# Partnerships, Population Health and Planning Committee

*Wed 31 January 2024, 09:30 - 12:30*

**Microsoft Teams**

# Agenda

## 1. Preliminary Matters

### 1.1. Welcome and Introductions

*Oral* *Chair*

### 1.2. Apologies for Absence

*Oral* *Chair*

### 1.3. Declarations of Interest

*Oral* *Chair*

### 1.4. Draft Minutes of the last Meeting held on 1st of November 2023

*Attached* *Chair*

1.4 Draft PPHPC Minutes 1-11-23 Chair Approved.pdf (15 pages)

### 1.5. Committee Action Log

*Attached* *Chair*

1.5 PPHPC Action Log January 2024.pdf (7 pages)

## 2. Items for Approval/Ratification/Decision

### 2.1. Annual Review of Committee Effectiveness 2023/24

*Attached* *Director of Corporate Governance*

2.1 PPHPC Self Assessment of Committee Effectiveness Cover Report (RD Reviewed).pdf (6 pages)
2.1a Appendix A PPHPC Self Assessment Template.pdf (8 pages)
2.1b Appendix B PPHPC.pdf (22 pages)

## 3. Items for Discussion

### 3.1. Committee Risk and Assurance Report

*Attachment* *Director of Corporate Governance*

Strategic Partnerships

3.1 Committee Strategic Risk Report _PPHPC_Feb 2024 .pdf (6 pages)
3.1a Appendix A PPHPC Strategic Risk Register.pdf (1 pages)
3.1b Appendix B PPHPC Dashboard and Risk Assessments.pdf (13 pages)
3.1c Appendix C SRR 001H Service Delivery_Director of Public Health & Strategic Partnerships.pdf (1 pages)
3.1d Appendix D SRR 007B Director of Startegy Planning and Partnerships.docx HE.pdf (1 pages)

3.1e Appendix E Strategic (Board level) Risk Register Database.pdf (4 pages)

## 3.2. Public Services Board Update and Action Plan

*Oral* *Director of Public Health*

Strategic Partnerships

## 3.3. Regional Partnership Board and Place Based Care

*Attachment* *Director of Strategy, Planning and Partnerships*

Strategic Partnerships

3.3 RPB and ISPBs Paper for Committee.pdf (5 pages)

## 3.4. Emerging Plan for 2024/25, including Pan-Cluster Plans

*Attachment* *Director of Strategy, Planning and Partnerships*

3.4 PPHP Emerging Annual Plan Jan v1 DRAFT.pdf (17 pages)
3.4a Appx 1A Minister for Health and Social Services - NHS Wales Planning Framework 2024-2027.pdf (4 pages)
3.4b Appendix 1B 2023-12-18 JP to CEs re NHS Wales Planning Framework 24-27.pdf (4 pages)
3.4c Appendix 3A BG Plan.pdf (29 pages)
3.4d Appendix 3B Caerphilly Plan.pdf (33 pages)
3.4e PPHPC Jan Appendix 3c Monmouthshire Plan.pdf (14 pages)
3.4f Appendix 3d Newport Plan.pdf (12 pages)
3.4g PPHPC Jan Appendix 3E Torfaen.pdf (17 pages)

## 3.5. Regional Planning Update

*Attachment* *Director of Strategy, Planning and Partnerships*

3.5 PPHPC Regional Planning Update Jan 2024.pdf (11 pages)

## 3.6. South East Wales Vascular Network Annual Report, July 2022 – July 2023

*Attachment* *Director of Strategy, Planning and Partnerships*

3.6 PPHPC Vascular Network Annual Report.pdf (4 pages)
3.6a SEWVN Annual Report 2023.pdf (48 pages)

## 3.7. Clinical Futures Programme Update

*Attachment* *Director of Strategy, Planning and Partnerships*

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

3.7 Clinical Futures Programme Update for PPHPC January 2024 - Final Copy.pdf (9 pages)

## 3.8. Strategic Capital Projects Prioritisation Process

*Attachment* *Director of Strategy, Planning and Partnerships*

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

3.8 PPHPC Capital prioritisation paper.pdf (6 pages)
3.8a Appendix 1_20231120 NW to HB CEO DoF DoP re All Wales Capital Prioritisation_.pdf (2 pages)
3.8b APP 2 All Wales Capital Programme - Prioritisation Form Guidance FINAL DUTY OF QUALITY.pdf (5 pages)
3.8c Appendix 3_ Frequently Asked Questions 12-12-23.pdf (2 pages)
3.8d Appendix 5 Strategic Capital Project Prioritisation.pdf (2 pages)
3.8e Appendix 6 Strategic Capital Projects Update December 23.pdf (4 pages)

## 3.9. Major Incident Plan

*Attachment* *Director of Strategy, Planning and Partnerships*

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

3.9 MI cover paper 310124 FINAL.pdf (4 pages)

3.9a ABUHB Major Incident Procedures V3.BOARD.pdf (40 pages)

## 4. Items for Information

### 4.1. Committee Work Programme 2023/24

*Attachment* *Director of Corporate Governance*

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

### 4.2. Update on the Vaccination Programme

*Attachment* *Director of Public Health*

4.2 PPHPC Vaccination Update_Action response.pdf (6 pages)

## 5. Other Matters

### 5.1. Items to be brought to the attention of the Board and Other Committees

*Oral* *Chair*

### 5.2. Any other Urgent Business

*Oral* *Chair*

### 5.3. Date of the next meeting is 16th of April 2024

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

## MINUTES OF THE PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE MEETING

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| **DATE OF MEETING** | Wednesday 1st November 2023 |
| **VENUE** | Microsoft Teams |

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| **PRESENT** | Ann Lloyd- Chair<br>Louise Wright- Independent Member<br>Dafydd Vaughan- Independent Member |
| **IN ATTENDANCE** | Tracy Daszkiewicz- Director of Public health<br>Hannah Evans- Director of Strategy, Planning and Partnerships<br>Rani Dash- Director of Corporate Governance<br>Michelle Jones, Head of Board Business<br>Lucy Windsor- Head of Risk and Assurance<br>Trish Chalk- Assistant Director of Planning<br>Eryl Powell- Consultant in Public Health<br>Marie-Claire Griffiths- Head of Strategic Planning<br>Stephen Chaney- Head of Audit, NWSSP<br>Emma Guscott- Committee Secretariat |
| **APOLOGIES** | Paul Solloway- Director of Digital<br>Rob Holcombe- Director of Finance<br>Philip Robson- Special Advisor<br>Richard Clark- Independent Member |

| **PPHPC/0111/01** | **Preliminary Matters** |
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| **PPHPC/0111/ 01.1** | **Welcome and Introductions**<br><br>The Chair welcomed everyone to the meeting. |
| **PPHPC/0111/ 01.2** | **Apologies for Absence**<br><br>Apologies for absence were noted. |
| **PPHPC/0111/ 01.3** | **Declarations of Interest**<br><br>There were no declarations of interest raised to record. |
| **PPHPC/0111/ 01.4** | **Minutes of the previous meeting** |

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| | The minutes of the meeting held on the 12th of July 2023 were agreed as a true and accurate record. |
| **PPHPC/0111/ 01.5** | **Committee Action Log- November 2023**<br><br>The Committee received the action log.<br><br>The Chair requested a target date for the completion of the estate's strategy. Hannah Evans (HE), Director of Strategy, Planning and Partnerships would be meeting with WGOV before the end of 2023 and would provide the Chair with a target date for the completion of the Estates Strategy outside of the meeting. **Action: Director of Strategy, Planning and Partnerships**<br><br>The Chair requested clarity on the term 'Place Based Care'. HE informed members that place based care would be referred to as Cluster Plans moving forward. The Cluster Plans were to be submitted to WGOV in January 2023. Noting the timeframe, the Chair requested that the Cluster Plans were submitted through the RPB and the Health Board prior to submission to WGOV. Rani Dash (RD), Director of Corporate Governance, to liaise with HE outside of the meeting. **Action: Director of Corporate Governance/Director of Strategy, Planning and Partnerships**<br><br>The Chair discussed the action marked as complete *PPHPC 1705/01.5 Review of the Major Trauma Centre* and flagged that they had not yet received the review. RD to pick up the review of the Major Trauma Centre with the Chief Executive and the Joint Committee. **Action: Director of Corporate Governance**<br><br>Members were content with progress made in relation to completed actions. |
| **PPHPC/0111/ 02** | **Items for Approval/Ratification/Decision** |
| **PPHPC/0111/ 02.1** | **Committee Self-Assessment**<br><br>Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of the approach for the annual Committee Self-Assessments. Findings of the Committee Self-Assessments would be presented to members in January 2024. **Action: Committee Secretariat** |

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| | The Committee **APPROVED** the template format. |
| **PPHPC/0111/03** | **Items for Discussion** |
| | **Strategic Partnerships** |
| **PPHPC/0111/ 03.1** | **Committee Strategic Risk Report**<br><br>Rani Dash (RD), Director of Corporate Governance, provided an overview of the revised risk reporting for assurance, including the risks delegated to the Committee. RD informed members of plans to map risks to inform Committee Workplans.<br><br>The Chair flagged risk *"SRR007 There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the changing needs of the population, due to an unsustainable service model;"* The Chair requested that the 'moderate' risk rating of SRR007 be closely monitored over the next six months. **Action: Director of Corporate Governance/Director of Strategy, Planning and Partnerships**<br><br>Members requested that an oversite of shared wider risks be included as an appendix in future Committee Strategic Risk reports. **Action: Head of Risk and Assurance** |
| **PPHPC/0111/ 03.2** | **To receive and discuss the Gwent Marmot Programme, including an update on the Gwent Public Service Board (PSB) Wellbeing Plan and the Gwent Marmot region Communication and Engagement Strategy**<br><br>Tracey Daszkiewicz (TD), Director of Public Health, supported by Eryl Powell (EP), Consultant in Public Health, provided an overview of the progress of the Gwent Marmot programme.<br><br>Positive engagement had taken place at the recent PSB Update Event for a Fairer Gwent with a focus on closing the gap between statutory community services. The four main themes were:<br>• Best start in life.<br>• The impact of crime and community safety.<br>• Economic factors.<br>• Environmental factors. |

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| | Members were assured of alignments between Gwent Marmot Region report and the Gwent Public Service Board (PSB) Wellbeing Plan.<br><br>TD informed members that whilst the Fairer Gwent Report used statistical evidence to explain *why* the outlined priorities would be taken forward, the Gwent Public Services Wellbeing Plan described in more detail *what* would be done. The PSB Officers group would be producing the delivery plan outlining *how* things would be done.<br><br>Members were informed that a meeting had been scheduled with Welsh Government to discuss the Strategy for Children.<br><br>The Committee **NOTED** the update on the Gwent Marmot Region report and the Gwent Public Service Board (PSB) Wellbeing Plan. |
| **PPHPC/0111/ 03.3** | **To discuss work ongoing within the Regional Partnership Board;**<br><br>**An update on Partnership Capital Strategy and Plans;**<br><br>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an overview of the report, including information on the Partnership Capital Strategy and Plan and the Regional Partnership Board (RPB) Governance Review.<br><br>Members were informed of the following key points; -<br>• The RPB had not achieved the ambitious timescales identified for developing the plan.<br>• The RPB had endorsed discussions on the Capital Strategy and Plan with each statutory body.<br>• HE assured members that there had been positive engagement in the development of the Capital Strategy and Plan within the Health Board, including good representation at partnership workshops.<br><br>Dafydd Vaughan (DV), Independent Member, requested assurance on how the Health Board plans to monitor the RPB Capital Strategy and was aligned to internal Health Board plans. HE highlighted that the Capital Strategy and Plans included individual business cases that would also be |

reviewed internally, in partnership and by Welsh Government. HE informed members that the Health Board would review all internal and partnership plans regularly to ensure alignment with our strategic direction. In addition, HE informed members that regular work on benefits realisation would be a requirement both internally and within the RPB.

The Chair advised of the following: -

- That concerns had been raised in relation to the Eliminate agenda and requested that this was emphasised with Welsh Government. It was noted that the principle was acceptable but could not be universally applied in health care as it would not take into consideration the best interests of the individual.
- Further work would be required over the next 12 months to improve and strengthen the strategy for older adults.
- The Chair intended to meet with the RPB and PSB to discuss the rationalisation of the work programmes to ensure there was no duplication.
- Quantifiable evidence was required to support the delivery of Capital and Strategy plans, and this would require close monitoring by the Health Board.

Members were assured that; -

- the Health Board had fully engaged in the development of a Partnership Capital Strategy and Plan, and that it had been evaluated through the internal capital governance structure.
- Strategic capital projects funded by Welsh Government were being progressed.

Members noted the update on the proposals for Estate Rationalisation in the context of correspondence from Welsh Government and a review of the prioritisation the Estate Strategy Objectives.

The Committee **RECEIVED** the reports for **ASSURANCE.**

**RPB Governance Review; -**

HE provided an overview of the review, noting that the RPB had established a task and finish group with the Director of Corporate Governance as the ABUHB representative. The Chair noted that the RPB partners had welcomed the review. Rani Dash (RD), Director of Corporate Governance, informed members that the governance of the RPB allowed

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| | the Health Board to internally review its governance arrangements and have internal oversight of RPB business; further reviews of the ISPBs and clusters would commence shortly. An RPB governance workshop had been arranged for the 14th of November 2023.<br><br>The Committee **NOTED** the update and report. |
| **PPHPC/0111/ 03.4** | **To receive an update on the Vaccination Programme**<br><br>Tracy Daszkiewicz (TD), Director of Public Health, supported by Eryl Powell (EP), Consultant in Public Health, provided an overview of the Vaccination Programme.<br><br>The following key points were discussed; -<br>• Vaccination uptake of 81% in Care Homes; this was above the Welsh average.<br>• There had been a good response across schools in Gwent for those pupils who had an identified Additional Learning Need (ALN).<br>• Targeted outreach work had been undertaken and well received throughout Gwent diverse communities.<br>• Vaccination services were now integrated into Health protection and Health Board vaccination services.<br>• There were challenges to the uptake of vaccinations with Health Board and Care Home staff.<br>• The risk of leases on additional vaccination centres that were scheduled to end and the plans for pop-up delivery models were discussed.<br><br>The critical risk of a shortage of one third in the vaccinated workforce was flagged; this would have implications for meeting the Welsh Government winter targets, and risk of increased hospitalisation and staff sickness associated with missed targets for winter vaccinations. There was a critical risk of potentially not achieving the Winter Flu and COVID vaccination targets on the provision services and the population would be discussed at the Executive Committee and the Board. **Action: Director of Public Health**<br><br>Louise Wright (LW), Independent Member, expressed concern that the Health Board might not meet the winter vaccination targets and queried the following:<br>• Was the Health Board looking to recall vaccinators who had supported the service during the pandemic? EP informed members that the teams would look to utilise the vaccination bank to support the service. |

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| | • Would there be later opening hours to accommodate staff? EP informed members that due to staffing issues there were limited opening hours at present.<br>• Do we understand why staff uptake is low, and what was being done to support those staff concerned about the side effects? EP informed members that feedback indicated that staff were finding it difficult to obtain the vaccination during the working day. EP informed members that the Public Health team would look at further communications to further support staff concerns. **Action: Director of Public Health**<br><br>Dafydd Vaughan (DV), Independent Member, noted the Occupational Health system issues flagged within the report, and requested further information. EP advised that the system was an All-Wales Occupational Health system, that did not hold individual staff vaccination records, and a local workaround had been developed.<br><br>Members requested an update on the progress of vaccinations and winter uptake be provided outside of the meeting. **Action: Director of Public Health**<br><br>The Chair requested that value for money be included in future reports. Members noted that this would be included in the Health Protection report presented at the next Committee meeting. **Action: Director of Public Health**<br><br>The Chair expressed concern on the vaccination uptake for Care Home staff and requested further information. EP informed members that the Health Board was presently collating this data, whilst working in partnership with local authorities, to provide a targeted vaccination offer. The meeting noted that this would be reviewed over the coming weeks and actions escalated where necessary.<br><br>The Committee received the report for **ASSURANCE** and **ENDORSED** the plans to mitigate the critical risk of meeting the vaccination targets for winter flu and COVID vaccinations. It was agreed that this would be reported as a risk to the main Board meeting.<br><br>*Eryl Powell left the meeting.* |
| | **Strategic Planning and Developments** |
| **PPHPC/0111/ 03.5** | **To discuss and endorse the approach to developing the Long-Term Strategy** |

Hannah Evans (HE), Director of Strategy, Planning and Partnerships supported by Marie-Claire Griffiths (MG), Head of Strategic Planning, provided an overview of the report outlining the Long-Term strategy, key timelines and governance.

It was noted that a Board Briefing session on the Long-Term Strategy had been held on the 29th of September 2023. The report outlined links with strengthening partnership working through the PSB, Marmot and the RPB. It was noted that the strategy incorporated meaningful engagement with staff and communities.

HE assured members that the reconfiguration of Health Board services would take place in parallel with the development of the Long-Term Strategy and the IMTP.

MG discussed the request for organisational values to be incorporated into the Long-Term Strategy at the Board Briefing session. MG informed members that collaboration had commenced with organisational development colleagues to progress this.

Dafydd Vaughan (DV), Independent Member noted the plans for large scale population engagement, as outlined in the report; DV requested that small scale patient engagement also be utilised to adapt to ever changing population needs.

The Chair asked whether or not the proposed timescales were achievable for the teams and the timeliness of the engagement with staff. He advised that the Health Board was committed to the timescales outlined in the report and that there would be an offer for staff engagement throughout the winter.

Louise Wright (LW), Independent Member, informed HE of the opportunities to attend the local trade union forums to engage with staff, and queried whether or not current internal information was being utilised to develop the strategies. HE informed members that the local trade union fora were being considered for staff engagement and that the teams would factor in the staff engagement information that is already available.

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| | The Committee **RECEIVED** the report and **ENDORSED** the approach to developing the long-term strategy for Board approval. |
| **PPHPC/0111/ 03.6** | **To receive an update on the development of the Integrated Medium-Term Plan 2024-2027**<br><br>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, supported by Marie-Claire Griffiths, Head of Strategic Planning and Trish Chalk (TC), Assistant Director of Planning provided an overview of the proposed approach to the development of the plan for 2024/25.<br><br>Members discussed the proposed approach, noting that a detailed discussion would take place at the Board Briefing scheduled for the 8th of November 2023.<br><br>The following key points were noted:<br>• Members were assured that the IMTP had been linked to the Clinical Advisory Board targets previously discussed by Board members.<br>• Members discussed the use of the words 'sickness targets' and requested that the well-being of staff be included as a priority within the IMTP.<br>• In respect of managed practices, the target of no managed practices by April 2024 was acknowledged and discussed. Members requested that further discussion, including the evidence to support the privatisation of managed practices, take place at the upcoming Board Development session.<br>• The Chair requested that further assurance on Nevil Hall Hospital service planning after RAAC would also be discussed at the upcoming Board Development session.<br><br>The parameters in the plan would be amended to reflect the importance of community-based care and prevention.<br><br>The Committee **NOTED** the report. |
| **PPHPC/0111/ 03.7** | **To receive and discuss an update on Regional Planning**<br><br>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an update of progress in respect of ongoing regional and South Wales service planning programmes for information. |

The following key points were discussed:

- Ophthalmology: the original business case was based upon £10m funding; the available funding was now £7m. As a result, the business case had been amended and was being reviewed through regional governance processes. It was noted that the Committee will be sited on any changes.
- 'Open Eyes', the regional ophthalmology patient record system led by DHCW: the 'Open Eyes' implementation had been delayed and DHCW would share revised timescales in November 2023. Dafydd Vaughan (DV), Independent Member, requested that DHCW finalised plans and timelines for 'Open Eyes' when available be shared with members outside of the Committee meeting. **Action: Director of Digital**
- Diagnostics: other health boards were prioritising the use of a managed service contract with a private sector partner; however, the Health Board was pursuing an in-house development, as this was considered to provide the best option in terms of affordability, deliverability, and sustainability.
- Hepato-Biliary services; the project team were escalating the risk of the pace of the service improvement through their project board.
- The failure of the Interventional Radiology (IR) service in Swansea was identified as a risk. It was noted that two of the Health Boards Interventional Radiologists were currently supporting this service. The Chair requested that the fragility of services be discussed at the Planning meetings. HE informed members that plans were being reviewed, including the implications on vascular services and options for sustainability.

DV flagged discussions with DHCW and WGOV for a Digital Cellular Pathology Service and requested an update. HE informed members that no decision had been made on this service and it would be discussed with Welsh Government at the next Capital review meeting.

The Chair requested that any risks to Health Board services associated with delayed DHCW digital services be quantified. A report on the quantified effects of service delivery delays in digital projects provided by DHCW come to the next Committee meeting. **Action: Director of**

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| | **Strategy, Planning and Partnerships/Director of Digital**<br><br>The Chair requested an update on the timeline for the centralisation of Thoracic Services. HE informed members that the outline business case has not yet been approved by Welsh Government and further conversations were required with the South and East Wales Directors of Planning.<br><br>The Committee **RECEIVED** the report for **INFORMATION**. |
| **PPHPC/0111/ 03.8** | **To receive an update on the National Commissioning Implementation Programme**<br><br>Rani Dash (RD), Director of Corporate Governance, provided an update to the Committee of the Welsh Government led National Commissioning Implementation Programme.<br><br>The Committee received the report outlining the approved Programme Initiation Document (PID) for National Commissioning, noting that Welsh Government had accepted all recommendations as outlined.<br><br>The Committee **RECEIVED** the report and **NOTED** the final PID for National Commissioning Implementation Programme. |
| | **Review of Development of Plans in Respect of the Key Clinical Future Priorities** |
| **PPHPC/0111/ 03.9** | **To receive an overview of the Clinical Futures Programme including the Planned Care Programme and Decarbonisation**<br><br>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the Health Board's Clinical Futures Programme priorities.<br><br>HE informed members that the alignment of the Clinical Futures key priorities would be scrutinised at the upcoming Clinical Futures Board meeting. It was noted that the ELGH programme was driving forward priorities linked to the financial plan, including bed base, Stroke and Minor Injuries Units. |

Members supported the format of the report outlining the key milestones, Rag Rating and key workstreams. Dafydd Vaughan (DV), Independent Member, discussed the length of time some workstreams were taking, and queried how this could be addressed to see earlier benefits. HE informed members that some programmes were taking longer due to capacity and capability in some areas, and that these programmes and priorities would be considered when planning for 2024. DV suggested that when planning for the IMTP in 2024 the Health Board should try to limit the number of programmes that were 'work in progress' to ensure full attention is provided on some key programmes of work. The Chair noted the importance of being clear on the priority programmes of work, being logical in considering the pressures in which the service is trying to deliver.

The Chair sought the following information:

- Requested assurance that the Mental Health transformation programme reflected the current issues within the service. HE informed members of plans to bring together the improvement and transformation plans for Mental Health services.

**The Planned Care Programme**

HE provided an update to the Committee on the six (6) workstreams within planned care.

HE discussed the reduction of waiting lists and managing demand, noting the plans for Health Pathway transformation. The meeting noted that fifty Health Pathways would go live in March 2024, spread across different services.

To provide enhanced assurance, members requested a detailed update on Planned Care to come back for further discussion at the next meeting. **Action: Director of Strategy, Planning and Partnerships**

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

**Decarbonisation Programme**

Trish Chalk (TC), Assistant Director of Planning, presented an annual update on the Decarbonisation Framework, noting that it was now aligned with the National Programme.

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| | Members were reminded of the achievements and key risks associated with the Health Boards target to achieve a reduction of 34% by 2023. Members were assured that the risks associated with the sustainability of resources and funding were being closely monitored and tracked.<br><br>Decarbonisation slides would be shared with members outside of the meeting. **Action: Assistant Director of Planning/Secretariat**<br><br>The Chair and members thanked TC and the teams for the continued hard work. The Committee **RECEIVED** the update for **INFORMATION**. |
| **PPHPC/0111/ 03.10** | **To receive an update on Capital & Estates**<br><br>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on Strategic Capital Projects and Estate Rationalisation to the Committee.<br><br>The following key points were highlighted:<br>• The Ysbyty Ystrad Fawr (YYF) Breast Unit was nearing completion.<br>• The Royal Gwent Hospital (RGH) Endoscopy Suite would be taking its first patients the week commencing the 6th of November 2023.<br>• Phase 1 of the Bevan Health and Wellbeing Centre (Tredegar) was now nearing completion, noting previously identified issues and risks had not resolved.<br><br>Members were assured that the delivery of Capital business cases and benefits realisation was reported and monitored through the Finance and Performance Committee.<br><br>HE informed members of continued risks as outlined in the report. Members noted the potential risk of the *Hollow Beam Survey* currently taking place in Nevil Hall Hospital (NHH), associated with RAAC. Plans for services at NHH were being worked through by the Health Board to present to Welsh Government in 2024. RAAC risk to be flagged to the Board. **Action: Director of Strategy, Planning and Partnerships/Secretariat**<br><br>The Chair discussed the requirement for an overhaul of the current Estates Strategy. To provide further assurance, members requested a detailed update on Capital and |

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| | Estates strategic objectives, including a review of associated risks and rag ratings to come back for further discussion at the next meeting. **Action: Director of Strategy, Planning and Partnerships/Secretariat**<br><br>Dafydd Vaughan (DV), Independent Member, requested high level objectives for each estates strategy and location to be included in future reports. **Action: Director of Strategy, Planning and Partnerships** |
| **PPHPC/0111/04** | **Items for Information** |
| **PPHPC/0111/04.1** | **Committee Work Programme 2023/24**<br><br>The Committee received the forward work programme, noting that amendments would be made to align with Health Board priorities and risks. **Action:** The Head of Board Business and Director of Strategy, Planning and Partnerships to meet to discuss the forward workplan for 2024/25 outside of the meeting.<br><br>The Committee **RECEIVED** the report for **INFORMATION**. |
| **PPHPC/0111/05** | **Other Matters** |
| **PPHPC/0111/05.1** | **Items to be Brought to the Attention of the Board and Other Committees**<br><br>The Chair requested the following matters to be discussed at Board level;<br>• Potential additional risks associated with RAAC at NHH.<br>• IMTP<br>• Strategic and Estates reset plans.<br>• Place based Care. Winter Flu and COVID Vaccination Risk. Critical risk of potentially not achieving the Winter Flu and COVID vaccination targets on services and the population. |
| **PPHPC/0111/05.2** | **Any Other Urgent Business**<br><br>There were no further matters arising to be discussed. |


GIG
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WALES
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

# Partnerships, Population Health and Planning Committee
# ACTION LOG

| Outstanding | In Progress | Not Due | Completed | Transferred to another Committee |
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| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | Progress/ Completed |
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| May 2023 | PPHPC 1705/03.2 | **To receive and discuss an overview of recent business of the Regional Partnership Board (RPB), including a focus on the Area Plan:** Alignments and any overlaps of priority areas between the Gwent RPB Area Plan and the Gwent PSB Well Being Plan will come back to the Committee for discussion. | Director of Public Health | **2024** | **In progress** Alignment discussion is dependent on development and agreement of PSB Well-being Plan priority actions to support well-being steps. These should be formally agreed by the PSB in December 2023. Director of Public Health to check timelines with the PSB. |
| November 2023 | PPHPC 0111/01.5.1 | **Committee Action Log** The Director of Strategy, Planning and Partnerships to share a target date for completion of the estates Strategy outside of the meeting. | Director of Strategy, Planning and Partnerships | **January 2024** | Verbal update to be provided at January 2024 meeting. Agenda item 1.5. **Complete** |

| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | Progress/ Completed |
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| November 2023 | PPHPC 0111/01.5.2 | **Committee Action Log** The Chair requested that Cluster Plans (Placed Based Care) were submitted through the RPB and Health Board prior to submission to Welsh Government in January 2024. Director of Corporate Governance to link with Director of Strategy, Planning and Partnerships outside of the meeting. | Director of Strategy, Planning and Partnerships/Chief Operating Officer/ Director of Corporate Governance | **January 2024** | Included on the agenda at January 2024 meeting. Item 3.4 **Complete** |
| November 2023 | PPHPC 0111/01.5.3 | **Committee Action Log- Closed Action PPHPC 1611/14** The Chair flagged that the Health Board had not yet received the review of the Major Trauma Centre. The Director of Corporate Governance to pick up the review of the Major Trauma Centre with the CEO and Joint Committee. | Director of Corporate Governance | **April 2024** | Update position to be sought from Managing Director, WHSSC. Update to be provided to the Committee at its meeting in April 2024. |
| November 2023 | PPHPC 0111/02.1 | **Committee Self-Assessment** Findings of the Committee Self-Assessments to be presented to members in January 2023. | Committee Secretariat/Director of Corporate | **January 2024** | Included on the agenda at January 2024 meeting. Agenda item 2.1. **Complete.** |
| November 2023 | PPHPC/0111/03.1.1 | **Committee Strategic Risk Report** | Director of Corporate Governance/Director of | | Risks are closely monitored through Committee risk register |

| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | Progress/ Completed |
|---|---|---|---|---|---|
| | | The Chair requested that the 'moderate' risk rating of SRR007 be closely monitored over the next six months. | Strategy, Planning and Partnerships | | reported at each meeting. **Complete** |
| November 2023 | PPHPC/0111/03.1.2 | **Committee Strategic Risk Report** Members requested that an oversite of shared wider risks be included as an as an appendix in future Committee Strategic Risk reports. | Head of Risk and Assurance | **January 2024** | Included on the agenda at January 2024 meeting. Risk Report, agenda item 3.1. **Complete** |
| November 2023 | PPHPC/0111/03.4.1 | **To receive an update on the Vaccination Programme** Risk of potentially not achieving the Winter Flu and COVID vaccination targets on the provision services and the population to be discussed at the Executive Committee and the Board. | Director of Public Health | **January 2024** | Included on the agenda at January 2024 meeting. Information report, agenda item 4.2. **Complete** |
| November 2023 | PPHPC/0111/03.4.2 | **To receive an update on the Vaccination Programme** Further communications to be shared with staff to address concerns around obtaining vaccinations. | Director of Public Health/Consultant in Public Health | **January 2024** | Included on the agenda at January 2024 meeting. Information report, agenda item 4.2. **Complete** |

| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | Progress/ Completed |
|---|---|---|---|---|---|
| November 2023 | PPHPC/0111/03.4.3 | **To receive an update on the Vaccination Programme** An update on the progress of vaccinations and winter uptake to be provided outside of the meeting. | Director of Public Health | **January 2024** | Included on the agenda at January 2024 meeting. Information report, agenda item 4.2. **Complete** |
| November 2023 | PPHPC/0111/03.4.4 | **To receive an update on the Vaccination Programme** Value for money to be included in all future Health Protection reports. | Director of Public Health | **January 2024** | Included on the agenda at January 2024 meeting. Information report, agenda item 4.2. **Complete** |
| November 2023 | PPHPC/0111/03.7.1 | **To receive and discuss an update on Regional Planning** DHCW finalised plans and timelines for 'Open Eyes' to be shared with members outside of the Committee meeting. | Director of Digital | **January 2024** | Information shared with members outside of the meeting on 24th January 2024. **Complete** |
| November 2023 | PPHPC/0111/03.7.2 | **To receive and discuss an update on Regional Planning** A report on the quantified effects of service delivery delays in digital projects provided by DHCW come to the next Committee meeting. | Director of Digital | **January 2024** | Included on the agenda for the January 2024 meeting. **Complete** |

| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | Progress/ Completed |
|---|---|---|---|---|---|
| November 2023 | PPHPC/0111/03.9.1 | **To receive an overview of the Clinical Futures Programme including the Planned Care Programme and Decarbonisation/Planned Care Programme**<br>To provide enhanced assurance, members requested a detailed update on Planned Care to come back for further discussion at the next meeting. | Director of Strategy, Planning and Partnerships | **January 2024** | Included on the agenda for the January 2024 meeting. Agenda item 3.7. **Complete** |
| November 2023 | PPHPC/0111/03.9.2 | **To receive an overview of the Clinical Futures Programme including the Planned Care Programme and Decarbonisation/ Decarbonisation Programme**<br>Decarbonisation slides to be shared with members outside of the meeting. | Assistant Director of Planning/Secretariat | **December 2023** | Slides shared with members on 27/12/2023. **Complete** |
| November 2023 | PPHPC/0111/03.10.1 | **To receive an update on Capital & Estates**<br>RAAC risk to be flagged to the Board. | Director of Strategy, Planning and Partnerships/ Secretariat | **November 2023** | Risk presented to Board in November 2023. **Complete** |

| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | Progress/ Completed |
|---|---|---|---|---|---|
| November 2023 | PPHPC/0111/03.10.2 | **To receive an update on Capital & Estates**<br>To provide further assurance, members requested a detailed update on Capital and Estates strategic objectives, including a review of associated risks and rag ratings to come back for further discussion at the next meeting. | Director of Strategy, Planning and Partnerships/Secretariat | **January 2024** | Included on the agenda for the January 2024 meeting. Agenda item 3.8. **Complete.** |
| November 2023 | PPHPC/0111/03.10.3 | **To receive an update on Capital & Estates**<br>Members requested high level objective and timeline for all of our estate to be included in future reports. | Director of Strategy, Planning and Partnerships | **April 2024** | Update to be provided at the Committee meeting in April 2024. **Not Due.** |
| November 2023 | PPHPC/0111/04.1 | **Committee Work Programme 2023/24**<br>The Head of Board Business and Director of Strategy, Planning and Partnerships to meet to discuss the forward workplan (FWP) for 2024/25 outside of the meeting. | Head of Board Business | **February 2024** | As part of the FWP development for 2024/25 an approach is being determined to ensure consistency across all committees. Dates will be diarised by the corporate governance team for February 2024 to commence the population of the FWP. **Not due.** |

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

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

| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 31 January 2024 |
| **CYFARFOD O:**<br>**MEETING OF:** | Partnerships Population Health and Planning Committee |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Committee Self-Assessment 2023 |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Director of Corporate Governance |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Head of Board Business |

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**
**SBAR REPORT**

## Sefyllfa / Situation

The purpose of this report is to discuss the findings from the annual self-assessment process in respect of the Partnerships, Population Health and Planning Committee.

## Cefndir / Background

As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, well as any development of a comprehensive Board Business Improvement Plan.

At the meeting held on 1st November 2023 the Committee agreed to undertake the self- assessment.

**Asesiad / Assessment**

The self-assessment for the Partnerships, Population health and Planning Committee was completed throughout November and December 2023 by both Committee members and those individuals who regularly support the work of the Committee. Three responses were received to the questionnaire.

The self-assessment template is included in Appendix A, and the completed response are in included in Appendix B.

Following completion of the self-assessments, the sections were analysed to provide a summary of the response and recommendation for improvements for each section. The suggestions will help the development of a comprehensive Board Improvement Plan.

**Summary of Individual Sections**

**Section 1 - Committee Processes: Composition, Establishment, and Ways of Working**

The majority (83%) of respondents agreed that committee processes are well executed, and that the overall co-ordination and management of the meeting is consistent and well managed to allow the Committee to conduct its responsibilities.

**There were some opportunities for strengthening identified, in particular these included:**

- Consideration of ways in which to enable the greater scrutiny of issues eg additional meetings/ briefings etc.
- Provision of induction training for committee members.
- Consider increasing the number of Independent Members on the Committee to secure a wider range of opinion.
- Timely inclusion of reports to allow for full review by members.
- The structure of the report template to be reviewed to ensure a clearer focus including quantifiable metrics, actions, and risks.

**Section 2 - Partnership Working**

The majority (75%) of respondents agreed that the partnership working arrangements were well implemented, with appropriate arrangements to consider partnership governance, and strategies and plans developed in partnership.

**There were no opportunities for strengthening identified.**

**Section 3 - Population Health**

From the responses received, all respondents agreed that the consideration of population health underpinned the strategic planning process, delivering health improvement and reducing health inequalities.

**There were no opportunities for strengthening identified.**

**Section 4 – Strategic Planning**

The majority (66.6%) of respondents confirmed that the Committee was sufficiently assured that strategic planning arrangements, IMTP and annual priorities were robust, and that national and regional planning guidance was utilised efficiently.

**The following opportunity for strengthening was identified:**

- Consider strengthening alignment between priority, resource and enabling plans.

## Specific Responses for Partnership, Population Health and Planning Committee Improvement

The table below details the specific areas where suggestions for improving the Committee's effectiveness were made.

| Specific Actions to deliver improvements in the Committee's effectiveness | | | |
|---|---|---|---|
| **Section** | **Area of Focus requiring attention** | **How & by When** | **Action Holder** |
| 1 - Committee Processes: Composition, Establishment, and Ways of Working | • A programme of induction for committee members to be developed.<br>• Report template to be reviewed and training on report writing to be delivered. | All actions to inform the development of an overarching Board Business Improvement Plan – January 2024 for Board approval. | Director of Corporate Governance with Head of Board Business |
| 4 - Strategic Planning | • Explore ways that future updates include clear alignment between priorities, resources and enabling plans. | To be strengthened within Committee Workplan 2024/25 – April 2024 | Head of Board Business with the Director of Strategy, Planning and Partnerships |

## Overall Assessment of Effectiveness

To determine the overall effectiveness of the Committee, a standardised scoring matrix has been used to assess each Committee; this is in accordance with the Well-Led Framework for Leadership and Governance Developmental Reviews and is shown below.

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

## Overall Assurance Rating

The table below provides a breakdown of the responses to each section, as well as an overall assurance rating against the committee's effectiveness.

| Section | No of Questions | Number of Possible Responses | Number of responses 'Yes' | Number of responses 'No' | Number that 'Didn't Answer' | Overall Assurance Rating |
|---|---|---|---|---|---|---|
| 1 | 26 | 78 | 65 | 4 | 9 | |
| 2 | 3 | 8 | 6 | 2 | 0 | |
| 3 | 4 | 12 | 8 | 0 | 4 | |
| 4 | 8 | 24 | 16 | 0 | 8 | |
| **Total** | **41** | **122** | **95** | **6** | **21** | |

In conclusion, the results of the analysis of the self-assessment, with an 77.8% response rate of 'Yes,' determined that the Committee is effective and meeting the standards.

| Rating | Definition | Evidence |
|---|---|---|
| **2** | **Meeting standards** | The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively. |

These findings will be used to inform a comprehensive annual assessment of the Board's effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured Assessment, for delivery in 2024/25. The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators and partners.

**Argymhelliad / Recommendation**

The Committee is asked to:

- **NOTE** the performance information contained within the report,
- **CONSIDER** the proposed actions to address those areas as requiring further improvement, and;
- **NOTE** the proposed improvement actions to be taken forward within the Committee Forward Plan for 2024/25 or the wider Board Business Improvement Plan.

| **Amcanion: (rhaid cwblhau)**<br>**Objectives: (must be completed)** | |
|---|---|
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol:<br>Corporate Risk Register Reference and Score: | The self-assessment of committee effectiveness ensures risk is appropriately monitored and managed. |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s): | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br>Link to IMTP | Not Applicable<br>Choose an item. |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP | Governance |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br>Strategic Equality Objectives 2020-24 | Not Applicable<br>Choose an item.<br>Choose an item.<br>Choose an item. |

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

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

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

**Introduction**

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

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

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

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

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

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

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

| Section 1 - Committee Processes: Composition, Establishment, and Ways of Working | | | | |
|---|---|---|---|---|
| | **Question** | **Response Yes / No** | **Comments** | **Suggested Improvement Actions** |
| 1 | Does the Committee have written terms of reference, and have they been approved by the Board? | | | |
| 2 | Are the terms of reference reviewed annually? | | | |
| 3 | The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible? | | | |
| 4 | Has the Committee been quorate for each meeting this year? | | | |
| 5 | In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities? | | | |
| 6 | Members who have recently joined the PPHPC have been provided with induction training to help them understand their role and the organisation? | | | |
| 7 | The Committee is clear about its role in relationship to other Committees that play a role in relations to partnership working, population health and planning? | | | |
| 8 | Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest? | | | |
| 9 | The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor? | | | |
| 10 | The Committee has an established a plan of matters to be dealt with across the year? | | | |

| | | | | |
|---|---|---|---|---|
| 11 | Does the Committee consider issues at the right time and in the right level of detail? | | | |
| 12 | The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives? | | | |
| 13 | Are the Committee's papers distributed in sufficient time for members to give them due consideration? | | | |
| 14 | The quality of the Committee's papers received allows Committee members to perform their roles effectively? | | | |
| 15 | Committee meetings are chaired effectively? | | | |
| 16 | The Committee chair allows debate to flow freely and does not assert his/her own view too strongly? | | | |
| 17 | The Committee environment enables people to express their views, doubts, and opinions? | | | |
| 18 | The Committee challenges management and other assurance providers to gain a clear understanding of their findings? | | | |
| 19 | Members hold their assurance providers (management) to account for late or missing assurance? | | | |
| 20 | Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored? | | | |

| | | | | |
|---|---|---|---|---|
| 21 | At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc? | | | |
| 22 | Decisions and actions are implemented in line with the timescale agreed? | | | |
| 23 | Are the outcomes of each meeting and any issues of concern reported to the next Board meeting? | | | |
| 24 | Does the Committee prepare an annual report on its work and performance for the Board? | | | |
| 25 | The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness. | | | |
| 26 | The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn? | | | |

| Section 2 – Partnership Working | | | | |
|---|---|---|---|---|
| | **Question** | **Response Yes/No** | **Comments** | **Suggested Improvement Actions** |
| 27 | Is the Committee satisfied that it considers strategies and plans developed in partnership with key strategic partners? | | | |
| 28 | Does the Committee monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need? | | | |
| 29 | Does the Committee receive sufficient assurance that partnership governance and partnership working is effective and successful? | | | |

| Section 3 – Population Health | | | | |
|---|---|---|---|---|
| | **Question** | **Response Yes / No** | **Comments** | **Suggested Improvement Actions** |
| 30 | Does the Committee consider health and well being assessments and other information that underpins the strategic planning process to ensure the robustness and best fit of developing plans? | | | |

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

| **Section 4 – Strategic Planning** | | | | |
|---|---|---|---|---|
| **Question** | | **Response Yes / No** | **Comments** | **Suggested Improvement Actions** |
| 34 | Is the Committee sufficiently assured that the Health Board's Planning arrangements are robust and fit for purpose, including the approach to developing the IMTP and annual priorities? | | | |
| 35 | Is the Committee sufficiently assured that the Health Board has appropriate enabling plans to achieve its strategic objectives? | | | |

| | | | | |
|---|---|---|---|---|
| 36 | Is the Committee assured that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective? | | | |
| 37 | Is the Committee content that national and regional planning guidance is used to inform the development of strategic plans? | | | |
| 38 | Does the Committee receive sufficient assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases? | | | |
| 39 | Is the Committee satisfied that the Health Board's Commissioning Plans are robust and fit for purpose? | | | |
| 40 | Is the Committee assured that the Health Board's Civil Contingency Plans and Major incident plans are effective? | | | |
| 41 | Is the Committee assured that the Health Board's plans give due regard to the Socio-economic Duty for Wales? | | | |

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

| ID | Start time | Completion time | Email | Name | Last modified time | SECTION 1<br>1. Does the Committee have written terms of reference and have they been approved by the Board? |
|---|---|---|---|---|---|---|
| 1 | 11/30/23 17:09:37 | 11/30/23 17:37:33 | anonymous | | | Yes |
| 2 | 12/17/23 19:05:01 | 12/17/23 19:33:07 | anonymous | | | Yes |
| 3 | 1/5/24 19:05:08 | 1/5/24 19:10:32 | anonymous | | | Yes |
| | | | | | | YES 3<br>NO 0<br>DID NOT ANSWER 0 |

| 1a. Comments | 1b. Suggested Improvement Actio | 2. Are the terms of reference reviewed annually? | 2a. Comments | 2b. Suggested Improvement Actio | 3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible? |
|---|---|---|---|---|---|
| | | Yes | | | Yes |
| | | Yes | | | Yes |
| | | Yes | | | Yes |
| | | YES 3<br>NO 0<br>DID NOT ANSWER 0 | | | YES 3<br>NO 0<br>DID NOT ANSWER 0 |

| 3a. Comments | 3b. Suggested Improvement Actio | 4. Has the Committee been quorate for each meeting this year? | 4a. Comments | 4b. Suggested Improvement Actio | 5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities? |
|---|---|---|---|---|---|
| | | Yes | | | Yes |
| | An additional meeting could allow greater scrutiny of the issues | | Not certain I know I have not attended many meetings of this committee | | No |
| | | Yes | | | Yes |
| | | YES 2<br>NO 0<br>DID NOT ANSWER 1 | | | YES 2<br>NO 1<br>DID NOT ANSWER 0 |

| 5a. Comments | 5b. Suggested Improvement Actio | 6. Members who have recently joined the PPHPC have been provided with induction training to help them understand their role and the organisation? | 6a. Comments | 6b. Suggested Improvement Actio | 7. The Committee is clear about its role in relationship to other Committees that play a role in relations to partnership working, population health and planning? |
|---|---|---|---|---|---|
| | | Yes | | | Yes |
| I believe the number of IM's on main Committees should raise to 5 giving a wider range of opinion and less reason to be inquorate | | No | I received no induction when I joined. To be fair the Committee covers areas I am familiar with | | Yes |
| | | | | | Yes |
| | | YES 1<br>NO 1<br>DID NOT ANSWER 1 | | | YES 3<br>NO 0<br>DID NOT ANSWER 0 |

| 7a. Comments | 7b. Suggested Improvement Actio | 8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest? | 8a. Comments | 8b. Suggested Improvement Actio | 9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor? |
|---|---|---|---|---|---|
| | | Yes | | | Yes |
| Where there is a blur the Governance team are on hand to "remind" members | | Yes | | | Yes |
| | | Yes | | | |
| | | YES 3<br>NO 0<br>DID NOT ANSWER 0 | | | YES 2<br>NO 0<br>DID NOT ANSWER 1 |

| 9a. Comments | 9b. Suggested Improvement Actio | 10. The Committee has an established a plan of matters to be dealt with across the year? | 10a. Comments | 10b. Suggested Improvement Acti | 11. Does the Committee consider issues at the right time and in the right level of detail? |
|---|---|---|---|---|---|
| | | Yes | | | Yes |
| | | Yes | | | Yes |
| | | Yes | | | |
| | | YES 3<br>NO 0<br>DID NOT ANSWER 0 | | | YES 2<br>NO 0<br>DID NOT ANSWER 1 |

| 11a. Comments | 11b. Suggested Improvement Acti | 12. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives? | 12a. Comments | 12b. Suggested Improvement Acti | 13. Are the Committee's papers distributed in sufficient time for members to give them due consideration? |
|---|---|---|---|---|---|
| | | Yes | | | Yes |
| As stated above an additional meeting could allow for better scheduling and less crowded agenda | | Yes | | | Yes |
| | | Yes | | | Yes |
| | | YES 3<br>NO 0<br>DID NOT ANSWER 0 | | | YES 3<br>NO 0<br>DID NOT ANSWER 0 |

| 13a. Comments | 13b. Suggested Improvement Acti | 14. The quality of the Committee's papers received allows Committee members to perform their roles effectively? | 14a. Comments | 14b. Suggested Improvement Acti | 15. Committee meetings are chaired effectively? |
|---|---|---|---|---|---|
| | | Yes | | At times, some papers are very detailed (including cover sheets) and a more concise approach would help draw out key points. In addition, actions and deliverables are not always quantified, with general targets to work towards e.g. 'Continued communication' rather than setting out the exact number to be communicated with and by when. Another example might be 'provide opportunities for training' and again quantifying exactly what is going to be provided and by when. It can make it difficult for members to appreciate if actions are on track or indeed, what is required to be completed to address an issue or mitigate a risk. | Yes |
| Papers can be late or reports updated later. Which is fine but given the volume of papers and other commitments papers are not always given due consideration | | Yes | | | Yes |
| | | Yes | | Outline Resource implications should be included with future proposals | Yes |
| | | YES 3<br>NO 0<br>DID NOT ANSWER 0 | | | YES 3<br>NO 0<br>DID NOT ANSWER 0 |

| 15a. Comments | 15b. Suggested Improvement Acti | 16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly? | 16a. Comments | 16b. Suggested Improvement Acti | 17. The Committee environment enables people to express their views, doubts, and opinions? |
|---|---|---|---|---|---|
| The Chair allows an honest discussion of matters and the pace is good for both further discussion and coverage of the agenda. | | Yes | | | Yes |
| | | Yes | | | Yes |
| | | Yes | | | Yes |
| | | YES 3<br>NO 0<br>DID NOT ANSWER 0 | | | YES 3<br>NO 0<br>DID NOT ANSWER 0 |

| 17a. Comments | 17b. Suggested Improvement Acti | 18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings? | 18a. Comments | 18b. Suggested Improvement Acti | 19. Members hold their assurance |
|---|---|---|---|---|---|
| It is a relaxed environment to enable people to freely speak their views. | | Yes | | | Yes |
| | | Yes | | | Yes |
| | | Yes | | | |
| | | YES 3<br>NO 0<br>DID NOT ANSWER 0 | | | YES 2<br>NO 0<br>DID NOT ANSWER 1 |

| 19a. Comments | 19b. Suggested Improvement Acti | 20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored? | 20a. Comments | 20b. Suggested Improvement Acti | 21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc? |
|---|---|---|---|---|---|
| | | Yes | | | Yes |
| | | Yes | | | Yes |
| | | | | | No |
| | | YES 2<br>NO 0<br>DID NOT ANSWER 1 | | | YES 2<br>NO 1<br>DID NOT ANSWER 0 |

| 21a. Comments | 21b. Suggested Improvement Acti | 22. Decisions and actions are implemented in line with the timescale agreed? | 22a. Comments | 22b. Suggested Improvement Acti | 23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting? |
|---|---|---|---|---|---|
| I think this happens more throughout the meeting, as opposed to at the end of the session. | | Yes | | This links into Q14b, where I think more quantifiable deliverables and timeframes are required, so the expectations are clear of what should be delivered and by when. | Yes |
| In so far as we consider what if anything should be elevated to the Board. However as a reflection on the meeting itself and a review of its conduct I am not aware of this | | Yes | Mostly, if not an explanation for the delay is offered to the Committee to accept challenge etc | | Yes |
| | | | | | Yes |
| | | YES 2<br>NO 0<br>DID NOT ANSWER 1 | | | YES 3<br>NO 0<br>DID NOT ANSWER 0 |

| 23a. Comments | 23b. Suggested Improvement Acti | 24. Does the Committee prepare an annual report on its work and performance for the Board? | 24a. Comments | 24b. Suggested Improvement Acti | 25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness. |
|---|---|---|---|---|---|
| | | Yes | | | Yes |
| | | Yes | | | Yes |
| | | YES 2<br>NO 0<br>DID NOT ANSWER 1 | | | YES 2<br>NO 0<br>DID NOT ANSWER 1 |

| 25a. Comments | 25b. Suggested Improvement Acti Question | 26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn? | 26a. Comments | 26b. Suggested Improvement Acti |
|---|---|---|---|---|
| | | Yes | It is very comprehensive. | |
| | | Yes | | |
| | | No | | |
| | | YES 2<br>NO 1<br>DID NOT ANSWER 0 | | |

| SECTION 2<br>27. Is the Committee satisfied that it considers strategies and plans developed in partnership with key strategic partners? | 27a. Comments | 27b. Suggested Improvement Acti | 28. Does the Committee monitor | 28a. Comments | 28b. Suggested Improvement Acti |
|---|---|---|---|---|---|
| Yes | | | Yes | | |
| Yes | | | Yes | | |
| No | | | No | | |
| YES 2<br>NO 1<br>DID NOT ANSWER 0 | | | YES 2<br>NO 1<br>DID NOT ANSWER 0 | | |

| 29. Does the Committee receive sufficient assurance that partnership governance and partnership working is effective and successful? | 29a. Comments | 29b. Suggested Improvement Acti Question2 | SECTION 3<br>30. Does the Committee consider health and well being assessments and other information that underpins the strategic planning process to ensure the robustness and best fit of developing plans? | 30a. Comments |
|---|---|---|---|---|
| Yes | | | Yes | |
| Yes | It also highlights where governance is weak and improvements to be made eg RPB | | Yes | |
| | | | | |
| YES 2<br>NO 0<br>DID NOT ANSWER 1 | | | YES 2<br>NO 0<br>DID NOT ANSWER 1 | |

| 30b. Suggested Improvement Acti | 31. Does the Committee consider plans for whole system pathway development and re-design? | 31a. Comments | 31b. Suggested Improvement Acti | 32. Is the Committee assured that there are plans, systems and processes in place to deliver health improvement and increase health equity? | 32a. Comments |
|---|---|---|---|---|---|
| | Yes | | | Yes | |
| | Yes | | | Yes | |
| | YES 2<br>NO 0<br>DID NOT ANSWER 1 | | | YES 2<br>NO 0<br>DID NOT ANSWER 1 | |

| 32b. Suggested Improvement Acti | 33. Does the Committee receive sufficient assurance on the work of the Health Board to reduce avoidable health inequalities? | 33a. Comments | 33b. Suggested Improvement Acti | SECTION 4<br>34. Is the Committee sufficiently assured that the Health Board's Planning arrangements are robust and fit for purpose, including the approach to developing the IMTP and annual priorities? | 34a. Comments |
|---|---|---|---|---|---|
| | Yes | | | Yes | |
| | Yes | | | Yes | There does appear to be a disconnect between priority and resources which given current financial issues should be more aligned |
| | | | | | |
| | YES 2<br>NO 0<br>DID NOT ANSWER 1 | | | YES 2<br>NO 0<br>DID NOT ANSWER 1 | |

| 34b. Suggested Improvement Acti | 35. Is the Committee sufficiently assured that the Health Board has appropriate enabling plans to achieve its strategic objectives? | 35a. Comments | 35b. Suggested Improvement Acti | 36. Is the Committee assured that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective? | 36a. Comments |
|---|---|---|---|---|---|
| | Yes | | A more general point around whether the enabling plans do not achieve the Health Board's strategic objectives and thus, how are they adjusted / updated and what is the oversight over this process. | Yes | |
| | Yes | Again resources need to be aligned into these enabling plans | | Yes | However what is brought to Committee and reality can differ. Recent consultation on the MIU at NHH comes to mind |
| | | | | | |
| | YES 2<br>NO 0<br>DID NOT ANSWER 1 | | | YES 2<br>NO 0<br>DID NOT ANSWER 1 | |

| 36b. Suggested Improvement Acti | 37. Is the Committee content that national and regional planning guidance is used to inform the development of strategic plans? | 37a. Comments | 37b. Suggested Improvement Acti | 38. Does the Committee receive sufficient assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases? | 38a. Comments |
|---|---|---|---|---|---|
| | Yes | | | Yes | |
| | Yes | | | Yes | |
| | YES 2<br>NO 0<br>DID NOT ANSWER 1 | | | YES 2<br>NO 0<br>DID NOT ANSWER 1 | |

| 38b. Suggested Improvement Acti | 39. Is the Committee satisfied that the Health Board's Commissioning Plans are robust and fit for purpose? | 39a. Comments | 39b. Suggested Improvement Acti | 40. Is the Committee assured that the Health Board's Civil Contingency Plans and Major incident plans are effective? | 40a. Comments |
|---|---|---|---|---|---|
| | Yes | | | Yes | |
| | Yes | Though they could be strengthened | | Yes | the reality will be if those plans are needed |
| | | | | | |
| | YES 2<br>NO 0<br>DID NOT ANSWER 1 | | | YES 2<br>NO 0<br>DID NOT ANSWER 1 | |

| 40b. Suggested Improvement Acti | 41. Is the Committee assured that the Health Board's plans give due regard to the Socio-economic Duty for Wales? | 41a. Comments | 41b. Suggested Improvement Acti | Score | Comments |
|---|---|---|---|---|---|
| However, there should be an ongoing testing of scenarios and communication with operational areas, to ensure they are fully embedded. | Yes | | | Meeting standards - The PPHPC is performing to the required standard in this area. There may be room for improvement, but the PPHPC can be seen to be discharging its responsibilities effectively. | My comments throughout are based on committees attended and link to more general points regarding the delivery of (and effectiveness of) actions. |
| | Yes | | | Meeting standards - The PPHPC is performing to the required standard in this area. There may be room for improvement, but the PPHPC can be seen to be discharging its responsibilities effectively. | Are other health boards undertaking this process are we able to see, if there any excelling what they do differently from us |
| | | | | | |
| | YES 2<br>NO 0<br>DID NOT ANSWER 1 | | | | |

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

| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 31 January 2024 |
| **CYFARFOD O:**<br>**MEETING OF:** | Partnerships Population Health and Planning Committee |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Committee Risk and Assurance Report |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Director of Corporate Governance |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Head of Corporate Risk and Assurance |

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

Er Sicrwydd/For Assurance

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

This report also provides an assessment of any newly identified strategic and corporate risk(s) that require monitoring on behalf of the Board.

**ADRODDIAD SCAA**
**SBAR REPORT**

**Sefyllfa / Situation & Cefndir / Background**

A refresh of the Health Board's strategic risks was undertaken in June 2023 taking into consideration the operating environment and all internal and external factors that had the potential to impact the delivery of the Health Board's strategic objectives as outlined in the Integrated Medium-Term Plan (IMTP). The review concluded **eight** high-level strategic risks with **18** sub-risks which were agreed by the Board.

The Board delegates responsibility for monitoring specific strategic sub-risks aligned with the Committees agenda for focus and assurance. This provides the Board with enhanced assurance on the management of agreed-strategic risks.

The Committee's Strategic Risk Register was last reported to the Committee in November 2023. At that meeting the Committee considered a risk associated with the delivery of the Winter Respiratory Vaccination Programme, which is part of the National Immunisation Framework. The Committee identified it as a significant threat and recommended to the Board that it be added to the Strategic Risk Register for

further oversight. The closing position at November 2023 was that the Committee Strategic Risk Register included **five** high-level strategic risks and **seven** sub-risks.

As at January 2024, the PPHP Committee Strategic Risk Register contains **five** high-level strategic risks and **seven** sub-risks, as shown in Table 1, below, for which the Board has delegated responsibility for receiving and scrutinising assurances. All seven sub-risks have been reviewed and updated to provide the Committee with the most up-to-date information on how those risks are being managed, with a focus on the internal control system and sources of assurance for each.

While the risks have been updated to include enhancement of control and assurances there has been no change in the risk score or level for the risks under the purview of this Committee which demonstrates the risk is being managed

The Committee Risk Register is included as **Appendix A** and the individual risk assessments for the seven sub-risks are included as **Appendix B.**

*Table 1*

| Risk Ref: | Risk Description | Sub-Risk | Risk Level | Within Appetite |
|---|---|---|---|---|
| **SRR 001E&F**<br>**Theme**<br>Service Delivery<br>**Appetite**<br>Open<br>Score 16 and below | There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services which meet the changing needs of the population. | Due to inadequate strategic plans which respond to population health and socio-economic needs. | **High (8)** | **Y** |
| | | Due to unsustainable service models. | **High (12)** | **Y** |
| **SRR 002A&B**<br>**Theme**<br>Compliance & Safety<br>**Appetite**<br>Minimal<br>Score 8 and below | There is a risk that there will be a significant failure of the Health Board's estate | Due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC) within structures. | **Extreme (15)** | **N** |
| | | Due to significant levels of backlog maintenance and structural impairment. | **High (12)** | **N** |
| **SRR 004**<br>**Theme**<br>Compliance & Safety<br>**Appetite**<br>Minimal<br>Score 8 and below | There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident, or critical incident. | Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level. | **Extreme (15)** | **N** |

| | | | | |
|---|---|---|---|---|
| **SRR 007A**<br>**Theme**<br>Transformation & Partnership Working<br>**Appetite**<br>Open<br>Score 16 and below | There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population | Due to ineffective relationships with strategic partners | **High (8)** | **Y** |
| **SRR 009**<br>**Theme**<br>Service Delivery<br>**Appetite**<br>Open<br>Score 16 and below | The Health Board will be unable to protect those most vulnerable to serious disease. | Due to delays in providing COVID-19 vaccinations because of challenges with the recruitment of registered and unregistered immunisers, as well as changes to the vaccination delivery programme. | **Extreme (20)** | **N** |

## Asesiad / Assessment

Since its November meeting, there has been activity in the external environment that has the potential to threaten the Health Board's ability to deliver on its strategic objectives.

In the Strategic Risk Report to the Board on 24 January 2024 the Board was asked to approve the inclusion of the two additional sub-risks that would be delegated to the Committee for focus and assurance on behalf of the Board. The risks are described below, with detailed risk assessments attached at **Appendix C** and **D**.

### New Sub-Risks

The Health Board has learned that the Welsh Government is set to cut public health grants in 2024/25 and beyond. This would have a significant impact on the Health Board due to 86.5% of the Director of Public Health's budget being non-recurrent.

It is acknowledged that the Public Health Directorate budget requires greater stability in order to achieve its annual and strategic objectives, which can only be achieved by increasing its core budget through the Health Board's budget delegation process. As a result, a new sub-risk for **SRR 001,** outlined below has been created for approval by the Board. The detailed risk assessments is at **Appendix C.**

| Risk Ref: | Risk Description | Sub-risk | Risk Level | Within Appetite |
|---|---|---|---|---|
| **SRR 001H**<br>**Theme**<br>Service Delivery<br>**Appetite**<br>Open<br>Score 16 and below | There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services which meet the | Due to low core funding, the Directorate is heavily reliant on non-recurrent funding grants. | **Extreme (20)** | **N** |

| | | | | |
|---|---|---|---|---|
| | changing needs of the population. | | | |

The detailed risk assessment is attached as **Appendix C**.

Similarly, a further sub-risk has been identified by the Director of Strategy, Planning and Partnerships concerning regional planning services and the potential impact upon the Health Board's provision.

| Risk Ref: | Risk Description | Sub-risk | Risk Level | Within Appetite |
|---|---|---|---|---|
| **SRR 007B**<br><br>**Theme**<br>Transformation & Partnership Working<br><br>**Appetite**<br>Open<br>Score 16 and below | There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population | Due to the impact of fragile services across the regional and supra regional geography. | **Extreme**<br><br>**(20)** | **N** |

The detailed risk assessment is attached as **Appendix D**.

In recognition of the Board's approval of the two new sub-risks at its meeting on 24 January 2024, the full Strategic Risk Register, attached to this report as **Appendix E**, has been updated to include the newly identified sub-risks, ensuring that the sub-risks are monitored and reviewed in accordance with the agreed-upon review period for the severity of the risk.

The closing position at January 2024 will be that the Committee Strategic Risk Register includes **five** high-level strategic risks and **nine** sub-risks.

Over the next 2 months, a deep dive into sub-risks outside of appetite will be conducted, with the purpose of providing assurance to the Committee at its next meeting that additional controls are being implemented to reduce the risk to within appetite level. Where risks fall within the appetite level, work with risk owners will continue to assess and refine controls and assurances, with a focus on the financial context and its impact on individual strategic risks, as well as horizon scanning for potential new risks that could impede delivery of the Health Boards' objectives.

## Argymhelliad / Recommendation

The Board is requested to:

- **DISCUSS and NOTE** the delegated Committee risks, as contained within the Strategic Risk Register.
- **NOTE** the work being undertaken to reduce the six sub-risks to within appetite level.

| Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed) | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation. |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s): | Governance, Leadership and Accountability<br>2.1 Managing Risk and Promoting Health and Safety<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br>Link to IMTP | Choose an item.<br><br>The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities. |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP | Governance |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br>Strategic Equality Objectives 2020-24 | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item. |

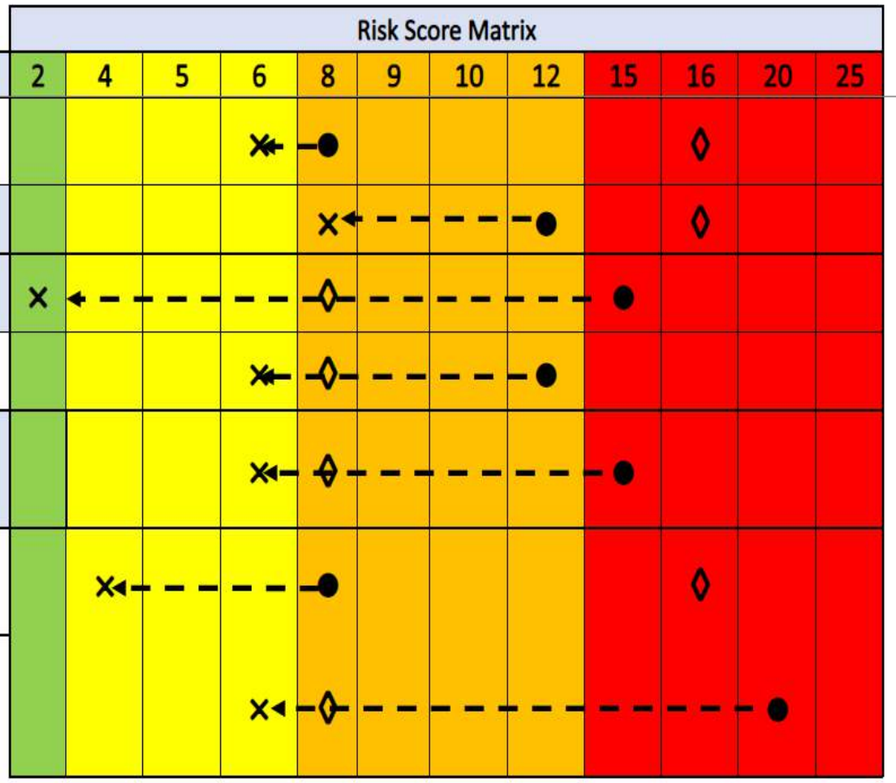
| Gwybodaeth Ychwanegol:<br>Further Information: | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | N/A |
| Rhestr Termau:<br>Glossary of Terms: | N/A |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health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

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

| | |
|---|---|
| **Equality Impact Assessment** (EIA) completed | An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.<br>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| **Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio**<br>**Well Being of Future Generations Act – 5 ways of working**<br><br>https://futuregenerations.wales/about-us/future-generations-act/ | Choose an item.<br>Choose an item.<br>N/A |

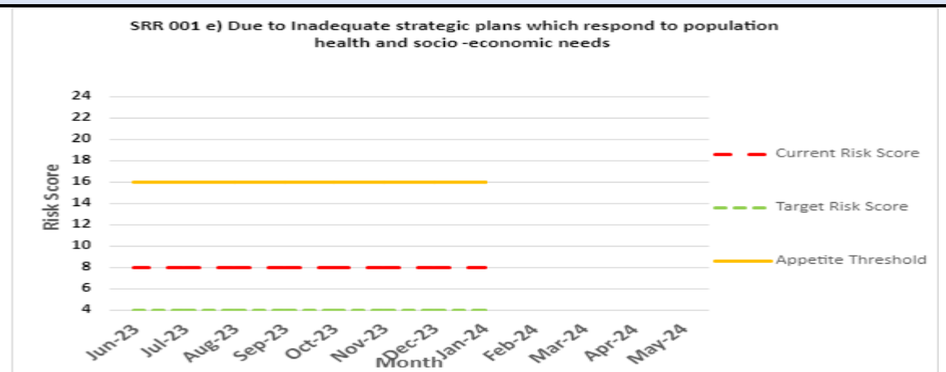
| Risk ID | Monitoring Committee | Risk Theme | Risk Owner | Risk Description | Reason For The Risk | Impact | Current Risk Score | | | | Risk Appetite | | Actions to Reduce Risk to Target | Assurance that the Risk is being manged effectively | Target Risk Score | | | | Review of Risk | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Likelihood Of The Risk Occuring | Impact Of Risk Occuring | Current Risk Score | Risk Level | Current Status Against Appetite | Risk Appetite and Threshold Explained | | | Likelihood Of The Risk Occuring | Impact Of Risk Occuring | Target Risk Score | Risk Level | Last Reviewed | Next Review |
| SRR 001 | Partnerships, Public Health & Planning Committee | Service Delivery | Director of Strategy, Planning and Partnerships. | There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population | e)Due to inadequate strategic plans which respond to population health and socio-economic needs | •Increased demand<br>•Increased patient acuity levels<br>•Worsening of health inequalities<br>•Worsening of health outcomes<br>•Failure to train teams in multi-morbidity management<br>•Failure to comply with the Wellbeing of Future Generations Act (Wales)<br>•Reputational damage and loss of public confidence | 2 | 4 | 8 | High | Below Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Area plan is being refreshed through the RPB<br>Marmot Region Implementation Plan<br>Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource.<br>Refresh organisational strategy with a central focus on population health and wellbeing.<br>Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability. | Medium | 2 | 3 | 6 | Low | 12/01/2024 | 12/02/2024 |
| | | | | | f)Due to unsustainable service models | •Harm or injury to patients and/or staff<br>•Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Increased demand<br>•Increased patient acuity levels<br>•Worsening of health inequalities<br>•Worsening of health outcomes<br>•Failure to deliver health board priorities, required improvements and achieve sustainability<br>•Reputational damage and loss of public confidence | 3 | 4 | 12 | High | Below Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Area plan is being refreshed through the RPB.<br>Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource.<br>Review of enhanced local general hospital service models to ensure sustainable quality services.<br>Development of SEW plan for fragile.<br>Review of organisational strategy – to launch Summer 2024. | Medium | 2 | 3 | 6 | Low | 12/01/2024 | 12/02/2024 |
| SRR 002 | Partnerships, Public Health & Planning Committee | Compliance and Safety | Chief Operating Officer | There is a risk that there will be significant failure of the Health Board's estate | a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures | •Harm or injury to patients and/or staff<br>•Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Non-compliance with Health & Safety legislation<br>•Litigation & Financial Penalties | 3 | 5 | 15 | Extreme | Above Appetite Level | Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls. | At this stage, the controls in place are appropriate and practicable to monitor the issues and prepare medium-term responses in line with the timelines within the expert report. | Medium | 1 | 2 | 2 | Very Low | 12/01/2024 | 12/02/2024 |
| | | | | | b) Due to significant levels of backlog maintenance and Structural Impairment | •Harm or injury to patients and/or staff<br>•Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Non-compliance with Health & Safety legislation<br>•Litigation | 3 | 4 | 12 | High | Above Appetite Level | Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls. | Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance.<br><br>A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01.<br><br>Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce.<br><br>Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance. | Medium | 3 | 2 | 6 | Low | 12/01/2024 | 12/02/2024 |
| SRR 004 | Partnerships, Public Health & Planning Committee | Compliance and Safety | Director of Strategy, Planning and Partnerships. | There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident | a)Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level | •Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Harm or injury to patients and/or staff<br>•Health Board breaches statutory duties under the Civil Contingencies Act 2004<br>•Litigation & Financial Penalties<br>•Reputational damage and loss of public confidence | 3 | 5 | 15 | Extreme | Above Appetite Level | Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls. | Testing programme of business continuity plans.<br>Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board. Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery.<br>Repository being created on intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies.<br>Joint planning with PH response in response to infection disease and public health incidence.<br>Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).<br>Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational.<br>Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages.<br>Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner.<br>Continue to promote awareness in a timely manner.<br>Continue to promote awareness of the requirement for BC across the Health Board.<br>A tabletop BC exercise is planned for the 10th of October 2023.<br>Continuing participation in multi-agency exercises.<br>Programme plan to be developed to address the weaknesses in business continuity planning.<br>Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board.<br>Development of Pandemic Plan. | Medium | 2 | 3 | 6 | Low | 12/01/2024 | 12/02/2024 |
| SRR 007 | Partnerships, Public Health & Planning Committee | Transformation and Partnership Working | Director of Strategy, Planning and Partnerships. | There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population | Due to ineffective relationships with strategic partners | •Unmet patient need resulting in harm<br>•Ineffective use of combined resources<br>•Delayed decision making<br>•Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Failure to deliver health board priorities, required improvements and achieve longer-term sustainability<br>•Reputational damage and loss of public confidence | 2 | 4 | 8 | High | Below Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Governance review of Regional Partnership Board undertaken in August 2023.<br><br>Renewed Strategy for strategic partnership Capital in place and revised governance processes.<br><br>New Long-Term Strategy for Health Board to focus on Partnership approach. | Medium | 2 | 2 | 4 | Low | 10/10/2023 | 10/04/2024 |
| SRR 009 | Partnerships, Public Health & Planning Committee | Compliance and Safety | Director of Public Health and Strategic Partnerships | The Health Board will be unable to protect those most vulnerable to serious disease | Due to delays in providing COVID-19 vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as changes to the vaccination delivery programme. | •Adverse impacts on the delivery of vaccinations to patients across the vaccine service for routine and seasonal vaccines<br>• Inability to support response to outbreaks as required in "Wales Outbreak Plan", and ABUHB Public Health Incident Response plan.<br>• Potential increase in communicable disease incidence, with impact on healthcare use and also staff sickness<br>• Reputational damage and loss of public confidence<br>• Patients not being sufficiently protected therefore increases the incidence of disease and avoidable harm from Vaccine preventable diseases.<br>• Increased disease will lead to increased | 5 | 4 | 20 | Extreme | Above Appetite Level | Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls. | Secured additional funding against the existing allocation for bank vaccination staff.<br>Exploring deployment options to the Vaccination programme and use of those previously trained as vaccinators that are on the bank.<br>Alternative advertising methods of vacant shifts to improve uptake – liaising with bank co-ordinator to improve this.<br>Draft community pop-up plan to be further explored.<br>If required, extend venue licence in key location(s). | Medium | 2 | 3 | 6 | Moderate | 15/01/2024 | 15/02/2024 |

| Reference | Risk Owner | Risk Description | Reason For The Risk | Risk Score Matrix |
|---|---|---|---|---|
| SRR 001 | Director of Strategy, Planning and Partnerships. | There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population | e) Due to inadequate strategic plans which respond to population health and socio-economic needs | |
| | | | f) Due to unsustainable service models | |
| SRR 002 | Chief Operating Officer | There is a risk that there will be significant failure of the Health Board's estate | a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures | |
| | | | b) Due to significant levels of backlog maintenance | |
| SRR 004 | Director of Strategy, Planning and Partnerships. | There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident | a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level | |
| SRR 007 | Director of Strategy, Planning and Partnerships. | There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population | Due to ineffective relationships with strategic partners | |
| SRR 009 | Director of Public Health & Strategic Partnerships | The Health Board will be unable to protect those most vulnerable to serious disease. | Due to delays in providing Covid-19 Vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as well as changes to the vaccination delivery programmee. | |



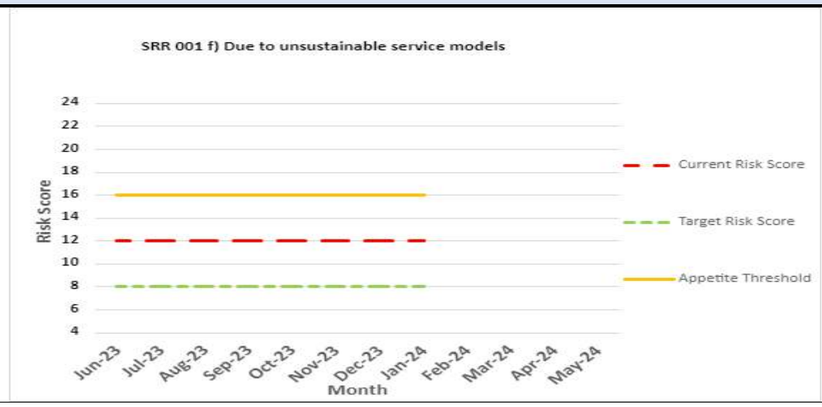

| | |
|---|---|
| Assessment of adequacy of assurances | POSITIVE = Identified assurances are deemed robust in telling us that the controls in place are working effectively. |
| | REASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effecively, however some gaps have been identified which need to be addressed. |
| | NEGATIVE = Identified assurances are deemed insufficent in telling us that the conrols in place are working effectively with substantial gaps identified which need to be addressed. |

| Key | |
|---|---|
| | Current Score ● |
| | Target Score × |
| | Appetite Threshold ◊ |
| | Current to Target ◄– |

| RISK THEME | SERVICE DELIVERY | | | | |
|---|---|---|---|---|---|
| **Strategic risk (SRR 001)** | **There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.** | | | | |
| **Strategic Threat** | **E) Due to inadequate strategic plans which respond to population health and socio-economic needs.** | | | | **Risk Appetite Level - Open**<br>Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure. |
| **Impact** | ➢ Increased demand<br>➢ Increased patient acuity levels<br>➢ Worsening of health inequalities<br>➢ Worsening of health outcomes<br>➢ Failure to train teams in multi-morbidity management<br>➢ Failure to comply with the Wellbeing of Future Generations Act (Wales)<br>➢ Reputational damage and loss of public confidence | | | | **Risk Tolerance Level - Open Score 16 and below**<br>Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all relating risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy.<br><br>**SUMMARY**<br>The current risk level is **outside** of target level but within the set appetite threshold. |
| **Lead Director** | Director of Strategy, Planning and Partnerships. | **Risk Exposure** | **Current Level** | **Target Level** |  |
| **Monitoring Committee** | Partnerships, Public Health & Planning Committee | **Likelihood** | 2 (Unlikely) | 2 *(Unlikely)*<br>x | |
| **Initial Date of Assessment** | 01 June 2023 | **Impact** | 4 (*Major)* | 3 *(Moderate)* | |
| **Last Reviewed** | 12 January 2024 | **Risk rating** | **= 8**<br>*(High)* | **= 6**<br>*(Moderate)* | |
| **Next Review Due** | 12 April 2024 | | | | |



| **Key Controls**<br>*(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)* | **Plans to Improve Control**<br>*(Are further controls possible to reduce risk exposure within tolerable range?)* | **Sources of Assurance**<br>*(Evidence that the controls/ systems which we are placing reliance on are effective)* | **Gaps in Assurance/ Actions to Address Gaps**<br>*(Insufficient evidence as to the effectiveness of the controls or negative assurance)* | **Assurance Rating**<br>*(Overall Assessment)* |
|---|---|---|---|---|
| • Health Board IMTP and associated KPIs<br>• Public Health Wales surveillance data<br>• Qliksense – performance dashboard<br>• Population Needs Assessment and Area Plan<br>• Marmot Region Programme | • Area plan is being refreshed through the RPB<br><br>Marmot Region Implementation Plan<br><br>Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource.<br><br>Refresh organisational strategy with a central focus on population health and wellbeing.<br><br>Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability. | **Level 1 Operational**<br>*(Implemented by the department that performs daily operation activities)*<br>• Qliksense – performance information<br>• SFN – performance information<br><br>**Level 2 Organisational**<br>*(Executed by risk management and compliance functions.)*<br>• IMTP Delivery and Outcomes Reporting to Board<br>• Marmot Region Programme<br>• RPB reporting to Board and Population Health, Planning and Partnerships Committee<br>• Regional Planning reporting to Population Health, Planning and Partnerships Committee<br>• Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee<br><br>**Level 3 Independent**<br>*(Implemented by both auditors internal and external independent bodies.)*<br>Internal Audit Reviews 2023-24<br>1. IMTP Planning (Q1) Outcome – Reasonable Assurance | **Gaps in Assurance**<br>• Under review<br><br>**Action to Address Gaps in Assurance** | **Reasonable Assurance** |

| RISK THEME | SERVICE DELIVERY | | | | |
|---|---|---|---|---|---|
| **Strategic risk (SRR 001)** | **There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.** | | | | |
| **Strategic Threat** | **F) Due to unsustainable service models** | | | | **Risk Appetite Level - Open**<br>Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure. |
| **Impact** | ➢ Harm or injury to patients and/or staff<br>➢ Adverse impacts on delivery of care to patients across acute and non-acute settings<br>➢ Increased demand<br>➢ Increased patient acuity levels<br>➢ Worsening of health inequalities<br>➢ Worsening of health outcomes<br>➢ Failure to deliver health board priorities, required improvements and achieve sustainability<br>➢ Reputational damage and loss of public confidence | | | | **Risk Tolerance Level - Open Score 16 and below**<br>Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy. |
| | | | | | **SUMMARY**<br>The current risk level is **outside** of target level but within appetite threshold. |
| **Lead Director** | Director of Strategy, Planning and Partnerships. | **Risk Exposure** | **Current Level** | **Target Level** |  |
| **Monitoring Committee** | Partnerships, Public Health & Planning Committee | **Likelihood** | 3 *(Possible)*<br>x | 2 *(Unlikely)*<br>x | |
| **Initial Date of Assessment** | 01 June 2023 | **Impact** | 4 *(Major)* | 4 *(Major)* | |
| **Last Reviewed** | 12 January 2024 | **Risk rating** | **= 12**<br>*(High)* | **= 8**<br>*(Moderate)* | |
| **Next Review Due** | 12 April 2024 | | | | |



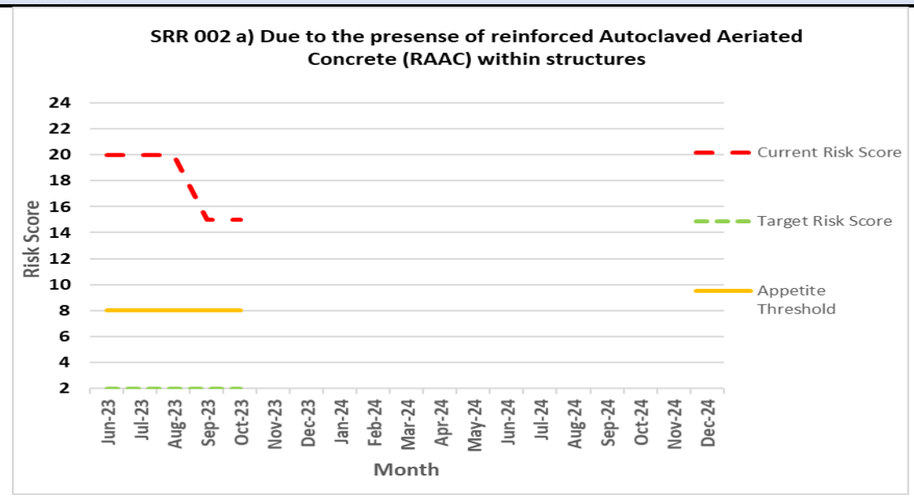
| **Key Controls**<br>*(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)* | **Plans to Improve Control**<br>*(Are further controls possible to reduce risk exposure within tolerable range?)* | **Sources of Assurance**<br>*(Evidence that the controls/ systems which we are placing reliance on are effective)* | **Gaps in Assurance/ Actions to Address Gaps**<br>*(Insufficient evidence as to the effectiveness of the controls or negative assurance)* | **Assurance Rating**<br>*(Overall Assessment)* |
|---|---|---|---|---|
| The Health Board IMPT and associated KPIs<br><br>Clinical Futures Transformation programmes.<br><br>Public Health Wales surveillance data – Covid, flu and other communicable diseases.<br><br>Qliksense – performance information.<br><br>Population needs assessment and area plan development by the RPB.<br><br>Southeast Wales Plan for fragile services. | Area plan is being refreshed through the RPB.<br><br>Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource.<br><br>Review of enhanced local general hospital service models to ensure sustainable quality services.<br><br>• Development of SEW plan for fragile.<br><br>Review of organisational strategy – to launch Summer 2024. | **Level 1 Operational**<br>*(Implemented by the department that performs daily operation activities)*<br>• Public Health Wales surveillance data – COVID, flu and other communicable diseases.<br>• Qliksense – performance information.<br><br>**Level 2 Organisational**<br>*(Executed by risk management and compliance functions.)*<br>• IMTP delivery and outcomes reporting to Board.<br>• RPB reporting to Board and Population Health, Planning and Partnerships Committee.<br>• Regional Planning reporting to Population Health, Planning and Partnerships Committee.<br>• Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.<br><br>**Level 3 Independent**<br>*(Implemented by both auditors internal and external independent bodies.)*<br>• Internal Audit Reviews 2023-24<br>1. IMTP planning Q1 Outcome – Reasonable Assurance. | **Gaps in Assurance**<br>• Under review<br><br>**Action to Address Gaps in Assurance** | **Reasonable Assurance** |

| RISK THEME | COMPLIANCE AND SAFETY | | | |
|---|---|---|---|---|
| **Strategic Risk (SRR 002)** | **There is a risk that there will be significant failure of the Health Boards Estates.** | | | |
| **Strategic Threat** | a. Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures. | | | |
| **Impact** | • Harm or injury to patients and/or staff.<br>• Adverse impacts on the delivery of care to patients across acute and non-acute settings.<br>• Non-compliance with health and safety legislation.<br>• Litigation and financial penalties | | | |
| **Lead Director** | Chief Operating Officer | **Risk Exposure** | **Current Level** | **Target Level** |
| **Monitoring Committee** | Partnerships, Public Health & Planning Committee | **Likelihood** | 3 *(Possible)*<br>x | 1 (*Rare)*<br>x |
| **Initial Date of Assessment** | 01 June 2023 | **Impact** | 5 *(Catastrophic)* | 2 *(Minor)* |
| **Last Reviewed** | 12th January 2024 | **Risk rating** | **= 15**<br>*(Extreme)* | **= 2**<br>*(Low)* |
| **Next Review Due** | 12th February 2024 | | | |

**Risk Appetite Level - MINIMAL**
Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.

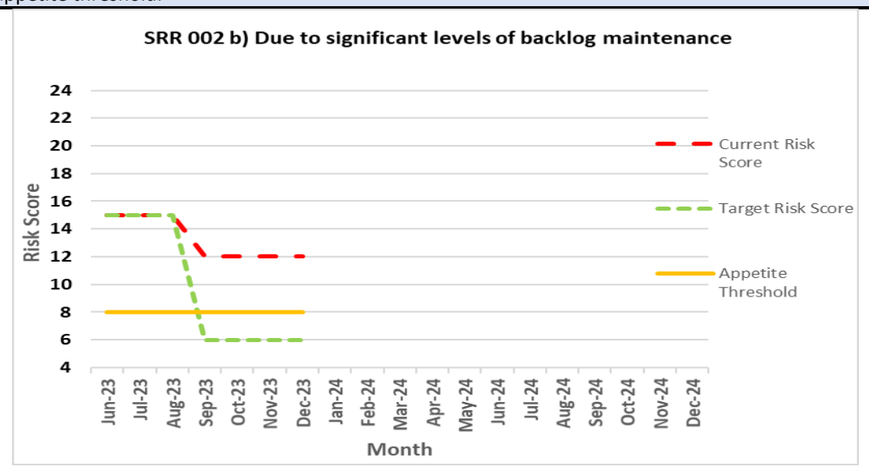
**Risk Appetite Threshold - SCORE 8 AND BELOW**
Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.

