of the Leadership Group is the quality of the process that develops the recommendations.

Responsibilities:
- To make decisions relating to the development of a Gwent-wide response to the eight Marmot Principles, ensuring the process to develop an action plan is robust and valid.
- To agree and oversee delivery of all aspects of the Marmot Region programme plan for 2022/23.
- To agree and oversee delivery of all aspects of the Marmot Region communications and engagement strategy for 2022/23.
- To ensure actions are delivered on time and in accordance with the programme plan and communications and engagement strategy in 2022/23.
- To oversee the development of a set of recommended actions arising from the Gwent Marmot programme for consideration and agreement by Gwent PSB.
- To monitor any risks to delivery and provide a forum to resolve escalated issues.

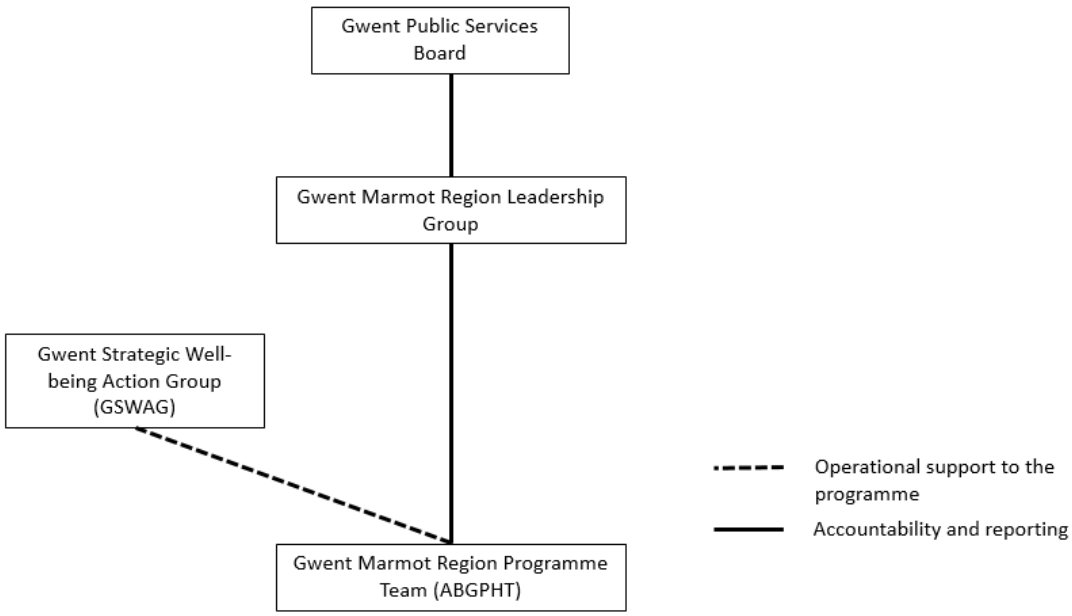
- To receive and note Marmot Region up-date papers from the Gwent Marmot Region Programme Team (ABGPHT) in advance of each meeting of Gwent PSB.

Membership
Chief Executive, Monmouthshire County Council (Joint chair)
Chief Executive, Torfaen County Borough Council (Joint chair)
Chief Executive, Tai Calon Community Housing
Chief Executive, Gwent Association of Voluntary Organisations
Executive Director of Public Health and Strategic Partnerships, Aneurin Bevan University Health Board
Deputy Director - Prosperous Futures Division, Welsh Government (Observer)

Officers from the Gwent Marmot Region Programme Team (ABGPHT) will be in attendance. Secretariat will be provided by Aneurin Bevan Gwent Public Health Team (ABGPHT).

Governance:
The Gwent Marmot Region Leadership Group will take the form of a sub-group of Gwent Public Services Board with a specific remit to lead work to agree a set of recommended actions for Gwent PSB to address the eight Marmot Principles.

The Group will report on progress to Gwent Public Services Board at each meeting during 2022/23.



Frequency:
Meeting frequency and how the Group meets will be decided by the Group members, but is anticipated to be at least monthly and to continue up to June 2023.

Date of review of terms of reference: December 2022.

Annex 2: DRAFT working timetable for the delivery of the work packages with Institute of Health Equity (v10)

Please see the Excel spreadsheet attached.

Marmot Region - Proposal Implement

'Gwent: Marmot Region' - Programme Timeline

v0.10

ABGPHT: Lead: Stuart Bourne CPH; Interim Programme Manager: Richard Lewis PPHP

Week commencing (2022)

ACTIVITY - ABGPHT PROGRAMME LEAD & PROGRAMME SUPPORT	14-Mar	21-Mar	28-Mar	04-Apr	11-Apr	18-Apr	25-Apr	02-May	09-May	16-May	23-May	30-May	06-Jun	13-Jun	20-Jun	27-Jun	04-Jul	11-Jul	18-Jul	25-Jul	01-Aug	08-Aug	15-Aug	22-Aug	29-Aug	05-Sep	12-Sep	19-Sep	26-Sep	03-Oct	10-Oct
Programe Team Annual Leave					RL					SB		RL 31+1			SB				0.5 DAY -		RL 2-4	RL	RL						0.5 DAY -		
Meeting with (Caerphilly CBC) Gwent PSB Secretariat (PC/HD)	17	24			TBC																										
Meeting with Institute of Health Equity (TB)		23					28			17			TBA																		
Draft JD/PS job roles in ABGPHT - Bands 8a, 7, 6 (RL with SC)																															
Job roles matched & approved for recruitment (SC)																															
Job roles advertised (SC)																															
Shortlisting (SB & RL)																															
Interviews & offers (SB)																															
Meeting with ABUHB Strategic Communcations Lead, Population Health (SW-E)			31																												
Meeting with ABUHB Deputy Director of Planning on IMTP				7									TBA																		
Meeting with Service Manager, Gwent Regional Partnership Board (PD)							28																								
Meeting with WHESRi Team in WHOCC, PHW (RH, LC)							27																								
Reading for 'Response Analysis' (WG and OFGC guidance, WBA, PNA)																															
IHE contract signed & payment made																															
SLA drafted and agreed with IHE																															
IHE start																															
Planning and preparation for IHE workshops																															
Evaluation framework developed																															
Launch event invitations																															
LA workshop invitations																															
Launch event																															
Delivery of workshops																															
Report: analysis of health inequalities in Gwent																															
In conversation' with Professor Marmot and Dr Aitken																															
Delivery of narrative for public involvement/conversation on health inequalities																															
Final report inc recommendations and case studies																															
Launch event for final report																															
Facilitating IHE attendance at Gwent PSB to discuss published Well-being Plan / deliver CPD																															
Marmot Region update paper: draft to SA (RL/SB)											23																				
Marmot Region update paper: draft to GSWAG (RL/SB)										19																					
Marmot Region update paper: draft to CEOs (RL/SB)												30																			
Marmot Region update paper: submit to PSB (RL/SB)														16																	
Marmot Region update paper: submit to ABUHB PPPH Committee (RL/SB)															Tbc																
Marmot Region Leadership Programme Group est																															
Meeting with Gwent PSB Engagement Group - RL, SW-E						22																									
Develop draft Communications and Engagement Plan - SW-E																															

ACTIVITY - ABGPHT PROGRAMME LEAD & PROGRAMME SUPPORT	17-Oct	24-Oct	31-Oct	07-Nov	14-Nov	21-Nov	28-Nov	05-Dec	12-Dec	19-Dec	26-Dec	2023 02-Jan	09-Jan	16-Jan	23-Jan	30-Jan	06-Feb	13-Feb	20-Feb	27-Feb	06-Mar	13-Mar	20-Mar	27-Mar	03-Apr	10-Apr	17-Apr	24-Apr	01-May	08-May	15-May	22-May	29-May	05-Jun	12-Jun	19-Jun	26-Jun
Facilitating IHE attendance at Gwent PSB to discuss published Well-being Plan / deliver CPD																																				22	

Week commencing (2022)

GWENT PSB HEADLINE TIMETABLE - RESPONSE ANALYSIS & WELL-BEING PLAN 2023-2028	14-Mar	21-Mar	28-Mar	04-Apr	11-Apr	18-Apr	25-Apr	02-May	09-May	16-May	23-May	30-May	06-Jun	13-Jun	20-Jun	27-Jun	04-Jul	11-Jul	18-Jul	25-Jul	01-Aug	08-Aug	15-Aug	22-Aug	29-Aug	05-Sep	12-Sep	19-Sep	26-Sep	03-Oct	10-Oct
GSWAG meeting			29			21					26														1						
PSB meeting																30													29		
Publish Gwent Well-being Assessment								5																							
Develop Response Analysis																															
Advice of the Office of Future Generations Commissioner (14 weeks)																															
Draft Gwent Well-Being Plan																															
PSB meeting - sign-off draft Gwent Well-being Plan																													29		
Formal consultation (12 weeks)																															
Sign-off Gwent Well-being Plan (PSB organisations and Local Delivery Groups)																															
Final sign-off Gwent Well-being Plan (Gwent PSB)																															
Publish Gwent Well-being Plan																															

GWENT PSB HEADLINE TIMETABLE - RESPONSE ANALYSIS & WELL-BEING PLAN 2023-2028	17-Oct	24-Oct	31-Oct	07-Nov	14-Nov	21-Nov	28-Nov	05-Dec	12-Dec	19-Dec	26-Dec	2023 02-Jan	09-Jan	16-Jan	23-Jan	30-Jan	06-Feb	13-Feb	20-Feb	27-Feb	06-Mar	13-Mar	20-Mar	27-Mar	03-Apr	10-Apr	17-Apr	24-Apr	01-May	08-May	15-May	22-May	29-May	05-Jun	12-Jun	19-Jun	26-Jun
GSWAG meeting					17																																
Final sign-off Gwent Well-being Plan (Gwent PSB)																						16															
Publish Gwent Well-being Plan																													5								

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Mental Health and Learning Disabilities Strategy

Partnerships, Public Health and Population Committee
July 2022

The MH and LD Landscape in ABUHB

One in four people in the UK will experience a mental health problem each year.

One in eight adults report being treated for anxiety, depression or other MH problem.