**SUMMARY**
The current risk level is **outside** of the target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold




| **Key Controls** *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)* | **Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)* | **Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)* | **Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)* | **Assurance Rating** *(Overall Assessment)* |
|---|---|---|---|---|
| • Work to assess the risk has been undertaken with expert external surveyor advice and repeat surveys have recently been completed.<br>• Current measures including props and additional support have been put in place in line with the latest guidance and learning from other organisations working through RAAC issues. Plans will be modified in line with any further guidance.<br>• Remediation work to areas of high-risk areas | • Additional Surveys are to take place with expert surveyors to inform the next steps relating to further remediation of the issues. | **Level 1 Operational**<br>*(Implemented by the department that performs daily operation activities)*<br>• Weekly checks in place for the props in place and will be reduced to fortnightly as the frequency of checks is not demonstrated to be of benefit or required.<br>• Ongoing engagement with expert surveyor and monitoring of RAAC with additional surveys continuing.<br>• The estate's function has controlled access to roof areas and has developed and implemented toolbox talks for awareness for estate teams and contractors to work in those areas.<br>**Level 2 Organisational**<br>*(Executed by risk management and compliance functions.)*<br>• Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management.<br>• Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented. | **Gaps in Assurance**<br>• Ongoing management of the issues.<br>**Action to Address Gaps in Assurance**<br>• Repeat surveys have been completed and additional more specific and technical surveys have been commissioned and will be undertaken as promptly as | **Reasonable Assurance** |

| | | | | |
|---|---|---|---|---|
| | | • Risk assessments completed by the Health and Safety function in those departments with props to manage any consequences of the presence of props. Note: H&S assessments were around the location of props not of RAAC itself and they flagged no issues or alterations.<br><br>**Level 3 Independent**<br>*(Implemented by both auditors internal and external independent bodies.)*<br>• Weekly dialogue with Welsh Government and Shared Services Estates.<br>• Links with NHS England and other Health Boards in Wales for shared learning.<br>• Ongoing engagement of external surveyors for regular monitoring of the situation in line with recommended timelines. | possible through the contractor to provide assurance on the work to date as well as determine further management of the risk/issues. | |

| RISK THEME | COMPLIANCE AND SAFETY | | | | |
|---|---|---|---|---|---|
| **Strategic Risk (SRR 002)** | **There is a risk that there will be a significant failure of the Health Board Estates.** | | | | |
| **Strategic Threat** | B) **Due to significant levels of backlog maintenance and structural impairment.** | | | | **Risk Appetite Level – MINIMAL**<br>Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls. |
| **Impact** | • Harm or injury to patients and/or staff.<br>• Adverse impacts on the delivery of care to patients across acute and non-acute settings.<br>• Non-compliance with health and safety legislation.<br>• Litigation and financial penalties. | | | | **Risk Appetite Threshold – SCORE 8 AND BELOW**<br>Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications. |
| | | | | | **SUMMARY**<br>The current risk level is **outside** of the target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold. |
| **Lead Director** | Chief Operating Officer | **Risk Exposure** | **Current Level** | **Target Level** |  |
| **Monitoring Committee** | Partnerships, Health Protection & Planning Committee | **Likelihood** | 3 *(Possible)*<br>x | 3 *(Possible)*<br>x | |
| **Initial Date of Assessment** | 01 June 2023 | **Impact** | 4 *(Major)* | **2** (*Minor*) | |
| **Last Reviewed** | 12 January 2024 | **Risk rating** | **= 12**<br>*(High)* | **= 6**<br>*(Moderate)* | |
| **Next Review Due** | 12 April 2024 | | | | |



| **Key Controls**<br>*(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)* | **Plans to Improve Control**<br>*(Are further controls possible to reduce risk exposure within tolerable range?)* | **Sources of Assurance**<br>*(Evidence that the controls/ systems which we are placing reliance on are effective)* | **Gaps in Assurance/ Actions to Address Gaps**<br>*(Insufficient evidence as to the effectiveness of the controls or negative assurance)* | **Assurance Rating** *(Overall Assessment)* |
|---|---|---|---|---|
| • Health Board Estates Rationalisation Strategy<br>• Health Board Estates Strategy<br>• Health Board policies and procedures related to the maintenance of Health Board estate.<br>• 6 Facet survey completed in 2019.<br>• Divisional Risk Register<br>• Multiple policies and SOPs published and communicated to staff.<br>• A robust internal training programme in place covering all aspects of estate management including food hygiene.<br>• Asbestos reinspection programme (over the next 3 years) | • Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance.<br>• A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01.<br>• Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce.<br>• Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance.<br>• Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM.<br>• Drive clinical service engagement in compliance meetings where engagement is low. | **Level 1 Operational**<br>*(Implemented by the department that performs daily operation activities)*<br>• Estates and Facilities division improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director)<br>• Divisional reporting of Statutory and Mandatory training of staff<br>• Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance.<br>• The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group.<br>**Level 2 Organisational**<br>*(Executed by risk management and compliance functions.)*<br>• Outcome of the Asbestos reinspection programme<br>• Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee<br>**Level 3 Independent**<br>*(Implemented by both auditors internal and external independent bodies.)*<br>**Internal Audit Reviews 2023- 24** | **Gaps in Assurance**<br>• AE reports have shown a deterioration in ratings last year.<br>• Membership of HB-wide compliance groups continues to be extended providing wider HB intelligence of the issues.<br>**Action to Address Gaps in Assurance**<br>• The Divisional Director (and DP) has implemented a clear approach to compliance monitoring and escalation of AE reports.<br>• HB-wide groups on compliance (such as Ventilation and water) are being widened | **Reasonable Assurance** |

| | | | | |
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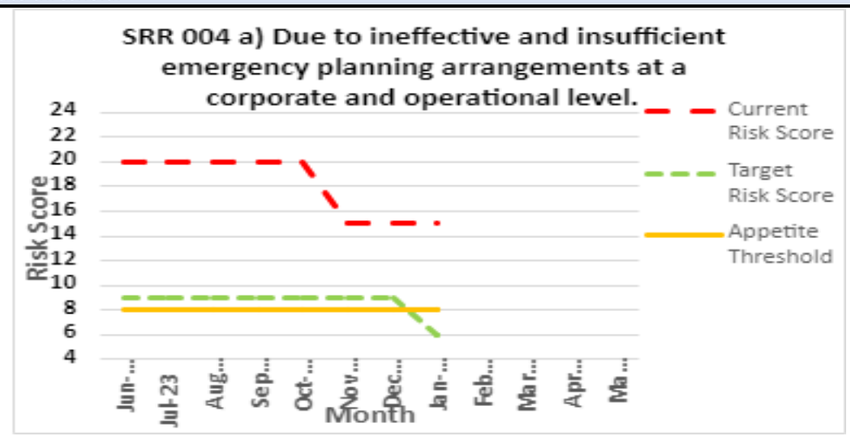
| | • Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible. | 1. Estates Assurance - Estate Condition audit completed and will be with Audit Committee in February<br><br>• Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes.<br><br>• Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level | in membership to ensure clinical services are active participants. | |

| RISK THEME | COMPLIANCE AND SAFETY | | | |
|---|---|---|---|---|
| **Strategic risk (SRR 004)** | **There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.** | | | |
| **Strategic Threat** | a. Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level. | | | |
| **Impact** | • Adverse impacts on delivery of care to patients across acute and non-acute settings<br>• Harm or injury to patients and/or staff<br>• Health Board breaches statutory duties under the Civil Contingencies Act 2004<br>• Litigation & Financial Penalties<br>• Reputational damage and loss of public confidence | | | |
| **Lead Director** | Director of Strategy, Planning and Partnerships | **Risk Exposure** | **Current Level** | **Target Level** |
| **Monitoring Committee** | Partnerships, Public Health & Planning Committee | **Likelihood** | 3 *(Possible)* x | 2 *(Unlikely)* x |
| **Initial Date of Assessment** | 01 June 2023 | **Impact** | 5 (*Catastrophic)* | 3 *(Moderate)* |
| **Last Reviewed** | 12 January 2024 | **Risk rating** | **= 15** *(Extreme)* | **= 6** *(Moderate)* |
| **Next Review Due** | 12 February 2024 | | | |

**Risk Appetite Level – Minimal**
Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls**.**

**Risk Appetite Threshold – Minimal Score 8 and below**
Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.

**SUMMARY**
The current risk level is **outside** of target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.




| **Key Controls** *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)* | **Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)* | **Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)* | **Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)* | **Assurance Rating** *(Overall Assessment)* |
|---|---|---|---|---|
| **Major Incident**<br>• Health Board major incident plan in place, refreshed plan going to the Executive Board January 2024.<br>• Local/Divisional action cards are in place.<br>• Training undertaken service-specific relating to local response.<br>• Regular liaison with Gwent Local Resilience Forum (Strategic and tactical)<br>**Business Continuity (BC) /Critical Incident**<br>• BC Policy<br>• BC Response Guidance<br>• BC Template<br>• BC Exercise<br>• BC debrief learning.<br>• HB and LRF Plans.<br>3 C (Command/Control, Communication) | • Major Incident Exercise 'Euclid' planned for 20th June 2024 – Faculty in place to plan scope and detail of exercise<br>• Testing programme of business continuity plans.<br>• Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery.<br>• Repository on intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies.<br>• Joint planning with PH in response to infectious diseases and public health incidence response.<br>• Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).<br>• Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational. | **Level 1 Operational** *(Implemented by the department that performs daily operation activities)*<br>• Departmental debrief following an incident to inform learning and enhance controls.<br>**Level 2 Organisational** *(Executed by risk management and compliance functions.)*<br>• Debrief with key stakeholders following an incident to inform learning and enhance controls.<br>• Report to the Executive Committee following any incident.<br>**Level 3 Independent** | **Gaps in Assurance**<br>• Robustness of service business continuity plans<br>**Action to Address Gaps in Assurance**<br>• Recommendations for strengthening resilience following testing of service business continuity plans | **Reasonable Assurance** |

| | | | | |
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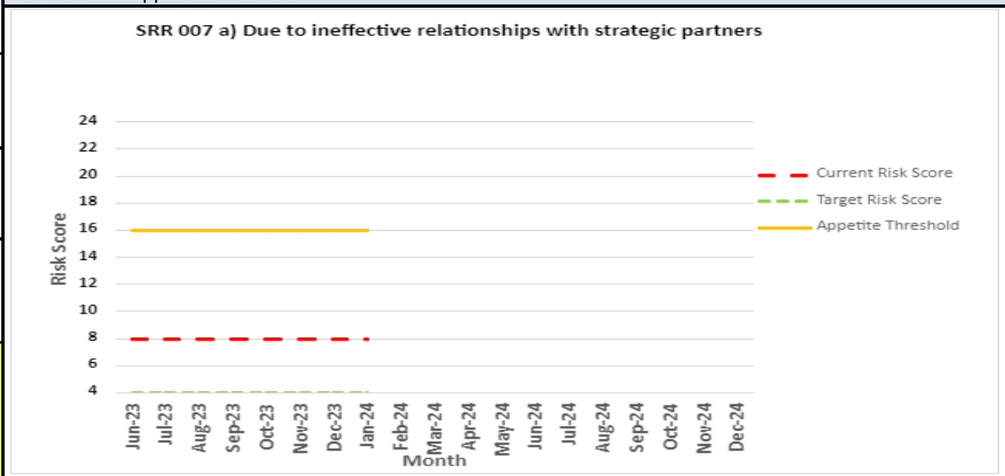
| structure in place to respond to incidents.<br>• Ongoing Participation in exercise UK, Wales, LRF and HB. | • Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages.<br>• Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner.<br>• Continue to promote awareness in a timely manner.<br>• Continue to promote awareness of the requirement for BC across the Health Board.<br>• Continuing participation in multi-agency exercises. | *(Implemented by both auditors internal and external independent bodies.)*<br>**Internal Audit Review(s)**<br>1. Business Continuity Planning 2023-24 (Q2) outcome report published – Reasonable Assurance<br>• Outcome and feedback from national exercises | | |

| RISK THEME | TRANSFORMATION AND PARTNERSHIP WORKING | | | |
|---|---|---|---|---|
| **Strategic Risk (SRR 007)** | **There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.** | | | |
| **Strategic Threat** | a. **Due to ineffective relationships with strategic partners** | | | |
| **Impact** | • Unmet patient need resulting in harm<br>• Ineffective use of combined resources<br>• Delayed decision making<br>• Adverse impacts on delivery of care to patients across acute and non-acute settings<br>• Failure to deliver health board priorities, required improvements and achieve longer-term sustainability<br>• Reputational damage and loss of public confidence | | | |
| **Lead Director** | Director of Strategy, Planning, and Partnerships. | **Risk Exposure** | **Current Level** | **Target Level** |
| **Monitoring Committee** | Partnerships, Public Health & Planning Committee | **Likelihood** | 2 *(Unlikely)*<br>x | 2 *(Unlikely)*<br>x |
| **Initial Date of Assessment** | 01 June 2023 | **Impact** | 4 *(Major)* | 2 *(Minor)* |
| **Last Reviewed** | 10 January 2024 | **Risk rating** | **= 8**<br>*(Moderate)* | **= 4**<br>*(Moderate)* |
| **Next Review Due** | 10 April 2024 | | | |

**Risk Appetite Level - OPEN**
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.

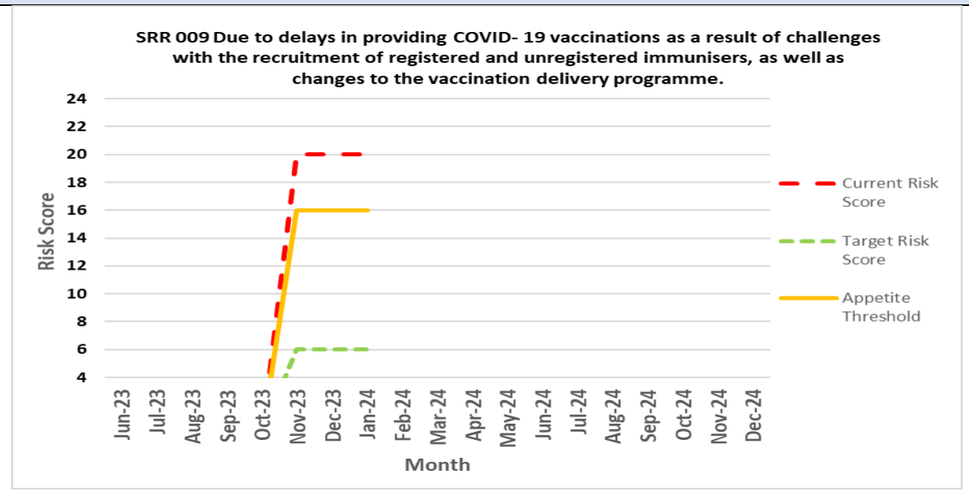
**Risk Appetite Threshold** - S**CORE 16 AND BELOW**
All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.

**SUMMARY**
The current risk level is **outside** of target level but **within** appetite threshold. The target level to be achieved is **within** the set appetite threshold.




| **Key Controls** *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)* | **Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)* | **Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)* | **Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)* | **Assurance Rating** *(Overall Assessment)* |
|---|---|---|---|---|
| The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including:<br><br>1. **The Gwent Public Services Board (Gwent PSB)** brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area.<br><br>2. **The Gwent Regional Partnership Board** As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care and support is in place to best meet the needs of their respective population. | • Governance review of Regional Partnership Board undertaken in August 2023.<br><br>• Renewed Strategy for strategic partnership Capital in place and revised governance processes.<br><br>• New Long-Term Strategy for Health Board to focus on Partnership approach. | **Level 1 Operational** *(Implemented by the department that performs daily operation activities)*<br>• PMO reporting to the Director of Strategy, Planning and Partnerships.<br><br>• Regional Leadership Group Reporting<br><br>**Level 2 Organisational** *(Executed by risk management and compliance functions.)*<br>• Assurance reporting to the Population Health, Partnerships, and Planning Committee.<br><br>• Assurance reporting to the Board. | **Gaps in Assurance**<br>• Systematic reporting of outcomes<br><br>• Systematic evaluation of schemes<br><br>• Governance of financial control arrangements<br><br>**Action to Address Gaps in Assurance**<br>• Implementation plan to be developed following RPB governance review. | **Reasonable Assurance** |

| | | | | |
|---|---|---|---|---|
| Through these statutory forums formal partnership arrangements take place.<br><br>In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners.<br><br>Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams | | **Level 3 Independent**<br>*(Implemented by both auditors internal and external independent bodies.)*<br>• Internal Audit Governance Review 2023/24 (Q2) – Underway – due to be reported to the Audit, Risk & Assurance Committee in February 2024. | • Health Board strategy development approach to focus on partnership approach. | |

| RISK THEME | SERVICE DELIVERY | | | | |
|---|---|---|---|---|---|
| **Strategic Risk (SRR 009)** | **The Health Board will be unable to protect those most vulnerable to serious disease.** | | | | |
| **Strategic Threat** | A. Due to delays in providing COVID-19 vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as changes to the vaccination delivery programme. | | | **Risk Appetite Level – OPEN**<br>Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure**.**<br>**Risk Appetite Threshold – SCORE 16 AND BELOW**<br>Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy | |
| **Impact** | • Adverse impacts on the delivery of vaccinations to patients across the vaccine service for routine and seasonal vaccines<br>• Inability to support response to outbreaks as required in 'Wales Outbreak Plan', and ABUHB Public Health Incident Response plan.<br>• Potential increase in communicable disease incidence, with impact on healthcare use and staff sickness<br>• Reputational damage and loss of public confidence<br>• Patients not being sufficiently protected therefore increases the incidence of disease and avoidable harm from Vaccine preventable diseases.<br>• Increased disease will lead to increased admissions through acute settings therefore bed pressures on the wider system.<br>• ABUHB not delivering in line with JCVI and WG guidance/milestones.<br>• ABUHB not delivering in line with NHS performance framework uptake standards<br>• ABUHB not delivering vaccinations in line with the funding provided.<br>• ABUHB already has the lowest spend on COVID vaccinations in Wales, further disinvestment would make us more of an outlier reputationally.<br>• Lack of resources to stand up sampling and testing as a preventative/protective measure as needed for patients and staff during peak in activity.<br>• Inability to provide sufficient interventions in closed settings for the most vulnerable population such as care homes and special schools.<br>• Reduction in capacity to deliver equity work to provide HP intervention and screening to vulnerable groups.<br>• Until it transfers to UPC, a lack of resources to deliver AV service will mean our most vulnerable patients not accessing clinical treatment within the treatment window leading to avoidable harm and unnecessary hospital admissions | | | **SUMMARY**<br>The current risk level is **outside** of target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.<br>  | |
| **Lead Director** | **Director of Public Health & Strategic Partnerships** | | | **Risk Exposure** | **Current Level** | **Target Level** |
| **Monitoring Committee** | **Partnerships, Population Health, and Planning Committee** | | | **Likelihood** | 5 *(Almost Certain)*<br>*x* | 2 *(Unlikely)*<br>*x* |
| **Initial Date of Assessment** | **06 November 2023** | | | **Impact** | 4 (*Major)* | 3 *(Moderate)* |
| **Last Reviewed** | **13 January 2024** | **Next Review Due** | **13 February 2024** | **Risk rating** | **= 20**<br>*(Extreme)* | **= 6**<br>*(Moderate)* |

| **Key Controls**<br>*(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)* | **Plans to Improve Control**<br>*(Are further controls possible to reduce risk exposure within tolerable range?)* | **Sources of Assurance**<br>*(Evidence that the controls/ systems which we are placing reliance on are effective)* | **Gaps in Assurance/ Actions to Address Gaps**<br>*(Insufficient evidence as to the effectiveness of the controls or negative assurance)* | **Assurance Rating** *(Overall Assessment)* |
|---|---|---|---|---|
| • **Dedicated** pool of bank staff to fill shifts – although there have been challenges in filling shifts within this pool of staff.<br>• Opening venues on additional days to allow more vaccine appointments to be offered (provided staff are available)<br>• Daily monitoring of public vaccinations administered. | • Secured additional funding against the existing allocation for bank vaccination staff.<br>• Exploring deployment options to the Vaccination programme and use of those previously trained as vaccinators that are on the bank.<br>• Alternative advertising methods of vacant shifts to improve uptake – liaising with bank co-ordinator to improve this. | **Level 1 Operational**<br>*(Implemented by the department that performs daily operation activities)*<br>• Costs of bank staff reported to Programme Board<br>• Uptake on staff vaccination reported to Programme Board<br>• National and regional data shared with Programme Board on the % of the population vaccinated<br>**Level 2 Organisational**<br>*(Executed by risk management and compliance functions)* | **Gaps in Assurance**<br>• Reporting on filled and non-filled shifts to determine the slippage in milestones of the programme.<br>**Action to Address Gaps in Assurance** | **Reasonable Assurance** |

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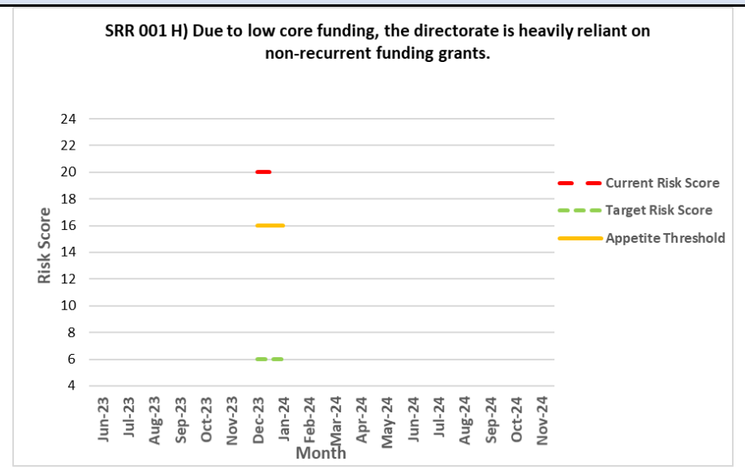
|---|---|---|---|---|
| • Weekly planning and delivery meetings to monitor progress, identify alternative solutions, and implement or escalate as appropriate.<br>• Weekly programme board to approve key decisions and escalate potential risks.<br>• Health protection Incident plan has been drafted for approval by the Executive Committee (Dec 2023)<br>• Monitoring filled/non-filled shifts report.<br>• Monitoring costs associated with the use of Bank staff.<br>• Monitoring uptake of staff vaccination<br>• Dedicated internal and external communications support.<br>• Alternative service models to deliver core functions within available budget<br>• Business continuity plans to ensure core service delivery with unforeseen staffing challenges e.g. funding<br>• Identify sustainable assets for venues to reduce high costs of using externally rented spaces. | • Draft community pop-up plan to be further explored.<br>• If required, extend venue licence in key location(s).<br>• Review infrastructure for Health Protection and Vaccinations separately. Consider options for Vaccinations to align more closely to broader operational delivery, and for health protection to be reviewed using a clear evidence base to understand potential and likelihood of threats to ensure we are maximising mitigation and structures to respond effectively.<br>• Strengthen ways of working around known national threats such as Pandemic Flu and Measles<br>• Focus performance of vaccination and health protection against national targets not best in Wales, to maximise the protection of our population. | • Risk monitored by the Partnerships, Population Health, and Planning Committee via the Committee Risk Report<br>• Exception reporting to the Executive Committee regarding uptake of the vaccine by staff and public, and capacity to deliver the milestones.<br>**Level 3 Independent**<br>*(Implemented by both auditors internal and external independent bodies)*<br>• Monthly reporting to Welsh Government on uptake<br>• PHW national data on vaccination uptake | • Start reporting the filled and non-filled shifts report to the Programme Board<br>• Model delivery based on the current resource, dedicated bank staff, and wider bank staff to determine the workforce resource to deliver. | |

| RISK THEME | SERVICE DELIVERY | | | |
|---|---|---|---|---|
| **Strategic Risk (SRR 001H)** | **There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.** | | | |
| **Strategic Threat** | h) Due to low core funding, the Directorate is heavily reliant on non-recurrent funding grants. | | | |
| **Impact** | ➢ Avoidable harm<br>➢ Adverse impacts on delivery of care to patients across acute and non-acute settings<br>➢ Increased patient acuity levels<br>➢ Worsening of health inequalities<br>➢ Worsening of health outcomes<br>➢ Unable to substantially improve the health of the population<br>➢ Reputational damage and loss of public confidence<br>➢ Multi-year CIP calculated on non-recurrent funding<br>➢ Major grants subject to funding cuts 24/25<br>➢ No determined staffing establishment<br>➢ Possible at-risk TUPE posts<br>➢ £1.5 million temporary staff funding (RIF + EYP) majority on permanent contracts<br>➢ Government grants focused on particular risk factors | | | |
| **Lead Director** | Director of Public Health & Strategic Partnerships | **Risk Exposure** | **Current Level** | **Target Level** |
| **Monitoring Committee** | Partnerships, Population Health, and Planning Committee | **Likelihood** | 5 *(Almost Certain)*<br>*x* | 2 *(Unlikely)*<br>*x* |
| **Initial Date of Assessment** | 01 December 2023 | **Impact** | 4 (*Major)* | 3 *(Moderate)* |
| **Last Reviewed** | 13 January 2024 | **Risk rating** | **= 20**<br>*(Extreme)* | **= 6**<br>*(Moderate)* |
| **Next Review Due** | 13 February 2024 | | | |

**Risk Appetite Level – OPEN**
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure**.**

**Risk Appetite Threshold – SCORE 16 AND BELOW**
Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy

**SUMMARY**
The current risk level is **outside** of target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.



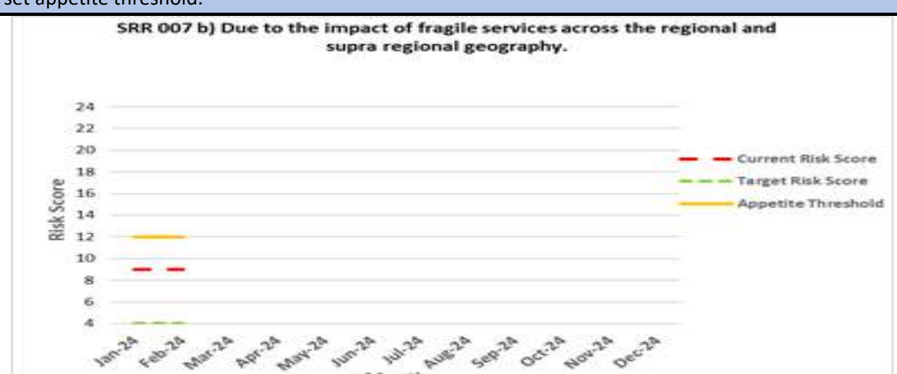

| **Key Controls**<br>*(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)* | **Plans to Improve Control**<br>*(Are further controls possible to reduce risk exposure within tolerable range?)* | **Sources of Assurance**<br>*(Evidence that the controls/ systems which we are placing reliance on are effective)* | **Gaps in Assurance/ Actions to Address Gaps**<br>*(Insufficient evidence as to the effectiveness of the controls or negative assurance)* | **Assurance Rating**<br>*(Overall Assessment)* |
|---|---|---|---|---|
| • Advice from HR on structure<br>• Meetings established to review and redesign structure.<br>• Meetings with finance to determine TUPE level and CIP calculation.<br>• Local public health risk register with risk clearly identified risk relating to structure and finance.<br>• Business cases being written for PIP for preventative adverse deaths, health protection and other public health areas.<br>• SMT meetings to discuss progress on delivery of objectives linked to available budget. | • Business cases being written for PIP to increase core funding to deliver objectives.<br>• Through Pip process work towards a funded establishment reduce risks associated with permanent staff being funded through temporary funding which impacts on the ability to plan long term. | **Level 1 Operational**<br>*(Implemented by the department that performs daily operation activities)*<br>• Monthly finance meetings in place with Director and Assistant Director<br>• Weekly reporting on finance levels<br>**Level 2 Organisational**<br>*(Executed by risk management and compliance functions)*<br>• Escalation to the Strategic Risk Register for Board oversight<br>• Highlighted and discussed at Corporate Review<br>**Level 3 Independent**<br>*(Implemented by both auditors internal and external independent bodies)*<br>• Report delivery of local progress against the national public health strategy through Public Health Peer Group | **Gaps in Assurance**<br>• Unable to determine the full impact of the reduction in funding on the Public Health portfolio<br>**Action to Address Gaps in Assurance**<br>• Determine where the cuts will impact and how the Health Board can sustain PH services. | **Negative Assurance** |

| RISK THEME | TRANSFORMATION AND PARTNERSHIP WORKING | | | |
|---|---|---|---|---|
| **Strategic Risk No: SRR 007B** | **There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population** | | | |
| **Strategic Threat** | b) Due to the impact of fragile services across the regional and supra regional geography | | | |
| **Impact** | ➢ Changes of regional flow in an unplanned way<br>➢ Additional demand on UHB workforce to support fragile services<br>➢ Unmet patient need resulting in harm<br>➢ Ineffective use of combined resources<br>➢ Delayed decision making<br>➢ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability<br>➢ Reputational damage and loss of public confidence | | | |
| **Lead Director** | Director of Strategy Planning and Partnerships | **Risk Exposure** | **Current Level** | **Target Level** |
| **Monitoring Committee** | Partnerships, Public Health & Planning Committee | **Likelihood** | 3 *(Possible)*<br>x | 2 *(Unlikely)*<br>x |
| **Initial Date of Assessment** | 04 January 2024 | **Impact** | *3 (Moderate)* | 2 *(Minor)* |
| **Last Reviewed** | 16 January 2024 | **Risk rating** | ***= 9***<br>*(High)* | **= 4**<br>*(Moderate)* |
| **Next Review Due** | 16 April 2024 | | | |

**Risk Appetite Level - OPEN**
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.

**Risk Appetite Threshold - SCORE 12 AND BELOW**
All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.

**SUMMARY**
The current risk level is **outside** of target level but **within** appetite threshold. The target level to be achieved is **within** the set appetite threshold.




| **Key Controls**<br>*(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)* | **Plans to Improve Control**<br>*(Are further controls possible to reduce risk exposure within tolerable range?)* | **Sources of Assurance**<br>*(Evidence that the controls/ systems which we are placing reliance on are effective)* | **Gaps in Assurance/ Actions to Address Gaps**<br>*(Insufficient evidence as to the effectiveness of the controls or negative assurance)* | **Assurance Rating**<br>*(Overall Assessment)* |
|---|---|---|---|---|
| A robust Southeast Wales Regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO.<br><br>The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event of identified issues and risks. This Board then reports to an Oversight Board with Chief Executive membership.<br><br>4 workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all.<br><br>Where appropriate workstreams are underpinned by a Memorandum of Understanding between the participating health board, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality and efficiency.<br><br>When service issues span regions, arrangements are set up on a bespoke basis, for example the Vascular Project Board and the Interventional Radiology (IR) project.<br><br>In addition to these formal arrangements, the Health Board has a range of informal planning networks and communication channels, with an ongoing commitment to communication, sharing best practice and advising of anticipated service issues and risks. | The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a recent review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: -<br><br>• An absolute commitment to delivering on the existing regional programmes of work but with recognition that these need to be 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions.<br>• The need to review the current regional working governance arrangements, to ensure these remain fit for purpose.<br>• The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these.<br>• The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions.<br><br>Discussion to be had at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work | **Level 1 Operational**<br>*(Implemented by the department that performs daily operation activities)*<br>• Service Divisions reporting to the Chief Operational Officer<br><br>**Level 2 Organisational**<br>*(Executed by risk management and compliance functions.)*<br>• Assurance reporting to the Population Health, Partnerships, and Planning Committee.<br>• Assurance reporting to the Board.<br><br>**Level 3 Independent**<br>*(Implemented by both auditors internal and external independent bodies.)* | **Gaps in Assurance**<br>• Under review<br><br>**Action to Address Gaps in Assurance** | **Reasonable Assurance** |

| Risk ID | Monitoring Committee | Risk Theme | Risk Owner | Risk Description | Reason For The Risk | Impact | Current Risk Score | | | | Risk Appetite | | Actions to Reduce Risk to Target | Assurance that the Risk is being manged effectively | Target Risk Score | | | | Review of Risk | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Likelihood Of The Risk Occuring | Impact Of Risk Occuring | Current Risk Score | Risk Level | Current Status Against Appetite | Risk Appetite and Threshold Explained | | | Likelihood Of The Risk Occuring | Impact Of Risk Occuring | Target Risk Score | Risk Level | Last Reviewed | Next Review |
| SRR 001 | People & Culture Committee | People | Director of Workforce and Organisational Development | There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population | a)Due to an inability to recruit and retain staff across all disciplines and specialities. | •Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Non-compliance with safe staffing principles and standards<br>•Reliance on agency and bank staff<br>•Litigation & Financial Penalties | 4 | 4 | ~~16~~ | Extreme | Above Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | **Staff attendance**<br>Continuing support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work., "Hot spot" areas identified and plans in place to support.<br>**Recruitment**<br>Engagement with national recruitment campaigns such as BAPIO, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW for Junior Doctor, Annual programme of Apprentice recruitment, Overseas Nursing (All Wales), Nursing Workforce Strategy, Streamlining and improve recruitment timescales through recruitment modernisation programme (started Oct 22) , Partnerships with employability schemes such as Kickstart and Restart, Actively working with Local Authorities to promote joint recruitment activities and Registration – Temporary register extended for 2 years to enable staff to return to practice.<br>**Retention:**<br>Development of career pathways (e.g., non-clinical to clinical), Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR, Internal Exit interview group has been established with a view to 1) Increase the numbers of people completing the forms and 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts, Changes in pension regulation and flexile retirement options from October 23 and reduced break in service required following retire and return, Agency reduction and Plan in place to monitor and review all agency, bank pay incentives supply and demand.<br>**E- Systems**<br>Effective deployment of current staff - Programme Plan to introduce Workforce Medical E-Systems to support effective deployment of medical staff, Development of alternative and new roles , Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP, Primary Care workforce The Regional Integrated Fund (RIF) Workforce Programme is in development to support the wider health and social care staffing issues as required in Healthier Wales. and Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace.<br>**Training**<br>The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2022 and beyond which are required to support turnover and existing vacancies, HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy, Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) started with 3 cohorts in September 2022 and recruiting the 4th cohort to start Oct 23. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programs fully booked. Core Leadership prog currently delivering to 200 staff.<br>**Vacancy Numbers and establishment control**<br>Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period March 23 there were circa 728 WTE vacancies and Development of ESR establishments commenced on a national basis w/c 03/09/23. | Medium | 3 | 2 | 6 | Low | 12/01/2024 | 12/02/2024 |
| | | | | | b) Due to a deterioration in, and a failure to improve, the well-being of our staff | •High absence levels, with some sustained long periods<br>•Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Non-compliance with safe staffing principles and standards<br>•Reputational damage to the health board as an employer<br>•Work-related industrial injury claims<br>•Moral injury | 3 | 4 | 12 | High | Below Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars)., Increase wellbeing initiatives:<br>Implement and progress new Integrated Psychological Well-being roles and peer support networks within divisions and hospital sites, Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders), Train Mediators so there is team and organisational resilience and network, Regular Schwartz rounds arranged across the Health Board, Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own.<br>Close links with the Arts in Health programme, Promotion of walking meetings in leadership programmes Working with Planning and Estates team to ensure the Queens Canopy is designed to promote clear walking routes for that can be used during breaks for meetings Inclusion of break times and staff rooms in wellbeing survey to audit current provision.<br>Chaplaincy service for staff , Re-launching Chill out in the Chapel, Recruitment of staff counsellors, Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being , Scope, design and deliver a programme of research 'Healthy Working Day', Enhanced our financial well-being offer.<br>Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate.<br>Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management, Drafting of a 10-year plan focusing on optimising the employee experience of work , The Avoidable Employee Harm Programme was launched on 5th July 2022 initially focusing on HR processes it will then look to other formal processes that inadvertently cause harm to all those involved and the organisation. The training day that supported the launch has evaluated very well and organisations beyond ABUHB are keen to engage. Within ABUHB we have subsequently seen a >60% reduction in gross misconduct investigations.<br>**Occupational Health**<br>Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes, Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19.<br>Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted, Support equality and diversity of workforce<br>Review of staff diversity networks, Review of wellbeing survey through and equality lens to understand variations within diverse workforce demographic profile.<br>Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms.<br>Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing.<br>**Other**<br>Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC, Reducing fatigue poster developed | Medium | 3 | 3 | 9 | Moderate | 12/01/2024 | 12/02/2024 |
| | | | | | c) Due to insufficient and ineffective leadership levels throughout the organisation. | •Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Failure to deliver health board priorities, required improvements and achieve sustainability<br>•Poor levels of accountability and delivery<br>•Reputational damage to the health board as an employer<br>•Adverse impacts on staff recruitment and retention | 3 | 4 | 12 | High | Below Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Talent and Succession Planning<br>lead appointed in July 2023 on a 6-month secondment funded by HEIW to create an organisational talent management framework to enable the organisation to deliberate and consistently attract, identify and develop talent for critical roles across ABUHB<br>Pilot planned for Finance, Occ Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy<br>Local management trainee scheme scoped, and project plan created, JDPS created and evaluated. Project team convened. Paused in May 2022 due to lack of funding.<br>2021/23 HEIW schemes complete. Two HEIW Grads have successfully completed the programme and have secured promotional roles within NHS in Wales; one within the health board and one at Powys, both at Band 7 level<br>1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. Executive Director of Planning sat on interview panel. Trainee commences scheme 5th September 2023 at HEIW at joins ABUHB Friday 8th September.<br>Development leadership capabilities<br>Designing learning journeys and access to Gwella<br>Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Exploring Directorate Manager development.<br>CDx Leadership Development for clinical directors completed for 2022/23 with 4S attendees and CDx cohort 2 starts October 23- open for current and aspiring CDs<br>2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda. | Medium | 3 | 2 | 6 | Low | 12/01/2024 | 12/02/2024 |
| | | | | | d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level | •Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Non-compliance with safe staffing principles and standards<br>•Litigation & Financial Penalties<br>•Reputational damage to the health board and loss of public confidence | 4 | 4 | 16 | Extreme | Above Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Services Business continuity plans in place.<br>All Wales training sessions provide by legal and risk to support industrial action.<br>Ensure early identification of mandated Statutory, and core critical clinical services.<br>Trade union provides a list of the categories of employee to which the affected employees belong, figures on the number of employees in each category, figures on the numbers of employees at each workplace, the total number of affected employees. Such information will enable the employer to readily deduce the total number of employees affected, the categories of employee to which they belong, the number of employees concerned in each of those categories, the workplaces at which the employees concerned work and the number of them at each of these workplaces.<br>Reducing impact on patients - Support for early supported discharge prior to industrial action.<br>Trade Unions specifies: (i) whether the union intends the industrial action to be "continuous" or "discontinuous" (14); and (ii) the date on which any of the affected employees will be called on to begin the action (where it is continuous action), or the dates on which any of them will be called on to take part (where it is discontinuous action).<br>Establish WOD hub with emergency planning to stand up as required<br>Ensure early identification of mandated Statutory, and core critical clinical services.<br>Review of business continuity plans<br>Map services and staff provision and impacts of industrial action.<br>Assess variable pay usage in case of work to rule applies.<br>Assess current vacancies.<br>Working with partners in Gwent on a system wide basis.<br>Implementation of business continuity plans.<br>Communication plans.<br>Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer). | Medium | 2 | 4 | 8 | Moderate | 12/01/2024 | 12/02/2024 |

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| | Partnerships, Public Health & Planning Committee | Service Delivery | Director of Strategy, Planning and Partnerships. | | e)Due to inadequate strategic plans which respond to population health and socio-economic needs | ▪Increased demand<br>▪Increased patient acuity levels<br>▪Worsening of health inequalities<br>▪Worsening of health outcomes<br>▪Failure to train teams in multi-morbidity management<br>▪Failure to comply with the Wellbeing of Future Generations Act (Wales)<br>▪Reputational damage and loss of public confidence | 2 | 4 | 8 | High | Below Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Area plan is being refreshed through the RPB<br>Marmot Region Implementation Plan<br>Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource.<br>Refresh organisational strategy with a central focus on population health and wellbeing.<br>Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability. | Medium | 2 | 3 | 6 | Low | 12/01/2024 | 12/02/2024 |
| | | | | | f)Due to unsustainable service models | ▪Harm or injury to patients and/or staff<br>▪Adverse impacts on delivery of care to patients across acute and non-acute settings<br>▪Increased demand<br>▪Increased patient acuity levels<br>▪Worsening of health inequalities<br>▪Worsening of health outcomes<br>▪Failure to deliver health board priorities, required improvements and achieve sustainability<br>▪Reputational damage and loss of public confidence | 3 | 4 | 12 | High | Below Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Area plan is being refreshed through the RPB.<br>Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource.<br>Review of enhanced local general hospital service models to ensure sustainable quality services.<br>Development of SEW plan for fragile.<br>Review of organisational strategy – to launch Summer 2024. | Medium | 2 | 3 | 6 | Low | 12/01/2024 | 12/02/2024 |
| | Finance & Performance Committee | Financial Sustainability | Director of Finance and Procurement | | g)Due to long term financial sustainability plans not being achieved through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes | ▪Breach of statutory duty to breakeven over 3 years<br>▪Instigation of NHS Wales Escalation & Intervention Arrangements<br>▪Non – delivery of health board priorities, required improvements and achieve longer-term sustainability<br>▪Prioritisation and possible disinvestment in service delivery<br>▪Reputational damage and loss of public confidence | 5 | 4 | 20 | Extreme | Above Appetite Level | Cautious = 12 or below - Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls. | Update performance management framework<br>Assessment of financial control environment within divisions and corporate teams. | Medium | 2 | 4 | 8 | Moderate | 08/01/2024 | 08/04/2024 |
| | Partnerships, Public Health & Planning Committee | Service Delivery | Director of Public Health and Strategic Partnerships | | h) Due to low core funding, the Directorate is heavily reliant on non-recurrent funding grants. | Avoidable harm ➢<br>Adverse impacts on delivery of care to patients across acute and non-acute settings<br>➢ Increased patient acuity levels ➢<br>Worsening of health inequalities ➢ Worsening<br>of health outcomes ➢ Unable to<br>substantially improve the health of the population<br>➢ Reputational damage and loss of public confidence ➢<br>Multi-year CIP calculated on non-recurrent funding ➢ Major grants<br>subject to funding cuts 24/25 ➢ No determined<br>staffing establishment ➢ Possible at-risk TUPE<br>posts ➢ £1.5 million temporary<br>staff funding (RIF + EYP) majority on permanent contracts ➢ Government<br>grants focused on particular risk factors | 5 | 4 | 20 | Extreme | | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Business cases being written for PIP to increase core funding to deliver objectives. ▪ Through Pip process work towards a funded establishment reduce risks associated with permanent staff being funded through temporary funding which impacts on the ability to plan long term. | Negative | 2 | 3 | 6 | Moderate | 13/01/2024 | 13/02/2024 |
| SRR 002 | Partnerships, Public Health & Planning Committee | Compliance and Safety | Chief Operating Officer | There is a risk that there will be significant failure of the Health Board's estate | a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures | ▪Harm or injury to patients and/or staff<br>▪Adverse impacts on delivery of care to patients across acute and non-acute settings<br>▪Non-compliance with Health & Safety legislation<br>▪Litigation & Financial Penalties | 3 | 5 | 15 | Extreme | Above Appetite Level | Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls. | At this stage, the controls in place are appropriate and practicable to monitor the issues and prepare medium-term responses in line with the timelines within the expert report. | Medium | 1 | 2 | 2 | Very Low | 12/01/2024 | 12/02/2024 |
| | | | | | b) Due to significant levels of backlog maintenance and Structural Impairment | ▪Harm or injury to patients and/or staff<br>▪Adverse impacts on delivery of care to patients across acute and non-acute settings<br>▪Non-compliance with Health & Safety legislation<br>▪Litigation | 3 | 4 | 12 | High | Above Appetite Level | Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls. | Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance.<br>A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01.<br>Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce.<br>Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance. | Medium | 3 | 2 | 6 | Low | 12/01/2024 | 12/02/2024 |

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| **SRR 003** | Patient, Quality, Safety and Outcomes Committee | Compliance and Safety | Chief Operating Officer | There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse | b)Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placement | •Harm or injury to patients and/or staff<br>•Health Board breaches statutory duties<br>•Litigation & Financial Penalties<br>•Reputational damage and loss of public confidence | **4** | **5** | **20** | **Extreme** | **Above** Appetite Level | Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls. | Development of the CAMHS Crisis Hub (CCH), based at Bettws ward in St Cadoc's. We are in the process of developing a safe space for families and young people who are in distress, so that they have access to a team of people, out of hours, who can work directly with them in order to attempt to prevent burgeoning emotional distress from developing into a crisis situation that can cause further trauma.<br>The CCH is being developed in order to help young people who fit the following criteria: Young people whose distress compels them to frequently attend the Emergency Department, or who frequently find themselves detained under section 136 of the Mental Health Act.<br>Young people who having been assessed under Section 136 at the Section 136 suite at Adferiad, find themselves discharged with no immediate safe discharge destination.<br>Young people who having presented at the Emergency Department following self-harm or overdose requiring medical treatment, are admitted overnight for treatment as per NICE guidelines, but once medically fit do not have a safe discharge destination, resulting in an extended stay at GUH for social reasons. In these cases, qualified professionals and BOOST support workers will work closely with the family and colleagues from social care, in order to ensure that a safe discharge can be agreed.<br>Young people who are currently working with a CAMHS professional and are felt to be at risk of experiencing imminent mental health crisis and cannot be supported out of hours by the referring professional. The aim will be to focus on helping young people to stay safe by working with them to develop a short- term plan of what to do in the moment. The CCH will provide a venue that is safe, so that community -based treatment at the point of crisis can be implemented in the least restrictive of settings.<br>Regular Crisis Hub planning meetings; ongoing development of the SOP; recruitment of a Crisis Hub team lead. | **Medium** | **2** | **2** | **4** | **Low** | 12/01/2024 | **12/02/2024** |
| **SRR 004** | Partnerships, Public Health & Planning Committee | | Director of Strategy, Planning and Partnerships. | There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident | a)Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level | •Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Harm or injury to patients and/or staff<br>•Health Board breaches statutory duties under the Civil Contingencies Act 2004<br>•Litigation & Financial Penalties<br>•Reputational damage and loss of public confidence | **3** | **5** | **15** | **Extreme** | **Above** Appetite Level | Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls. | Testing programme of business continuity plans.<br>Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board. Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery.<br>Repository being created on intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies.<br>Joint planning with PH response in response to infection disease and public health incidence.<br>Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).<br>Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational.<br>Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages.<br>Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner.<br>Continue to promote awareness in a timely manner.<br>Continue to promote awareness of the requirement for BC across the Health Board.<br>A tabletop BC exercise is planned for the 10th of October 2023.<br>Continuing participation in multi-agency exercises.<br>Programme plan to be developed to address the weaknesses in business continuity planning.<br>Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board.<br>Development of Pandemic Plan. | **Medium** | **2** | **3** | **6** | **Low** | 12/01/2024 | **12/02/2024** |
| **SRR 005** | Patient, Quality, Safety and Outcomes Committee | Service Delivery | Chief Operating Officer | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system | a)Due to inadequate arrangements to support system-wide patient flow | •Avoidable deaths or significant harm<br>•Delays in releasing ambulances from hospital sites back into the community<br>•Delayed discharges from acute and non-acute settings resulting in deteriorating patients<br>•Litigation & Financial Penalties<br>•Reputational damage and loss of public confidence | **3** | **4** | **12** | **High** | **Below** Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Escalation framework – evidence suggesting inconsistent escalation of ambulance position / long waits and rationale.<br>Winter planning – Ahead of winter 23/24 there are a series of meetings which will ensure that tangible / practical plans are put in place to ensure:<br>Focus<br>Processing power<br>Capacity<br>Mental health-focussed flow meeting – implement a MH-focussed daily forum to ensure the flow requirements and risk profile is understood across all MH sites. Build in more impromptu, OoH and site visits to check on processes i.e., patient safety, risk, and performance across the Divisions.<br>Regional flow processes not always supported with neighbouring HBs (Health Board) | **Medium** | **3** | **3** | **9** | **Moderate** | 12/01/2024 | **12/04/2024** |
| **SRR 006** | Finance & Performance Committee | Service Delivery | Director of Digital | There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery | a)Due to the full or partial failure of existing digital infrastructure and systems | •Harm or injury to patients and/or staff<br>•Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Data breaches<br>•Litigation & Financial Penalties<br>•Reputational damage and loss of public confidence | **3** | **5** | **15** | **Extreme** | **Below** Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Information Governance and Cyber Security governance and assurance processes are now under review. Governance group terms of reference agreed, and reporting arrangements discussed with Director of Corporate Governance. Meetings will commence in November with clear reporting on progress to the relevant committees on our cyber security action plan.<br>SIRO training arranged for the 25th September for the Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO). | **Medium** | **2** | **4** | **8** | **Moderate** | 10/12/2023 | **10/01/2024** |
| | | | | | B)Due to an adverse impact on service delivery in the implementation of new digital systems | •Harm or injury to patients and/or staff<br>•Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Data breaches<br>•Litigation & Financial Penalties<br>•Reputational damage and loss of public confidence | **3** | **4** | **12** | **High** | **Below** Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee | **Medium** | **2** | **3** | **6** | **Low** | 10/12/2023 | **10/01/2024** |
| | | | | | c)Due to a failure to develop digital solutions that are sustainable and fit for the future | •Harm or injury to patients and/or staff<br>•Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Failure to deliver health board priorities, required improvements and achieve sustainability<br>•Reputational damage and loss of public confidence | **3** | **4** | **12** | **High** | **Below** Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | New governance structures to be put in place by the end of 2023.<br>Review of New Digital Request processes considering governance changes. | **Medium** | **2** | **4** | **8** | **Moderate** | 10/12/2023 | **10/01/2024** |

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| **SRR 007** | Partnerships, Public Health & Planning Committee | Transformation and Partnership Working | Director of Strategy, Planning and Partnerships. | There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population | a) Due to ineffective relationships with strategic partners | •Unmet patient need resulting in harm<br>•Ineffective use of combined resources<br>•Delayed decision making<br>•Adverse impacts on delivery of care to patients across acute and non-acute settings<br>•Failure to deliver health board priorities, required improvements and achieve longer-term sustainability<br>•Reputational damage and loss of public confidence | **2** | **4** | **8** | **High** | **Below** Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Governance review of Regional Partnership Board undertaken in August 2023.<br><br>Renewed Strategy for strategic partnership Capital in place and revised governance processes.<br><br>New Long-Term Strategy for Health Board to focus on Partnership approach. | **Medium** | **2** | **2** | **4** | **Low** | 10/10/2023 | **10/04/2024** |
| | | | | | b) Due to the impact of fragile services across the regional and supra regional geography | Changes of regional flow in an unplanned way Additional demand on UHB workforce to support fragile services<br>Unmet patient need resulting in harm Ineffective use of combined resources Delayed decision making<br>Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence | **3** | **3** | **9** | **High** | **Below** Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a recent review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: - • An absolute commitment to delivering on the existing regional programmes of work but with recognition that these need to be 're baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. • The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. • The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these. • The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions.<br>Discussion to be had at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work. | **Reasonable** | **2** | **2** | **4** | **Low** | 16/01/2024 | **16/04/2024** |
| **SRR 008** | Patient, Quality, Safety and Outcomes Committee | Transformation and Partnership Working | Director Of Nursing | There is a risk that the Health Board fails to build positive relationships with patients, staff, the public and partners | Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement | •Adverse impact on patient experience<br>•Failure to deliver health board priorities, required improvements and achieve longer-term sustainability<br>•Reputational damage and loss of public confidence<br>•Failure to deliver Duty of Quality | **2** | **4** | **8** | **High** | **Below** Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress.<br>PCCT staff training to support Civica data entry and retrieval.<br>Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners.<br>Employment of dedicated PALS team in progress who will have a key role in gaining feedback from patients, staff and relatives.<br>Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. No SMS provision.<br>National directives around new national surveys that need to be managed additional to internal roll out programme.<br>Volunteer feedback to be reviewed to identify themes. | **Medium** | **2** | **2** | **4** | **Low** | 11/01/2024 | **11/04/2024** |
| **SRR 009** | Partnerships, Public Health & Planning Committee | Compliance and Safety | Director of Public Health and Strategic Partnerships | The Health Board will be unable to protect those most vulnerable to serious disease | Due to delays in providing COVID-19 vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as changes to the vaccination delivery programme. | •Adverse impacts on the delivery of vaccinations to patients across the vaccine service for routine and seasonal vaccines<br>• Inability to support response to outbreaks as required in 'Wales Outbreak Plan', and ABUHB Public Health Incident Response plan.<br>• Potential increase in communicable disease incidence, with impact on healthcare use and also staff sickness<br>• Reputational damage and loss of public confidence<br>• Patients not being sufficiently protected therefore increases the incidence of disease and avoidable harm from Vaccine preventable diseases.<br>• Increased disease will lead to increased admissions through acute settings therefore bed pressures on the wider system.<br>•ABUHB not delivering in line with JCVI and WG guidance/milestones.<br>•ABUHB not delivering in line with NHS performance framework uptake standards<br>ABUHB not delivering vaccinations in line with the funding provided.<br>•ABUHB already has the lowest spend on COVID vaccinations in Wales, further disinvestment would make us more of an outlier reputationally.<br>•Lack of resources to stand up sampling and testing as a preventative/protective measure as needed for patients and staff during peak in activity.<br>• Inability to provide sufficient interventions in closed settings for the most vulnerable population such as care homes and special schools.<br>• Reduction in capacity to deliver equity work to provide HP intervention and screening to vulnerable groups.<br>• Until it transfers to UPC, a lack of resources to deliver AV service will mean our most vulnerable patients not accessing clinical treatment within the treatment window leading to avoidable harm and unnecessary hospital admissions | **5** | **4** | **20** | **Extreme** | **Above** Appetite Level | Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls. | • Secured additional funding against the existing allocation for bank vaccination staff.<br>• Exploring deployment options to the Vaccination programme and use of those previously trained as vaccinators that are on the bank.<br>• Alternative advertising methods of vacant shifts to improve uptake – liaising with bank co-ordinator to improve this.<br>• Draft community pop-up plan to be further explored.<br>If required, extend venue licence in key location(s). | **Medium** | **2** | **3** | **6** | **Moderate** | 15/01/2024 | **15/02/2024** |

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

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| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 31 January 2024 |
| **CYFARFOD O:**<br>**MEETING OF:** | Partnerships Population Health and Planning Committee |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Regional Partnership Board and Place Based Care |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Executive Director for Strategy, Planning and Partnerships |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Deputy Director Strategy, Planning and Partnerships |

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

Er Gwybodaeth/For Information

This report is to provide the Committee with information in relation to the development of models to support partnership working and how these models interrelate.

## ADRODDIAD SCAA
## SBAR REPORT

### Sefyllfa / Situation

The Social Services and Wellbeing Act 2014 sets out the requirement for Local Authorities and Local Health Boards to establish Regional Partnership Boards (RPB), to manage and develop services to secure strategic planning and partnership working. RPBs need to work with wider partners such as the third sector and providers to ensure care and support services are in place to best meet the needs of their respective populations.

Subsequent to the development of Regional Partnership Boards, through the National Programme for Primary Care, further partnership infrastructure has been established with the models of Cluster working and Pan-Cluster working. Clusters build upon the foundations set by GP cluster working – known as Neighbourhood Care Networks (NCNs) in Gwent – which have been in place now for over a decade bringing together primary and community care practitioners. Pan Cluster Groups, known in Gwent as Integrated Service Partnership Boards (ISPBs), are each aligned to Local Authority partners' service boundaries.

This report considers the interrelations and opportunities afforded by these models to support communities and services.

## Cefndir / Background

The NHS Confederation discuss the principle of 'subsidiarity' and adopting a set of criteria for what happens where (i.e., at system, place, or neighbourhood level). NHS England have agreed parameters which have could be aligned with the Gwent partnership context:

- **Systems** (populations circa 1 million to 3 million people) in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale. In Gwent this role is partly undertake on a smaller population basis by the **Regional Partnership Board (RPB) and the Public Service Board (PSB)**

- **Places** (populations circa 250,000 to 500,000 people) served by a set of health and care providers in a town or district, connecting Primary Care Networks to broader services, including those provided by local councils, community hospitals or voluntary organisations. This tier is represented by the five **Integrated Service Partnership Boards (ISPBs)**, each aligned to the Local Authority partners' service boundaries.

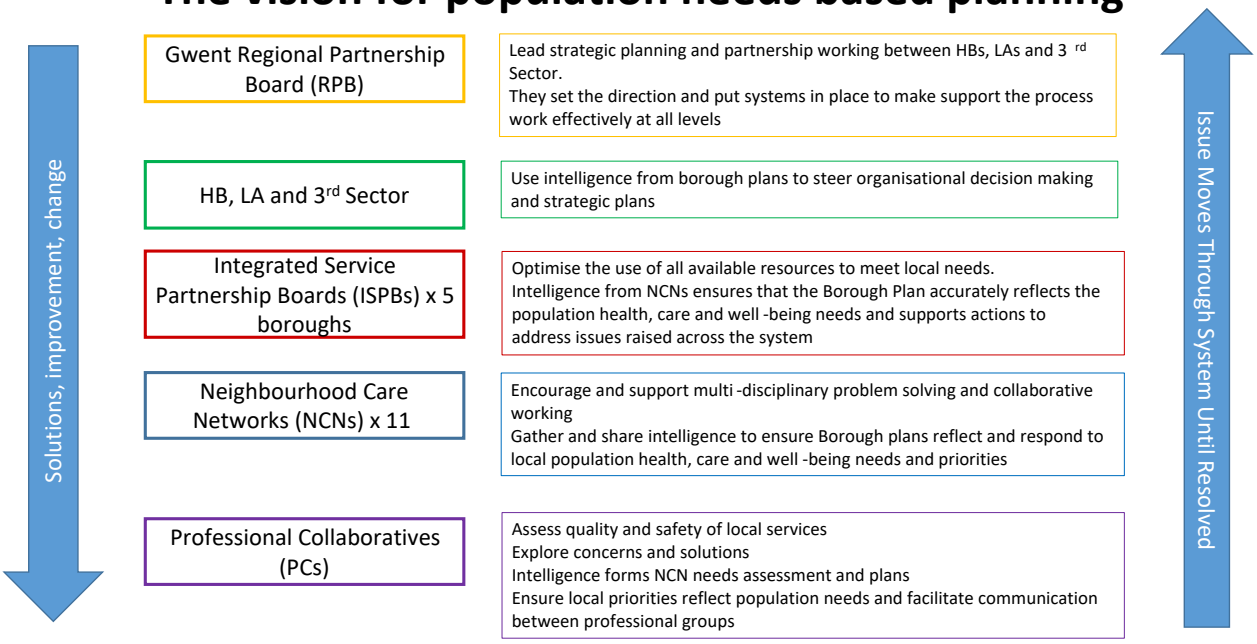
- **Neighbourhoods** (populations circa 30,000 to 50,000 people) served by groups of GP practices working with NHS community services, social care, and other providers to deliver more co-ordinated and proactive services, including through PCNs. These are the eleven **Neighbourhood Care Networks (NCNs)** in Gwent.

This provides a useful framing of how the partnership infrastructure could align. At present the Governance models for the Regional Partnership Board only partly capture the potential system role as it is aligned to service delivery for specific population groups rather than the totality of the population. The PSB similarly partially fills this role with a specific focus on prevention.

In addition to these adopted tiers, Gwent is in the process of establishing a range of Professional Collaboratives designed to improve the planning and effective deployment of skilled resources working within each borough (e.g., nursing, therapy, pharmacy). This reflects the current model of healthcare in Gwent whereby services must interface both across organisations (pan-Gwent with colleagues from the same service/specialty) and within professions (locality based with wider multidisciplinary teams). This can create tension due to conflicting priorities which professional collaborates will help to manage.

The following graphic highlights the potential interrelations of these groups:

## The vision for population needs based planning




## Assessment

As set out in the background section, there exists a range of groups where partnership arrangement operates. This is not an exhaustive list and there is further groups and operational arrangements in place where partnership work occurs.
This is a transitional period where these governance arrangements are beginning to come together and better align.

The RPB hosted a strategy development session on 14th November 2023 to re-focus the RPB in determining its objectives, primary purpose, and strategic priorities. Subsequent to the workshop session, the following key objectives, and areas of focus for the RPB were developed:

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

These objectives can flow through into the ISPB and NCN infrastructure as the operational vehicles. A planned follow up workshop was due to take place on 15th January to consider the alignment of ISPBs and the RPB but has been moved to March due to the industrial action period.

Alignment of these mechanisms can support the move to achieve genuine place based care. Place-based care starts in the community, at the place or neighbourhood level. It cannot be driven solely by public bodies as it requires a devolution of power and control and genuine commitment to developing solution with the local community and optimising use of all the assets within the place.

As ISPB and NCNs evolve and the collaborative approach continues to develop, these will become a vehicle to support the development occurring in the places that make up the NCN or across a borough. It will be important however to recognise and understand the social networks that are in place and use the intelligence particularly of the third sector and local authorities in understanding the ongoing agenda.

Place-based care should seek to better align local services so that expertise and capacity is maximised through a co-ordinated and coherent model. This in turn should seek to reduce confusion for both patients and professionals by reducing the complexity caused by multiple services operating in silos which risks duplication and / or leaving service gaps which misses opportunities.

Work is continuing to strategically align these functions to support a place based model and the Committee will be kept up to date with progress on the work.

**Argymhelliad / Recommendation**

The Committee is asked to NOTE this information in relation to the development of models to support partnership working and how these models interrelate.

| **Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)** | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | **SRR009 – Transformation and Partnership Working** |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s): | All Health & Care Standards Apply<br>Choose an item.<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br>Link to IMTP | Adults in Gwent live healthily and age well |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP | Regional Solutions |

| | |
|---|---|
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br>Strategic Equality Objectives 2020-24 | Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers<br>Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services<br>Choose an item.<br>Choose an item. |

| **Gwybodaeth Ychwanegol: Further Information:** | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | |
| Rhestr Termau:<br>Glossary of Terms: | Explained within the report. |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | Planning, Partnerships and Population Health Committee. |

| **Effaith: (rhaid cwblhau)<br>Impact: (must be completed)** | |
|---|---|
| | **Is EIA Required and included with this paper** |
| **Asesiad Effaith Cydraddoldeb<br>Equality Impact Assessment** (EIA) completed | **No does not meet requirements**<br><br>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.<br>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| **Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio<br>Well Being of Future Generations Act – 5 ways of working**<br><br>https://futuregenerations.wales/about-us/future-generations-act/ | Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies<br>Choose an item. |

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

| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 31 January 2024 |
| **CYFARFOD O:**<br>**MEETING OF:** | Partnerships Population Health and Planning Committee |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Emerging Plan for 24/25 including pan cluster plans |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Hannah Evans, Executive Director of Strategy, Planning and Partnerships |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Marie-Claire Griffiths, Head of Strategic Planning |

| **Pwrpas yr Adroddiad** (dewiswch fel yn addas)<br>**Purpose of the Report** (select as appropriate) |
|---|
| Er Sicrwydd/For Assurance |

## ADRODDIAD SCAA
## SBAR REPORT

### Sefyllfa / Situation

This paper sets out the emerging plan for 2024/25, including the priorities and system change required under the five priority areas:

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

### Cefndir / Background

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

Each year Welsh Government issues an NHS Wales Planning Framework that sets out the requirements for Health Boards to plan against, including the national policy context, priorities, statutory obligations, and a Minimum Data Set (MDS) adopted as the mechanism that provides assurance on delivery of core services. Welsh Government issued the Planning Framework on 19th December 2023 which confirmed a submission date of 29th March 2024. To date, the MDS has not been received.

The financial allocation was received on 22nd December which specifies the initial funding for the Health Board for 2024-25 develop plans to deliver against the priorities for 2024-25 set out in the NHS Planning Framework, and to continue to progress delivery of the vision set out in A Healthier Wales. An allocation letter briefing is being separately presented which will contain further details.

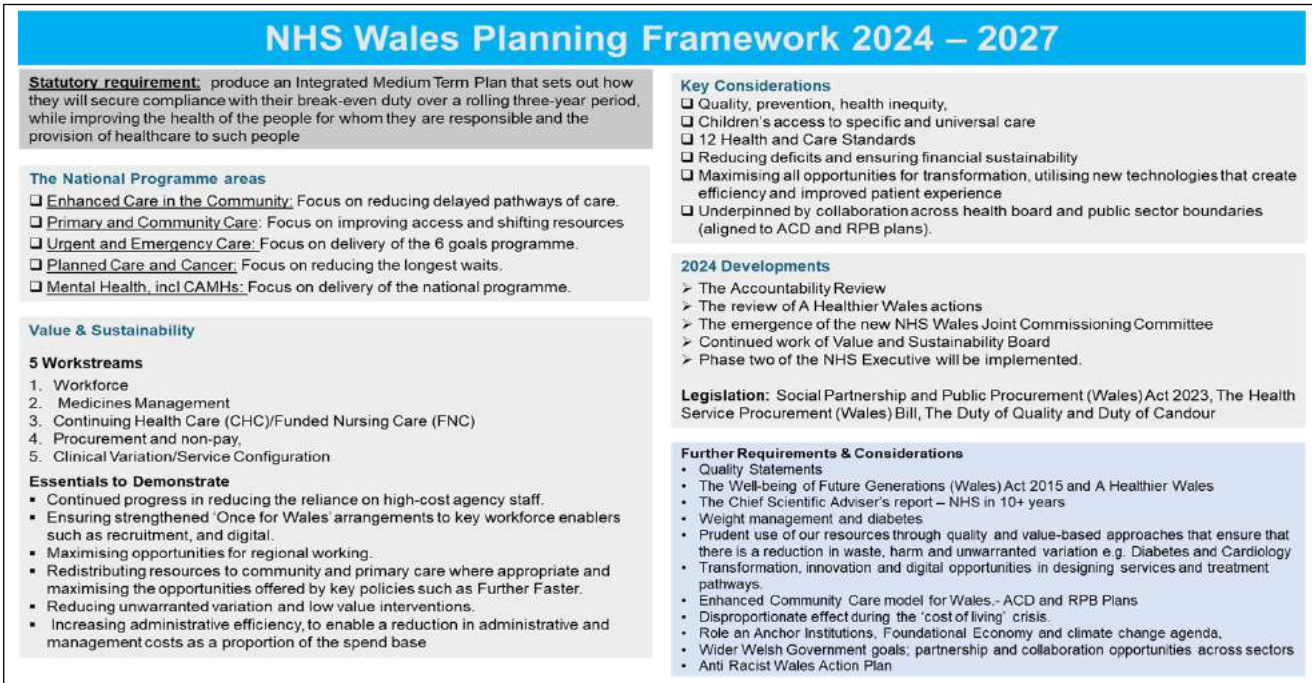
The approach for 2024/25 has previously been supported by the Board and provided a clear steer into the organisation and operational teams on the priorities for 2024/25 and the agreed planning parameters. The plan for 2024/25 will have quality and safety at its heart but underpinned by a move towards sustainable models with an unequivocal focus on maximising use of core and existing resources.

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

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

**Asesiad / Assessment**

The Planning Framework issued in December (Appendix 1 enclosed) has provided the Health Board with the following context, guidance, and considerations to develop its IMTP for 24/25.




Since November 2023, the following work has been undertaken to develop the emerging plan:

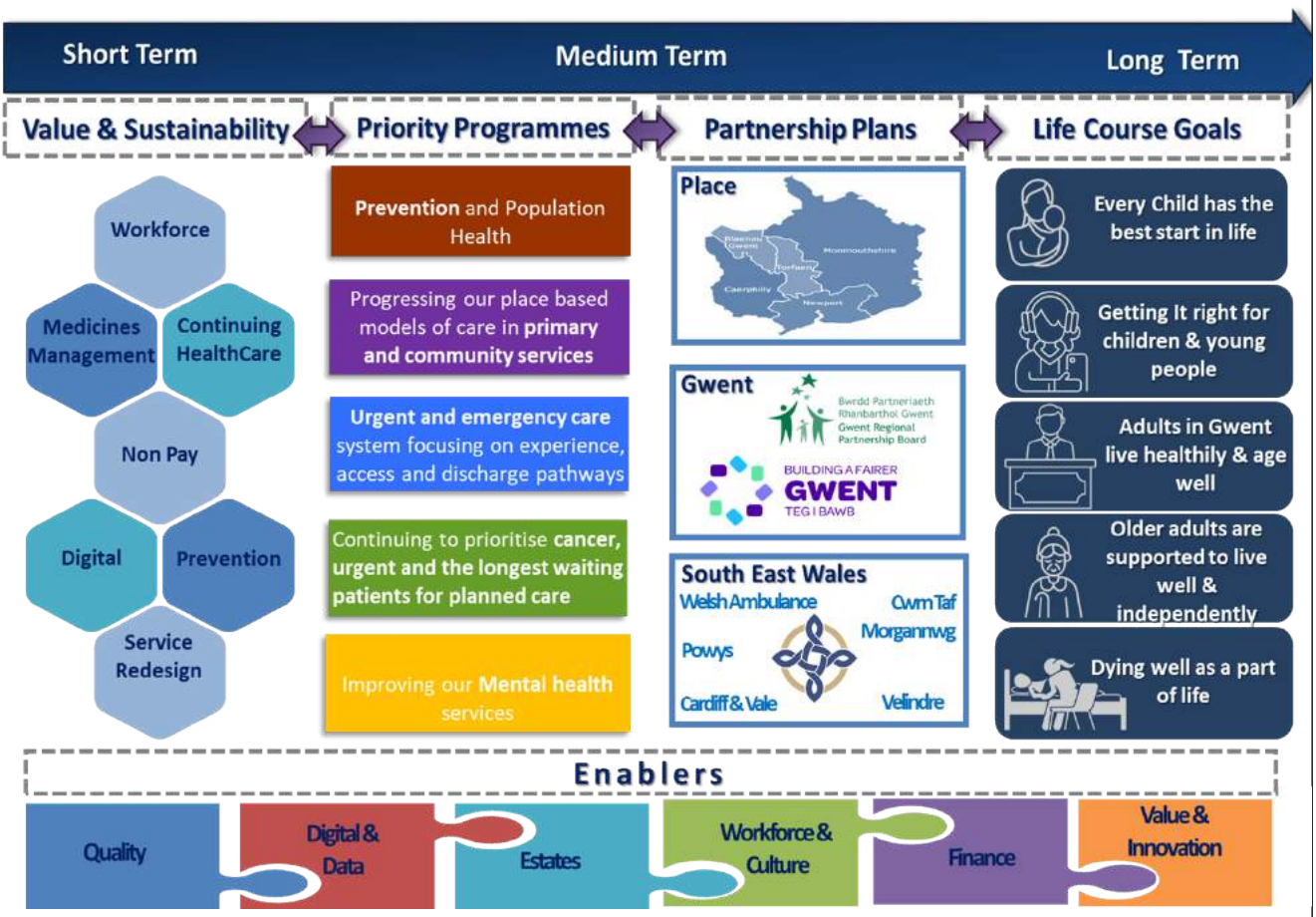
- Service level planning across all clinical divisions with a focus on maximisation of existing resources;
- Neighbourhood Care Network (NCN) and Integrated Services Partnership Board (ISPB) plans are being developed and aligned;
- First cut priorities aligned to the five themes through the established programmes (e.g. Six Goals for urgent care, Planned Care and Enhanced Local General Hospital Reconfiguration);
- Completion of initial financial and workforce assessment;
- Development of emerging priorities for enablers aligned to organisational system and service change;
- Initial engagement with Llais and Trade Union Partnership Forum (TUPF);
- Sharing of strategic changes across NHS Wales to ensure and test alignment.

Following the initial financial and workforce assessment a further communication was issued to the organisation that states the requirement for each Division to develop a plan that lives within their delegated budgets, setting out the choices that are required to delivery this.

## 1. Plan Structure

A proposed structure for the plan is below that balances the requirement to articulate the short-term action required whilst ensuring we are working to achieve a sustainable medium-term and outcomes that impact the long-term wellbeing of our

communities.




| Plan Chapter | What will it tell us |
|---|---|
| Context | Lookback on 2023/24 including:<br>• Our Achievements;<br>• Delivery against 12 Health and Care Standards.<br>Outline our approach to Strategy Development over the next 11 months. |
| Value & Sustainability | Each Value & Sustainability area broken down into:<br>• Target areas;<br>• What success looks like. |
| Priority Programmes | Each Priority Programme broken down into:<br>• Aims;<br>• Milestones;<br>• Metrics. |
| Partnership Plans | Milestones and alignment with the Health Board programmes across:<br>• Place through NCNs;<br>• Gwent through the Regional Partnership Board (RPB) and Public Services Board (PSB) shared priorities;<br>• South East Wales through regional opportunities and identification of fragile services. |
| Life Course Goals | Outlines areas of focus for delivery and outcomes across the five life courses. |
| Enablers | Each Enabler broken down into:<br>• Aims;<br>• Milestones; |

| | |
|---|---|
| | • Metrics. |
| Delivery Statement | Outline the mechanisms we have in place to deliver our ambitious plan and our performance and accountability framework. |

## 2. Emerging Priorities

Priority Areas

The table below outlines each of the priority areas and the emerging system changes that will feature in the 24/25 plan. Further detail has been provided in Appendix 2 below.

| | |
|---|---|
| Prevention and Population Health: | • Population Health Management<br>• Health Protection and Vaccination<br>• Fairer Gwent & Gwent Wellbeing Plan<br>• Preventable Premature Death, including Cardiac<br>• Interventions to reduce Diabetes<br>• Best Start in Life priorities<br>• Women's Health focus due to widening health life expectancy gap. |
| Improving patient experience and timeliness of care in our urgent and emergency care system focusing on access and discharge pathways: | • System Flow, including digitisation<br>• Minor Injury Unit service model<br>• Ambulatory Care service redesign<br>• Rightsizing Inpatient Services<br>• Stroke Model of Care<br>• Nevill Hall Hospital Service Model<br>• Acute Medical Model |
| Continuing to prioritise cancer, urgent and the longest waiting patients for planned care: | • HealthPathways<br>• Theatre Maximisation<br>• GIRFT & INNUs<br>• Outpatient productivity Transformation<br>• Regional ophthalmology and orthopaedic models<br>• Cancer Regional Working<br>• Pathology Regional Working<br>• Nevill Hall Hospital Service Model |
| Progressing our place-based models of care in primary and community services: | • Reduction of commissioned enhanced care<br>• Facilitating Early Discharge through Hospital 2 Home and partnership working<br>• Access and Sustainability in primary care<br>• Redesigning Services for Older People<br>• NCN Development & Partnerships<br>• Pathway Optimisation to ensure we are delivering care closer to home where possible |
| Improving our Mental Health services: | • Ongoing delivery against Quality Improvement Plan<br>• Recovering Part 1 Performance<br>• Developing a Mental Health Strategy<br>• Ensuring we have the right balance between inpatient and community services |

| | |
|---|---|
| | • Ensuring we deliver care in the best setting for those with Complex Needs<br>• Adult neurodevelopmental service improvements |

Value and Sustainability

The programme has identified seven areas of targeted action which will continue to be driven forward under the Value and Sustainability Board structure:

1. Workforce: Variable pay, recruitment, absence from work and workforce profile;
2. Medicines Management: Biosimilar opportunities and maximising resources;
3. Continuing Healthcare: Commissioned enhanced care and repatriation of high-cost placements;
4. Non-Pay: Procurement and review of service level agreements;
5. Digital: Support for flow, support for administration and E-Systems;
6. Prevention: Diabetes and Cardiology;
7. Service Re-design: Interventions not normally undertaken, efficiency and eLGH service changes (beds, medical model. Stroke).

Partnership Plans

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

Within the Regional Partnership Board, following a governance review, work has taken place to strengthen the strategic direction of the partnership which has drawn out the following priority areas;

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

The next part of this work is to review the priorities and actions of each of the strategic partnerships which sit under the RPB, alongside the ISPBs, for alignment to these strategic themes. Work is also taking to review the projects funded via the Regional Integration Funding to understand their system impact. Taken together the RPB will then be able to set out a clear and structured work programme, this work is anticipated to be completed by the first quarter of 2024/25.

Within the PSB the focus is on implementing the actions set out in building a fairer Gwent and the Gwent Wellbeing plan. Part of the RPB Governance Review identified the need to better articulate the RPB and PSB relationships a number of workshops are being planned for the final quarter of 2023/24 to consider this alignment.

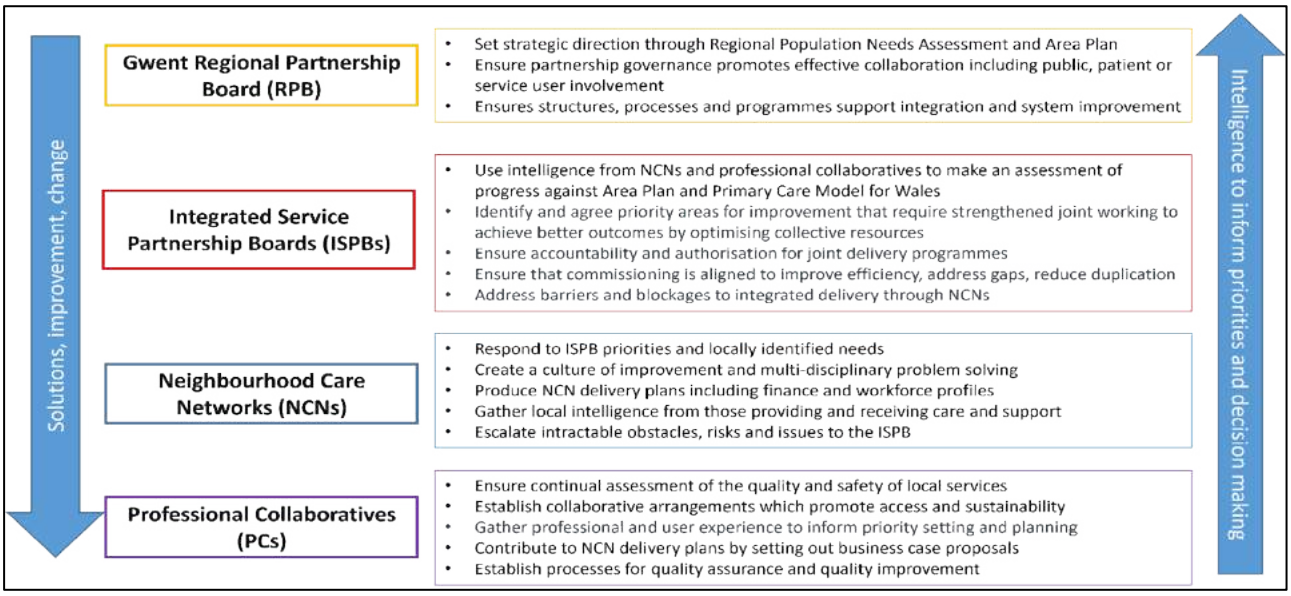
Enablers

Each of the enablers has identified an initial set of priorities which will continue to be shaped as the priority programme milestones are refined.

| | |
|---|---|
| Quality: | • Strengthen patient safety culture.<br>• Develop QI capacity & capability.<br>• Prevent time in hospital for patients.<br>• Strengthen incident reporting & investigation. |
| Finance: | • Driving forward the Value & Sustainability Programme<br>• Influencing, advising & benchmarking<br>• Continued rigour through reporting & monitoring<br>• Embedding good governance |
| Estates: | • Reinforced Autoclaved Aerated Concrete implications for Nevill Hall Hospital<br>• Delivery on rationalisation of St Woolos Hospital<br>• Lease rationalisation part enabled through Ty Gwent development.<br>• Handover of Chepstow Hospital from Private Finance Initiative<br>• Review of Specialist Inpatient Service Unit (SISU) business case development alongside strategy for wider MH estate |
| Partnerships: | • Evaluation of Regional Integrated Funding schemes<br>• Mapping & aligning of partnership resources.<br>• Emphasis on prevention in partnership activity |
| Workforce: | • Variable Pay reduction continued focus.<br>• Analysis of workforce data<br>• Development of opportunities, e.g. admin review, improving attendance<br>• Retention activity<br>• Ongoing engagement HEIW<br>• Reprioritisation People Plan delivery 24/25 |
| Value & Innovation: | • Diabetes programme<br>• Cardiac Rehab<br>• Accelerate de-carbonisation. |
| Digital & Data: | • The Digital Strategy<br>• The Health Record<br>• M365 Transformation<br>• Data Analytics Strategy<br>• Regional Working & Digital Inclusion |

**3. Neighbourhood Care Network (NCN) plans for 2024/25**

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




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

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

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

They address key areas to support citizens with health and social care needs across the area. Every year each NCN reviews regularly their plans and amends as needed and the annual plan includes reflections on achievement and challenges for the current financial year. To aid their development a series of workshops were provided for all NCNS and local teams collectively which centred on how to build a

deliverable plan through interpreting and using the information available and identifying priorities. The data and information provided included the Health Board and Divisional priorities, a refreshed Population Needs Analysis (PNA), Action planning from the newly formed Professional Collaboratives and reflection on the evaluation reports from current NCN funded projects.

Each plan for the local authority area which includes multiple NCNs have been provided in Appendix 3. Each of the NCN areas face different challenges in providing the right support for their citizens based on population need, these are detailed in the needs assessment and specific requirements for their population included in their action plans. There are areas of synergy that have been identified from across the five plans and these are summarised in the following six cross cutting themes;

1) Sustainability - the availability of appropriately skilled workforce is becoming increasingly challenging and the NCNs are supporting all areas to review skills mix and identify alternative and innovative solutions to deliver care to meet the needs of citizens, through a workforce strategy.
2) Vaccinations and Screening – Continuing on the good work in 2023/24 to improve immunisations rates and support the HB priority of 'every child has the best start in life' all NCN areas are continuing their work in relation to vaccinations,
3) Mental Health and Wellbeing – developing strong working relationships between NCNs and Integrated Wellbeing Networks (IWN) to empower people to look after themselves and each other. Each NCN has a range of areas supporting a person's Mental Health, examples include Psychological Health Practitioners and Community Wellbeing Coordinators,
4) Long Term Conditions Management – NCNS have included actions to respond to the increases in prevalence of Diabetes, Respiratory and Cardio-vascular conditions,
5) Deliver Placed Based Care - through the Accelerated Cluster Development Programme enhancing partnerships to deliver a bottom-up and top-down approach to meet local need in line with strategic direction,
6) Developing services for older people – supporting the priority for Older Adults to be supported to live well and independently. NCNs are working with partners to prevent hospital admissions and ensure timely discharge. Delivering Complex care closer to home through a number of programmes including developing Community Resource Teams and Frailty services.

NCNs are also working on enabling priorities to support their aims and objectives. These include strong budget management, workforce sustainability, review of estates, developing the digital offer and communication and engagement.

As the NCNs and Professional collaboratives mature, the annual planning, delivery and evaluation process will support ISPBs to enable appropriate pan-NCN delivery models in collaboration with partners and enhance the frontline delivery across the Health Board Region.

## 4. Risks and Constraints

The following have been identified as risks and constraints for the development of the 24/25 plan:

- Timescales and capacity to finalise plan due to winter pressures and confirmed Industrial Action;
- Delivery of a plan within budget may require disinvestments to prioritise patient care;
- Ability to invest in areas that will provide sustainability for the future (e.g. digital and data transformation, population health management and shifting care closer to home);
- Delivery of a plan within budget that continues to reduce the longest waits and deliver key targets;
- Change fatigue from our staff impacting on wellbeing and ability to deliver significant service transformation;
- Availability of capital as an enabler;
- Public sector financial challenge constraining partnership development.

## 5. Next Steps

The key next steps until the annual plan submission are:

| | |
|---|---|
| **Sept:** | ✓ Coordination of Planning, Workforce and Finance milestones to strengthen integrated planning approach.<br>✓ Annual Plan assumptions shaped ahead of Directorate meetings |
| **Oct:** | ✓ Planning parameters and priorities tested with and shaped by Executive.<br>✓ Integrated planning information issued to Divisions |
| **Nov:** | ✓ Annual Plan parameters and priorities approved by Executive Committee, Partnerships, Population Health & Planning Committee & Board<br>✓ Activity Profile Review with Directorates<br>✓ NCN plans developed.<br>✓ Divisional plans developed (financial recovery schemes and top priorities) |
| **Dec:** | ✓ ISPB plan in development<br>✓ Enabling Plan cross-check to ensure capture divisional priorities.<br>✓ Request to divisions to produce plans that lives within their delegated budgets, setting out the choices that are required to delivery this. |
| **Jan:** | • Receive ISPB plans and align to Annual Plan<br>• Engagement with TUPF, Llais, RPB<br>• Sign off discretionary capital programme Board January 24<br>• RPB workshop on priorities 15 January 24<br>• ISPB plans shared PPH&P Committee |
| **Feb:** | • Sign off strategic capital priorities (WG initiated exercise)<br>• **First draft Annual Plan** shared with Executive Committee & Board |
| **Mar:** | • **Final Annual Plan** submitted to Board for Approval<br>• **Final Annual Plan** submitted to Welsh Government |

**Argymhelliad / Recommendation**

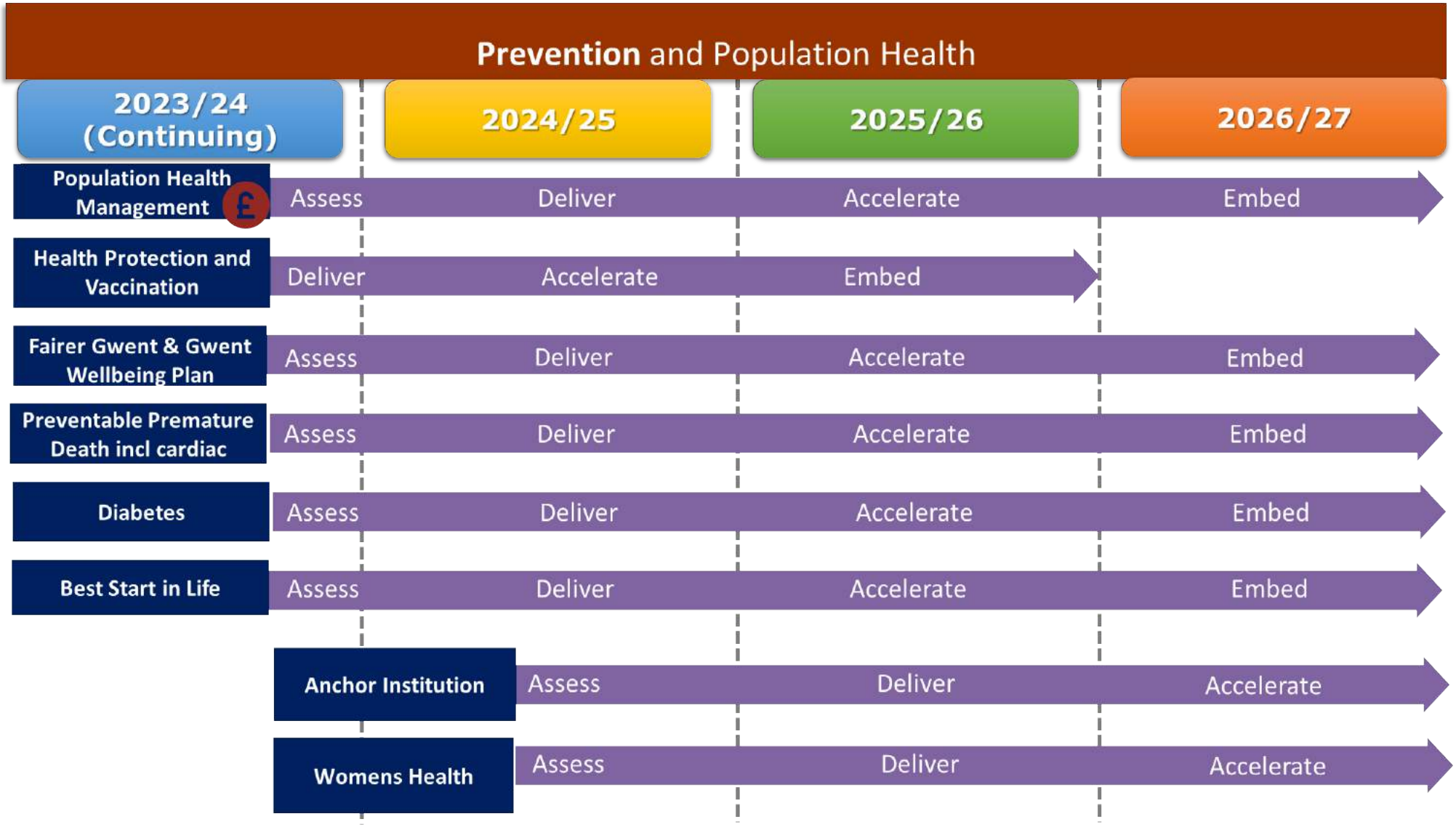
The Committee is asked to note the update provided.

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

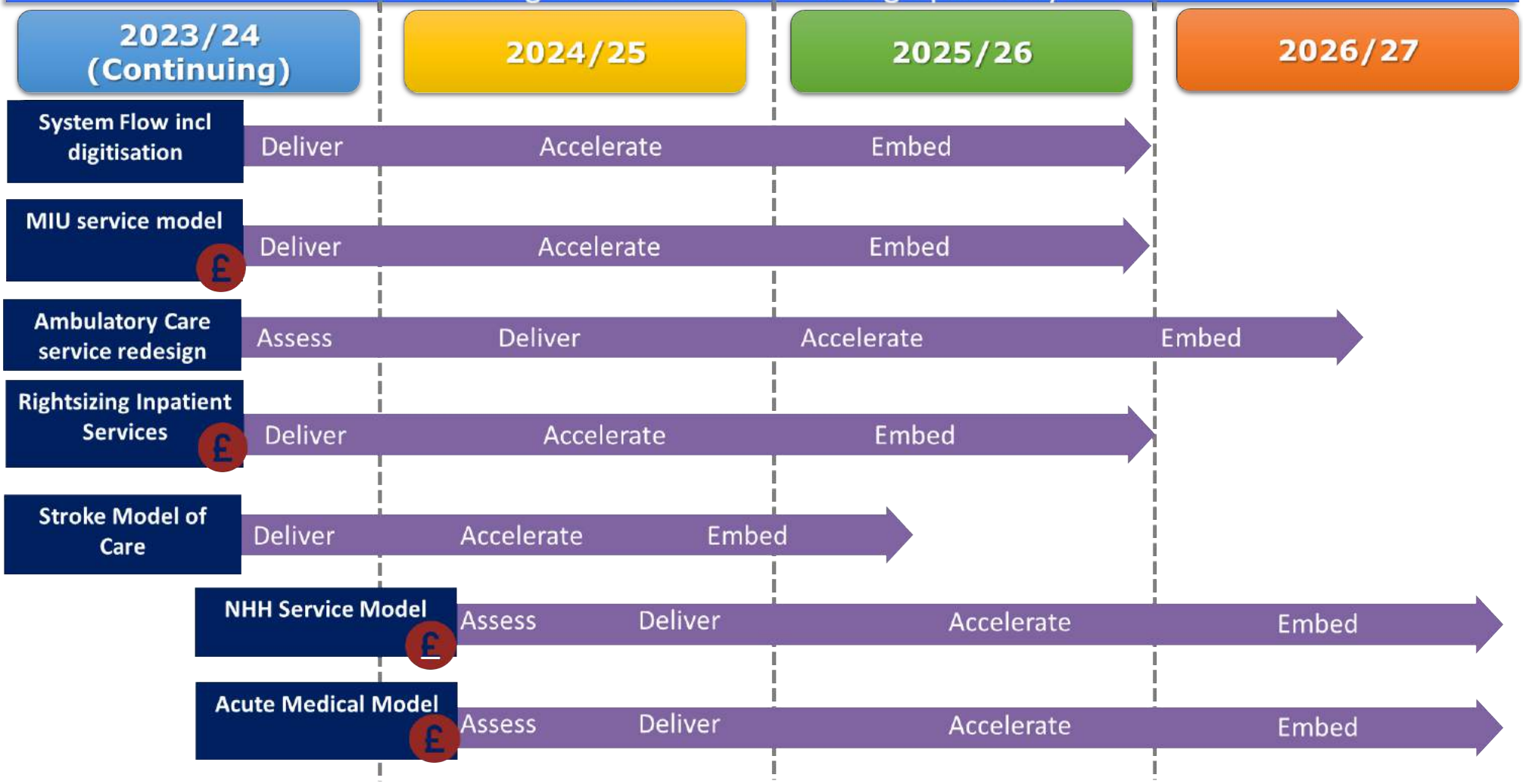
| Gwybodaeth Ychwanegol:<br>Further Information: | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | |
| Rhestr Termau:<br>Glossary of Terms: | Integrated Medium-Term Plan (IMTP)<br>Minimum Data Sets (MDS)<br>Trade Union Partnership Forum (TUPF)<br>Neighbourhood Care Networks (NCN)<br>Integrated Service Partnership Boards (ISPB)<br>Regional Partnership Board (RPB)<br>Pubic Service Board (PSB)<br>Enhanced Local General Hospital (ELGH)<br>Interventions not normal undertaken (INNUs)<br>Getting it Right First Time (GIRFT) review |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | Executive Committee |

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

**Appendix 2**


Prevention and Population Health
2023/24 (Continuing)
2024/25
2025/26
2026/27
Population Health Management
£
Assess
Deliver
Accelerate
Embed
Health Protection and Vaccination
Deliver
Accelerate
Embed
Fairer Gwent & Gwent Wellbeing Plan
Assess
Deliver
Accelerate
Embed
Preventable Premature Death incl cardiac
Assess
Deliver
Accelerate
Embed
Diabetes
Assess
Deliver
Accelerate
Embed
Best Start in Life
Assess
Deliver
Accelerate
Embed
Anchor Institution
Assess
Deliver
Accelerate
Womens Health
Assess
Deliver
Accelerate

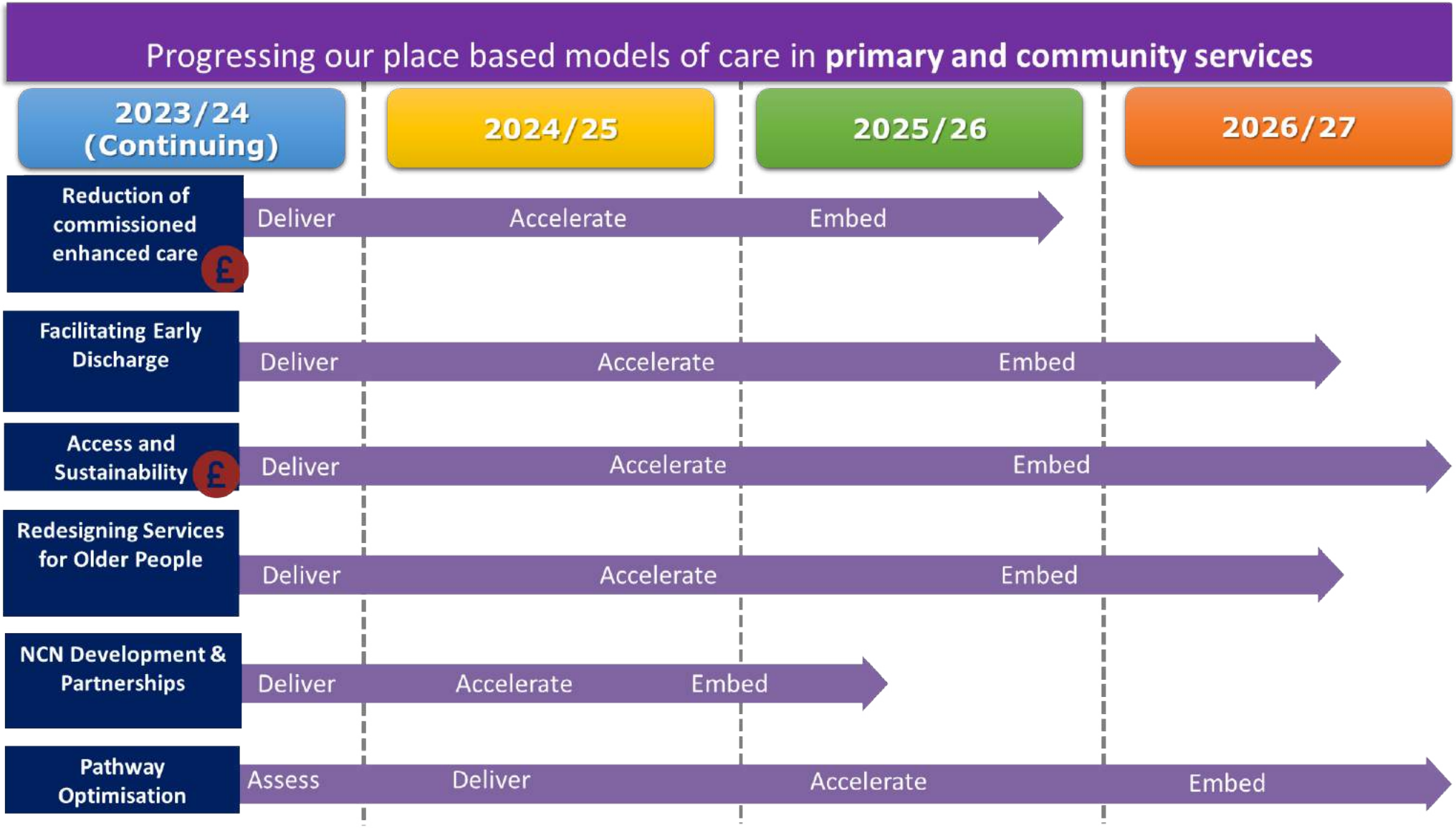
# Improving patient experience and timeliness of care in our **urgent and emergency care** system focusing on access and discharge pathways



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

| | 2023/24 (Continuing) | 2024/25 | 2025/26 | 2026/27 |
|---|---|---|---|---|
| HealthPathways | Assess | Deliver | Accelerate | Embed |
| Theatre Maximisation | Deliver | Accelerate | Embed | |
| GIRFT & INNUs | Assess | Deliver | Accelerate | Embed |
| Outpatient Transformation | Deliver | Accelerate | Embed | |
| Regional ophthalm and ortho models | Deliver | Accelerate | Embed | |
| Cancer Regional Working | Assess | Deliver | Accelerate | Embed |
| Pathology Regional Working £ | Assess | Deliver | Accelerate | Embed |
| NHH Service Model £ | Assess | Deliver | Accelerate | Embed |

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


Progressing our place based models of care in primary and community services
2023/24 (Continuing)
2024/25
2025/26
2026/27
Reduction of commissioned enhanced care
£
Deliver
Accelerate
Embed
Facilitating Early Discharge
Deliver
Accelerate
Embed
Access and Sustainability
£
Deliver
Accelerate
Embed
Redesigning Services for Older People
Deliver
Accelerate
Embed
NCN Development & Partnerships
Deliver
Accelerate
Embed
Pathway Optimisation
Assess
Deliver
Accelerate
Embed

# Improving our **Mental Health** services

| | 2023/24 (Continuing) | 2024/25 | 2025/26 | 2026/27 |
|---|---|---|---|---|
| Quality Improvement Plan | Deliver | Accelerate | Embed | |
| Recovering Part1 MH Performance | Deliver | Accelerate | Embed | |
| Rightsizing Inpatient Services £ | Assess | Deliver | Accelerate | Embed |
| Complex Needs | Assess | Deliver | Accelerate | Embed |
| Adult neurodevelopmental services | Deliver | Accelerate | Embed | |
| Transforming Community Services | Assess | Deliver | Accelerate | Embed |
| Mental Health Strategy | Assess | Deliver | Accelerate | Embed |

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

**Eluned Morgan AS/MS**
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**
**Minister for Health and Social Services**

Llywodraeth Cymru
Welsh Government

Our ref: MA/EM/3060/23

NHS Chairs

18 December 2023

Dear Colleagues,

**NHS Wales Planning Framework 2024-2027**

I am writing to set out the statutory planning Directions for NHS organisations that clarify the requirements for the coming year. This will set the ambition and direction for your plans over the three-year period.

Integrated planning, rather than through the market, is the way that NHS services are delivered in Wales. The NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014, sets out requirements for NHS planning in Wales. Under the legislative framework, local health boards and NHS trusts, have a statutory duty to prepare a plan, which is submitted to and approved by the Welsh Ministers, and which sets out how their organisation will secure compliance with their financial break-even duties while improving the health of the people for whom they are responsible and the provision of healthcare to such people. To satisfy these duties, the boards of those organisations must submit a three year Integrated Medium Term Plan (IMTP) for my consideration.

This Framework is set in the most challenging circumstances that the NHS has had to deal with since its inception. This is primarily as a result of the legacy from covid and Brexit, the challenging financial outlook and the wider system pressures on workforce and the cost-of-living position. Given the unprecedented challenges, operational, workforce, demand and financial pressures, it is crucial that our resources are optimised to deliver the best care and treatment for the people of Wales. Organisational plans will set out the improvements to be made to services and their future sustainability within the resources available to reduce inequalities and to improve the health outcomes of the populations you serve.

The Well-being of Future Generations (Wales) Act 2015 set in law the need to consider the long-term strategic approach to deliver a better future. This was underpinned by ‘A Healthier Wales’, and which remains the vision and long-term plan for health and social care in Wales. I have asked for the actions in A Healthier Wales to be reviewed and refreshed to ensure that they reflect the current and expected challenges over the coming years. This work will be undertaken over the coming months. Following the refresh of the A Healthier Wales actions, your plans will be assessed and aggregated into a national picture to determine how far they go in delivering that vision. Clarity of delivery commitments within your plans is therefore vital.

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Correspondence.Eluned.Morgan@gov.wales

Improving population health outcomes continues to drive our strategic planning ambitions. We must understand the impact of the burden of disease modelling and the opportunities this provides to plan our services. The recent Senedd debate on the Chief Scientific Adviser's report – NHS in 10+ years – recognises the pressures the system will face as almost a fifth of the Welsh population will be aged 70 or above, those with diabetes could rise by almost 22% and the number of people suffering four or more chronic conditions could double. This shows that wherever possible a focus on prevention should be taken to stabilise the NHS to reduce acute demand for both the medium and the longer term. This includes initiatives such as weight management and diabetes that will support health outcomes and reduce pressure on health services over time.

To do this, it is essential that we make prudent use of our resources through quality and value-based approaches that ensure that there is a reduction in waste, harm and unwarranted variation. There are already excellent examples in terms of diabetes and cardiac through the Welsh Value in Health programme that must be drawn on to consistently implement high value interventions and reduce those that are of lower value, while delivering best outcomes for patients.

In this financial year you will know the significant work that was undertaken in-year to identify and allocate more funding to the NHS, reduce deficits and the delivery expectation I have set for target control totals by Health Board. Progress is being made by a number of organisations with further work required to deliver the control totals set. Next year's financial outlook remains very challenging, and my expectation is that the actions delivered this year are maintained on a recurrent basis, before identifying the further improvements that must be made in efficiency and savings for 2024-25.

The allocation and budgetary framework for the NHS will be issued once the Welsh Government draft budget is issued on the 19 December, and it is crucial that NHS organisations make further progress towards financial sustainability.

Plans must take advantage of transformation, innovation and digital opportunities in designing services and treatment pathways. Digital developments are essential to transforming efficiency, access and care, for example, through an ambition to have a paperless NHS. Digital transformation will also ensure the quality and safety of patients. All these elements will support preventative work and make a difference to stabilise the system in the short term as well as help mitigate some of the unrelenting pressures on services.

Primary and community care sees around 90% of the patients in contact with the NHS in Wales. A Healthier Wales made clear that shifting resources and making sure that more patients can be seen, diagnosed and treated in the community was key to long term improvements in health. Helping people to stay well at home will rely heavily on genuine collaboration and partnership across the health, social care and third sectors. If we are to see transformational change in our health and care services, to make it fit for the next 75 years, we need to make that change a reality. I want to see organisations embracing the plans coming forward from the Accelerated Cluster Developments and the Regional Partnership Boards; showing primary and community care as a bedrock of the IMTPs and progressing the cross programme work to develop a consistent Enhanced Community Care model for Wales.

It is clear that the ongoing pressures are having a disproportionate impact on children and young people as well as exacerbating health inequalities. Attention must be given to the quality and levels of services to ensure that women and children, and other sections of the communities in Wales, are not disadvantaged in accessing care and treatment. Attention must be given to reducing health inequalities experienced by sectors of our communities.

Reductions in some health inequalities can be achieved by identifying gaps in health service provision, considering areas of best practice and developing actions to address these gaps. Equitable access to all services remains at the centre of the values of the NHS in Wales and even more so when the impact can have a disproportionate effect during the 'cost of living' crisis. I encourage you to take account of these areas in your planning.

The national programmes will continue to support the delivery of services that make the most of the finite resources available. They must not drive costs but reinforce best practice through quality, efficiency, and patient experience. The National Programme areas remain:

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care.
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
- Planned Care and Cancer, with a focus on reducing the longest waits.
- Mental Health, including CAMHS, with a focus on delivery of the national programme.

The accountability conditions for these programmes were issued in September and will provide continuity between 2023 and 2024 plans.

To provide guidance and support the Value and Sustainability Board, chaired by Judith Paget, has agreed five workstreams to maximise resource utilisation across the system. The thematic areas are:

- Workforce
- Medicines Management
- Continuing Health Care (CHC)/Funded Nursing Care (FNC)
- Procurement and non-pay, and
- Clinical Variation/Service Configuration

The Board has already issued a range of requirements in relation to low value interventions, prescribing and continuing health care that must be implemented to ensure a consistent approach across Wales. I want to see material progress made across all workstreams.

As part of the Value & Sustainability agenda I am clear in my expectation that for 2024-25 there must be a consistent and significant impact in the following areas on both a local and national basis, I will be asking my officials to focus on ensuring these are delivered, and progress on these areas will be a key feature of assessing organisations plans:

- Continued progress in reducing the reliance on high-cost agency staff.
- Ensuring strengthened 'Once for Wales' arrangements to key workforce enablers such as recruitment, and digital.
- Maximising opportunities for regional working.
- Redistributing resources to community and primary care where appropriate and maximising the opportunities offered by key policies such as Further Faster.
- Reducing unwarranted variation and low value interventions.
- Increasing administrative efficiency, to enable a reduction in administrative and management costs as a proportion of the spend base.

NHS Wales commands a major share of the Welsh Government's budget. It is therefore incumbent upon NHS organisations to ensure that the role as Anchor Institutions is fully exploited. I want to see NHS organisations demonstrate their contributions to the foundation economy, the climate change agenda, as well as supporting the wider Welsh Government goals; demonstrating the partnership and collaboration opportunities across sectors that comes with this responsibility.

As we strive to progress immediate operational delivery in this challenging environment, we must not lose sight of the future health improvements we aspire to. Applying the sustainable development principle (5 ways of working) consistently will allow us to reap the benefits of the Wellbeing of Future Generations (Wales) Act 2015. Complementing this groundbreaking legislation are two other recent key Acts - the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and the Social Partnership and Public Procurement (Wales) Act 2023, from which further provisions will come into force in April 2024. These provide a context for how NHS organisations should work collaboratively with an unrelenting consideration of quality in all that is done, to deliver the best NHS care consistently across Wales. April 2024 will also see the establishment of the new NHS Wales Joint Commissioning Committee, which will streamline the commissioning landscape.

Judith Paget, NHS Chief Executive, will write to you imminently setting out the process and governance that will underpin your submissions. NHS plans will continue to form a strong foundation for NHS Chief Executive and Chairs' objectives and will be central to our discussions throughout the year.

Finally, my personal thanks go out to all NHS staff for the commitment and care they demonstrate every day that make a difference to patients in Wales. I know you will agree, that we owe it to them to ensure our collective ambitions for improvement in outcomes will be realised.

Yours sincerely,

**Eluned Morgan AS/MS**
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

**Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/**
**Prif Weithredwr GIG Cymru**
**Grŵp Iechyd a Gwasanaethau Cymdeithasol**

**Director General Health and Social Services/**
**NHS Wales Chief Executive**
**Health and Social Services Group**

Llywodraeth Cymru
Welsh Government

To Chief Executives
NHS Wales

18 December 2023

Dear Colleagues

**NHS Wales Planning Framework 2024-27**

I am writing to confirm the process and governance arrangements for NHS organisations following the Minister's letter communicating the NHS Planning Framework for 2024-27. In addition, to the challenge and context set out by the Minister, this is a critical milestone for organisations to consolidate plans and ensure we collectively progress our sustainability agenda and the delivery of 'A Healthier Wales' more broadly.

All health boards and NHS Trusts have a statutory duty to produce an Integrated Medium-Term Plan (IMTP) that sets out how they will secure compliance with their break-even duty over a rolling three-year period, while improving the health of the people for whom they are responsible and the provision of healthcare to such people. In support of this, I recognise that planning for the longer term helps organisations to align to their strategic objectives and provide a strong sense of direction for staff to work cohesively. This will supplement the Planning Framework.

Officials are working up more detailed expectations for some NHS organisations such as the mandate letter for Public Health Wales, recognising their more specialist roles in the system, and further advice will follow on these early in the New Year. This will supplement the Planning Framework.

IMTPs will need to follow the familiar formula for the three-year plans with 'Firm, Indicative and Outline' levels of detail and a clear progression over time. Submissions should therefore include a narrative three-year plan, and the jointly agreed templates. This must align to the Minimum Data Set (MDS) which also complements the plans. The narrative three-year plan should set out what has been delivered, what has been progressed and what was unable to be delivered from the previous submission. Year one of your plans must contain a level of detail that provides clarity on milestones, actions and projections that set the ambition for operational delivery and management of risk for the year ahead, along with financial sustainability.



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I also want to draw your attention to quality, prevention, health inequity, and particularly how these elements impact children and young people. I am keen to see evidence of the approaches being taking across these areas set out in the narrative three-year plans. Quality and equity are important threads running through all service and care provision that organisations will want to demonstrate. Your Anti Racism Action Plans should continue to address employment and service delivery as a specific part of your wider approach to equality, inclusion and diversity. The Duty of Quality in particular places a requirement on all of us, as individuals and organisations, and we must take into account the 12 Health and Care Quality Standards when making decisions and planning services. This framing will also be used in the assessment of plans. Children's access to specific and universal care and services must be considered more carefully to ensure that they receive timely and appropriate care and that all preventative actions are taken to optimise future health outcomes.

**Financial Planning**

The financial challenges being faced at the beginning of this financial year were significant and the level of financial deficit being carried by the NHS in Wales genuinely unprecedented. Through our actions across the system in this financial year more funding has been secured for the NHS on a recurrent basis, progress is being made on actions to reduce deficits, and target control totals have been set by Health Board. You will be aware that the recurrent element of those in-year allocations are contingent on progress towards target control totals. The detail of the allocation and budgetary framework for the NHS for 2024/25 will follow once the draft budget for Welsh Government has been set. All plans will need to demonstrate how they can go further in reducing deficits and ensuring financial sustainability.

Continued scrutiny, nationally and locally, on financial management is central to understanding the progress of organisations in driving down financial risk. Please ensure that there are mechanisms in place to constantly align and understand the impact of any financial or workforce decisions on the delivery of plans.

The challenges of the financial outlook are well understood and therefore maximising all opportunities for transformation, utilising new technologies that create efficiency and improved patient experience must be delivered. The rollout of digital solutions is clearly part of our future service provision and must be accelerated where it is possible to do so within available resources. I will be ensuring the Value & Sustainability Board agenda nationally continues with the good progress we are making and focusses on the additional priorities set out by the Minister. Organisations must develop plans locally that deliver on these requirements.

**Integrated arrangements**

The Performance Framework will be issued in due course and will reflect a broad range of key performance information that complements the Minimum Data Set (MDS), that you will provide alongside your narrative three-year plans.

The Minister will require templates for the commitments, aligned to your plans to accompany the submission, and these should focus on areas of risk.

NHS plans must continue to be underpinned by collaboration across health board and public sector boundaries and for example ensure they are aligned to both Accelerated Cluster Development plans (ACD) and Regional Partnership Board (RPB) plans.

**2024 Developments**

It is important to note that there are a number of ongoing and new developments that will influence plans next year. The Accountability Review that the Minister has requested; the review of *A Healthier Wales* actions*;* the emergence of the new NHS Wales Joint Commissioning Committee; the continued work of Value and Sustainability Board that I Chair; and the phase two of the NHS Executive will be implemented. Planning will need to be agile and dynamic and continue to respond and adapt to the changing environment. This is the forte of the NHS and I know you will demonstrate the leadership and innovation that will deliver the stability needed.

There are new legislative requirements that impact in 2024 and will require action by NHS organisations:

Social Partnership and Public Procurement (Wales) Act 2023 – complements the Wellbeing of Future Generations (Wales) Act 2015 and will require NHS bodies to refresh their wellbeing goals in light of the new requirements. The NHS is already a leader in social partnership and procurement and much of the legislation will already be familiar. The link to key information is attached Social Partnership and Public Procurement (Wales) Act | GOV.WALES

The Health Service Procurement (Wales) Bill is intended to gain royal assent in December 2023 and for associated regulations and statutory guidance to be laid in summer 2024. This legislation will give organisations such as the NHS and local authorities the ability to implement more flexible procurement practices when sourcing services provided as part of the health service in Wales. Health Service Procurement (Wales) Bill (senedd.wales)

The Duty of Quality and Duty of Candour came into effect this April. It is incumbent on all of us to ensure we are delivering safe quality services. We need to keep in mind the 12 ‘Health and Care Quality Standards’. Similarly, the series of Quality Statements that have been issued by Welsh Government, offer strong guiding principles on what ‘good services’ should aspire to, and boards must satisfy themselves that they have achieved the right balance in their planning.

**Timetable for submission**

The plan submission is due by 29 March 2024**.** Welsh Government will support early assessment and decisions on plans to help ensure that there is no pause in the delivery of key priority areas. Accountability conditions and escalation status already in place will remain extant until any further communication is made.

Chief Executives will be required to submit an Accountable Officer letter to me by 16 February 2024 if their organisation is unable to produce a balanced IMTP. It will be clear at this point whether the organisation will have breached its statutory duty which may lead to further required actions and potentially escalation.

The escalation status of your organisation, that has been confirmed recently, and specifically alignment with any de-escalation criteria (where applicable) will need to be

reflected in your plans. Colleagues within the NHS Executive should support your actions where appropriate.

**By 16 February 2024 - Accountable Officer letter (if appropriate)**

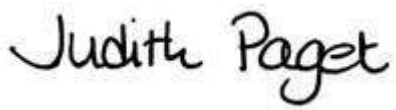
**By 29 March 2024 – Plan, Ministerial templates and MDS submission, including the financial templates.** Earlier submissions will be welcomed.

Given the challenges with the planning process in 2023/24, there is an increased expectation that plans received will be strengthened and bring clarity to the delivery requirements set. Any plans that do not meet these requirements on review will be subject to immediate escalation and assessment of the options and choices required to deliver the necessary improvements.

Thank you for your leadership and support for these crucial strategic and operational planning arrangements. A secure planned system is essential to deliver the improvements we all want to see, and I look forward to receiving your plans in March.

If you have any questions, please contact Samia Edmonds, Director of Planning who will provide further details if required and will continue to liaise with NHS Directors of Planning.

Yours sincerely



**Judith Paget CBE**

cc: Directors of Planning
Director of Finance

# BLAENAU GWENT
# NCNs
# (East &*West*)
# ANNUAL PLAN
# 2024-25

## Cluster Executive Summary:

In Blaenau Gwent the 18-year gap in healthy life expectancy between our wealthiest and poorest communities is significantly exacerbated by 21% of our population living in income deprivation, a direct consequence of the inverse care law resulting in a greater number of citizens with health needs accessing our services. We recognise the wider implications the global pandemic has had on the residents who have been impacted on the changing landscape in relation to accessing social care and health services and, our key cluster actions continue to focus on developing social care and health services that mitigate the impact of this changing landscape which is set against a backdrop of changing population needs, an anticipated revised population needs assessment which anticipates a further impact on poor wellbeing, rising obesity rates, increase in alcohol consumption, diabetes, access to mental health services and a further decline in economic deprivation associated with the pandemic. The Primary Care Model for Wales sets out how primary and community health care services will work within the whole system to deliver a place-based care

**Our plan evidences our commitment** to Care Aims Principles (integrated decision making) to improve population health and reduce inequalities. Building resilience and working with our communities by embedding a person centered approach to service provision and supporting citizens and their families to take ownership of their health and wellbeing needs through prevention, self-care and early intervention to deliver the change communities need.

We continue to face significant challenges across Primary and Community Care services and, as our ability to meet patient expectations and increasing demands on services, it is compounded by a reduction in the number of newly qualified doctors and clinical professionals. There is an increasing number of GPs, social care and health professionals retiring or leaving the profession, all of which contributes to the unsustainability of primary and community services across the locality which highlights: -

- Demand for health and social care is growing and continues to grow; our ageing population is living longer with more complex needs, increasing the pressure on an already challenged social care, health and third sector.
- The need to make changes to our health, social care and community systems to support them to be sustainable in short, medium and longer term.
- The challenge of implementing and embedding new ways of working, whilst at the same time coping with increased demand and day to day pressures, sustainability issues and difficulties in recruitment
- Our population is characterised by large pockets of health inequalities, linked to social-economic deprivation and the current financial crisis which further impacts these areas.
- Our estate is improving however some areas across the locality, there are estates that are not fit for purpose to deliver place-based care.

A key Enabler to address the health inequalities during 2024-25 is to continue the milestones and implementation of accelerated cluster working which is seen as the driver for change in developing, providing and accessing health and social care services through collaborative approaches across a local footprint.

**Background Information**

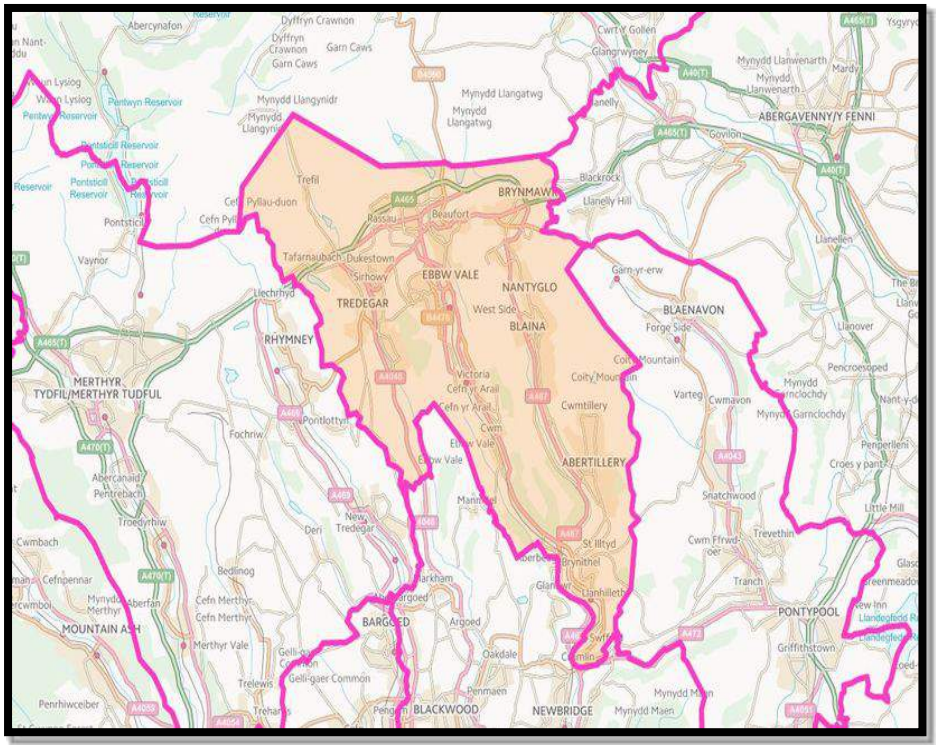
Blaenau Gwent Borough covers a geographical area of 109 km2 (42.08 square miles). Its main towns are Abertillery, Brynmawr, Ebbw Vale and Tredegar and has a population of approximately 66,993, those people registered receive out of hospital/general health and social care from independent contractors, local authority and third sector. It has 2 NCN areas, East and West, whose purpose is to work across public and third sectors to develop and support sustainable services on a local footprint. Across Blaenau Gwent our independent contractors comprise of: -

**General Practices**

| | |
|---|---|
| Blaenau Gwent East | 5 x practices |
| Blaenau Gwent West | 5 x practices |

*In Summary-*

- Blaenau Gwent East has 2x Health Board Managed Practices' and 2 x Training Practice
- Blaenau Gwent West has 1 x Managed Practices (January 2024 will become independent status) 2 x Training Practice




**Pharmacies**

| | |
|---|---|
| Blaenau Gwent East | 7 x Pharmacies |
| Blaenau Gwent West | 9 x pharmacies |

**Dental Practices**

| | |
|---|---|
| Blaenau Gwent East | 5 x Dental Practices |
| Blaenau Gwent West | 5 x Dental Practices |

**Optometry Services**

| | |
|---|---|
| Blaenau Gwent East | 3 x Optometry Services |
| Blaenau Gwent West | 6 x Optometry Services |

As part of our Care Closer to Home Strategy, we offer a number of expert healthcare services in our local community which include:

- Ysbyty Aneurin Bevan (YAB) (located on the outskirts of the Ebbw Vale town centre and has a total of 96 inpatient beds also incorporating an adult mental health unit)
- Ysbyty'r Tri Chwm
- Glyn Ebwy (Ebbw Vale)
- Bevan Health and Wellbeing Centre
- Brynmawr Health and Wellbeing Centre

Blaenau Gwent is an outlier in a number of significant areas: -

**Inequalities of life expectancy**

Across Wales the healthy life expectancy is 62 years for females and 61 years for males in 2018-2020. Blaenau Gwent females born today can expect approximately 56 healthy years of life and males approximately 55. For both males and females, Blaenau Gwent has statistically significantly lower healthy life expectancy than Wales as a whole (males, 6 years; females, 6 years). There has been little change in the last decade with estimates suggesting healthy life expectancy is increasing only slightly.

The latest Population Survey shows that we continue to have above average levels of disability with a total of 31.6% of working age people being defined as disabled (economically active core or work-limiting disabled) compared to 22.8% for Wales. These comparatively high levels of disability lead to a high proportion of people claiming disability-related benefits, with 12.0% of working aged people in Blaenau Gwent claimed EAS or Incapacity Benefit, compared to 8.4% across Wales (May 2016). The underlying cause of these stark inequalities is undoubtedly linked to having the highest percentage of areas, 85.1%, in the most deprived 50% in Wales. Blaenau Gwent is classed as an area of Deep-Rooted Deprivation; that is, they have remained within the top 50 most deprived, roughly equal to the top 2.6% of small areas in Wales for the last five publications of WIMD rankings

**Mortality rates**

Cardiovascular disease and cancer are the biggest cause of premature mortality. Reducing overall mortality from circulatory disease to levels seen in the least deprived areas of Wales would increase life expectancy in areas like Ebbw Vale by 1.5 years [Males] and 1.3 years [females] with greater potential gains in Tredegar. Similar gains could be made if cancer mortality rates were reduced to the same level (1.3 years in males, 1.2 in females).

**High prevalence of chronic disease**

According to a recent population needs assessment, across both NCNs Blaenau Gwent West has the highest rates of diseased registered patients (per 10,000 GP registered population) with:

| | Indicator | Blaenau Gwent | | Caerphilly | | | Monmouthshire | | Newport | | Torfaen | | Gwent | Period |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | East | West | East | North | South | North | South | East | West | North | South | | |
| Disease Registers (per 10,000 GP registered Population) | Asthma (per 10,000 GP registered Population) | 724 | 823 | 663 | 781 | 691 | 723 | 754 | 655 | 666 | 831 | 656 | 715 | 2019/20 |
| | Atrial fibrillation (per 10,000 GP registered Population) | 218 | 230 | 201 | 242 | 227 | 319 | 253 | 182 | 179 | 265 | 216 | 225 | 2019/20 |
| | Chronic obstructive pulmonary disease (per 10,000 GP registered Population) | 344 | 293 | 218 | 287 | 228 | 195 | 165 | 175 | 198 | 279 | 237 | 229 | 2019/20 |
| | Cancer (per 10,000 GP registered Population) | 247 | 309 | 268 | 290 | 335 | 433 | 390 | 257 | 259 | 302 | 269 | 302 | 2019/20 |
| | Coronary heart disease (per 10,000 GP registered Population) | 432 | 411 | 346 | 411 | 369 | 389 | 336 | 296 | 299 | 399 | 348 | 358 | 2019/20 |
| | Dementia (per 10,000 GP registered Population) | 53 | 63 | 59 | 63 | 73 | 96 | 81 | 50 | 68 | 72 | 71 | 68 | 2019/20 |
| | Depression/Mental Health (per 10,000 GP registered Population) | 103 | 80 | 85 | 105 | 93 | 107 | 62 | 85 | 112 | 98 | 73 | 92 | 2019/20 |
| | Diabetes patients aged 17+ (per 10,000 GP registered Population) | 770 | 729 | 637 | 759 | 641 | 622 | 581 | 584 | 612 | 719 | 625 | 652 | 2019/20 |
| | Epilepsy ages 18+ (per 10,000 GP registered Population) | 91 | 92 | 74 | 95 | 78 | 71 | 61 | 70 | 71 | 81 | 78 | 77 | 2019/20 |
| | Heart failure (per 10,000 GP registered Population) | 138 | 158 | 83 | 106 | 78 | 187 | 108 | 77 | 81 | 120 | 93 | 106 | 2019/20 |
| | Hypertension (per 10,000 GP registered Population) | 1,904 | 1,826 | 1,566 | 1,783 | 1,644 | 1,722 | 1,572 | 1,329 | 1,407 | 1,750 | 1,457 | 1,598 | 2019/20 |
| | Learning disability (per 10,000 GP registered Population) | 48 | 54 | 40 | 63 | 40 | 35 | 30 | 39 | 46 | 45 | 43 | 44 | 2019/20 |
| | Obesity (per 10,000 GP registered Population) | 1,139 | 1,220 | 804 | 1,269 | 909 | 1,037 | 887 | 731 | 834 | 1,021 | 834 | 945 | 2019/20 |

***Extracted from PNA Toolkit 23.11.23***

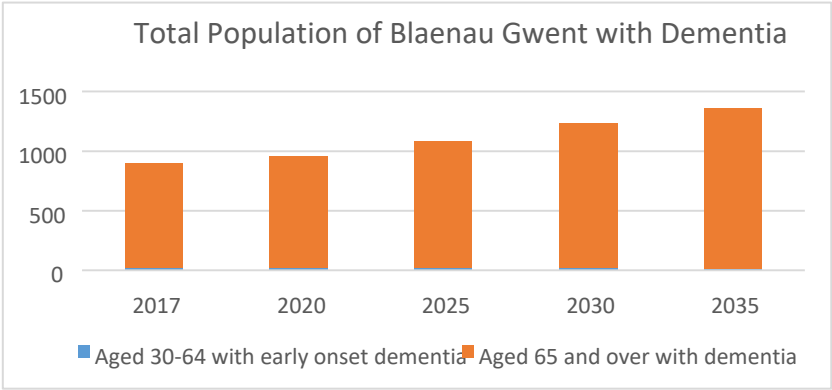
***In summary;***

| **Blaenau Gwent East** | **Blaenau Gwent West** |
|---|---|
| • Atrial fibrillation<br>• COPD<br>• Heart failure Inc. coronary heart disease<br>• Mental Health<br>• Diabetes<br>• Epilepsy<br>• Hypertension<br>• Obesity | • Asthma<br>• COPD<br>• Heart failure Inc. coronary heart disease<br>• Diabetes<br>• Epilepsy<br>• Hypertension<br>• Learning Difficulties<br>• Obesity |

**Poorer mental wellbeing than Wales as a whole**

The Blaenau Gwent population has a poorer level of mental wellbeing than the average for Wales. ***Mental health in adults*** - there is a strong link between deprivation and poor well-being/being treated for a mental illness, with 8% of the people in the least deprived quintile reporting a mental health condition, compared with 20% in the most deprived quintile (Public Health Wales, 2016). This report also found that 24% of those who are long term unemployed or have never worked, report a mental health condition compared to 9% of adults in managerial and professional groups in Wales. [1]

***Mental health in children and young people*** **-** the recent pandemic has had measurable impact on the mental well-being of children and young people exacerbated by the repeated closures of schools during successive pandemic waves. Blaenau Gwent East has the highest rate of referrals to Child & Adolescent Psychology (per 10,000 GP registered Population <17 years) across both Blaenau Gwent areas and is the highest across the whole of Gwent.




Childhood Immunisation is a highly effective population measure, in reducing the burden of infectious disease. It helps a child to become protected from diseases caused by bacteria or viruses whilst also protecting others around them. ABUHB Public Health Protection Services are instrumental in driving uptake of immunisation and vaccination programmes, providing the skills and capability to reach into our communities.

The NCN population needs assessment identified in both Blaenau Gwent East and West areas childhood immunisation uptake were benchmarked at 80-90%+.

| | Indicator | Blaenau Gwent | | Caerphilly | | | Monmouthshire | | Newport | | Torfaen | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | East | West | East | North | South | North | South | East | West | North | South |
| Prevention | COVID Immunisation | | | | | | | | | | | |
| | Influenza immunisation rates - 2 - 3 year olds | 36.1% | 57.2% | 46.5% | 38.9% | 59.4% | 61.1% | 72.4% | 44.8% | 36.4% | 39.8% | 43.9% |
| | Childhood Immunisation - MMR1 (Age 2yrs) | 94.8% | 95.7% | 97.1% | 97.7% | 98.1% | 97.8% | 96.2% | 93.5% | 88.1% | 91.7% | 94.8% |
| | Childhood Immunisation - PCVf (Age 2yrs) | 93.1% | 94.7% | 96.4% | 95.3% | 97.2% | 97.8% | 95.2% | 93.5% | 88.1% | 90.6% | 94.8% |
| | Childhood Immunisation - Hib/MenC (Age 2yrs) | 94.8% | 94.7% | 96.4% | 96.1% | 98.1% | 96.6% | 95.2% | 91.6% | 88.1% | 90.6% | 94.8% |
| | Childhood Immunisation - MMR2 (Age 5yrs) | 85.9% | 91.4% | 97.6% | 92.1% | 93.5% | 92.9% | 93.4% | 85.9% | 86.0% | 87.4% | 89.7% |
| | Childhood Immunisation - PreSchool Booster (Age 5yrs) | 86.9% | 91.4% | 97.6% | 92.1% | 92.9% | 90.2% | 93.4% | 86.5% | 87.2% | 87.4% | 90.6% |
| | Childhood Immunisation - MMR1 (Age 16yrs) | 96.2% | 97.8% | 97.6% | 98.3% | 97.3% | 87.6% | 97.0% | 95.2% | 95.6% | 98.5% | 99.2% |
| | Childhood Immunisation - MMR2 (Age 16yrs) | 96.2% | 95.5% | 94.0% | 94.9% | 95.9% | 84.3% | 94.1% | 91.8% | 92.7% | 94.7% | 95.9% |
| | Childhood Immunisation - PreTeen Booster (Age 16yrs) | 75.9% | 86.5% | 84.9% | 75.6% | 81.5% | 81.7% | 74.3% | 76.2% | 78.8% | 81.8% | 75.4% |

***Extracted from PNA Toolkit 23.11.23***

The Influenza immunisation rates for 2-3 years olds had a low % uptake at the end of 22-23 flu season *(IVOR)* –

- Blaenau Gwent East 36 % uptake (identified as the lowest across Gwent)
- Blaenau Gwent West 60% uptake

In some areas of Wales, local agreements are in place to take the vaccine to children aged three years, such as to nursery settings, via the school nursing service. These methods have proved effective in securing uptake and is one of the best practice delivery models that should be explored by health boards (WHC/2022/16).

During 2021/22 and 2022/23 three practices within the local area of Abertillery, supported by the locality NCN took part in a pilot to vaccinate eligible children at nursery school settings in four primary schools, enabling a captive audience for vaccination. In order to improve uptake amongst the 2–3-year cohort, the NCN have sought plans for expanding the nursery school pilot offer to all 3-year-olds across the population of Blaenau Gwent for 2023-2024 Flu campaign.

The aims of the Blaenau Gwent Flu Campaign Plan 2023-24:

- To reduce preventable disease in the population of BG by vaccinating consenting individuals at the appropriate time
- To reduce the inequality in preventable disease in BG Locality by increasing uptake if vaccinations in areas of deprivation and vulnerable populations
- To monitor national and local data to improve uptake and reduce inequalities by targeting and supporting immunisation programs.
- To ensure safe and effective administration of the vaccinations offered
- To ensure the accurate recording of immunisations and data.

The pilot will be facilitated by the NCN working in collaboration with GP practices across Blaenau Gwent. Early signs of data identify an increase in uptake amongst the 2–3-year-old cohort in comparison to this time during 2021-22 flu season this because of the implementation of the pilot.

During 2024-25 flu campaign for the 2–3-year-old flu programme will be extended to all childcare providers and education settings across Blaenau Gwent. During 23-24 the Blaenau Gwent locality team developed and piloted a Digital Microsoft form using Office 365 platform which will replace the paper format consent. The paper-based consent is time consuming and not always returned by parent/guardian of the child. To reduce time delay of submission and provide effective delivery of the pilot, this E-consent will be implemented from the start of the 24-25 flu campaign. During 24-25 Blaina Gwent East and West will continue funding the NCN Nurse model however this will need to be increased to support practices who are experiencing workforce sustainability issues with nursing skills i.e., shingles, childhood immunisations, chronic disease management, wound care and Blaenau Gwent resettlement programmes.

Blaenau Gwent has the highest rates of Childhood tooth decay in Wales, poorer mental wellbeing than Wales as a whole and a high percentage of citizens who don't participate in healthy behaviours.


**High percentage of residents who don't participate in healthy behaviours**

As outlined within the Director of Public Health Report 2019, *Building a Healthier Blaenau Gwent* "…. the development of a large percentage of these [prevalent] illnesses can be attributed to preventable risk factors including smoking, unhealthy diets and physical inactivity. The difference in preventable risk factors across Gwent (figure 1.4) explains the major part of the difference in the average number of years people live in good health and how long they live. People living in disadvantaged areas in Gwent have a greater number of unhealthy behaviours. The latest Population Survey shows that we continue to have above average levels of disability with a total of 31.6% of working age people being defined as disabled (economically active core or work-limiting disabled) compared to 22.8% for Wales. These comparatively high levels of disability lead to a high proportion of people claiming disability-related benefits, with 12.0% of working aged people in Blaenau Gwent claimed EAS or Incapacity Benefit, compared to 8.4% across Wales (May 2016).

The underlying cause of these stark inequalities is undoubtedly linked to having the highest percentage of areas, 85.1%, in the most deprived 50% in Wales. Tredegar Central and West 2 are classed a small area of Deep-Rooted Deprivation; that is, they have remained within the top 50 most deprived, roughly equal to the top 2.6% of small areas in Wales for the last five publications of WIMD rankings.

Blaenau Gwent have a particularly high use of Tramadol, and an overall Opioid burden driven by high tramadol and co-codamol use however, both East and West of the borough have successfully managed to reduce tramadol prescribing in recent years. Blaenau Gwent were: -

- in the top 3 highest prescribing NCNs in ABUHB for quarter 2 during 2022/23 in regards to users of 4Cs antibiotic
- the two highest prescribing NCNs in ABUHB for total antibacterial prescribing:
- East continues to be one of the lowest prescribers of hypnotic and anxiolytics in ABUHB and West is continuing to reduce it prescribing.

National indicators have now changed to focus on prescribing of high dose Opioids. Currently there is a large variation within Blaenau Gwent practices, reduction in prescribing has been seen but further work is required.

The NCN will continue to implement services on a local level to meet the needs of the population through working across key service areas whether in acute, secondary, social care, independent contractor, primary care, community care or third sector service settings. The key actions briefly outlined below are areas where Blaenau Gwent West will prioritise through 2023-24 and include;

## Key Cluster Actions 2024/25:

The Blaenau Gwent West IMTP 2024-25 key cluster actions have been aligned with ABUHB IMTP 2022-25 key priorities:

***ABUHB Priority 1- Every Child has the best start in life***

- The Practice Managers Forum will continue to innovate, transform, and provide new ways of working across the NCN footprint and will be seen as a vital component of collaborative working
- Development of Health Prevention services in collaboration with the third sector, IWN and IAA, identifying social networks to help address the wider determinants of health such as Vaccination programmes, EPP mental health initiatives, improving access to and awareness of Dental, Pharmacy, Optometry and GP / General Medical Services. Our focus is on building resilience through prevention and early interventions to enhance wellbeing and self-care by, improving access to social support in community settings to address loneliness and isolation.
- Blaenau Gwent NCNs recognise the importance of being a healthy weight and that children and young people can live in environments that support a healthy weight and them to be active. Across ABUHB there has been a significant rise in percentage of 4 to 5-year-olds having obesity in 2021/22 and a significant decline in the proportion who were a healthy weight compared to 2018/19.

| | Indicator | Blaenau Gwent | | Caerphilly | | | Monmouthshire | | Newport | | Torfaen | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | East | West | East | North | South | North | South | East | West | North | South |
| Population | Children Population - 0-17yrs | 6,414 | 7,359 | 12,977 | 12,406 | 11,290 | 9,389 | 8,934 | 17,584 | 18,180 | 9,774 | 9,692 |
| Health | % of children aged 4-5 who are obese | 28.97% | | 24.92% | | | 21.05% | | 25.79% | | 29.20% | |

***Extracted from PNA Toolkit 23.11.23***

- We will continue to support the immunisation and vaccination programmes through the delivery and development of innovative projects to increase uptake rates.
- The NCN will collectively work with the Primary Care Immunisation Team in regards to reviewing the childhood immunisation queues across the borough identifying uptake in the lower preforming practices and support.
- The 2024-25 flu campaign for the 2–3-year-old flu programme will be extended to all childcare providers and education settings across Blaenau Gwent.
- Blaenau Gwent East and West will continue funding the NCN Nurse model however this will need to be increased to support practices who are experiencing workforce sustainability issues with nursing skills i.e., shingles, childhood immunisations, chronic disease management, wound care and Blaenau Gwent resettlement programmes.
- Blaenau Gwent has the highest rate of childhood tooth decay in Wales, there remains a strong relationship between mean decay and quintile of deprivation. It is therefore the burden of disease which could have been prevented and requires efforts to prevent decay. The NCN will liaise with ABUHB Community Dental Service and Dental collaborative to explore opportunities of promoting the importance of Oral Hygiene and visiting the dentist.
- Gwent has been declared a Marmot region, the NCNs will support the Marmot Review which sets out a framework for action under two policy goals: to create an enabling society that maximizes individual and community potential; and to ensure social justice, health and sustainability are at the heart of all

policies. Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 6 policy objectives and to the highest priority being given to the first objective:

- giving every child the best start in life
- enabling all children, young people and adults to maximize their capabilities and have control over their lives
- creating fair employment and good work for all
- ensuring a healthy standard of living for all
- creating and developing sustainable places and communities
- strengthening the role and impact of ill-health prevention

***ABUHB Priority 2- Getting it right for children and young adult***

- Future service model for the development of sustainable Placed Based primary care services across the Cluster areas, the NCN is profiling timetables to enable Care Closer to Home in terms of delivering services for children and creating sustainable placed based care such as:
- Foodwise
- Yoga for pregnant mums
- Yoga baby classes
- Health Visitors will be based within the development of each Health and Wellbeing hub

***ABUHB Priority 3- Adults in Gwent live healthy and age well***

- The Primary Care Model for Wales sets out how primary and community health care services will work across the whole system to deliver place-based care. Our priorities which will be delivered through a place-based care approach, with a focus on Immunisation and Vaccination, GMS sustainability and access, Psychological Wellbeing, Diabetes Prevention, Obesity Pathway, Oral Health, Advanced Paramedic for home visiting/CRT/Care Home and MSK.
- Continue to support delivery of the housebound vaccination programme and promotion to increase uptake rates for Flu and Covid-19 vaccinations for our clinically vulnerable groups.
- NCN and practice have been utilised to audit and feedback important learning points to prescribers. Going forward practices can promote the importance of using the ABUHB antibiotic guidelines to all clinicians. This will ensure the most appropriate antibiotic is always chosen want works to reduce antibiotic resistance.
- Supports community wellbeing scheme –will review for future community support for people's overall health and wellbeing.
- Continue to collaborate with social care and our third sector colleagues in response to the increase in anxiety levels across the county, mapping current activity and developing initiatives where gaps exist.
- Continue to progress Pan Cluster Planning Group/ISPB, with partners, to be responsible for reviewing the population needs assessment, gap analysis, development of costed plans and commissioning services that would benefit the population of Blaenau Gwent in its entirety ***Appendix 1***
- We have developed the ISPB priority actions with our partnership board to ensure that they remain relevant to the changing landscape: -

To deliver the principles of the Social Services & Well-being Act 2014 (the Act), The Wellbeing of Future Generations Act (2015), A Healthier Wales and the Primary Care Model for Wales Ensuring that there is increasing alignment and engagement between the Gwent Regional Partnership Board and Cluster arrangements bringing services together at a local level

- To develop and strengthen the relationship with the Gwent Regional Partnership Board to enable and promote an integrated response to the needs of the local population
- Support the implementation at local level of the joint partnership agenda, including (but not limited to): -
    - Cluster plans
    - Integrated Borough Business plan
    - Priorities determined by the RPB and the Blaenau Gwent Integrated Services Partnership Board (ISPB)
    - Community Hospitals
- Participation in the All-Wales Diabetes Prevention Programme across the West Cluster for pre diabetic patients to be offered a brief intervention, including lifestyle advice, to reduce or prevent the progression of diabetes.
- Improve low participation rates for cancer screening through a targeted communication programme in partnership with secondary care colleagues to increase awareness, providing screening opportunities closer to home and collaborate with our Integrated Wellbeing Networks and Compassionate Communities programme to raise awareness through a focused marketing campaign tailored to suit our community's needs.
- The global challenge of climate change will require collective efforts on an unprecedented scale. As the first parliament in the world to declare a climate emergency in 2019, and following the landmark Well-being of Future Generations (Wales) Act in 2015, Wales approach to sustainable development is firmly embedded in everything we do. The Welsh Government is committed to creating a greener, stronger and fairer Wales and has a statutory duty to act on climate change across all sectors. The locality team will explore and coordinate training opportunities to raise awareness of how practices can become more environmentally sustainable.

***Education regarding recognition and cancer diagnosis for both citizens and healthcare workers of Blaenau Gwent***

- Establishment of educational resources for both clinical and non-clinical staff and citizens.
- Deliver cancer buddy training aimed at non-clinical staff and training for clinical staff on referral for suspected cancer, including conversations with patients regarding their relative's risk in the context of their presentation incorporating principles from the Duty of Candour.
- Strengthen communication amongst clinicians and patients regarding the process of investigations and referrals for urgent suspected cancer.
- Increase usage of "C the Signs" software for practices that have agreed to participate to help clinicians identify people who meet referral criteria for cancer pathways.

***Early Diagnosis***

- Encourage all practices within Blaenau Gwent to sign up to Bowel Screening Wales GP endorsement letters for non-responders to screening invites to improve uptake rates and earlier diagnosis.
- Work with the Macmillan GP Cancer Lead for Aneurin Bevan University Health Board to improve requesting of FIT tests and follow-up of non-return tests; since these tests will have been requested for patients that the clinician suspect bowel cancer.
- Utilise funding to innovate and test concepts to improve outcomes for all our residents, these include SEM Scanners, assisted technology, locality based MSK programmes, development of the mental health practitioner role, responding to dermatology and audiology demands as a mechanism for reducing the impact of on the day demand. Developing exit strategies to enable proven concepts such as Psychological Wellbeing Practitioners and Practice Based Pharmacists to be core funded.

***Pathway Optimisation (priority 3&4)***

- Continue to focus on optimising all resources available maintaining a focus on supporting delivery of the Influenza and immunisation programmes, and responding to the needs of urgent primary care through assessment of on the day demand. We recognise that there is a finite number of resources available

in both health and social care and the backlogs and demand on primary care has grown significantly following the recent pandemic and cost of living crisis. Traditional models of working must change to restart services, and we understand the need to focus on value and sustainability.

- Seek to develop services equitably across the areas e.g., only one practice in Blaenau Gwent provides a coils and implant service, we have an opportunity as part of mapping to identify where the gaps are in services and look towards delivering services more equitably and ensuring we deliver services on a population needs basis.

***Primary Care Access***

- The principles of the Primary Care Model for Wales to increase the digital offer around triage and signposting to ensure patients are seen by the right person at the right time in the right place. Working with Blaenau Gwent GP surgeries to increase numbers utilising technology to improve access to GMS services. Promoting and demonstrating My Surgery App to encourage patients' usage.
- Utilising opportunities that technology can bring to increase access to services such as My Surgery App, MHOL, Practice Index, Network for Practices, WCCIS, streamlining processes and integrating social care and health systems.
- Blaenau Gwent will be piloting the use of an electronic patient scheduling system (Civica) in Rapid Response Services in 2023. The platform has already been embedded within District Nursing Teams and by incorporating Rapid Response teams this will enable greater integrated working between teams encouraging enhanced shared care. This will reduce duplication of visits and allow resources within BG to be better distributed to respond to population needs. This will also improve staff safety - especially important in a service where lone-working is a common-place - through live monitoring of staff whereabouts in the community. Additional benefits will include generation of valuable intelligence to help plan services in the future. The pilot is planned to go live from 11th December 2023 and run through to March 2024 when an evaluation will be completed to assess impact.
- Widening stakeholder attendance across our NCN to ensure full collaboration to meet population needs and maintain local voice. Seek to create sustainable system change through the integration of health and social care services, raising awareness of the benefits and opportunities for improving population outcomes through collaboration, strengthening partnership arrangements with the collaboratives, third sector, health colleagues, local authority, WAST, Direct care and other key partners to meet the specific health and wellbeing needs of our communities ***(priority 1&3)***
- Continue to progress student support for university entry, as well as support the primary care academies with their onward programme and in turn support services with the academy placements of clinical roles within primary care settings ***(all priorities)***
- During 24/25 the NCN will work with collaboratives leads as part of the ACD programme to improve the care for our local population **(Appendix 1)**
- The ongoing sustainability of all health and social care services on an operational footing level is paramount and although prioritised we have high levels of recruitment and retention which impacts on delivery. Key areas most notably being WAST / paramedics, GPs, Pharmacists, nursing, MSK professions and social care i.e., domiciliary care providers.
- Continue with NCN Nurse model to support practices with nursing skills i.e., shingles, childhood immunisations, chronic disease management, wound care. Explore NCN nurse facilitator role to train and upskill general practice nurses this will include supporting the training and development of academy nurses and making the academy attractive to practices within the Blaenau Gwent area.
- **LDP** Our assets are a key component for delivering our place-based strategy. Undertaking an asset mapping of all estates provision alongside a mapping of services – both clinical and non-clinical to ensure that people with the right skills and experience work in an environment that is fit for purpose. Our estate is a key enabler and must take account of other necessary infrastructure, such as information and community technology (ICT); the need for health and care staff to work together in partnership through co-location/design and integration to enable delivery of services in the right place to support the best outcomes and experience for patients. Locally relationships are being built and regular interventions are in place to forward plan and ensure that locally we can influence at a planning level any developments which impact on social care and health services. Relationships are being developed locally to input into the

Local Development Plan which guides development within the borough, sets out the long-term future for the borough, to ensure that growth is delivered in the right places and takes into account the needs of our local communities ***(all priorities)***

- In the next 5 years approximately 763 new housing builds will take place, the NCN will need to scope the impact it may have on our primary care independent contractor's sustainability ***(all priorities)***

***Care Closer to Home/Pathway re-design***

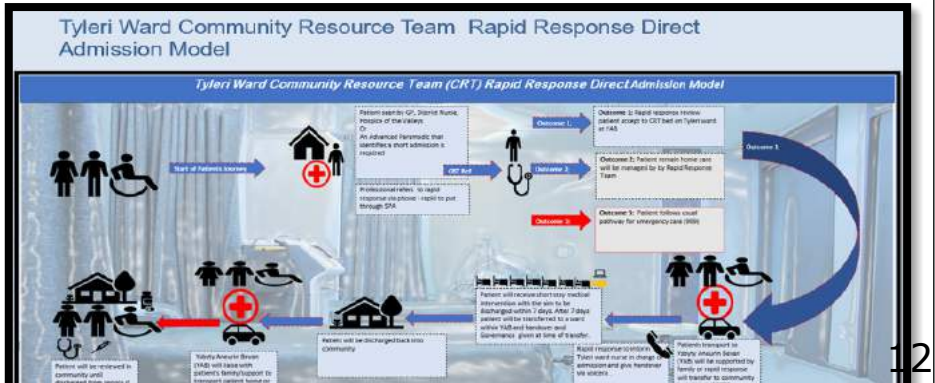
- Seek to establish a whole system approach to deliver place-based care where people can access a range of seamless care and support at or close to home, based on their unique needs and what matters to them, guided by the person that knows them best – their GP.
- Seamless work between partners at a community level across the cluster range to ensure that, where possible, care can be undertaken as close to home as possible, where necessary and appropriate, interventions are undertaken at hot clinics and/or community based step-up facilities.
- Building community resilience through connections to increase social prescribing and community development in collaboration with the third sector, Integrated Wellbeing Networks and IAA.
- Review of the existing Physiological Health Practitioners delivery programme, ensuring that it meet the needs of our population and the GMS Service demands as part of the development of clear pathways across the locality for mental health provision.

***ABUHB Priority 4- Older Adults are supported to live well and independently***

- Focusing on the principles of right care, right place, first time we will coordinate support for our communities at greater risk of needing urgent or emergency care through development of our community teams and having piloted the High-Risk Adults (HRA) initiative across Blaenau Gwent we understand that this patient cohort is driving 2/3$^{rds}$ of the Health Boards bed base.
- Look at ways to improve the interface between services to support people to receive the right care, at the right time and in the right place to optimise their outcomes and experiences.
- Prevention of hospital admission and timely hospital discharge are integral to effective patient flow and optimises the use of available capacity to meet the increased demand in our hospitals. There are significant challenges in being able to provide effective patient flow across our community hospital settings and extend wider than Health Board pressures e.g., the unprecedented pressures facing the domiciliary sector significantly impacts on LoS and being able to facilitate timely discharges. By addressing the root cause, known as the wider determinants of health, the overall health and wellbeing of Blaenau Gwent can be improved. The aim of the Integrated Wellbeing Network (IWN) programme is to develop a whole system approach to community well-being and prevention that brings together a wide range of well-being assets on a place basis.

**Redesign of Community Services for Older People**

- Deliver complex care closer to home through a sustainable community resource model which encompasses hospital @ home/step closer to home pathways. This helping our residents to have their health and social care needs met as close to home as possible in a seamless and integrated way through models of care which reduce admission and long-term care dependence, utilising a varied clinical skillset able to meet the demands of changing service needs and deliver on the D2RA pathways to provide preventative care and where needed a rapid response to prevent admission



or, where admission is needed. The CRT Tyleri Ward Rapid Response Direct Admission Access model will be available to provide a short clinical intervention prior to supporting individuals to be discharged to recover at home as quickly and safely as possible.

- Within YAB the locality team have supported and developed an additional staffing resource which will support a nurse led Tyleri Ward service. Part of the model includes direct admission and transfer pathways to support an 8 bedded CRT unit which enables our elderly population to be admitted to a part of the system that will best meet their needs first time, every time. The aim is to avoid or minimise the time spent away from home and enable coordination of care across all services to maximise the opportunity of getting it right for our older adult population.
- As part of the redesign of Frailty services we will review our existing hot clinic pathways and ensure that these are fit for purpose, providing rapid access clinics for older people to undertake assessment, diagnostics, and treatment on an ambulatory basis.
- Part of the redesign has seen the introduction of the CRT In-reach Model which brings alignment between health and social care services to support residents to remain in their usual place of residence for as long as possible. Combining our community nursing teams to provide provision at a local level ensures reliance and providing continuity of care to individuals.
- The district nursing teams are scoping further plans to enhance the service and patient care, part of this will include-
  - remodelling the District Nursing service to ensure there is an equitable service across teams together with role progression and effective succession planning. This will include an education, training and development framework to ensure staff are confident and equipped with the skills to progress their career
  - working closely with our CRT colleagues to support early discharges and reduce admissions to hospitals
  - New way of documenting pressure ulcer on datix- led by the senior nurse- adding documentation and photographic evidence to a datix form, to provide quicker review of incident (if required) and assurance of what care has been provided. Discussions will take place during 2024 commence to Implement this process across the whole of the division
- Introduction of the Graduated Care model across our community settings has seen the implementation of a revised model of care that supports seamless pathways from hospital to home utilising nurse led units to minimise the time spent in hospital settings.
- Development of a programme of support to our care homes which includes the implementation of a plan to ensure that all care home residents are in receipt of care in line with care home DES and widening the HRA model to support admission avoidance.

***ABUHB Priority 5 - Dying well as part of life***

***Integrated Wellbeing Networks***

Our 2024/25 Annual Plan reinforces Blaenau Gwent's Integrated Wellbeing Network vision of a Happy, Healthy Blaenau Gwent through our place-based care strategy illustrated below which seeks to deliver: -

- Empowered people who look after themselves and each other
- Building a stronger community together
- Delivery of services for now and for the future


This vision is validated by the strategic direction set out in The National Primary Care Programme, A Healthier Wales and Prosperity for All setting out strategic ambitions for increasing workforce sustainability and utilising the third sector to meet the increasing demands upon our core services. Transformation funding has provided the opportunity to progress this vision through embedding a Compassionate Communities model of care to support our place-based strategy. Through embedding

MDT principles, we can deliver appropriate care to people with long terms conditions and support the management of demand for our services collectively across social care and health. Whilst this concept has been partially embraced across our cluster, the pandemic and system pressures have impacted on system wide implementation and the Regional Investment Fund provides opportunities to streamline and further collaborate with our stakeholders to improve health and wellbeing outcomes for our communities, change behaviours and share accountability across all sectors. We will utilise the opportunities that the development of our pan cluster planning group will bring to use the collective resources across Blaenau Gwent – both fixed assets and people across all stakeholders to improve outcomes for our residents.

Following the recent pandemic there has been wider implications on residents in relation to accessing health and social care services, our key cluster actions continue to focus on developing services that mitigate the impact of this changing landscape which is set against a backdrop of changing population needs, an anticipated revised population needs assessment which anticipates a further impact on poor wellbeing, rising obesity rates, increase in alcohol consumption, diabetes, access to mental health services and a further decline in economic deprivation associated with the pandemic.