Our Demand

By 2035 in ABUHB……

- **80,000** people over 16 years of age are predicted to have a common mental health disorder.
- **36,000** adults will have two or more psychiatric disorders.
- The number of people over 65 years with dementia is predicted to rise by **53%**.
- A predicted **4%** increase in the prevalence of individuals with a Learning Disability

Our Services

Last year we had…

- **1,500** referrals a month into the PWP service
- **59,375** referrals in to our services, with **32%** for our PCMHSS
- **321,857** contacts across all services, half of which were in our adult services
- **35,710** different individuals seen, with **16,902** individuals on an open caseload
- **1,985** admissions with **77%** occupancy
- **400** commissioned packages of care

We provide a broad range of community and inpatient services, delivered through multi-disciplinary teams across primary care mental health services, adult and specialist services, older adult mental health and learning disabilities services. We commission packages of care for individuals with complex needs.

In 2018-19 the Welsh Government spent **11.1% of health expenditure** on mental health problems and **2.4%** on learning disabilities, equating to about **£240/£53** per head of population. In ABUHB the MH & LD Divisional delegated budget is **£116.9m**, which commissions services externally and funds services provided by **1,340 wte** ABUHB staff.

Strategic Context

At a National level there is an age inclusive, cross-Government Strategy for mental health and well-being, **Together for Mental Health.** This is a 10 year strategy launched in 2012 and the last 3 year cycle of the Delivery Plan (2019-22) has just finished with an evaluation being undertaken. The WG has also recently released the LD Strategic Action Plan 2022-26 with an accompanying Delivery Plan.

The Mental Health and Learning Disability Strategic Partnership is responsible for overseeing the delivery of the priorities set out in both strategies.

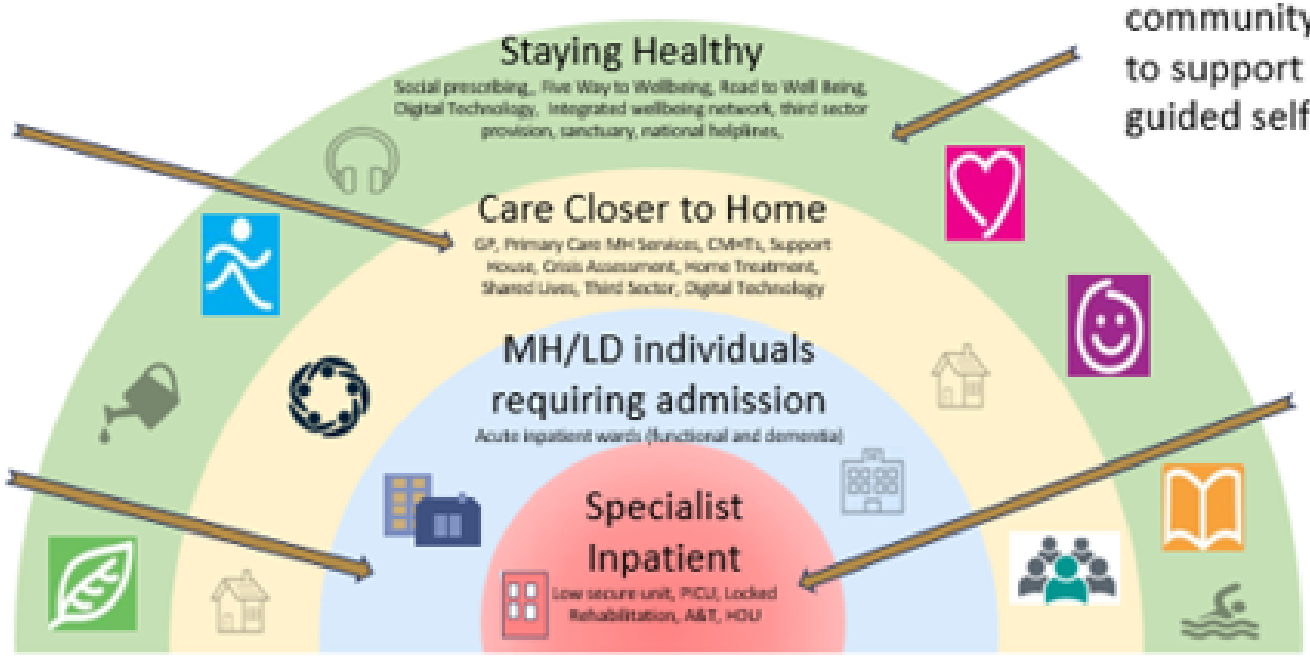
Both the national and local strategies aim to promote the mental wellbeing of all and ensure that people with mental health problems get the support they require. This ambition can only be delivered by working together in partnership with a wider range of statutory and third sector partners.

Our MH & LD Clinical Futures Model

Our Vision is to deliver 'high quality, compassionate, person-centred mental health and learning disabilities services, striving for excellent outcomes for the people of Gwent'.

Modern, high quality, and accessible place based care delivered through MDTs and integrated ways of working.

High quality, modern, accessible and sustainable inpatient environments that support safe, dignified care and recovery.



Modern, accessible community based facilities to support unguided and guided self help.

Range of safe and modern, highly specialist inpatient services on a single site.

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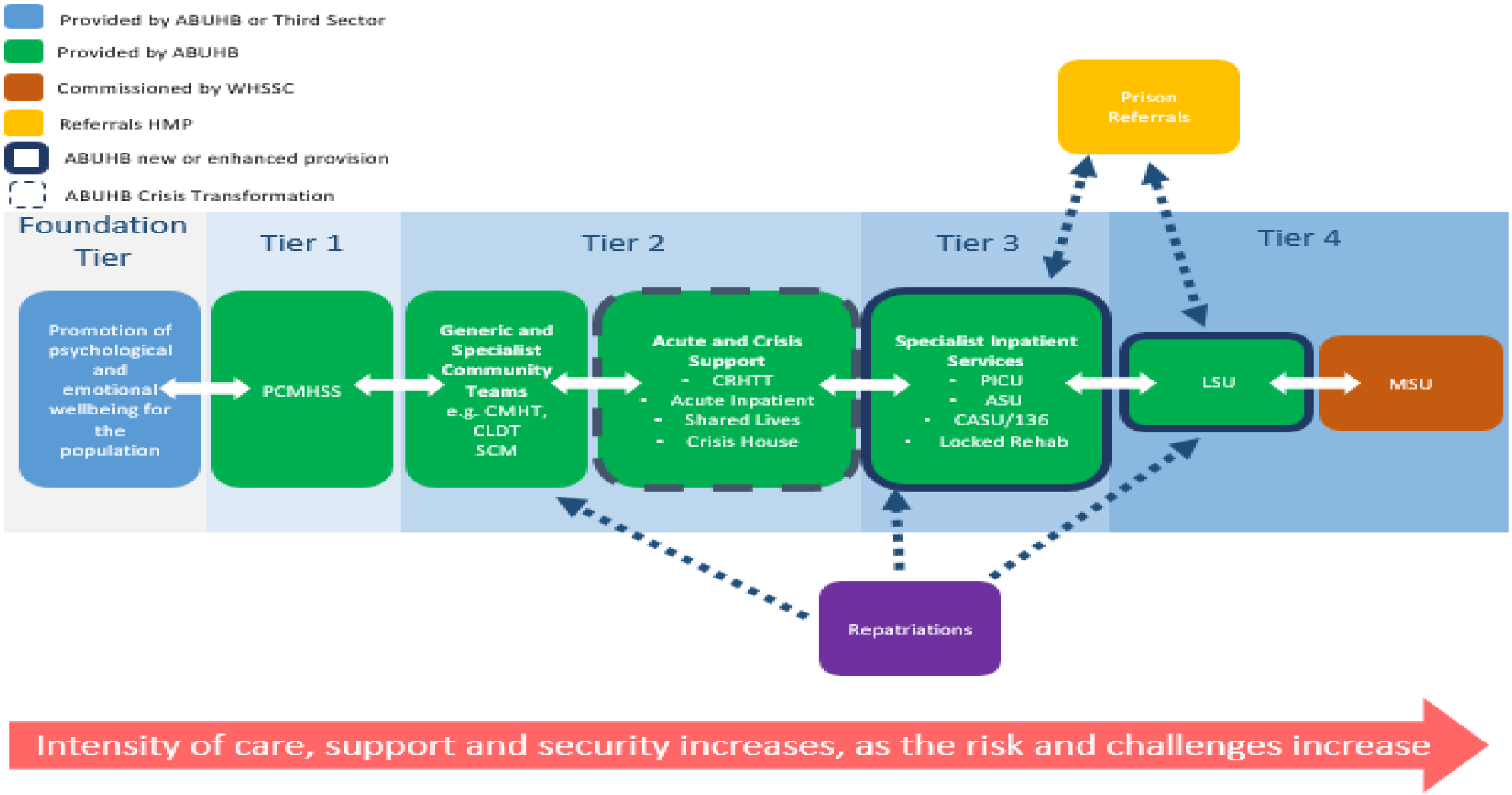
Proposed Whole System Pathway



Our IMTP Priorities

MHLD Transformation Programmes

Whole Person, Whole system -Crisis Support

Individuals with Complex Needs

Essential Service Enabler Workstreams

- Whole System Flow
- Building Workforce & Sustainability
- Engagement

Key Supportive Enablers

- Agile& Hybrid Working
- MHLD Estates
- Performance & Analysis
- Finance & Efficiencies
- Quality, Patient Safety, Experience & Outcomes
- Partnership Working

Other Key Divisional Priorities

- Improving Access to Older Adult Mental Health Memory Assessment Services
- Improving Support for Individuals in Primary Care Mental Health Services
- Improving Outcomes for individuals with Co-occurring Substance Use and Mental Health Needs
- Expanding Psychiatric Liaison Services
- Developing Neuro- developmental Services
- Improving Access to Adult Psychological Therapies

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Enhanced Foundation Tier

Where are we today?

To support the emotional and mental health of the general population, over the last two years:

- **Gwent Connect 5 -** trained 65 trainers across 34 organisations and established a monthly Trainers network
- Developed and launched the Melo Cymru website as the central point for accessing mental wellbeing resources in Gwent
- Increased access to Suicide First Aid and Zero Suicide Alliance training
- Adopted Mind's Takes Balls to Talk Campaign
- Provided 'Postvention' bereavement support through '2Wish Upon a Star' through temporary funding
- Commissioned on line 'The Present' mindfulness course available through Melo

What are our plans?

- Continue to roll out Connect 5 and the use of a locally developed 'App' to further evaluate the training provided
- Create linkages with the Making Every Contact Count (MECC) post covid and develop Training Hub
- Ongoing development of melo
- Commissioning 'Mindfulness for Everyday' to complement 'The Present'
- Reintroduce the use of psycho-educational courses that have been paused during covid
- Continue to commission " 2Wish Upon a Star' bereavement support
- Commission a range of small third sector projects to enhance

Primary Care Mental Health Services

Where are we today?

Primary Care Mental Health Services offers support to individuals with mild to moderate mental health difficulties within a primary care setting.

Over the last two years we have:

- Developed a new Psychological Wellbeing Practitioner workforce in Primary Care to support GPs and embedded the service across ABUHB
- Transferred our CYP PCMHSS services to Family & Therapies Division to align with the CYP agenda.
- Developed new 'trauma-light' based courses
- Designed and run a range of assessments and individual and group interventions virtually
- Developed a backlog of interventions due to restricted capacity due to impact of Covid

What are our plans?

- Tackle the waiting list backlog for intervention that has built up as a result of covid by:
  - Recruiting 2.5 additional practitioners to develop high intensity therapies- Oct 22
  - Recruit 2 x star workers to expand low intensive therapies – Oct 22
  - Developing a counselling framework with procurement, increasing access to commissioned counselling - Sep 22
- Review further funding opportunities to increase Primary care MH capacity and support
- Continue to progress the development of sustainable NCN/hub based service model for PCMHSS services

Whole Person, Whole System Crisis Support

Where are we today?

Over the last five years we have been working with those who use services and our partners to understand the mental health crisis support system and design and start implementing a

"Whole Person, Whole System Crisis Support" model.

Over the last two years we have:

- Developed Shared Lives for Adult MH pan Gwent
- Opened a Support House in Newport
- Commissioned a community Sanctuary in Pontypool
- Developed a 'Sanctuary in ED' pilot in GUH
- Completed a review of our inpatient service model

What are our Plans?

We want to increase the options available to individuals as an alternative to admission.

- This includes extending **Shared Lives** for older adults in crisis from Summer 2022
- Continue the engagement on redesigning our **in-patient services** in order to provide improved patient and staff experience.
- Include new crisis assessment facilities in the new SISU OBC - Sept 2022
- Undertake a 'test of change' to introduce a **Single Point of Contact** that is accessible 24/7 for those in crisis or their carers in conjunction with 111 and other partners - Sept 2022
- Pilot extended hours and weekend OAMH Community team working –May 2022
- Evaluate new services developed over the last two years

Supporting Those With Complex Needs

Where are we today?

The Division commissions packages of support for **244** people with a mental health need and **156** people with a learning disability who have complex needs. This costs **£43.4m**, representing **37%** of the Divisional budget and rising year on year.

What have we done?

- **Expanded our PICU provision to 9 beds**
- **Developed Hiraeth service and Bespoke Repatriation Service – intensive community support**
- **Expanded Supported Living provision**
- **Stabilised the use of secure beds (pre-Covid) by supporting people in the least restrictive environments**
- **Reviewed Risk Reference Panel Process**
- **Re-established the Complex Needs Programme**

What are our plans?

Our ambition is that no individuals with complex needs will be placed Out of Area, enabling individuals to maintain contact with family, friends, carers and the care team supporting them.

We want to achieve this by:

- Complete the **SISU OBC** Sep 22
- Expanding community services with investment in **forensic community services and Hiraeth** planned through SIF funding.
- Improving **transition pathways**
- **Brynteg** 'transition' homes for 5 younger adults with intensive wrap around-Nov 22
- Developing further opportunities for early intervention, prevention and crisis support
- **Strengthening our commissioning team** and processes – from June 22
- Complex Needs **Community of Practice**

Mental Health and LD Estates Strategy

Where are we today?

- Significant empty, underused and poor quality estate on the former institutional MH & LD sites.
- Low expenditure on maintenance at around one tenth of the HB average

In 2021/22 we have:

- Progressed the SISU OBC development
- Significantly improved patient/staff safety through £1.3m EFAB funding –alarms/ligature/fire
- Invested in basic environmental improvements through non-recurring revenue
- Linked in with Integrated Care Hub business case development to support place based working
- Limited progress in taking forward a number of the Division's estates strategy priorities
- Significant issues around availability of accommodation and clinical space due to Covid related challenges

What will the future hold?

- Refresh the Divisional Estates Strategy
- Submit the OBC for 71 bedded SISU development- Sep 2022
- Apply for outline planning consent for the SISU development –July 2022
- Confirm plans for relocating older adult dementia wards onto local general hospital sites.
- Continue to work with PC & C and F&T Divisions to develop 'Out of Hospital' estates and service strategy.
- Develop plans to replace/upgrade inadequate community facilities.
- Develop plans to improve the adult ward environments in Newport.
- Ongoing programme to continue to improve inpatient ward environments and safety.

Next Steps - Estates

- Take forward the IMTP service priorities in line with the Clinical Futures Model

- Refresh Divisional Estates Plan
- Develop and submit Outline Business Case for SISU development
- Developed costed proposals to accommodate older adult dementia facilities from YTC and SWH onto local general hospital sites
- Developed prioritised programme for improving community facilities
- Developed costed plans for interim improvement in adult inpatient environments
- Continue delivery of improvement on ward anti-ligature, patient and staff safety

Over the next 12 months

- Build and commission a new SISU
- Relocated Sycamore and Cedar Park older adult dementia wards to suitable local general hospital sites
- Completed redesign of acute adult inpatient units
- Prioritised and delivered improvements or replaced poor community facilities
- Progressed all aspects of Estates Strategy in line with corporate plans

Over the next five year

Diolch / Thank You

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Aneurin Bevan
University Health Board

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Partnerships, Population Health and Planning Committee Thursday 7th July 2022 Agenda Item: 4.2

Aneurin Bevan University Health Board

Clinical Futures Service Model Updates June 2022

Executive Summary

As part of the Clinical Futures Programme Planning and in readiness for the opening of the Grange University Hospital (GUH) 47 clinical service models were reviewed and refreshed following final approval of the new hospital and informed the updated service, workforce and finance plan.

Clinical Futures model readiness assessments commenced 12 months prior to the initially planned opening of the hospital in order to test the progress of these key clinical services and highlight any issues requiring attention; such as workforce, clinical support and a state of readiness.

The forum enabled Clinical Directors and Directorate Managers to outline the positive progress and concern areas. This subsequently allowed the Clinical Futures Programme team to prioritise areas requiring support and take key actions to improve the state of readiness prior to opening.

Of the original 47 service models, 24 priority service model readiness assessments were updated in March 2020, 12 months prior to the original planned opening of the GUH in March 2021.

Due to the decision to open the hospital early in November 2020 not all readiness assessments were further reviewed before opening and a focus was placed on the most significant / highest risk service models of which there was 15, many of which were reviewed 6 months post opening to review progress.

Since this date the service model reviews and optimisation of delivery have been progressed through the Clinical Futures Priority Programmes.

This paper will outline the original service model assessments, update on the 6 month assessments and outline those areas of remaining concern that are forming a core part of the Clinical Futures Programme in 2022/23.

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	X
Executive Sponsor: Nicola Prygodzicz, Director of Planning, Performance, Digital and IT	

Report Author: Neil Miles, Clinical Futures Programme Director			
Report Received consideration and supported by :			
Executive Team		**Committee of the Board [Committee Name]**	
Date of the Report: July 2022			
Supplementary Papers Attached: None			

Purpose of the Report

To update the Committee on the priority Clinical Futures service models and links to the revised Clinical Futures Programme Priorities.

Background

Refresh of the Clinical Models

The Grange University Hospital and a new hospital network system has been in the planning since 2006. To support the development of the Full Business Case and the implementation of the new hospital and hospital system a total of 47 service models were reviewed and tested to ensure they were aligned to the strategy, based on the latest evidence, with updated workforce and financial plans outlining clear benefits and risks set out during 2019/20.

A full service assessment was completed in March 2020 with a key focus on the following 23 service areas:

Pathology	Core Site (in include H@N and Outreach)
Respiratory	Acute Medical Take
General Surgery	Emergency Department
Trauma and Orthopaedics	Critical Care
Maternity	PACU
Paediatrics	Anaesthetics
Gynaecology	Gastroenterology
Neonatology	Urology
Urgent Care	Radiology
Stroke	Theatres
Maxillofacial	Cardiology
ENT	

Table 1

As part of the Health Board's decision to open the GUH early in November 2020, as part of the response to the COVID-19 pandemic, a further prioritisation of service models was undertaken.

Whilst some specialities were operating limited services and had not been able to fully prepare or fully test their new service models due to COVID, detailed assessments, and the subsequent decision to pursue early opening, were very much focused on enabling a system COVID response, and not the fully realised sustainable models of care that services had been in planning for some time to deliver.

Following the first 6 months of opening in May 2021, 15 of the 47 models were identified as 'watching briefs', where, for various reasons, the model was not in place as intended (see table below). Seven of those identified had dedicated Service Assessment workshops.

Most of these challenges were in relation to workforce, and recruitment has continued to fill many of these gaps, with service areas moving off the watch list (T&O, Radiology).

	Model	Rationale/Concern (as of May 2021)
Completed	**Radiology**	Workforce supply
	Stroke	Workforce supply
	General Surgery	Model not in operation as expected
	T&O	Workforce supply
	ED	Workforce supply Capacity to support increased demand Implications of covid care on ED assessment/streaming
	Acute Medicine	Workforce supply
	Critical Care	Workforce supply
To be Reviewed	**Outreach**	Workforce supply Resilient service model longer term
	Hospital @ Night	Workforce supply Resilient service model longer term
	COTE	Workforce supply
	Phlebotomy	Workforce supply
	Therapies	Impact on the wider system
	Gastroenterology	Workforce supply
	Flow Centre	Workforce supply
	Inter-site transport	Impact on the wider system

Table 2

The Health Board has continued to align the service and delivery priorities with those of the Clinical Futures strategy and IMTP to ensure sufficient organisational support and response.