**Estates and Capital**

There is no single model for community health services across the NHS, the range and configuration of services varies depending on local population, geography, nature of local services, and local legacy in terms of how services have developed and evolved. Workforce deficits and increasing case complexities combined with an increase in the volume of residents accessing services has and continues to impact on the ability to provide excellent patient care and develop meaningful relationships. Fit for purposes estates acts as a barrier to deliver the full range of seamless care, have ability to develop place-based services by skilled and knowledgeable staff who understand both the population and the locality, bring together primary and secondary care staff, Local Authority teams and the third sector into one front door to create a local response for those requiring health and social care support to access services

Blaenau Gwent NCNs are taking an assets-based approach to refine our Estates Strategy around our four places – Tredegar, Ebbw Vale, Abertillery and Brynmawr, harnessing existing infrastructure to support integrated delivery on the ground. This programme of work aligns to the Welsh Government's strategic aims for health and social care through the provision of enhanced place-based care, enriching delivery for existing services to provide person centred care. This strategy enables early intervention and supportive work to be delivered conterminously with clinical care through the provision of a shared HUB to deliver core GMS services for the Ebbw Vale population, supported by the existing surgeries of Glan Rhyd and Pen y Cae. This is further enhanced with the relocation of the integrated Community Response Team (CRT), alongside a range of clinical and non-clinical services delivered by Health, Social Care and the third sector [Older Adult Mental Health, MSK, Dermatology, Dietetics, Health Visitors, Flying Start, School Nursing, Community Midwifery, District Nursing, Looked after Children Services, Podiatry, Speech and Language, Sexual health services, Respiratory Services, Heart Failure Rehab Clinics Compassionate Communities, Psychological Wellbeing Practitioners, Child and Family Psychology, Audiology and Community Dentistry Services]. Using the population needs assessment as our evidence to establish a baseline for our hub area, the locality will further develop place-based teams according to demand and case load to support the provision of excellent patient care, creating new ways in which individuals can work together across systems to make the best use of collective skills and knowledge. Place based systems of care provide opportunities to address the challenges facing the Blaenau Gwent workforce and population as they provide a platform for implementing new models of care with the aim of improving population health and wellbeing

For the purpose of the future NCN and ISPB planning, the output of the GMS Workforce Modelling should also inform estates/capital project prioritisation where the consequences of implementing a more diverse skill mix results in greater requirements for physical space.

The Ebbw Fawr cluster have developed at pace, a place-based Hub model which encompasses a range of specialist AHP's working collaboratively to meet the needs of the population and deliver against the six goals for urgent and emergency care. The development of this model will be led by clinicians from within each practice and the locality-based team who will conterminously draw on the wider social care and community networks to embed a rich community support network. This network has a focus on social resilience through GP based Compassionate Communities Coordinators, supported via Integrated Wellbeing Networks and aligned with IAA to draw on the holistic health, social care and community systems regardless of Organisational boundaries. The model enables a range of specialist services, designed to maximize benefits for patients and delivered at a locality level to meet the demands of our patient population. The approach of this scheme supports delivery of improved access to services through multiple community-based primary care HUB clinics. These clinics will provide patients with extended access to a diverse range of integrated primary, secondary, social care and thirds sectors services which can be delivered safely and effectively in the community.

The concept of Health and Wellbeing hubs is nothing new; starting in the early 20th century with the Pioneer Health Centre in Peckham, efforts in Tower Hamlets with the Bromley-by-Bow center since the 1980s and a proliferating number of centers across the UK aiming to deliver integrated, health-promoting, holistic support to patients and residents. The Social Services and Well Act 2014, A Healthier Wales A Healthier Wales (gov.wales) and the Strategic Programme for Primary Care in Wales all guide us to develop services which are enabled to meet our local population needs and objectives, supporting us to adapt our current model of care. The development of a new care model is proposed through the refurbishment of the existing Ysbyty Tri Chwm (YTC) Hospital Facility at Ebbw Vale which currently accommodates a range of in-patient and mental health Services which will be relocated to alternative facilities across the region, providing opportunities to deliver services more appropriate to the changing needs of the population.

A Town Centre First approach has been taken to source suitable locations to develop a Hub for the Ebbw Fawr community, unfortunately no suitable town centre sites are viable. The existing GMS services have reached their full physical capacity within their existing buildings and there are no opportunities across the existing sites to deliver their current range of services or expand services to support our population.
Developing such place-based, integrated service models however faces a number of challenges:

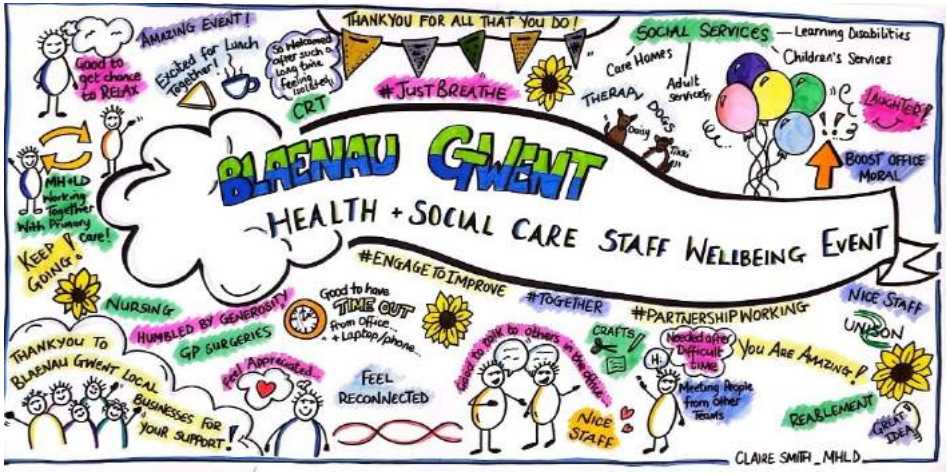
- Services represent a range of professional cultures, with specific priorities, agendas and ways of working
- Pressures on public services is at such levels that capacity to engender mutual understanding and collaboration to inform service models is limited
- Public services come from varying starting positions in patient and public involvement, risking the design of models of care that are biased towards the perceptions and goals of professionals and not citizens or service users
- Enablers for collaboration such as data and intelligence sharing are not in a place whereby services can fully appreciate population assets and needs in a local area, exacerbating organisational silos at strategic and operational levels

We propose therefore a dedicated and properly resourced organisational development programme is needed to optimise these assets so they become a catalyst for integration. This will ensure that the day-to-day delivery of services and planning for their long-term use is aligned to population need and community assets, and can evolve over time. We have submitted a bid to the Gwent Regional Partnership Board IRCF funding allocation to deliver a 2-year organisational development programme, delivered via the ISPB's hosting the Integrated Hubs harness the skills, knowledge and common values. This programme aims to ensure that people and their families feel respected, listened to, and engaged as equal partners, in an attempt to address the challenges identified above. We believe these integrated hubs will address recruitment and retention issues and have the potential to improve the health and wellbeing of staff working in such facilities, opportunities which could be more effectively realised through a staff- and service-user orientated OD programme.

***Communication and Engagement***

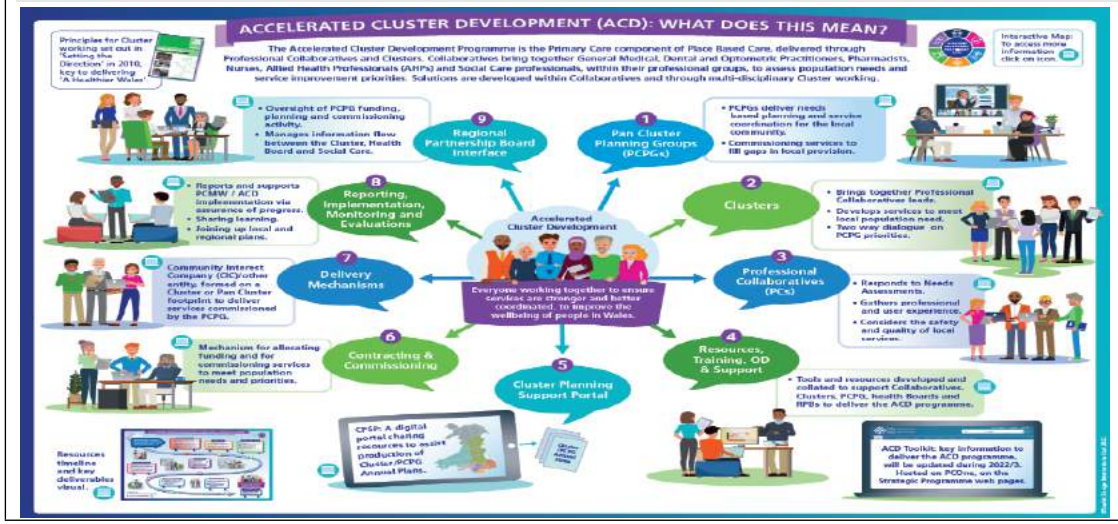
- The Blaenau Gwent ISPB to align with the strategic priorities of the Health Board, Local authority and A Healthier Wales's vision of a whole system approach to health and social care, focussed on health and well-being and on preventing illness with access to a wide range of seamless community-based services (***Appendix 1)***

**Staff wellbeing**




Supporting our Health and Social Care staff within Blaenau Gwent to feel valued, engaged with in a positive sense of wellbeing at work is one of our key priorities. Providing wellbeing support to well deserving staff, offering a wellbeing space, but also to provide a warm personal welcome from the Blaenau Gwent Health and Social Care Team and well-being support and guidance.

**Accelerated Cluster Programme *(all priorities)***




The aim of ACD is to meet the cluster population health need through effective and robust planning and service delivery. The 7 main outcomes which will be worked towards are:

- Enhancing integrated planning between clusters, health boards and local authorities
- Delivering a wider range of services across the cluster closer to home, meeting population need and priorities.
- Establishing more effective leaders across the system through collaboratives and clusters.
- Improving equity of service provision based on local need.
- Improving the delivery of multi professional/agency services.
- Supporting sustainable services and workforce, ensuring both efficiency and effectivity.

- Empowering clusters with increasing autonomy, flexibility and vision.

Within Blaenau Gwent the ACD/NCN Development Programme team has been developed and supports the milestones set out in the ACD programme:

- Service improvement Manager (SIM) assigned to the locality to work with team on the ACD milestones. Key priorities have been set for the SIM which include:
- monitoring and evaluation of projects/proven concepts of change through interrogation of the population needs assessment to ensure that data drives services forward with a focus on projects that are based on population needs and service gaps
- Develop exit strategies and support business case development to enable proven concepts to be moved to core funding.
- Implement and innovate projects which are relevant to our population in order to improve outcomes for all our residents, reducing the impact of on the day demand.
- Support the local collaborative leads and assist with empowering the collaboratives.
- NCN Clinical Lead and locality development sessions have been endorsed to support the delivery of the programme in line with the ministerial milestones.
- Widen stakeholder attendance across our NCN/Cluster to ensure full collaboration to meet population needs and maintain local voice.
- Seek to create sustainable system change through the integration of health and social care services, raising awareness of the benefits and opportunities for improving population outcomes through collaboration and strengthening partnership arrangements.
- ISPB reinstated and joint priorities agreed and being progressed to meet the needs of the local population
- IWN local team engaged and signpost to and support ACD to our citizens, contributing to creating healthy communities by:
    - Promote the well-being of the workforce across Gwent.
    - Strengthening community well-being and resilience
    - Improving population mental well-being

## Key achievements/successes related to the 2023/24 Cluster Plan:

- In order to improve uptake amongst the 2–3-year cohort, the NCN sought plans for expanding the nursery school pilot offer to all 3-year-olds across the population of Blaenau Gwent for 2023-2024 Flu campaign. The pilot will be facilitated by the NCN working in collaboration with GP practices across Blaenau Gwent. Early signs of data (IVOR) identify an increase in uptake amongst the 2–3-year-old cohort in comparison to this time during 2021-22 flu season this, as a result of the implementation of the pilot.
- The NCN is supporting Aneurin Leisure in their Fit and Fed Programme. This programme is designed to tackles holiday hunger in disadvantaged areas. The programme will run at 4 different locations during February half term and will include healthy eating and exercise. In additional to this a 4-week family healthy cooking programme is being delivered. Also supporting Adult Education with their air fryer cooking on a budget programme.
- Evaluation and monitoring of all existing NCN projects to prove the concept of initiatives, build contingency plans, implement governance with an aim to reinvest in alternate programmes to meet the needs of the changing landscape of the local area.
- Continued progression of a modern and integrated IAA service, working towards a single point of access for care navigation within our locality, embedding provision of technology enabled care, reducing handoffs and development of a purposeful and visionary prevention strategy across our locality.
- Compassionate Communities Model and alignment of the IAA process further integrating social care and health adult services.
- Exploration of opportunities to develop collaborative working with Third Sector colleagues to address poorer levels of mental wellbeing across the locality.
- Further refinement and implementation of the Hospital Admission Avoidance project to support emergency care and respite at home
- Promoting services via the NCN/IWN Interactive map of services which promotes wellbeing information and services available to the community and the NCN social media platforms.

- Implementation of a Digital Inclusion Action Plan, following NCN cluster funding for Digital Project Officer to develop IT action plan for implementation in 2022.
- Taking a bottom-up approach to incorporate our High-Risk Adult Cohort service into our Compassionate Communities Model of Care, using Wellbeing Coordinators to capture those high-risk adults who require wrap around support by assistant practitioners to stay safe at home.
- Appropriateness of repeat prescription requests from community pharmacy reviewed with an emphasis on reducing medicines wastage as locality continues to be high use of Tramadol and overall Opioid burden. Some improvements have been made in the prescribing of Tramadol in BG East and improvements made in Antibacterial Items across both clusters, this has been seen across the HB during COVID and the trend is starting to reverse. Hypnotics and Anxiolytics are improving in BG East. BG remains one of the highest users of 4Cs antibiotics and antibiotics in general.
- The continuation clinical mapping of services across the cluster by the Placed Based Care Coordinator (PBCO) as part of the wider review of service gaps at a local level
- New way of documenting pressure ulcer on datix- led by the Senior Nurse for District Nursing- adding documentation and photographic evidence to datix form, to provide quicker review of incident (if required) and assurance of what care has been provided.
- Implementation Tyleri Ward Community Resource Team Rapid Response Direct Admission Model
- Blaenau Gwent will be piloting the use of an electronic patient scheduling system (Civica) in Rapid Response Services in 2023. The platform has already been embedded within District Nursing Teams and by incorporating Rapid Response teams too this will enable greater integrated working between teams encouraging greater shared care. This will reduce duplication of visits and mean that resources within BG can be better distributed to respond to population needs. This will also improve staff safety - especially important in a service where lone-working is a common-place - through live monitoring of staff whereabouts in the community. Additional benefits will include generation of valuable intelligence to help plan services in the future. The pilot is planned to go live from 11th December 2023 and run through to March 2023 when an evaluation will be completed to assess impact.
- PBCO has worked with community groups/services within BG to assist in the implementation of the IWN Interactive Map, providing a visual signpost to well-being activities taking place within BG. Alongside the Interactive Map – developing a database of BG Estates and Service mapping currently available in BG, helping to identify service needs gaps.
- Continuation of Health and Social Care Well-being pop up calendar of activities being programmed for staff across the locality, working towards the development of Project Wingman.

## Finance and Workforce Profiles 2024-25:

- Budget allocation 24-25

| ***East and West NCN Spend Plan Summary 2024-25*** | | | ***BG West – Predicted Annual Allocation - £269,439.00.*** | ***BG East- Predicted Annual Allocation - £216,874.00*** |
|---|---|---|---|---|
| **Subjective** | **Scheme** | **Category for Reporting** | **2024/2025** | **2024/2025** |
| Independent Contractors | Top Slice - Independent Advisers | Independent Advisers | £1,515.00 | £ 1,290.00 |
| Nursing HCA/HCSW Band 3 | Top Slice – Phlebotomy | Community Phlebotomy | £8,278.00 | £ 9,468.00 |
| Pharmacist Band 8A | Practice Based Pharmacists | Pharmacist | £0.00 | £ 58,919.00 |

| | | | | |
|---|---|---|---|---|
| Pharmacist Band 8A | Practice Based Pharmacists | Pharmacist | £58,919.00 | |
| Psychological Well-being Practitioner | Psychological Wellbeing Practitioners | PWP Mental Health | £100,781.00 | £ 93,029.00 |
| NCN Nurse | Right Size Restart and Recover | Right Size Restart and Recover | £27,500.00 | £ 27,500.00 |
| Travel & Subsistence | Practice Based Pharmacists | Pharmacist | £0.00 | £139.00 |
| Community Wellbeing schemes (Winter/Dental) | Community Wellbeing Schemes | Community Wellbeing Schemes | £1,000.00 | £1,000.00 |
| Dementia Road Map | Top Slice - Dementia Roadmap | Dementia Road Map | £375.00 | £375.00 |
| PLT Sessions | Locum Cover – CPD | | £0.00 | |
| IRISi | IRISI | | £0.00 | |
| Expert Patient Programme Development | Expert Patient Programme (EPP) | Expert Patient Programmes (EPP) | £8,000.00 | £8,000.00 |
| Digital Solutions and Inclusion | My Surgery App | | £1,500.00 | £1,300.00 |
| Practice manger facilitator | Practice Manager Conference | Conferences | £2,500.00 | £2,500.00 |
| MIND | Third Sector Sessions - MIND Mental Health | Third Sector Sessions | £8,000.00 | £8,000.00 |
| Flu Delivery Plan Support | Room Hire - Flu Vaccinations | | £500.00 | £500.00 |
| Staff wellbeing | Wellbeing Workshop | | £500.00 | £500.00 |
| Development of Hubs/BG West | MSK First Contact Physio | | £50,000.00 | |

The NCN budgets can fluctuate year on year as they're driven by the patient list size as at the 1st April of each financial year so the 24/25 budget could differ slightly.

**Workforce Profiles**

There is a clear direction set by Welsh Government (WG) which is detailed in the National Model for Primary (April 2019), aligns with the focus being on a multi-professional workforce so patients can be seen in the right place by the right person to best meet their needs. However, there continues to be challenges across Primary and Community Care as our ability to meet patient expectation and increasing demands on services, coupled with strategic priority to shift care out of hospital, alongside a reduction in the number of newly qualified professionals entering Primary Care and an increasing number of professionals retiring all resulting in reduced sustainability of Primary and Community Care.

Clinical recruitment continues to be the highest risk for our locality. Change fatigue is one of many limiters affecting the Borough, an aging workforce and a gender imbalance has been identified across the Blaenau Gwent workforce compounded by the many challenges; a lack of workforce sustainability across all our core services, high levels of deprivation and comorbidities also provide opportunities to develop and grow alternative skillsets to bring additional capacity and the Primary Care Plan for Wales sets out opportunities for implementing a workforce which utilises a wide range of skillsets to deliver our services. A key priority for our locality is to take a holistic view on the needs of our population and develop a workforce that has the clinical and non-clinical skillset to meet these changing needs. Alternative skillsets are currently being explored, we are progressing Band 4 Health Care Support Workers in our District Nursing Teams, Reablement Technicians in CRT, GPwSI in our rapid services.

Across Blaenau Gwent NCN Sustainability workshops have taken place in order to profile sustainability of the 10 GMS practices. In addition to this, GMS Workforce data has been extracted from the National Workforce Reporting System (NWRS) and fed into a central dataset for analysis purposes. The current staffing has been compared with example Model for Orthodox. This tool is designed to allow NCN teams and stakeholder to validate NWRS reported data, assess future challenges and consider workforce needs.

The workforce analysis will identify and inform the NCN of future challenges-

1. Assessment of GPs approaching retirement age bases on those who will be 55 years by 2025
2. Assessment of current GP vacancy facto comparing current GP level versus Orthodox Model
3. Number of National Extended Roles (NERs) in post divided by 50% based assumption that each 2 NERs can replace workload of 1 GP
4. Assessment of risk based on GP Vacancy factor and retirement factor compared with Orthodox Model and compared with the practices across Gwent

GMS Workforce Modelling has identified the current position of the GMS workforce across practices within Blaenau Gwent:

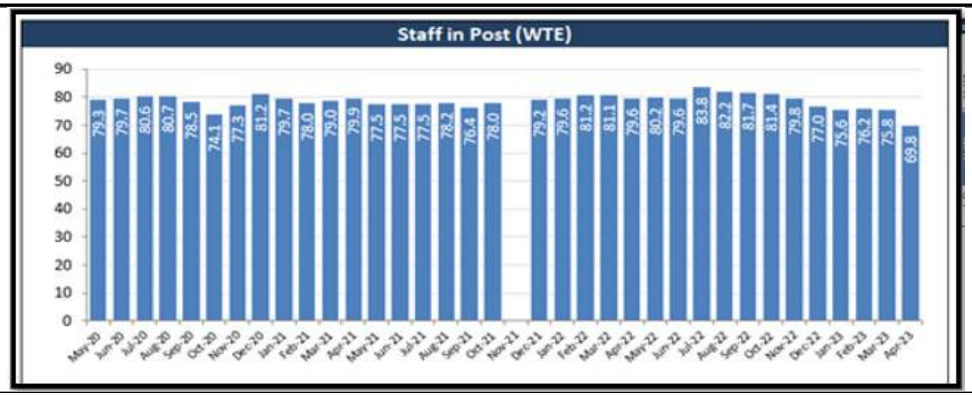
| **Blaenau Gwent West** | | | |
|---|---|---|---|
| **Current Position** | | **Future Challenges** | |
| Total current list size | 38,673 | GP workforce aged 55+ by 2025 | 9.09 wte |
| GP | 14.58 wte | Current GP Gap | 8.87 wte |
| Extended Roles | 7.53 wte | NERs impact on GP Vacancies | 3.77 wte |
| Practice Nurses | 15.19 wte | % GPs either vacant now or aged 55+ by 2025 | 60.50% |
| Other Clinical | 0.85 wte | **Risk Assessment** | **High** |
| Admin/Non-Clinical | 46.53 wte | | |

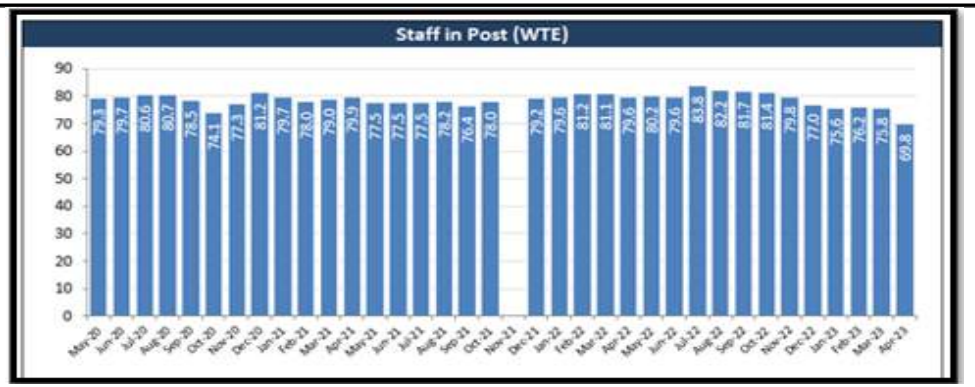
| **Blaenau Gwent East** | | | |
|---|---|---|---|
| **Current Position** | | **Future Challenges** | |
| Total current list size | 33,410 | GP workforce aged 55+ by 2025 | 4.30 wte |
| GP | 10.95 wte | Current GP Gap | 9.93 wte |
| Extended Roles | 3.49 wte | NERs impact on GP Vacancies | 1.75 wte |
| Practice Nurses | 15.33 wte | % GPs either vacant now or aged 55+ by 2025 | 59.80% |
| Other Clinical | 0.67 wte | **Risk Assessment** | **High** |
| Admin/Non-Clinical | 35.79 wte | | |

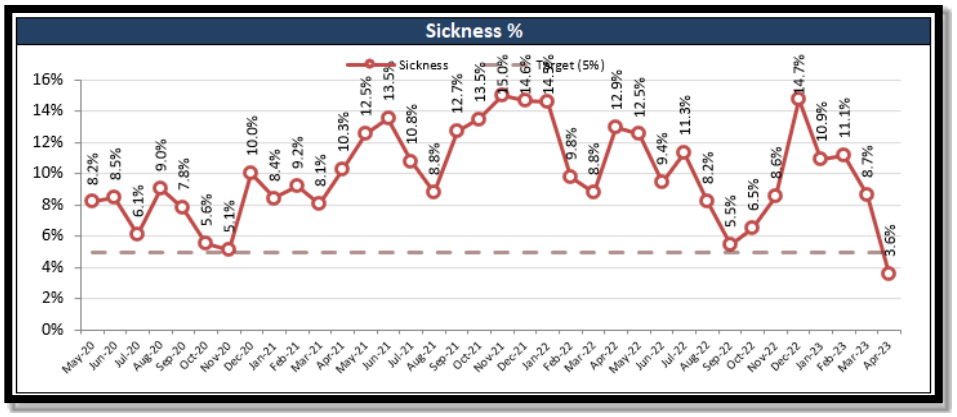
*Sustainability of the medical model* - Primary Care services are unsustainable in their current format within Blaenau Gwent. We have historic difficulties in the recruitment and retention of GPs and medical staff within the Community Resource Team (CRT). We currently have 2 Health Board Managed GP practices in Blaenau Gwent East.

BG Locality Team – 6 members with an administration or clerical role within the team, all members of staff are aged between 25-54 years of age and identify as female indicating that there is a gender gap within the team.

| **District Nursing Workforce** | **CRT Workforce** |
|---|---|



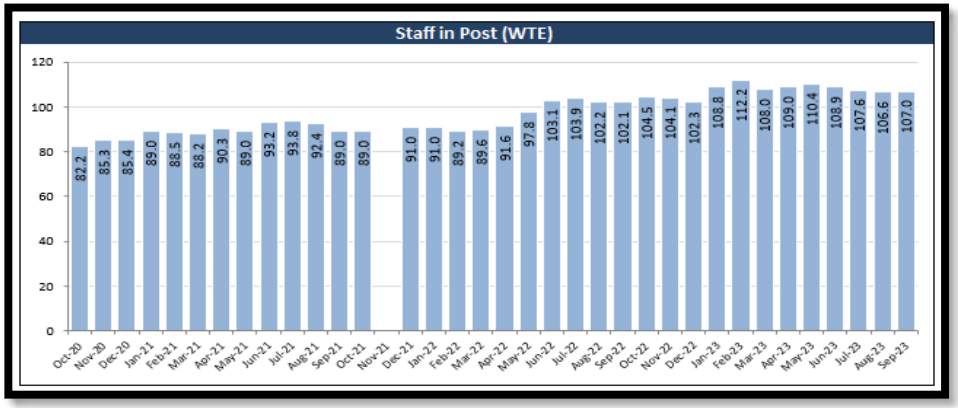



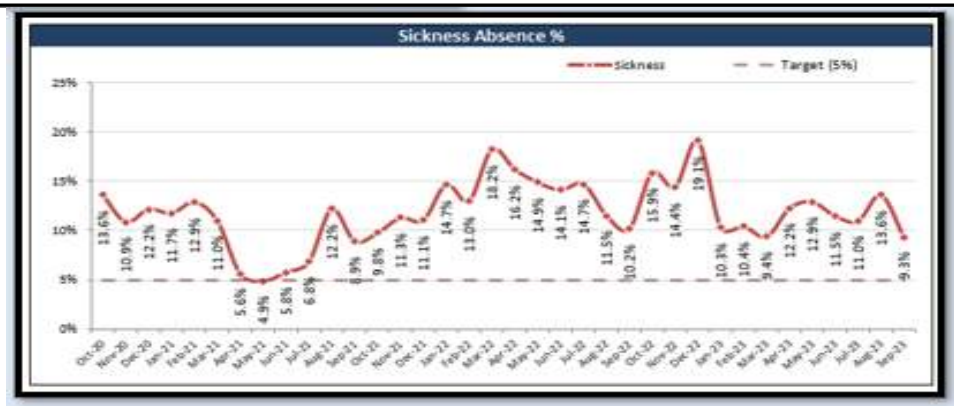





- Blaenau Gwent currently has four district nursing teams which have been aligned with the district nursing principles, a total of 12 WTE in each team (including clinical and non-clinical staff). The teams on average are completing 6500, 7,300 visits per month, this is face to face and not including any other contact.

**Ysbyty Aneurin Bevan Community Hospital**




## Key Difficulties related to the 2023/24 Cluster Plan:

- Lack of building capacity across our Estates to supporting opportunities to reduce service demands
- Lack of staffing to support the delivery of our priorities i.e., restart and recovery to improve capacity across our services.
- Uncertainty around workforce capacity, fluctuation in staffing levels and inability to recruit clinical staff, impacting significantly on ability to forward plan activities.
- Operational pressures and responding to increases in service demands and priorities redirect focus from service development work, new initiatives and opportunities designed to reduce pressures.
- System pressures impacting on delivery
- System pressures preventing all screening programmes being developed across the locality however bowel screening was able to progress.
- Lack of digital inclusion and confidence to access health and social care systems has impacted on efficient and effective communication across the locality.
- Dental access– practices are prioritising care/treatments but there continues to be delays and appointment backlog with a cohort of our community unable to access NHS dental provision.
- Possibility of the managed practices across Blaenau Gwent going over to independent status
- Instability of GMS across cluster with mandated dispersal of practices and significant number of managed practices in cluster,
- Number of single-handed practices operating in cluster and uncertainty of practice in next 2 – 3 years.
- Uncertainty around tapering of funding to continue programmes e.g., Compassionate Communities and Integrated Wellbeing Networks
- Reliance on limited capital programme to progress estates strategy

## Potential challenges / issues in delivering the 2024/25 Cluster plan:

SWOT Analysis – BG GMS

| Strengths | Weaknesses |
|---|---|
| Team working within the practice and a stable clinical team who are open to development | Depleted workforce, practices are understaffed for the needs of the population |
| Passionate and dedicated and patient focus | Collaboration always deferred due to work intensity |
| Seeking solutions across the Health Board Services- Quality focused | Resources, skill set in some roles, financial resources, time |

| | |
|---|---|
| Communication standards are improving | Singlehanded practices within NCN |
| Sharing of information | Resources, skill set in some roles, financial resources, time |
| Collaboration amongst practice managers | Lack of financial resource into primary care |
| | External services referral process |
| | Lack of time given for practices to work more closely together |
| | Partnership model of practice is vulnerable<br>Better planning/reflection. Better co-operative working |
| **Opportunities** | **Threats** |
| Working with other Allied Health Professionals | Workforce challenges |
| Development of new wellbeing centres /hubs in Tredegar and Ebbw Vale | Lack of insight and foresight of sustainability within current primary care model |
| The opposite of the weaknesses mentioned | Recruitment Challenges |
| Development within the practice team from expansion which will allow for better processes and more streamlined approaches to workflow | Retirements /Sickness |
| | Moving premises whilst over stretched |
| | Additional allocations |

- Lack of workforce sustainability across the locality impacting on core service delivery. An inability to recruit and retain both clinical and non-clinical staff across the locality.
- Continuing system pressures across services to be able to develop screening programmes and increase uptake rates
- Lack of staffing resource to deliver CRT 8 – 8 service.
- Lack of continuity of service for some funded services such as MSK, Practice based Pharmacists and PWP's.
- Short term funding impacting on opportunities to innovate and test new concepts.
- Highest levels of multiple deprivation across Gwent
- Significant gap in Health inequalities, high number of residents who do not participate in healthy behaviours and a persistent lack of desire to access Health Protection Services, evidenced through 68% who are either overweight or obese, 22% who smoke, 39% who are active for less than 30 minutes a week with 82% not accessing a healthy diet.
- High prevalence of chronic disease, inequality in life expectancy, mortality rates, high prevalence of chronic disease, poorer mental wellbeing,
- Highest rates of childhood tooth decay in Wales and lack of affordable dental care in the locality
- Poor mental wellbeing for both children and adults
- Cardiovascular disease and cancer are the biggest cause of premature mortality in Blaenau Gwent with the lowest take up of screening services.
- Hypertension, obesity, asthma and depression accounts for around 60% of the disease prevalence across the clusters. Above average levels of disability with 31.6% of working age people being defined as disabled. Resulting in a proportion of people claiming disability related benefits - 12% of working aged residents claim EAS or incapacity benefit.

- We currently have 3 managed GP practices across the Blaenau Gwent footprint one of which becomes independent status from 1st January 2024
- High levels of antibiotic and opioid prescribing and usage
- Lack of community development opportunities and a population culture that does not identify volunteering as well to improve wellbeing within the locality and this impacts on our ability to deliver place based and graduated care.
- Volunteering and befriending schemes fragile due to uncertainties around long term funding opportunities and this impacts on our ability to deliver place based and graduated care.
- EPP BG resident specific courses are only available currently in the day because of capacity within the service which does not support those that are working, however there are courses available outside of core hours (evenings and weekends) on a Gwent wide basis.
- Sexual Health Services- lack of services available in the BG East Cluster, services have not resumed fully following covid.

*List activities or projects planned to commence during 2024-25, as well as those planned/ initiated in 2023-24 (or earlier, if ongoing)*

| Activity/Project Title | New or Existing Activity | Brief Activity Project Description *All within IMTP 2024-25 content | Results/Benefits Expected by End March 2025 *All within IMTP 2024-25 content | Strategic Alignment: Ministerial Priorities | Strategic alignment: SPPC key programme priorities | ISPB Priority | ISPB Priority. | ISPB Priority. | Activity/ project budget | Funding source(s) | Current Status | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Provide a consist activity or project title, one per unique activity | Is this a new activity for 24/25 or part of a previous cluster plan? | Simple and to the point - no need to go into specific objectives | Brief list of main results or benefits anticipated from this activity or project before end of March 2024 | Does this fit any of the ministerial priorities? | Does this fit any of the SPPC key priorities? | | | | What money has been allocated to this project or activity? Insert total – to include staff, equipment etc. costs | What is the source of this funding? I.e., transformation funding, cluster funding etc. | What is the current status – short description only | comments you feel may be relevant here – for example barriers to success, workforce issues etc. |
| **Accelerated Cluster Development** | Existing | Practice Managers Forum will continue to innovate, transform, and provide new ways of working collaboratively across the NCN footprint and will be seen as a vital component of collaborative working | Innovate, transform, and provide new ways of working collaboratively across the NCN footprint. | Healthier Wales<br>Working alongside Social Care<br>Population Health | Prevention & Wellbeing<br>Communication and Engagement<br>Transformation and Vision for clusters | Children's Health | Mental Health and Wellbeing | Mapping of Services | | | ongoing- as part of the collaborative cluster working 2024-25 | |
| **Accelerated Cluster Development** | Existing | Utilise NCN funding to innovate and test concepts relevant to our population which improve outcomes for all our residents | To utilise NCN funding to innovate and test concepts which are relevant to our population and able to improve outcomes for all our residents, these include, SEM Scanners, assisted technology, locality based MSK programmes, reducing the impact of on the day demand. Developing exit strategies to enable proven concepts such as Psychological Wellbeing Practitioners and Practice Based Pharmacists to be core funded. | Healthier Wales<br>Working alongside Social Care<br>Population Health | Prevention & Wellbeing<br>Communication and Engagement<br>Transformation and Vision for clusters<br>Workforce & Organisational Development | Children's Health | | Mapping of Services | | NCN Funding | Ongoing GP Cluster Commitment to continue to 24/25 | |
| **Accelerated Cluster Development** | Existing | Developing exit strategies to enable proven concepts to be diverted from NCN budgets | Work with the SIM for ACD to develop a monitoring and evaluation tool for NCN funded projects. | Healthier Wales<br>Population Health<br>NHS Recovery<br>Supporting Social Care/Health Workforce<br>Working alongside Social Care | Prevention & Wellbeing<br>Transformation and Vision for clusters<br>Workforce & Organisational Development | Children's Health | Mental Health and Wellbeing | Mapping of Services | | | | |
| **Accelerated Cluster Development** | Existing | Utilising opportunities that technology can bring to increase access to services | The principles of the Primary Care Model for Wales to increase the digital offer around triage and signposting to ensure patients are seen by the right person at the right time in the right place. Working with Blaenau Gwent GP surgeries to increase numbers utilising technology to improve access to GMS services. Promoting and demonstrating My Surgery App to encourage patients' usage. | *NHS Recovery*<br>*Supporting Social Care/Health Workforce*<br>*Healthier Wales*<br>*Working alongside Social Care*<br>*Population Health* | Prevention & Wellbeing<br>Transformation and Vision for clusters<br>Workforce & Organisational Development<br>Development<br>Data & Digital technology | | | Mapping of Services | | | | |

**Key: ISPB alignment to IMTP (Draft priorities 24/25)**

**1. Children's Health**

**1.** Dental

**2.** Obesity and Healthier Behaviours

**3.** Emotional Wellbeing

**4.** Childhood Immunisation

**2. Mental Health and Wellbeing**

**1.** Measuring Citizens Experience

**2.** Isolation

**3.** Staff Wellbeing

**3. Mapping of Services**

**1.** Obesity

**2.** MSK

**3.** Dental

**4.** Education and Training

**5.** Sustainability

**6.** Pathway Optimisation

**7.** Estates

**8.** Redesign of Services for Older People

**9.** Diabetes Prevention Programme

**10.** Health Protection Services

# Cluster Annual Plan 2024-25

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Accelerated Cluster Development** | Existing | Widening stakeholder attendance at NCN | Widening stakeholder attendance across our NCN to ensure full collaboration to meet population needs and maintain local voice. We will seek to create sustainable system change through the integration of health and social care services, raising awareness of the benefits and opportunities for improving population outcomes through collaboration, strengthening partnership arrangements with the third sector and health colleagues such as the local authority, WAST, Direct care and other key partners to meet the specific health and wellbeing needs of our communities | Healthier Wales<br><br>Working alongside Social Care<br><br>Population Health<br><br>NHS Recovery<br><br>Supporting Social Care/Health Workforce | Prevention & Wellbeing<br><br>Transformation and Vision for clusters<br><br>Workforce & Organisational Development | Children's Health | Mental Health and Wellbeing | Mapping of Services | | | | |
| **Accelerated Cluster Development** | Existing | prioritise the establishment of Pan Cluster Groups | Continue to develop the ISPB priority actions with our partnership board landscape.<br><br>To develop and strengthen the relationship with the Gwent Regional Partnership Board | | | Children's Health | Mental Health and Wellbeing | Mapping of Services | | | | |
| **Care Closer to Home/Pathway re-design** | Existing | Future service model for the development of sustainable Placed Based primary care services across the East of the Cluster | The NCN is undertaking work to profile timetables to enable Care Closer to Home in terms of delivering services for children and sustainable placed based care: | Supporting Social Care/Health Workforce<br><br>Healthier Wales<br><br>Population Health | Prevention & Wellbeing<br><br>Communication and Engagement<br><br>Transformation and Vision for clusters | Children's Health | Mental Health and Wellbeing | Mapping of Services | | | | |
| **Estates Mapping** | New/Existing | Utilising an assets-based approach to refine our Estates Strategy | Blaenau Gwent East NCN plan to Utilise an assets-based approach to refine our Estates Strategy around our four places – Tredegar, Ebbw Vale, Abertillery and Brynmawr, harnessing existing infrastructure to support integrated delivery on the ground. | NHS Recovery<br><br>Supporting Social Care/Health Workforce<br><br>Healthier Wales<br><br>Population Health | Prevention & Wellbeing<br><br>24/7 model<br>Transformation and Vision for clusters<br><br>Workforce & Organisational Development<br>Data & Digital technology | Children's Health | Mental Health and Wellbeing | Mapping of Services | | | | |
| **Health Protection Services/ Building Community Resilience** | Existing | Development of Health Prevention services in collaboration with the third sector, IWN and IAA, identifying social networks to help address the wider determinants of health | To improve uptake amongst the 2–3-year-old cohort across the borough in 23/24 the NCN Flu programme will-<br>Work in partnership with Local Education Authority Leads to jointly promote the importance uptake with parents and careers<br>Attend Mother and toddler groups to promote uptake<br>Extension of the 3-year-old school pilot across the whole of BG | Prevention & Wellbeing<br><br>Communication and Engagement<br><br>Transformation and Vision for cluster | Prevention & Wellbeing<br><br>Communication and Engagement<br><br>Transformation and Vision for cluster | Children's Health | | | | NCN Funding | Ongoing<br><br>GP cluster commitment to continue to 2024/25 | |

# Cluster Annual Plan 2024-25

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Health Protection Services** | New | Supporting the needs of the local population with the cost-of-living crisis | | Supporting Social Care/Health Workforce<br><br>Healthier Wales<br><br>Working alongside Social Care<br><br>Population Health | Prevention & Wellbeing<br><br>Communication and Engagement | Children's Health | Mental Health and Wellbeing | | | NCN Funding | | |
| **Health Protection Services** | New | Dental | | Healthier Wales<br><br>Population Health | | Children's Health | Mental Health and Wellbeing | Mapping of Services | | | | |
| **Health Protection Services** | Existing | Diabetes Prevention Programme | Participation in the Diabetes Prevention Programme across the West Cluster for pre diabetic patients to be offered a brief intervention which includes lifestyle advice with the hope of reducing their HBA1c over the longer term to reduce or prevent the progression of diabetes | Population Health<br><br>Healthier Wales | Prevention & Wellbeing | | | Mapping of Services | | WG Funding | | |
| **Health Protection Services** | Existing | low participation rates for cancer screening, immunisation, and vaccination programmes | We will improve low participation rates for cancer screening through a targeted communication programme in partnership with secondary care colleagues to increase awareness, providing screening opportunities closer to home and collaborate with our Integrated Wellbeing Networks, social care and 3rd sector programme to raise awareness through a focused marketing campaign tailored to suit our community's needs. | Working alongside Social Care<br><br>Population Health<br><br>Healthier Wales | Prevention & Wellbeing<br><br>Communication and Engagement | | Mental Health and Wellbeing | Mapping of Services | | NCN Funding | | |
| **Health Protection Services**<br><br>**Building Community Resilience** | New/Existing | Building community resilience through connections to increased social prescribing and community development in collaboration with the third sector, Integrated Wellbeing Networks, Social Care and 3rd Sector | Increased social prescribing and community development in collaboration with the third sector, Integrated Wellbeing Networks, Social Care and 3rd Sector. Development of Wellbeing Friends/ Explorers (training for front line staff such as Care Navigators, DNs, CRT etc) improving access to and awareness of GDS, Optometry and GMS services. Our focus is on building resilience through prevention and early interventions to enhance wellbeing and self-care,<br>identifying social networks to help address the wider determinants of health such as Vaccination programmes, EPP mental health initiatives, | Working alongside Social Care<br><br>Mental Health and Emotional Wellbeing<br><br>Population Health<br><br>Healthier Wales | Prevention & Wellbeing<br><br>Transformation and Vision for clusters<br><br>Workforce & Organisational Development<br>Development<br>Data & Digital technology | Children's Health | Mental Health and Wellbeing | Mapping of Services | | | Ongoing<br><br>GP cluster commitment to continue to 2024/25 | |
| **Pathway Optimisation** | New | The ongoing sustainability of all health and social care services on an operational footing level is paramount, to support the NCN will undertake a mapping of services – both clinical and non-clinical to ensure that people with the right skills and experience work in an environment that is fit for purpose | NHS Recovery<br><br>Supporting Social Care/Health Workforce<br><br>Healthier Wales<br><br>Working alongside Social Care<br><br>Population Health | Prevention & Wellbeing<br><br>Transformation and Vision for clusters<br><br>NHS Recovery<br><br>Communication and Engagement | | | | Mapping of Services | | | | |
| **Pathway Optimisation** | New/Existing | Optometry | The NCN will work with Optometry to explore<br>• Fast-track pathway for patients with cataract and dementia / falls risk<br>• Holistic diabetic care - early intervention with education<br>• Smoking cessation advice from optometry<br>• Falls risk identification and signposting<br>• Childhood vision<br>• Social prescribing - including mental health training | Healthier Wales<br><br>Population Health<br><br>NHS Recovery | Prevention & Wellbeing<br><br>Communication and Engagement<br><br>Transformation and Vision for clusters | | | Mapping of Services | | | | |

# Cluster Annual Plan 2024-25

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Redesigning Community Services for Older People** | Existing | Explore opportunities to deliver a sustainable community resource model. | Explore opportunities to deliver complex care closer to home through a sustainable community resource model which encompasses hospital @ home/step closer to home pathways , helping our residents to have their health and social care needs met as close to home as possible in a seamless and integrated way through models of care which reduce admission and long term care dependence, utilising a varied clinical skillset able to meet the demands of changing service needs and deliver on the D2RA pathways to provide preventative care and where needed a rapid response to prevent admission or, where admission is needed, the CRT Tyleri model will be available to provide a short clinical interventions prior to supporting individuals to be discharged to recover at home as quickly and safely as possible. | | | | | Mapping of Services | | | | |
| **Redesigning Community Services for Older People**<br><br>**Reablement Hospital Liaison OT** | Existing | Building on D2RA Project | Blaenau Gwent ISPB to align with the strategic priorities of the Health Board, Local authority and A Healthier Wales's vision of a whole system approach to health and social care, focussed on health and well-being and on preventing illness with access to a wide range of seamless community-based services. (Appendix 1) | NHS Recovery<br>Supporting Social Care/Health Workforce<br>Healthier Wales<br>Population Health | Prevention & Wellbeing<br><br>24/7 model<br><br>and Vision for clusters<br><br>Workforce & Organisational Development | | | Mapping of Services | | | | |
| **Redesigning Community Services for Older People** | Existing | | As part of the redesign of Frailty services we will review our existing hot clinic pathways and ensure that these are fit for purpose, providing rapid access clinics for older people to undertake assessment, diagnostics, and treatment on an ambulatory basis.<br><br>CRT In-reach Model which brings alignment between health and social care services to support residents to remain in their usual place of residence for as long as possible.<br><br>Within YAB the locality team have supported and developed an additional staffing resource which will support a nurse led Tyleri Ward service. Part of the model includes direct admission and transfer pathways to support an 8 bedded CRT unit.<br><br>Facilitate the introduction of the Graduated Care model across to supports seamless pathways from hospital to home utilising nurse led units to minimise the time being spent in hospital settings. | NHS Recovery<br><br>Supporting Social Care/Health Workforce<br>Healthier Wales<br>Population Health | Prevention & Wellbeing<br><br>24/7 model<br><br>and Vision for clusters<br><br>Workforce & Organisational Development | | Mental Health and Wellbeing | Mapping of Services | None, staff attending clinic will be from the core district nursing teams | | Planned to commence when staffing levels improve | |
| **Staff wellbeing** | New/Existing | Supporting our Health and Social Care staff within Blaenau Gwent to feel valued, engaged with in a positive sense of wellbeing at work | The NCN is committed to providing wellbeing support to well deserving staff, offering a wellbeing space, but also to provide a warm personal welcome from the Blaenau Gwent Health and Social Care Team and well-being support and guidance. | | | | Mental Health and Wellbeing | | | | | |

# Cluster Annual Plan 2024-25

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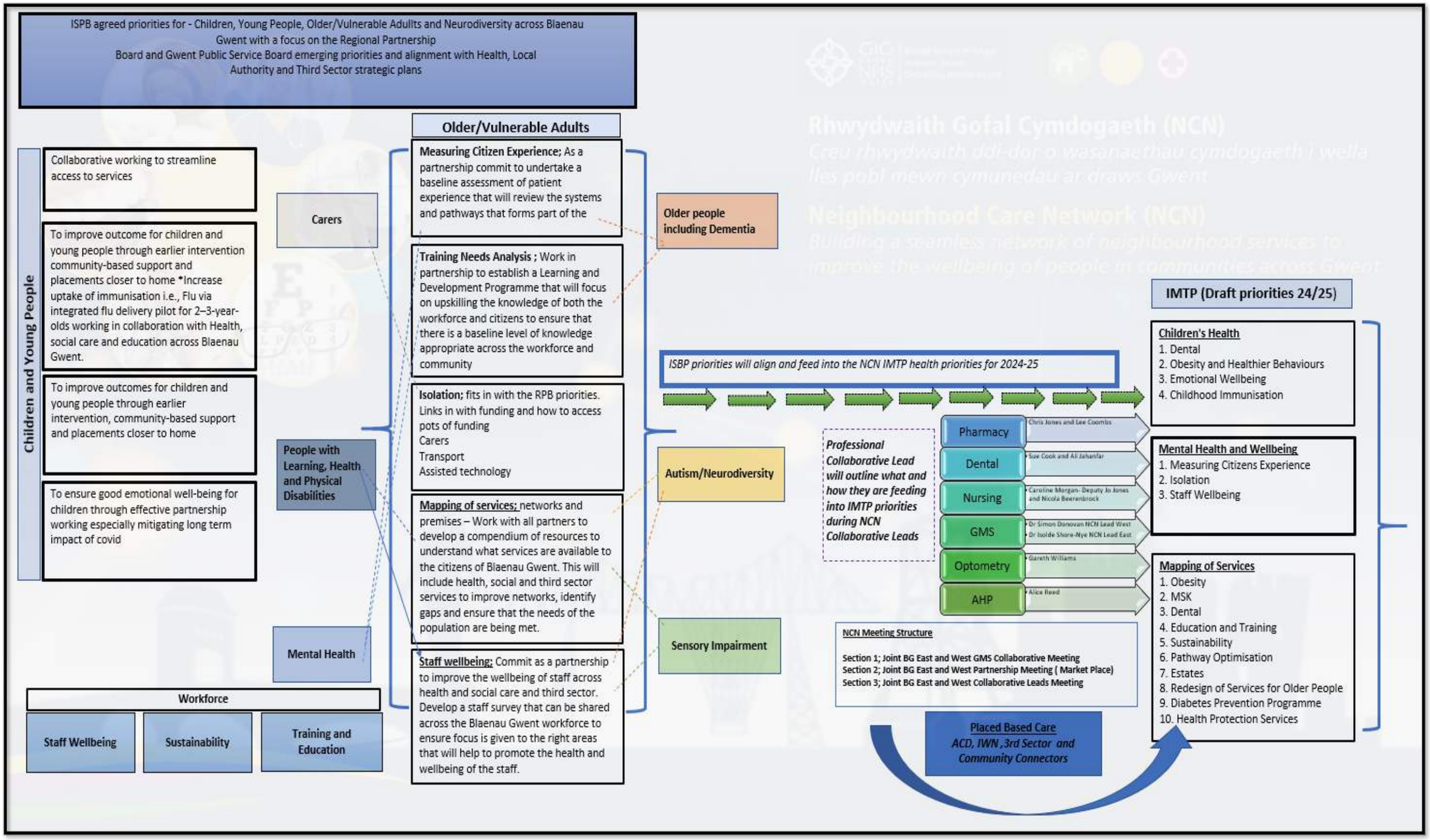
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Training and Education** | New/Existing | Continue to support with training programmes for primary care settings | Continue to progress student support for university entry, as well as support the primary care academies with their onward programme and in turn support services with the academy placements of clinical roles within primary care settings.<br>Continue with NCN Nurse model to support practices with nursing skills i.e., shingles, childhood immunisations, chronic disease management, wound care. Explore NCN nurse facilitator role to train and upskill general practice nurses this will include supporting the training and development of academy nurses and making the academy attractive to practices within the Blaenau Gwent area. | NHS Recovery<br>Supporting Social Care/Health Workforce<br>Healthier Wales<br>Population Health | Prevention & Wellbeing<br><br>Transformation and Vision for clusters<br><br>Workforce & Organisational Development | | Mental Health and Wellbeing | Mapping of Services | | | |

**Appendix 1- Underground Plan on a Page –** ***How the ISPB priorities will align and feed into the NCN health priorities for 2024-25***



# PAN CAERPHILLY NCN ANNUAL PLAN 2024-25

## East, North & South NCNs

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***Working Together to Develop, Deliver & Sustain Services on a Local Level***

***Version 1 21/11/23***

# Caerphilly NCNs Annual Plan 2024-2025

## Executive Summary:

Caerphilly Locality Neighbourhood Care Networks (NCNs) are split across the East, North and South of the Borough. This plan covers all three NCN areas and their collective aim is to support, sustain, develop, and improve services on a local level. The needs of the local populations that the NCNs serve is at the forefront of all we do, recognising and responding to areas of inequity and enabling people and communities to be healthy and independent.

The 2024-25 plan will outline the key elements and is the basis on which the core NCN business will be delivered. The plan outlines need, priority areas, and our enablers and will allow us to monitor and be accountable for plan delivery.

More than ever before it is essential that the way in which health and social care is delivered is fit for purpose, robust and able to respond to the population needs now and into the future. The pressures on services are well documented and the only way in which we can alleviate this is through adapting historical working patterns and being innovative in the way in which we work. This will in turn address some of the key factors such as: -

- Increasing demand on health and social care as a result of increasing population, people living longer and with more complex needs.
- Service sustainability in the short, medium and longer term.
- Inequalities across the borough linked to socio-economic deprivation which is further exacerbated by the current financial climate.
- Fit for purpose estate.

During 2024-25 the focus of the NCNs will be to deliver on the key priorities outlined within this plan as well as scoping and implementing new initiatives and work streams as opportunities arise. The accelerated NCN development programme and associated collaboratives which will act as enablers to deliver on priorities at a local level and will be a key workstream for the borough.

All three NCNs within Caerphilly borough are clear on the importance that our local communities and citizens are an integral part of what we do, and it is essential that they take the journey with us. The work of the Integrated Wellbeing Network will be key to this.

## Background Information:

Caerphilly Borough covers a large geographical area of 278 km$^2$ (107 square miles) and borders with two other health board providers, i.e., Cwm Taf Health Board and Cardiff & Vale University Health Board. It has a resident population of approximately 181,731 *(Mid-Year 2020 Stats Wales).* The General Practitioner (GP) registered population is higher than the residency at 187,000 people. They are registered to receive out of hospital/general health and social care from independent contractors, local authority and third sector. It has three NCN areas, namely, East, North and South, and whose purpose is to work across sectors including both public and third sectors to develop and support sustainable services on a local footprint. Across Caerphilly independent contractors comprise of 20 GP practices, 43 community pharmacies, 25 dental practices and 19 optometry practices.

The NCNs will continue to work to implement services on a local level to meet the needs of its population working across key service areas whether in acute care, secondary care, social care, independent contractor, primary care, community care or third sector service settings.

Caerphilly has a very proactive Integrated Wellbeing Network (IWN) programme that works to encourage and enable communities to take ownership of their wellbeing and health to become more resilient. It does this for example through connecting people and services to each other, supporting new and existing community wellbeing initiatives, and providing accessible wellbeing information.

The key priorities briefly outlined below are areas where the Caerphilly NCNs will have a focus through 2024-25, these will be underpinned by the enablers including Quality & Patient Safety, Financial Management, Communication & Engagement, Workforce & Staff Wellbeing.

## Key NCN Priorities 2024/25:

Our ISPB is fully established with a developed plan that is available on the RPB website (link). The three key priority areas identified within the ISPB plan relate to: -

1. Early Years & Best Start in Life
2. Mental Health & Wellbeing
3. Community Resilience

In addition, as a Health Board the priority areas for the Primary Care and Community Services Division over the period 2024/25 will be to progress and deliver on the following areas: -

- Long Term Conditions
- Access & Sustainability
- Redesigning of Older Persons Services
- NCN Development & Partnerships

To be able to achieve actions in relation to the above priority areas it will be essential to ensure that all the underpinning enablers are effective. These include: -

- Quality & Patient Safety
- Workforce & Staff Wellbeing
- Communication and Engagement
- Financial Management
- Fit For Purpose Estate
- Digital Technologies

This plan will outline the overarching national and regional strategic directions and then the above local priorities in more detail with the population need, how we plan to address this and what the anticipated outcomes and benefits will be.

## Strategic Direction

The ever-increasing complexity and demand on health and social care is well documented on a national, regional, and local level as a result of people living longer with consequently more complex and multiple morbidities. To respond effectively, we need to change how we provide our services to ensure people are kept as well as possible. We need to be able to provide care at home, or as close to home as possible, with hospital only being accessed when no other alternative exists.


There are multiple strategic drivers within Wales with the key plan being Welsh Government's plan for health and social care in Wales: 'A Healthier Wales', which includes a number of models to support better outcomes for all in Wales. One key model is the broader Primary Care Model for Wales and putting what matters to people at the heart of this model will make sure the right care is available at the right time from the right source, at home or nearby.

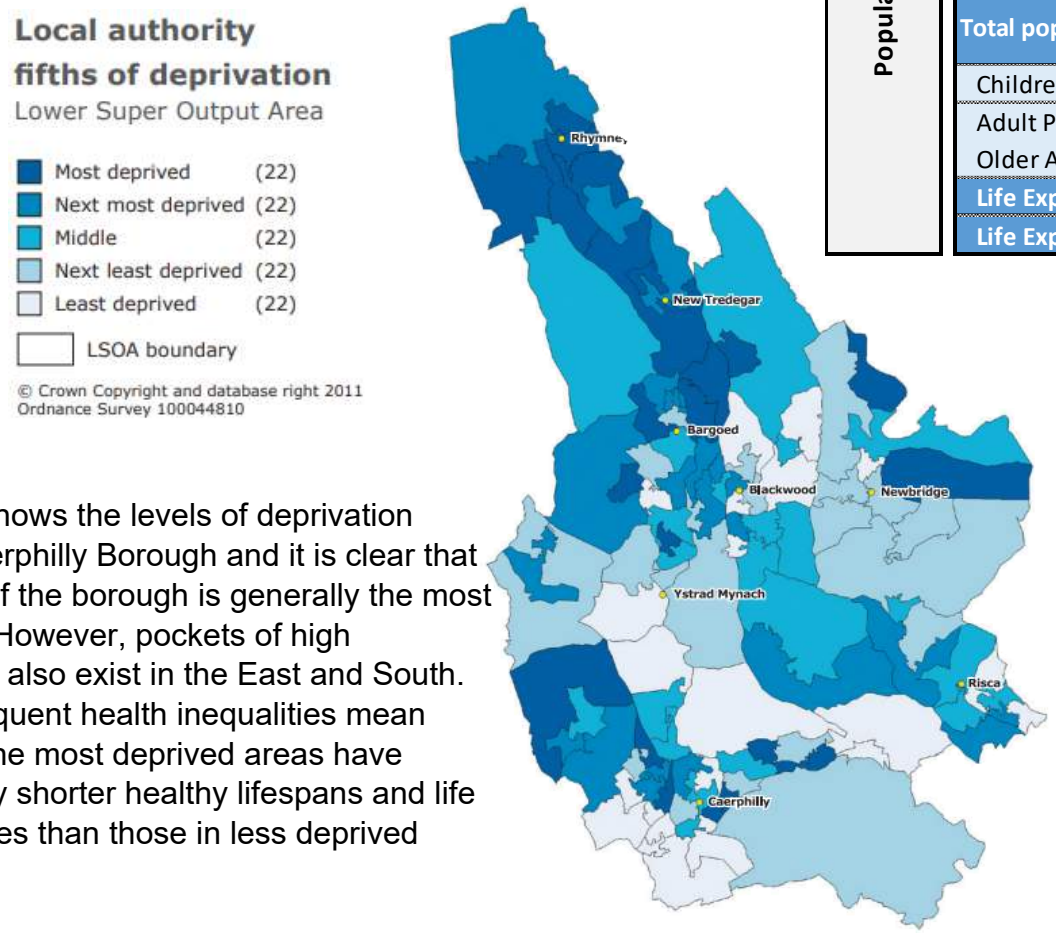
In order to transform, The Primary Care Model for Wales must be supported by effectively designed infrastructure for enhanced multi-professional working across health, social care and third sector. Local facilities and data systems must be flexible and responsive to future changes and support multi-professional working. People should be encouraged to use digital options to seek and receive care, while providing departments with direct access to services in the community that can deliver quality care closer to home. This will enable the outcome of the model to improve health and well-being, build stronger communities as well as improve the morale, motivation, and well-being for our staff with the aim to increase recruitment and retention of staff and ultimately provide longer lasting models of care.

On a local level the redesign of older persons services and the embedding of integrated teams to support people in the community who are at risk of deterioration in their long-term health conditions is a priority for us and the aim is to be able to provide care 24 hours a day, every day in or as close to home as possible. The need to work across generational boundaries to respond to current need whilst also undertaking preventative measures is essential to ensure we have resilient communities and sustainable services.

## Population Need

The table opposite gives the current population data for Caerphilly. By 2036 the population is projected to increase within Caerphilly by 2% with an estimated of 1 in 4 (26%) of this population being 65 years or older. It is anticipated that within Gwent the estimated number of people aged 85 and over will increase by 147%. There is a forecast decrease in the population of people aged under 16.

| | Indicator | Caerphilly | | |
|---|---|---|---|---|
| | | East | North | South |
| Population | Total population (residency) | 176,005 | | |
| | Children Population (0-15yrs) | 33,476 | | |
| | Adult Population (16-64yrs) | 112,583 | | |
| | Older Adult Population (65yrs+) | 35,672 | | |
| | Percentage of population over 65 years of age | 20.2% | | |
| | Population over 65 years of age | 35553 | | |
| | Total population (GP registered) | 186991 | | |
| | | 67,439 | 63,537 | 56,015 |
| | Children Population (0-17yrs) | 12,977 | 12,406 | 11,290 |
| | Adult Population (18-64yrs) | 40,822 | 38,405 | 33,439 |
| | Older Adult Population (65yrs+) | 13,640 | 12,726 | 11,286 |
| | Life Expectancy for Males | 77.8 | | |
| | Life Expectancy for Females | 81.4 | | |




The map shows the levels of deprivation across Caerphilly Borough and it is clear that the North of the borough is generally the most deprived. However, pockets of high deprivation also exist in the East and South. The consequent health inequalities mean people in the most deprived areas have significantly shorter healthy lifespans and life expectancies than those in less deprived areas.

Population challenges within the borough include –

- 110 Lower Super Output Areas (LSOAs), 14 of which are within the most deprived 10% in Wales.
- High levels of workless households.
- High level of people who depend on benefit. including incapacity benefits.

* *https://www.caerphilly.gov.uk/caerphillydocs/a-foundation-for-success.aspx*

# Caerphilly NCNs Annual Plan 2024-2025

Ensuring children in the Borough achieve the best start in life is a key objective locally and on a regional basis. The estimated number of children living in poverty in Caerphilly in 2020/21 was 11,359 (34%) and the determinants of poverty on health and wellbeing is well documented. The ongoing work transformation of the early years system to work seamlessly across all elements will be key to progress in this area. There is an issue within the borough of children who are living with overweight issues or obesity with 24.9% of all children aged 4-5 in this category (22.9% girls and 27% boys - 2021/22). Protecting our children from disease has always been a priority and on the whole Caerphilly achieves good uptake of immunisations. There are areas where this can be improved as can be noted from the table.

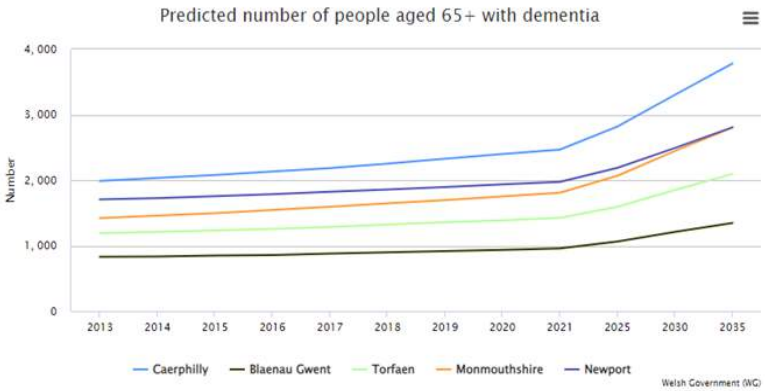
| | Indicator | Caerphilly | | | Gwent | Period |
|---|---|---|---|---|---|---|
| | | East | North | South | | |
| CHILDHOOD IMMUNISATION | Flu immunisation rates - 2 - 3 year olds | 46.5% | 38.9% | 59.4% | 47.4% | Apr-23 |
| | MMR1 (Age 2yrs) | 97.1% | 97.7% | 98.1% | 94.6% | Mar-23 |
| | PCVf (Age 2yrs) | 96.4% | 95.3% | 97.2% | 93.7% | Mar-23 |
| | Hib/MenC (Age 2yrs) | 96.4% | 96.1% | 98.1% | 93.5% | Mar-23 |
| | MMR2 (Age 5yrs) | 97.6% | 92.1% | 93.5% | 89.8% | Mar-23 |
| | PreSchool Booster (Age 5yrs) | 97.6% | 92.1% | 92.9% | 90.0% | Mar-23 |
| | MMR1 (Age 16yrs) | 97.6% | 98.3% | 97.3% | 95.8% | Mar-23 |
| | MMR2 (Age 16yrs) | 94.0% | 94.9% | 95.9% | 92.2% | Mar-23 |
| | PreTeen Booster (Age 16yrs) | 84.9% | 75.6% | 81.5% | 77.2% | Mar-23 |

Referrals to child and adolescent psychology are on an increasing trend. During 2021/22 Caerphilly referred 1,101 children to the Chid & Adolescent Psychology service which accounted for 26% of all Gwent referrals.

SPACE-Wellbeing is a multi-agency process which helps coordinate all children's mental health and emotional wellbeing services to ensure children and their families get the right help first time, and that all referrals are directed to the most appropriate service for their need. The service in 2022/23 received almost 2,000 referrals for Caerphilly Borough. The service has advised that referrals are processed in a timely manner, however, there has been an increase in waiting times for some assessments and interventions by the services.

Caerphilly NCNs recognises the increase in the number of people from varying generations presenting with mental health issues across a number of our clinical services and loneliness in our aging population is becoming more evident. The Psychological Health Practitioner service within Gwent received almost 20,000 referrals of which Caerphilly is a significant proportion. In addition, the Primary Care Mental Health Support Service within Caerphilly received 5,768 referrals during 2022/23. This gives some indication to the high-level demand there is within the Borough for mental health and wellbeing support.

As a result of a population increase of older people there is forecast to be an associated increase in people living with comorbidities and complex needs. The impact of this on health and social care cannot be underestimated.




The graphic to the left gives an indication of just one area where there will be significant impact with Caerphilly likely to have a 90% increase between 2013 and 2035 in the number of older people living with dementia. This combined with other likely co-morbidities and complex need of individuals highlights the need to ensure that we are able to redesign older people's services to be preventative, responsive and sustainable now and for the future.

As indicated above, high levels of socio-economic deprivation in some areas of the borough impact significantly upon health and wellbeing creating inequalities that must be addressed.

There is potential to impact positively on people's health and wellbeing in these areas, working with our communities. The Building a Fairer Gwent initiative based on Marmot principles sets out to address these inequities, which is essential to improve quality of life and develop and sustain services in the long term. The Integrated Wellbeing Network (IWN) area outline plans are very much framed in this context and based on community input, indicate a local assets-based approach to addressing these inequalities and reducing stresses on services. Community resilience is a key focus and will be the only way in which health and social care services are likely to be sustainable in the future. Within Caerphilly there is currently need to address the smoking habits of individuals which affects approximately 10.5% of our population. Our numbers of people with diabetes are increasing year on year and currently approximately 10% of our North NCN population is diabetic; 8.4% of the South NCN and 8.2% of the East NCN (patients registered with a GP Practice who are diagnosed with diabetes mellitus age 17+). A contributory factor to becoming diabetic is weight management and Caerphilly has a reported 30.8% of its adult population as being of healthy weight (2021/22).

Preventative approaches are key to ensuring people and communities are resilient and screening and immunisation programmes are accessible ways in which this can be achieved. The uptake of screening for bowel, breast and cervix are on par with the Gwent and Wales average however there is room for improvement. In the 2022-23 season the uptake of flu immunisation across the three key cohorts was variable with the 75% target met in the Over 65-year-old category but with a significantly lower uptake in those at risk aged under 65 and the 2–3-year-old cohort.

| Indicator | Caerphilly | | | Gwent | Wales | Period |
|---|---|---|---|---|---|---|
| | East | North | South | | | |
| Uptake of Bowel Screening Programme | 69.7% | 66.2% | 70.8% | 68.0% | 67.10% | Mar-21 |
| Uptake of Breast Screening Programme | 74.2% | 70.3% | 74.1% | 72.5% | 72.3% | |
| Uptake of Cervical Screening Programme | 72.0% | 70.1% | 73.9% | 70.7% | 69.5% | |

| Indicator | Caerphilly | | | Gwent | Period |
|---|---|---|---|---|---|
| | East | North | South | | |
| Uptake % of the COVID-19 Summer Booster | 60.8% | | | 63.7% | As at 06/06/23 |
| Flu immunisation rates - over 65s | 74.8% | 76.6% | 81.7% | 78.2% | Apr-23 |
| Flu immunisation rates - under 65 at risk groups | 49.6% | 45.1% | 45.2% | 47.7% | Apr-23 |
| Flu immunisation rates - 2 - 3 year olds | 46.5% | 38.9% | 59.4% | 47.4% | Apr-23 |

## Planned Actions for 2024/25:

### 1. Early Years & Best Start in Life

The First 1000 Days research has demonstrated how important these are on the longer-term outcomes for children within our communities and the need to reduce the gap between those most disadvantaged and those not. The Gwent Midwifery and Early Years Strategy (Jan 2023) identified specific benefits of changing to a "What Matters" approach and described the key priorities and actions needed. The NCNs in Caerphilly will continue to support this strategy and any actions to realise the new way of working with the approach being simplified, more cohesive, family focussed and borough wide.

Recognising mental health and wellbeing as a priority for our children and young people the NCNs will continue to support all services where appropriate to sustain delivery and will be achieved through our continued partnership working with Families First and other statutory and voluntary teams.

In addition to the above, the NCNs alongside the ISPB will work collaboratively to support:

- Good Health in Pregnancy - Support to stop smoking; weight management; Ante-natal Education Programme.
- The Healthy Child Wales Programme - Increased support and encouragement of breast feeding for new mothers.
- Childhood Immunisations Programme (incl. children's Flu Vaccination Programme).
- Oral Health – work with the dental collaborative to educate and improve.
- SPACE (Single Point of Access for Children's Emotional Wellbeing) – continue to support the service pathway, monitor waiting times and implement the service as opportunities arise.

### 2. Mental Health & Wellbeing

It is key for people to be seen as early as possible to support and where possible eliminate the need for further intervention.

Low level mental health services are preventative and early intervention areas for treating people, providing coping mechanisms and tools to enhance people's wellbeing and overall health. NCNs have supported and funded the provision of Psychological Health Practitioners (PHPs), in all Caerphilly borough GP practices as well as commissioning the services of MIND Cymru to support the primary care mental health service. MELO and other freely available resource are regularly promoted throughout the borough.

The Caerphilly NCNs have also provided funding for 2024/25 to bolster and increase the Community Wellbeing Connector roles within the Caerphilly Cares team across the borough. The Connectors will align with GP practices to provide non-clinical support and advice to vulnerable adults and their families to enhance their wellbeing, to enjoy a more independent life within their own communities thus

preventing social isolation. The aim is to harness support and expand resilience, demonstrated in communities, through meaningful dialogue and the co-production of services to promote long term independence.

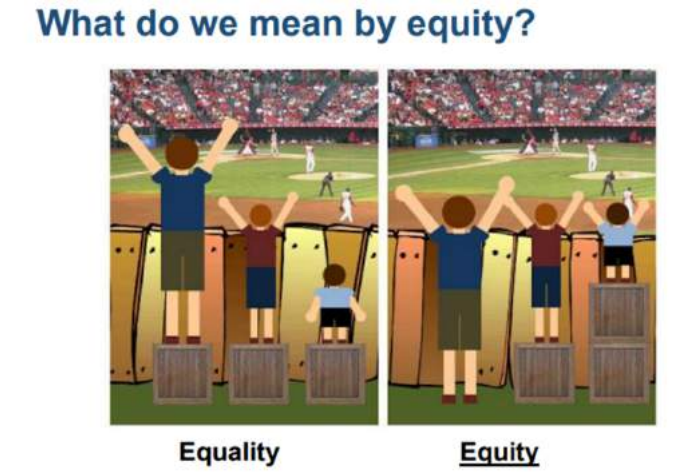
The Caerphilly IWN programme will continue to seek to facilitate community approaches to supporting mental health and wellbeing during 2024/25 by connecting people to local activities and support and raising awareness of those. Social isolation is a huge contributory factor to poor mental health and wellbeing creating anxiety and depression and the Cwtsh Café approach will continue to address this along with supporting more involvement in community activities more generally. The IWN programme has also developed a bid working with partners for GAVO to host a dementia activities co-ordinator for the North of the borough. The Nature Wellbeing initiative has made a good start in getting people more active outdoors, which benefits physical and mental health and we will continue to develop and extend this approach working with the community and third sector.

## 3. Community Resilience

Caerphilly borough is a prime example of a borough which has varying levels of deprivation and inequities. It is documented that people residing in areas of higher deprivation are more likely to suffer ill health and their life expectancy can vary as a result of this.

To address inequities, we recognise that collaborative working of stakeholders will be required through effective planning and operational delivery of services. It is imperative that we work locally and with individuals to encourage them to take ownership of their lifestyle choices which is key to reducing their risk of poor health and potentially a premature death.

The work of the IWN, developing initiatives and helping to connect people, groups and services at a local level will enable and empower communities to have greater engagement and will ensure they meet the needs of that community. The IWN local team are engaged with all sectors to seek to sustain community physical and mental health & wellbeing. They contribute to creating healthy communities by strengthening wellbeing and resilience, improving population mental well-being, getting people more active and promoting the wellbeing of the workforce. The Caerphilly IWN team is limited due to its small number of staff and the large geographical and population of the borough; however, their impact has been very positive and is key to continued progress going forward.




Source:
Institute of Health Equity (2022)

*Equality means individuals or a group of people have access to the same resources/opportunities. Equity recognises that people have different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.*

The introduction of participatory budgeting in Caerphilly, now hosted through GAVO and supported by the IWN programme along with partners in Caerphilly CBC, provides local people the opportunity to decide how to spend part of the public budget to seek to improve community health and wellbeing by supporting local initiatives This will encourage meaningful community involvement and ownership and help increase overall community resilience.

As identified in the population needs above the increasing number of people with diabetes needs action. The NCN will work with partners to review and consider a plan to identify people at risk of becoming diabetic (pre-diabetic) learning from and expanding on the work commenced in the North of the borough.

Preventative Screening & Immunisation Programmes as outlined above are part of the localities focus and preventative measures to ensure that the population of Caerphilly are aware of mechanisms to keep themselves safe and well at home. Programmes supported are outlined in the population health.

Caerphilly NCNs work well with their partners across local authority and third sector. In particular, the NCNs work closely with GAVO who have a Caerphilly team which provides help and advice to voluntary and community organisations to help increase the resilience and develop a thriving third sector. The borough is diverse and the information ranges widely to include volunteering, development, health and social care and early language.

Local hubs will be a key development and will mean that people will be able to access a broader range of services closer to home which fits within the boroughs place based care strategy.

Through partnership working with Caerphilly Cares, a single point of contact for end-to-end support for Caerphilly residents is provided with an aim of improving wellbeing and resilience.

The NCNs have supported and are implementing the expansion of the Community Wellbeing Connectors. These connectors will be aligned to individual GP practices and will: -

- provide support and advice to adults and their families to enhance their wellbeing, to enjoy a more independent life within their own communities thus preventing social isolation.
- harness support and expand resilience to promote long term independence.
- work with residents identifying appropriate solutions to their complex needs.
- continue to strengthen working links with Integrated Wellbeing Networks and the Green/Nature Prescribing programme

In Caerphilly we are invested in the Nature Prescribing programme which encourages and empowers people to take steps to improve their own health and wellbeing which in turn can and will reduce pressure on other clinical services and resource. We have jointly funded with partners a single point of access (coordinator) who undertakes some initial triage and administration and also links between the variety of groups who are engaged in the programme. This ensures people are supported and directed to most appropriate activities to suit their need. Generally, nature/social prescribing activities are provided by voluntary organisations and registered charities, but there are a small number of "social businesses" involved. The provision of services provides a pathway to refer individuals to discuss and consider best options for local, non-clinical based services which can include outdoor activities, such as walking and cycling, but also increasingly, activities such as environmental conservation, horticulture etc.

## 4. Long Term Conditions Management

Anticipating the increase in the older adult population it is recognised that there is likely to be an increase in the number of people with chronic long-term conditions and complex needs. The primary care contract has already recognised the importance of addressing unhealthy behaviours and forms part of the GMS contract Quality Improvement Framework (QIF) programme. Within Caerphilly town there is a new sports and wellbeing development being progressed and the NCNs are linking with partners to ensure that collaborative working across this and all other sites is enhanced to prevent the onset of ill health and where people live with long term conditions that they maintain their health and wellbeing as best as possible.

Services need to be preventative but also be reactive to respond to the needs of people with long term conditions to ensure their health and wellbeing is optimised. Some key focus areas for this will be about good weight management, healthy lifestyle choices including exercise referral programmes, outdoor prescribing etc.

Diabetes is anticipated to be an area where we incur a significant increase in prevalence if we do not manage to address the pre-diabetic risks in the short term. Caerphilly North NCN has been part of the pilot of the diabetes prevention programme, and it is hoped that funding can be secured to continue and expand the programme to all GP practices within the borough. As indicated in its area outline plans, the IWN programme will continue to focus on enabling community approaches to addressing conditions such as Type-2 diabetes and obesity by supporting and signposting people to become more active through local activities, as well as linking up with local food initiatives to support better access to healthy food, growing projects, and cooking skills, working with community health programme and the healthy weight management programmes for example.

Respiratory conditions have been a longstanding issue for people living in and around mining communities and the impact of the COVID pandemic has exacerbated the number of people living with mild, moderate, and severe respiratory conditions. The locality has implemented local hub based respiratory services, but this is limited due to site and team constraints but the NCNs are exploring

potentials to expand this to other hubs. Divisionally there is an ongoing workstream in relation to the longer-term model for respiratory services and the NCNs will inform this work and support the implementation of the model where required.

Similar to the respiratory hub developments, the NCNs have established specialist cardiac rehab provision to improve services for patients on a local level.

People living with complex and long-term conditions are often those who are in receipt of antibiotic prescribing. The NCNs via improved "C" Reactive Protein (CRP) testing and management for people with COPD will reduce the need for antibiotics and in turn support the importance work ongoing to reduce resistance to antibiotic treatments.

For the conditions outlined above the Nature Wellbeing initiative will encourage greater community activity outdoors and continue to link people on cardiac, pulmonary, and neurological rehabilitation programmes and will assist in ensuring people's health and wellbeing is optimised.

## 5. Access & Sustainability

Our residents need to be able to access any appropriate service they require via clearly defined means and in a timely manner. Our services need to be effective, robust, and sustainable now and into the future. The primary care model for Wales is an area which can support both access and sustainability and by using prudent healthcare principles to ensure that people are seen by the most appropriate practitioner will be key moving forward.

**General Practice Workforce Models & Challenges**

General Practice is a key "anchor" in local communities and often the first port of call when people's health and wellbeing is affected. The section below outlines the workforce model as it currently stands and potential options for the future and we have worked on the assumption of a partial hybrid model for this plan. This identifies the gaps and deficits of clinical posts as well as looks at future challenges and future workforce needs to inform robust succession planning. Extended roles include professionals such as practice based pharmacists, psychological health practitioners, community connectors. This information will also inform estate requirements / capital project prioritisation where more diverse skill mix requires greater physical space.

# Caerphilly NCNs Annual Plan 2024-2025

**East NCN:** 1 out of 7 practices are classed as high risk based on workload intensity and the number of vacancies/GP's reaching 55+ by 2025. Caerphilly East is classed as moderate risk overall and therefore immediate intervention may not be necessary, however models will still need to be in place to reduce these risks in future.