ASSESSMENT

Overall the new Clinical Futures model of care has worked well. The decision to open the GUH early gave resilience to a number of vital services through the pandemic i.e. critical care, obstetrics, paediatrics, emergency care and surgery. The Health Board was the only one in Wales not to commission a 'field hospital' for additional capacity utilising the space in the eLGH sites that became available with the transfer of the specialist and critical care services to the new GUH.

In addition, the model has also facilitated a greater level of elective planned surgery both through the pandemic period and since which has reduced the deterioration of elective waiting times when compared to other Health Boards and facilitated a swifter recovery to pre COVID operating levels.

However, there remains a number of challenges that are in line with other health care systems across Wales and the UK following the COVID-19 pandemic. Workforce supply and resilience is a challenge in some areas, namely junior and senior medical staff. This is impacting on the eLGH acute medical model and the ambition to deliver greater levels of Same Day and ambulatory care across our system

Demand on healthcare services, particularly emergency care is far greater than pre pandemic and often beyond the upper limit levels anticipated for the emergency care department as planned and system across the Health Board.

The following table sets out the latest position for the 15 specific service model areas at a high level and progress on the service model delivery since the November 2020 opening of the GUH including ongoing challenges and areas of further work and alignment to the IMTP priority work programmes.

Radiology	**What has gone well** No issues with the transition into new service models Retained capacity at eLGH a significant benefit to elective care (outpatient and inpatient pathways) Significant workforce investment into new model and successful recruitment and retention of staff **Challenges** Optimisation of capacity to support planned care recovery. Diagnostics a new key programme of the Clinical Futures Planned Care Recovery Programme. **Next steps or further work** The critical nature of radiology services to system delivery and recovery has been noted and is part of the rational for the establishment of the new Division of Clinical Support services.
Stroke	**What has gone well** Centralised hyper-acute unit (HASU) embedded in GUH. Specialist post-acute stroke recovery established in NHH and RGH **Challenges** Patient pathway has been impacted by severe pressures within the urgent care system generally, resulting in some deterioration of performance against stroke service (SSNAP) targets. The national Getting It Right First Time (GIRFT) team were invited to review the

	service and their visit took place in May this year. The formal report and recommendations are expected by the end of July, but are expected to include further protection of hyper acute capacity, continuous presence of a specialist stroke nurse to drive pathway progression and a review of rehabilitation configuration to deliver seven day therapy input. The service has also been visited by HIW as part of the latter's scoping of stroke services across Wales. Consultant recruitment remains challenging for the service. However, effective cross-service collaboration has recently in the successful appointment of a hybrid role combining stroke and acute medicine input. There has also been recent investment in Speech and Language Therapy at GUH for enhanced specialist input including stroke. **Next steps or further work** An Executive-led task and finish group has been established to agree and implement an action plan in response to the GIRFT recommendations , with progress reported to the Stroke Delivery Group and Health Board. It is anticipated that this will result in a proposal paper being developed for Executive consideration.
General Surgery	**What has gone well** Centralised emergency model has embedded into GUH PACU model at RGH a significant benefit in maintaining complex elective activity through pandemic and now through recovery. **Challenges** Ring fencing of surgical capacity especially for the most complex elective cases at GUH remains a challenge due to urgent care pressures on beds. SDEC and Amber surgery will assist with this position improving. Elective capacity requires increase to support return to pre covid levels of surgery and to support reduction in backlog. Being addressed through Planned Care programme **Next steps or further work** Development of surgical Same Day care linked to SDEC development with direct access to the flow centre and ED to specialist opinion online in Q3 2022/23. Development of Amber CEPOD at RGH supporting semi-elective emergency surgery at RGH linked to SDEC and SAU development. Will reduce the need for patients to stay at GUH for surgery and then not have access to CEPOD due to more complex/urgent cases taking priority. Will reduce LoS, improve access times to surgery and reduce cancellations.
T&O	**What has gone well** Trauma services have centralised at the GUH. There remains good to excellent outcomes for #NOF patients evidenced via the national Hip Fracture Database (NHFD) where our

		services are compared to other Welsh and UK organisations for acuity and outcome measures including mortality. **Challenges** Providing emergency services on one site and elective services on 4 other sites (eLGHs plus St Woolos) is a challenge for the consultant workforce at its current numbers, especially in term of optimising the available capacity and delivering recover of the waiting list. Whilst the orthopaedic elective waiting list is lower than other Welsh Health Boards post the pandemic, there has been a deterioration in waiting times from the positive pre COVID-19 position. Recovery therefore is a key challenge for T&O services. Bed availability for trauma patients on the GUH remains a challenge with the nature of overall increasing emergency demand on services. This is delaying access to theatre and use of available theatre capacity. A re-review of the Trauma service and the readiness assessment and actions is scheduled for July 2022 under the leadership of the MSK Transformation Programme. There remain challenges in maintaining two orthogeriatric rehabilitation services outside of the GUH. Consideration will need to be given to the options for optimising the clinical model for future service delivery. **Next steps or further work** The MSK transformation Programme has continued to develop a 'whole' pathway approach to elective care improvement. Now forming a core part of the Planned Care Recovery Clinical Futures programme work streams have been established to support the community therapy pathway, outpatient and surgical components and the challenge of tackling the backlog and returning the service to the positive waiting times position it held before COVID. As part of the Welsh Government commissioned review of elective orthopaedic services the Get it Right First Time (GIRFT) team have reviewed our services and provided recommendations. The Programme is now developing an action plan for return to Welsh Government at the end of Q1 and then await the final report from GIRFT.
ED		**What has gone well** The ED has been through significant change with the establishment of the new department at the GUH through the pandemic period. The department settled well into the challenges of the pandemic delivery and the establishment of new ways of working. Around 50% of emergency conveyances to our system attend eLGH sites illustrating the continued contribution of the eLGHs to emergency care since the Grange opened. In addition over 90% of patients attending the eLGH sites are seen within 4 hours. **Challenges**

		Activity levels have reached unprecedented numbers of daily, significantly above the levels predicted in the development of the GUH business case. This mirrors other healthcare systems through and beyond the pandemic across the UK but is particularly challenging when trying to deliver a new service in a new hospital as part of a new system. Additionally, the proportion of patients self-presenting at the GUH ED is far greater than was planned. This has caused additional congestion in waiting areas and for clinical triage. Plans are under development to expand the waiting and arrival spaces to better support patients and staff on arrival at the GUH. Whilst performance and patient experience isn't at the level the Board would desire it is important to note the Health Board performance for urgent care is in the better half if not first compared to other Welsh Health Boards Workforce resilience has been high through the pandemic but caution should be taken with regard to the continued impact of a system operating at high levels over capacity on workforce supply and sustainability. The ED Paeds/CEAU waiting area remains congested at times due to its size and the overspill into Fox for general medical patients. Medium term plans are being developed to increase the size of the Paediatric wait area and the main ED wait also. **Next steps or further work** The development of the SDEC in August 2022 is a key facilitator of some pressure release from the ED but the hospital and out of hospital system beyond this need to be considered also. Increasing length of stay and patients utilising hospital beds whilst waiting for packages of care or placements in residential or nursing homes has a direct impact on ED congestion. The 6 Goals of urgent and Emergency Care Programme Board is bringing together various streams of work which will improve the ED experience and performance. This is a significant step forward in ensuring we have a whole system approach to emergency care and includes senior partnership representation from social care and primary care leaders in our community
Acute Medicine		**What has gone well** The role of Acute Medicine has developed following the introduction of the GUH and the delivery of the four site model A core part of the new site, Acute Medicine also play a key role in the new eLGH acute medicine models at the eLGH sites **Challenges** The Acute Physicians also have a core role in providing the medical support to the Flow Centre. This hasn't always been possible whilst this group have supported intake services on the eLGH sites and the various 'surge' capacity additional ward beds that have been opened to support COVID and emergency pressures.

	This is compounded by recruitment levels for Acute Physicians not yet reaching the levels of the agreed models. This is common to other health systems also but remains a significant challenge in our model where we have multiple sites or services where Acute Physicians could play a key role. The challenges of maintaining the required workforce at 4 intake sites is not exclusive to Consultant posts. Junior medical roles in medicine either through training via HEIW or directly employed by the Health Board at all levels/grades have been a challenge. The Health Board has invested in two rounds of additional staffing via the Safer Staffing work group. There has been recruitment through these processes but not to the levels required. Additionally HEIW have raised concerns with regard to the viability of trainee's working on all 4 sites across the Health Board. They would prefer them to be concentrated on fewer sites with more time dedicated to training and supervision rather than service delivery. The Health Board are reviewing the rota's for the August in collaboration with HEIW but longer term plans are likely to be required. **Next steps or further work** The SDEC will facilitate a focus and 'hub' for this workforce group across the Health Board. The team have a significant role to play in the SDEC model but require additional consultant's resource to achieve this via substantive recruitment. The eLGH Reconfiguration and 6 Goals of urgent and Emergency Care programmes will have to consider the availability and deployment priority for the Acute Medicine workforce
Critical Care	**What has gone well** Following the merger of the two separate units onto the one site in November 2020, there was a second wave of Covid cases over the subsequent weeks. This enabled the new critical care configuration to be tested under conditions of high demand. The single bedrooms were large enough to allow level 2 and 3 cases to be 'doubled' up in the rooms and meant that the unit could maintain all of its patients within the 30 bed footprint. This permitted better support for both the trained ITU staff and those seconded to provide care from other areas. This was validated by positive feedback after the event compared to experiences from the first wave in the separate units. The ability to 'internally' surge at times of high demand is invaluable as it allows the concentration of manpower resources within the unit footprint and no requirement to use more remote sites for critically ill patients. Using this system, the unit capacity was expandable to 60 if required. The experience from this wave has allowed the unit to formalise procedures and forms the basis for any future winter pressure planning. The team have settled well into the unit and operationalised the models around the pods of 6 beds. Recruitment has gone well with waiting lists for RN nurse vacancies. **Challenges** As part of the longer-term Clinical Futures strategy, a planned increase in capacity to 24 beds took place in November 2020 when the two previous units merged on the new GUH site. The strategy involved further phased increases each year up to 28 beds in 2023/24,