For the east to evolve to a sustainable model based on the partial hybrid model they would be required to increase their GPs by 2.44wte and extended roles by 5.56wte.

| | | Workload Intensity (based on deprivaton level) | OPTIMISED WORKFORCE MODELS | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Orthodox / GPs Model adjusted for NERs already in post | | | | Hybrid Partial Skill Mix Model adjusted for GPs and NERs already in post | | | | Hybrid Full Skill Mix Model where GP vacancies persist even with application of Partial Skill Mix (i.e. minimum GP | | | |
| | | | GPs (FTE) | Extended Roles (FTE) | GP Deficit | Extended Roles Deficit | GPs Required (FTE) | Extended Roles Required (FTE) | GP Deficit | Extended Roles Deficit | GPs Required (FTE) | Extended Roles Required (FTE) | GP Deficit | Extended Roles Deficit |
| **GWENT TOTAL** | | | **317.89** | **107.15** | **- 61.94** | **-** | **284.18** | **176.03** | **- 28.23** | **- 68.88** | **273.27** | **209.43** | **- 17.32** | **- 102.28** |
| **Caerphilly East** | | | **29.68** | **13.68** | **- 4.96** | **-** | **27.16** | **19.24** | **- 2.44** | **- 5.56** | **25.80** | **23.50** | **- 1.08** | **- 9.82** |
| W93001 | St. Luke's Surgery | Low | 3.33 | 2.27 | - | - | 3.33 | 2.27 | - | - | 3.33 | 2.27 | - | - |
| W93011 | Avicenna Medical Centre | Low | 4.46 | 5.26 | - 1.00 | - | 4.73 | 5.26 | - 1.27 | - | 3.94 | 7.20 | - 0.48 | - 1.94 |
| W93012 | Pontllanfraith Health Centre | Medium | 4.00 | 1.00 | - 0.44 | - | 3.56 | 1.88 | - | - 0.88 | 3.56 | 1.88 | - | - 0.88 |
| W93014 | Sunnybank Health Centre | Medium | 2.71 | 0.99 | - 1.56 | - | 2.14 | 2.14 | - 0.99 | - 1.15 | 1.75 | 3.33 | - 0.60 | - 2.34 |
| W93059 | Wellspring Medical Centre | Medium | 4.81 | 0.53 | - 0.24 | - | 4.57 | 1.01 | - | - 0.48 | 4.57 | 1.01 | - | - 0.48 |
| W93064 | Risca Surgery | Medium | 6.38 | 1.79 | - 1.72 | - | 4.85 | 4.85 | - 0.19 | - 3.06 | 4.66 | 5.98 | - | - 4.19 |
| W93067 | North Celynen Practice | Low | 3.99 | 1.84 | - | - | 3.99 | 1.84 | - | - | 3.99 | 1.84 | - | - |

**North NCN:** The population needs assessment identifies the current and future challenges faced by the GPs in Caerphilly North. 5 out of 7 practices are classed as high risk based on workload intensity and the number of vacancies/GP's reaching 55+ by 2025.

For the north to evolve to a sustainable model based on the partial hybrid model they would be required to increase their GPs by 3.87wte and extended roles by 8.01wte.

| | | Workload Intensity (based on deprivaton level) | OPTIMISED WORKFORCE MODELS | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Orthodox / GPs Model adjusted for NERs already in post | | | | Hybrid Partial Skill Mix Model adjusted for GPs and NERs already in post | | | | Hybrid Full Skill Mix Model where GP vacancies persist even with application of Partial Skill Mix (i.e. minimum GP | | | |
| | | | GPs (FTE) | Extended Roles (FTE) | GP Deficit | Extended Roles Deficit | GPs Required (FTE) | Extended Roles Required (FTE) | GP Deficit | Extended Roles Deficit | GPs Required (FTE) | Extended Roles Required (FTE) | GP Deficit | Extended Roles Deficit |
| **GWENT TOTAL** | | | **317.89** | **107.15** | **- 61.94** | **-** | **284.18** | **176.03** | **- 28.23** | **- 68.88** | **273.27** | **209.43** | **- 17.32** | **- 102.28** |
| **Caerphilly North** | | | **34.86** | **9.29** | **- 7.87** | **-** | **30.86** | **17.30** | **- 3.87** | **- 8.01** | **29.11** | **22.79** | **- 2.12** | **- 13.50** |
| W93614 | Pengam Health Centre | High | 2.72 | 0.00 | - | - | 2.72 | 0.00 | - | - | 2.72 | 0.00 | - | - |
| W95013 | The Lawn Medical Practice | High | 2.54 | 2.00 | - 0.32 | - | 2.36 | 2.36 | - 0.14 | - 0.36 | 2.22 | 3.02 | - | - 1.02 |
| W95043 | Nelson Surgery | Medium | 2.79 | 0.08 | - 0.41 | - | 2.38 | 0.91 | - | - 0.83 | 2.38 | 0.91 | - | - 0.83 |
| W95050 | Meddygfa Gelligaer Surgery | High | 4.62 | 1.00 | - 3.00 | - | 3.41 | 3.41 | - 1.79 | - 2.41 | 2.73 | 5.46 | - 1.11 | - 4.46 |
| W95065 | Oakfield Surgery | Medium | 6.72 | 1.56 | - | - | 6.72 | 1.56 | - | - | 6.72 | 1.56 | - | - |
| W95068 | Bryntirion Surgery | High | 6.46 | 0.97 | - 3.76 | - | 4.63 | 4.63 | - 1.93 | - 3.66 | 3.71 | 7.41 | - 1.01 | - 6.44 |
| W95078 | South Street Surgery | High | 1.87 | 0.00 | - 0.37 | - | 1.50 | 0.75 | - | - 0.75 | 1.50 | 0.75 | - | - 0.75 |
| W95081 | Meddygfa Cwm Rhymni | High | 7.13 | 3.68 | - | - | 7.13 | 3.68 | - | - | 7.13 | 3.68 | - | - |

**South NCN:** Only 1 out of 6 practices are classed as high risk based on workload intensity and the number of vacancies/GP's reaching 55+ by 2025.

For the south to evolve to a sustainable model based on the partial hybrid model they would be required to increase their GPs by 1.62wte and extended roles by 8.64wte

| | | Workload Intensity (based on deprivaton level) | OPTIMISED WORKFORCE MODELS | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Orthodox / GPs Model adjusted for NERs already in post | | | | Hybrid Partial Skill Mix Model adjusted for GPs and NERs already in post | | | | Hybrid Full Skill Mix Model where GP vacancies persist even with application of Partial Skill Mix (i.e. minimum GP | | | |
| | | | GPs (FTE) | Extended Roles (FTE) | GP Deficit | Extended Roles Deficit | GPs Required (FTE) | Extended Roles Required (FTE) | GP Deficit | Extended Roles Deficit | GPs Required (FTE) | Extended Roles Required (FTE) | GP Deficit | Extended Roles Deficit |
| **GWENT TOTAL** | | | **317.89** | **107.15** | **- 61.94** | **-** | **284.18** | **176.03** | **- 28.23** | **- 68.88** | **273.27** | **209.43** | **- 17.32** | **- 102.28** |
| **Caerphilly South** | | | **34.33** | **3.59** | **- 5.94** | **-** | **30.01** | **12.23** | **- 1.62** | **- 8.64** | **29.28** | **14.44** | **- 0.89** | **- 10.85** |
| W00005 | Meddygfa Tridwr | High | 5.05 | 0.99 | - 2.60 | - | 3.69 | 3.69 | - 1.24 | - 2.70 | 2.96 | 5.91 | - 0.51 | - 4.92 |
| W95008 | Ty Bryn Surgery | Low | 10.34 | 0.00 | - | - | 10.34 | 0.00 | - | - | 10.34 | 0.00 | - | - |
| W95046 | Tonyfelin Medical Centre | Medium | 7.07 | 0.00 | - 1.31 | - | 5.76 | 2.62 | - | - 2.62 | 5.76 | 2.62 | - | - 2.62 |
| W95049 | ɔntgarw Road Medical Centre | Medium | 5.13 | 0.75 | - 0.62 | - | 4.51 | 1.98 | - | - 1.23 | 4.51 | 1.98 | - | - 1.23 |
| W95059 | Court House Medical Centre | Medium | 4.97 | 1.85 | - 1.42 | - | 3.93 | 3.93 | - 0.38 | - 2.08 | 3.93 | 3.93 | - 0.38 | - 2.08 |
| W95073 | The Village Surgery | Medium | 1.78 | 0.00 | - | - | 1.78 | 0.00 | - | - | 1.78 | 0.00 | - | - |

Although Caerphilly staffing reports a lower utilisation of locum staff as a proportion of the workforce, the actual demand outstrips qualified GP capacity.

It is important to be aware that the number of vacancies and absences we have within other community teams impacts on staff and their respective teams and makes delivery of services to our patients challenging. Our clinical teams work tirelessly to ensure they provide timely and appropriate services.

Within the borough there are eight District Nursing teams who are aligned to the 20 GP practices. There are longstanding recruitment and retention difficulties within the service and operational delivery is only currently sustained due to the dedication and flexible working of the staff in post. As of the 1st of December 2023, there are currently 11.6wte registered district nursing and 2.5wte health care support worker vacancies.

The ongoing local and national workstreams in relation to the requirement and provision of community-based nursing services will be essential to ensure that Caerphilly is appropriately resourced to care for people at home or as close to home as possible and that the borough is in receipt of an equitable population-based resource. These workstreams needs to include all aspects of nursing such as rapid nursing teams (CRT), specialist nurses etc.

The borough in association with other localities are exploring opportunities to develop and enhance our community-based services which will bolster core services and enable more people to be cared for at home. These roles will include aspects such as generalist palliative care, care home in-reach and other condition specific specialist roles.

The NCNs are conscious that on occasions when services and roles are developed across Gwent, they are not always allocated on a WTE per resident population basis and as a result the borough can be at detriment when compared to other smaller locality areas. The NCNs in 2024/25 will explore opportunities to further enhance our recruitment and retention and will do this via a number of means, including working with the Divisional Academy and exploring apprenticeship opportunities across both admin and clinical support roles. It has been recognised that there is need to collaborate with colleagues across sectors to understand the barriers in recruitment including promotion of working in the local area, communication and engagements teams will be sought for support.

The NCNs will also support the upskilling and training needs of teams to be able to deliver care and will require the support of the organisational Workforce and Organisation Development team to achieve this. Early discussions with the team resulted in them agreeing to link with practice managers to explore and offer assistance with individual practice needs. If this proves successful, this approach will be considered for other collaborative areas.

## 6. Redesigning Services for Older People

Evidence and legislation demonstrate that the most effective and safest place to provide care for older people is at home, with adequate and appropriate support. The health board has recognised, and data shows, that there are upward of 100 people per week who attend emergency departments and/or who are admitted who could potentially be cared for at home.

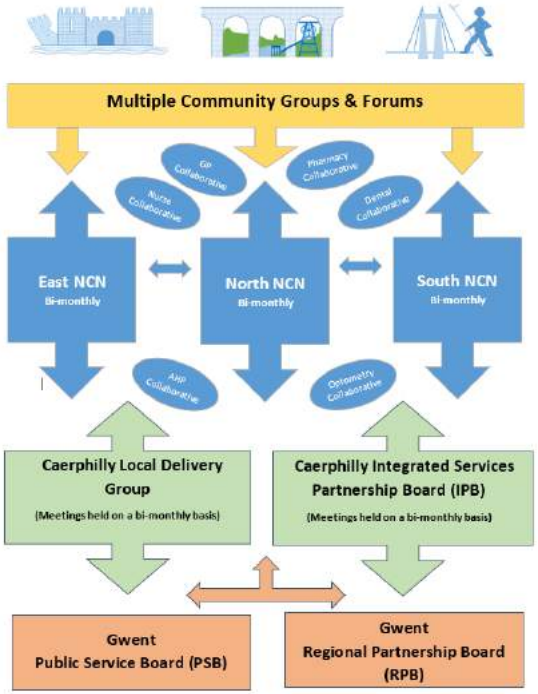
The redesign of older persons services and the embedding of integrated teams to support people in the community who are at risk of deterioration in their long-term health conditions is a priority for us with the aim is to be able to provide care 24 hours a day, every day in or as close to home as possible.

The NCNs and locality team will continue to engage and support the key workstreams (*i.e., 1 – Early Intervention; 2 – Ambulatory Care and Admission Avoidance; 3 – Community Hospitals)* and wherever required implement the changes needed in relation to the move to the redesigned model.

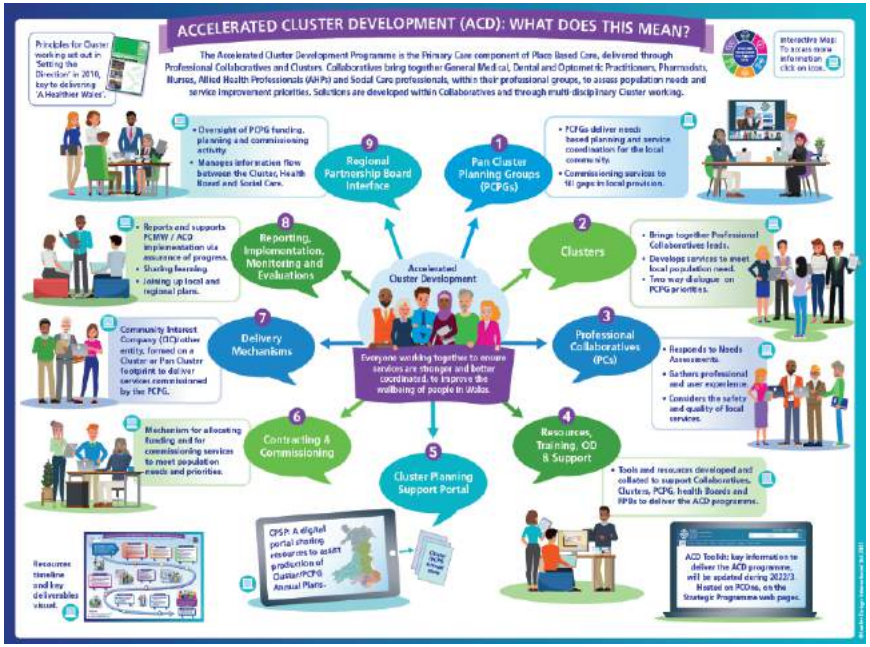
## 7. NCN Development & Partnerships

The NCNs will continue to develop and enhance partnership working across all sectors. The inequity as highlighted by Marmot and the particular need across Caerphilly Borough to reduce these will be a key priority and alignment of the principles to the overarching ISPB plan will ensure we address this locally.

The services have over the last year worked hard to re-embed the meeting/governance arrangements for the locality to ensure it is multi-partner and both bottom up and top down in its approach to ensure we have local need identified and supported but in line with the overarching strategic direction. See opposite.




Continuation of the Accelerated NCN Development Programme is to meet the cluster population health and social care needs through effective and robust planning and service delivery. The outcomes which continue to be worked towards, are outlined in the illustration below.



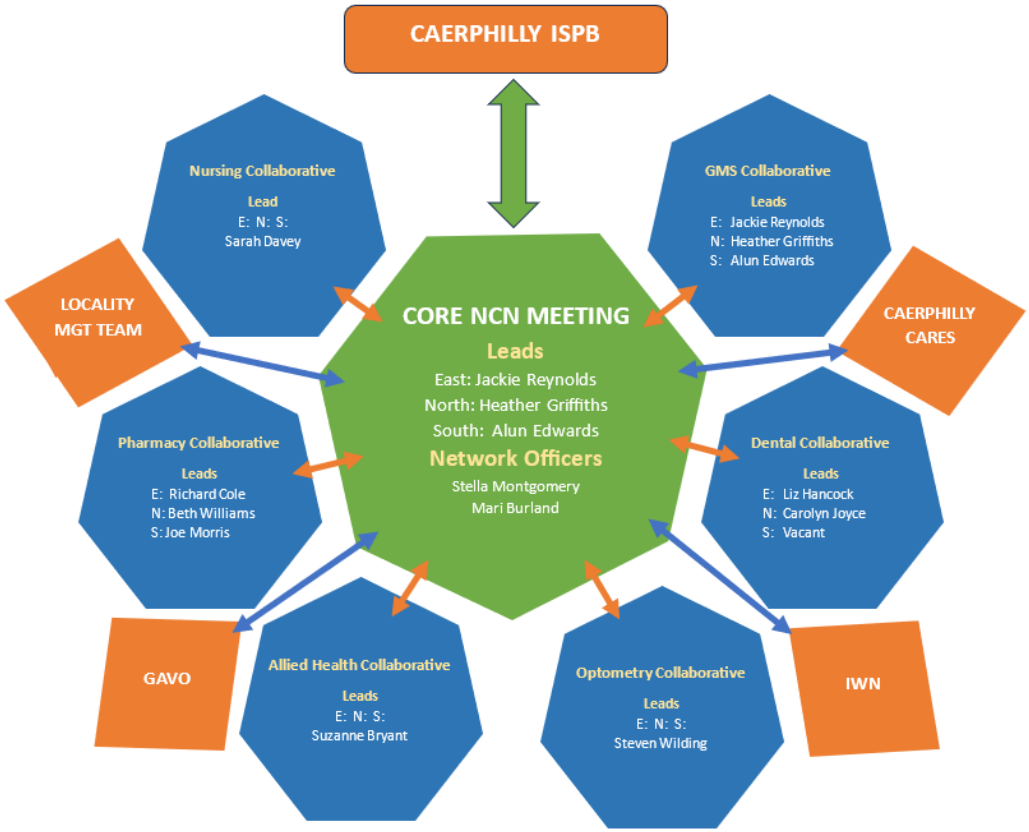

Caerphilly will continue the programme by: -

- Supporting borough through the milestones of the programme, with the Service improvement Manager (SIM) embedded within locality team.
- Continue work to monitor and evaluate projects / proven concepts of change, develop exit strategies and support business case development to enable movement to core funding. Implement and innovate projects to improve outcomes for all our residents, reducing the impact of on the day demand.
- Support the local collaborative leads and assist with empowering the collaboratives.
- Work with our Integrated Wellbeing Network team and colleagues in 3rd sector to offer and sustain services on a local level across all aspects of physical and mental health and social care.
- Further progress the development of place-based care and services offered from strategically located “hubs.”

The Accelerated NCN Development Programme is supporting the development of Professional Collaboratives for each of the independent contractor groups (GMS, Pharmacy, Dental and Optometry) as well as the Nursing and Allied Health Professionals (AHP) workforce.

Each Professional Collaborative provides structure to support connection with peers to review the quality and safety of local services, share experience and good practice for the area of expertise and to advocate for service improvement. The diagram opposite shows how each collaborative feed between them and the core NCN.

**CAERPHILLY CORE NCN OVERVIEW**




| CAERPHILLY KEY DEMOGRAPHICS | | | |
|---|---|---|---|
| **PLACE BASED CARE SERVICE AREAS:** Rhymney / Bargoed / Ystrad Mynach<br>Pontllanfraith / Risca / Newbridge (v)<br>Caerphilly South East / Caerphilly South West | | | |
| **Registered GP population: 186,991 (Apr 2023)** | | | |
| GP Practices | 20 | Comm Pharmacies | 43 |
| Dentists | 33 | Opticians | 20 |
| Res Homes | 23 | Nursing Homes | 8 |
| Comm Centres | 39 | Libraries | 18 |
| Schools | 93 | | |

| ISPB MEETING DATES |
|---|
| 12th October 2023 |
| 14th December 2023 |
| 15th February 2024 |
| 11th April 2024 |

| NCN MEETING DATES & FOCUS AREAS | |
|---|---|
| 9th November 2023 | Children's Services |
| 11th January 2024 | Falls Prevention & Awareness |
| 21st March 2024 | TBC |

| COLLABORATIVE MEETINGS HELD/PLANNED | |
|---|---|
| Nursing | 27th Sept / 25th Oct / 20th Dec |
| GMS | 9 Nov / 11 Jan / 21 Mar |
| Dental | 7th Nov / TBC |
| Pharmacy | TBC |
| AHP | 9th Nov / TBC |
| Optometry | TBC |

The purpose and aims of each Collaborative are:

- To promote inter and intra-professional dialogue and cooperation to improve patient care and experience.
- gather professional and user experience of the health and care system to inform priority setting and planning.
- Improve Caerphilly population health and wellbeing.
- Increase value from the care and support provided.
- Improve quality and safety of services.
- Engage and develop the workforce.

## 8. Quality & Patient Safety

The Caerphilly Quality & Patient Safety Group (QPS) is an established health and social care forum which provides Divisional assurance for all quality and patient safety issues across Caerphilly. This platform enables escalation of significant clinical risks to the Divisional Quality and Patient Safety Group as well as assurance in relation to safeguarding, health and safety and improving the quality and safety of patient-centred healthcare for both staff and citizens. Any NCN related incidents or complaints are fed into this group.

A focus within the locality is being able to offer safe and effective services to our population. Regular attendance of an NCN lead to our local Quality & Patient Safety (QPS) meetings ensures that we can reflect on and implement any learning as a result of complaints and incidences that may have occurred.

The locality management team is establishing quarterly assurance meetings with individual services and managers within its budget responsibility. These will focus on opportunities to share their good practice and escalate areas where they need support. The agenda for these meetings will include review of team rosters, risk registers, budgets, QPS aspects such as compliments, complaints, and incidents. To support these meetings, nominated locality team leads have been identified to ensure robust team arrangements are in place.

The GMS QIF supports the QPS agenda within practices. Another key focus area for the NCNs to work with practices and the pharmacy collaborative will be to monitor and improve aspects of prescribing where it is indicated this is required, most notably being antimicrobial and opiate prescribing rates within practices.

The NCN will work with all established collaboratives to support the QPS agenda.

## 9. Workforce & Staff Wellbeing

As previously outlined above to enable a robust and sustainable workforce model there is a requirement to review current profiles and identify gaps in resource and any deficits in skill bases. There are a number of posts that are not funded on a permanent basis and this will require a plan to be able to bring these roles into core budgets. Development of Place Based Care to ensure local residents are able to access these services as close to where their live as possible will be achieved through development of the following: -

**Primary Care**

- Availability of a broader range of clinicians to undertake appropriate interventions and only necessitating a GP consultation when required. This may include paramedics, physiotherapy, occupational therapists, mental health workers, pharmacists, and advanced nurse practitioners.
- Development of a sustainable and effective lower-level community service through recruitment of additional connectors who will be able to signpost and where necessary escalate individual cases and reduce the demand on higher level intervention services.

- Improved GP aligned multidisciplinary care approach with regular opportunity/meetings to discuss and react to specific cases before crisis point. This will require initial investment via transformational funding to ensure there is no reduction in clinical time provision for services required at the MDT and to administer the meetings.

**Community Resource Team**

- There is an ongoing review of the frailty service in association with the redesign of the older persons pathway. This will inform the service model and locally embed that the CRT is an integral part of place-based care and is essential in terms of admission avoidance and expediting discharge from hospital.

**District Nursing**

- The District Nursing Service within the Borough provides a broad range of nursing services to support acute care at home, complex care at home and end of life care at home. The service is a key member of the NCN cluster and works in collaboration with other members of the NCN to ensure service sustainability.
- The service consists of 8 teams aligned to 20 practices within Caerphilly, and also to a number of tertiary GP practices within other Health Boards. The service operates from 8am to 8pm 7 days per week and referrals can be made by both professionals and the general public.
- There is also a requirement to review the role of the Health Care Support Worker where limitations currently exist in the ability to undertake specific duties/tasks, thus necessitating a registered nurse to undertake lower-level interventions.
- There will need to be a rolling programme of recruitment in line with turnover and the senior nurse is working with HR and divisional nurse educational leads in relation to this.

The ongoing pressures within all clinical services brings challenges to our workforce and it is essential that we are able to recognise the impact of these on staff wellbeing and our ability to be able to retain and recruit staff. The NCNs have supported local wellbeing events within the borough and have developed a local proposal to pilot a staff wellbeing therapy initiative which we hope will go live during 2024. This will be monitored and evaluated, and outcomes shared with NCNs in other areas.

## 10. Communication and Engagement

The NCN works with and is supported by the ACD aligned Communication and Engagement Officer who since being in post has made significant progress in this aspect of the work we do. The plans for 2024/25 will be to further enhance across the ISPB partners the ways in which working within Caerphilly can be promoted with the aim to improve recruitment to key posts where deficits exist.

The NCNs will continue to promote the work that is undertaken via the Pulse Intranet pages with the submission of news items. The team will continue to meet on a regular basis with the organisational engagement team to share information.

We work with our partners across health, social care and third sector to share information on services including GP information screens, community pharmacies, CWTSH guides, DEWIS etc.

## 11. Finance Profiles 2024/25:

Recurrent funding for a range of support for GP practices and Third Sector organisations in Caerphilly will continue including specialist Advisor roles in Optometry, Dentistry and Pharmacy and investment in a Community Phlebotomy Service and the Education Programme for Patients. The remaining Practice Based Pharmacists, Psychological Health Practitioners, First Contact Physiotherapists and the recently introduced Community Wellbeing Connectors continue to be supported via NCN funding for 2024/25. The introduction of innovative use of digital and clinical technology and equipment has also been supported to enable Primary Care services to provide a wider range of options for patient access and care.

The NCNs continue to horizon scan with the aim of developing a portfolio of existing and proven schemes, and potential new pilot projects. Other funding streams such as RIF, Participatory Budgets, Further Faster funding are options for proposal applications to support the current NCN budgets.

# Caerphilly NCNs Annual Plan 2024-2025

| Caerphilly NCNs Spend Forecast 2024/25 | | | | | | |
|---|---|---|---|---|---|---|
| **Project/Role/Item** | **East NCN** | | **North NCN** | | **South NCN** | |
| | **WTE** | **COST (£)** | **WTE** | **COST (£)** | **WTE** | **COST (£)** |
| Community Phlebotomy Team (Top Sliced across all ABUHB NCNs) | - | 12,837 | | 16,173 | - | 15,266 |
| Independent Contractors (Top Sliced across all ABUHB NCNs) | - | 2,411 | | 2,543 | - | 2,019 |
| Dementia Road Map (Top Sliced across all ABUHB NCNs) | - | 250 | | 250 | - | 250 |
| Psychological Health Practitioners | 3.8 | 147,296 | 3.8 | 147,296 | 3.0 | 116,286 |
| Community Wellbeing Connectors | 1.33 | 64,350 | 1.33 | 64,350 | 1.33 | 64,350 |
| First Contact Physiotherapist | 1.0 | 64,123 | 1.0 | 64,123 | 1.0 | 64,123 |
| Practice Based Pharmacist | 0.6 | 39,437 | 1.52 | 111,946 | 0.2 | 14,730 |
| EPP | - | 6,000 | | 6,000 | - | 6,000 |
| Annual Vaccination Programme Support (Flu/Covid/Childhood) | - | 3,000 | | 3,000 | - | 3,000 |
| IWN Coordinator contribution | - | 1,542 | | 1,542 | - | 1,542 |
| Pan Caerphilly NCN Conference Event | - | 1,500 | | 1,500 | - | 1,500 |
| NCN Practice Manager Role | - | 1,817 | | N/A | - | N/A |
| My Surgery App – Annual Costs for Practices | - | 1,440 | | 1,800 | - | 1,140 |
| AccuRx for Practices | - | 4,549 | | 2,000 | - | 5,023 |
| eConsult for Practices | - | 16,950 | | 7,050 | - | 8,702 |
| Pharmacists mobile phone and subsistence costs | - | 178 | | 2,013 | - | 459 |
| Luton Model Proposal (Band 5 Pharmacy Technician) | 1.0 | 38,762 | 1.0 | 38,762 | 1.0 | 38,762 |
| Care Home In-reach Proposal (Band 8a AVP contribution) | | N/A | | 3,942 | | N/A |
| Health Coaches | 3.8 | 117,060 | 3.8 | 117,060 | 3.8 | 117,060 |
| Community Chronic Disease Nurses (respiratory and diabetes) | 2.0 | 98,000 | 2.0 | 98,000 | 2.0 | 98,000 |
| PCDSN Pharmacist (shared cost) | 1.0 | 22,433 | 1.0 | 22,433 | 1.0 | 22,433 |
| Virtual MDT Coordinator | - | TBC | - | TBC | - | TBC |
| Business Admin Apprenticeship | - | TBC | - | TBC | - | TBC |
| Minor Illness Hub | - | TBC | - | TBC | - | TBC |
| GP Sponsorship Business Support | - | TBC | - | TBC | - | TBC |
| **Allocation (£)** | | **396,908** | | **419,379** | | **332,239** |
| **Forecast Spend (£) - before red (text) items** | | **367,680** | | **431,586** | | **304,390** |
| **Underspend (£)** | | **29,228** | | | | **27,849** |
| **Overspend (£)** | | | | **12,207** | | |

Black Text: Committed spend  Orange Text: To be agreed by NCN Leads whether to continue to fund (TBC)  Red Text: Potential spend (TBC)

## 12. Fit For Purpose Estate

The large geographical area and high population of Caerphilly are key considerations when planning the integrated “Place Based Care” hub approach. It is recognised that in some areas physical site developments offer an opportunity to progress place-based care, however where estate infrastructure is more difficult, “hub & spoke” models will be considered.

The borough is served from an enhanced local general hospital perspective by Ysbyty Ystrad Fawr for acute and sub-acute care. The borough has 12 community inpatient beds located within Redwood Unit at Rhymney Integrated Health and Social Care Centre. Both these sites are modern built units that are fit for purpose to provide an integrated health and social care service to residents. It is acknowledged the location of the 12 beds in Rhymney are geographically challenging for services and people living in the east and south of the borough. The Caerphilly Community Resource Team is based at Ty Graddfa in Ystrad Mynach which is closely located to the hospital site, and they provide a service to the entire population of Caerphilly.

There are 20 main general practice surgery sites, plus several branch surgeries, within Caerphilly borough and from a provision of health and care services perspective these sites are the most local core “anchor” within our communities and are often the first place of contact when people seek help. There are a number of identified GP sites that are a priority for reprovision/development as follows: -

**Aber Valley -** Identified as the area of highest estate need. The health board has been successful in securing WG agreement & funding (£750k) awarded to develop outline business case and to appoint a Supply Chain Partner (SCP) for a new development. Three potential sites identified with one obvious preferred location which is on land currently owned by Caerphilly Local Authority. The main purpose of the proposed capital scheme is to provide a new, fully compliant single site for the provision of GMS and broader health, social care and third sector services in the Aber Valley and will replace the existing 3 sites currently within the area.

The new facility is a “Type C” WG defined (Appendix 3) site that will provide advice, treatment, information, and community support. The focus will be to provide a modern, clean, flexible environment, which will lead to improved access to services, an extended and integrated range of both clinical and prevention services, sustainability of service delivery and improved efficiencies. The site will host a range of health, social and voluntary sector services, to enhance and improve access and experience for the local population.

**Ystrad Mynach** – A key priority area in terms of its need for fit for purpose GMS provision as well as the development of an integrated health and social care hub. Oakfield Street Surgery is at capacity, and within the current infrastructure would not be able to support any further increase in registered list size or offer any additional services within its current location. There are a number of practices within the vicinity that pose sustainability concerns and therefore there is a requirement to review the area in a wider context. The divisional estates manager is working the colleagues in the specialist estates team to explore potentials for an interim solution whilst the longer term aims of the development of a fully integrated facility is scoped.

The NCN and locality team will continue to explore and bid for capital funding for schemes and in addition will work alongside divisional colleagues in relation to GMS improvement grants. To enable the borough to further develop place-based care and provision of integrated hub services the NCNs Locality team has worked with the Divisional Estates team to develop bids including: -

**Pontllanfraith Health Centre -** The health centre is ABUHB owned site that hosts a GP practice as well as a range of health board clinical services. There is also an independent community pharmacy located within the building. The site has a significant backlog of maintenance requirement and is limited in its ability to provide modern, fit for purpose health and social care services. A feasibility study was commissioned and a bid for Welsh Government capital funding developed, so that if opportunity came up, a bid for funding could be made. Due to the current financial constraints this is on hold as it is recognised that Aber Valley is in more urgent need of funding. The delay in undertaking any capital improvements has implications for the modernisation of the co-located independent contractors. The site deficits including the lack of DDA compliance and WiFi infrastructure are identified on the Datix Risk Register.

**Trethomas Health Centre -** The health centre is ABUHB owned site that offers a range of integrated services. With little investment historically the site has over recent years managed to review and develop services on the site. The site has a significant backlog of maintenance requirement and is limited in its ability to provide modern, fit for purpose health and social care services. A feasibility study was commissioned and a bid for WG capital funding developed so that if opportunity came up a bid for funding could be made. Due to the current financial constraints this is on hold as it is recognised that Aber Valley is in more urgent need of funding. The main site deficit is the lack of DDA compliance and is recorded on the Datix Risk Register.

## 13. Digital Technologies

It is recognised that technology is an enabler to deliver care and it is essential that our estate is equipped with adequate connectivity infrastructure to deliver modernised approaches. Digital solutions were rapidly deployed to maintain and deliver new services, and as part of the 2021 NHS Wales Covid 19 Innovation and Transformation Study Report, the workforce embraced changes and innovations.

There is a need to look to maximise the benefits from digital investment and prioritise digital solutions which will have the greatest impact in providing access both for enhanced patient care and for professionals. As a case study ‘Attend Anywhere’ highlighted that the provision of digital/video consultations has shown a reduction in time to delivery and receive care, reduction in travel time for both patients and workforce. Therefore, initiatives across Wales are in the process of being reviewed and identified for national upscale.

We continue to promote the benefits of the NHS 111 service along with the recently implemented ‘option 2’ for people who have urgent mental health concerns about themselves or about someone they know. Providing help to support people to manage a mental health crisis will sit well with our prudent healthcare objectives, to avoid having to access a GP and be an alternative to attending emergency departments or calling the police.

To support a digitally ready and enabled workforce, Welsh Government are developing a ‘Think digital’ approach to the delivery of services and their redesign to effectively use clinician input and improve care in value-based approaches that will also reduce the burden and pressure of workload. As part of this national workforce implementation plan, digital platforms being used in General practice (AccuRx, eConsult, SurgeryApp, MHOL, Attend Anywhere etc) are being discussed for national funding / implementation solution. In the meantime, the NCNs will continue to support practices and their patients in sustaining improved access to care and services. Continued support will also be provided for the ongoing implementation of the CIVICA platform within Community Nursing teams across the borough. All GP practices across Caerphilly borough have received presentations and information regarding the Consultant Connect, the telemedicine provider aimed at transforming patient care in the NHS through better communications. The ability to ensure that patients get the right care the first time often means that patients avoid unnecessary trips to hospital, the NHS saves money and hospital specialists spend their time dealing with patients that they need to see.

The Welsh Community Care Information System (WCCIS) which gives community nurses, mental health teams, social workers, and therapists the digital tools they need to work better together is currently being implemented. When fully implemented across health & social care, we will continue to support the system to overcome the obstacles posed when organisations use different IT systems. The storing and sharing of information covering a range of activities such as community nursing, health and social care visits, mental health, learning disabilities, substance misuse, complex care needs or social care therapy will be of huge benefit.

We will always embrace and explore opportunities to support the utilisation of assisted technologies within healthcare settings and to support individuals to stay safe and independent in their own home for as long as possible. The NCNs have always been forward thinking regarding funding support for innovative items of kit which impact on early diagnosis and communication and will continue to do so as appropriate.

## 14. Plan on a Page

## 15. Appendices

*Appendix 1 SWOT Analysis*

| Strengths | Weaknesses |
|---|---|
| • Good working relationships across the Core NCN membership.<br>• Strong focus on sustainability of core clinical services<br>• Strong focus on innovation/development of services.<br>• Committed NCN Leadership and Support Team.<br>• Committed and good relationships with IWN.<br>• Clear direction via the NCN plan on a page of what the priorities are and how these can be delivered via integrated/collaborative working.<br>• NCN provides a conduit for two-way partnership working.<br>• Development of place-based care models and hubs across health and social care to support sustainable services for the local population. | • NCN budget committed, therefore limiting development opportunities within the NCN constraints.<br>• Annual variability of funding e.g., sickness, recruitment timescales etc.<br>• Limited resource from management team.<br>• Organisational and silo working creates barriers and can make integration difficult.<br>• Lack of sustainable Primary Care workforce.<br>• Prescribing of opiates and antimicrobials. |
| **Opportunities** | **Threats** |
| • Improved partnership working via ISPB.<br>• Expand and develop extended clinical roles.<br>• Explore funding sources / enablers.<br>• Development of place-based care models and hubs across health and social care to support sustainable services for the local population.<br>• Continue Telehealth option for patients & practices.<br>• NCN Development Programme – robust governance and frameworks.<br>• Collaborative engagement. | • Sustaining core services across health & social care settings due to:<br>– Recruitment and retention difficulties<br>– Increased demand on clinical services<br>– Backlog of waiting list demand<br>– Public expectation regarding access to services<br>• Transitioning NCN funded roles to core service budgets limiting available NCN funds for major project investment.<br>• Loss of engagement when/if pilots/initiatives are discontinued.<br>• Short-term funding arrangements.<br>• The high level of waiting times across the NHS in Wales will impact on an individual's health, wellbeing, and outcomes.<br>• The well reported / documented cost of living pressures will impact on the wellbeing of people and is likely to increase demand across health and social care. |

# Caerphilly NCNs Annual Plan 2024-2025

*Appendix 2 – Action Log: List activities or projects planned to commence during 2024-25, as well as those planned/ initiated in previous years*

| Activity/ project title | New or existing activity | **Brief** activity/ project description | Results/ benefits expected by end March 2025 | **Strategic alignment**: Ministerial priorities, SPPC key programme priorities | Activity/ project budget | Funding source(s) | Current status – link with key actions |
|---|---|---|---|---|---|---|---|
| *Independent Advisors* | *Existing* | *Long standing top-sliced initiative, across all ABUHB NCNs* | *Specialist Contractors from Dental, Optometry and Pharmacy providing expertise and support to NCNs* | *Supporting the Health and Care Workforce*<br>*NCN Development* | *East £2,411*<br>*North £2,543*<br>*South £2,019* | *Cluster Funding* | *Active*<br>*NCN Development & Partnerships* |
| *Community Phlebotomy* | *Existing* | *Long standing top-sliced initiative, across all ABUHB NCNs* | *Community based Phlebotomists sitting within locality District Nursing teams providing increased capacity.*<br>*Takes added phlebotomy workload away from District Nurses.* | *Provide effective, high quality, sustainable healthcare.*<br>*Supporting the Health and Care Workforce*<br>*NCN Development* | *East £12,837*<br>*North £16,173*<br>*South £15,266* | *Cluster Funding* | *Active*<br>*Access & Sustainability* |
| *Dementia Roadmap* | *Existing* | *Long standing top-sliced initiative, across all ABUHB NCNs* | *Online Dementia awareness and support platform* | *Population Health*<br>*Community Infrastructure* | *East £250*<br>*North £250*<br>*South £250* | *Cluster Funding* | *Active*<br>*Mental Health & Wellbeing* |
| *Cluster Pharmacy Team* | *Existing* | *Practice Based Pharmacists* | *Enables GP to focus on GP time to spend on patients with complex medical needs.*<br>*Improved patient safety and medicines management in general practice.* | *Provide effective, high quality, sustainable healthcare.*<br>*Supporting the Health and Care Workforce*<br>*Development of Primary Care Model for Wales*<br>*NCN Development* | *East £39,437*<br>*North £111,946*<br>*South £14,730* | *Cluster funding- move to central funding as proven benefit* | *Active*<br>*NCN Development & Partnerships*<br>*Access & Sustainability* |
| *Psychological Health Practitioner (PHP) Team* | *Existing* | *Continue with the provision of Practice Based Psychological Health Practitioners (PHP)* | *Enables GP to focus on GP time to spend on patients with complex medical needs.*<br>*Prudent healthcare with low-level MH issues dealt with in by qualified practitioners.* | *Provide effective, high quality, sustainable healthcare.*<br>*Supporting the Health and Care Workforce*<br>*Mental Health & Emotional Wellbeing*<br>*Development of Primary Care Model for Wales* | *East £147,296*<br>*North £147,296*<br>*South £116,286* | *Cluster funding- move to central funding as proven benefit* | *Active*<br>*Mental Health & Wellbeing*<br>*Access & Sustainability* |

# Caerphilly NCNs Annual Plan 2024-2025

| Activity/ project title | New or existing activity | **Brief** activity/ project description | Results/ benefits expected by end March 2025 | **Strategic alignment**: Ministerial priorities, SPPC key programme priorities | Activity/ project budget | Funding source(s) | Current status – link with key actions |
|---|---|---|---|---|---|---|---|
| *Community Wellbeing Coordinators* | *New* | *Aligned with GP surgeries to provide non-clinical social prescribing and isolation avoidance* | *Enables GP to focus on GP time to spend on patients with complex medical needs.* | *Mental Health & Emotional Wellbeing*<br>*Population Health*<br>*Development of Primary Care Model for Wales*<br>*NCN Development*<br>*Community Infrastructure* | *East £64,350*<br>*North £64,350*<br>*South £64,350* | *Cluster funding* | *Active*<br>*Community Resilience*<br>*Mental Health & Wellbeing* |
| *First Contact Physiotherapy Team* | *Existing* | *Re-established face to face appts within GP practices* | *Enables GP to focus on GP time to spend on patients with complex medical needs.*<br>*Provision of MSK assessment with direct referral from within community* | *Provide effective, high quality, sustainable healthcare.*<br>*Supporting the Health and Care Workforce*<br>*Primary Care Model for Wales*<br>*NCN Development* | *East £64,123*<br>*North £64,123*<br>*South £64,123* | *Cluster funding- move to central funding as proven benefit* | *Active*<br>*NCN Development & Partnerships*<br>*Access & Sustainability* |
| *EPP* | *Existing* | *Provision of education programme for patients (EPP)* | *Improved self-management for patients living with long-term conditions, creating less demand on GP services* | *Population Health* | *East £6,000*<br>*North £6,000*<br>*South £6,000* | *Cluster funding* | *Active*<br>*Community Resilience*<br>*Long-term Conditions* |
| *Flu/COVID Vaccination Programme Support* | *Existing* | *Funding to bolster vaccination programmes* | *Continued public awareness campaigns via publications.*<br>*Support staff to provide increased programme support.* | *Population Health*<br>*Covid-19 Response*<br>*Community Infrastructure* | *East £3,000*<br>*North £3,000*<br>*South £3,000* | *Cluster Funding* | *Active*<br>*Community Resilience*<br>*Long-term Conditions* |
| *IWN – Outdoor Green Spaces Coordinator* | *Existing* | *Encourage and empower people to improve their own health and wellbeing which reduces pressure on other clinical services and resource.* | *Reduction in pressures on GP services.*<br>*Reduction in social isolation issues.*<br>*Improved physical health, mental health & wellbeing.* | *Population Health*<br>*Community Infrastructure* | *East £1,542*<br>*North £1,542*<br>*South £1,542* | *Jointly funded 3 NCNs, IWN, Local Auth (SGS)* | *Active*<br>*Mental Health & Wellbeing*<br>*Community Resilience* |

# Caerphilly NCNs Annual Plan 2024-2025

| Activity/ project title | New or existing activity | **Brief** activity/ project description | Results/ benefits expected by end March 2025 | **Strategic alignment**: Ministerial priorities, SPPC key programme priorities | Activity/ project budget | Funding source(s) | Current status – link with key actions |
|---|---|---|---|---|---|---|---|
| | | | | | | | *NCN Development & Partnerships* |
| *Pan Caerphilly NCN Conference Event* | *Existing* | *Pan Caerphilly NCN (East, North, South) themed conference event* | *Create increased/shared knowledge and understanding across health, voluntary sector and social services. Leading to joint working opportunities to benefit patients / public and associated service providers* | *Working alongside Social Care*<br>*Supporting the Health & Care Workforce*<br>*Primary Care Model for Wales*<br>*NCN Development* | *East £1,500*<br>*North £1,500*<br>*South £1,500* | *Cluster funding* | *Active*<br>*NCN Development & Partnerships* |
| *eConsult* | *Existing* | *Funding support for GP practices to continue with providing the eConsult service to patients* | *Improved access to GPs. Patients able to use this forms-based service to request GP advice without the need to book an appointment or contact the GP practice face to face or by telephone* | *Population Health*<br>*Community Infrastructure* | *East £16,950*<br>*North £7,050*<br>*South £8,702* | *Cluster funding however interim to a national solution* | *Digital Technologies*<br>*Access & Sustainability* |
| *Accurx* | *Existing* | *Funding support for GP practices to continue with providing the eConsult service to patients* | *Improved access to GPs. Patients able to use this forms-based service to request advice without need to book appts or contact the practice* | *Population Health*<br>*Community Infrastructure* | *East £4,549*<br>*North £2,000*<br>*South £5,023* | *Cluster funding however interim to a national solution* | *Digital Technologies*<br>*Access & Sustainability* |
| *SurgeryApp Annual Costs* | *Existing* | *App providing patients a central resource to access their surgery's services and health information using a smartphone or tablet device* | *Patients across the NCN to have the ability to utilise the App to manage their health and connect with their GP surgery remotely whenever they need to.* | *Population Health*<br>*Community Infrastructure* | *East £1,440*<br>*North £1,800*<br>*South £1,140* | *Cluster Funding* | *Digital Technologies*<br>*Access & Sustainability* |
| *Luton Model Proposal* | *Potential* | *Streamline and optimize the repeat prescribing process, the integration of pharmacy techs within GP settings can significantly enhance efficiency, accuracy & patient centred care,* | *Improved workflow efficiency*<br>*Enhanced medication management*<br>*Patient education & support*<br>*Reduce waste & improve cost efficiency* | *Provide effective, high quality, sustainable healthcare.*<br>*Supporting the Health and Care Workforce*<br>*Primary Care Model for Wales*<br>*NCN Development* | *East £38,762*<br>*North £38,762*<br>*South £38,762* | | *On Hold*<br>*Access & Sustainability*<br>*Workforce & Staff Wellbeing* |

# Caerphilly NCNs Annual Plan 2024-2025

| Activity/ project title | New or existing activity | **Brief** activity/ project description | Results/ benefits expected by end March 2025 | **Strategic alignment**: Ministerial priorities, SPPC key programme priorities | Activity/ project budget | Funding source(s) | Current status – link with key actions |
|---|---|---|---|---|---|---|---|
| *Care Home In-reach Proposal* | *Potential* | *On-site robust management for rapid nursing team providing sustainability to the North NCN.* | *Introduction of a full time 8A advanced nurse practitioner the CRT service would be able to provide the enhanced service where deficits exist in the North.* | *Provide effective, high quality, sustainable healthcare.*<br>*Supporting the Health and Care Workforce*<br>*Primary Care Model for Wales*<br>*NCN Development* | *North*<br>*£ 3,942* | *Proposed cluster funding* | *On Hold*<br><br>*Long-Term Conditions*<br><br>*Older Persons Pathway* |
| *Community Health Coaches* | *Potential* | *Provide support and advise on healthy weight; alcohol; exercise; smoking cessation; chronic condition educational programmes.* | *Reduce demand on GP appointment time which will be freed up to enable clinicians to focus on more medical needs.* | *Provide effective, high quality, sustainable healthcare.*<br>*Supporting the Health and Care Workforce*<br>*Primary Care Model for Wales*<br>*NCN Development* | *East*<br>*£117,060*<br>*North*<br>*£117,060*<br>*South*<br>*£117,060* | *Proposed cluster funding* | *On Hold*<br><br>*Access & Sustainability*<br><br>*Community Resilience* |
| *Specialist Pharmacist to support Chronic Disease Management* | *Potential* | *Introduce 1 WTE IP Pharmacist to work alongside the PCDSN Team* | *Improved access to medicines expert for chronic disease conditions and support PCDSNs.* | *Provide effective, high quality, sustainable healthcare.*<br>*Supporting the Health and Care Workforce*<br>*Primary Care Model for Wales*<br>*NCN Development* | *East*<br>*£22,433*<br>*North*<br>*£22,433*<br>*South*<br>*£22,433* | *Proposed cluster funding* | *On Hold*<br><br>*Access & Sustainability*<br><br>*Long-term Conditions* |
| *GP Sponsorship Business Support Role* | *Potential* | | | *Supporting the Health & Care Workforce* | *East*<br>*North*<br>*South*<br>*£ TBC* | *TBC* | *On Hold*<br><br>*Access & Sustainability* |
| *Virtual MDT Coordinator* | *Potential* | *Coordinator role to facilitate practice virtual MDT, enabling multidisciplinary professionals to discuss the ongoing management, care of patients, and provide prudent health care.* | *Practices across the borough have regular opportunities to discuss individual patients by linking with other practitioners from the CRT, DN teams, Social Services, Mental Health for example.* | *Supporting the Health & Care Workforce* | *East*<br>*North*<br>*South*<br>*£ TBC* | *TBC* | *On Hold*<br><br>*Access & Sustainability*<br><br>*Workforce & Staff Wellbeing* |
| *Business Administration Apprenticeship Role* | *Potential* | *To provide an efficient and effective clerical and admin support service in accordance with Health Boards policies and procedures.* | *Provide support to identified primary contractors with sustainability issues.*<br>*Provide options for improved practice/business management and efficiency.* | *Supporting the Health & Care Workforce*<br>*Transformation and Vision for clusters*<br>*Workforce & Organisational Development* | *East*<br>*North*<br>*South*<br>*£ TBC* | *ABUHB apprentice ship budget & NCN funding* | *On Hold*<br><br>*Access & Sustainability* |

# Caerphilly NCNs Annual Plan 2024-2025

| Activity/ project title | New or existing activity | **Brief** activity/ project description | Results/ benefits expected by end March 2025 | **Strategic alignment**: Ministerial priorities, SPPC key programme priorities | Activity/ project budget | Funding source(s) | Current status – link with key actions |
|---|---|---|---|---|---|---|---|
| | | | | | | | *NCN Development & Partnerships*<br><br>*Workforce & Staff Wellbeing* |
| *Minor Illness Hub* | *Potential* | *Development of a Minor Illness Hub, run by clinicians such as Advanced Nurse Practitioners, MSK specialists, Paramedics, Prescribing Pharmacists.* | *Improved access for GPs by freeing up their time to enable them to see more complex and relevant patients* | *Supporting the Health & Care Workforce*<br><br>*Population Health* | *East*<br>*North*<br>*South*<br>*£ TBC* | *TBC* | *On Hold*<br><br>*NCN Development & Partnerships*<br><br>*Workforce & Staff Wellbeing* |
| *NCN Development Programme* | *Existing* | *Utilise NCN funding to innovate and test concepts relevant to our population which improve outcomes* | *Innovate and test concepts relevant to our population and improve outcomes, these include IRIS, SEM.*<br>*Monitoring and evaluating projects / services to look for further service improvement / value for money. Develop exit strategies to enable proven concepts to be core funded.* | *Healthier Wales*<br>*Working alongside Social Care*<br>*Population Health*<br>*Prevention & Wellbeing*<br>*Communication and Engagement*<br>*Transformation and Vision for clusters*<br>*Workforce & Organisational Development* | | *SPPC Funding* | *Active* |
| *NCN Development Programme* | *Existing* | *Reinstating and enhancing the Caerphilly ISPB to take on the functions of the Pan Cluster Planning Group. Looking at a holistic approach to deliver integrated health and social care.* | *Widening stakeholder attendance across our NCNs. Create sustainable system change through integration of health and social care services, raising awareness of the benefits and opportunities for improving population outcomes through collaboration, strengthening partnership arrangements I.e. 3rd sector, LA inc. housing, WAST etc* | *Healthier Wales*<br>*Working alongside Social Care*<br>*Population Health*<br>*Supporting Social Care/ Health Workforce*<br>*Prevention & Wellbeing*<br>*Communication and Engagement*<br>*Transformation and Vision for clusters* | | | *Active* |

# Caerphilly NCNs Annual Plan 2024-2025

| Activity/ project title | New or existing activity | **Brief** activity/ project description | Results/ benefits expected by end March 2025 | **Strategic alignment**: Ministerial priorities, SPPC key programme priorities | Activity/ project budget | Funding source(s) | Current status – link with key actions |
|---|---|---|---|---|---|---|---|
| *NCN Development Programme* | *Existing* | *Developing exit strategies to enable proven concepts to be diverted from NCN budgets.* | *Psychological Health Practitioners and Practice Based Pharmacists to be core funded.* | *Healthier Wales, Population Health, NHS Recovery, Supporting Social Care/ Health Workforce, Prevention & Wellbeing, Transformation and Vision for clusters, Workforce & Organisational Development* | | | *Active* |
| *NCN Development Programme* | *Existing* | *Widening stakeholder attendance at NCN* | *full collaboration to meet population needs and maintain local voice through developing relationships with key stakeholders to promote benefits of engagement through NCN.*<br><br>*Introduction and local working with collaboratives: GMS, Optometry, Dental, Pharmacy, Allied Health professionals, Nursing* | *Healthier Wales*<br>*Working alongside Social Care*<br>*Population Health*<br>*NHS Recovery*<br>*Supporting Social Care/Health Workforce*<br>*Prevention & Wellbeing*<br>*Transformation and Vision for clusters*<br>*Workforce & Organisational Development* | | | *Active* |
| *NCN Development Programme* | *Existing* | *Utilising opportunities that technology can bring to increase access to services* | *Increase access to services i.e, MySurgery, MHOL, Practice Index, Network for Practices, WCCIS, CAS, streamlining processes and integrating social care and health systems.* | *NHS Recovery*<br>*Supporting Social Care/ Health Workforce*<br>*Healthier Wales*<br>*Working alongside Social Care*<br>*Population Health*<br>*Prevention & Wellbeing*<br>*Transformation and Vision for clusters*<br>*Workforce & Organisational Development*<br>*Data & Digital technology* | | | *Active* |

# Monmouthshire Collaborative NCN Cluster Networks

*Aligned with the Monmouthshire Integrated Services Partnership Board (ISPB)*

Monmouthshire County Council

## Chepstow Castle

## Usk Castle

## Monnow Bridge

## Cluster Executive Summary:

In our 2023-24 plans we agreed with partners a range of priorities we felt reflected the needs of people in Monmouthshire, and those who live across the border due to geographical constraints. As we progressed through the year, it became apparent that some workstreams would require a greater time investment than others and therefore, have been carried forward into this 2024-25 combined NCN plan.

It is worth mentioning that Monmouthshire borough borders England to the East, Newport and Torfaen to the West and Powys to the North. Anecdotal evidence tells us that people come to Monmouthshire to live and experience its fascinating heritage, culture, and spectacular landscapes – all things that make it distinctive. Monmouthshire is the epitome of rurality with small market towns of Abergavenny, Monmouth, and Usk in Central & Northern Monmouthshire, and Caldicot and Chepstow in the South. Monmouthshire's primary asset is the natural environment, with a rich tapestry of agricultural land dotted with villages from its highest point at Chwarel-y-Fan, to the extensive coastal lowlands on the Caldicot Levels. However, it is worth noting that despite a perception of Monmouthshire being a highly affluent area, there are pockets of deprivation in each of the key towns, and there are also communities with people experiencing poor mental health exacerbated by loneliness and isolation.

In terms of support provided by our primary and community care services, the North of Monmouthshire is a vastly rural area that has 7 GP practices, 2 Integrated Health and Social Care teams (made up of district nurses, therapists and social workers etc.), 1 District General (Nevill Hall) Hospital, Mardy Park Social Care hub, Monnow Vale Health and Social Care facility and Usk Hub. Monmouthshire South is smaller, regarded as a semi-rural area and has 5 GP practices, 1 Integrated Health and Social Care team split across Chepstow and Caldicot, Chepstow Community Hospital and Caldicot Health Centre.

In terms of population, Monmouthshire NCNs plan services for a total of 104,003 people, please see table below (as of 1st September 2023*):

| | Wales Only Resident | England Resident | Combined Wales & England Resident |
|---|---|---|---|
| North NCN | 50,087 | 5,009 | 55,096 |
| South NCN | 42,356 | 6,551 | 48,907 |
| **Total** | **92,443** | **11,560** | **104,003** |

**Population challenges**

It is predicted that the population structure will change and that by 2025, there will be 4% drop in 0–17-year-olds, 40% increase in 75–79-year-olds, 31% increase in 80–84-year-olds and 38% increase in those aged 85 years and over. By 2036 it is projected that the number of people in Monmouthshire as a whole, aged 85 and over will increase by 147%, from approximately 13,000 in 2011, to 32,000.

Further population growth is anticipated with new housing developments planned in both North and South Monmouthshire.

One GP practice in Abergavenny has had a 24% increase in its list size in 5 years, and there is expected to be a 71% increase in over 65-year-olds who have disabilities by 2035, together with a doubling of people living with dementia. The incidence of other age-related chronic diseases such as heart disease, atrial fibrillation and cancer are also above average and growing rapidly.

Our 2024-25 plan identifies how we will continue to respond to a growing older population through our falls prevention modelling work aimed at reducing hospital admission and caring for people at home where possible. We also show how we continue to respond to workforce challenges through our on-going commitment to funding clinical and non-clinical specialists who help to reduce the reliance on GP time e.g.; GP practice-based Physiotherapy, Pharmacists and Wellbeing Advisors.

We anticipate some, if not all of these priorities continuing into our 2025-26 plan.

*Source: http://pcsapps.wales.nhs.uk/Reports/Pages/Report.aspx?ItemPath=%2fPcs.Population.Reports%2fResponsibleAndNonResidentByAge

## Key Cluster Actions 2024/25:

- On-going funding of support for people experiencing mental health problems through access to clinical & non-clinical specialists.
- To evaluate all NCN funded schemes to identify opportunities for financial efficiencies and reinvestment.
- Continue to monitor, promote & build on previous success of our immunisation programmes.
- Continued support of post-pandemic recovery by reintroducing secondary care & community-based services.
- Continued implementation of the Accelerated Cluster Development programme to deliver a Place Based approach to care provision.
- Support the development of a workforce strategy – future proofing to address shortfalls and concerns with service sustainability & resilience.
- Engage with Council colleagues regarding new housing developments by location to assess impact on primary care services.
- On-going commitment to building sustainable & resilient GMS with funding of pharmacists, physiotherapy & GP led Safeguarding forum etc.
- Continue to implement care closer to home by monitoring activity data and service availability.
- Assess options that alleviate pressure on hospitals e.g.; S.M.A.R.T. pilot scheme with potential for falls prevention, GP holistic reviews and extended frailty/ Rapid Medical service.
- Assess appetite to re-start the Community Interest Company project.
- Continued implementation of the NCN Business Cycle.

## Health Needs Assessment Summary:

**Population profile:** The resident population of Monmouthshire borough is approximately 93,000, but this figure excludes approximately 11,500 people who are registered with a Monmouthshire GP and reside in England for geographical reasons. The 2021 Census told us that the number of people aged 65+ had increased to 26% (against a Welsh average of 18%) and data released in 2023 confirms the percentage remains around 26%, the highest in Gwent.

In 2023-24, we reported that life expectancy in Monmouthshire was the highest in Gwent with a female average of 84.5 years, and a male average age of at 81.5 years and these remain unchanged. North Monmouthshire specifically has the highest proportion of people aged over 65 years, and also has the highest life expectancy in Gwent. MMC_MeasurementFramework_Final_EN.pdf (monmouthshire.gov.uk)

Disease incidence can rise with age and Monmouthshire has the highest incidence of dementia per 10,000 GP registered population in Gwent. The NCNs will continue to support the Health Board's 'Redesign of Older People's Pathway' work, which aims to create a robust methodology to identify

high risk adults at NCN/ Cluster and GP practice level, providing pathways to support people to remain in their homes and communities, and reduce hospital admission. NCNs continue to support the ISPB in monitoring a £200,000 dementia related funding stream.

**Mental Health**

In 2023-24 we reported that around 1 in 10 adults said they were being treated for a mental illness, 1 in 4 people said they had experienced mental health problems or illness at some point during their lifetime. We also reported that dementia is predicted to increase by over 30% in the next 10 years with the latest available data confirming that North and South Monmouthshire NCN areas have the highest levels of dementia in Gwent. The North has the 2nd highest level of depression in Gwent and the on-going cost of living crisis continues to affect a large proportion of the population suffering from anxiety, depression and low self-esteem etc. In response, the NCNs continue to fund the Wellbeing Link Advisor service (hosted by the Third Sector), which works closely with GP practices and responds to the social causes of ill-health such as housing and financial problems etc. However, the service needs future proofing in terms of funding for 2025-26 due to on-going financial risk therefore the ISPB has included this as a workstream in its 2024-25 plan.

**Support for veterans and civilians resettled from Afghanistan**

In August 2021, the Afghan government collapsed, leading to the resettlement of veterans and civilians who supported the British Military or UK government. Many in this population experienced multiple traumas, have lost loved ones, and remain separated from family members who remain at risk in Afghanistan. All have faced challenges common among refugees who have been exposed to long-standing conflict, political upheaval, economic deprivation and forced displacement. Evidence tells us that this has a profound impact on their mental health. Beachley Barracks in South Monmouthshire has been re-purposed to accommodate people from Afghanistan with an immediate impact on local GP and Mental Health services. The NCN as mentioned, joint funds the Wellbeing Link Advisor service and therefore will monitor impact via GAVO, the parent organisation for this service, along with GP practices and community based (statutory) mental health support services etc.

**Childhood Immunisations**

Data released at September 2022 (please see table 1 below), showed that Monmouthshire North and South had the lowest uptake in Gwent of MMR1 in 16 year-olds at 85% and 88.9% respectively, with the 9 other NCNs achieving 90% and higher uptake. We can also see that uptake in South Monmouthshire across the 3 cohorts, highlighted in table 1, that uptake was lower than other NCNs. However, new data released March 2023 (please see table 2), shows that uptake across all 5 cohorts has improved greatly in South Monmouthshire. MMR1 uptake for 16 year olds in North Monmouthshire was reported at 85.0% in 2022-23 and even though there has been some improvement shown in Table 2 (as highlighted), it is still the lowest in Gwent and therefore we will liaise with the South cluster to identify potential good practice methods of engagement to improve on this.

| Table 1: 2022-23 Indicators | Blaenau Gwent | | Caerphilly | | | Monmouthshire | | Newport | | Torfaen | | Gwent |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | East | West | East | North | South | North | South | East | West | North | South | |
| PCVf (2yrs) | 94.3% | 94.9% | 96.6% | 98.6% | 100.0% | 96.0% | 81.8% | 88.6% | 92.7% | 89.0% | 92.3% | 94.5% |
| Hib/MenC (2yrs) | 90.6% | 94.9% | 96.6% | 98.6% | 100.0% | 94.0% | 84.8% | 88.6% | 95.1% | 88.1% | 90.6% | 94.0% |
| MMR2 (5yrs) | 90.9% | 92.6% | 93.6% | 94.7% | 91.5% | 94.7% | 88.4% | 86.6% | 88.4% | 91.4% | 92.0% | 92.0% |
| Pre-School Booster (5yrs) | 96.1% | 92.2% | 95.4% | 96.7% | 97.1% | 93.2% | 100.0% | 84.7% | 90.7% | 93.5% | 91.0% | 92.5% |
| MMR1 (16yrs) | 97.5% | 95.2% | 98.4% | 96.8% | 97.1% | 85.0% | 88.9% | 92.5% | 94.7% | 97.5% | 96.6% | 96.3% |

| Table 2: 2023-24 Indicators | Blaenau Gwent | | Caerphilly | | | Monmouthshire | | Newport | | Torfaen | | Gwent |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | East | West | East | North | South | North | South | East | West | North | South | |
| PCVf (2yrs) | 93.1% | 94.7% | 96.4% | 95.3% | 97.2% | 97.8% | 95.2% | 93.5% | 88.1% | 90.6% | 94.8% | 93.7% |
| Hib/MenC (2yrs) | 94.8% | 94.7% | 96.4% | 96.1% | 98.1% | 96.6% | 95.2% | 91.6% | 88.1% | 90.6% | 94.8% | 93.5% |
| MMR2 (5yrs) | 85.9% | 91.4% | 97.6% | 92.1% | 93.5% | 92.9% | 93.4% | 85.9% | 86.0% | 87.4% | 89.7% | 89.8% |
| Pre-School Booster (5yrs) | 86.9% | 91.4% | 97.6% | 92.1% | 92.9% | 90.2% | 93.4% | 86.5% | 87.2% | 87.4% | 90.6% | 90.0% |
| MMR1 (16yrs) | 96.2% | 97.8% | 97.6% | 98.3% | 97.3% | 87.6% | 97.0% | 95.2% | 95.6% | 98.5% | 99.2% | 95.8% |

## Key achievements from 2023/24 Cluster Plans:

1. **Implementation of a structured evaluation framework - Accelerated Cluster Development (ACD) programme:**

- Providing systematic & objective assessment of schemes improving accountability, measurement, and transparency
- Identifying unmet need and / or demand focus
- NCN Administrative Office & ACD led with support from borough NCN teams developing planning & commissioning skills
- Identifying key organisational learning & joint ownership by stakeholders
- Ensuring funding governance is in place & building an evidence base for funded projects
- Encouraging timely information flow within and across NCNs aligned to the NCN Business Cycle
- Supports budget holders to make informed decisions for each funded project or scheme

2. **Enhanced NCN Planning & Business Support - Accelerated Cluster Development (ACD) programme:**

- ACD introduced into Strategic Programme for Primary Care work programme in April 2022
- Stakeholder engagement took place December 2021 & March 2022
- ACD programme developed to ensure a more rapid implementation of the Primary Care Model for Wales
- ACD programme introduces Professional Collaboratives and Pan Cluster Planning Groups (PCPGs) to broaden and strengthen clinical engagement and to increase the influence from the community/cluster to Regional Partnership Board decisions (RPB)
- The Monmouthshire NCNs and ISPB have adopted ACD and is in the process of building the network of professional collaboratives with named leads in a number of the professional groups to-date

3. **Increased Resilience / Reduced Admissions - NCN led Winter Planning event:**

- Monmouthshire (South) Rapid Medical Service encompassing the Community Resource Team (Care Closer to Home)
- Direct Admission Pathway (DAP)
- GP engagement with community/secondary care service leads to discuss existing pathways and new initiatives
- South Monmouthshire Agile Response Transformation (S.M.A.R.T.) / Multi-Disciplinary Team Pilot & holistic review process
- Respiratory Pathway
- Urgent Primary care / Out of Hours service Pathways
- Rapid Access & Same Day Emergency Care Pathways
- Consultant Connect – sharing positive experiences
- Introduction to ACD Professional Collaboratives linked to Place Based Care

4. **High Immunisation uptake - Influenza:** 2022-23 season data showed that Monmouthshire GP practices performed well again in terms of uptake across the 4 key cohorts:

| 2022-23 | Monmouthshire North | Monmouthshire South | Benchmarking |
|---|---|---|---|
| 2 to 3 years | 61.1% | 72.4% | Highest & 2nd highest in Gwent / higher than Wales average |
| Under 65 years (at risk) | 56.9% | 57.8% | Highest & 2nd highest in Gwent / higher than Wales average |
| Over 65 years | 83.2% | 84.8% | Highest & 2nd highest in Gwent / higher than Wales average |
| 50 to 64 years (not at risk) | 61% | | Highest in Gwent |

5. **New investment approved for South Monmouthshire Agile Response Transformation (S.M.A.R.T.) / Multi-Disciplinary Team:**
- Funding secured to take forward this South Monmouthshire pilot project linked to the frailty service aimed at identifying frail older people at risk of falling leading to hospitalisation.

6. **Continued investment in schemes linked to building a sustainable & resilient Primary Care workforce:**
- Practice Based Pharmacists (North)
- Practice Manager lead role (North & South)
- GP led Safeguarding Forum (North & South)
- Wellbeing Link Advisor Service (North & South)
- Psychological Health Practitioners (North)

7. **Recruitment:** Recruitment difficulties have provided NCNs an opportunity to explore other options to invest in such as clinical support roles in response to the growing healthcare needs amongst the older adult population in our communities. Monmouthshire is the first borough to launch a dedicated recruitment campaign. Dr Annabelle Holtam, South Monmouthshire NCN Cluster Lead commented: "I feel privileged to live and work in Monmouthshire. It has been great to work on a campaign promoting the work life balance that Monmouthshire affords. I hope that health care professionals across the UK and beyond are attracted to work here to further improve the local health care provision for our wonderful communities in Monmouthshire." Both NCNs will continue to explore options to develop new roles in Primary Care in support of building sustainable services. https://abuhb.nhs.wales/healthcare-services/primary-care-and-community-recruitment/ and have supported the ABUHB Academy nurse placements in GMS.

## Key workstreams in 2024-25:

**Accelerated Cluster Development (ACD) - Place Based Care:**

We have adopted the 7 overarching ACD themes:

- Improving primary care data
- Implement the primary care model
- Strengthening clusters
- Shifting resources to primary care
- Involving the public
- Keeping the strategy under review
- Communication

# NCN Cluster Annual Plan 2024-2025

An aim of the ACD programme is to support the delivery of Place Based Care and new Professional Collaboratives will play an integral role in that. GP and Dental practices, Community Pharmacies, Optometrists, Community Nurses, Allied Health Professions, Social Services and others are coming together across NCN cluster footprints to examine the services they offer, and understand local need in order to support NCNs in focussing future action in response. The plan is to engage meaningfully with the PCs in 2024-25 via NCN meetings to look at how we can work together and look at issues relating to care provision, sharing knowledge and expertise.

**Wellbeing Link Advisors (Increasing capacity in GMS):**

The need for a local, community-based response was recognised through a collaborative exercise involving the council, ABUHB and Gwent Association of Voluntary Organisations (GAVO). This led to a Wellbeing Link Advisor Service being developed based on learning from the Care Navigation signposting scheme in GP practices, and already established Wellbeing Co-ordinator roles. Funding has to-date been provided by the NCNs and ABUHB Public Health team from Regional Integrated Funding (RIF).

**Risk:** Public Health Team: Funding for the Integrated Wellbeing Networks programme is part of the RIF monies allocated to the public health team of ABUHB, and as such, 2024-25 funding has not yet been confirmed at time of writing. Whilst confident the programme will continue, any funding that is allocated may not be the full amount currently received. Therefore, the public health team is unable to provide any assurance at this time. NCNs: Both NCN leads have agreed 2024-25 funding in principle.

**GP led Safeguarding Forum (Increasing resilience in GMS):**

The Safeguarding Peer Support Group continues to be well attended by all practices in North and South Monmouthshire Clusters. The Forum meets quarterly and GPs discuss anonymised complex cases, which continues to provide valuable learning reflections for all. Meetings also cover Post Traumatic Stress Disorder, Coding patients on the sex offenders register, fabricated and induced illness, County Lines & Urban Street Gangs, Safeguarding issues affecting care of vulnerable groups including refugees, plus a broad review of Level 3 Child Safeguarding.

Meetings are increasingly multidisciplinary with whole practice clinical teams invited - numbers attending remain high despite workload pressures. The GP lead is contacted regularly between meetings for specific safeguarding advice. The NCN funded GP lead role was endorsed as good practice in 2023-24 by the Primary Care & Community Services Senior Leadership Team.

**Practice Manager lead role (Increasing resilience in GMS):**
The lead role ensures parity, meaning inclusion and opinions of all practice reps is sought, heard & included in decision-making. Collective inclusion in the development of transparent, cohesive, and collaborative working across the borough. Enhanced communication with easier sharing of processes, policies, procedures, training, experience, skills, salary reviews, private payment reviews and innovation.

The welfare and support of all practice managers via this forum has gained a stronger and fully representative voice within NCNs and the Health Board. The NCNs have committed to fund this going forward and was also recently endorsed by the Senior Leadership Team.

**MSK Physiotherapist (South):**
Following discussion with the South NCN cluster, it was agreed that due to the considerable demand placed on GP time by people presenting with Musculo-skeletal problems, funding of a suitably experienced Physiotherapist in the South of the borough would help release GP time to support people with more complex care needs (also meets the delivering care closer to home priority).

**South Monmouthshire Agile Response Transformation (S.M.A.R.T.) / Multi-Disciplinary Team (MDT) Pilot:**
A new pilot scheme aimed at actively supporting our most frail citizens, especially those at risk of hospital admission leading up to and during the Winter period. To optimize their health and social care support by discussing cases as a wider, community based and integrated MDT. This scheme will also dovetail into the programme of NCN funded Winter holistic reviews of all severely and moderately frail people to identify those in need of further health, emotional or social support.

| Key measures: | |
|---|---|
| Reduced admission rates | Winter 2022/23 vs 2023/2024 |
| Reduced length of stay | Winter 2022/23 vs 2023/2024 |
| Increased community admissions | Winter 2022/23 vs 2023/2024 |
| Increased frailty team referrals | Winter 2022/23 vs 2023/2024 |
| Increased utilisation of the Integrated Services Team | Winter 2022/23 vs 2023/2024 |

We know that 'falling' is the most common cause of serious injury in older people and the most frequent reason for hospital attendance. Older people who fall account for 10% of all 999 calls to the Welsh Ambulance Service and we can expect a high proportion of those to be from North Monmouthshire with the highest number of people aged 65 and over in Gwent. In 2023-24, the NCNs visited the Hereford Falls Service to inform the service modelling work being undertaken. A costed business plan is currently in development but the aim is for the S.M.A.R.T. service to 'dove-tail' with the Falls prevention work in the future.

**Additional objectives:**

1. To identify gaps in service and inform next steps
2. To try and secure funding for roll-out in the North of the borough
3. To develop a falls prevention costed business plan

## Workforce Profiles 2024/25:

We recognise that our GP practice workforce will continue to face significant challenges derived from a number of factors including the global pandemic, immunisation programme roll-out, an increasing and ageing population, growing rates of dementia and a continuing drive to shift the balance of care from acute to community level settings. The table below tells us that in 2022, the risk associated with our GP clusters when considering future challenges was assessed to be a moderate risk in the South and low in the North.

| | | Current Staffing (as at Aug'22) | | | | | Future Challenges | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **2022** | **Based on List Size** | **GP** | **Extended Roles** | **Practice Nurses** | **Other Clinical** | **Admin / Non clinical** | **GP (WTE) Workforce aged 55+ by 2025** | **Current GP Gap** | **NERs Impact on GP vacancies** | **% GPs either vacant now or aged 55+ by 2025** | **Risk Assess-ment** |
| **Monmouthshire South** | 48,490 | 20.63 | 9.06 | 21.91 | 5.52 | 53.03 | 7.4 | 3.62 | 4.53 | 26.75% | **Moderate*** |
| **Monmouthshire North** | 54,811 | 29.41 | 5.07 | 27.19 | 15.94 | 63.94 | 6.05 | -2 | 2.54 | 5.51% | **Low** |

*** When re-assessed in May 2023, the risk for both North and South clusters was assessed to be low.**

There is an on-going concern regarding the number of new housing developments approved for both North and South Monmouthshire, which will lead to an increased population and greater demand on primary and community services. We are aware that currently, there are plans for an additional 500 homes in Chepstow, c. 1500 near Caldicot, 400 in Abergavenny and potentially 900 in and around Monmouth Town. new homes in the Monmouth Town area were approved. The NCNs will continue to monitor developments and ensure concerns are raised with planning colleagues.

There needs to be significant investment in the Primary Care Estate to be able to manage the increased workload from the substantial and almost unprecedented, planned increase in the local population, projected to be up to 60% by 2030, as well as the demographic shift towards more people living longer. We will continue to actively participate in the development of both Estates and Workforce strategies via the ISPB.
**Source: Replacement Local Development Plan Overview and Timescale - Monmouthshire*

**Primary Care Staff: Age Profiles - Full Time Equivalent (WTE):**
Exact ages are not recorded on the NWRS system, only age ranges, which makes workforce planning difficult. The table below highlights (in red), staff aged 55 and over who may retire in the next 5 years (based on a retirement age of 60). This number is based on current retirement ages, but changes to pension regulations & impact on flexible working/ draw down may impact on this. Figures may be underestimated due to limited information provided within the system. Monmouthshire as highlighted in yellow, has a much higher ageing workforce profile:

| Age range | Blaenau Gwent | Caerphilly | Monmouthshire | Newport | Torfaen | Total Age |
|---|---|---|---|---|---|---|
| 55-59 years old | 31 | 12 | 69 | 24 | 12 | 148 |
| 60-64 years old | 23 | 8 | 63 | 16 | 8 | 118 |
| 65 and over | 16 | 4 | 25 | 8 | 4 | 57 |
| Unknown | 135 | 191 | 88 | 56 | 191 | 661 |
| **Total*** | **347** | **265** | **486** | **204** | **265** | **1567** |

**0-55 age group numbers removed but included within total numbers*

## NCN Finance 2024/25:

In 2024-25 NCNs are obliged to report financial risk / new funding proposals to the ISPB as part of the ACD programme structure.

| Monmouthshire South | Funding (approx.) | Monmouthshire North | Funding (approx.) |
|---|---|---|---|
| GMS based Physiotherapy | £107,000 | Clinical Support role in GMS (tbc) | £65,000 |
| Community Wellbeing Link Advisor role | £25,000 | Community Wellbeing Link Advisor role | £22,000 |
| SMART / MDT (linked to Rapid Medical) | £35,000 | GP Digital Sustainability in GMS | £26,000 |
| GMS Holistic Reviews | £45,000 | Community HCSW Phlebotomy (Top Sliced) | £9,600 |
| Outpatient Phlebotomy clinic (HCSW) | £5,600 | Independent Contractors (Top Sliced) | £2,000 |
| GP Digital Sustainability in GMS | £21,000 | Dementia Roadmap (Top Sliced) | £380 |
| Community HCSW Phlebotomy (Top Sliced) | £12,200 | Lead Practice Manager Collaborative role | £4,000 |
| Independent Contractors (Top Sliced) | £1,500 | GP led Safeguarding Forum | £3,800 |
| Dementia Roadmap (Top Sliced) | £380 | GMS Based Pharmacists | £150,100 |
| Lead Practice Manager Collaborative role | £4,000 | Psychological Health Practitioners | £49,350 |
| GP led Safeguarding Forum | £3,800 | | |
| Training / Protected Learning Time | £7,000 | | |
| Winter Planning Collaborative event | £3,000 | | |
| Community Interest Co. development | £2,000 | | |
| 2024/25 Forecast | £259,280 | 2024/25 Forecast | £332,030 |
| Total NCN allocation | £260,450 | Total NCN allocation | £328,858 |
| Projected underspend | £1,170 | Projected overspend | -£3,172 |
| South NCN Wish list: | | North NCN Wish list: | |
| *Band 5 Collaborative Pharmacy Technician* | *£42,000* | *Outpatient Phlebotomy clinic (HCSW)* | *£5,600* |
| | | *SMART / MDT (linked to Frailty)* | *£36,700* |
| | | *GMS Holistic Reviews* | *£15,000* |

## Key reflections / challenges related to the 2023/24 Cluster Plan:

- Pressures relating to Winter Planning with managing influenza & fluctuating Covid-19 levels
- Workforce retention and recruitment issues resulting from pandemic, retirement planning and skills deficit e.g.; Pharmacist shortfall
- Cost of living pressures impacting on people's mental health & wellbeing with growing and demand for support.
- Taking forward workstreams deferred due to the pandemic e.g.; Respiratory Pathway work & Domestic Abuse service mapping etc.
- Increased older population, people living longer with increasing complexity of conditions – impact on services providing care in largely rural areas
- Housing developments contributing to population growth with additional pressure on primary and community services
- Managing change - implementing the Accelerated Cluster Development programme (Transition Year) with new team and workstreams
- Taking forward the Community Interest Company (Wild Orchid Wellbeing CIC) raised a number of challenges including the time needed to drive this project forward. It's possible this will be picked up again in 2024-25 and therefore a small amount of investment has been put aside to support this.