	with physical capacity for two further beds at a later stage if required. This was also predicated on a plan for no Level 1 DTOC patient provision. During the COVID peak, bed numbers increased to meet demand. Out of the pandemic surges, the demand for beds has been broadly manageable within the current 24 bed footprint. However, it is considered that expansion of this number will require careful planning to maintain the sustainability of the consultant, medical trainee and nursing workforce, being mindful of ongoing absences due to sickness, Covid-related precautions and maternity leave. The unit continues to support the wider system through ongoing issues with DTOC back to the wards and has also supported additional Cardiology demand on numerous occasions. **Next steps or further work** It is considered a safer and more effective use of the staffing model and footprint if four or six beds are opened together. The unit has the basis for the coloured staffing team to start to facilitate this and would then slot the additional new staff into the other four established teams. This will enable the spread of training and support throughout the workforce and allow the three daytime consultant safe staffing / futureproofed model that we developed for critical care to continue across the whole unit, including in the newly commissioned pod. The detailed case for this capacity increase will be developed as part of the IMTP process for 2022/23, and is aligned to the WG national priorities and will increase the Health Boards critical care beds per head of population.
Outreach	**What has gone well** Expansion and development of the outreach service has been a key priority both locally and nationally, with recognised benefits including improved specialist intervention, reduction in avoidable cardiac arrests, reduction in avoidable critical care admissions and higher baseline knowledge and expertise in respect of the recognition of deteriorating patients across the Health Board. The Outreach team currently operates 12 hours a day, seven days a week, having secured resources to expand from eight hour / five day operation in 2019 and maintaining an aspiration to develop ultimately into a 24/7 service. **Challenges** The plan was to integrate with the Hospital at Night team to establish a 24/7 Core Site Safety team operating across three hospital sites, with further provision developed in 2022/23. In practice, the operational impact of the team has been significantly impacted by COVID, and the service is currently being reviewed with a view to reconfiguring in liaison with the original Hospital at Night Team according to demand. The proposed provision to YYF will be reviewed as part of this exercise. **Next steps or further work** The Outreach Team is currently auditing the pattern of need across the sites in the Health Board. Staffing issues remain a constraint in achieving seamless 24/7 coverage, and the limited resource makes it imperative to deploy where it will have the most impact on the wider critical care system, whilst retaining the aspiration of 24/7 core outreach cover in the longer term.

Hospital @ Night	**What has gone well** The role of the H@N team has been a key part of the transition from the old to new models of care across the GUH and eLGH sites. **Challenges** There has been a full review by Scheduled Care and increased confidence in the step service, acuity criteria and further reviews of the agreement between specialties. **Next steps or further work** The consideration of integration with the outreach team and options to enhance this service are under development. The aim is to implement a new model for the service in September 2022.
COTE	**What has gone well** The COTE workforce are providing a core component of the new eLGH on call medical cover The COTE consultants have also provided weekend support for the Flow Centre but this is through 'additional' hours and not a part of the core service delivery (hence not resilient) **Challenges** Integrating the benefits of the community frailty and COTE services whilst supporting the eLGH intake rota's has not been possible Variation remains in service patterns across the Health Board area Recruitment into the agreed model for Consultant cover has not been possible and remains a key challenge to service optimisation and modernisation. Standardising frailty and COTE ambulatory clinic models across the Health Board and linking access to primary care via the Flow Centre. **Next steps or further work** COTE and Frailty work streams combined into Redesigning Services for Older People as part of Clinical Futures 2022/23. Four key workstreams established Workstream 1: Early Intervention - *GP and Frailty services, building on the integrated approach and interface with local authority and third sector partners to provide proactive and preventative care and services to support people to live well at home* Workstream 2: Hot Clinics - *providing the ability to rapidly refer someone to a hospital or community setting for further investigation and/or specialist clinical advice* Workstream 3: Community Hospitals – *CRT direct admissions, complex rehabilitation and complex discharge planning along with optimisation of the bed base requirements*

	Workstream 4: Early Supported Discharge – *support and optimise discharge processes within acute and community hospitals* 2nd workshop undertaken 20/6/22 defining programme plan and direction of service Establishment of ambulatory frailty clinics, community service integration and role of eLGHs as COTE/Frailty Hubs key service developments.
Phlebotomy	**What has gone well** Implementation of new model to support GUH on early opening with rotation of staff from elsewhere in the Health Board. **Challenges** Readiness assessments completed for Phlebotomy outlined the various service models in place across the health board prior to the GUH opening The service is managed by different divisions in different parts of the Health Board. This creates some operational differences. **Next steps or further work** A further review of the service is now required and consideration of the outstanding action points from the readiness assessments undertaken and options developed to provide operational consistency across the Health Board
Therapies	**What has gone well** Therapy Services continue to work toward the transformation of several service areas in the community and secondary care including MSK, Stroke, Neonates, Cancer, Critical Care, Therapies USS as identified in the Therapies IMTP. Services are also re-designing pathways of care following Covid-19 and in line with the WG recovery plan and Outpatient Transformation and are the highest users of virtual clinical appointments in Wales in both SLT and Physiotherapy which has helped efficiency of clinical resource. **Challenges** There remain significant challenges in linking the agreed workforce model to the evolving CF delivery model. The original role of the GUH as a Specialist Critical Care Centre informed the workforce model agreed for therapies. The evolution of this in term of increased direct admissions and attendances leading to increased LoS patients on wards and the development of improved 'front door' services requires a review of the agreed therapies model. The proposed reduction in inpatient beds in eLGH sites following the opening of the GUH has not materialised through the pandemic bed requirements and subsequent increase in bed numbers due to escalating demands on urgent care services and LoS higher than planned across all sites. Significant concerns and issues following the opening of GUH where Therapies have no physical base and limited agile area accommodation as well as the risks, quality and patient safety issues where storage of equipment was also not appropriate. (both ongoing issues).

	There is also impact of catering issues on the nutrition and hydration of patients in GUH and increases demand for Dietetic input / nutritional support. Consistency of 7 day service offers remains a challenge within existing resource for the number of hospital facilities in operation. As referenced in other sections the role of current split site speciality therapy recovery pathways (eg stroke and orthogeriatric) will need to be reviewed against the required standards and available workforce numbers. **Next steps or further work** Since opening GUH the deficits in some areas of Therapies and the associated significant clinical risks associated with the current service delivery requirements has seen investment into recruitment of 6 SLT staff for ward cover on GUH. The essential role of therapies in our urgent and emergency care system is recognized through the 6 Goals work programme. The Clinical Director of Therapies is a key goal lead and a core member of the Programme Board.
Gastroenterology	**What has gone well** The recent development of same day urgent Gastro ambulatory service (GACU) in RGH has reduced general hospital emergency attendance and provided direct access to gastroenterology specialist advice and care. **Challenges** Ward A4 on GUH is not ring-fenced and regularly breached for non-gastroenterology care. This means opportunities to treat people on an ambulatory approach are removed and thus patients have to be admitted for treatment There are significant challenges in terms of the gap between demand and capacity for endoscopy services across the Health Board and achieving JAG accreditation for our endoscopy suites. **Next steps or further work** The SDEC will support increased specialty advice on a same day basis when it commences in August 2022 A review of endoscopy services across the Health Board and the development of additional capacity to support the recovery of planned care waiting times will include consideration of gastroenterology endoscopy service models.
Flow Centre	**What has gone well** The Flow Centre has become an established part of our system. The Flow Centre assisted in establishing the eLGH sites new medical intake model with 90% of all attendances at eLGHs coming via the Flow Centre.

	Challenges Maintaining nursing and particularly senior medical cover for the Flow Centre has been a key challenge for the service since its inception. A review of staffing in Q1 22/23 and the overall workforce model has been undertaken for sustainability and consistency The movement of patients between GUH and the eLGH and community sites has been under constant refinement since opening. A formal group is now working to clarify the medical and nursing requirements for patients to move site and create consistency of processing of transfer of patients via 3 agreed pathways. Likewise, the 'step- up' of patients requiring care in the GUH from an eLGH has been under review and refinement linked to the critical care outreach and transfer practitioner roles. **Next steps or further work** The Flow Centre is a core part of Goal 2 of the Urgent and Emergency Care programme and enhancing the medical model and options for the Flow Centre to refer patient too is underway. Enhancement of access to Same Day and ambulatory services is being expanded in Q3 and Q4 22/23 and will become part of core delivery in future years.
Inter-site transport	**What has gone well** The Transfer Practitioner (TP) role, established during the opening of the GUH to support inter-site escalation of patients, has been working well providing a service 12 hours a day / 7 days a week. As this role was defined on the lead up to the opening of the GUH there was an understanding that after a review, this role could deliver clear benefits if it was extended to operate 24/7 to align with the regional Transport and Retrieval Service. **Challenges** The TP service provides a rapid 'safety net' for the Health Board during the day to ensure we have ring-fenced resource the Health Board can control to triage and move a patient without having to wait for WAST paramedic crews, which are not ring-fenced for inter-site escalation to the GUH. This support used to stop at 10pm due to the 12 hour nature of the then current establishment. Following Executive approval in October last year, the service was agreed to be extended to a 24/7 model. Staff have been recruited and we are able to offer the extended service, delivering increased patient safety benefits and ensuring there is a round the clock level of TP coverage to escalate deteriorating patients without delay. However, consistency of vehicle delivery from WAST has been a challenge in terms of meeting the required commissioned levels of transport. This is especially true at period s of peak demand/flow particularly flow from the GUH to eLGH sites. **Next steps or further work** The original transport contract remains the same. There has been review by EASC and this has shown the demand is less that commissioned and re alignment of the service delivery times to the times of day of transfer is to be considered.

Table 3

Clinical Futures Priority Programmes

The Clinical Futures Programme re-launched in mid to late 2021 due to many vacancies in the team. Initially delivering the IMTP Annual Plan 2021/22 priorities, through early 2022, as part of the IMTP 22/23 process, the team has reshaped the Priority Programmes.