## Alignment with ISPB (PCPG) & NCN Plans:

The Monmouthshire ISPB (PCPG) is well established and in its 2nd year of delivering on its 3-year partnership plan. Both NCN cluster leads are active members of the ISPB including chairing an operational sub-group, which takes forward specific projects relating to the ISPB workplan. NCN plan priorities have a partnership focus and are, in the main, aligned with the ISPB plan as required by the Wales Planning Framework 2023-26. The graphic below details the strategic planning structure for Gwent and key priorities, which continue to provide the focus for partnership working across the ISPB and NCNs.

| **Key objectives from national guidance for ISPBs/ PCPGs:** | ← Solutions, Improvement, Change → | | ← Intelligence to inform priorities and decision making → | **ISPB priorities underpinning partnership working in Monmouthshire** (not exhaustive) |
|---|---|---|---|---|
| • Provide local footprint for delivery of RPB priorities<br>• Coordinate available resources to meet need<br>• Provide strategic direction to inform the development of cluster plans<br>• Commission services and develop agreements to support partnership working<br>• Utilise intelligence from Clusters to ensure plans accurately reflect population needs etc. | | Gwent Regional Partnership Board<br>↕<br>Integrated Services Partnership Boards<br>↕<br>Neighbourhood Care Collaborative Clusters<br>↕<br>Professional Collaboratives | | • Third Sector as full partner of the ISPB<br>• To build sustainable and integrated workforce for the future<br>• Continued development of Place Based Working (linked to ACD)<br>• Redesigning services for older people<br>• Ensure fit for purpose estate<br>• Enhanced Financial scrutiny |

# NCN Cluster Annual Plan 2024-2025

| New/ existing activity | Activity/ project description | Results/ outcomes | Budget/ Funding source | Links to other plans/ strategies | Who? |
|---|---|---|---|---|---|
| **1. Workforce/ Service Sustainability** | | | | | |
| 1.1 Existing | • Workforce modelling & strategy development | • Workforce strategy signed off at ISPB. | £0 | • Workforce & staff wellbeing<br>• Strategic Programme for Primary Care | ISPB/ NCNs |
| 1.2 Existing | • Undertake annual evaluation of NCN funded projects (see below) | • Evidence of project effectiveness e.g.; to reduce reliance on GMS reviewed at year-end evaluation | £0 | • 2022-25 NHS Planning Framework | ACD/ NCNs |
| 1.3 New | • Physiotherapy Supervision (Band 8a / 0.10 WTE) | • Evidence of one-to-one meetings with band 7 / line manager / NCN lead | £4,620 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care | South NCN |
| 1.4 New | • Physiotherapist (Band 7 / 1.0 FTW – Wye Dean, Town Gate, Vauxhall, Mt Pleasant practices) | • Evaluation reviews number of contacts during year releasing GP time | £60,010 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care | South NCN |
| 1.5 New | • Physiotherapy SLA funding (Gray Hill Surgery – via MSK Directorate) | • NCN supports equity of access & Care Closer to Home | £40,782 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care | South NCN |
| 1.6 New | • Clinical Support role (Band 8a / 0.9 WTE) | • Evaluation reviews number of contacts during year releasing GP time | £65,000 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care | North NCN |
| 1.7 Existing | • OPD Healthcare Support Worker Phlebotomist (Band 3 / 0.2 WTE) | • Evaluation reviews number of contacts during year releasing GP staff time | £5,293 | • Care Closer to Home | South NCN |
| 1.8 New | • OPD Healthcare Support Worker Phlebotomist (Band 3 / 0.4 WTE) | • NCN supports equity of access & Care Closer to Home | £10,586 | • Care Closer to Home | North NCN |
| 1.9 Existing | • District Nursing Healthcare Support Worker Phlebotomy | • Evaluation reviews number of contacts during year releasing GP time | £21,784 | • Care Closer to Home | NCNs |
| 1.10 Existing | • Wellbeing Link Advisors (0.2 WTE) | • Evaluation monitors number of contacts during year with reduced reliance on GP time<br>• Case studies show evidence of non-medicalised wellbeing support | £50,000 (tbc) | • Strategic Programme for Primary Care<br>• Working Together for a Healthier Wales 2023-35 | NCNs / ABUHB Public Health Team |
| 1.11 Existing | • Protected learning time (GMS) | • Evidence gathered from post-event evaluations | £7,000 | • Accelerated Cluster Development | NCNs |
| 1.12 Existing | • Digital Sustainability in GMS | • Evaluation demonstrates efficiencies in General Practice management functions | £47,000 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care | NCNs |
| 1.13 Existing | • Implement the To Accelerated Cluster Development programme | • ACD leads attend NCN meetings, evidence of collaboration and shared learning | £0 | • Strategic Programme for Primary Care<br>• ACD Toolkit | NCNs/ ISPB |

| | | | | | |
|---|---|---|---|---|---|
| | | • Professional Collaborative leads monitor PNA data to inform plans | | | |
| 1.14 Existing | • Practice Manager lead role (0.2 WTE) | • Evaluation reviews outcomes from meetings & feedback – delivers against SLA specification | £7,776 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care | NCNs |
| 1.15 Existing | • GP led Safeguarding role | • Evaluation reviews outcomes from meetings & feedback – delivers against SLA specification | £7,524 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care | NCNs |
| 1.16 Existing | • Practice Based Pharmacists (2.10 WTE) | • Evaluation reviews number of contacts during year releasing GP time | £109,136 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care | North NCN |
| 1.17 Existing | • Psychological Health Practitioners (1.2 WTE) | • Evaluation reviews number of contacts during year releasing GP time<br>• Directorate provides evidence of success at NCN meeting | £98,698 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care | North NCN |
| 1.18 Existing | • Independent Advisor support to NCNs | • Evidence of support provided | £3,573 | • Accelerated Cluster Development | PC &CS Division |
| **2. Early Intervention & Prevention** | | | | | |
| 2.1 Existing | • Dementia Roadmap - web-based information for people with dementia & their carers | • Data collection to benchmark uptake on Pan Gwent basis | £750 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care | NCNs |
| 2.2 Existing | • To monitor immunisation uptake (flu & childhood) & benchmark against other NCNs | • IVOR Influenza Surveillance data benchmarked at NCN level<br>• 75% Influenza National target<br>• Monitor childhood immunisation data | £0 | • Working Together for a Healthier Wales 2023-35<br>• Public Health Wales | NCNs/ PHWs |
| 2.3 New | • To monitor Dementia rates per 10,000 GP population & access to local support | • Use data to benchmark incidence levels - currently highest in Gwent | £0 | • Working Together for a Healthier Wales 2023-35 | NCNs |
| 2.4 New | • To host multi-disciplinary Winter Planning event | • Informs Local Continuity Planning | £3,000 | • A Healthier Wales | NCNs/ GMS/ Secondary Care |
| **3. Hospital Admission Avoidance** | | | | | |
| 3.1 New | • Implement the South Monmouthshire Agile Response Transformation (S.M.A.R.T.) Pilot (Linked to Frailty / Holistic Reviews / Falls Prevention / Rapid Medical Project | • Monitor progress against data-set as per outline proposal<br>• Pathway Optimisation (2022-23): Average 200 weekly admissions for people who fell & discharged from ED, occupy between 300-325 beds daily | £48,800<br>£36,700 | • A Healthier Wales<br>• Redesign of Older People's Pathway | NCNs |
| **4. Information & Communication** | | | | | |
| 4.1 Existing | • Continue to engage with ABUHB communications team to promote recruitment in Monmouthshire | • Evidenced by monthly NCN / Borough Management Team meetings e.g.; minutes, presentations etc.<br>• Increased public awareness of NCNs and priorities via newsletters | £0 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care<br>• Wellbeing of Future Generations Act | NCNs |

| | | | | | |
|---|---|---|---|---|---|
| | • Continue to strengthen links with Local Authority and Third Party to promote good working and new initiatives etc. | • Evidenced by monthly NCN / Borough Management Team meetings e.g.; minutes, presentations etc | £0 | • Strategic Programme for Primary Care<br>• Accelerated Cluster Development | NCNs/ LA/ Third Sector |
| **5. Estate** | | | | | |
| 5.1 Existing | • Monitor capacity issues in GMS estate & support the Improvement Grant process as required | • Number of expressions of interest received<br>• Number of successful / failed applications<br>• Issues raised at Annual Contract Review meetings with PC contracting team | £0 | • 2022-25 NHS Planning Framework<br>• Strategic Programme for Primary Care<br>• NCN Business Cycle | ISPB/ NCNs |
| 5.2 Existing | • Continued engagement to support the new Monmouth Wellbeing Hub (Dixton Surgery relocation) | • Scheme of Accommodation completed – shows range of services (Wellbeing Network / clinical & non-clinical support)<br>• NCN Lead & NCN Management Team attend Divisional meetings | £0 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care | WG/ North NCN/ ISPB |
| **6. Safeguarding** | | | | | |
| 6.1 Existing | • Undertake data review to understand levels of domestic violence in Monmouthshire and promote access to the range of community-based support via networks | • Benchmark Monmouthshire data & target for service awareness by town<br>• Update community service map<br>• NCN leads attend MCC – Violence Against Women, Domestic Abuse & Sexual Violence meetings<br>• MMC_MeasurementFramework_Final_EN.pdf (monmouthshire.gov.uk) | £0 | • The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 | NCN/ RPB |
| **7. Finance** | | | | | |
| 7.1 Existing | • NCN budgets are monitored to ensure financial balance & plan recovery as necessary | • Monthly NCN meetings with finance directorate<br>• Quarterly NCN highlight reports<br>• 6 monthly Assurance meetings<br>• Agree recovery plan where necessary | £0 | • 2022-25 NHS Planning Framework | NCNs<br>*North NCN |
| **8. Partnership & Collaborative Working** | | | | | |
| 8.1 Existing | • Continue to support delivery of the ISPB (PCPG) priorities | • NCN team attendance at ISPB meetings<br>• NCN team supports exception reporting process – reviewed at bi-monthly ISPB pre-meetings to assess risk to service delivery | £0 | • Accelerated Cluster Development<br>• Strategic Programme for Primary Care<br>• Wellbeing of Future Generations Act | NCNs/ ISPB |
| 8.2 Existing | • Revisit option to develop a Community Interest Company | • Revisit Articles of Association, scope and aims<br>• Revisit Business Plan & agree objectives | £2,000 | • Transformation & Vision for clusters | South NCN |

# Newport
# NCN
# ANNUAL PLAN
# 2024-25

## Cluster Executive Summary:

A Healthier Wales remains the overarching policy context for health and social care and drives our commitments to deliver seamless, place-based care. Newport NCN has developed its plans to align with the ministerial focus on improving population health as the mechanism to deliver health equity, learning from the pandemic and addressing the impact of issues such as obesity and poor mental health on people's health and well-being outcomes.

### Background

Newport is a multi-cultural city, with a population of 164,702 (as per GP registered individuals), this exceeds the projected population data from Stats Wales by 5 years, it was anticipated that this figure would not be met until 2028.

- Newport has the second highest proportion of population from Black, Asian and Minority Ethnic backgrounds in Wales, with 48 different languages spoken amongst 20 identified communities.
- It has been identified that there are 2340 households within Newport that do not speak English or Welsh as a main language.
- Newport has an ageing population, with a current over 65 years population of 27,510.
- Estimated ageing population projection to 37,241 by 2039.
- The recent Ukraine settlement has further impacted upon these figures.
- The registered number of rough sleepers within the city has risen from 21 in January 2021 to 47 in January 2023.
- Newport City Council have also recently announced that there are approximately 9000 individuals on the social housing waiting lists.
- Certain neighbourhoods are disproportionately affected by unemployment, low incomes, poor skill levels and crime and anti-social behaviour. According to Stats Wales data Pillgwenlly within the West ranks as number 10 in Wales most deprived areas and the Ringland area within the East is ranked as 69th.

Newport is established around 2 Neighbourhood Care Networks (NCNs), East and West, which work collaboratively to strive to improve primary care and community services within the local area.

- Newport East NCN Lead - Dr Graeme Yule, GP Partner at St Julians Medical Centre and Clinician within the COTE service reset.
- Newport East has a population of approximately 80,754 residents. There are 9 GP practices within the area with varying states of deprivation and affluency. There are also 7 Dental practices, 7 Optometrists and 15 Community Pharmacies within the area.

# Cluster Annual Plan 2024-2025

- Newport West NCN is led by Dr Susan Thomas, Advanced Nurse Practitioner at Wellspring Medical Practice.
- The Newport West NCN is comprised of 6 main practices and 3 branch surgeries which together have a combined registered population of 83,948. There are also 9 optometrists, 5 dental practices and 12 Community pharmacies situated within Newport West NCN.

Demand for healthcare is ever growing and will continue to grow, as evidenced by the population growth and the population needs assessment. The population needs assessment allows us to assess the local health needs which in turn enables us to determine who our population are, what are our aims, who else needs to be involved, what resources are needed and what are the risks? Following this we are then able to assess what the health priorities are and which to prioritise. This then allows the NCN priorities to be set, a plan formulated, and funding/actions allocated.

# Cluster Annual Plan 2024-2025

| The Newport Population Needs Assessment outlines the following as local needs: | Indicator | Newport | | | Gwent |
|---|---|---|---|---|---|
| | | East | | West | |
| Depression/mental health | *Depression/ Mental Health* | 85 | 112 | 92 | |
| Immunisations | *Uptake % of the COVID-19 Summer Booster* | 59.3% | | | 63.7% |
| | *Influenza immunisation rates - over 65s* | 76.3% | | 75.2% | 78.2% |
| | *Influenza immunisation rates - under 65 at risk groups* | 46.5% | | 45.2% | 47.7% |
| | *Influenza immunisation rates - 2 - 3-year-olds* | 44.8% | | 36.4% | 47.4% |
| | *Childhood Immunisation - MMR1 (Age 2yrs)* | 93.5% | | 88.1% | 94.6% |
| | *Childhood Immunisation - PCVf (Age 2yrs)* | 93.5% | | 88.1% | 93.7% |
| | *Childhood Immunisation - Hib/MenC (Age 2yrs)* | 91.6% | | 88.1% | 93.5% |
| | *Childhood Immunisation - MMR2 (Age 5yrs)* | 85.9% | | 86.0% | 89.8% |
| | *Childhood Immunisation - PreSchool Booster (Age 5yrs)* | 86.5% | | 87.2% | 90.0% |
| | *Childhood Immunisation - MMR1 (Age 16yrs)* | 95.2% | | 95.6% | 95.8% |
| | *Childhood Immunisation - MMR2 (Age 16yrs)* | 91.8% | | 92.7% | 92.2% |
| | *Childhood Immunisation - PreTeen Booster (Age 16yrs)* | 76.2% | | 78.8% | 77.2% |
| GP suspected cancer conversion rate | *GP Referrals for Suspected Cancer - Conversion (per 10,000 GP registered Population)* | 34 | | 36 | 40 |
| Urgent primary care cases assessed out of hours | *Total Demand into Urgent Primary Care (per 10,000 GP registered Population)* | 1122 | | 1174 | 1238 |
| Total demand into urgent primary care | *Urgent Primary Care cases Assessed Out of Hours 6:30pm-10pm (per 10,000 GP registered Population)* | 196 | | 198 | 222 |
| Occupied bed days in hospital | *Occupied bed days in ABUHB hospital (per 10,000 GP registered Population)* | 8436 | | 8787 | 8349 |
| Emergency admissions to hospital from care homes | *Emergency Admissions to ABUHB Hospital from Care Homes (per 10,000 GP registered Population)* | 13 | | 30 | 20 |
| Percentage of MH interventions started within 28 days of referral | *Percentage of MH assessments undertaken within 28 days of referral* | 85.1% | | 83.7% | 85.3% |
| GMS Demand & Sustainability. | *Substantive GPs (per 10,000 GP registered Population)* | 3.6 | | 3.7 | 4.3 |

Newport has an ageing population, with patients living longer and with more complex needs, further intensifying the challenges faced by the NHS and partners. Newport's aim is to provide a more integrated system of primary care with community care and wellbeing services, based around each NCN footprint. Services will be designed to provide more co-ordinated care, closer to home with fewer handoffs and complexity being shared across the multi-disciplinary team (MDT), where combined skills can 'problem-solve' to reduce deteriorating situations for people. The approach is intended to be delivered in a manner that aims to strengthen community resilience and respond to need. Newport will be delivering this through its three key Care Close to Home Work Streams:

- Prevention, Wellbeing and self-care.
- Access and Sustainability
- Integrated Primary and Community Care

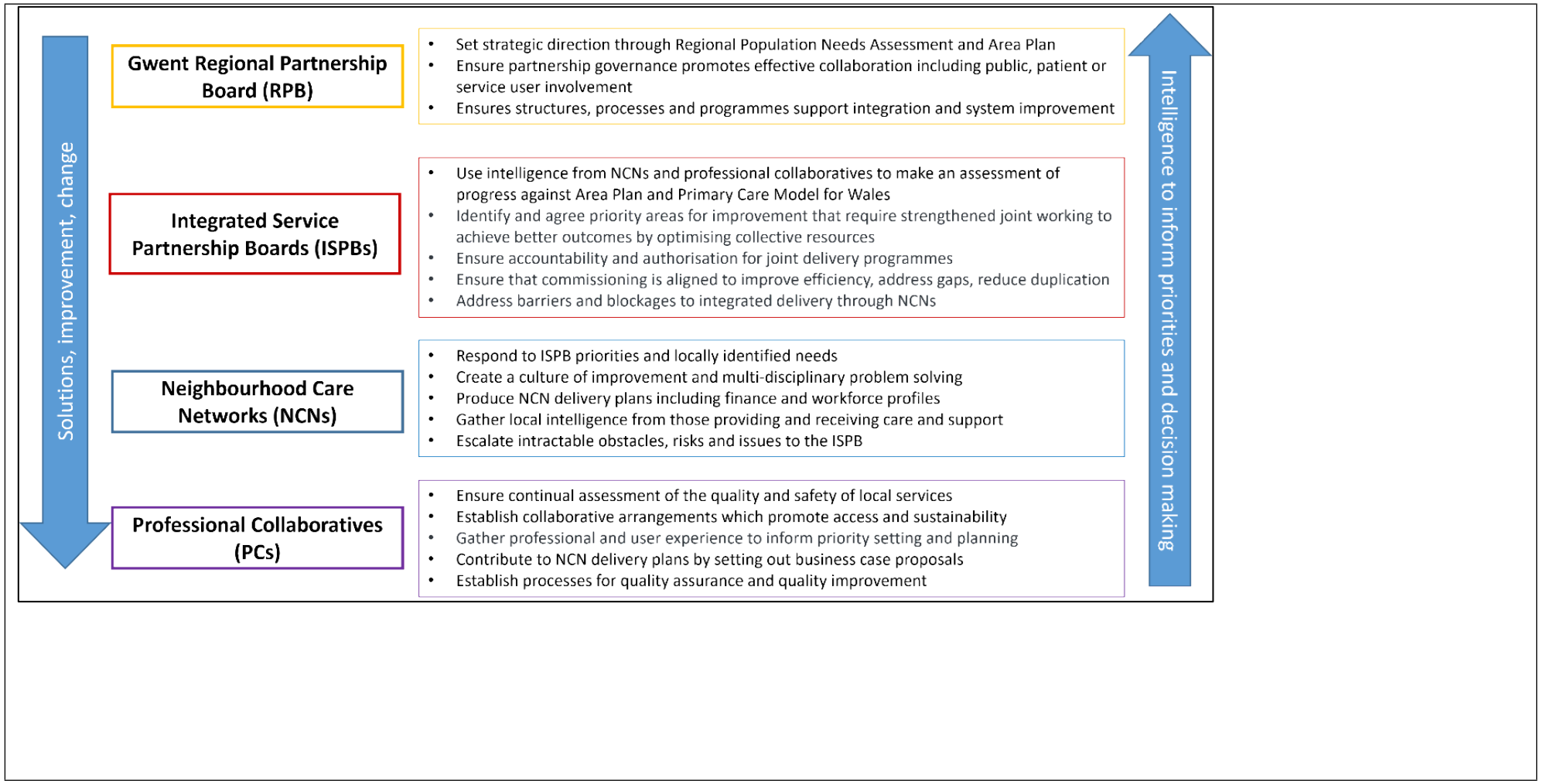
The priority sub work-streams that support these themes are closely managed and taken forward via NCN three-year plans.
These now feed into the Integrated Services Partnership board and then into the Regional Partnership Board.

These challenges have been exacerbated by the population increases and the need to offer alternative extended health roles in the absence of GP recruitment, it has been necessary to revisit our priorities and the way in which we deliver care.

With collaboration and partnership working maturing throughout the locality via NCN support for the MDT model, the longer-term aim to create a more integrated community service continues to progress. The locality has enjoyed an increase and success in collaborative working which has proved to be successful in responding to the increased demands and needs within the communities.

As a result of recent years, it is clear that Newport NCN must strengthen its relationships with the local authorities and partners in order to deliver a whole systems approach to patient care. The NCN Development Office structure will now allow for the Local Authority and Newport NCN to develop business cases that will address shared priorities, potential resolutions and funding streams Within the Newport Integrated Services Partnership Board there is the opportunity to identify ways in which the health board, NCN, local authority, third sector and community networks can complement each other. Additionally, the NCN Office structure will draw upon the professional collaborative expertise and knowledge to address the population needs. These decisions will then feed into the Gwent Regional Partnership Board (RPB) which supports the five Gwent local authorities and ABUHB. It is responsible for the integration of services to support older people with complex needs and long-term conditions, people with learning disabilities, carers (including young carers), integrated family support services and supporting children with complex needs. It is envisaged that funding streams will be made available to support the successful business cases from the RPB to support the identified population needs. The Gwent RPB includes the five Gwent local authorities and ABUHB. Through common goal sharing, shared resource, knowledge and expertise it underpins the model of partnership working and service delivery within the Newport NCN.
Essentially the Place Based Care concept of working with a variety of services and organisations is perceived to be an effective approach in meeting local population needs within Newport.

# Cluster Annual Plan 2024-2025



## Key Cluster Actions 2024/25:

**Sustainability**

### GMS Demand & Sustainability

- Work with general practice, primary care workforce teams to analyse current and future workforce trends, identifying aging workforce forecasts that will impact upon service. In particular a focus upon practices that have a low number of extended roles and upcoming retirements will be a focus to ensure that plans are in place to ensure continuity of patient care. Meet on a regular basis with GP practices to maintain discussions around sustainability and considerations around it.
- Identify workforce skill gaps and look for opportunities to access education and training courses to enable additional training and career progression via the Primary Care Community Academy and HEIW.
- Continue to work with Workforce and OD in relation to ensuring that there are robust plans in place regarding workforce across the NCN, such as the opportunity to create hybrid roles within the health board and GMS.
- Continue to identify services, technology and initiatives that can help to increase access and sustainability for General Practice such as advanced patient record reporting into clinical systems for community teams.
- Continue to address estate issues, agile working and available accommodation space.
- Continue to monitor environmental factors that will impact upon GMS sustainability such as new housing developments, asylum seeker settlements etc.
- Based on population demand, target health pathways via secondary care outreach opportunities to create clinics to support, menopause, diabetes etc in order to reduce demand upon GMS.

### Vaccinations and Screening

- Identify methods to improve immunisations, vaccinations and screening uptake. There is a particular focus upon childhood immunisations in order to meeting the Future Generations Act 2015 vision of improving now and in the future.
- Continue to support and promote future Public Health with future health events to increase vaccinations and screening uptake.
- Identify if there are any roles of community champions that could be created to assist in the education and increased uptake.

### Emergency Admissions to Hospital from Care Homes

- Continue to identify ways to improve communication with Care Homes and the continued uptake in the local enhanced services (DES) for practices.
- To ensure that admission avoidance pathways (where appropriate) are communicated to the registered GP's and community teams that support admission avoidance.
- Continue to improve communication with the Complex Care team to strengthen relationships.
- Analyse reasons of conveyances to ED/MAU and emergency admissions and look for any patterns emerging.

### Place Based Care

- Continue to recommend that the MDT process becomes a standard operating process within GMS.
- Identify if the 2 Newport MDT models have the ability to align and complement each other as one entity rather than two.
- Continue to identify how the MDT's can be strengthened in line with current financial considerations.

### Integrated Well-being Network (IWN) – Placed Based Care

- Continue to develop strong working relationships and connectivity between NCN and Newport Integrated Wellbeing Network (IWN)
- Extend the IWN's place-based approach across community wellbeing, integrated social care and health services through enhanced links with MDT teams in Newport.
- Identify and develop community-based 'centres' for well-being resources in the community.
- Ensure that community-based 'centres' can connect people with health and wellbeing resources, activities and other people/citizens to support their own wellbeing.

### Integrated Shared Partnership Board

- To work with partners of the ISPB to strengthen shared agendas and identify responsibilities of services required in order to meet the agreed objectives.
- Ensure that the membership of the group encompasses all parties that will need direct input into the objectives agreed.

## Finance

### NCN and Locality Budgets

The financial position at both a national and local level is significantly challenged and there is a focus on the current forecasts, along with areas identified for savings. The NCN has been tasked with a target saving of 25% as a means of contributing to the £145m overspent the health board is currently experiencing. Therefore, finance must be a priority for the NCN in order to identify where budgets can be adjusted to support the financial crisis but to also maintain consideration the priorities of our local population needs and where the importance of the available budget should be focused.

- Meet fortnightly with finance to ensure that budgets are tightly managed.
- Identify which services/systems can be reduced to release funding.
- Identify projects that will be continued to be funded as a result.
- of recent project evaluations.

# Cluster Annual Plan 2024-2025

| East Spend Plan Summary | 2023/24 | 2024/25 |
|---|---|---|
| **Annual Budget** | **437,774** | **437,774** |
| Top Slice: Advisers, Phlebotomy, Dementia Roadmap | £20,915 | £20,915 |
| Practice Based Pharmacists | £150,638 | £162,027 |
| MDTs (based on 2 pm) | £40,030 | £38,400 |
| Hub Team Lead | £24,488 | £47,056 |
| AccuRx / e-consult | £4,498 | £6,000 |
| Room hire | (£150) | (£150) |
| IRISI | £29,922 | |
| Accruals year end | (£11,882) | |
| **Total Expenditure** | **£410,430** | **£432,344** |
| **Forecast position** | **£27,344** | **£5,430** |

| West Spend Plan Summary | 2023/24 | 2024/25 |
|---|---|---|
| **Annual Budget** | **476,582** | **476,582** |
| Top Slice: Advisers, Phlebotomy, Dementia Roadmap | £21,834 | £21,834 |
| Practice Based Pharmacists | £128,056 | £147,298 |
| PHPs (based on 2.5wte) | £86,560 | £96,906 |
| Clinical Nurse Lead | £23,255 | £55,876 |
| MDTs | £64,557 | £67,200 |
| AccuRx / e-consult | £19,427 | £19,427 |
| Practice Index | | £2,708 |
| Room hire | £3,152 | £3,152 |
| Out Reach PWP Room hire | £1,314 | £1,314 |
| Ward based activity | £999 | |
| IRISI | £29,922 | |
| Accruals year end | £15 | |
| Eaton Road | £0 | |
| Care Aim | (£1,642) | |
| **Total Expenditure** | **£424,447** | **£462,772** |
| **Forecast position** | **£52,135** | **£13,810** |

### NCN Development Office

- Continue to work with the NCN Development Office team to evaluate ongoing projects and interrogate the population needs analysis data.
- Implement project plans and outcomes prior to commencement.

## Key achievements/successes related to the 2023/24 Cluster Plan:

**Sustainability**

### Place Based Care

The MDT models developed with NCN monies have provided the following opportunities:

- Appointment of a MH Occupational Therapist within the West to focus on low level mental health/psychological well-being needs.
- Appointment of 2 x MDT Coordinator within the East and 1 within the West
- Appointment of 2 x Clinical Lead Nurse.
- Post-discharge phone calls for adult patients within each practice who have recently returned home after a hospital stay, enabling continuity of care and reduced risk of avoidable readmission. This activity is reported as picking up concerns at the earliest opportunity that otherwise might escalate, to enable rapid, supportive, preventative action.
- Pill Collaborative established, which acts as a conduit for sharing communication and engagement.
- Close working with the Integrated Well-being Network, with the aim to provide NCN support for connecting local community groups to people needing care and support within the area.

### General Practice and Partners

- Protected Learning Time Sessions x2 completed on IRISI and Suicide First Aid and Prevention.

### Vaccinations

- Supported a Public Health fayre Sept 2023 and November 2023 which focused on ethnic minorities in regard to screening, vaccinations and mental health support/uptake. A further 4 events are planned.

### NCN Development Office

- A local Nursing collaborative lead and deputy lead have been appointed and regular meetings scheduled. Practice Nurses have been invited to attend with a monetary backfill (West only) and venues for these meetings funded by Newport West NCN.

- Project Evaluations were conducted by the NCN Office on: Psychological Health Practitioners (PHP), IRISi, Place Based Care and NCN Pharmacists. The locality team completed the Mental Health Occupational Therapist and Accurx evaluations.

**Key Difficulties related to the 2023/24 Cluster Plan:**

**Mental Health & Well-being**

- Difficulty in recruiting a second 1wte MH OT in the West which resulted in the funding being reallocated.
- PHP retention and backfill.

**Place Based Care**

- The reduction of the availability of NCN Pharmacists has proven to be an issue when allocating practice equality across the NCN areas.

**General Medical Services and Partners**

- The increasing number of languages being spoken is impacting upon delivery of care due to not being able to clearly communicate in the required language.
- Aging workforce/retirements pose a threat to future sustainability in the current models.
- Issues with the recruitment of particular roles, such as GP Partners.

**Vaccinations**

- Uptake of flu vaccine participation, immunisation and screening.

**NCN Development Office**

- The attendance and engagement at recent Nursing Collaborative forums has been poor.

**Finance**

- The ability to move elements of the budget that have proven to be beneficial into core budgets to allow the NCN to make plans at scale.
- Reduction in the allocated budgets
- The tapering reduction of future RIF funding is unclear which impacts upon the creation and continuation of NCN services.

**Potential challenges / issues in delivering the 2024/25 Cluster plan:**

### Finance

- The reduction in budgets will severely impact upon the NCN's ability to continue to and future fund projects/roles.

### Placed Based Care

- Availability of recruitment to roles
- Recruitment of roles– There is a risk of depleting staffing levels and expertise within other areas of the health board.
- Recruitment - The ability to offer long term contracts is an issue as the duration of the contract often deters individuals from applying for a role.
- The inability to move budgets that have existing pilots that have proved to be a success into core funding.
- Budget reductions.
- 19 Hills HWBC – the lack of funding for the creation of Link Workers to work in collaboration with ABUHB and the Local Authority.

### Integrated Well-being Network – Place Based Care

- Uncertainty of future funding.

### GMS Demand & Sustainability

- Aging workforce issues.
- Recruitment and retention into various GMS roles.
- Ability to recruit into fixed term/temporary positions which have been identified to assist with place-based care to increase capacity within the community workforce.
- Growing population.
- Meeting vaccination and screening targets.

### Estate.

- The delay in the appointment if a building custodian for 19 Hills HWBC to support service operational planning.
- The availability of suitable estate to progress community teams and NCN place-based-care.
- Practice Buildings/lease – there are a number of issues within the NCN regarding the lack of space within practices to further extend their extended role services. Additionally, there are ongoing lease issues across the NCN as a whole.
- Concerns over the growing population as a result of living longer, new housing developments and the city being a local dispersal area of asylum seekers and refugees impacting upon patient list size.

- Poor conditions – Some services have issues with staff bases due to them not being fit for purpose due to the lack of space and the health and safety issues which present in the form of ceilings collapsing and carpets lifting causing a falls/trip hazard.
- The undetermined base of the Newport Locality team hinders upon the ability to create a central hub of community services and the ability to build collaborative relationships.

**NCN**

- Shared perspectives and individual organisational challenges impact on the ability to collaborate fully with all partners.
- NCN Development Office – project evaluations outcomes remain outstanding. Given the current financial situation within the health board it is unclear if core funding will be allocated to the NCN to fund the successful projects.

# Torfaen

# NCN

# ANNUAL PLAN 2024-2025

## Cluster Executive Summary:

Torfaen covers approximately 93,000 practice-based population, covering Cwmbran Blaenavon and Pontypool. *(Source: Primary Care List size 2020).* Our local needs assessment tells us that Trevethin, Pontnewydd and Upper Cwmbran are amongst the top 10% most deprived places in Wales *(Source WIMD 2019).*

In Torfaen, cancer, circulatory diseases (heart disease and stroke) and respiratory diseases are the highest causes of years of life lost. We have a higher rate of chronic ill health than Wales overall most notably for rates of respiratory illness and poor mental wellbeing. Public Health Wales life expectancy data reveals significant inequality between socio-economic groups with a 15year variance between the most deprived and the most affluent areas in Torfaen.

We know that Covid has exacerbated the impact of these conditions and has contributed to a wide range of health issues including: mental health and wellbeing; domestic violence; rehabilitation from long Covid. The pandemic has also impacted on the deprivation, unemployment, and workforce wellbeing.

We also know that Covid has made us change the way we provide services in primary care and community services.

Our plan sets the scene, reflects on the impact of Covid and plots our recovery phase. It highlights our strengths and opportunities together with weaknesses and threats we face, particularly sustainability of services.

Re-evaluating our priorities, our plan describes how we will move from trouble shooting and reactivity that has been essential through the pandemic to a more strategic approach to address population needs, health and wellbeing service provision and supporting our workforce.

### Background Information:

The county borough of Torfaen is located in the south-east of Wales and borders the city of Newport to the south, the county of Monmouthshire to the east and the county boroughs of Caerphilly and Blaenau-Gwent to the west and northwest. Torfaen has an area of 126km2 and is the 3rd smallest borough in Wales; it has a population of around 93,000.

Geographically the area runs from the Heads of the Valleys in the north to the M4 corridor in the south and there are three main settlements along the way - Blaenavon, Pontypool and Cwmbran. Torfaen is the most easterly of the industrial valleys of South Wales with the settlements in the north and middle of the borough originally established to exploit the abundant non-renewable charcoal, coal, and iron resources in the area. As those heavy industries declined over the past 100 years, so did the prosperity of those areas.

Today the World Heritage Site town of Blaenavon has around 6,000 population and is furthest north in the borough. Blaenavon is famous for the Big Pit coal mining museum and Europe's best preserved 18th century ironworks.

The former industrial town of Pontypool with its traditional indoor and outdoor market is the next largest settlement located in the heart of the borough, and including the various communities that surround it, has a population of around 37,100.

In the south of the borough, Cwmbran is unique in being the only New Town in Wales, being designated in 1949 and was designed as a distinctive, progressive, and modern town offering new opportunities for its residents. Much of the southern parts of the county borough are now urbanised around Cwmbran, which has the largest population of each of the three settlement areas with around 48,700. Cwmbran Shopping Centre attracts the largest number of shopping visitors with 17 million customers a year from the wider area of Gwent and the M4 corridor.

Torfaen is established around 2 Neighbourhood Care Networks (NCNs), North and South, which work collaboratively to strive to improve primary care and community services within the local area.

- Torfaen North NCN Lead - Eryl Smeethe, Lead prescribing Advisor in ABUHB.
- Torfaen North has a population of approximately 47,800 residents. There are 5 GP practices within the area.
- Torfaen South NCN is led by Dr Amanda Head, GP Partner, Oak Street Surgery.
- Torfaen South NCN is comprised of 5 main practices which together have a combined registered population of 50,500.

- Across Torfaen there are also 7 optometrists, 15 dental practices and 21 Community pharmacies.

Demand for healthcare is ever growing and will continue to grow, as evidenced by the population growth; we have an ageing population, with patients living longer and with more complex needs, further intensifying the challenges faced by the NHS and partners. Torfaen's aim is to provide a more integrated system of primary care with community care and wellbeing services, based around each NCN footprint. Services will be designed to provide more co-ordinated care, closer to home with fewer handoffs and complexity being shared across the multi-disciplinary team (MDT), where combined skills can 'problem-solve' to reduce deteriorating situations for people. The approach is intended to be delivered in a manner that aims to strengthen community resilience and respond to need. Torfaen will be delivering this through its three key Care Close to Home Work Streams:

- Prevention, Wellbeing, and self-care.
- Access and Sustainability
- Integrated Primary and Community Care

The priority sub work-streams that support these themes are closely managed and taken forward via NCN three-year plans.
These now feed into the Integrated Services Partnership Board and then into the Regional Partnership Board.

These challenges have been exacerbated by the population increases and the need to offer alternative extended health roles in the absence of GP recruitment, it has been necessary to revisit our priorities and the way in which we deliver care.

With collaboration and partnership working maturing throughout the locality via NCN support for the MDT model, the longer-term aim to create a more integrated community service continues to progress. The locality has enjoyed an increase and success in collaborative working which has proved to be successful in responding to the increased demands and needs within the communities.

As a result of recent years, it is clear that Torfaen NCN must strengthen its relationships with the local authorities and partners in order to deliver a whole systems approach to patient care. The NCN Development Office structure will now allow for the Local Authority and Torfaen NCN to develop business cases that will address shared priorities, potential resolutions and funding streams Within the Torfaen Integrated Services Partnership Board there is the opportunity to identify ways in which the health board, NCN, local authority, third sector and community networks can complement each other. Additionally, the NCN Office structure will draw upon the professional collaborative expertise and knowledge to address the population needs.
These decisions will then feed into the Gwent Regional Partnership Board (RPB) which supports the five Gwent local authorities and ABUHB. It is responsible for the integration of services to support older people with complex needs and long-term conditions, people with learning disabilities, carers (including young carers), integrated family support services and supporting children with complex needs. It is envisaged that funding streams will be made available to support the successful business cases from the RPB to support the identified population needs. The Gwent RPB includes the five Gwent local authorities and ABUHB. Through common goal sharing, shared resource, knowledge, and expertise it underpins the model of partnership working and service delivery within the Torfaen NCN. Essentially the Place Based Care concept of working with a variety of services and organisations is perceived to be an effective approach in meeting local population needs within Torfaen.

**The Population Needs Assessment (PNA) data below has been broken down to show the areas that we are currently outlying, and work has started on a plan to support and improve these areas.**

| Indicator | Torfaen | | Gwent |
|---|---|---|---|
| | North | South | |

| | | | | |
|---|---|---|---|---|
| Population | Children Population - 0-17yrs | 9,774 | 9,692 | 123,999 |
| Health | % of children aged 4-5 who are obese | 29.20% | | 25.85% |
| Prevention | Influenza immunisation rates - 2 - 3 year olds | 39.80% | 43.90% | 47.40% |
| | Childhood Immunisation - MMR1 (Age 2yrs) | 91.70% | 94.80% | 94.60% |
| | Childhood Immunisation - PCVf (Age 2yrs) | 90.60% | 94.80% | 93.70% |
| | Childhood Immunisation - Hib/MenC (Age 2yrs) | 90.60% | 94.80% | 93.50% |
| | Childhood Immunisation - MMR2 (Age 5yrs) | 87.40% | 89.70% | 89.80% |
| | Childhood Immunisation - PreSchool Booster (Age 5yrs) | 87.40% | 90.60% | 90.00% |
| | Childhood Immunisation - PreTeen Booster (Age 16yrs) | 81.80% | 75.40% | 77.20% |
| MH | Referrals to Child & Adolescent Pyschology (per 10,000 GP registered Population 0-17yrs) | 375 | 316 | 339 |
| Urgent Care | ABUHB ED Attendances (per 10,000 GP registered Population 0-17yrs) | 5,209 | 4,990 | 4,234 |
| | ABUHB ED Attendances meeting 4hr compliance target (per 10,000 GP registered Population <17yrs) | 82.30% | 81.70% | 84.80% |
| | GP referrals to ED/Emergency Assessment Units (per 10,000 GP registered Population <17yrs) | 4,299 | 3,876 | 3,819 |
| Admissions | Admissions to ABUHB hospital (Elective) (per 10,000 GP registered Population 0-17yrs) | 26 | 30 | 25 |
| | Admissions to ABUHB hospital (Emergency) (per 10,000 GP registered Population 0-17yrs) | 93 | 82 | 70 |
| | Ambulatory care admissions for **Asthma** (per 10,000 GP registered Population 0-17yrs) | 24 | 14 | 14 |
| | Ambulatory care admissions for **Cellulitis** (per 10,000 GP registered Population 0-17yrs) | 5 | 5 | 4 |
| | Ambulatory care admissions for **Diabetes complications** (per 10,000 GP registered Population 0-17yrs) | 4 | 2 | 2 |
| | Ambulatory care admissions for **Influenza + pneumonia** (per 10,000 GP registered Population 0-17yrs) | 13 | 11 | 9 |

| | | | | |
|---|---|---|---|---|
| Hospital Discharges | Number of discharges from (ABUHB) hospitals (per 10,000 GP registered Population 0-17yrs) | 726 | 709 | 636 |
| | Number of discharges from (ABUHB) hospitals to usual place of residence (per 10,000 GP registered Population 0-17yrs) | 718 | 701 | 623 |
| Secondary Care Demand / Referrals/ Waiting Lists | GP Referrals to Paeds Services (per 10,000 GP registered Population 0-17yrs) | 718 | 569 | 558 |
| | GP Referrals to Cardiology Services (per 10,000 GP registered Population0-17yrs) | 18 | 14 | 16 |
| | GP Referrals to T&O (per 10,000 GP registered Population 0-17yrs) | 114 | 94 | 84 |
| | GP Referrals to General Surgery (per 10,000 GP registered Population 0-17yrs) | 46 | 66 | 52 |
| | GP Referrals to Dermatology (per 10,000 GP registered Population 0-17yrs) | 137 | 121 | 117 |
| | GP Referrals to Physiotherapy (per 10,000 GP registered Population 0-17yrs) | 104 | 73 | 88 |
| | GP Referrals to ENT (per 10,000 GP registered Population 0-17yrs) | 226 | 210 | 168 |
| | GP Referrals to Ophthalmology (per 10,000 GP registered Population 0-17yrs) | 61 | 45 | 51 |
| | GP Referrals to Gastroenterology (per 10,000 GP registered Population0-17yrs) | 11 | 8 | 8 |
| | Number of people on a follow up waiting list (per 10,000 GP registered Population 0-17yrs) | 1,763 | 1,630 | 1,523 |
| QPS | Compliance with 6 Week Baby Check | 91.70% | 86.90% | 93.00% |

## Key Cluster Actions 2023/24:

### GMS Demand & Sustainability

- Work with general practice, primary care workforce teams to analyse current and future workforce trends, identifying aging workforce forecasts that will impact upon service. In particular a focus upon practices that have a low number of extended roles and upcoming retirements will be a focus to ensure that plans are in place to ensure continuity of patient care. Meet on a regular basis with GP practices to maintain discussions around sustainability and considerations around it.
- Identify workforce skill gaps and look for opportunities to access education and training courses to enable additional training and career progression via the Primary Care Community Academy and HEIW.
- Continue to work with Workforce and OD in relation to ensuring that there are robust plans in place regarding workforce across the NCN, such as the opportunity to create hybrid roles within the health board and GMS.
- Continue to identify services, technology and initiatives that can help to increase access and sustainability for General Practice such as advanced patient record reporting into clinical systems for community teams.
- Continue to address estate issues, agile working, and available accommodation space for both clinical and administration staff.
- Continue to monitor environmental factors that will impact upon GMS sustainability such as new housing developments.
- Based on population demand, target health pathways via secondary care
- Support with practice closures, managed practices & merger of practices

### NCN Development Office

- Nursing collaborative lead and deputy lead have been appointed and regular meetings commenced.
- Forming relations with Torfaen's professional collaborative leads and driving the agenda forward.

### Mental health and well-being

- Domestic Abuse - Continue to embed IRISi and increase referrals regarding domestic violence to relevant sources.
- Mental Health – Continue PHP implementation with a potential of expansion/also become core funded.
- Mental Health – Liaise with the Mental Health division to support frequent attenders.
- Scope initiatives to support the mental health and wellbeing agenda through ACD.
- Encourage uptake of the mental health enhanced service
- Build into ACD Program & Evaluate, also what impact IRIS has.
- Explore room use for PWP's in Trevethin & County
- Assess the enhanced service alignment.
- Appropriate Care Navigation training – Community Connectors refresh training that will enable linking patients with wellbeing initiatives in the community.
- Re-introduce public health spokesperson.
- (IWN) Establish place-based coordination and development of wellbeing resources.
- (IWN) Involve communities in shaping wellbeing priorities, respond to local need and develop wellbeing assets.
- (IWN) Participatory budgeting – empower local people to take forward their own wellbeing agendas.

### Care Closer to Home

- Implement MDTs to support collaborative working and implement Place Based Care / Compassionate Communities
- Help inform Phase 2 of the Woodland Road development to include health and wellbeing services.
- Supporting the integration of Torfaen Social Care – CRT Emergency Care at Home, Intake Team, and Ty Glas Y Dorlan

- Support Ty Glas Y Dorlan to assist with discharging patients and reintegrating into their home environment (not sure if we need this in here if we add the integration line above)
- Continue the Graduated Care Model
- Use of Direct Admission Beds via CRT to avoid secondary care admissions.
- Ensure local planning arrangements including Torfaen Implementation Partnership and NCN help deliver the ACD model.
- Support Flu Vaccination Programme – Continuing to offer mass vaccination clinics as well as identify improvements for uptake.
- Re-establish the Care Home Steering Group.
- Increase Access and Sustainability for General Practice i.e upskilling of nurses/staff to cover across specialities within practice.
- Scoping a Hybrid Nurse
- Address Estates issues & GMS Sustainability (Housing developments)
- Continue supporting Improvement grant bids to support sustainability.
- Continue to signpost patients to local health and wellbeing services including EPPs. Enhance the care navigation within practices to reflect local service provision.
- Increase CRT social support resources to support acutely unwell patients within their own homes.
- Screening to be reviewed and scope out initiatives in order to increase uptake.
- Restart of pulmonary rehab services.
- Helping to inform service provision on a Torfaen and Gwent wide basis from Trevethin Health Centre.
- To scope potential to use County Hospital outpatients to provide primary care related services.
- Alex Clinic (Gender Service) at County Hospital Outpatients
- Scoping out room utilisation for Lymphedema services to be provided in County Hospital Outpatients
- Implement an operating model at Blaenavon Resource Centre that maximises its potential as a collaborative, multi-agency hub for local people to access information, advice and support for health and well-being.
- (IWN) Identify and develop community led hubs creating centres for wellbeing resources in the community.
- Work has been undertaken to look at GMS workforce modelling using the current staffing against orthodox, partial skill mix and full skill mix staffing models. This identifies the gaps and deficits of clinical posts as well as looks at future challenges and future workforce needs to inform robust succession planning. This will also inform estate requirements / capital project prioritisation where more diverse skill mix requires greater physical space.
- Reviewing workforce data, ensuring accuracy, also working with practices on the most effective model.

**Restart and Recovery**

- Chronic Wound Management – support the central service and refer appropriately. Scope local need and continue development of a local service to release pressures on both GMS and District Nursing Services.
- Respiratory – continue to support Gwent respiratory hub in Trevethin and restart spirometry services across community team, releasing pressures within practice to enable annual asthma and COPD reviews to be held.
- Diabetes Annual Reviews – release pressures within practice to enable annual reviews to be held.
- Cervical Screening – work with Cancer lead to enhance access.
- Scope integrated working with Secondary Care to support the R&R programme.
- Delivery of bone health under CRT
- Recover and improve services for those with chronic conditions ensuring patient reviews are completed effectively and efficiently.

**Pharmacy**

- Continue to support practices sustainability with a Practice Based Pharmacist.
- Continued professional support to population through NCN Pharmacist
- Continue linking with Cluster Pharmacist Lead to facilitate communication across Community Pharmacies in Torfaen North.
- Promote Choose Pharmacy in order to release pressures across the services.
- Improve partnership working for pharmacists and practices through Torfaen Collaborative Group
- Identify outlying practice for NPIs and PSIs. Offer targeted advice to improve quality and safety of prescribing.

### Vaccinations and Screening

- Identify methods to improve immunisations, vaccinations, and screening uptake. There is a particular focus upon childhood immunisations in order to meeting the Future Generations Act 2015 vision of improving now and in the future.
- Continue to support and promote future Public Health with future health events to increase vaccinations and screening uptake.
- Identify if there are any roles of community champions that could be created to assist in the education and increased uptake.
- Continue to support GP practices to improve uptake, i.e. pilot 2–3-year-olds within local nurseries.

### Public Perception

- Link with Communication and Engagement team to develop and enhance the understanding of general practice/care navigation and community services i.e. CRT, District Nursing
- Care Navigation refresh to ensure patients being appropriately signposted.
- Torfaen NCN newsletters
- Public engagement sessions
- Work collaboratively with IWN leads to inform service delivery & developments.
- (IWN) Facilitate easy access to well-being information and support to promote self-help and community support.
- (IWN) Support the ABUHB Communication and Engagement team to facilitate an understanding of general practice, helping to deliver positive messages regarding GMS services directly into the heart of communities and targeting less visible groups.
- (IWN) Provide primary care with links to community engagement opportunities and networks.
- (IWN) Development of a communications plan through each wellbeing collaborative so that local people and organisations are aware of available wellbeing resources.

### NCN Development (previously ACD)

The NCN development was developed following wide engagement with front line teams working in or seeking to develop engagement with Clusters to serve local communities. The programme sets out to support the development of professional collaboratives for independent contractor groups such as GMS, Dentists, Optometrists and Pharmacy.

Through these professional collaboratives Torfaen North aims to:

- Improve population health and well-being.
- Increase the value from the care and support provided.
- Improve quality and safety of services.
- Engage and develop workforce.
- Work with the development team to gather intelligence on local need from the population needs assessment and to identify.

- To work with stakeholders to transfer across to the model and implement the ACD.
- Collectively have a better understanding of ACD and the functionality within the team.
- Highlighting PNA data for health inequalities; cancer, stroke and heart disease & developing and action plan with support via SIM (Service Improvement Manager)
- To support and deliver the Healthier Wales vision in delivering working as an NCN to ensure **care is better co-ordinated to promote the wellbeing of individuals and communities.**
- ISPBs to review and support successful NCN funded projects and become core.
- Continuingly working to provide "off the shelf ideas".

Support the primary Care Model for Wales in delivering the 13 key components required for transforming services. These include effective collaboration at community level to assess population need to both plan and deliver seamless care and support to meet that assessed need.

### Technology

- Identify ways in which technology can assist and support processes across services such as Attend Anywhere for CRT.
- Support practices use of technology, such as:
- Practice Clinical Systems (Vision/EMIS)
- MHOL
- AccuRx
- E-Consult
    - New clinical systems could be introduced summer 2024, supporting practices with the implementation.

### Care Homes

- Continue to support, develop, and upskill CATCH team that supports patient care and sustainability within practices and care homes.
- Continue to support Care Home DES for residents whose practice are not undertaking the DES.
- Evaluate the 2021 care home alignment implementation programme.
- Review the current CATCH model to improve and expand service.

### CRT

- Continue to support WAST COPD & Falls pathways.
- Continue to support GP OOH Overnight pathway.
- Direct telephone referral pathway for GP's/ANP's in to Rapid Medical/Nursing continues.
- Pulmonary Rehab under Community Respiratory Nurses re-started, alternating between at Cwmbran Stadium and Pontypool Leisure Centre in January 2023
- COPD Homecare pathway revised by RGH Respiratory Acute Care Unit (RACU) Team. Re-launched on 4th December 2023.
- CRT Falls Service re-started their Falls classes in September 2022
- OT Integration (LA/CRT/Family and Therapies) completed in 2023 with on-going work to streamline referral processes.
- CRT is utilising staff turnover to right-size resources and shape services to be fit for the future.
- COTE/Frailty pathway review recognised 3 areas to focus upon; Rapid Medical – Increasing medical cover to 8am-8pm daily, Hot Clinic – Overlaps within PC&C and secondary in clinic provisions, Home care to be extended to 24 hours.
- CRT are awaiting 'Go Live' dates for WCCIS. Likely to be early 2024.
- Continuing support to help deliver Covid housebound patients.
- Formulation of a Gwent Frailty IT Application to enhance knowledge in regard to appropriate service use.

### District Nursing

- Continue to meet the requirements of the DN principles and enhancement of service and patient care.
- Remodel the District Nursing service to ensure there is an equitable service across teams together with role progression and effective succession planning, including an education, training, and development framework to ensure staff are confident and equipped with the skills to progress their career.
- Torfaen are piloting a new way of documenting pressure ulcers on datix to provide quicker review of incident and assurance of what care has been provided.

### Collaborative Working

- District Nursing and CRT are setting up a skills database to improve collaborative working, looking how we can upskill each team and maintain this to support when required. Collaborative working continues where required.
- A Task and finish group for recruitment and retention of staff is being set up to review all community services across ABUHB.
- Scope out employing extended roles in practices to assist with sustainability e.g. paramedic.
- Implement Torfaen High Risk Adult Cohort (HRAC) winter project, this aims to support people who have been risk stratified as being of increased risk of being admitted to hospital. It provides patients identify by practices with access to a befriending and wellbeing support service.

### NCN – Top sliced support

- Continue to link and support the NCN independent advisers for Dental, Optometry and Pharmacy.
- Continue to support the phlebotomy service in order to release pressure across the system.

Continue to support the dementia roadmap coordination and upkeep to support staff, patients living with dementia, their families, and carers.

## Key achievements/successes related to the 2023/24Cluster Plan:

### NCN Office

- Professional Nurse Collaboratives launched in November 2023. Next session first week of February.

### Mental health and well-being

- Domestic Abuse - implemented IRISi.
- Advocate appointed and training started.
- Mental Health – PWP implementation and changed to permanent contracts from fixed term to support retention.
- Increasing resources to support CRT patients.
- Collaboration with PCMHSS to address needs of High Intensity Service Users
- Sessions being offered both face to face and virtually, resulting in GP consultation time.
- Refresh Care Navigation for appropriate signposting.

### Care Closer to Home

- Reopening of Trevethin Health Centre and produced SOP.
- Gender Identity Services being provided from outpatients.
- Helped inform the SOP for Ty Glas Y Dorlan and consider patient pathways.
- Continued the CCCT/Graduated Care Model.
- Re-established the Integrated Partnership Board.

- Supported Flu Vaccination Programme – mass vaccination clinics held.
- Supported COVID Vaccination Programme – mass vaccination clinics held and coordinated the housebound patients.
- Supported Access and Sustainability for General Practice including supporting of both virtual and F2F appointments.
- Developed Estates Strategy highlighting estates issues & GMS Sustainability (including Housing developments etc)

## Restart and Recovery

- Chronic Wound Management – support and promoted the central service. Scoped local need and researched other health board models to implement.
- Respiratory – restarted spirometry services and promoted pathway.
- Diabetes Annual Reviews – liaised with practices needs to undertake the reviews.
- Cervical Screening – ABUHB Cancer leads worked with division and provided additional clinics (Saturday clinics) across Gwent increasing accessibility. Promoted and shared details with stakeholders.

## Community Pharmacy

- Cluster Pharmacist Lead employed through Division and engaged with NCN.
- Community Pharmacy Collaboration meetings held.
- Promoted Choose Pharmacy including having a pathway via Care Navigation in practices.

## GMS Public Perception

- Linked with Communication and Engagement team to develop and enhance the understanding of general practice services.
- Worked with stakeholders to promote practice services via social media.

## Accelerated Cluster Development

- Developed an understanding of the ACD model in readiness for the implementation and transition.

| Indicator | Torfaen | | Gwent |
|---|---|---|---|
| | North | South | |
| Substantive GPs (per 10,000 GP registered Population) | 4.2 | 4.6 | 4.3 |
| Substantive National Extended Roles (NERs) (per 10,000 GP registered Population) | 8.3 | 10.8 | 1.7 |
| Patients on caseload per District Nursing WTE | 19 | | 21 |
| District Nursing Patient contacts (per 10,000 GP registered Population) | 7,016 | | 7,945 |
| Patient contacts per District Nursing WTE | 162 | | 28 |

## Technology

- Supported practices in enhancing technology, such as:
  - Practice Clinical Systems (Vision/EMIS)
  - MHOL
  - AccuRx
  - E-Consult

## Care Homes

- Securing permanent positions for all staff member employed within the CATCH team. On-going recruitment and training for nursing staff to enhance service sustainability and development.

- Reviewed CATCH SLA to improve service and model.
- Supported CPD within the CATCH Team.
- Audited/evaluated the CATCH service.
- Released pressures and supported sustainability within practices.
- Supported practices to deliver the Care Home DES.
- Red Bag Scheme implemented and evaluated.

**CRT**

- Demonstrated resilience throughout the Covid-19 pandemic.
- Successfully managed 50% of patients with Covid-19 infection (moderate to severe infection) in the community.
- Implementation of new infection control practices.
- Provision of face-to-face initial assessment for every patient accepted to caseload.
- Staff redeployed to support MVC's have now returned to CRT service.
- Direct Patient Admission supported.

**District Nursing**

- Met the requirements of the DN principles enhancing service and patient care.
- Demonstrated resilience throughout the Covid-19 pandemic.
- Support the housebound immunisation programme for both COVID and Flu.
- Implemented the use of Malinko, an electronic scheduling tool, this promotes better use of time and the staff skill within the teams, to provide enhanced prudent care.

**NCN – Top sliced support**

- Supported and linked with the NCN independent advisers for Dental, Optometry and Pharmacy.
- Supported the phlebotomy service in order to release pressure across the system.

Supported the dementia roadmap coordination and upkeep to support staff, patients living with dementia, their families, and carers.

## Finance and Workforce Profiles 2024/25:

| | | |
|---|---|---|
| **Torfaen North** | Top Slice - Independent Advisers | £ 3,040 |
| | Top Slice – Phlebotomy | £11,695 |
| | Practice Based Pharmacist | £ 59,129 |

| | | |
|---|---|---|
| | Psychological Wellbeing Practitioners | £ 62,684 |
| | CATCH | £ 92,200 |
| | Top Slice - Dementia Roadmap | £ 816.00 |
| | Community Connectors | £ 60,600 |
| | IRISI | £19,948.27 |
| | Flu Programme | £ 2,000 |
| | U Health – Medical Student Support | £ 1,818 |
| **North NCN Cluster Funding Annual Budget £** | **Forecast Spend** | **£** 313,930 |
| | **Uncommitted Expenditure** | **£839** |
| | **Overspend** | **£** |

| | | |
|---|---|---|
| | | |
| **Torfaen South** | Top Slice - Independent Advisers | £ 3,040 |
| | Top Slice – Phlebotomy | £11,695 |
| | Practice Based Pharmacist | £ 59,129 |
| | Psychological Wellbeing Practitioners | £ 62,684 |
| | CATCH | £ 92,200 |
| | Top Slice - Dementia Roadmap | £ 816.00 |
| | Community Connectors | £ 60,600 |
| | IRISI | £16,623.56 |
| | Flu Programme | £ 2,000 |
| | U Health – Medical Student Support | £ 1,818 |
| **South NCN Cluster Funding Annual Budget £** | **Forecast Spend** | **£** 313,815 |
| | **Uncommitted Expenditure** | **£954** |

| | | |
|---|---|---|
| | Overspend | £ |

**Key Difficulties related to the 2022/23 Cluster Plan:**

### Primary Care Sustainability

- Aging workforce/retirements pose a threat to future sustainability in the current models.
- Issues with the recruitment of particular roles, such as GP Partners.
- Dental Access
- GMS contracts handed back to HB.
- Practice mergers
- Regular high escalation levels in practice
- Financial pressure within practice, inflation impacting practice and uplifts do not cover rising costs.
- Breakdown in contract discussions causing anxiety/concern in practice.

### Cluster Pharmacist

- Practice Based Pharmacist has been on LTS.

### Vaccinations

- Uptake in Flu vaccination, particularly 2–3-year-olds

### Finance

- Projects that have been evaluated and proven successful that are NCN funding are not become core funding to allow other initiatives to be progressed.
- Restrictions on annual budget

### Mental Health

- PHP staff retention
- PHPs were fixed term which put the service in Torfaen at a risk due to permanent contracts in other areas being more attractive.
- IRISi clinical lead was covered by Caerphilly lead due to no uptake – this was resolved late into the end of the year.
- GDPR and staff wellbeing impacted on the graduate support for High Frequency Attenders being progressed.
- Pressures in primary care impacted on ability to release staff for NCN funded resilience training and wellbeing support.

### Care Closer to Home

- Late delivery of flu vaccines delayed the vaccination programme.
- Low uptake of flu vaccines in 2/3yrs and under 65yrs at risk cohorts in line with All Wales IVOR data

### Care Homes

- COVID outbreaks within care homes, affecting both residents and staff.
- CATCH team had to stop providing the SLA for a number of months due to sickness and retention.
- Retention of staff.
- Wellbeing of residents due to no visiting policies.
- Challenge to adhere to continual changes in guidance issues.
- Lack of engagement/attendance of Care Home Forum

### Restart and Recovery

- Potential deterioration in patients' general health and existing health issues due to pandemic
- Ability of other divisions to assist in some of the restart and delivery plans when being faced with their own restart and recovery plans.
- Demand upon services in terms of waiting list backlogs within primary and secondary care.

### COVID Implications

- Engagement from all partners within the NCN.
- Budget – not being able to move services to core budgets. Inability to release NCN budget for innovation.
- Updating patients on service delivery changes due to the frequent changes in national guidance, eg F2F, patient triage, remote consultations.
- Patient access to appropriate services.
- Violence and aggression experienced by staff in general practice and community teams during the pandemic.
- Workforce reduction across all teams and services due to sickness, isolation and redeployment has created significant challenges in service delivery and sustainability.
- Patient access to appropriate services.

### CRT

- Guidance issues, continual changes
- Paused CRT services – Falls clinics and classes, pulmonary rehab, spirometry, bone health & physio classes.
- Reablement Input offered virtually and not always well received by patients.
- Knowledge in regard to appropriate referrals in to service from Secondary care in particular
- Reduction in staffing levels due to sickness and redeployment of MVC's impacted on service delivery.
- Enforced agile working due to environmental constraints and social distancing guidance.
- Significant deconditioning/deterioration of patients as not accessing health and social care.
- Low levels of medical staffing.
- Staff Wellbeing

### District Nursing

- Impact of the pandemic resulted in a reduction in patient visits which impacted on an increase of patients' risk as not highlighted in visits i.e developing pressure area.
- Increase in end-of-life care to community patients, both COVID and non-COVID related and the increase in the complexity of patients being seen through more community.
- The DTA discharge to assess which has been implemented at the start of the pandemic, to support the hospitals has also had an impact on the D/N service, with the need to review more patients with more complex needs.

### General difficulties / failures

- Cluster Lead capacity reduced as redeployed to MVCs.

Primary Care capacity affected by managing patients needs whilst on waiting lists which are significantly longer due to the pandemic

**Potential challenges / issues in delivering the 2023/24 Cluster plan:**

### Mental Health

- Delivery of training for IRISi across practices and AHPs.
- Accommodating PHPs within practice if distancing restrictions remain.
- Ensuring that NCN representation on relevant groups.
- Increase in demand for mental health service use.

### Care Closer to Home

- Public perception of the benefits of immunisation programmes.
- Ensuring patient preference is considered to enable access to remote consultation for all – telephone/ smart phone/ PC etc.
- Patient engagement/education to provide awareness of available services and those being provided closer to home.
- Sustainability of services across NCN, this is currently a key risk in North Torfaen general practice.
- Environmental restrictions due to social distancing.

### Care Homes

- Sustainability
- Sickness and retention of staff
- Outbreaks
- Resident and staff wellbeing
- Remote access vs F2F ward rounds
- Care Home DES uptake

### NCN

- Accelerated Cluster Development (ACD) programme with limited resource to support this transition year.
- ACD to review existing clusters plans, working with all stakeholders to agree the future strategic delivery and investment priorities for the localities aligned to the RPB.
- Agree key components of ACD programme that Torfaen want to have in place by the end of 2022/23 and the resources required to support this from the Strategic Programme for Primary Care (SPPC) Fund.
- Collaboration with other partners
- Lack of clarity around ACDs and what they mean for Torfaen.
- The absence of a contract, terms, and conditions for the Cluster Lead to ensure continuity across Gwent and sustainability.
- Strategic delivery and investment priorities for the localities aligned to the RPB.

### Restart and Recovery

- Ability of collaborative working with other teams/divisions to assist in the restart and delivery plans.
- Loss of restart and recovery support from end of March 22.
- Staffing to support Restart and Recovery concepts for the agreed priorities for Torfaen.

### Estates

- The availability of estates to progress NCN place based care.

- The future of County estate.
- Difficulties in securing Capital Bid Funding for environmental improvement
- Woodland Road development – 5 – 10-year plan.

**General challenges / issues**

- Re-educating patients on accessing the appropriate services.
- Permanent changes to the way services are provided.
- Reintroducing services that have been put on hold due to covid.
- Loss and retention of staff, including sickness levels.
- Cluster Lead capacity continues to be reduced as clinical cover is required in the MVCs, if further doses are required this impact will be ongoing.
- Primary Care capacity affected by managing patients needs whilst on waiting lists which are significantly longer because of the pandemic.
- Lack of resource / financial investment for CRT Services
- Optimising Care Navigation in practices
- IWN- Uncertainty of future funding post March 23.

*List activities or projects planned to commence during 2023-24, as well as those planned/ initiated in 2022-23 (or earlier, if ongoing)*

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

| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 31 January 2024 |
| **CYFARFOD O:**<br>**MEETING OF:** | Partnerships Population Health and Planning Committee |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Regional Planning Update |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Hannah Evans, Director of Strategy, Planning and Partnerships |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Chris Dawson-Morris, Deputy Director of Strategy, Planning and Partnerships |

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

Er Gwybodaeth/For Information

## ADRODDIAD SCAA
## SBAR REPORT

### Sefyllfa / Situation

This report provides an update of progress in respect of a number of ongoing regional and south Wales service planning programmes. Particularly noted are:

- The recent Executive review of the formal regional programme and the conclusions / actions arising from the discussion.
- Recent developments on the provision of interventional radiology services in Swansea and the potential implications for services in southeast Wales
- The latest developments in relation to the project considering the future configuration of hepatobiliary & pancreatic surgery services across south Wales.

### Cefndir / Background

Health Boards in south Wales remain committed on an ongoing basis to active collaboration where this delivers added value to clinical service delivery, access, and sustainability. Health Board planning teams (joined by clinical, operational, and other colleagues where beneficial) continue to meet on a regular basis to agree

common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience / best practice and to consider future opportunities for closer working to mutual benefit.

Collaborative programmes include formalised arrangements for prescribed services within the southeast, together with the wider review and reconfiguration of specialist services across south Wales where Aneurin Bevan University Health Board is a stakeholder. Each Health Board is leading a formal programme with Aneurin Bevan University Health Board overseeing ophthalmology and more latterly Cancer, Cardiff & Vale University Health Board overseeing orthopaedics and Cwm Taf Morgannwg University Health Board overseeing diagnostics (consisting of endoscopy, pathology, and community diagnostic hubs)

**Asesiad / Assessment**

An overview of current programmes is set out below:

**Formal Regional Programme Review**

A Southeast Wales Regional Planning workshop took place on 6th December. This brought together the Chief Executives, Medical Directors, Chief Operating Officers, and Planning Directors from the three Health Boards and Velindre NHS University Trust. Supported by members of the planning teams, the focus of the workshop was threefold:

- To reflect, in a forward looking way, on how learning from the past twelve months of regional working into what we do next and whether what we do moving forward has to be different.
- To establish if a consensus view exists on an approach to addressing longer-term clinical sustainability as a region.
- To identify any immediate opportunities (e.g. due to service fragility) which may exist to optimise service provision beyond the current regional programmes.

The workshop was constructive with four clear actions agreed across all organisations;

- An absolute commitment to delivering on the existing regional programmes of work but with recognition that these need to be 're-baselined' for 2024/25 to ensure there is a continued regional consensus on purpose, objectives, outcomes, and planning assumptions.
- The need to review the current regional working governance arrangements, to ensure these remain fit for purpose.
- The need to further review the indicative list of fragile services for the Southeast region and to begin considering the region's response to these.
- The need to develop a single regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions.

These actions will be further considered at the Regional Planning Oversight Board in January to ensure they are fully reflected in organisational IMTPs/Annual Plans.

**Ophthalmology**

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

- Ensuring sustainability of key sub-specialties e.g. vitreoretinal services
- Development of sustainable long-term additional cataract surgery capacity
- Agreement of a comprehensive regional training plan
- Developing the vision, principles, and scope of a future regional eye care centre, where specialist tertiary eye care could be focussed.

Following confirmation of Welsh Government funding (£7M against a total business case bid of £10M) in response to the business case submitted last year, implementation of the first phase of the cataract programme is well advanced, providing significant additional interim service capacity to address the existing waiting list backlogs. This comprises core in-house capacity, insourcing and outsourcing and is scheduled to be fully operational before the end of the financial year. Capacity / activity schedules have been re-baselined against the available funding to provide waiting time milestones through 2024. In addition, initial work has commenced in respect of glaucoma as the next sub-specialty to be reviewed.

Planning work is also progressing in respect of the programme's second phase, which will consider options for ensuring sustainable in-house capacity to meet expected future demand across the region. A period of public engagement is well-advanced, the outcome of which will inform decisions regarding the optimal configuration of longer-term services.

Ophthalmology Electronic Patient Record - The Committee will be aware from previous updates that this national programme to deliver a comprehensive electronic patient record for ophthalmology has experienced a number of technical issues that have resulted in significant delays to implementation and operational go-live planning. Management of the programme has transferred to Digital Health Care Wales, and some delays have been experienced since the autumn whilst a revised baseline plan was being developed (the November, December and January meetings of the national programme board have been cancelled). It is understood that technical and contractual difficulties remain, and the national programme team are in the process of discussing future contractual options with participating Health Boards. A formal investment proposal is now to be submitted by the national programme to Welsh Government by the end of January, which may include radical procurement options. Internal discussions are ongoing to ensure that the continuing delays do not impact adversely on the wider regional ophthalmology service programme.

**Orthopaedics**

This programme is overseen by a regional board chaired by the Chief Executive of Cardiff & Vale University Health Board and with regional clinical / workforce lead roles from Aneurin Bevan University Health Board. The agreed collaborative aim

of the programme is to deliver high quality, equitable care and interventions with the best outcomes and experience for patients, whilst balancing orthopaedic demand, capacity, productivity, and efficiency in a sustainable way.

This has been broken down into three working objectives:

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

Progress continues to be made to identify opportunities for shared learning and agreement and implementation of common standards and approaches aimed at maximising patient outcomes, and optimising utilisation of the resources (physical and workforce) across the region. At the December Programme Board meeting colleagues from Cardiff and Vale University Health Board presented back on a visit to a Belgian orthopaedic centre that has designed an approach through streamlining patient pathways and efficient theatre arrangements that enables a significantly higher volume of hip replacements that is currently achieved within the region. The learning is being considered by the clinical leads to look at how similar practices could be adopted locally to improve productivity.

Aneurin Bevan University Health Board representatives remain fully engaged with the programme at a planning, clinical and operational level. In addition to the above, a local priority is to review demand and capacity projections and consider to what extent capacity deficits could be met on a cost-effective basis through use of a future regional facility.

**Diagnostics**

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

Endoscopy

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

- A single service model across a range of sites, with appropriate differentiation of procedures undertaken at each facility where indicated – as determined by D&C data and providing capacity to support Bowel Screening Wales screening optimisation.
- Professional 'JAG' accreditation across all facilities (actual or equivalent)
- 'Single team' philosophy – with common roles, responsibilities, SOPs, skill mix and staff rewards (banding etc)
- Movement towards a single regional waiting list
- Shared approach to effective training, working in collaboration with HEIW via an Academy model.
- 'Good enough' IM&T systems to share data including e-referral, reporting and onward referral.

The project has been progressing arrangements and documentation to support a tender process for a managed service contract for activity at Llantrisant Health Park (LHP). Planning and operational engagement is being maintained in respect of this to ensure consistent standards and processes, although it is not currently anticipated that our local service would wish to use this option to support core activity in the near future. Options to deliver surveillance and screening activity on the LHP site remain but will require a clear specification and clinical model agreed by all participating services and external stakeholders e.g. Bowel Screening Wales.

Community Diagnostic Hubs / Radiology

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

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

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

The regional project is currently progressing formal tender and procurement arrangements for a managed service contract. As with the endoscopy project, an Aneurin Bevan University Health Board position statement has been circulated in respect of this, noting the significant financial and timescale commitment that a managed contract implies and emphasising the need for a full option appraisal before final decisions are taken. As an example, given that workforce constraints are currently preventing full utilisation of radiology assets in other parts of the region, it is considered important that the potential for joint recruitment initiatives is explored to maximise the added value of collaborative regional planning. Operational and planning engagement is being maintained on this basis.

Pathology

This project is overseeing the identification, development, and implementation of regional pathology solutions in Southeast Wales to create a robust, sustainable, future proofed and patient-focussed service. A Regional Pathology Steering Group is considering options in this respect, with initial priorities centred on cellular pathology.

It is acknowledged that a comprehensive digital cellular pathology system is a pre-requisite for meaningful regional service integration and optimal future recruitment and training. A national business case has been developed for this purpose, and details of this are currently awaited, particularly in respect of recurrent revenue cost

implications for health boards. This will require internal scrutiny through the Health Board internal processes.

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

**Cancer Services**

Following the revised governance approach to cancer planning in the southeast, this programme is hosted by Aneurin Bevan University Health Board, with the Chief Executive acting as the Senior Responsible Officer. Following this agreement to bring the regional cancer services agenda into the regional planning mechanisms (which equally saw Velindre formally become part of the collaborative) a regional level cancer workshop is scheduled for 23rd January. This workshop will look to explore and agree the objectives/priorities/approach for the newly formed regional cancer board.

Construction of the new satellite radiotherapy unit at Nevill Hall Hospital continues to progress to schedule, with completion anticipated in February 2025. This will provide radiotherapy services fully aligned with the satellite specification issued by Velindre NHS Trust and will provide additional capacity to deliver a range of patient benefits. The work of the supporting arts and environment steering group (chaired by the Executive Director of Therapies & Health Science) is also progressing to schedule, with a proposed arts strategy due to be considered in February.

The bi-lateral partnership group set up between Executives of the Health Board and Velindre Trust continues to meet regularly to ensure there is joint and collective oversight and ownership of mutual projects and priorities.

**Welsh Sexual Assault Service (WSAS – formerly SARC)**

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

- Extensive work is ongoing to consider and agree the standards and specification to be followed as part of the new 'Caremore' service model. This has involved wide engagement with a arrange of internal and external stakeholders, including previous clients, all health boards, police services, local authorities and third sector partners. It is intended to have a revised framework signed off by April 2024.

- Detailed costing and commissioning work is running in parallel to support the new model, with all implications communicated with health boards to inform their IMTPs / annual plans.

- A separate workstream (led by the police) continues to review the configuration of the forensic medical examination (FME) service.

- A full review of all workstream progress will be undertaken at the next WSAS Delivery Assurance Group on 19th February.

Health Board clinical, finance and planning representatives remain fully engaged with the programme.

**Thoracic Surgery**

This programme is led by Swansea Bay University Health Board with the objective of establishing the centralisation of thoracic surgery services for South Wales in new facilities in Morriston Hospital in Swansea.

The key aims and benefits of this programme include:

- Provision of an additional 300 case surgical capacity to deliver a total of 1,500 cases per annum (increased as a result of the projected future lung cancer screening programme)
- Provision of a best practice dedicated thoracic surgery hybrid theatre that supports improved health outcomes for patients.
- Improved equity of care across Wales e.g. resection rates, surgical procedures, and access
- Creation of a more sustainable medical and nursing staffing model
- New ability to address current unmet service need, especially for benign work and supporting MDTs.

Considerable work was undertaken in 2023 to progress the above through a series of work streams, with a view to developing an Outline Business Case with preferred service specification option for submission to Welsh Government by the end of the year. Further progress has recently been paused however, pending confirmation of OBC funding from Welsh Government. It is anticipated that revised timelines will be issued in due course for the programme, but full implementation of the new service is now unlikely to be achieved before 2027.

ABUHB remain fully engaged with regular clinical, planning, and financial / commissioning input.

**Interventional Radiology**

Interventional radiology (IR) refers to minimally invasive, image-guided medical treatments. These can be broadly split into the following:

- Vascular IR for minimally invasive vascular (arterial and venous) procedures, such as stenting or angioplasty.
- Non-vascular IR for a range of procedures, including unblocking of kidneys or the liver.
- Neuro IR for vascular disease in the central nervous system

Within Southeast Wales, Cardiff is the tertiary centre for vascular services. There are ten vascular interventional radiologists within the region, supporting delivery across the three Health Boards via an agreed operational policy.
Within southwest Wales, Swansea is the tertiary centre for vascular services. There is currently only one vascular interventional radiologist within the region, who has recently returned from an unplanned period of absence. It has been formally acknowledged that the existing arrangements are not sustainable, and an emergency short-term arrangement has been in place since the autumn for service provision to be maintained by some of the clinical team from the south east, pending a parallel piece of work to develop a sustainable long-term model for interventional radiology across south and mid Wales.

Options for delivering longer-term sustainability are currently under urgent consideration. The support provided by the southeast clinical team represents a significant practical commitment from the individuals involved, and this was originally due to cease on 5th January, but this has now been extended for a further six weeks to allow the sustainability discussions to progress. It is considered that the solution is likely to involve a form of south Wales-wide multi-disciplinary team and operational delivery network, but it is recognised that the timetable for putting measures in place is extremely challenging and that the position remains volatile. Health Board representatives remain heavily engaged and supportive in the ongoing discussions, whilst recognising that the solutions need to be informed by a robust locally owned strategy for tertiary services generally in southwest Wales.

**Hepatobiliary and Pancreatic Surgery**

This programme to develop proposals for improving current service provision for hepatobiliary and pancreatic surgery is managed jointly between Cardiff & Vale / Swansea Bay University Health Boards. Whilst it is accepted practice in much of the UK for liver and pancreatic surgery to be based together as part of a comprehensive hepatobiliary and pancreatic service, in south Wales these services are currently split (with liver surgery undertaken at the University Hospital of Wales and pancreatic surgery undertaken at Morriston Hospital)

The Programme Board (alternately chaired by the Medical Directors of Cardiff & Vale / Swansea Bay University Health Boards) has overseen a comprehensive review of future service delivery options (by an external clinical advisory group), which has indicated that the only viable future options are a combined single site based either in Cardiff or Swansea.

The Programme Board reported in November that further progress had stalled primarily due to a lack of operational and project capacity to undertake the necessary work, and that the Project Director was taking advice on the most appropriate way forward. The position has since been affected by the issues of interventional radiology service sustainability in the southwest (given the periodic requirement for this service by the hepatobiliary and pancreatic surgical team) and to what extent this changed the existing single site appraisal weightings.

A single item agenda meeting was held just before Christmas to update on the latest position. It was advised that the Medical and Planning Directors of Cardiff and Vale /Swansea Bay Health Boards had met and agreed that a longer meeting was needed in early February to finalise how the whole project should now be managed and

resourced, but with a recommendation that there should be an urgent move towards a combined management team across the two sites and to operate collaboratively in advance of any formal service reconfiguration. The January Programme Board has consequently been stood down pending the conclusions of the February Executive / clinical review.

Whilst the Health Board remains fully engaged in the planning programme there will be a consideration of options for future commissioning of this service.

**Stroke Services**

The National Stroke Programme Board is supporting health boards in taking forward a national piece of work to re-design stroke services across Wales into a Hyper Acute Stroke Model. This involves the setting up of regional stroke centres and is well-advanced in areas where significant collaboration between health boards is required to deliver sustainable reconfigured services e.g. between Cardiff & Vale / Cwm Taf Morgannwg University Health Boards and between Swansea Bay / Hywel Dda University Health Boards

Aneurin Bevan is established as a single health board region / operational delivery network, with self-contained services for all but specialist tertiary interventions such as thrombectomy. Acute services are already configured in a form consistent with national guidelines and Getting It Right First Time (GIRFT) programme recommendations, and the key recent priority for the service has been the configuration of rehabilitation services (acknowledged as being spread too thinly to be effective against the latest service delivery guidelines, and with insufficient workforce to ensure appropriate service levels on a safe and sustainable basis). An urgent service change to temporary consolidated single-site working at Ysbyty Ystrad Fawr was agreed with Llais and was implemented during November. This has ensured service safety and continuity on an interim basis, pending wider public engagement this spring to inform decisions on the permanent service configuration.

Full engagement with the national programme is being maintained to ensure local population needs get optimal benefit from the new arrangements and any central resource opportunities. Progress at national level continues to be affected by organisational changes relating to the NHS Executive and revised national network governance arrangements. Revised timelines (together with realistic funding assumptions) are awaited in respect of the development of a national business case for change demonstrating current outcomes and the expectations for improvement by delivery of the national standards and the new service models that will follow.

Progress in implementing the GIRFT action plan and the new network arrangements within Aneurin Bevan University Health Board continues to be overseen by the Stroke Delivery Group (chaired by the Executive Director of Therapies and Health Science) and a performance update report was presented to the Health Board's Finance and Performance Committee in December.

**Argymhelliad / Recommendation**

The Partnerships, Population Health and Planning Committee is asked to note the update report for information.

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| Further updates will be provided to future meetings. |

| **Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)** | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s): | 3.1 Safe and Clinically Effective Care<br>5.1 Timely Access<br>7.1 Workforce<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br>Link to IMTP | Adults in Gwent live healthily and age well |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP | Regional Solutions |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br>Strategic Equality Objectives 2020-24 | Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse<br>Choose an item.<br>Choose an item.<br>Choose an item. |

| **Gwybodaeth Ychwanegol:<br>Further Information:** | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | |
| Rhestr Termau:<br>Glossary of Terms: | |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | |

| **Effaith: (rhaid cwblhau)<br>Impact: (must be completed)** |
|---|

| | **Is EIA Required and included with this paper** |
|---|---|
| **Asesiad Effaith Cydraddoldeb Equality Impact Assessment** (EIA) completed | Choose an item.<br><br>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.<br>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| **Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio**<br>**Well Being of Future Generations Act – 5 ways of working**<br><br>https://futuregenerations.wales/about-us/future-generations-act/ | Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives<br>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs |

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

| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 31 January 2024 |
| **CYFARFOD O:**<br>**MEETING OF:** | Partnerships Population Health and Planning Committee |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Southeast Wales Vascular Network Annual Report |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Hannah Evans, Director of Strategy, Planning and Partnerships |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Chris Dawson-Morris, Deputy Director of Strategy, Planning and Partnerships |

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

Er Gwybodaeth/For Information

## ADRODDIAD SCAA
## SBAR REPORT

**Sefyllfa / Situation**

This is the first annual report provided by the South East Wales Vascular Network, following its establishment in July 2022. The network comprises the activity of Aneurin Bevan / Cardiff & Vale / Cwm Taf Morgannwg University Health Boards, together with some patient activity from south Powys.

**Cefndir / Background**

Following a period of detailed regional planning and Welsh Government approval of the business case, the South East Wales Vascular Network (SEWVN) went live on 18th July 2022. The SEWVN serves a total resident population of approximately 1.6 million and delivers a model of care in line with national recommendations and the rest of the UK. The network involves a high volume vascular surgical service hub at the Major Arterial Centre (MAC) located at the University Hospital of Wales, whilst delivering appropriate local care for assessment and rehabilitation through local non-arterial centres (the spokes). The development of a networked model of care with high volume centres for complex vascular surgery was the first recommendation within the Getting it Right First Time (GIRFT) report for vascular surgery published

in 2018. Over the last few years most regions in the UK have centralised vascular units to improve clinical outcomes, equity, and efficiency, whilst ensuring service sustainability, attraction and retention of staff and maximising training and education opportunities. The MAC delivers specialist vascular care for both elective and emergency arterial patients with 24/7 access to the multi-disciplinary vascular team including vascular surgery, interventional radiology, and specialist vascular nursing.

**Asesiad / Assessment**

Network Establishment

Aneurin Bevan University Health Board made a substantial contribution to the planning and development of the new network, with extensive input from the planning, operational, clinical, workforce and communication & engagement teams. Following discussion it was agreed that Cwm Taf Morgannwg University Health Board adopt the role of network host, with the Clinical Director and operational directorate team based at the University Hospital of Wales.

Operational Experience

The report provides a range of detail in respect of the operational effectiveness of the network over its first year of existence, and this generally reflects the perspective of the Aneurin Bevan University Health Board clinical and operational team members, summarised as follows: -

- The network has been an overall success, with previously vulnerable services benefitting from improved sustainability and with no major safety issues reported during the transitional stage at a time of significant urgent care system pressure.
- Whilst the previous services demonstrated varying performance levels, the early collective position has predominantly been well within the mid-range in benchmark terms, with early teething problems largely settled. This is considered positive when bringing three separate services together into the network.
- The added value of the combined regional team has been demonstrated, with positive professional relationships despite some significant changes to job plans.
- The new roles of consultant / surgeon of the week have proved to be effective but demanding for the individual clinicians.
- System capacity is tight, particularly in respect of theatres, with regular activity being undertaken within CEPOD (noting that construction of the envisaged new hybrid theatre on the UHW site has not progressed)
- Repatriation of patients across the system remains a challenge, mirroring the experience of other regional services.

Conclusions and Priorities for the coming year

It has been concluded that the establishment of the network was a necessary and important step in aligning with best practice across the UK and ensuring a more robust and sustainable vascular service for south east Wales. There have inevitably been some operational issues and difficulties whilst the new arrangements settled, but the considerable work undertaken by many key individuals has enabled the overall success of the network in its first year. Priorities for engaging with the network in the year ahead include the following: -

- Renewed emphasis on quality, safety & outcomes, building on the positive early foundations and ensuring a steady and consistent improvement as the network matures.
- Review of operating theatre capacity with the intention of matching capacity to expected demand and reducing the dependence on CEPOD overflow.
- Review of network governance arrangements to ensure these remain clear and fit for purpose.
- Review of clinical workloads to ensure these remain equitable and realistic.
- Careful monitoring of interventional radiology service vulnerability in south west Wales and any possible impact on provision delivery within the network / implications for possible wider network arrangements across south Wales.
- Ongoing monitoring of patient flow / repatriation and work to optimise this on the basis of experience.

**Argymhelliad / Recommendation**

The Partnerships, Population Health and Planning Committee is asked to: -

- Note the SEWVN annual report for information.
- Note the experience and conclusions of the service in respect of the first year of the network's operation.
- Endorse the proposed service priorities and engagement approach over the coming year.

| **Amcanion: (rhaid cwblhau)**<br>**Objectives: (must be completed)** | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s): | 3.1 Safe and Clinically Effective Care<br>5.1 Timely Access<br>7.1 Workforce<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br>Link to IMTP | Adults in Gwent live healthily and age well |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP | Regional Solutions |

| | |
|---|---|
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br>Strategic Equality Objectives 2020-24 | Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse<br>Choose an item.<br>Choose an item.<br>Choose an item. |

| **Gwybodaeth Ychwanegol: Further Information:** | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | |
| Rhestr Termau:<br>Glossary of Terms: | |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | |

| **Effaith: (rhaid cwblhau)**<br>**Impact: (must be completed)** | |
|---|---|
| | **Is EIA Required and included with this paper** |
| **Asesiad Effaith Cydraddoldeb Equality Impact Assessment** (EIA) completed | Choose an item.<br><br>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.<br>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| **Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio**<br>**Well Being of Future Generations Act – 5 ways of working**<br><br>https://futuregenerations.wales/about-us/future-generations-act/ | Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives<br>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs |

South East Wales
Vascular Network
Rhwydwaith Fasgwlaidd
De Ddwyrain Cymru

# *South East Wales Vascular Network Annual Report (July 2022-July 2023)*

South East Wales Vascular Network
Rhwydwaith Fasgwlaidd De Ddwyrain Cymru

# Contents

# Clinical Lead Foreword

The South East Wales Vascular Network centralised arterial surgery for Cardiff and Vale, Cwm Taf Morgannwg and Aneurin Bevan UHBs in July 2022. Centralisation in the University Hospital of Wales had been planned for a very long time with emergency vascular services centralised on the UHW site in 2003. The reasons completion of centralisation took nearly twenty years are complicated and multiple but the eventual outcome supported by the Vascular Surgical Society of Great Britain and Ireland and the Welsh Government was never in doubt.

Regardless of the chronicity centralisation was not without challenge. The NHS remains in a state of flux following the COVID pandemic and pressures on the NHS and Social Care across the UK are severe. Furthermore, and rightly so, the Welsh Government and the public need to be assured that by centralising Vascular Surgery in the region we are providing a high quality and better service to our patients than previously.

The NHS is dependent on its workforce and the South East Wales Vascular Network is no exception. I have been profoundly impressed and heartened by the commitment, hard work and esprit de corps demonstrated by my colleagues across the multidisciplinary team. People in every part of the Network have had to adapt to changed working practices and a changed environment. Change is always difficult but staff have committed and worked exceptionally hard to get this unit established.

This report details our workload and outcomes and uses data from the National Vascular Registry in addition to Health Board figures. Clearly there is scope for improvement particularly with respect to the time taken for some patients to be admitted to hospital and also with delays to discharge. Gratifyingly nevertheless our surgical outcomes are judged satisfactory by the NVR. This bears testament to the hard work of the entire team.

Now that the South East Wales Vascular Network is established our ambition for the next year is to stabilise our workforce, reduce unacceptable waiting times, increase the academic profile of the Unit and continue to provide excellent holistic care to patients with vascular disease.

Miss Sue Hill

**Clinical Director for the South East Wales Vascular Network**

## Service overview

The South East Wales Vascular Network (SEWVN) went live on 18th July 2022. This report covers the first year of the service.

Collectively, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board make up the Network. The populations affected are Blaenau Gwent, Caerphilly, Monmouthshire, Newport, and Torfaen; Cardiff and the Vale of Glamorgan; Rhondda Cynon Taff and Merthyr Tydfil and South Powys (other parts of Powys served by South West/North Wales Networks as well as networks in England). The total resident population of the Health Boards is approximately 1.6 million.

The SEWVN delivers a model of care in line with national recommendations and the rest of the UK through a high volume vascular surgical service at the Major Arterial Centre (the hub) located at the University Hospital of Wales, whilst delivering appropriate local care for assessment and rehabilitation through local non-arterial centres (the spokes).

The development of a networked model of care with high volume centres for complex vascular surgery is the first recommendation within the Getting it Right First Time (GIRFT) report for vascular surgery published in 2018. Over the last few years most regions in the UK have centralised vascular units to improve clinical outcomes, equity, and efficiency, whilst ensuring service sustainability, attraction and retention of staff and maximising training and education opportunities

The Network serves a total population of approximately 1.6 million people and has at its centre the major arterial centre (MAC) in the University Hospital of Wales which is run by Cardiff and Vale University Health Board. The MAC brings together the three vascular units from Cardiff and Vale University Health Board, Aneurin Bevan Health Board and Cwm Taf Morgannwg University Health Board.

The MAC delivers specialist vascular care for both elective and emergency arterial patients with 24/7 access to the multi-disciplinary vascular team including vascular surgery, interventional radiology and specialist vascular nursing.

The ‘front door’ for this service and ongoing care remains the patient’s local hospital with outpatients, vascular studies and diagnostics remaining in networked hospitals. The Network takes clinical responsibility as soon a patient is diagnosed with a vascular problem requiring specialist care. This includes responsibility for patients under the care of local stroke teams (rapid access to carotid endarterectomy) and local diabetic foot multi-disciplinary teams (rapid access to re-vascularisation or amputation).

## The Hub

The Major Arterial Centre (MAC) for the SEWVN is based at the University Hospital of Wales, Cardiff. The MAC is for all adults across the region. The MAC provides specialised services, in line with the agreed service specification for the network. Services are available 24/7, for individuals who require vascular surgery in the following Health Board areas: Aneurin Bevan UHB (ABUHB), CVUHB, Cwm Taf Morgannwg UHB (CTMUHB) and Powys HB (PHB). As the single MAC for the region, co-ordination and collaboration the Welsh Ambulance Service NHS Trust (WAST), Non-Arterial Centres (NAC's) and other Network Hospitals across the region is required.

## Aneurin Bevan University Health Board (ABUHB) Spoke

Patients are repatriated to the closest hospital to their home that is able to provide high quality care appropriate to their needs.

If the patient is not diabetic and requires medical management of infection, blood monitoring; they can be admitted to their local Spoke hospital (YYF/RGH or NHH) under Care of the Elderly (COTE). Where the patient is medically fit (with or without Diabetes) but is unable to be discharged home e.g. if they need a package of care or physio/ rehab they should be discharged to their local community hospital (Chepstow/ YYF/ YAB/SWH/ County Hospital, Pontypool/ Monovale).

## Cardiff and Vale University Health Board (CAVUHB) Spoke

The interim solution which was planned for the first 6 to 12 months of the network being established, is still in place. The spoke vascular service for Cardiff and Vale patients is incorporated within the Lakeside Wing Unit (LSW) on the UHW site led by the care of the elderly team with the relevant clinical support from the vascular team. The longer-term plan is to create an appropriate rehabilitation service in Llandough Hospital.

There was an assumption that a maximum of 8 vascular rehab patients will be cared for in the Lakeside Wing (LSW) footprint. This was based on a therapies model reducing the number of beds required from 10-12 to 8. The 8 beds would be used for vascular rehab step down patients from B2.

## Cwm Taf Morgannwg University Health Board (CTMUHB) Spoke

CTM has developed a Vascular multidisciplinary team (CTM Vascular MDT) to wrap around the patient wherever they present in the pathway and to co-ordinate services between the hub and spoke hospitals. In-reach to the hub hospital to facilitate repatriation or discharge home at the earliest opportunity.

## Rehabilitation of Patients Following Surgery

The Vascular Society (Provision of Vascular Services 2018) state that 'when planning and organising a new vascular network the full patient pathway including plans for return for rehabilitation needs to be clear'. As region the network is committed that recovery and rehabilitation following major vascular surgery, including lower limb amputation, delivered close to where patients live is key for the success of this network model. Patients are repatriated to the closest hospital to their home that is able to provide high quality care appropriate to their needs.

## Collaboration with other Specialist Services

There are a number of interdependent services and specialties required to work in partnership to deliver seamless and high quality care. Collaboration with the wider network has improved relationships between stakeholders and in turn improved clinical pathways for the population.

- Radiology
- Doppler Ultrasound Service
- Diabetology
- Nephrology
- Stroke Medicine
- Acute Medicine
- Cardiology
- General Surgery
- Cardiac Surgery
- Plastic Surgery
- Major Trauma
- Spinal Surgery
- Limb Fitting Service
- Paediatric Surgery
- Perioperative Medicine
- Critical Care
- Care of The Elderly (COTE)
- Rehabilitation Medicine

The vascular team has a particularly close working relationship with the diabetology teams and are part of the monthly diabetic foot MDTs.

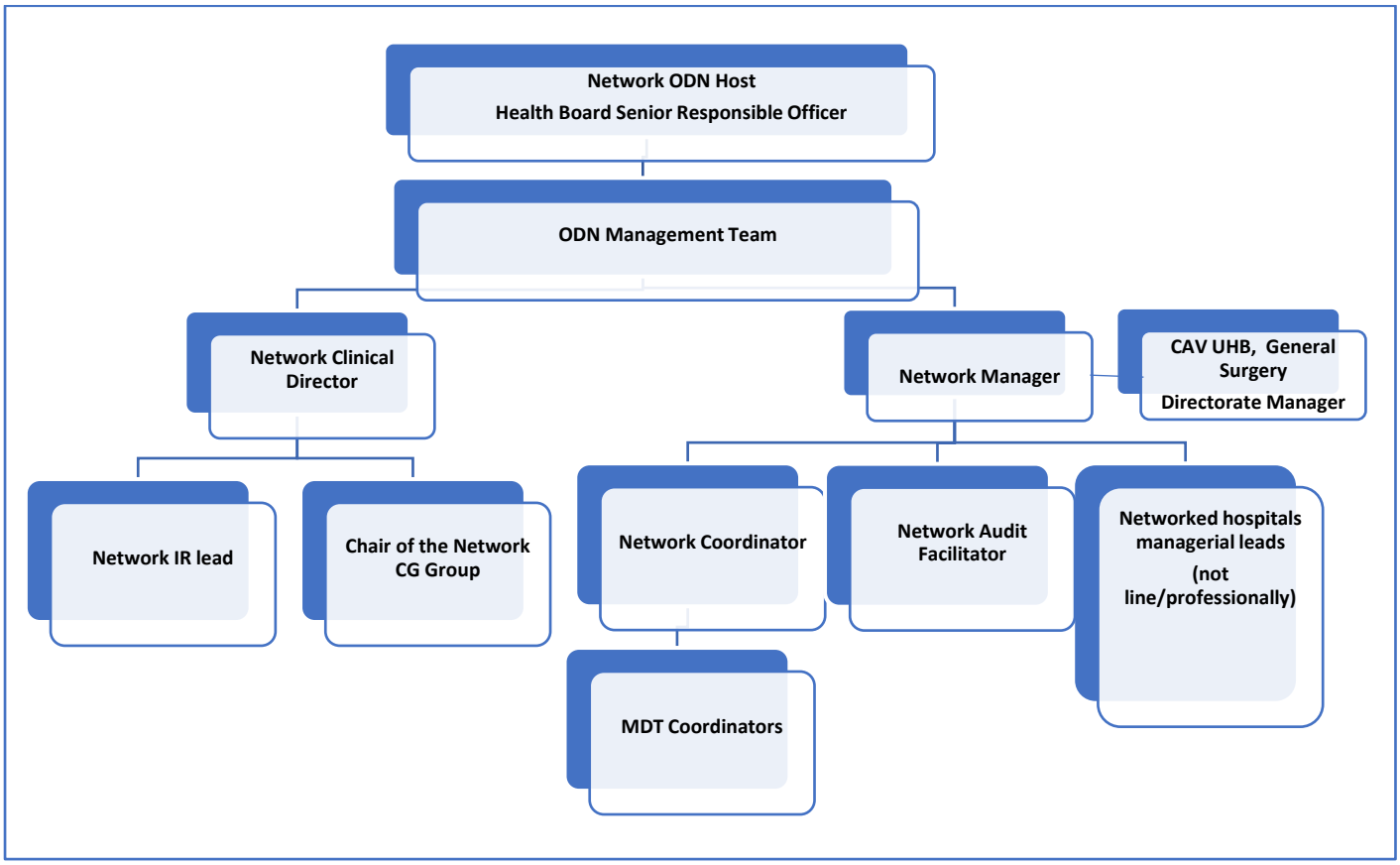
The model of care has been subject to ongoing revision, development and has evolved.

# Department structure

## Network Management Team

The Network Management Team is led by the Clinical Director for Vascular. It sits within, and is accountable to the Directorate Manager for General Surgery within Surgery Clinical Board at Cardiff and Vale UHB. The team has the responsibility of ensuring that appropriate clinical and corporate governance structures are in place.

This management team is key in leading and developing services across the pathway, including oversight of adherence to national standards, peer review and compliance with national performance indicators through a monthly dashboard. The Network Management Team facilitates the care of patients through the Hub and collaborates with the spoke site in relation to follow up, repatriation, and escalation, both across specialties and organisational boundaries. This is supported by the Operational Delivery Network (ODN).




## Network Multidisciplinary team (MDT) reflections, updates and next steps

### WAST (Welsh Ambulance Service Trust)

As a critical enabler of the success of the network WAST's Emergency Medical Service has provided emergency clinical conveyance for patients in the community directly to the hub at UHW, if required, as per the Vascular Emergency Bypass Pathway, developed and implemented for relatively rare vascular emergencies such as abdominal aortic aneurysm (AAA) and acute ischaemic limbs. This was developed in line with the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines (2021) and implemented to enable go live. In the first year there have been 68 contacts made to the vascular hub using Consultant Connect to discuss direct conveyances.

The majority of conveyances however are to nearest Emergency Department for assessment followed by a secondary inter hospital transfer if required from spoke sites to the hub at UHW. Additionally, WAST's Ambulance Care Service provides repatriation from the hub to rehabilitation services or discharges directly home from the hub. WAST's current systems do not have a specific code set to

identify vascular conveyances or transfers however a project is underway that will implement system developments which will enable this from April 24.

During the first year there has been minimal issues raised, with only a few initial communications issues across the system that impacted on transfers, these were quickly resolved within the first few weeks of going live with no further issues raised. WAST continue to attend meetings and engage with the network regularly.

## Anaesthetics

Since the centralisation vascular anaesthetic services at UHW have been provided by anaesthetists based at Cardiff & Vale and Aneurin Bevan Health Boards. Full five day per week coverage allowing for leave requirements and other speciality cover at each site was initially challenging, but with flexibility from both sides, the requirement for non-specialist anaesthetic cover is now minimal.

Pre-operative assessment of elective patients at their base Health Board is working well with agreement from all sites about pre-operative requirements. We have had some minor problems with the preparation of unplanned cases on the ward and requesting of tests required post-admission (primarily blood bank samples), however we have worked with the junior teams and provided guidance. Following this and liaison with the Network's CD, improvement has been noted.

Our main focus at present is to improve the efficiency of the vascular theatre, with the hopes of reducing the number of patients being pushed into the already busy UHW emergency theatres. With this in mind we have undertaken a short project looking at delays in sending for patients. The theatre team have been enthusiastic about supporting us, and we have seen a significant reduction in delays in the morning. Further work is planned in the next few months to reduce the delays between patients.

## Artificial Limb and Appliance Centre (ALAC)

Reintroduction of the in-reach service 12 months ago has worked well and appointing a Rehabilitation Medicine Consultant post has been instrumental in service delivery. We currently participate in a weekly MDT ward round which amputees are reviewed in one place, both pre and post amputation. The advantages are:

- A presence to answer any questions on prosthetic rehab more appropriately both pre and post amputation for patients.
- An ability, if required to contribute to discussion with the surgical teams around potential amputation level or technique with patient at the centre of that and an MDT approach
- Any decision making from an ALAC perspective is made as an MDT not by a single discipline which is more appropriate
- From the patient there is bridging of psychological support which seamlessly transfers from the acute ward setting over to ALAC.
- Improved services for 50% of patients who are unable to rehabilitate. Psychology input in the hub has highlighted and addressed the patients' needs at the in-reach ward round.

- The ALAC team have also been approached for opinions by other specialities whilst onsite i.e. trauma, plastics and paediatric patients.
- Improved working relationships with every profession like physio, OT, nursing where we have built upon a strong foundation that already existed to make both sites stronger.

Centralisation has significantly helped ALAC's profile, as it's often been a silent service as well as improving the amputee journey.

Next steps to improve the service further:

- More rehab with early walking aids to allow physical preparation for using a prosthetic limb.
- Currently no provision for treating complex multiple amputees [triple or quad amputees] who need specialist and concentrated input across a range of disciplines e.g. Prosthetics, physio, OT etc.

## Interventional Radiology

This brief update will attempt to outline the major changes/challenges to vascular work in Interventional Radiology following centralisation. Work has been divided into diagnostic and interventional.

Workforce

In the time frame being evaluated below there were 4 IRs in post at CAVUHB. A 5th appointment was made in September 2023, more than a year after centralisation, but there has not yet been an uplift in IR or reporting sessional allocation consistent with the increased workload demonstrated.

There were 4 IRs at ABUHB, recently increasing to 5 as of October 2023.

Imaging

In the six months following centralisation we have seen a significant increase in cross sectional imaging demand at the HUB site. This has an impact on CT scanning capacity at CAVUHB and on Interventional Radiologist workload. This work is mostly related to acute inpatient CT imaging which invariably requires urgent reporting. We have retrospectively collected data from PACS which demonstrates an approximately 40% increase in peripheral CT angiography scanning and reporting in the 6 months pre, verses 6 months post centralisation. It can be a challenge to manage the current workload, particularly during periods of annual leave or study leave.

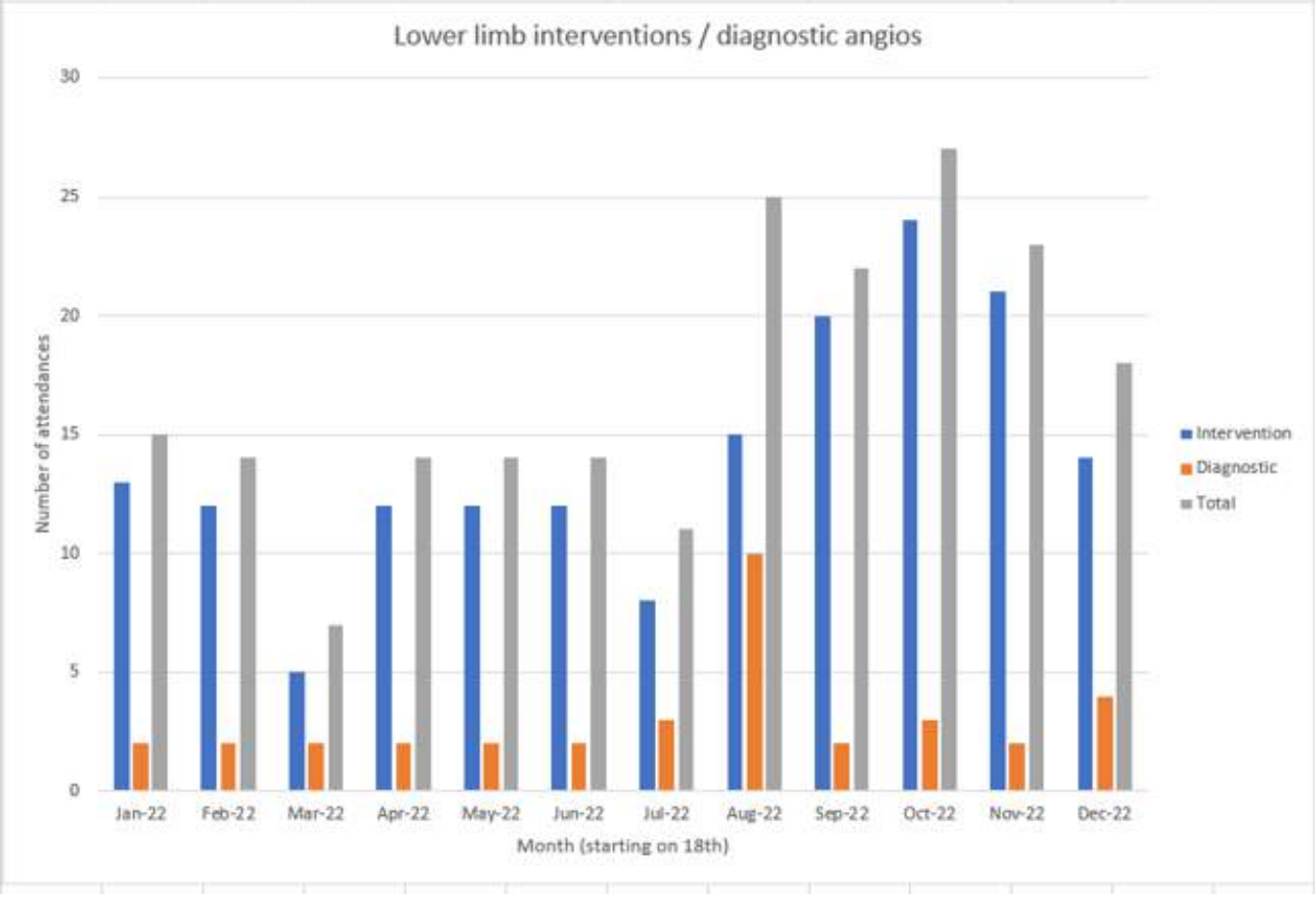
Outpatient imaging and some urgent CT imaging is still performed at the Spoke sites. Outpatient vascular imaging is well managed at ABHB. Despite a significant increase in HUB CT scanning there has also been a significant concurrent increase in Vascular CT Scanning at ABHB, with year-on-year scanning numbers up following centralisation.

Peripheral Vascular imaging performed at CTMUHB is currently reported by private outsourcing companies. Poor and inaccurate reports are commonplace. Examples of these reports have been fed back to the radiology directorate at CTMUHB, this is an ongoing patient safety issue. When reviewing cases and preparing these patients for MDT discussion these images are essentially re-

reported. This work is difficult to measure and onerous, mechanisms need to be established so that these scans can be reported by Network radiologists.

Intervention

The volume of peripheral vascular intervention performed in the Hub radiology department has increased significantly since Centralisation. Retrospectively collected data demonstrates a 40% increase in Vascular patients needing visits to the Interventional Radiology department for angiography or revascularisation procedures when comparing the six month period prior verses post centralisation. This change is sustained, during the most recent complete month (September 2023) there were 32 visits to the radiology department for invasive angiography or revascularisation. This is a significant uplift in work, with an upward trajectory. This puts a strain on room time, radiologist time, nursing and radiographer time.




Following COVID, interventional radiology lost access to day case beds. Lack of appropriate day-case facilities for vascular patients has been an ongoing issue since the start of centralisation. Until recently patients who were clinically suitable for day case angioplasty were admitted to the vascular acute ward (B2), exacerbating an already difficult inpatient bed crisis. Many of these cases were

cancelled due to lack of beds, often on the day of procedure. We have recently started a trail of managing selected vascular patients completely within the radiology department as day case, using radiology nursing staff. This has been a positive step, but capacity is low. This is currently a pilot study and is presently unfunded, if viable we will look for funding to maintain this service. Despite moving from fortnightly to weekly IR clinics, capacity remains limited.

Outpatient angioplasty is still performed at ABUHB for Gwent patients. In the year following centralisation 60 angioplasties were performed at the Grange University Hospital spoke.

Adequate support with inputting data onto the NVR was problematic after centralisation, with staffing issues leading to poor data compliance. Since March 2023 we have benefitted from the help of a member of the network admin staff, this has been a brilliant help in improving data collection. There is currently no admin support for inputting data related to angioplasty at ABUHB.

## Doppler Ultrasound Service

The majority of patients within the network including those on ward B2, Surgical Same Day Emergency Care (sSDEC) or attending via the outpatient hot clinic require vascular imaging at CAVUHB. This is usually Doppler ultrasound +/- cross sectional radiological imaging.

From the perspective of the Doppler Ultrasound service and outpatients, there are several benefits within the new SEWVN service model including:

- Rapid escalation pathway for Doppler scan patients requiring Vascular review via the COW bleep, often with referral to SDEC.
- Close collaboration with clinical colleagues in the development of a more complex and improved scan service, for example in depth tibial artery imaging and graft surveillance.
- Implementation of Ankle Brachial and Toe pressure indices (ABPI and TBI testing).
- Moving AAA surveillance imaging out of Vascular Clinics to Doppler Ultrasound.

However, there are significant challenges alongside these, with several aspects of the service running at risk, as described below.

The imaging requirement and workload increase for Doppler ultrasound at CAVUHB was significantly underestimated in the original business model for the SEWVN. On review of CAVUHB Doppler scan referral numbers for Vascular Surgery since centralisation has resulted in an annual increase of over 30%. In addition to the number of scans, the scan complexity, scan duration and number of urgent scan requests has also significantly increased, equating to an increase in resource demand of at least 50% on the Doppler Ultrasound Service:

· The time and resource required per scan has increased, due to the increased severity of disease, and additional diagnostic information now requested. As noted above, the increase in scan complexity is positive, but needs to be appropriately resourced, and evidence based within formalised pathways.

· There is unanticipated extremely high demand for urgent scans, particularly via SDEC, up to 8 referrals per day on occasion. There is also increased demand for urgent ward scans.

· For patients outside Cardiff, complex baseline scans are often required because there is limited access to previous imaging or information on previous procedures/surgeries (angioplasty, grafts etc.) from the other spoke sites.

· There is variation between different surgeons on scan information required. Surgeons are requesting new additional information from scans which is more complex and significantly increases scan times, for example in depth tibial vessel imaging. Additional requirements also include ABPI tests and TBI tests which are also now routinely requested, but have not been resourced (staffing or equipment).

· There is variation between different surgeons between surgical procedure, for example superficial vs deep tunnelled bypass grafts. This can make imaging extremely complex, particularly as we don't always have access to the surgical notes.

· The transfer of AAA surveillance imaging from clinic to Doppler Ultrasound is an excellent model. However, this requires 1.5 outpatient Doppler scan sessions per week, and is not currently resourced. This reduces Doppler ultrasound outpatient scan capacity and waiting list accordingly (impacting Vascular and all other clinical services). In addition, some patients are remaining on AAA surveillance inappropriately.

· The Vascular "Hot clinics" and CRI outpatient clinics are excellent service models. However, there is an additional resource requirement to support these clinics, with scan numbers and complexity not currently resourced.

Therefore, although 1WTE Band 8a and 0.5WTE Band 2 HCA admin was recruited as an additional resource for the Doppler Ultrasound Service in the original SEWVN model, this has proven to be an underestimation of the requirements required.

In order to 'continue to provide excellent holistic care to patients with vascular disease', and to reduce unacceptable waiting times we need the ability to perform the right test, at the right time, for the correct patient. This requires an element of clinical judgement, and this is why our team is highly skilled and autonomous, in order to answer the clinical question with the most appropriate test in a timely manner. We are now utilising ABPI and toe pressures regularly in order to provide information of overall perfusion which feeds into WIfI scoring (recommended by the Society for Vascular Surgery for classification of threatened lower limbs) which is utilised within the network. This is a positive development from vascular centralisation and requires a close working relationship with the vascular surgeons in order to provide the correct diagnostic information in a timely manner.

Imaging must be appropriately resourced with the optimum staff skill-mix. We also need to streamline some of the above processes in order to provide high quality diagnostics in a timely manner for the

most complex vascular patients. This will result in lesser waiting times for patient diagnostics, and will alleviate scan and resource pressures within Doppler Ultrasound.

Next steps to improve service:

- Workforce review to account for the increase in demand
- ABPI/TBI when performed as additional assessment or as a baseline measure to be performed by CNS/juniors/registrars. This will help reduce Doppler ultrasound workload pressures and also benefit the patient pathway. Implement and resource new model.
- Clinically focussed scans where possible, in closer collaboration with other radiological imaging, within agreed pathways.
- Reducing the number of bilateral arterial scan requests where patients are having a single leg focus.
- Discuss new scan techniques, requirements, evidence base and pathways, so these can be agreed as a whole team/network via the Clinical Governance Group.

## Nursing

### CNS Vascular Nurse Specialists covering ABUHB spokes

We have very much embraced our role with spoke nursing in addition to our already structured clinical commitments such as Nurse led wound clinic, Nurse led hot clinics, supporting Consultant Clinics as well as providing the service for Varicose vein intervention within ABUHB.

We are able to transfer our highly specialist skills for assessing referrals at spoke hospital as well as providing advanced wound management, knowledge and education to Nursing, Medical and Therapy staff new to caring for repatriated patients. We have introduced robust teaching management within spokes sites and it is encouraging to acknowledge student nurses, assistant practitioners and other members of the MDT have increased their interest to develop their knowledge and skills with complex patients and complex wounds.

We have remained flexible but the geographical area covered within ABUHB remains a challenge.

Separate IT systems across the network has resulted in some challenges in obtaining the relevant information in a timely manner.

Next steps:

Review workload against workforce and develop a strategy for succession planning

CAVUHB Specialist Nursing Team

Cardiff and Vale had two established roles which included a Surgical Care Practitioner (SCP) and Vascular Nurse Specialist (VNS) pre-centralisation. September 2020, we joined with CTM which gave some preparation and alteration to the two specialist nurse roles, this of course followed on from the changes imposed by COVID.

We were involved in a number of sub groups including; clinical advisory group, the Spoke group, and the rehabilitation and rehabilitation groups. We were involved in developing the SOPs, frameworks, pathways, and the documentation for repatriation. We continue to be motivated and keen to be involved in the organisational change which has come with some challenges.

Positive changes: new trainee Vascular Nurse Practitioners (VNP)

Employment of the two new trainee ward based VNPs who were appointed in June 2022. They attend the ward rounds and support the junior doctor and ward staff with managing sick patients. Once trained they will be clerking patients independently.

SCP role

With the expansion to daily theatre lists and the introduction of the Consultant of the Week (COW)/ Surgeon of the Week (SOW) rota, the SCP has been flexible with working patterns to ensure both scheduled lists and CEPOD cases are covered. The role also allows the trainees to develop, with the skilled SCP being able to assist during certain cases, to give opportunity for independent operating with the consultant supervising.

The SCP is involved with the coordination of patients being listed for theatre lists alongside the COW/SOW, booking cases on the CEPOD list and liaising with the anaesthetic team about any pre-operative concerns and post-operative plan. The role continues to support daily ward rounds, ward staff along with referral of patients through the Consultant Connect service

This role manages the Cardiff and Vale UHB AAA surveillance programme ensuring scans are booked and performed on time, checking the results and co-ordinating those patients who have reached the size for treatment or discussions for turndown for treatment. In addiction to help support coordination of the weekly Endovascular aneurysm repair (EVAR) list.

Next steps:

Provide clinical input when regular varicose vein lists re-established

Development of role when the Hybrid theatre is built.

VNS role

This role is vital in supporting and coordinating the Hub MDT and linking in with the with the medical or rehabilitation consultants and has been involved in development of documentation and proformas for the amputees.

The role is also funded to provide a clinical role for MDT coordinator and link with Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP). Work took place to develop the systems and

documentation to incorporate the network into the AAA and peripheral MDT. An electronic referral form was designed to facilitate easier referrals, and contemporaneous minute taking.

The role also undertakes Nurse led claudication clinic, and supervised exercise class. Provides support for the ward and partakes in ward rounds, nurse education and service development.

New development:

CNS support of the rehabilitation patients in LSW to be developed.

Developed systems to improve communication and achieve a smooth transfer when patients are transferred to LSW and other hospitals in the network from B2. An MDT amputee assessment proforma has been developed which will travels with the patients, this is currently with medical illustration.

The introduction of vascular patients has been a change for the staff in LSW. Reassurance and support have been provided by the VNS role at least one morning a week. Further study days are planned.

Positive developments include:

Effective communication with the MDT.

Joint management of complex wounds with VNS and TVN in LSW.

Weekly MDTs in Hub and LSW, and Regional MDT for network to optimise communication and maintain patient flow which Kate leads.

Good working relations have been developed with the geriatricians, in spoke and in the Hub.

Weekly review of amputees by ALAC team and rehabilitation consultant.

New appointment of clinical psychologist.

All specialist nurse teams have endeavoured to communicate to each other regarding patient flow in and out of the hub. The newly developed repatriation referral proforma, and transfer of care document is being used and supported by verbal handovers.

An electronic discharge advice letter (eDAL) is completed on each patient, and patient are discussed at the weekly regional MDT to ensure that patient details are communicated effectively.

Next steps:

Review specialist nurse numbers at the hub to support increase in Emergency demand.

A significant barrier to communicating patient details is the lack of a shared IT system across the Network. Which would allow the MDT completion of the form online by all members of the MDT as a live document. This would improve communication, prevent replication of work, and save time.

## Occupational Therapy

We have established strong MDT working and engagement throughout the whole Network, within Hubs and Spokes.

A number of successes includes: ALAC Wheelchair Service has come onboard with providing wheelchair stock at point of amputation. Previous processes involved loaning a wheelchair whilst making a formal referral to ALAC, now we have immediate access to wheelchairs. Although this is a working progress we have been able to ensure this is equitable throughout the Network. Previously ABUHB patients had no immediate post-surgery access to wheelchair provision and had to await ALAC delivery.

We have training staff to work in both B2 and in LSW so we have a fluid workforce to meeting daily and changing needs.

Challenges have existed and included the loss of a vascular therapy rehab area in LSW. On LSW initially Nursing staff were unfamiliar with amputees and their management. This is improving; however, OT has been drawn into admin processes usually undertaken by other MDT members.

We have had a number of patients who have had significant environmental adaptations and rehousing needs post rehab which are occupying the CAVUHB spoke rehab beds while awaiting works/rehousing to take place. I feel this process should be reviewed to ensure we have active rehab patients in these beds a possible suggestion could be to transfers out to other settings e.g. IACU, St David's.

Next steps:

We want to take the OT process forward to be involved earlier in a patient's pathway. We have trialled assessing a patient at home prior to amputation, this allowed for earlier wheelchair provision, early commencement of physio's exercises, relocation of bed downstairs and assistive equipment provision all prior to admission. Patient only stayed 3 to 4 days due to discharge planning having taken place pre-surgery.

## Pharmacy

0.5WTE (Band7) was funded as part of centralisation aligned to the additional funded acute beds. Due to the increase in activity and the acuity, complexity and turnover of patients the skill mix of staff have needed to be carefully managed.

Next steps:

Review workforce to support a sustainable service.

Continue to work regionally across the Network i.e. alignment of drug usage.

## Physiotherapy

Development and implementation of evidence based clinical pathways to support care to patients following vascular surgery - separate pathways for patients undergoing amputation and vascular surgery. Patients are receiving timely physiotherapy interventions (excluding weekends).

Raised the profile of the physiotherapy service within the MDT in both Vascular Hub UHW and Cardiff and Vale Spoke (Lakeside Wing).

Successful recruitment of physiotherapy staff who have undergone training and competency programmes, equipping them with the specialist skills to deliver rehabilitation to these patients. There have been some ongoing workforce challenges secondary to maternity leave and staff turnover, however currently all variances are filled subject to references.

The development of the rehabilitation assistant role is ongoing.

Development of a new training programme which aims to establish a basic awareness of rehabilitation for nursing staff. It is anticipated that this will promote and support an ethos of rehabilitation within the ward, promoting functional independence in our patients e.g. washing and dressing, wheelchair/toilet transfers. It is hoped that this will support a reduction in patient dependency which could release nursing time.

Improving communication channels with our physiotherapy colleagues across the network has supported the repatriation of our patients. Work is ongoing to further improve the communication supporting the transfer of patients into the vascular hub.

Re introduced collaborative working with the ALAC team. This includes joint sessions, regular MDT feedback/meetings, wound monitoring, Juzo provision, Pneumatic post amputation mobility (PPAM) aid suitability, and increasing student opportunities across sites.

These improvements have been well received with positive feedback from patients regarding their surgery and rehabilitation experience.

Ongoing delays in discharge and repatriation are still proving problematic, although weekly communication within the regional network teams provides regular opportunities to highlight those issues.

Social worker allocation, packages of care and housing issues still remain an ongoing delay to discharge so patients having increased length of stay despite achieving their therapy goals.

Highlighted at celebration day the delays in MDT documentation of weight bearing status has impacted on patients' readiness for early rehabilitation. However, following discussions with surgeons, it is hoped this has now been resolved.

## Podiatry

Centralisation has been challenging for all, we have provided a high level of care for very challenging and complex patient cohort. There is an extremely high turnover of patients with lower limb complications and it is a challenge to keep up with this demand and capacity is stretched from a Podiatry point of view on a daily basis. We have continued to liaise with all of the MDT and are keen to continue a high level of care for a very complex patient group. I would like to especially highlight and give thanks for the hard work of the ward staff, physios, occupational therapists, dieticians, the specialist nurses, the surgeons and especially the ward manager on B2 for her ongoing dedication to improve and care for these patients.

Next steps:

Further investment is vital to ensure a sustainable Podiatry service, due to the large number of acute patients with diabetic foot related complications. Work has commenced and links already established with the diabetes accreditation groups.

## Psychology

Vascular Psychology has been in place since August 2022 (1 x 0.6 FTE). Psychology has embedded itself as an integral part of the MDT in delivering high standards of vascular care in the Hub/acute setting. Acute referrals for psychology support are related to pre-amputation and post amputation distress, and for specialist consultation for complex cases to support patient flow and psychological risk. Complex patients (e.g. those patients with multiple limb loss due to sepsis, or patients with significant co-morbidities and complexity in establishing the best care pathway is present), also require psychological input and significant allocation of psychological time. Moving forward, patients, including those recovering from major abdominal surgery would benefit from accessing an MDT follow-up that includes psychological provision to enhance their recovery. Over the next 12 months psychological services will be working to offer:

- Continuing an Acute Psychology Service (1 x day a week)
- Outpatient services (AAA, FU clinic from Hub Vascular Patients; MDT work to educate and support patients early in the pathway)
- Staff support (supervision, training, and reflective practice groups) for both Hub and Spoke Professionals, and MDT and Allied Health Professionals (AHP).

In order to invest in the above plan over the next year, presence on the ward will be structured and psychology time will be allocated for outpatient clinics, and staff training/support. This progress is dependent on investment from the network to allocate a suitable clinic space for psychology staff.

Both staff and patient feedback have initially reported on the benefit of having psychological support in vascular care. Patients have reported that acute psychological support has allowed them to benefit clinically in regards to their physical health, progress with rehabilitation and recovery. Staff are keen

to integrate psychological processes to enhance their patient care. We look forward to being able to deliver a high standard of care, to support and enhance the vascular network service provision

## THEATRES

HUB ACTIVITY

| | January - December 2020 | January – December 2021 | January – December 2022 | January – June 2023 |
|---|---|---|---|---|
| CASES | 199 | 554 | 829 | 456 |
| | | | | Predicted full year 912 |

WHAT HAS WORKED WELL

- The Perioperative Care Directorate has successfully provided the planned 6 all day sessions.
- Access to urgent theatre sessions has been provided through ESAC, CEPOD & MTC theatres.
- The C-arm is available in hours, out of hours C-arm provision is provided via the CEPOD stream.

CONSTRAINTS

- The Hybrid Theatre is not available at UHW. The business case indicated IR cases are to be done in an IR room which does not meet theatre standards. However, IR cases/procedures are being done outside of an IR room, in the vascular theatre which lacks appropriate kit to complete the required cases. To complete IR cases additional investment is required, this includes;
- An appropriate operating table at a cost of approximately £250K – Maquet Magnus System.
- Kit & equipment. A minimal amount of equipment was purchased during the initial phase of the project. The expectation was for the spoke sites to send trays and instruments to UHW to support cases, however the kit supplied by the spoke sites was; incomplete, of poor quality and not delivered in a timely manner. To meet the go live date our own supplementary instruments were used to complete trays. Additional kit and equipment is required to provide an effective and efficient service. The additional equipment required as a minimum includes;
    - X 3 Major Vascular Sets (Instrument tray) - £10K each
    - X 5 Peripheral Vascular Sets (Instrument tray) - £11K each

- X 10 Lead gowns of correct thickness to provide radiation protection for staff (0.25mm purchased, 0.5mm required) - £250 each
- X 10 Thyroid protectors to provide radiation protection for staff - £100 each

- The low kit availability for Vascular cases (namely Major Vascular sets and Peripheral Vascular sets) had meant there has been insufficient appropriate kit available for MTC and CEPOD cases as this has already been used for elective sessions. Further expansion of the service is impossible without investment in kit/equipment. Maintaining the current service with the available kit is also at risk to the UHB due to constant use/wear and tear/inevitable damage which would take the kit out of circulation for a period of time until resolved.
- Prior to centralisation many patients would have their surgical procedures done in Theatre, then have a follow up review/procedure in IR (Angiogram). Now the practice is for the procedures to be done on the same day in Theatres as a single case. This change in practice undoubtedly benefits the patient, but has placed significant financial burden on Perioperative care. This was not factored into the initial business case and has ongoing financial pressure for the Directorate and Clinical Board.

## MEDICAL WORKFORCE

### Foundation/Core Trainee

Interim arrangement in place which comprises of dedicated vascular on-calls Saturday and Sunday 08:00-20:00. Nights are covered by Surgical Hospital at Night team.

Actions:

Long-term plan to implement 24/7 dedicated vascular rota, will require engagement with HEIW for an uplift in trainee numbers and further investment from the Network estimated four additional CT/FP2 level trainee to avoid collapsing the Emergency General Surgery (EGS) on call rota in CAVUHB.

### SpRs/Middle Grade

Currently 4/6 posts funded by HEIW, 2/6 posts advertised as clinical fellows.

Actions:

Convert one fellow post to a substantive UHB Speciality Doctor to provide sustainability.

Discussions with HEIW to uplift trainee numbers and to obtain timely updated of trainees allocated.

Ongoing risk; if allocated ST3 and ST4 on-call gaps on the regional vascular rota as they need to obtain General Surgery competencies. Although additional investment will be required (£70,385) to uplift to 7 on the rota there will be stability to mitigate on-calls gap as a cost reduction compared to covering by locums.

Consultant Surgeons

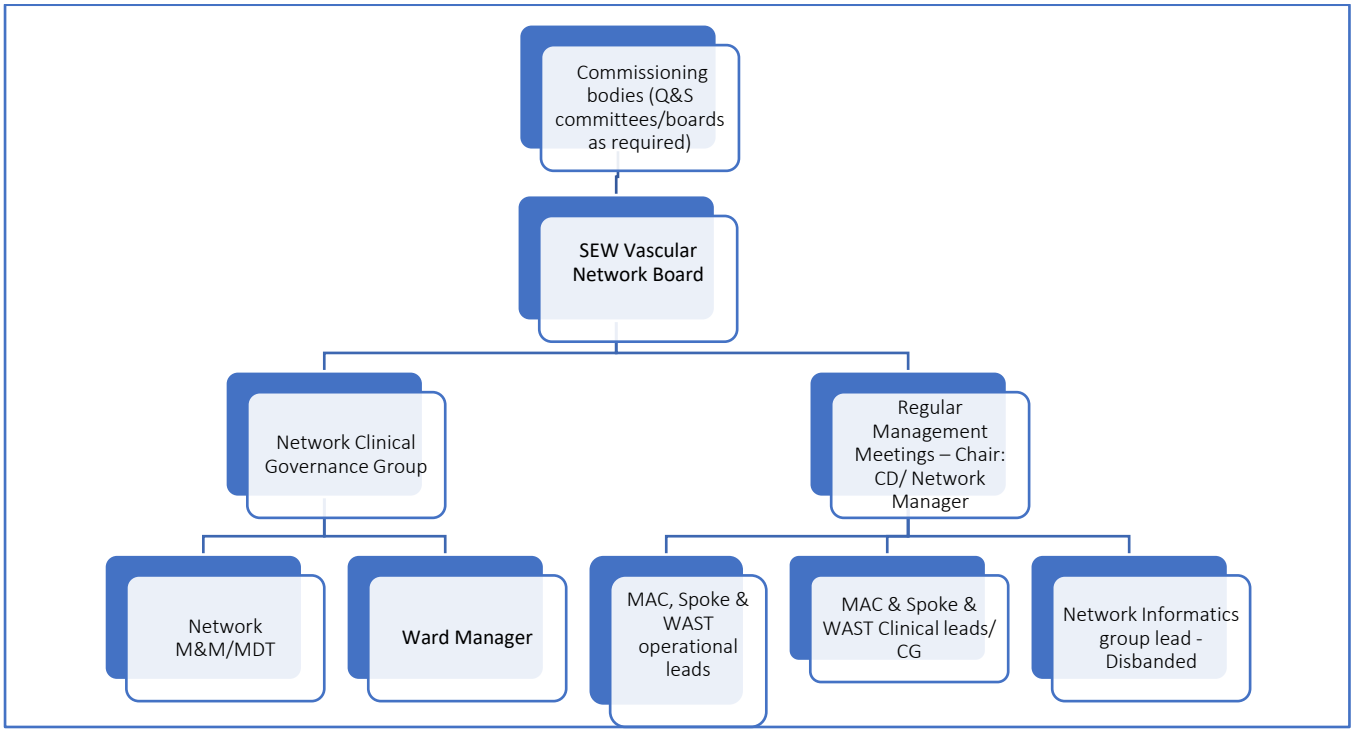
All new appointments are now employed via CAV.

Actions:

Review TUPE (Transfer of Undertakings, Protection of Employment) over existing contracts for CTM and AB consultants

Modelling for succession planning underway predicted up to five substantive consultants could retire in the next five to six years.

## Governance Structure




### Network Board

The SEWVN Operational Delivery Network (ODN) is accountable to the organisations represented on its Board. The Network board has a role in both operational delivery and overseeing the continuation of the programme, as its development will continue over many years. A Chair from CTM UHB has been appointed. The Network Board is supported by the following core groups/meetings, through which the network can discharge and commission their responsibilities.

### Network Clinical Governance Group

Whilst the primary responsibility for clinical governance and accountability remains that of each individual Health Board. It is acknowledged that there are numerous lessons and outcomes that should be shared and utilised for reporting. A clinical governance group for the network allows clinical

teams to come together regularly to ensure that organisations are delivering within the agreed clinical governance framework and to share best practice. It includes oversight on a number of key workstreams including (but not limited to):

- Clinical and non-clinical policies.
- Education and training (in partnership with HEIW).
- Audit & agreed quality measures.
- Quality improvement, innovation and research.
- Prevention.

### Network Operational Management Meetings

This group will be chaired by the Network Clinical Director and Network Manager and membership will include: clinical and operational leads for the MAC and NAC's as well as WAST leads.

The group has a performance management function and be responsible for overseeing and reporting on operational delivery, ensuring timely escalation and management and resolution of operational issues. To ensure a streamlined reporting and governance structure the group will report on network operational performance against agreed measures, including variation and corrective action and provide assurance to the SEWVN Board.

This group is also responsible for overseeing the information and digital workstream which includes both the planning and delivery in line with requirements.

These management meetings are held weekly to ensure any operational issues are picked up and actioned/escalated appropriately.

## The National Vascular Registry (NVR)

The NVR stands for the National Vascular Registry. It is a national clinical audit commissioned by the Health Quality Improvement Partnership (HQIP) to measure the quality of care for patients who undergo vascular surgery in NHS hospitals. It was formed in January 2013 by the amalgamation of the National Vascular Database (NVD) and the UK Carotid Interventions Audit projects.

The NVR is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NCAPOP is a closely linked set of centrally-funded national clinical audits that collect data on compliance with evidence-based standards, and provide local trusts with benchmarked reports on the compliance and performance. The NVR uses structure, process and outcome indicators to measure the quality of care received by patients undergoing vascular surgery.

The NVR builds on the structure created by the NVD, and collects data on the five main procedures performed by vascular specialists in the UK. The NVR uses three sets of disease specific clinical datasets to capture details of the following five procedures:

- The repair of Abdominal Aortic Aneurysm (AAA)
- Carotid endarterectomy
- Lower limb angioplasty/stenting
- Lower limb bypass
- Lower limb amputation for Peripheral Arterial Disease (PAD)

## Forecasting and Demand and Capacity

### Theatre

The table below demonstrates the forecast against actual and the variance of surgical cases transferring to hub by Health Board. The modelling suggested there would be a total of 826 cases, this would consist of an additional transfer of 529 cases per annum to UHW. The net total has been an additional 25 surgical cases above the forecast.

| Provider | Hub Activity Forecast | Hub Activity Actual | Variance in Activity |
|---|---|---|---|
| ABUHB | 298 | 347 | 49 |
| CTMUHW | 231 | 231 | 0 |
| CAVUHB | 297 | 273 | -24 |
| **Sum of cases** | **826** | **851** | **25** |

The following assumptions were made regarding forecasting:

- Activity will be based on cross cover of leave over 50 weeks
- Throughput of 1.4 theatre cases per session
- Development of performance indicators and operational measures
- Review dates set at 3, 6 and 12 months to test activity assumptions and review theatre usage and efficiency.

Theatre capacity was planned to be through the provision of six dedicated all day sessions per week which includes one all day session for IR and access to urgent lists as required. The usage of Vascular patients on CEPOD lists remains higher than the recommended guidance of GIRFT and the Vascular Society, whom advise that major amputations should be performed within normal working hours in a Vascular theatre with a Consultant Vascular Surgeon and anaesthetist present.

## REGIONAL BED REQUIREMENTS

The forecast was done on modelling undertaken over a period of 4 years from 2015 to 2019. It also compromised of a peer review and was benchmarked to ensure it is commensurate with other similar sized units. It including a snapshot audit over 6 weeks prior to centralisation, which indicated an average LOS in the hub of 13 days.

The combined bed requirement for the region is 65 in total which includes 35 beds within the hub broken down as follows:

| Health Board | Hub beds | Hub LoS Forecast | | Hub LoS Actual | |
|---|---|---|---|---|---|
| ABUHB | 12 | 337 | 34.4% | 410 | 37.2% |
| CTMUHB | 8 | 224 | 22.9% | 269 | 24.4% |
| CAVUHB | 15 | 420 | 42.9% | 424 | 38.4% |
| Total | 35 | 981 | | 1103 | |

## SPOKE BED REQUIREMENTS

| Health Board | Spoke |
|---|---|
| ABUHB | 10 |
| CTMUHB | 10 |
| CAVUHB | 8* |

*Note that CAVUHB audits estimated that spoke activity should be managed with 8 rather than modelled 10-12 due to a therapy led care model.

It is critical to ensure a safe and right sized environment is created to deliver the appropriate clinical care. The overall bed recommendations are based on clear evidence and aligned to other vascular network Major Arterial Centres. The greater effect of emergencies which have currently shaped the service in Cardiff & Vale has been reflected in the numbers.

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## Financial statement

Establishing the SEWVN Hub in CVUHB has required a design of and significant investment in Vascular services in UHW to meet the uplift in demands as a result of becoming a Regional Hub.

The three Health Boards in the region (CAV, CTM and AB) have invested £5.3m above the pre-centralisation baseline into the Hub at CAVUHB to support this service development.

### First year key deliverables achieved

- Implemented the contracting model in 'shadow form' to show delivery and activity by commissioner split by case mix against plan
- Manage and monitor pre and post implementation costs against plan
- Manage the financial position based on a cost incurred basis and ensure any slippage or underspend is returned to the respective commissioner Health Board
- Ensure the recharging of staff time/sessions is actioned between the provider and the employing Health Board
- Contract model has been incorporated into 2023/24 LTA agreements for live running from April 2024

### Investment Summary

The table below sets out the investment into the Hub at the time of the business case being approved.

| | | AB | C&V | CTM | Powys | Swansea Bay | TOTAL |
|---|---|---|---|---|---|---|---|
| Commissioner Cost | | £2,472,216 | £535,109 | £1,769,389 | £32,077 | £16,039 | £4,824,831 |
| LTA Adjustment for transferred activity | | -£40,096 | -£16,039 | £104,250 | -£32,077 | -£16,039 | - |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Health Board Impact** | | **£2,432,120** | **£519,071** | **£1,873,640** | **£0** | **£0** | **£4,824,831** |
| AICU | | £70,876 | £0 | £34,216 | 0 | 0 | £105,092 |
| Recurrent Centralisation Costs | | £125,036 | £125,036 | £125,036 | 0 | 0 | £375,109 |
| Non Recurrent Centralisation Costs | | £126,922 | £126,922 | £126,922 | 0 | 0 | £380,767 |
| **Health Board Impact** | | **£2,754,955** | **£771,030** | **£2,159,814** | **£0** | **£0** | **£5,685,799** |

A proportion of this investment allowed for additionality due to Centralisation which included:

- Investment in dedicated Therapy support £227k
- Investment in COTE, Rehab and Psychologist £225k
- Additional C&V operational costs £71k
- Recurrent centralisation & management costs £375k
- The case proposes to deliver an additional 88 treatment cases above current baselines £706k.
- Non-recurrent set up costs £381k

This investment enabled the recruitment of an additional 88.30wte staff (including those classified as betterment and to meet national standards), an additional 24 beds on B2 Vascular ward, and 6 AD dedicated theatre lists, including 1AD IR list.

## Post Go-Live Costs

Given the delayed go-live date to 18th July 2022, the first 12 months post implementation span across two financial years.

A summary of the £3.874m 2022/23 financial cost for advanced recruitment and post go-live costs (July 22 – March 23) is set out below in line with shares agreed within the business case. The costs for this period were transacted based upon actual costs incurred.

| 2022/23 Full Year Cost Summary | AB | C&V | CTM | Others | Total |
|---|---|---|---|---|---|
| C&V Baseline | 279,165 | 2,668,978 | 126,548 | 111,622 | 3,186,313 |
| **Total Investment into Vascular** | **2,669,976** | **678,630** | **1,947,470** | **49,463** | **5,345,538** |
| **Vascular New Baseline Funding** | **2,949,141** | **3,347,608** | **2,074,018** | **161,086** | **8,531,851** |
| Total Vascular Hub Costs incurred by C&V Post Go Live | | | | | 3,121,537 |
| Add Pre Go Live Network Costs not related to activity delivery | | | | | 448,282 |
| Post go live centralisation costs | | | | | 304,480 |
| **Net Vascular Network Costs for Apportionment** | | | | | **3,874,299** |
| | | | | | |
| **Total Cost Apportionment** | **1,810,058** | **647,208** | **1,388,149** | **28,884** | **3,874,299** |

The expected costs for 2023/24 compared to business case are summarised as:

| Vascular Costs Forecast 2023/24 | Expected Cost | Business Case (original) | Variance |
|---|---|---|---|
| Medical (Surgeon and Anaesthetist) Total | 713,003 | 697,495 | 15,508 |
| Ward Total | 1,921,895 | 1,390,251 | 531,644 |
| Vascular Nurse Specialist Total | 85,666 | 108,602 | - 22,936 |
| Wound Healing Total | 45,245 | 44,816 | 429 |
| Pharmacy Total | 57,156 | 57,147 | 9 |
| Theatres Total | 307,202 | 330,173 | - 22,971 |
| Laboratory Total | 56,070 | 59,994 | - 3,924 |
| Radiology and Medical Physics Total | 668,105 | 668,184 | - 79 |
| Therapies - Total | 381,351 | 410,591 | - 29,240 |
| Rehabilitation Consultants Total | 26,767 | 26,767 | - |
| COTE Consultants Total | 26,767 | 26,767 | - |
| Psychologist Total | 72,569 | 72,569 | - |
| Total Non Staff cost (ward and Theatre) | 838,093 | 931,474 | - 93,381 |
| Total Network Management team | 110,978 | 178,289 | - 67,311 |
| Centralisation Costs -(WAST, Maintenance, Network Team) | 160,820 | 160,820 | - |
| Total Junior Doctor Costs | 272,080 | 70,000 | 202,080 |
| **Total Forecast Actual costs 2023/24** | **5,743,767** | **5,233,940** | **509,827** |
| **Funding available** | | | |
| Business Case Funding (uplifted 2.8% 22/23, 1.5% 23/24) | 5,425,721 | | |
| Overperformance @M3 | 238,378 | | |
| | | | |
| **Additional Cost to be shared across region** | **79,668** | | |

Nursing costs are significantly higher than plan due to factors described throughout the review report.

## Financial Risks Identified 2023/24

- c£58k Junior Doctor banding. Unavoidable cost as a result of banding impact of covering weekend shifts. Incurred in 2022/23 but covered by slippage on project.
- c£141k second clinical fellow post required to ensure safe 1:6 shift coverage. Covered by locum in 2022/23 but a substantive appointment now in place
- Potential cost pressure of c£63k additional sessions to cover consultant secondment- impact needs to be worked through with workforce and finance
- Potential decision to recommend investment in a dedicated network coordinator/audit facilitator post c£34k (full year)

## Costing Activity Summary

Please refer to finance appendix 1 for the following commissioning summaries:

- Activity summary for the 12 months from go-live

- Financial year 2023/24 Month 1-4

### The Future

- As is expected with large-scale service developments, since the launch of the service in July 2022, the network has identified gaps or areas that require redesign or further investment.
- Additionally, the live activity data challenges some of the planning assumptions.
- The Network Team must continue to quantify the gaps, mitigate the risks where possible and plan affordable future service developments.

## Performance and Outcomes

### Annual performance data

There are multiple systems in place to capture patient data within the Network: patient management system (PMS), Theatre man, Clinical Portal, ward workstation and The National Vascular Registry (NVR). Pulling together these different sources of data has been a complex and an evolving project. It has improved our understanding of performance within the service and is supporting future planning. Work is ongoing to have a “live” dashboard.

In this section we have presented data from three data sources:

1. NVR
2. Cardiff and Vale UHB Business Intelligence System
3. Manually recorded by Network Management Team

### NVR outcome audit data

A number of key quality measures were agreed as a part of the SEWVN specification. These are aligned with NHS England Vascular service specification and by mirroring these it allows the South East Wales Vascular Network to assess its performance against other units across the UK.

The NVR measures currently collects information on five types of vascular surgical procedures:

Repair of abdominal aortic aneurysm (AAA)
Carotid endarterectomy
Lower limb angioplasty
Lower limb bypass
Major Lower limb amputation

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**Mortality All Procedures**

| Procedure | SEWVN (July 22-July 23) | | | | | AB (2022) | CAV/ CTM (2022) | Target | Acceptable | NVR National Average (2022) |
|---|---|---|---|---|---|---|---|---|---|---|
| | Died | Alive | (Missing) | Total | Mortality | | | | | |
| AAA repair | 6 | 88 | 2 | 96 | 6.4% | 7.9% | 5.9% | - | - | - |
| Amputation | 21 | 160 | 6 | 187 | 11.6% | 2.7% | 9.4% | ≤5% | ≤15% | - |
| Carotid Intervention | 1 | 50 | 3 | 54 | 1.9% | 0.0% | 0.0% | ≤1% | ≤2% | 2.3% |
| Lower-limb Angioplasty | 1 | 193 | 4 | 198 | 0.5% | 0.0% | 0.0% | - | - | - |
| Lower-limb Bypass | 2 | 168 | 27 | 197 | 1.2% | 6.7% | 2.1% | ≤5% | ≤10% | - |

Our outcome figures since centralisation are within acceptable parameters. Overall, our data identifies us as a high volume good outcome unit.

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**Mortality: Elective**

| Row Labels | SEWVN (July 22-July 23) | | | | | AB (2022) | CAV/ CTM (2022) | Target | Acceptable | NVR National 2022 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Died | Alive | (Missing) | Total | Mortality | | | | | |
| AAA repair | 0 | 61 | 1 | 62 | 0% | 3.7% | 0.0% | ≤3.5% | ≤6% | 3.1% |
| Amputation | 3 | 26 | 1 | 30 | 10.3% | 0.0% | 4.3% | - | - | - |
| Carotid Intervention | 0 | 31 | 3 | 34 | 0% | 0.0% | 0.0% | - | - | - |
| Lower-limb Angioplasty | 0 | 67 | 0 | 67 | 0% | 0.0% | 0.0% | - | - | 0.6% |
| Lower-limb Bypass | 0 | 84 | 7 | 91 | 0% | 5.1% | 2.2% | - | - | 1.3% |

Our elective mortality for all categories apart from amputation is excellent. Although our mortality post amputation mirrors decisions taken clinically with respect to palliative procedures.

**Mortality: Non-Elective**

| Row Labels | SEWVN (July 22-July 23) | | | | | AB (2022) | CAV/ CTM (2022) |
|---|---|---|---|---|---|---|---|
| | Deaths | Alive | (Missing) | Total | Mortality | | |
| AAA repair | 6 | 26 | 2 | 34 | 18.8% | 18.2% | 20.0% |
| Amputation | 18 | 125 | 5 | 157 | 11.8% | 3.4% | 10.6% |
| Carotid Intervention | 1 | 19 | 0 | 20 | 5% | 0.0% | 0.0% |
| Lower-limb Angioplasty | 1 | 126 | 4 | 131 | 0.8% | 0.0% | 0.0% |
| Lower-limb Bypass | 2 | 88 | 21 | 88 | 2.2% | 9.5% | 2.0% |

## SEWVN AAA (Assessment to procedure for elective procedures)

| Type | SEWVN (July 22-July 23) | | | | AB (2022) | CAV/CTM (2022) | Target | Acceptable |
|---|---|---|---|---|---|---|---|---|
| | Cases | Median (IQR) | N56days | %56days | | | | |
| Standard | 63 | 138 | 11 | 17% | 27% | 17% | ≥80% | ≥60% |

*AAA (Assessment to procedure for elective procedures) These are all 'standard' procedures as no elective complex procedures were entered on the NVR in the time period

IQR – Interquartile range.

## CEA (symptom to procedure)

| Cases | SEWVN (July 22-July 23) | | | AB (2022) | CAV/CTM (2022) | Target* | NVR National 2022 |
|---|---|---|---|---|---|---|---|
| | Median (IQR) | N14days | %14days | | | | |
| 54 | 13 | 33 | 61.1% | 48% | 88% | 100% | 58% |

* Target not defined in the SEWVN Service Specification. 100% is the ultimate target.

## CLTI (admission to procedure for non-elective cases)

| Procedure | SEWVN (July 22-July 23) | | | %5days | AB (2022) | CAV/CTM (2022) | Target* | NVR National 2022 |
|---|---|---|---|---|---|---|---|---|
| | Cases | Median (IQR) | N5days | | | | | |
| Lower-limb Bypass | 81 | 7 | 30 | 37% | 70% | 38% | 100% | 54% |
| Lower-limb Angioplasty | 110 | 7 | 44 | 40% | 57% | 61% | 100% | 55% |

* Target not defined in the SEWVN Service Specification. 100% is the ultimate target.

Ongoing work to improve time to treatment is underway. This is reflected by delays to obtaining necessary investigations and admissions to acute beds.

## Analysis of NVR data

Analysis of the AAA Assessment to procedure and the CEA Admission to Procedure finding have been carried out on an NVR sample from July 22- May 23.

**AAA (Assessment to procedure for elective procedures)**

| | |
|---|---|
| **Over 56 days** | 39 (AB 19, CAV 14, CTM 6) |
| **Other medical Investigations/procedures** | 12 |
| **Patient illness/unavailability/unfit** | 6 |
| **Complications/surveillance/discussions** | 8 |
| **Bed/theatre availability** | 2 |
| **No Recorded Reason** | 11 |

The most common reason for delay relates to pre-operative exercise assessments to assess patient's suitability for surgery. There have been cases where previously undiagnosed conditions have been diagnosed necessitating referral to other specialists. Clearly this is in the patients' best interests despite delaying surgery. Post-anaesthesia Care Unit (PACU) within the hub is currently not a 24/7 service therefore limits ability to list patients.

**CEA (Symptom to Procedure)**

| | |
|---|---|
| **Over 14 days** | 16 (AB 10, CAV 5, CTM 1) |
| **Incomplete NVR information** | 2 |
| **Patient illness/unavailability/unfit** | 0 |
| **Complications/surveillance/discussions** | 5 |
| **Bed/theatre availability** | 1 |
| **No Recorded Reason** | 10 |

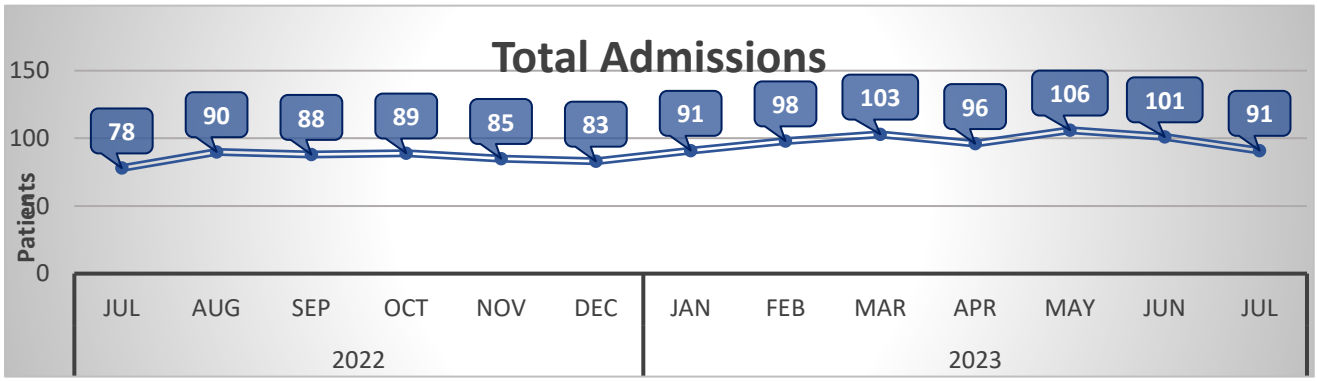
The SEWVN treats 61.1% of patients within 14 days whereas the UK national figure is 58% (NVR). Nevertheless, unwarranted delay for any individual is to be avoided where possible. ABUHB patients seem to be disproportionately affected and the precise reasons for this need to be assessed in greater detail.

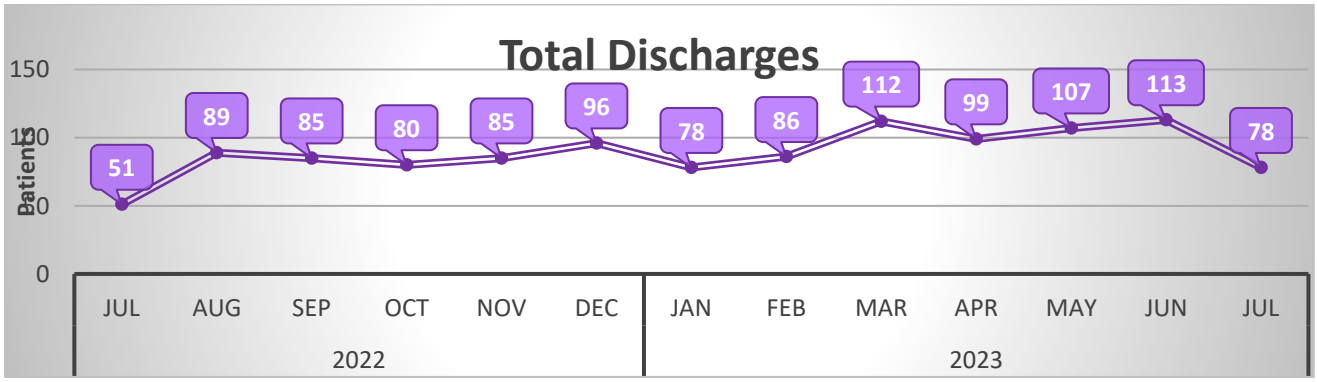
It should be noted that the holdup is prior to the clinic or consultant appointment. As seen below, the time from consultant/clinic appointment to procedure is relatively short, with the delay being from symptom to that appointment.

| | |
|---|---|
| **≤5 days from Clinic/consultant appointment to Procedure** | AB 7, CAV 2, CTM 1 |

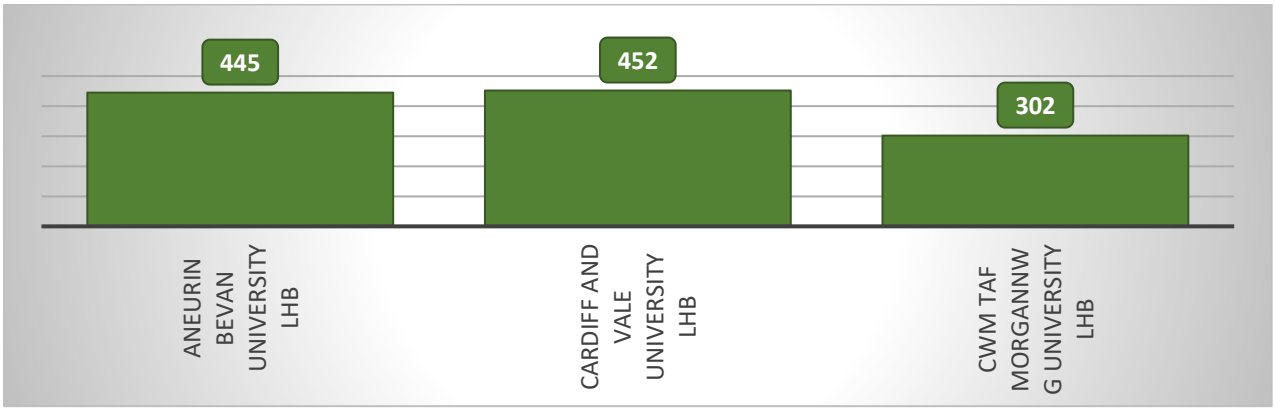
## Dashboard Activity data

### Admissions and Discharges (July 22 –July 23)

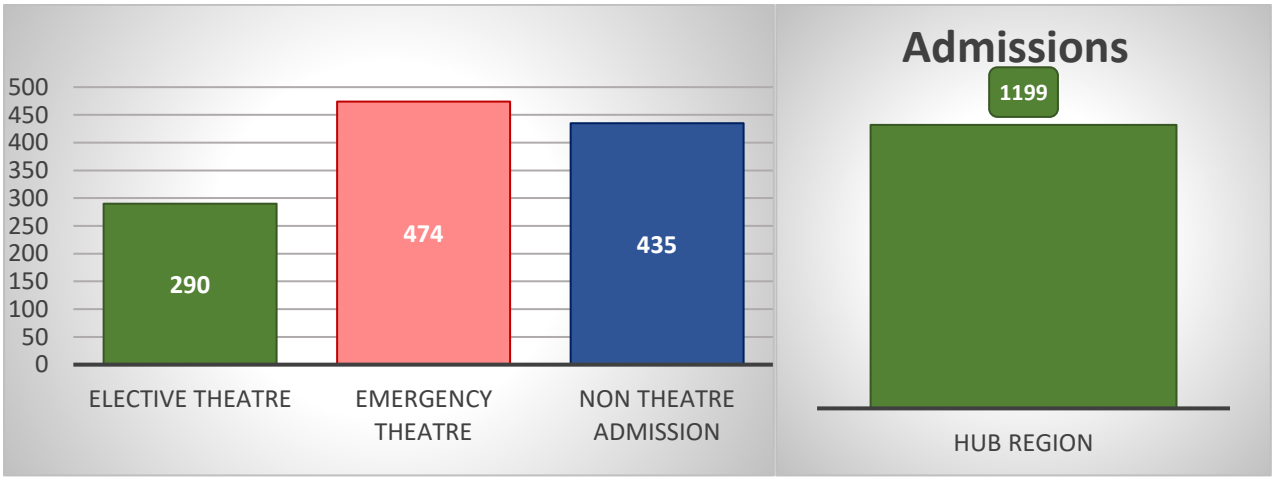


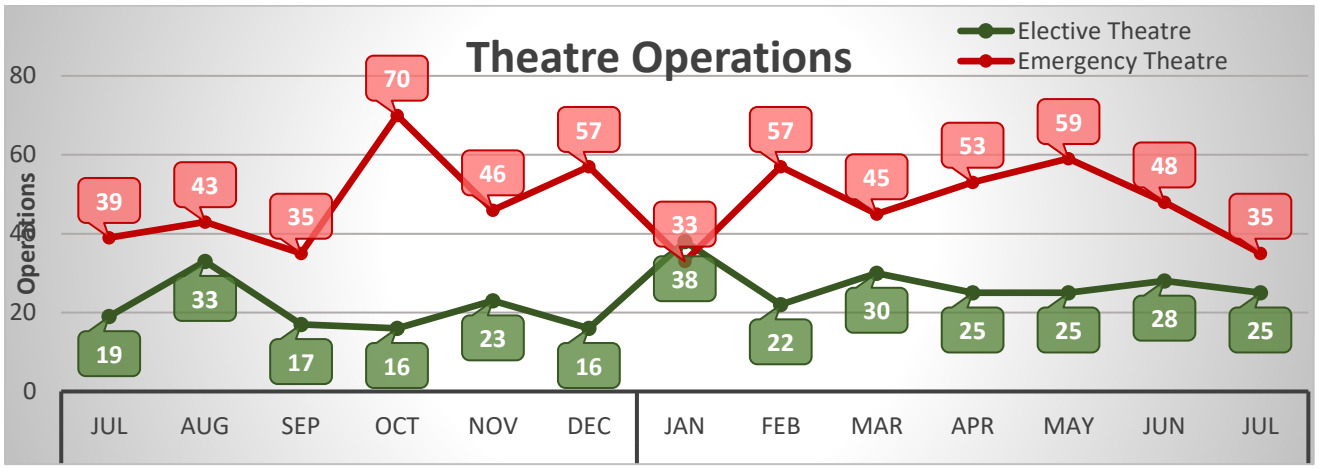
Admissions by UHB

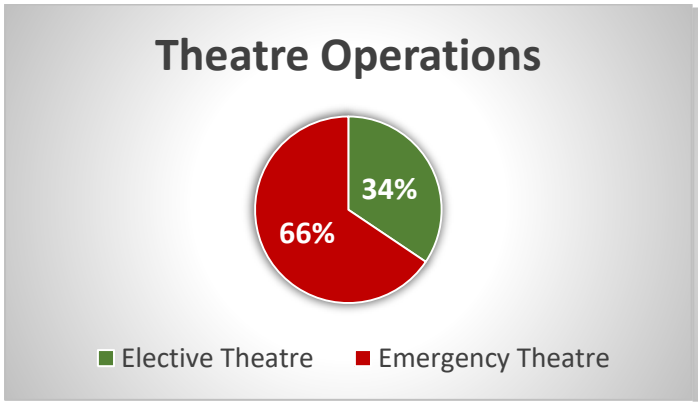


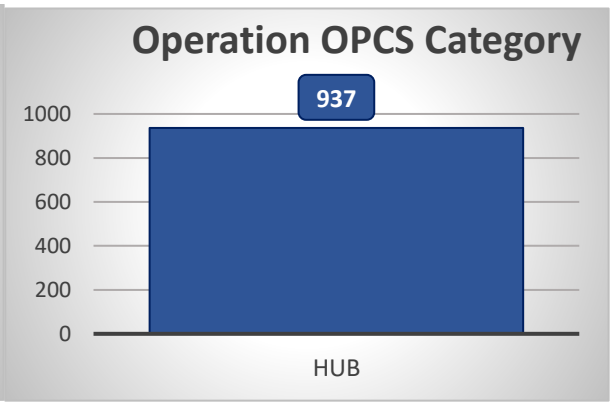

Admission split by admission



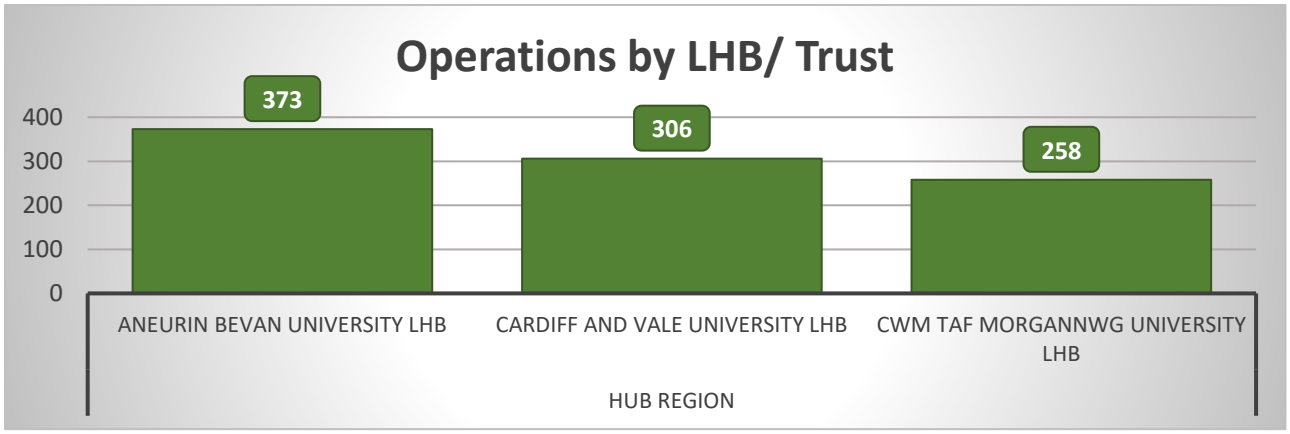
Theatre Operations (July 22 – July 23)



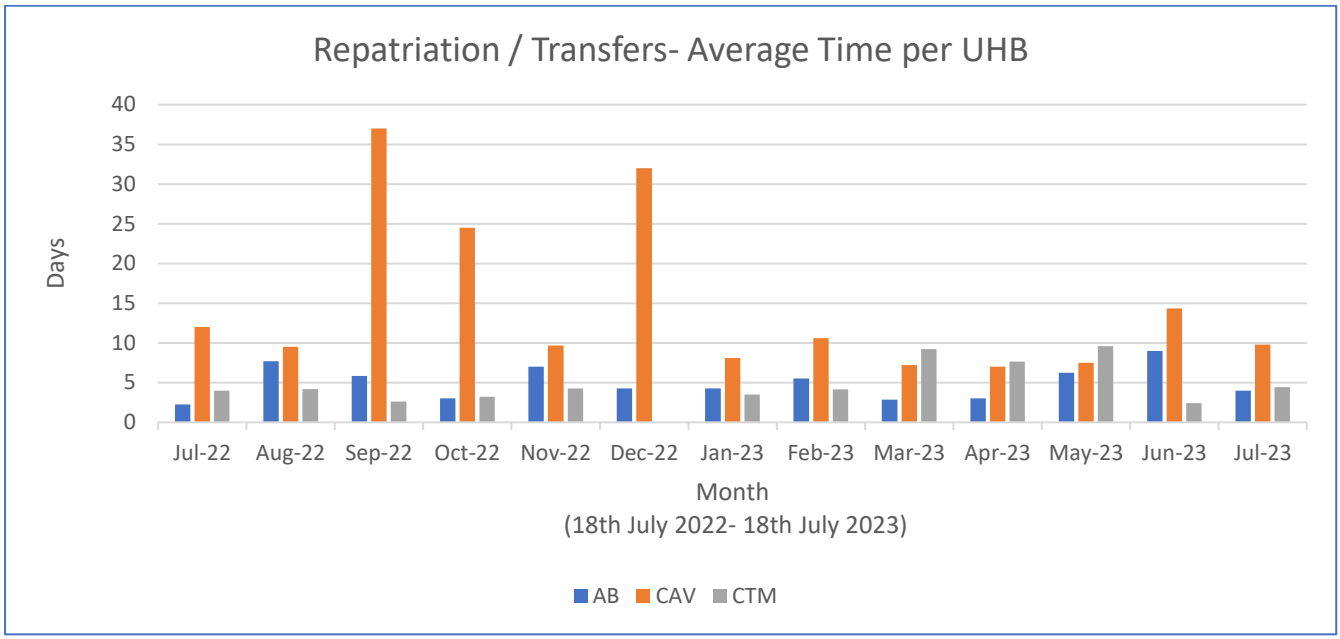




66% of operations performed in an Emergency theatre is indicative of the fact that there is inadequate elective theatre availability.