The following table outlines the 10 priority programmes and where the corresponding 'watching briefs' are being addressed:

	Programme	Service Watching Brief
1	Urgent and Emergency Care Improvement	ED, Acute Medicine Hospital @ Night/Outreach Inter site transport Flow Centre Therapies
2	Enhanced Local General Hospital Network	Acute Medicine Therapies
3	Redesigning services for Older People (COTE)	COTE Therapies
4	Neighbourhood Clinical Networks (ACD) - Health Pathways	Therapies Respiratory
5	Planned Care Recovery - MSK - Regional Planning and Ophthalmology - Outpatient Transformation - Diagnostics - Maximising Elective Capacity	General Surgery Therapies Radiology T&O
6	Transforming Cancer Services	
7	Public Health Protection and Population Health Improvement	
8	Mental Health Transformation	
9	Decarbonisation	
10	*Agile Workforce*	

Table 4

There are a number of the service assessments that remain as part of the core organisational priorities.

High level summary of current position

Workforce challenges continue in some areas post opening and as we emerge from the pandemic. Linked to the number of acute hospital sites to be covered and the need/ambition to optimise care in an ambulatory setting as opposed to traditional intake and admission services.

System optimisation and use has remained more of a challenge than anticipated. Namely, the flow of patients in and through our system remains an area that requires support to optimise as our new model embeds into daily operational practice. This is being picked up through Goals 5 and 6 of the urgent care programme with a key focus on patient pathways between hospitals, consistency of information and decision making and streamlined pathways. There is also a significant OD and communication component as we experience staff turnover naturally and via the cycle of junior doctor recruitment annually. The programme is overseeing the development of a revised 'handbook' to be issued to all staff across all sites in the summer of 2022 to ensure there is a collective understanding of our quite unique patient flow system.

The sustainability through the pandemic of **centralising specialist services** onto one site was a key part of the decision to open the GUH early. This has maintained in terms of the sustainability of the workforce models in paediatrics, obstetrics and critical care services.

Positive progress has been maintained in some areas of **recruitment** and overall our model of care of separation of specialist and local services has had a positive impact on our ability to attract and retain staff in key posts.

However, there **remain challenges relating to senior and junior medical staff** recruitment and the ability to sustainably staff all of the required models of care i.e. eLGH intakes, speciality services at GUH, community and ambulatory services.

There was significant work undertaken on the **operating theatre** model for the Health Board for emergency and elective work. With emergency and the most complex work concentrated on the GUH site detailed assessments were undertaken for demand requirements for both theatres and supporting infrastructure i.e. beds. This requires review and will be picked up through the Planned Care Recovery Programme. The increase in emergency demand and impact of the pandemic of delaying elective work has led to an increased need to 'ringfence' elective and emergency bed capacity at the GUH to support this model of care. Trauma, General Surgery (CEPOD) and Gynae surgery are all impacted. There are opportunities to further optimise the POCU model at RGH and increase operating complexity there, including semi elective emergency care, for those that do not require GUH. This will assist with both emergency and elective operating delivery.

The **Flow Centre** is a significant development of our system **linking primary and secondary care services**. However, further evolution of this service and the interface of primary and secondary care is required. The Health Board are developing a 'Health Pathways' approach via a sub programme of the Neighbourhood Clinical Network (ACD) programme. Health Pathways is a web based agreed pathway programme that will assist primary care in connecting with speciality opinion and advice and assessment for patients via the Flow Centre. This will involve defining the pathways for major conditions groups and identifying where same day or next day advice can be accessed on a systematic basis thus reducing the need for hospital admission to receive specialist care.

Summary and Conclusion
ABUHB embarked on an ambitious strategic change to its clinical services with the establishment of the GUH as the core part of our emergency and specialist services, corresponding changes to existing eLGH hospitals and links with primary and community services. The service readiness assessments were a key part of the development of alternative pathways and service locations for specialties in line with the changing hospital structure. Two key risks were present at the time of decision to open: 1. The ability to maintain existing services safely on two sites i.e. the benefit of colocation brought capacity and workforce resilience in response to the pandemic 2. Workforce plans have not yet been realised to bring staff levels up to the numbers articulated and agreed in the readiness assessments. In general, services have embedded into the new system well. Some workforce challenges remain particularly with regard to the junior medical staff consistency across the 3 eLGH and GUH sites. Whilst there is some in year stability and support from HEIW to the Health Board's improvements this does remain reliant on successful annual recruitment to training posts. The revised and refocussed Clinical Futures Programme gives the platform for further refinement and optimisation of the model of service delivery across the Futures Rainbow. It is proposed that a virtual review of the Clinical Futures models will be undertaken in Q3 to coincide with the 2 year anniversary of the GUH opening. This will include a more detailed review of service models of concern, based on the original 15 models referenced in this paper but not excluding other services that may now be of concern or whom have had changes in practice post the pandemic supported by Government or professional policy e.g. Royal College recommendations.

Recommendation
The Committee is asked to note the contents of this report.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The monitoring and reporting of organisational risks are a key element of the Health Boards assurance framework.
Financial Assessment, including Value for Money	This report has no financial consequence although the financial benefits are being assessed to ensure value for money.
Quality, Safety and Patient Experience Assessment	This report has no QPS consequence although the mitigation of risks or impact of realised risks may do so.

Equality and Diversity Impact Assessment (including child impact assessment)	This report has no Equality and Diversity impact but the assessments will form part of the objective setting and mitigation processes.
Health and Care Standards	This report contributes to the good governance elements of the H & CS.
Link to Integrated Medium Term Plan/Corporate Objectives	The objectives will be referenced to the IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –**
	Integration –
	Involvement –
	Collaboration – Collaboration with various internal and external groups is continuous
	Prevention – Team members have the authority to raise concerns and flag problems
Glossary of New Terms	New terms are explained within the body of the document.
Public Interest	Report to be published.

Aneurin Bevan University Health Board

Update on Agile Working

Executive Summary

This paper provides the Partnerships, Population Health and Planning Committee with an update of the development and delivery of the agile working strategy across the Health Board. It also outlines progress against key objectives, next steps and identified risks associated with the delivery of the strategic programme.

Our strategic ambition is to transform patient and staff experience by developing a work culture focussed on work as an activity rather than a place. The vision is to make the workplace more inclusive, encourage communication and collaborative working, promote better use of technology and improve the delivery of services for our patients. Agile working is also an important part of our commitment to reduce the organisational carbon footprint through estates rationalisation and reducing travel.

Delivering this ambition requires a multifaceted approach to change behaviours and working practices. Our approach and plan to embedding agile working systemically across the organisation is overseen by the Agile Delivery Group. This group has recently refreshed its terms of reference and is now vice chaired by the Director of Planning, Performance, Digital and IT which has been a positive move to support robust integration of the agile working with service and estates plans.

Agile programme alignment with estates plans has supported the agreement of three key priorities over the next year. From a site perspective, these include:

- Grange University Hospital
- Grange House and the Gym
- St Woolos and Royal Gwent

The Agile Delivery Group is supported by four enabling subgroups, Workforce, ICT, Capital Planning and Works & Estates. The work programme priorities and deliverables are now mapped out in a detailed agile working programme plan, **Appendix 1** which has the benefit of dedicated project management support. The plan maps a number of activities to deliver the strategy through:

- Assessment of site priorities and agile working opportunities.
- Review of existing and creation of new policies and/or frameworks to support managers and staff.
- ICT infrastructure.
- Estates and Facilities enabling work.

- Celebrating Best Practice.
- Communication and engagement.

There is positive progress on delivery against the updated programme plan. Key highlights include:

- Dedicated programme support for the agile programme of work was reviewed in December 2021.
- Updated agile working framework.
- Updated policy frameworks and agile design minimum standards and principles.
- Emerging agile working areas and assessment of estates and workforce at the Royal Gwent, Grange House and St. Woolos Hospitals.
- Development of Personas to provide examples on how different staff groups can work agile.
- Agile working, through increased IT solutions has supported the carbon footprint agenda by reducing staff travel and expenses.
- Staff movements from within Grange House to enable the development of the Employee Wellbeing Centre of Excellence.
- Roll out of Microsoft 365 which has enabled agile working.
- Agile working spaces are being developed across a number of services and sites.

This work has been supported through staff engagement including three staff surveys.

The Partnerships, Population Health & Planning Committee is asked to note the update provided.

The Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Sarah Simmonds, Executive Director of Workforce and OD			
Report Author: Julie Chappelle, Assistant Director of Workforce & OD			
Report Received consideration and supported by:			
Executive Team		**Committee of the Board [Committee Name]**	
Date of the Report: 21 June 2022			
Supplementary Papers Attached: Appendix 1 – Agile Working Programme Plan			

Purpose of the Report

This paper provides an update on the development and delivery of the agile working strategy delivered through the Agile Delivery Group over the past six months. It also outlines the structure and progress against key objectives, next steps and the identified risks associated with the delivery of the strategic programme.

Background and Context

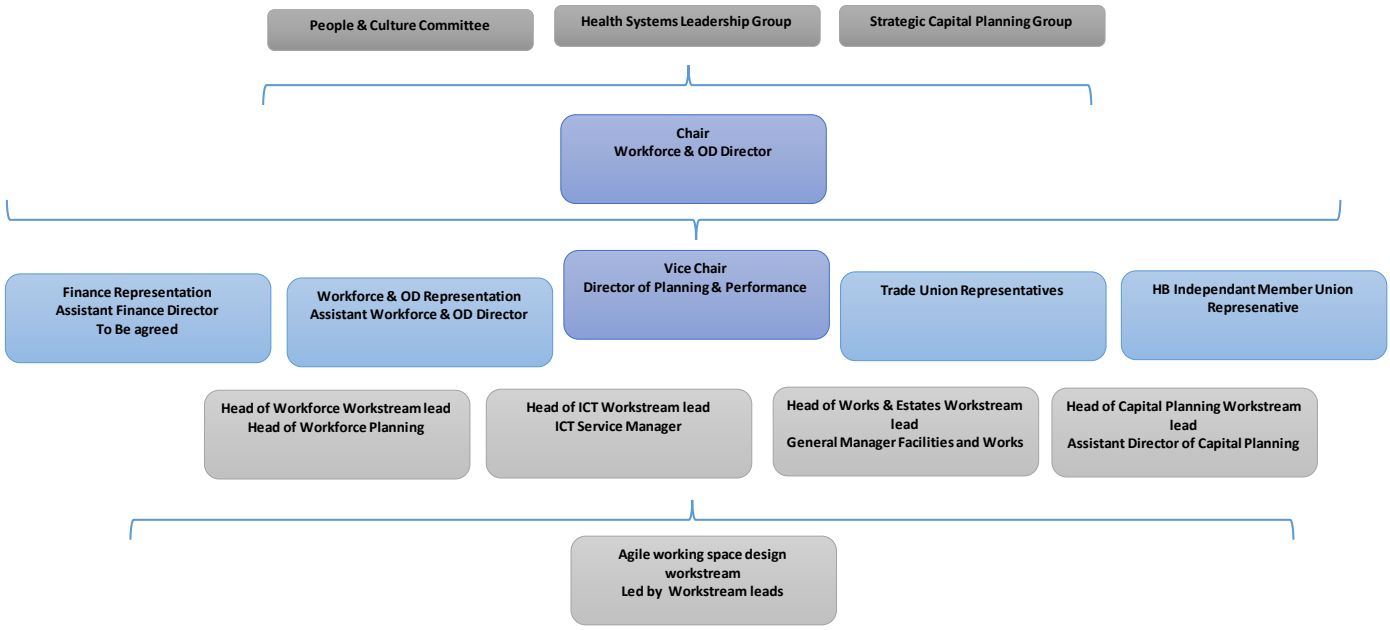
Previous reports have been provided to the People & Culture and Audit, Risk and Assurance Committees and other sub committees of the Board with regular updates on the work of the Agile Delivery Group.

The Covid-19 pandemic drove innovation and an increase in agile working opportunities and behaviours at an unprecedented rate. We continue our transition to a more agile organisation and resetting our agile approach involving changing a cultural mind-set. Underpinning our approach is the Welsh Government vision of agile working where they would like to see a workplace model where staff can choose to work in the office, at home or in a hub location closer to where they live allowing individuals to work together in their local community.

Dedicated programme support for the agile programme of work was reviewed in December 2021 to ensure alignment with the agile principles and vision and the Health Board's Capital and Estates strategy, the reconfiguration of the Local General Hospitals and other community premises. Recently, the Estates Utilisation and Efficiency Group was established, working collaboratively with the Agile Delivery Group to undertake a full review of the utilisation of all the estates, identifying any capacity within the system and assess agile working potential.

A review of the terms of the reference of the Agile Delivery Group has been completed and the Group continues to be chaired by the Director of Workforce and OD. To ensure robust integration of agile working with service and estates plans, the vice chair of the group is the Director of Planning, Performance, Digital and IT.

The new structure of the delivery is as follows:



Trade Union and Independent Members role is to challenge and support decisions.

There are four leads for the workstreams: Workforce, ICT, Capital Planning and Works & Estates, each having responsibility for leading a range of work programmes and reporting into the Agile Delivery Group.

Agile programme alignment with the Estates Strategy has supporting the agreement of three key priorities over the next year. From a site perspective these include:

- Grange University Hospital
- Grange House and the Gym
- St Woolos and Royal Gwent

The delivery of these priorities will be supported by Workforce, Planning, ICT and Estates through workstreams. These workstreams are integral in supporting site reconfiguration and facilitating the required changes. They also have an enabling function to ensure the Health Board has the necessary supporting mechanisms in place to support and maximise agile working opportunities. For this reason, the work is centred around key themes including objectives to support the required cultural shift and infrastructure changes in technology and accommodation to enable new ways of working and offer guidance and support through the development of polices and an Agile Framework.

Assessment and Conclusion

1. Progress to date

The programme plan is set out in **Appendix 1**. Performance against the plan and risks are reported to the Agile Delivery Group.

The progress on agile working over the period December 2021 to June 2022 is outlined below into key themes aligned to how we plan to deliver the ambition:

Site priorities and assessment of agile working opportunities

The focus on three agreed sites noted in this paper is progressing as follows:

- Mapping of staff across St Woolos has been completed to support the assessment of accommodation requirements on the RGH site and other sites. This is now being validated with services.
- Mapping of blocks 9 and 10 at the RGH has been completed and proposals to support agile working has been presented to the divisional teams.
- Mapping of workforce on RGH has commenced to understand who and how services are utilising admin space.
- Assessment of community premises and accommodation requirements has commenced, and Newport Locality has been completed.
- Second phase mapping of Grange House has been completed and plans are being progressed to meet each service. A staff survey has been developed seeking views of how this space and the gym building can be used or modified to support agile working and staff wellbeing. This survey will be issued early July 2022. The GUH Management Group has been established to field requests for additional space which could be directed

to the Grange House. In the next two months it is anticipated that the collective view of Grange House and the Gym will be formulated into plans.

- Agile space in Level 3 of the Grange University Hospitals (GUH) is now operational following review and roll out of agile principles and strong staff engagement. The space requirements continue to be reviewed to ensure principles are being adhered to and the design of environment supports requests identified by staff.
- Agreement of the Agile Programme Board to use Caerleon House at Cleppa Park will provide meeting and agile working spaces. A communication will be drafted once the lease agreement has been agreed. This space will be used to evaluate the take up of a ready-made agile working space.

Policy and Frameworks

Enabling the required behavioural and culture changes including removing barriers to agile working will require support and guidance for managers and staff. To date, the following has been achieved:

- A dedicated Workforce Development Manager to support agile working has been appointed to support programme management of the Workforce element of agile programme plan and key deliverables.
- A refreshed Agile Framework as an interactive guide for staff and managers along with a communication plan has been developed for roll out early July 2022. The framework will be implemented and embedded in the necessary organisational processes from July 2022 onwards.
- Agile Working/Home Working Policy has been drafted and will be ratified by the Policy Group in August 2022. The policy is important because it reflects the statutory health and safety requirements and staff wellbeing and management arrangements to support agile working as well.
- HMRC guidance is continuing to help and support people affected by the pandemic. Employees who have not received the working from home expenses payment direct from their employer can apply to receive the tax relief from HMRC. This has guidance has been incorporated into the Financial Wellbeing guidance for staff to support the benefits of agile working.
- A set of minimum standards for agile/wellbeing working accommodation has been developed which will be used as a benchmark for future capital projects and ensure consistency of accommodation that meets good practice but also meets Health & Safety Executive (HSE) and other statutory requirements.
- Scoping review of Workforce & OD policies has been undertaken to ensure they are in line with the agile working principles.

ICT

- Signposting services to supporting the IT infrastructure will enable staff to access information and work from different locations. The roll out Office 365 has had a positive impact on agile working.
- Working "personas" have been developed offering pictorial examples of various workers working in a more agile way. These will be incorporated into the agile working framework.

Estates and Facilities

- The approach has been to seek estates opportunities that support agile working as we start to decommission poor estates and as leases expire. Costings have been acquired to support the development of blocks 4 and 5 on the RGH site which will support the release of St Woolos and Royal Gwent accommodation. Further work is being undertaken to assess other possible options for this space.

Celebrating Best Practice

Sharing good practice and promoting the benefits of agile working will support the culture change required and offer opportunities for staff who may not have traditionally been able to work in an agile way or where there may be barriers to agile working. For this reason, it is important to share practices and celebrate other teams' successes. To date:

- Workforce & OD have reviewed their agile space requirements in the portacabins at Llanfrechfa Grange and have developed proposals to support the reduction in desk spaces, provide more hot desking space and more team working space.
- Primary Care are reviewing their agile working principles. Additionally, Finance, Estates and IT have undertaken a staff engagement programme to introduce agile working.
- The Health Board have established a National Agile Group to share good practice and all Wales solutions reporting to the Workforce & OD Directors. The group has met once with each Health Board sharing their agile working approach. Central access for sharing information has been set up by HEIW.
- Increase in general hot desking space in YYF to support staff to work agile, we will seek to extend this to all our main sites.
- Teams continue to maximise technology to reduce meetings across the organisation resulting in a reduction in travel.
- Creation of an organisational wide Accommodation Group.
- Trial of desk booking system commenced in Mamhilad with agile working proposals and various booking systems are being reviewed.
- The general policy of replacing desktops with laptops is supporting agile working in teams previously bound to working in specific locations.

Communication and engagement

Keeping staff engaged and involved in the development of agile and wellbeing spaces is fundamental if we are to win hearts and minds. We have undertaken regular surveys which have informed space requirements and sought staff views through assessments and communications. Feedback has been through staff communications and regular staff side updates and participation in working groups.

2. Next stages of the programme

Over the next 3-month period progress will continue around these themes:

Site priorities and assessment of agile working opportunities

- Finalise assessment of agile working requirements for St Woolos and Grange House and develop proposals aligned to the estates and capital plans to ensure these meet with the agile principles.
- Progress proposals for administration on RGH site and capital costs for options around blocks 3 and 4 and capital bids.
- Development of proposals for blocks 1 and 2 at the RGH.
- Commence implementation of block 9 and block 10 staff moves.
- Identify the range of sites across the Health Board that can support staff with agile working to minimise travel.

Policy and Frameworks

- Review of supervisor and management training provision through lens of agile working.
- Development of organisational change plans to support workforce transition where required.

Communication and engagement

We will be introducing an ABUHB Agile intranet page, linked to the Facilities existing "Going Green" pages. This will continue to enforce the message of the benefits of agile working and the reduction of the Health Board's carbon footprint. This will include information and advice as well as some wider sustainability and climate change type resources for staff.

3. Risks

As the programme develops momentum, the identified risks emerging include:

- Staff and manager resistance to agile working and inconsistent application of agile working.
- Insufficient capital available to undertake the capital works required.
- Insufficient suitable space to support agile working, co-location of teams and wellbeing.

A number of these risks will be mitigated through the roll out of polices and frameworks, but there remains a risk of available funding which will need to be assessed as plans are developed.

4. Benefits and Outcomes

There are a number of measurable benefits that support success of the delivery of the programme. These include staff retention which can be monitored through future staff surveys, local staff feedback and staff exit surveys. Travel analysis and assessment of travel expense costs is included in the benefits reporting to the People and Culture Committee.

Recommendation
The Partnerships, Population Health & Planning Committee is asked to note the update provided.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Staff retention and recruitment
Financial Assessment	Linked to the Workforce and Financial Framework in the Integrated Medium-Term Plan and the overarching workforce and efficiency agenda.
Quality, Safety and Patient Experience Assessment	Any actions will be balanced against quality and patient safety to ensure no adverse impact.
Equality and Diversity Impact Assessment (including child impact assessment)	Any actions are and will be Equality Impact assessed.
Health and Care Standards	The programmes and developments outlined in this paper meet STANDARD 7 Staff & Resources.
Link to Integrated Medium Term Plan/Corporate Objectives	Linked to the Workforce and Financial Framework in the Integrated Medium-Term Plan and the overarching workforce and efficiency agenda.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Sustainability of service provision through our staff is prime consideration.
	Integration – Working closely with internal partners
	Involvement – Local Authority partners
	Collaboration – Actions and deliverables are worked in partnership with Planning, Workforce, Finance and Estates
	Prevention – any potential issues and challenges will be assessed prior to implementation
Glossary of New Terms	N/A

Project Management Plan - Agile

Start /Duration | Delay | Target Completion | Completed

WOD	Grange House development of Centre of Excellence of employee					
		Owner	Start Date	Duration	Completion Date	% Completed
G 1	Identify staff impacted by Centre of Excellence	CB			Oct-21	100%
G 2	Meet with managers to assess space working requirements	CB			Nov-22	100%
G 3	Assess opportunties for agile working	CB			Nov-22	100%
G 4	Assess options for staff re-locations	CB/HC			Nov-22	100%
G 5	Propose options and develop costings and OCP requirements	HC/DC			Nov-22	100%
G 6	Supporting works and IT undertaken	SC			Dec-22	100%
G 7	Agree time for moves and any interim arrangements	CB			Dec-22	100%
G 8	Pre-engagement with staff and staff side	CB			Dec-22	100%
G 9	Develop staff consultation	CB			Feb-22	100%
G 10	Implement moves	CB			Feb-22	100%
G 11	Communication issued via carousel re closure for booking of Committee Room wef 07/02/22.	CB			Feb-22	100%
						100%
GUH / Llanfrechfa Grange / Wellbeing						
GUH 1	Scope agile facilities at GUH and submit proposal to support SDEC	CB			Aug-21	100%
GUH 2	Meet with managers to assess space working requirements on level 2 in GUH	CB			Jan-22	100%
GUH 3	Develop options for level 3 GUH	CB			Mar-22	100%
GUH 4	Communicate working principles and space allocations	CB			Apr-22	100%
GUH 5	Implement changes in GUH	CB			Jun-22	100%
L 1	Meet with managers to assess space working requirements	DC			Jul-22	50%
L 2	Assess opportunties for agile working	CB			Jul-22	50%
L 3	Survey for use of Grange House and gym facilties	CB			Jul-22	50%
L 4	Assess usage reports for meeting rooms in Grange House	CB			Jul-22	0%
L 5	Agree principles of workign in Grange House	CB			Jul-22	50%
L 6	Assess and review requirements for GUH	CB			Jul-22	0%
L 7	Assess options for staff re-locations	CB/ DC/ HC			Aug-22	0%
L 8	Propose options and develop costings and OCP requirements	CB			Aug-22	0%
L 9	Identify Supporting works and IT undertaken	HC			Aug-22	0%
L 10	Pre-engagement with staff and staff side	CB			Sep-22	0%
L 11	Assess impacts on staff moves and any variation to contracts	CB			Sep-22	0%
L 12	Develop staff consultation	CB/ HC			Sep-22	0%
L 13	Agree time for moves	CB			Sep-22	0%
L 14	Implement moves	CB/ HC			Dec-22	0%
						37%
St Woolos	Support deployment of staff off parts of STW					
S1	Identify staff impacted by site reconfigration	HC			Jun-22	75%
S2	Meet with managers to assess space working requirements	CB			Jul-22	0%
S3	Assess opportunties for agile working	CB			Aug-22	0%
S4	Assess options for staff re-locations - what space is available that provides staff with their requirements (options appraisals of options and costings	MA/DC/HC/JG			Sep-22	0%
S5	Propose location/space/officeoptions and develop costings	MA/DC/HC			Sep-22	0%
S6	Develop proposal for options for admin blocks 3 and 4				Mar-22	50%
S7	Submit for capital approval					0%
S8	Agree time for moves and any base changes					0%
S9	Pre-engagement with staff and staff side					0%
S10	Assess OCP requirements					0%
S11	Agree staff enggagement plan and OCP timelines					0%
S12	Develop staff consultation					0%
S13	Implement moves					0%
						10%
RGH	Reconfiguration of admin spaces on RGH					
S1	Identify staff impacted by site clinical reconfigration	HC			Jun-22	75%
S2	Map staff by site and service across each floor in RGH	JG			Jun-22	50%
S3	Validate site mapping with agile assessments for each service	CB			Jul-22	
S3	Meet with managers to assess space working requirements across RGH site	CB			Jul-22	0%
S4	Assess opportunties for agile working block 9 and 10	CB			Aug-22	75%
S5	Develop principles of agile working in blocks 9 and 10	JG			Jun-22	50%
S6	Assess options for staff re-locations - what space is available that provides staff with their requirements (options appraisals of options and costings	MA/DC/HC/JG			Sep-22	0%
S7	Propose location/space/officeoptions and develop costings	MA/DC/HC			Sep-22	0%
S8	Develop proposal for options for admin blocks 3 and 4				Sep-22	50%
S7	Submit schemes for capital approval					0%
S8	Agree time for moves and any base changes					0%
S9	Pre-engagement with staff and staff side					0%
S10	Assess OCP requirements					0%
S11	Agree staff engagagement plan and OCP timelines					0%
S12	Develop staff consultation					0%
S13	Implement moves					0%
						21%
Workforce	Workforce workstream enabling actions					
W1	Agile survey and feedback	HC			Aug-22	100%
W2	Service agile assessments	JC			Jun-21	100%
W3	Meet with services to validate agile assessments	CB/HC/SC			Oct-21	100%
W4	Review and update agile/hybrid framework	HC			Jun-22	100%
W5	Development of minimum agile accomodation requirements	JC/CB			May-22	100%
W6	Scope and review WOD polices to align to agile/hybrid policies	CB			Jun-22	50%
W7	Development of home working policy	CB			Jul-22	50%
W8	Roll out agile framework to ensure embedded in working practices	CB			Jul-22	50%
W9	Bi monthly meetings with all Wales network	CB			Aug-22	50%
						48%
Estates	Enabling actions					
E 1	Map End of lease property (links to Finance and efficiency workesteam)			TBC		20%
E 2	Re-provision of hubs and different working places -IISpread sheet and assess all sites against 6 hot desks in each area				Jul-22	10%
E 3	Establishment of accomodation group					
E 4	Opportunities for storage solutions - need timescales					0%
E 5	Opportunities for booking systems				Jun-22	10%
E 6	Detailed Project Plan					10%
						56%
IT	Enabling actions					
E 1	Development of IT personnas to support access to available system to suppprt agile/hybrid working				Jun-22	100%
E 2	Roll out office 365					
E 5	Opportunities for booking systems				Jul-22	20%
E 6	Detailed Project Plan					10%

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

Dyfodol Clinigol Clinical Futures

Agile Programme RISK Log

	Open Risks	Closed Risks
Low	0	0
Moderate	1	0
High	2	0
Extreme	2	0

Program Director:	
SRO:	0
Last Updated:	

Risk ID	Date Raised	Owner	Risk Description	Likelihood (1 Low - 5 High)	Impact (1 Low - 5 High)	Risk Score	Risk Level	Mitigation(s)	Management	Last Updated	Next Update Due	Status	Workstream
001	20/04/2022	SRO and Exec	That there is signifianct staff resistance to the agile working principles	4	4	16	Extreme	Widely publicise the agile working principles, sell the advantages for staff, consider corporate areas leading by example	Agile Board	26/04/2022	01/05/2022	*Open*	Strategic
002	20/04/2022	SRO and Exec	That the agile working principles are not implemented consistently	4	5	20	Extreme	Widely publicise the agile working principles, sell the advantages for staff, consistently review and assess each scheme for alignment	Agile Board	26/04/2022	01/05/2022	Open	Strategic
003	20/04/2022	SRO and Exec	That there is insuficient capital available to undertake all of the capital works required	2	5	10	High	Regularly update plans and keep in touch with funders, build in contingency	Agile Board	26/04/2022	01/05/2022	Open	Strategic
004	20/04/2022	SRO and Exec	That there is insufficient space available on the Health Board sites to accommodate all of the planned changes	1	5	5	Moderate	Review all space availability and requirements	Agile Board	26/04/2022	01/05/2022	Open	Strategic
005	20/04/2022	SRO and Exec	That the new office space created is not suitable for purpose	3	4	12	High	consistently test with staff working group / agile champions, run and review pilot areas	Agile Board	26/04/2022	01/05/2022	Open	Strategic
006						0							
007						0							
008						0							
009						0							
010						0							
011						0							
012						0							
013						0							
014						0							
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020						0							
021						0							
022						0							
023						0							

In accordance with the ABHB Corporate Risk Strategy, the Project/Programme will use the National Patient Safety Agency (NPSA) risk matrix to score each risk based on the following simple calculation:

Potential Consequence x Likelihood of Adverse Outcome = Risk Score
(Where consequence and likelihood are allocated a score of between 1 and 5)

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 - 3	Low risk
4 - 8	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Management Options

Transferred	The risk is transferred to someone else
Tolerated	Risk accepted as is and monitored.
Treat	Actions to mitigate risk are identified and monitored
Terminated	Risk is resolved.

The potential severity of risk can then be measured as follows:

	Likelihood				
Impact	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5