## Repatriation/Transfer (July 22 – July 23)




Note that the transfer time for patients once medically fit is consistently longer for CAV patients because of paucity of spoke beds.

Prior to centralisation it was agreed patients would be transferred within 48hours of being medically fit, this target is not being achieved across the region.

## Overall Admission to Discharge Time (July 22 – July 23)

Data demonstrates emergency patients has a longer LoS than scheduled elective patients.

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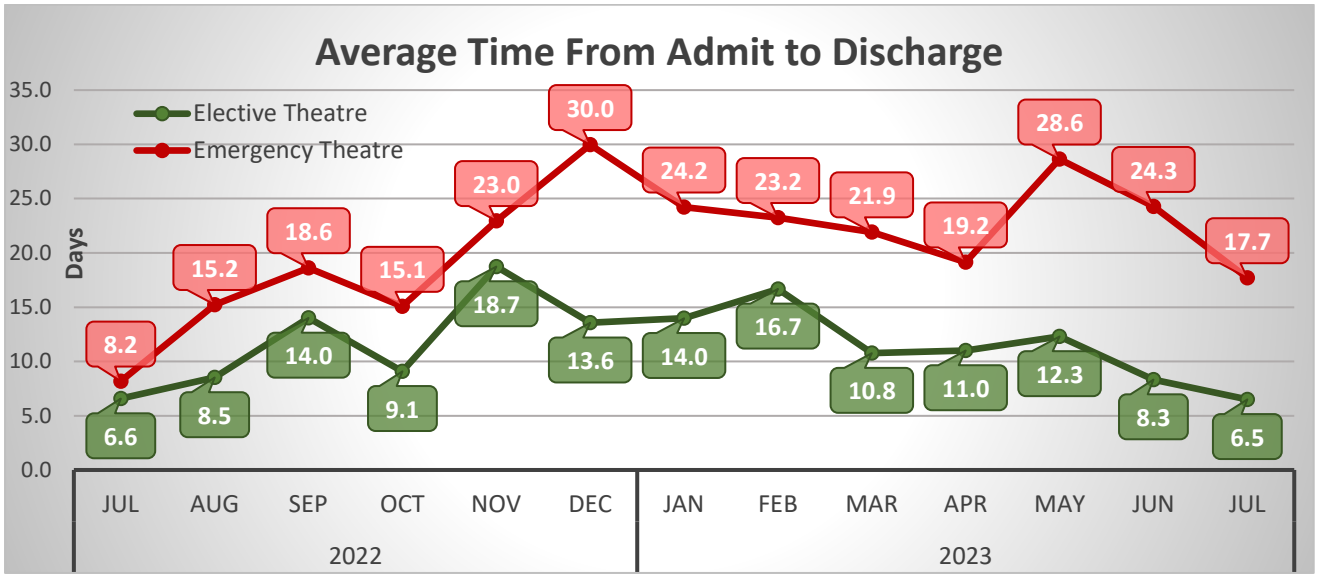
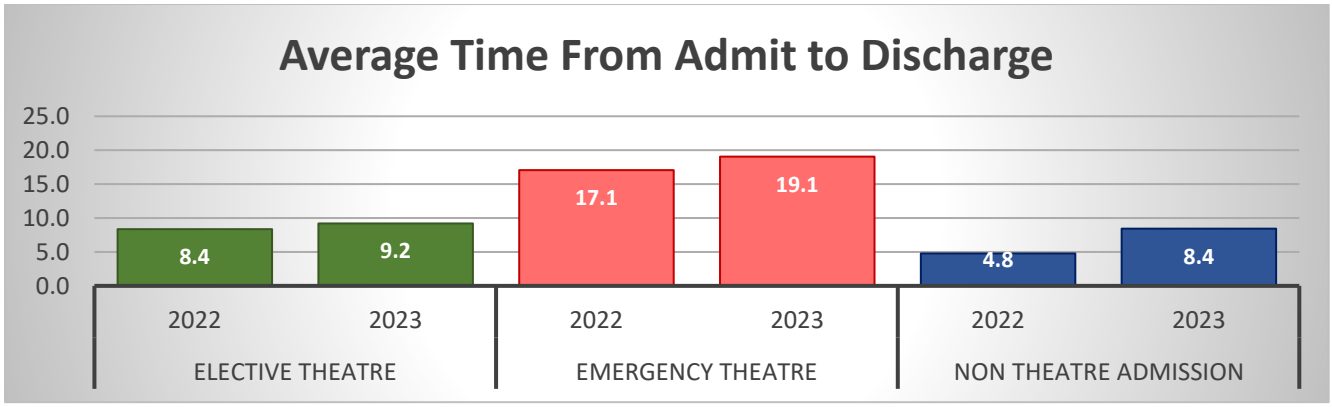
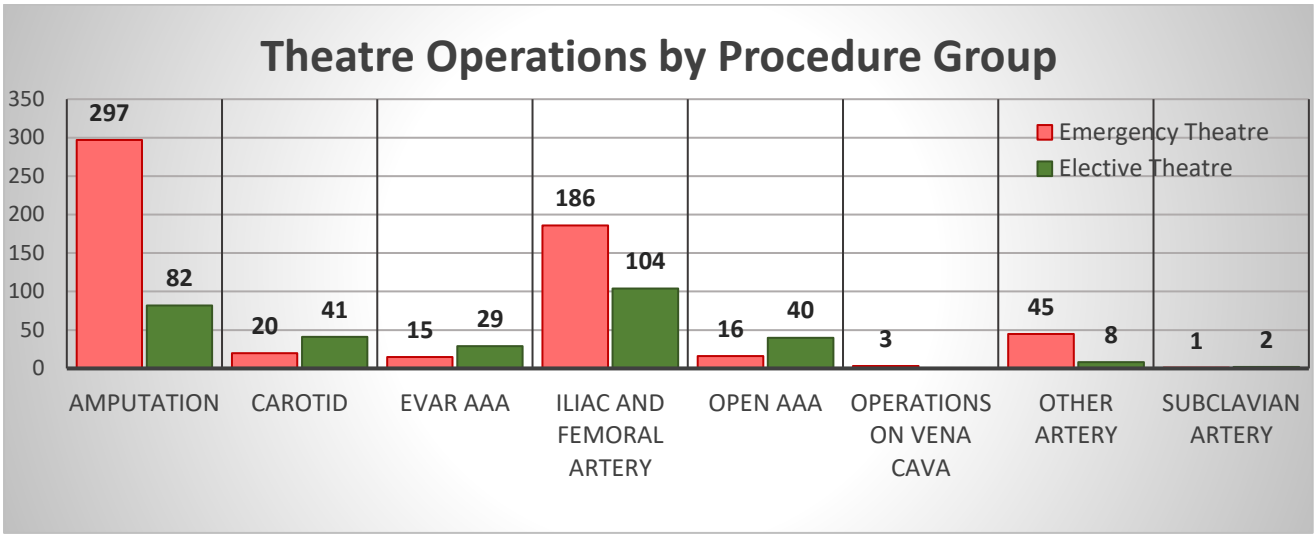


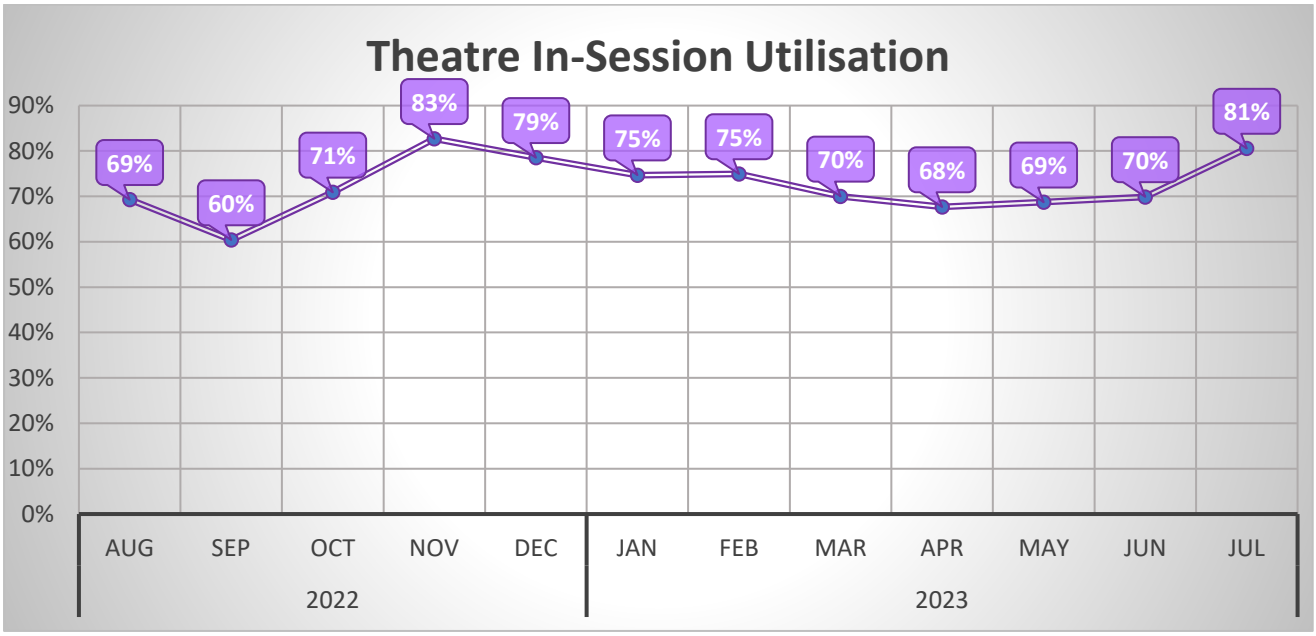
## Procedure breakdown (July 22 – July 23)

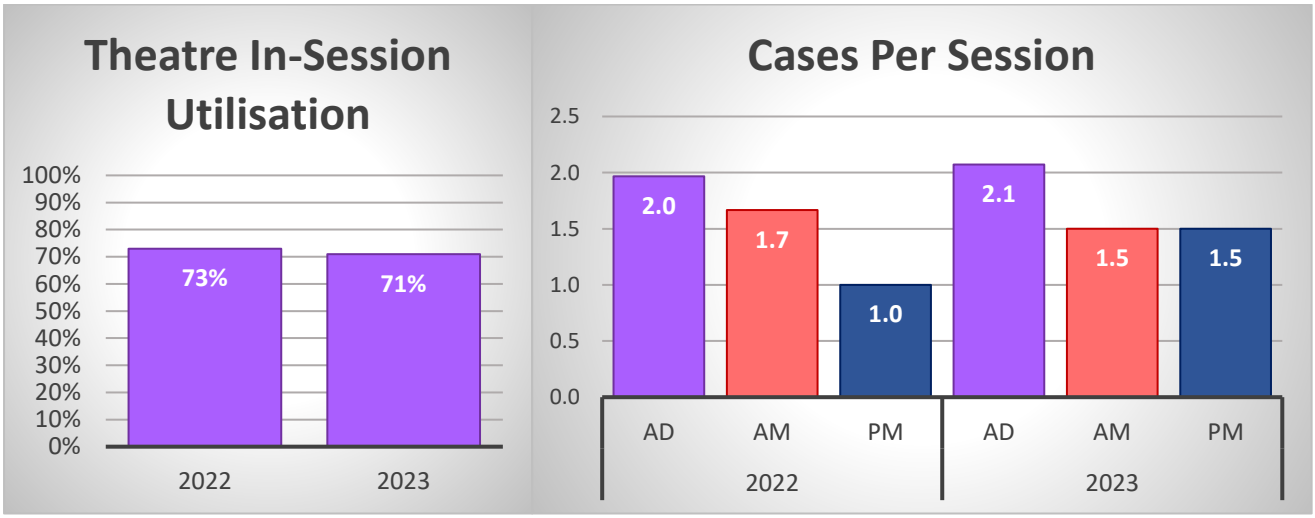



Note number of amputations performed in the Emergency versus the Elective Theatre. Although some of these will be minor amputations a considerable number will be major lower limb amputations and those cases should be performed on an elective list during normal working hours with a consultant surgeon and anaesthetist present.

Note also that amputations have increased at an approximate rate of 20% over the last 3 years. This is a UK wide occurrence, secondary to increasing rates of type 2 diabetes.

Theatre utilisation (July 22 – July 23)




CAVUHB measures in-session utilisation and the expected target is 85%.

Cases per session was forecasted to be 1.4 per session. Current activity per session is in line with forecast.

# Spoke Updates

N – New
FUP – Follow up

## ABUHB

| | | Outpatient Sessions | | Day Case Sessions | |
|---|---|---|---|---|---|
| | | Delivered sessions | Patient numbers | Delivered sessions | Number of Procedures |
| **2021-22** | Consultants | N-260<br>F-238 | N - 1063<br>FUP - 813 | 29 | 61 |
| | Nurse Led | N-106<br>F-100 | N - 217<br>FUP- 399 | NA | NA |
| **2022-23** | Consultants | N-286<br>F-258 | N - 1235<br>FUP - 622 | 38 | 85 |
| | Nurse Led | N-117<br>F-117 | N - 314<br>FUP- 593 | NA | NA |

Consultant outpatient activity is a mixture of face-to-face and telephone consultations

PLE – retired 31/08/2022

LMS – Locum 01/09/2022 – 29/09/2023

Current Waiting list for OP

Total 298 on outpatient waiting list – 157 without dates (8 urgent / 157 routine)

Routine wait for new outpatient appointment – 21 weeks

Urgent wait for new outpatient appointment – 11 weeks (usually 6 – 8 weeks)

Hot Slots – 2 hot slots assigned to each consultant clinic and booked according to demand

Current Waiting List for Day Case

Total 62

56 without booked date - 3 urgent (3 weeks) / 53 routine (37 weeks)

Capacity

| | Outpatient | | Day Case |
|---|---|---|---|
| 2023-2024 | Delivered sessions | Patient numbers | Delivered sessions |
| Consultant | 248 | N - 995<br>FUP – 743<br>Hot slots - 512 | 100 sessions |
| Nurse Led | Wound – 104<br><br>Claudication/VV - 20 | N/FUP - 780<br><br>N - 80<br>FUP - 40 | N/A |

The delivered sessions number is above is based on all sites. All clinic templates are flexed to meet demand and additions added where additional capacity is required.

Consultant Clinic templates - 3 New: 3 Follow up: 2 Hot

Hybrid Clinic template (virtual and F2F) – 4 New: 4 Follow up: 2 Hot

Telephone Clinic template – 3 New: 3 Follow up: 2 Hot

MDT Clinic template – 8 New: 2 Follow up: 2 Hot

Wound Clinic template – 10 Follow up Tuesday and 5 Follow up Friday (clinic templates are flexed based on demand and these are covered during times of A/L)

Nurse Led Claud/VV clinic template – 4 New: 2 Follow up (alternate weeks)

DLOW – locum supporting additional clinic on alternate weeks in NHH due to commence 11/09/2023

JN – due to commence 25/09/2023

Varicose vein lists are scheduled with 3 legs (3 singles or a single and bilateral)

CAVUHB

| | | Outpatient Sessions | | Day Case Sessions | |
|---|---|---|---|---|---|
| | | Delivered sessions * | Patient numbers | Delivered sessions | Number of Procedures |
| **2021-22** | Consultants | 276 | N - 1323<br>FUP - 1113 | 78 | 234 |
| | Nurse Led | 68 | N - 61<br>FUP- 165 | N/A | N/A |
| **2022-23** | Consultants | 212 | N - 1261<br>FUP - 1086 | 63 | 189 |
| | Nurse Led | 54 | N - 57<br>FUP- 115 | N/A | N/A |

To note pre-centralisations all three CAV consultants were still included in General surgery Demand and Capacity.

*Excludes; Hot/CAVA Clinic/CRI clinic

Consultant appointments:

HD – 50/50 funded appointment with CTM started April 2021

LM – Succession planning and funded via recovery started December 2021

RW – Retired 16th December 2022

Nurse led outpatient activity is a mixture of face to face and virtual for claudication patients.

DSU capacity was undertaken in St Jo's until the contract ceased– Cardiothoracic still in UHL which has impacted our DSU activity, they are not due to relocate back to UHW until April 2024.

Current Waiting list for OP (September '23)

Total 887

729 without dates 69 Urgent (31 weeks) / 647 Routine (49weeks)

Current Waiting List for Day Case (September '23)

Total 325

324 without dates 68 Urgent (106weeks) / 256 Routine (128weeks)

Capacity

| | | Outpatient Sessions | | Day Case Sessions | |
|---|---|---|---|---|---|
| | | Delivered sessions ** | Patient numbers | Delivered sessions | Number of Procedures |
| **2023-24** | Consultants | 186 | N - 1302<br>FUP - 1302 | ***100 TBC (x2 weekly sessions) | 300 |
| | Nurse Led | 88 | N -176<br>FUP- 176 | N/A | N/A |

**Weekly joint diabetic foot clinic (CRI) not included above; Friday AM, Thursday AM alternate weeks in the process of being set up

***Sessions job planned no allocated resource at present

Awaiting a date to start RFA procedures in SSSU.

Clinic template for all consultants 7 New:7 Follow up (all 15minutes)

Nurse Led clinics are flexible, with no dedicate face to face capacity they currently operate on a backfilling system. New (face to face) 45minutes, follow up (face to face) 30minutes, follow up (Virtual) 20minutes.

Need to carefully review and monitor demand from commissioned services and the impact of MTCC on Vascular.

Cardiff spoke rehab beds

Interim plan still in place with no definitive plan for UHL beds. Business Case funded separately in readiness for centralisation. Delays in transfer have been attributed to complex patients stepping down and has exceed LoS forecast. Access to ringfenced beds as spoke beds are managed by Medicine Clinical Board. Physiotherapy colleagues state insufficient rehabilitation facilities at Lakeside wing are impacting upon the quality of rehabilitation to C&V patients within Lakeside.

CTM Spoke

| | | Outpatient Sessions | | Day Case Sessions | |
|---|---|---|---|---|---|
| | | Delivered sessions | Patient numbers | Delivered sessions | Number of Procedures |
| **2021-22** | Consultants | 161 | N - 359<br>FUP – 665 | 0 | 0 |
| | Nurse Led (Follow ups only) | 60 | FUP- 405 | N/A | |
| **2022-23** | Consultants | 176 | N – 702<br>FUP – 894 | 21 | 49 |
| | Nurse Led (Follow ups only) | 48 | FUP- 384 | N/A | |

**Current Waiting list as of 05/09/2023:**

New OP: 1003 patients – longest wait without a date is 100 weeks

Day Case: 120 patients – longest waiting patient without a date for treatment 214 weeks

**Average Monthly Capacity** (dependent on A/L, S/L and on calls)

New OP: 60 slots

FU OP: 65 slots

Day case: 15 slots (dependent on number of patients booked – only 2 booked if bi-lateral)

| | | Outpatient | | Day Case | |
|---|---|---|---|---|---|
| | | Delivered sessions | Patient numbers | Delivered sessions | Number of Procedures |
| 2023-2024 | Consultants<br>01/04/23 – 05/9/23 | 59 | N – 307<br>FUP – 325 | 29 | 68 |
| | Nurse Led –<br>Follow ups only | 18 | N - 0<br>FUP – 154 | N/A | N/A |

## Conclusions

The first year in which arterial surgery in South East Wales has been centralised in UHW and service provision overall has been organised into the South East Wales Vascular Network has been a success. We are in the early stages of our data gathering and using this to drive the service development. Combining 3 UHBs governance processes slowed the process but we are confident we have got the initial process right, we will continue to refine as time progresses. Going forward we need to review capacity allocation to Vascular now we have an actual demand since being centralised for a year.

Despite the ongoing unprecedented pressure across the NHS Vascular is no exception, with respect to capacity the SEWVN team has moved patients through the system and performed major vascular surgery on a daily basis. Whereas daily issues (bed capacity and theatre access to name but two) have arisen, the Hub have responded to manage the situation in the context of other pressures. The acute hub beds are not currently ringfenced and from time to time we have outliers. We are working closely with Patient Access within CAVUHB to establish a robust process to step down outliers in a timely manner as and when this occurs.

We are providing a unified service which underpins the implementation of a safe, sustainable and equitable service that is in line with the rest of the UK has been met. The outcomes for patients being treated in this unit compare favourably with those from across the UK as recorded by the NVR.

The heavy workload and good results have been achieved because of excellent multidisciplinary team work and the sense of ownership felt by all those involved in SEWVN. It cannot be emphasised enough that without the extraordinary hard work of many individuals our current encouraging position would not have been possible.

It is worth remembering that prior to centralisation there had been significant opposition to the concept. Many people across the region would have preferred to maintain the status quo. Nevertheless, an excellent team has developed over the course of the year with members demonstrating flexibility, trust and support for each other and a remarkable esprit de corps. These relationships continue to develop and strengthen.

Although SEWVN is a truly multidisciplinary collaboration the day to day movement of patients has only been possible due to outstanding nursing leadership, the senior nurses on B2 are pivotal to the day to day running of SEWVN. Equally the attention to detail and organisation by the management team has been vital to the success of the Network.

Despite the overall satisfactory position this service is in its infancy and remains extremely vulnerable.

The most critical vulnerabilities relate to workforce. Junior medical cover has only been possible through the recruitment of Clinical Fellows on fixed term contracts. Permanent hospital appointments would improve stability. Succession planning for consultants is imperative as a significant proportion are close to retirement.

## Challenges and matters to manage over next year and ahead

Hybrid Theatre

- Initially planned to be delivered from December 2023.
- Business Case with Welsh Government to be signed off and approved. Given the current financial position there are significant concerns that this project will be put on hold.
- In the interim an alternative provision for hybrid procedures and theatre capacity to meet demand needs to be conducted and agreed.
- CVUHB to provide initial review and options and then ODN to discuss

Operational Delivery Network (ODN)

- The ODN structure is relatively new in Wales. There is no doubt it was the correct process to bring three Health Boards together, building the case and developing the operational, workforce and financial procedures.
- The question is if it is the appropriate structure for the Network going forwards for sustainable Network. The general opinion is that it is not.
  Plan: Three Health Board Executives (MD, COO, Finance and Planning) to meet and agree future Network model.
- The Proposed model would need discussion with NHS Wales Executives and Welsh Government.

Admissions/Repatriations

- The Hub is committed to ensuring that patient flow is maximised to ensure that patients who require specialist care have timely access to services at the Hub.
- A process mapping session with the CAV Improvement Team occurred in September 2023 to gain a full understanding of the current processes into and out of the Hub.
- This will highlight areas that need to be improved and update Admission and Repatriation policies.
- AB/CTM focus on repatriation urgency to enable flow through CAVUHB.

CAVUHB specific areas to address:

- Support in PACU or equivalent provision to be increased to a 24/7 service.
- Review elective theatre allocation in view of excessive emergency theatre usage.
- CAVUHB to re-establish day-case beds for varicose veins or develop SLA arrangements within the Network.
- Review acute bed utilisation and develop a process to ensure a ring-fenced emergency bed at all times.
- CAVUHB increase number of spoke beds and provide flex capacity when required.
- Ongoing monitoring to improve time to treatment to align with NVR targets

ODN / Management team issues to begin addressing:

- Re-establishment of the Clinical Governance Group

Digital / IT

- IT solution to sharing of information across the Network i.e. Development of SharePoint.
- Information Sharing – Data sharing across the SEWVN has been a common issue raised throughout the year. There has been consultation with Digital Health and Care Wales (DHCW) to create a SharePoint site for use across the network.

Medical workforce

- Review needed to include; succession planning for consultants, explore TUPE of contracts and sustainable junior medical cover.
- Agree any additional funding if required.
- The role of the COW has proven to be extremely busy. The consultants have become accustomed to the workload over the course of the year and we have a full complement of middle grade surgeons at the present.

AB/CTM specific issues to address:

- Nurse staffing review across the spoke hospitals and need to deliver local care for specific patient needs.
- AB/CTM focus on repatriation urgency to enable flow through CAVUHB

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# Appendices

## Finance

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

| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 31 January 2024 |
| **CYFARFOD O:**<br>**MEETING OF:** | Partnerships Population Health and Planning Committee |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Clinical Futures Programme Update |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Hannah Evans, Director of Strategy, Planning and Partnerships |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Kate Fitzgerald, CF Assistant Programme Director<br>Simon Roberts, Programme Lead, UEC |

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

Er Gwybodaeth/For Information

## ADRODDIAD SCAA
## SBAR REPORT

### Sefyllfa / Situation

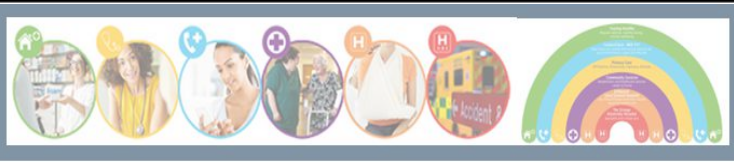
The purpose of this report is to provide an update on progress to date in respect of the Clinical Futures priority programmes.

### Cefndir / Background

In order to support the delivery of the new clinical model and the reconfiguration of services following the opening of the Grange University Hospital (GUH) in November 2020, the Health Board continues to take forward an improvement programme aligned to the Health Board's Clinical Futures Strategy, with the overall aim of reducing health inequality and improving population health.

The Clinical Futures team supports the following Health Board's priority programmes by providing programme management resource, noting that the UEC Six Goals Programme is divided into three areas:

| Programme | Scope |
|---|---|
| Goal 1 - Redesigning | Improving access to care and support for older and/or frail people in order for them to remain at, or as close to, home as possible and avoid |



| | |
|---|---|
| Services for Older People | unnecessary hospital admissions and lengths of stay by redesigning, optimising and building appropriate capacity within community services. |
| Goals 2, 3 & 4 - Urgent & Acute Needs | Improving core Emergency Department KPIs, ambulance handover times, patient experience and outcomes in Urgent and Emergency Care, developing alternative admission pathways |
| Goals 5 & 6 – Return & Stay Well at Home | Delivering optimal hospital care and discharge practice from the point of admission, delivering a home first approach to reduce risk of readmission |
| Planned Care | Brings together six goals (outpatients, maximising elective capacity, patient access and activation, health pathways, planned care academy and diagnostics) in line with the WG National Programme and Planned Care response |
| Transforming Cancer Services | Strategic oversight of cancer activity and delivery in partnership with key stakeholders across the system and specialities |
| Place Based Care (formerly Accelerated Cluster Development) | Rapid implementation of the Primary Care Model for Wales through an improved planning and delivery infrastructure for NCN with wider engagement through professional collaboratives for independent contractors, nursing and AHPs |
| eLGH Reconfiguration | Strategic oversight of the optimisation and design of the hospital network particularly in respect of the eLGH sites:<br>• Workforce sustainability across eLGH sites<br>• Optimisation of services to enhance patient outcomes and experience<br>• Culture of integration across front door teams<br>• Future proof model for each eLGH aligned to patient flow and transformation |
| Decarbonisation | Delivery of the Health Board's approach to moving towards net zero in terms of building usage and energy, procurement changes, work patterns and alternative working arrangements for staff and influencing future service design and delivery to be less carbon intensive |

## Asesiad / Assessment

The section provides a brief update on the programmes for the Committee. It covers the period from the beginning of October 2023 therefore is based on the 2023/24 Programmes.

## Urgent and Emergency Care Improvement (6 Goals)

The Health Board has seen positive momentum through each of the goals in the context of significant operational pressure. Engagement with Welsh Government continues to build momentum with national goal lead representation at programme board, positive feedback from WG re progress and scale of work programme.

**Some areas of progress include:**

**Goal One: Redesigning Services for Older and/or Frail People (RSfOFP)**

- **Nurse led Acute Frailty Response** (AFR) team phase one implementation to commence 22nd January that will provide capacity to in-reach into the GUH front door Monday-Friday 8.30am-4.30pm. The team will work closely with other services to identify, assess and transfer patients to community services to avoid inappropriate acute admissions and/or an unnecessary length of stay following an acute episode. Phase one will also include developing and embedding appropriate and sustainable pathways from the "front door" into CRT/community services as well as developing a plan for phase two (April onwards).

- Recurrent **Further Faster funding**, via the RPB agreement, will be deployed to enable the expansion and capacity building across Community Resource Teams (CRT), including expanding the operating hours of CRT to 8am-8pm 7 days a week, the introduction of a frailty model into north Monmouthshire and a flow centre response.
- **Frailty Consultant** capacity identified as part of a 2-month pilot, commencing in January 2024, to provide input at the Flow Centre to support clinician to clinician conversations and triage of identified frail/older patients, including care home residents, to offer an appropriate alternative to acute admission. This will include ensuring synergy with the AFR team during phase one and beyond.

**Goals Two, Three & Four Urgent and Acute Transformation:**

- **Same Day Emergency Care** Both GUH and YYF have seen increased medical patient volume through their units in November and December (40 to 50 per week). Surgical SDEC maintains circa 100 patients per week and remains very well regarded by patients and clinical referrers.
- **System Navigation**, User feedback has clearly identified a desire to access our services through one single phone number. We are able to implement this change by providing access to three services through one single phone number with options (Frailty, Urgent primary Care and Flow Centre). This change will be effective from 6th February 2024 and Health care Professionals will be able to call 0300 303 3557 to access the three mentioned services. This will reduce complexity and improve awareness of alternative services.
- A **new Falls Pathway** has been introduced to reduce the number of non-injurious fallers conveyed to the Emergency Department by ambulance. Since implementation on 18th December 2023 47% of non-injurious falls patients are conveyed to the eLGH instead of GUH for initial clinical assessment.
- A 12-month pilot of **Electronic Registration and Triage software 'eTriage'** will go-live by the end of January within the Emergency Department at GUH and Minor Injury Units at NHH and RGH. Once embedded, an evaluation will be completed to assess the benefits of the system. Expected benefits include improved patient dignity, earlier risk assessment of patients in the waiting rooms, improved staff experience and a more efficient triage process.
- The Health Board **Safety flow initiative** continues with its primary aim to improve ambulance handover performance. The group meets weekly supported by multiple Executive colleagues. Key areas of current focus include the Neck-of Femur (NOF) pathway improvement and an Acute Release Area (ARA) co-located with ED to ensure early release of ambulances back into the community which has commenced as of 8th January 2024.
- **WAST / ABUHB Collaborative Programme** commenced in October 2023 focused on reducing Ambulance conveyance to ED. Further in-person workshops are planned in February and March. Teams will work together to review solutions for the top conveyance complaints including chest pain and shortness of breath. In addition, ways of working will be reviewed for referrals via the clinical support desk to ensure opportunity for clinical intervention is maximised.

**Goals Five & Six: Return and Stay Well at Home**

- Delivery of **Patient Safety Team** events since the end of September 2023 across various sites with a focus on RGH/STW, aim of rapidly improving the

timely discharge of patients, delivering a step change in performance, safety and patient experience, good engagement and support from Local Authority colleagues, positive impact of an additional 50 patients per week discharged home or to their usual place of residence and a reduced ALOS of 1.5 days across all sites, (medical patients only) reinforcing the importance of continuing with this approach.

- **Hospital to Home** facilitating earlier discharge for patients identified as medically optimised, ready to transfer to an alternative care setting/home, funding agreed via Regional Partnership Board, recruitment of additional HCSWs, prevention of deconditioning, reduction in hospital days, ongoing work to capture the benefits, discussions with Local Authority re implementation and roll out, initiative launched in June 2023, aligned to Patient Safety Team events.
- **Discharge Lounge** improvement in the function and performance of model, including relocation of RGH discharge lounge to D6W, capital works at NHH, realignment of pharmacy and WAST resource to facilitate discharges earlier in the day.
- **Step Down** improvement, implementation of the learning derived from Patient Safety Team events, via a multi-disciplinary approach, workshop to be held early January 2024, focus on reviewing the purpose, format and content of the step-down SBAR, usage of the step-down tracker, improving staff awareness of the pathways/services and the implementation nurse led step down/discharge.
- **D2RA** digital solution, piloting across three wards at RGH/County 29th January, live across all sites in March aligned to D2RA audit, capturing date re red to green, medically optimised for discharge and D2RA pathways.

## Planned Care

The Planned Care Programme brings together 6 goals (Outpatients, Maximising Elective Capacity, Patient Access and Activation, Health Pathways, Planned Care Academy and Diagnostics) in line with the WG national programme and planned care response. Progress in each of the workstreams is being made, which feed into the overall Health Board and national agenda.

**Some areas of progress include:**

- **Health Pathways** – the Clinical Editors continue to develop pathways with subject matter experts, 12 pathways have gone through final governance stage, communication plan has been implemented, aiming to go live in March 2024. Finalising discussions on specialties for Phase 2 priority pathways – paper to Executive Committee on 1st February 2024 to agree.
- **Patient Access and Activation** – plans for Keeping Well service (Single Point of Contact) being established following confirmation of funding from WG, bilingual waiting well brochures are being developed, engaging with specialties to develop internet pages with patient information. Total views on the Keeping Well landing page since July 2023 = 3,063 views.
- **Outpatient Transformation** – WG part-funded RGH OP Treatment Unit until March 2024, business case drafted for full funding of the unit. Working with DHCW on development of an Automated Clinic Booking System to increase clinic efficiencies across the UHB.

- **Diagnostics** – Endoscopy Unit at RGH opened on November 2023 –Continuing to engage in regional diagnostic developments e.g., CDH, Path and Endoscopy however concerns around how the regional diagnostic programme is being managed.
- **Elective Capacity/Theatre Utilisation** – Draft data pack from GIRFT shared, working through data quality issues. Embedding new dashboard through scheduling meetings and performance reporting. Refining reporting structure and meeting schedule.
- **Planned Care Academy** – Training plan has been developed for roll out;

## Transforming Cancer

Planned Care and Cancer Services are interconnected; utilising the same workforce, accessing the same diagnostic and treatment capacity:

**Some areas of progress include:**

- **Satellite Radiotherapy Unit** development is on track for February 2025 opening, Joint operational group established to review clinical and service models and SLAs.
- **Systemic Anti-Cancer Therapy (SACT) outreach model with Velindre Cancer Centre.** – joint working with Velindre to identify opportunity to do increase levels of SACT provided in Gwent. workshop to be held in February jointly with Velindre to explore opportunities.
- **YYF Breast Unit**, the unit will offer a wide range of services, tailored to meet the needs of patients. It will focus on timely access to treatment, ensuring person centred care is at the forefront when delivering breast care services. Planned opening of 29th January subject to final tests.
- Enhanced **psychological programme** for those living with and beyond cancer – development of community cancer cafes to provide support for patients and their families via informal social meetings. Currently sessions are being held in Caerphilly and Blaenavon with plans to roll out sessions in Newport, Torfaen and Monmouthshire by the end of March 2024.
- **Patient website** is being re-designed and due to be launched in spring 2024.
- **Patient Partnership Steering Group** held in September 2023, themes identified for future meetings – improved communication, earlier access to support and emotional wellbeing tools.
- **Public Health** – Cancer Service team to join 'Reducing Cancer Inequalities Group', focus on screening up take in hard-to-reach areas of Gwent and supporting the Marmot work on building a Healthier Gwent. A workshop to start this will be held in January 2024.
- Implemented AOS pathway for **SDEC** YYF and GUH effective from December 2023.

## Enhanced Local General Hospital Configuration

This programme is focused on optimising the design of the hospital network across the Health Board, including the reconfiguration of clinical service models, workforce sustainability, optimisation of services to enhance patient outcomes and experience and the delivery of a sustainable system of care.

**Some areas of progress include:**

- **Stroke reconfiguration** completed end of November 2023, temporary consolidation of the stroke service to a single HASU at the Grange University Hospital (GUH) and single rehabilitation site within (YYF) due to an urgent service risk, reduction of 8 beds, going forward engagement on the long-term strategic service model early 2024.
- **Reduction in bed base**, reconfiguration at RGH aligned to the Patient Safety Team intervention, reduction of 12 beds, further bed reduction to be confirmed aligned to Value and Sustainability work programme.
- **St Woolos Hospital**, review of bed and ward configuration with paper going to January Board meeting.
- **NHH Clinical Service Model** service modelling workshop was held on 6th December 2023 to gain a common understanding of the challenges and opportunities of the Nevill Hall site, a number of priority areas were identified and will be taken forward as specific workstreams with dedicated workshops in February, development of a Strategic Outline Case (SOC) for review by Board in Q2/Q3 2024.
- **Review of acute medical model** to commence January 2024, review current model, prepare options appraisal, proposal to the Executive by end of March 2024, working group established, chaired by General Manager, Medicine.

## Placed Based Care Programme

The programme is focusing on the rapid implementation of the Primary Care Model for Wales through an improved planning and delivery infrastructure for NCN with wider engagement through professional collaboratives for independent contractors, nursing and AHPs and establishment of Integrated Service Partnership Boards (ISPBs) ensuring greater alignment to the Regional Partnership Board. This work has been

**Some areas of progress include:**

- **Professional Collaboratives** maturing and developing action plans, evaluation of 28 NCN funded projects undertaken with pan cluster projects reviewed through focussed stakeholder meetings.
- **Communication and Engagement** – #bekind campaign completed and evaluated, professional collaborative role/service video created and distributed for GMS, Dental, Pharmacy & Optometry, Communication & Engagement strategy adopted with localised C&E plans being formulised centred on respective priorities.
- **Organisation Development and Sustainability** – 5 Locality based Workforce Planning workshops undertaken to identify challenges and future requirements, Induction programme devised for new NCN & Professional Collaborative leads, Training & development resources have created and shared with Cluster and Professional Collaborative Leads. Central repository created with request for access for those leads external to NHS Wales.
- **Planning and Outcomes Framework** – Thematic insights captured through respective leads, Data, Planning & prioritisation workshops delivered to support the development of 11 NCN draft annual plans.

## Decarbonisation (Net Zero)

**Some areas of progress include:**

- **SusQi training** places have been funded for staff to attend the Centre for Sustainable Healthcare's Sustainability in Quality Improvement training (training dates are arranged through until March 2024).
- **Met Office** funded places for 2 staff to develop their skills in Carbon related measurement & effects on Climate / temperature and the effect on health services.
- The organisation is now looking to support the nursing **sustainability** agenda with WG requesting for all health boards to nominate a nursing lead.
- **Green HealthCare's** intranet pages have been, and continued to be, developed to support staff within the Health Board to learn about green healthcare and sustainability. Website now fully functional.
- The **Theatre Shut Down** project was started by the Anaesthetic Sustainability Fellow. The project continues to develop across our sites with staff turning off AGSS pumps that are no longer used across the health board.
- Consistent and accurate reporting of carbon reduction projects and their impact on **Welsh Government targets**. (46 initiatives)
- There is further work required to mature the **reporting** framework to track progress across all workstreams and to understand how the benefits of decarbonisation support our communities prioritising equity.
- Introduction of **Primary Care Green Champions** for Health Care are now in place and ABUHB decarbonisation team are directly linked in with the new staff champion.
- The **Welsh Government Catering Carbon Analysis** work has started in AB (Dec 2023) and the team are now working in collaboration with SPINK the WG nominated partnership organisation.
- The reporting & data collection for the new **Net Zero** reports will be finalised and the Public Sector final circulation on all 71 organisations who have contributed to the data collection will receive the report in April 2024.
- The first strategic development **planning session** for the decarbonisation board has taken place on January 11th, 2024, and was well received by all who attended and contributed to the session.

**Argymhelliad / Recommendation**

The Partnerships, Population Health and Planning Committee is asked to note the update report for information.

| **Amcanion: (rhaid cwblhau)**<br>**Objectives: (must be completed)** | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s): | 3.1 Safe and Clinically Effective Care<br>5.1 Timely Access<br>6.3 Listening and Learning from Feedback<br>7.1 Workforce |

| | |
|---|---|
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br>Link to IMTP | Adults in Gwent live healthily and age well |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP | Regional Solutions |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br>Strategic Equality Objectives 2020-24 | Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse<br>Improve the wellbeing and engagement of our staff<br>Choose an item.<br>Choose an item. |

| **Gwybodaeth Ychwanegol:<br>Further Information:** | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | |
| Rhestr Termau:<br>Glossary of Terms: | SOC Strategic Outline Case<br>GIRFT Getting it Right First Time<br>SLA Service Level Agreement<br>LD Learning Difficulties<br>NOF Neck of Femur<br>PCC Primary Community Care<br>CAAT Community Admission Avoidance Team<br>ED Emergency Department<br>AMU Acute Medical Unit<br>CRT Community Resource Team<br>HASU Hyper Acute Stroke Unit<br>YYF Ysbyty Ystrad Fawr<br>PCC Primary Community Care<br>AFR Acute Frailty Response<br>GUH Grange University Hospital<br>UEC Urgent Emergency Care<br>eLGH Enhanced Local General Hospital<br>RN Registered Nurse<br>STW St Woolos Hospital<br>RGH Royal Gwent Hospital<br>ANP Advanced Nurse Practitioner<br>NCN Neighbour Care Network<br>WG Welsh Government<br>RPB Regional Partnership Board<br>SDEC Same Day Emergency Care<br>RSfoFP Resigning Services for Older and/or Frail People |

| | |
|---|---|
| | COTE Care of the Elderly<br>ALOS Average Length of Stay<br>UHB University Health Board<br>NHH Nevill Hall Hospital<br>DAP Direct Admission Pathway |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | |

| **Effaith: (rhaid cwblhau)**<br>**Impact: (must be completed)** | |
|---|---|
| | **Is EIA Required and included with this paper** |
| **Asesiad Effaith Cydraddoldeb**<br>**Equality Impact Assessment** (EIA) completed | **No does not meet requirements**<br><br>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.<br>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| **Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio**<br>**Well Being of Future Generations Act – 5 ways of working**<br><br>https://futuregenerations.wales/about-us/future-generations-act/ | Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives<br>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs |

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

| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 31 January 2024 |
| **CYFARFOD O:**<br>**MEETING OF:** | Partnerships Population Health and Planning Committee |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Strategic Capital Projects Prioritisation Process |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Hannah Evans, Director of Planning, Partnerships and Strategy |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Andrew Walker, Strategic Capital & Estates Programme Director |

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

Ar Gyfer Trafodaeth/For Discussion

## ADRODDIAD SCAA
## SBAR REPORT

### Sefyllfa / Situation

Welsh Government has formally requested that Health Board's prioritise their forward look proposed strategic capital projects, this to cover all proposed projects that have not, as yet, received full and final Ministerial approval.

Instructions and guidance on the requirements for completion of the prioritisation was issued to Health Boards on 20th November 2023. This is attached at ***Appendix 1 (letter), appendix 2 (guidance).***

Welsh Government policy leads attended the Directors of planning meeting on 8th December, after which an FAQ document was issued. This is attached in ***Appendix 3 (FAQs).***

The deadline for completion of the process and submission to Welsh Government was 14th February 2024 but this has since been extended to 31st March 2024. This is welcomed due to the significant work required to meaningfully progress this exercise.

Whilst the prioritisation process is underway, delivery against the significant Health Board's capital programme continues.

## Cefndir / Background

Welsh Government officials have for some time been referring to the need to prioritise capital projects in the context of reduced central capital allocations and increasing demands from Health Boards. The attached correspondence confirms this requirement and sets out an approach that they will be using to prioritise the capital priorities that Health Boards subsequently submit. This approach is akin to a non-financial appraisal utilising defined criteria against which each project will be evaluated.

The following points should be noted:

1. Projects planned to be funded from Integrated Capital Resource Fund (ICRF) funding have been excluded from scope of this exercise**.** Welsh Government have advised that the recent Regional Partnership Boards' (RPB) capital strategies and capital plans will inform future prioritisation. Current pipeline projects that fit IRCF in the region include Monmouth, Abervalley and Ysbyty Tri Chwm Health and Well Being Centres. ***Appendix 4*** serves as a reminder of the RPB Capital Strategy priorities.

2. As per the FAQs in appendix 2, the Digital Investment Programme Fund (DPIF) is also excluded from this process. Note however that as the regular update or replacement of digital assets is out of scope from DPIF, this would need to be included either as line in our all-Wales capital prioritisation or in discretionary plan.

3. An internal audit is nearing completion covering backlog maintenance and it is likely to come out with limited assurance. The main driver being the lack of a clear investment programme to reduce backlog (over and above new builds and rationalisation) and the scarce availability of capital at local and national level to address backlog as well as manage replacements and service developments. Led by the Divisional Director of Estates and FM, further work will be required to develop an approach to management of backlog that aligns with the estates and property strategies.

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

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

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

- Nevill Hospital RAAC removal,
- GUH MRI replacement,
- YYF CT replacement
- Projects to support the full relocation of clinical and non-clinical services from the old St Cadocs Hospital.

The Strategic Capital and Estate Programme Board discussed the proposed prioritisation of capital projects on 23rd January 2024 and the attachment at ***Appendix 5*** represents the schedule of the schemes to be prioritised.

Welsh Government have requested that a detailed proforma be prepared for each proposed project and, as noted above, have set out how they intend to score each project. It is proposed that the same methodology for scoring be utilised by the Health Board.

A workshop is being arranged for early February to review and moderate scoring alongside the detailed proformas. This will be fed back into the Executive Team and presented to Board as part of the plan sign off in March 24.

**Risks**

There are some risks to note:

- The timescales of this exercise do not align with our Health Board timelines for the strategy refresh so whilst low there remains a risk that the 10-year programme and the prioritisation against it is changed post strategy agreement.
- Our approach to prioritisation will have to consider the infrastructure risks and their proximity (backlog, RAAC) alongside some strategic ambitions which will be challenging to balance.
- Schemes are at different levels of development in terms of detailed planning and scoping done making it difficult for comprehensive proformas to be submitted. This risks them scoring lowly internally and externally when the realist is these will be high priorities. An example will be the investment requirement for NHH.

## Asesiad / Assessment

In order to comply with Welsh Government requirements within the stated timescale the following process is proposed:

| | |
|---|---|
| 21st December 2023 | Paper to Executive Committee confirming WG requirements, list of projects, methodology for scoring and overall approach |
| 23rd January 2024 | Prioritisation of projects considered by the Strategic Capital and Estates Programme Board |
| 31st January 2024 | Paper to PPHPC confirming WG requirements, methodology for scoring, overall approach, and initial draft schedule of prioritised capital projects |

| | |
|---|---|
| 14th February 2024 | Paper to Executive Committee requesting consideration and approval of the proposed schedule of prioritised capital projects. |
| 27th March 2024 | Paper to Health Board requesting consideration and approval of the proposed schedule of prioritised capital projects |
| 31st March 2024 | Submission of approved schedule of prioritised capital projects to WG along with supporting proformas for each proposed development |

**Current schemes**
For completeness, ***Appendix 6*** provides a summary of current live and active pipeline schemes.

**Argymhelliad / Recommendation**

The Committee is requested to:

- Note the need to comply with the Welsh Government requirement to prioritise strategic capital projects and the process to be followed to achieve this.
- Note the schedule of prioritised projects that will be prioritised through a workshop using WG criteria.
- Note the key activities / milestones that will need to be achieved in order to submit the necessary information to Welsh Government by 31st March 2024
- Note the update in appendix 6 on current schemes.

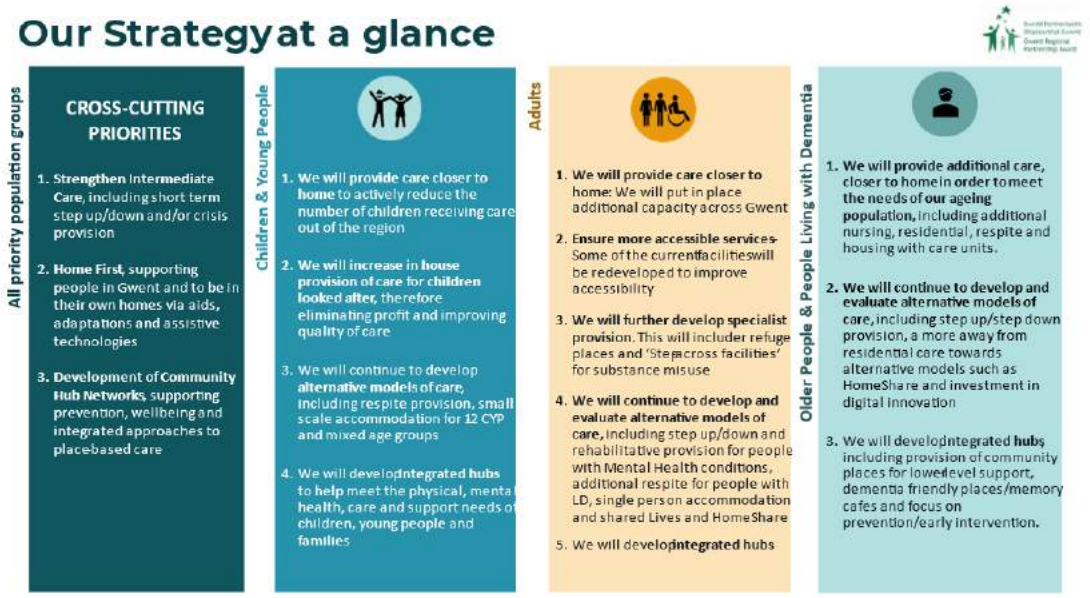
| **Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)** | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s): | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br>Link to IMTP | Adults in Gwent live healthily and age well |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP | Enabling Estate |

| | |
|---|---|
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br>Strategic Equality Objectives 2020-24 | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item. |

| **Gwybodaeth Ychwanegol:<br>Further Information:** | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | N/A |
| Rhestr Termau:<br>Glossary of Terms: | N/A |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | • Welsh Government officials<br>• NHS Shared Services<br>• Independent advisors nominated by Independent Projects Authority |

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

## Appendix 4


Our Strategy at a glance
All priority population groups
CROSS-CUTTING PRIORITIES
1. Strengthen Intermediate Care, including short term step up/down and/or crisis provision
2. Home First, supporting people in Gwent and to be in their own homes via aids, adaptations and assistive technologies
3. Development of Community Hub Networks, supporting prevention, wellbeing and integrated approaches to place-based care
Children & Young People
1. We will provide care closer to home to actively reduce the number of children receiving care out of the region
2. We will increase in house provision of care for children looked after, therefore eliminating profit and improving quality of care
3. We will continue to develop alternative models of care, including respite provision, small scale accommodation for 12 CYP and mixed age groups
4. We will develop integrated hubs to help meet the physical, mental health, care and support needs of children, young people and families
Adults
1. We will provide care closer to home: We will put in place additional capacity across Gwent
2. Ensure more accessible services- Some of the current facilities will be redeveloped to improve accessibility
3. We will further develop specialist provision. This will includer refuge places and 'Step across facilities' for substance misuse
4. We will continue to develop and evaluate alternative models of care, including step up/down and rehabilitative provision for people with Mental Health conditions, additional respite for people with LD, single person accommodation and shared Lives and HomeShare
5. We will develop integrated hubs
Older People & People Living with Dementia
1. We will provide additional care, closer to home in order to meet the needs of our ageing population, including additional nursing, residential, respite and housing with care units.
2. We will continue to develop and evaluate alternative models of care, including step up/step down provision, a more away from residential care towards alternative models such as HomeShare and investment in digital innovation
3. We will develop integrated hubs including provision of community places for lowe level support, dementia friendly places/memory cafes and focus on prevention/early intervention.

**Grŵp Iechyd a Gwasanaethau Cymdeithasol**
**Dirprwy Brif Weithredwr, GIG Cymru**

**Health and Social Services Group**
**Deputy Chief Executive, NHS Wales**

Llywodraeth Cymru
Welsh Government

**Chief Executives,**

**Directors of Finance and**

**Directors of Planning**

**All Local Health Boards and NHS Trusts**

20 November 2023

Dear All

**RE: NHS – All Wales Capital Prioritisation**

The challenging financial climate that we are currently working in has resulted in a need for clear and effective prioritisation of capital schemes. Organisations will be more than aware that difficult decisions are needed to balance investments against a reported backlog maintenance position of c.£1.2 billion. Whilst organisations were asked back in March 2022 to set out their 10-year investment outlook, given the requirements each year being more than treble the £375m annual All Wales Capital Programme budget (2023-24), prioritisation work is now considered essential.

The NHS Infrastructure Investment Board (IIB) have now agreed a framework which will provide a common basis for investment decision making. The attached form and guidance note has been developed to allow investments to be prioritised against a set range of criteria, consistently and effectively.

The prioritisation from needs to be completed for **all business case** irrelevant of status, where Full Business Case / Business Justification approval has not been received. The documentation need to be returned to nicola.powell@gov.wales copied to victoria.walker@gov.wales no later than **Wednesday 14 February 2024.**

The current programme is for scrutiny of organisation returns to be run through a sub-group of the IIB during February through to April with the intention of a draft output for consideration by the main IIB around May 2024. This will assist officials with clarity around priority schemes that are likely to be supportable going forward. In addition, this work will be essential in informing and influencing Welsh Government budget discussions for 2025-26 onwards.

BUDDSODDWYR MEWN POBL | INVESTORS IN PEOPLE

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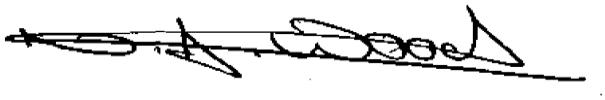
Gwefan • website: www.wales.gov.uk

I appreciate this is going to be a significant piece of work but given the likelihood of a constrained capital position going forward, now is an appropriate time to focus organisations time and effort into prioritisation and establishing a framework for decision making.

Yours sincerely,



**Nick Wood**
**Deputy Chief Executive NHS Wales**
**Chair of Infrastructure Investment Board**

**Prioritisation Form Guidance Note**

The following guidance note has been developed to support organisations when completing the prioritisation form. It is hoped that the following information is helpful; however, should there be any specific queries around populating any specific section please contact nicola.powell@gov.wales and victoria.walker@gov.wales.

The prioritisation framework has been developed following engagement with the Head and Deputy Head of Health Economics, Science Evidence Advice Division with support from Welsh Treasury colleagues and the NHS Infrastructure Investment Board (IIB). The output from this work has been the development of a Multi Criteria Decision Analysis (MCDA). From the MCDA, four key investment objectives were agreed, against which it would expect investment proposals to meet one or more. A sub-set of weighted investment criteria have also been developed, which will be scored against from the evidence provided by organisations in completing the Prioritisation Form.

The purpose of the framework will provide IIB with a common basis from which investment decisions can be considered and consistently prioritised. For clarity, this framework **excludes** the following funding routes, namely – Digital Priorities Investment Fund (DPIF) and the Integration and Rebalancing Capital Fund (IRCF). However, should any project be reliant upon multiple funding sources, including the All Wales Capital Programme (AWCP), then please highlight this in the relevant part of the form.

This process and framework are in line with the **Duty of Quality** that came into force in April 2023. The Duty introduces new Health and Care Quality Standards and the need for quality-driven strategic decision-making. The prioritisation form highlights where the new approach to prioritising the AWCP fits with the new Standards.

It is a requirement for all organisations to complete a form for **all business cases** that have not received Ministerial approval (regardless of status in our processes). For example, if an organisation has an endorsed Programme or Strategic Outline Case and is developing any form of case Outline or even Full Business Case, if this has not been approved by the Minister, a form will need to be completed.

In the interests of transparency, the overarching objectives, and criteria (including weightings, which were agreed by the IIB) are set out below.

**Overarching Investment Objectives**

**Objective 1 –** Ensure quality, safety and operational sustainability of health and care services, prioritising areas with the greatest health and care needs, reducing inequalities to facilitate high standards of care.

**Objective 2** – Support the shift in focus towards prevention by providing more integrated services, in convenient and accessible settings for the population to take more responsibility for their own health & wellbeing.

**Objective 3** – Transform services through innovation, technology, and improved ways of working, to delivery more efficient processes to support resilience, improved experiences and outcomes.

**Objective 4** – Deliver value for money by increasing the efficiency and quality of the estate, while improving the effectiveness of services for the population and workforce, targeting investment in long term priorities, aligning to environmental strategies, whilst minimising nugatory spend.

## Criteria and Weightings

| | 1 | 2 | 3 | 4 | 5 | 6 | |
|---|---|---|---|---|---|---|---|
| **Criteria** | **Fit with Priorities & Policy** | **Clinical Impact** | **Value for money (VfM)** | **Statutory Compliance and Risk (SCR)** | **Equity & Community** | **Wider Benefits and Climate Change** | **Total** |
| **Weighting** | 25% | 20% | 16% | 13% | 13% | 13% | **100%** |

**Fit with Priorities and Policy** – how does the proposal link back to Welsh Government priorities and key policies (e.g. A Healthier Wales, Wellbeing of Future Generations Act)? How does the proposal demonstrate integrated health and social care? Are we seeing demonstration of regional or all Wales working? If not, are there specific reasons why the proposal is only based in a single NHS organisations?

**Clinical Impact** – demonstrable impact on the health of the population served, with high health improvement potential and innovation shown in the processes or actions to gain the impact. How does the proposal demonstrate impact upon health gain, reduced waiting times, reduced length of stay etc and how confident are the organisation in being able to successfully deliver these benefits? Is the organisation clear around the baseline for which improvement would be assessed against?

**Value for money (VfM)** – how would the organisation ensure the project would deliver benefits proportionate to the level of investment? Are we seeing value in terms of economy, effectiveness, and efficiency? How does the project positively impact on the revenue position of the organisation? How quickly would there be payback from the proposed investment?

**Statutory Compliance and Risk (SCR)** - severity of risk of closing services within the near future due to not meeting statutory requirements, and is this evidenced (e.g., fire notices)? **OR** Severity of risk of not replacing service.

**Equity & Community –** where people of highest health need are targeted first; how would this scheme support the local community and wider health and care service

models to ensure health inequalities are reduced? How does this link to demographic characteristics of population or legacy health impacts (e.g., mining communities).

**Wider Benefits and Climate Change** – the wider distribution and impact of benefits of investment beyond the clinical definition (e.g., reduce carbon emissions, improve staff and patient working and clinical environments). How will the organisation look to maximise decarbonisation benefits?

**Prioritisation Form**

The form provided at **Annex A** to this guidance has a series of sections to populate. For ease of reference each section has been provided a number, whilst many of the questions are self-explanatory, for the sections noted below further guidance is provided. Please note that embedding business case extracts and documents into different sections **will not be accepted** (you will be required to populate each relevant part within the word limits set).

| Section | Explanatory Note |
|---|---|
| Section 1 – Programme/ Project Key Information | |
| 1.4 Programme or Project Type | Please include a brief high-level description of the type of investment the programme or project is seeking funding for. This section is just to provide an immediate snapshot to assist categorisation of type of investment. A further detailed description of the business case can be provided under Section 2. ***Please note separate prioritisation processes are in place for funding linked to DPIF and IRCF the form is not to be used for these funding routes.*** However, in the event of a project relying upon multiple funding please provide details here and in Section 2. |
| 1.5 Business Case Type | Please note here the current form of business case being worked on by the organisations (for which you will be seeking approval) i.e., PBC, SOC, OBC, FBC, BJC. |
| 1.7 Investment Period | Please categorise where the main funding requirements sit in terms of a short **(0-3 year)**, medium **(4-9year)** or long term **(10 years +)** financial ask. Financial profile to be provided under 1.9. |
| 1.9 Breakdown of Funding – Capital | Please provide a realistic breakdown of the total funding requirements including any fees you would be seeking to recover if the business case detailed in the form was approved. |
| 1.10 Break down of Funding - Revenue | Please note revenue implications, if any, over the period. |
| 1.11 Internal Approval Status | Please provide a brief note of the status of the business case development and approval within your own governance process (each organisation will have its own specific governance relating to internal scrutiny and development of cases so please provide brief details here so that the status of the case can be understood). |

| | |
|---|---|
| 1.12 IMTP | If No, please explain why not previously identified. |
| 1.13 Priority | You are expected to insert a 'number' here in terms of where this case sits withing your organisation's priority list. Please note that the form will be rejected if this section is incomplete, and priorities are not clearly set out (multiple joint priorities are not acceptable). |
| 1.14 Backlog Maintenance | It would be helpful if information could be provided where relevant to the programme/project of the impact on the reported backlog maintenance figure as a result of the investment. Please provide the current backlog maintenance figure along with the estimated value post project completion. |
| 1.15 Risk Register | If yes – please can you detail the score. |
| 1.18 Leadership, governance, and accountability | Please describe the high-level accountability structures and processes for overseeing this project, ensuring that it will deliver the benefits outlined. |
| 1.19 People and culture | How will the project engage with its stakeholders to ensure they are involved in development processes and that all deliverables will be embedded. |

## Section 2 – Programme/Project Description

Please provide a brief (no more than 500 words) overview of the main aim and objective of the programme or project. The **Why**, the **How** the **What** you are seeking to achieve through the investment. Should the project be linked to estates rationalisation in any way please note it here.

## Section 3 – Fit with Investment Objectives

As noted earlier in the guidance Infrastructure Investment Board have defined four overarching investment objectives for the All-Wales Capital Programme. Each objective is listed in the form. Whilst these areas will not be scored, it is expected that the programme/project identified in the form will need to support at least one objective. Organisations are asked to provide information against all the relevant objectives that the investment addresses in the section provided. ***Please note the word limit requirement under each objective heading.***

## Section 4 – Outputs and Outcomes

The investment criteria set out in this section will be scored by IIB or a panel reporting to IIB – a scoring matrix is in the process of being defined and will be assessed by the panel with the support of the Health Economics team. The different investment criteria have been considered and weighted as set out in the table earlier in this guidance.

The form sets out the type of evidence IIB are seeking you to evidence under each investment criteria.

## Section 5 – Business Case Milestones and Dates

The purpose of this section is not to duplicate other information provided in Section 1 or 2, but to provide key facts where available in respect of project delivery milestones, planning status and timetables (if available). It will also help to have details of any gateway assurance including rating if one has been undertaken, and

| |
|---|
| assurance around actions in the event of any recommendations being made. |

# NHS – All Wales Prioritisation

## Frequently Asked Questions

1. **Can you clarify whether business as usual replacement for national imaging / diagnostic priorities e.g., MRI, CT, Cath Labs and Linacs replacements need to be included in the exercise or not.**

There is only one All Wales Capital Programme budget with no specific ring-fenced funding for imaging/diagnostic priorities. As such, organisations should set out their imaging / diagnostic requirements consistently prioritised with other funding requests as these need to be considered along with other investments asks.

If this information is not submitted, then we will not be able to understand the requirements across the system. The need for prioritisation in the area is equally as important as all other investments.

2. **Will the Digital Priorities Investment Fund (DPIF) pick up Business as Usual replacements, major network replacements etc.**

DPIF is used to fund strategic digital transformation opportunities and is intended to support delivery of NHS Wales' service change priorities through accelerating the delivery of informatics improvements. Work needs to align to one of five themes:

- **Transforming digital services for patients and public**
- **Transforming digital services for professionals**
- **Investing in data and intelligent information**
- **Modernising devices and moving to cloud services**
- **Cyber-security and resilience**

As such, DPIF is not targeted at business-as-usual replacement and refresh programmes or licences, it is targeted at transformation and service change. Any other digital requirements will as such need to be prioritised within the All-Wales Capital Programme process along with equipment and other replacement and refresh items. Organisations should also consider how these requests fit within your own discretionary capital considerations.

3. **How should project costs be presented - should inflation be allowed for? Or a certain PUBSEC?**

If there are actual market tested costs – please state this and use these figures. If not can costs be included as at first quarter 2024 so that everyone is reporting on the same basis.

4. **Backlog Maintenance – how should this be evidenced?**

It is appreciated that schemes will be at different stages, and the ability to articulate impact will be more developed in some programmes and projects than others. However, organisations are expected to provide an estimate of how the investment

requirements will positively impact backlog. If it does not, this needs to be clearly stated.

5. **Is a proforma required for longer-term needs (e.g., backlog and infrastructure risks) and rank and them compared to more immediate schemes.**

It is appreciated that this exercise will be difficult as the condition of the existing estate presents a range of challenges when organisations also have new and major reconfiguration infrastructure requirements. The All-Wales Capital Programme does have to balance all investment asks against one budget, so organisations must make a judgement and rank priorities thinking about the various criteria set out in the form including Duty of Quality.

6. **How are regional schemes to be presented?**

Regional schemes are not to be treated separately from the prioritisation exercise - they need to form part of the lead organisations considerations. Organisations need to consider where the regional schemes fit with the lead organisation completing the form, with information set out as to how partner organisation(s) support and are feeding into the programme or project.

## Appendix 5 - Strategic Capital Project Prioritisation - Schedule of schemes to go into priortisation

| Project | Cost £'m | Comments |
|---|---|---|
| Chepstow Community Hospital Acquisition of Head Lease | £6.0 | Capital required in 2024/25 to acquire Head Lease which expires in February 2025 |
| RGH – Central Decontamination Unit | £4.85 | Capital required in 2024/25 to support decontamination of scopes currently accommodated in a mobile unit and inadequate health board accommodation. BJC due to be submitted to March Board |
| Replacement Diagnostic Equipment Programme | £5.0 | Replacement programme over 3 years starting in 2024/25. BJCs required to be developed |
| RGH Replacement Boiler Plant and associated M&E services | £17.5 | Existing boiler plant on the SWH site is beyond useful life and the associated services duct servicing RGH is regarded as high risk from a backlog maintenance perspective. Project could be completed by 2027/28. SOC due to be submitted to March Board |
| Mental Health Specialist In-patient Services Unit | £89.0 | OBC developed and submitted to WG, feedback to review service scope. |
| NHH programme (RAAC) | £100.0 (high level estimate) | Not expected to require significant levels of capital until circa 2027 due to need to review service models, location of services, potential consultation, SOC, OBC and FBC. |
| GUH additional MRI | £2.25 | BJC required |
| YYF additional CT scanner | £1.37 | BJC required |
| St Woolos Estate Rationalisation programme | £20.0 (high level estimate) | Scoping document required by WG, followed by SOC, OBC and FBC |
| RGH Infrastructure Backlog | £40.0 (high level estimate) | As this consists of several distinct projects it is proposed that a single SOC is prepared thus allowing individual projects to progress independently. This will need to be phased over several years to allow service continuity |
| St Cadocs Programme | £tbc | Dependent on further mental health strategy, a site solution for St Cadocs services and opportunities to rationalise. Linked to SISU |
| County Hospital Redevelopment | £40.0 (high level estimate) | Project proposed to redevelop site in line with a service and estate plan. Opportunities with partners to be explored. Scoping document required followed by feasibility study, SOC, OBC and FBC. Potential for some disposal for residential development |
| GUH Future Expansion | £100.0 (high level estimate) | In line with the previous 10 year capital strategy, it is assumed that at some point in the ten-year planning period existing services on the GUH site will need to expand and /or other services will |

| | | |
|---|---|---|
| | | need to move there depending on development of a service strategy. Scoping document required, followed by SOC, OBC and FBC |
| Maindiff Court programme | £8.0 (high level estimate) | It is assumed that as some point in the future there may be an opportunity to reprovide services on this site in a different way which may offset the capital costs of replacing the existing clinical and non-clinical services. Scoping document required, followed by SOC, OBC and FBC |

**APPENDIX 6**

**Strategic Capital Projects Update – December 2023 / January 2024**

| Project | Stage | Capital Cost and Timescale | Current Position |
|---|---|---|---|
| **Chepstow Community Hospital:** The Hospital is currently leased from Kindra Ltd. The Head Lease is due to expire in February 2025 and it is proposed to acquire the Head Lease via WG capital funding. | Business Justification Case (for WG capital to acquire Head Lease) | • Current Head Lease expires in February 2025<br>• Latest without prejudice proposed acquisition offer from Kintra is £4.85m. | • Process underway to agree final acquisition price so that the acquisition process can commence.<br>• Potential for process to be concluded by March 2024 if WG capital available |
| **Unified Breast Unit at Ysbyty Ystrad Fawr:** This scheme brings together breast cancer diagnostic and treatment services currently provided at NHH and RGH into a new purpose-built facility in YYF. | Construction | • £12 million<br>• Construction completion delayed into January 2024 due to issues with ventilation | • The new unit was planned to be fully open by 29th January 2024, this has been delayed by one week. |
| **Bevan (Tredegar) Health and Well Being Centre:** This scheme replaces the existing Tredegar Health Centre and the Glan-Yr-Afon Surgery. It is being built on the site of the redundant Tredegar Hospital. The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector. | Construction | • Circa £20 million<br>• Phase 1 was handed over on 8th January 2024<br>• Anticipated completion of Phase 2 September 2024 (demolition of existing health centre and car-parking) | • The project has been delayed due predominantly to issues with the foundation design and the supply of bricks.<br>• Both are the subject of compensation events from the Contractor and the Contractor has since invoked the contractual disputes resolution process. This process is being worked through. The total estimated cost of the claims is circa £1.6 million.<br>• Blake Morgan have been appointed to provide legal advice in support of the above<br>• The project is currently forecasting an overspend of circa £800k, excluding the above claims, due primarily to inflation. Discussions are taking place with SS/WG regarding the potential for additional capital to support the above cost pressures.<br>• Occupation of the new building and vacation of the old health centre will be taking place over the weekend of 20th/21st January. |

| | | | |
|---|---|---|---|
| **Newport East Health and Well Being Centre:**<br>This replaces Ringland Health Centre, Park Surgery, Alway Clinic and Community Dental Services provided at **Clytha**. The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector. | Construction | • £28 million<br>• Anticipated completion Phase 1 January 2025<br>• Anticipated completion Phase 2 March 2025 | • Construction commenced on site on 4th July 2022.<br>• Project budget under pressure due primarily to issues with asbestos and high utility costs.<br>• Request has been made for additional ICRF funding; request noted for now subject to ongoing monitoring. |
| **NHH Satellite Radiotherapy Unit:**<br>This will provide two additional Linear Accelerators. The project has been developed jointly with Velindre NHS Trust as they will operate the Radiotherapy service. ABUHB are responsible for the building construction. | Construction | • £45 million<br>• Anticipated completion February 2025 | • No further delays have occurred.<br>• RAAC is present in an area of the existing hospital which will link into the new unit. WG have agreed to fund the cost of removing the RAAC.<br>• Significant changes have been requested by ICT which are currently being assessed. |
| **RGH Endoscopy Unit:**<br>This scheme will provide four purpose designed Endoscopy Suites (there are currently 2 suites) within the redundant maternity unit at RGH. The scheme will provide sufficient capacity to enable the service to address outstanding backlogs and achieve a more sustainable balance. It will also deliver JAG accreditation. | Construction | • Circa £8 million<br>• The new unit has been handed over and is operational | |
| **RGH Central Decontamination Unit:**<br>This scheme will provide a purpose designed unit within RGH for the decontamination of scopes. Current provision is non-compliant and lacks the capacity to support the increase in clinical activity. | Business Justification Case (BJC) | • Circa £4.5 million<br>• Business Justification Case (BJC) submission has been delayed pending agreement on revenue costs.<br>• Best case programme is a start of construction in July 2024 if the BJC is submitted to the March Board | • Links with the Endoscopy Unit Project and will be located in existing Endoscopy unit.<br>• Interim decontamination services are being provided via a mobile unit, the lease for which has been extended due to the BJC delay. |

| | | | |
|---|---|---|---|
| **Mental Health and Learning Disabilities Specialist Inpatient Services Unit:**<br>This scheme will provide a new 72 bed unit on the Llanfrechfa Grange site. It will replace an existing Learning Disabilities Unit on the site, PICU and female locked rehab services at SCH and adult acute services at County hospital. It will also provide new Low Secure services currently delivered via the private sector. | Outline Business Case | • Circa £100 million<br>• The OBC was approved by the Board in March 2023 and a scrutiny gird has been returned for review by the Health Board | • The scope of the OBC has been questioned in the context of the strategic objective of vacating the old Victorian hospital at SCH. The current scope does not achieve that.<br>• The requirements to vacate the whole of the old Victorian hospital have been assessed.<br>• Clarity required on the how this project will be progressed. |
| **NHH Cancer Unit:**<br>This scheme will replace and increase existing Haematology capacity at NHH together with improved and increased capacity for Chemotherapy services. The project is being developed jointly with Velindre NHS Trust. The new unit is planned to be located in vacant ward accommodation on the NHH site. | Business Justification Case | • Was at BJC stage | • This BJC is no longer being pursued as it is incorporated into the NHH RAAC service and estate planning |
| **Abervalley Health and Well Being Centre**<br>It is proposed to construct a new facility to replace the existing Aber Medical Practice, Senghenydd Health Centre which accommodates Health Board services and the Branch Surgery of the Nantgarw Practice. The proposed new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector. | Outline Business Case | • Circa £10 million<br>• The project has been approved via the IRCF fund to support the preparation of a OBC and the associated appointment of a design team. | • The process for the appointment of a design team will commence in February 2024 to allow the OBC process to begin in April 2024 following appointment of a design team.<br>• £750k approved to complete OBC. |
| **Monmouth Health and Well Being Centre**<br>It is proposed to construct a new facility to replace the existing Dixton Surgery and to | Outline Business Case | • Circa £12 million | • The process for the appointment of a design team will commence in February 2024 to allow the OBC process |

| | | | |
|---|---|---|---|
| provide additional clinical accommodation that can be utilised by Castle gate Medical Practice, the Wye Valley Practice, the Health Board, Local Authority and the 3rd sector. | | • The project has been approved via the IRCF fund to support the preparation of a OBC and the associated appointment of a design team. | to begin in April 2024 following appointment of a design team.<br>• £750k approved to complete OBC. |
| **St Woolos Hospital Boiler Plant:**<br>It is proposed to replace the existing outdated and inefficient plant and associated infrastructure on the SWH site with new infrastructure on the RGH site**.** | Strategic Outline Case | • Circa £20 million<br>• WG had given approval to commence the OBC process and the associated appointment of a design team but have now requested a SOC be produced. | • Target submission of SOC to March 2024 Board |
| **GUH – ED Wait Extension:**<br>This scheme is an extension to the ED waiting areas in GUH and is aimed at improving patient experience and address over-crowding in the current ED waiting area. The scheme proposes more than doubling the waiting room area. | Business Justification Stage | • Circa £15 million<br>• BJC approved by WG in December 2023 | • Anticipated completion March 2025 |
| **St Woolos Rationalisation:**<br>This scheme is proposed to relocate services from the old estate. | Scoping / SOC | • Circa £12 / £15 million | • Discussion required with WG re way forward so that the project can be formally recognised.<br>• Project Team, Project Board and SRO required.<br>• Links with proposals for Ty Gwent which could accommodate office-based staff from SWH.<br>• Links with the planned move of wards to RGH which will free up space in the Casnewydd unit |

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

| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 31 January 2024 |
| **CYFARFOD O:**<br>**MEETING OF:** | Partnerships Population Health and Planning Committee |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Major Incident Plan |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Hannah Evans, Director of Strategy, Planning and Partnerships |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Wendy Warren, Head of Planning Civil Contingencies<br>Sara Goode, Emergency Planning Lead Nurse<br>Andrew Goodenough, Emergency Planning Manager |

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

Ar Gyfer Trafodaeth/For Discussion

The Committee is asked to discuss and provide comment on the revised Major Incident Plan and recommend to the Board its approval.

**ADRODDIAD SCAA**
**SBAR REPORT**

**Sefyllfa / Situation**

Aneurin Bevan University Health Board has defined roles and responsibilities as a Category 1 responder under the Civil Contingencies Act 2004, and must also act in accordance with the Public Health Wales Emergency Response Plan 2016 and meet the Core Standards for Emergency Preparedness, Resilience and Response.

This Major Incident Plan is a refresh of the previous plan (approved 2020) which meets the requirements to review every 3 years, or following the learning from an incident. It takes into account the recommendations from the Manchester Arena bombing and the subsequent Kerslake report.

**Cefndir / Background**

The Health Board needs to be able to plan for, and respond to, a wide range of incidents and emergencies that could impact on health or patient care. These could

be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or terrorist attack.

Our ability to deliver a wide range of services within the community at a time when our own staff and resources may be severely impacted upon will be crucial.

The Civil Contingencies Act 2004 requires NHS organisations and providers of NHS funded care to show that they can deal with such incidents while maintaining services to patients

This Major Incident Plan outlines the roles and responsibilities of ABUHB in an emergency response, including its activation and deactivation arrangements, command and control structures and recovery arrangements. Further details concerning incident debriefing, business continuity, training and exercising as well as information sharing are contained within the plan.

All ABUHB staff may have a role in supporting the response to a major incident. It is therefore important that clear plans are made available to ensure the Health Board maximises the skill and commitment of all staff in circumstances that will test us all. It is therefore fundamental to the Boards ability to respond to a major incident that everybody is aware of the plan and procedures, and their own responsibilities as defined in service Action Cards.

## Asesiad / Assessment

The Plan and accompanying action cards, developed by services, prepare the Health Board for a major incident and articulate the organisational response. This will reduce the risk to patient safety and provide structure and effective management during the response and recovery phase of any incident.

Updated aspects to the plan include:

- A review of service changes, as the previous plan was written when GUH was opened during COVID, and areas are now being utilised as planned,
- Recommendations from the Kerslake report which emphasise the command and control process and the clarification of roles and responsibilities,
- Following a number of UK and Wales exercises this year the interface with partners has been strengthened, and
- The mass casualty plan, links with the trauma network and the burns network

A Major Incident exercise is planned for June 2024 to test the plan across a wide range of response services.

## Argymhelliad / Recommendation

The Committee is asked to discuss and provide comment on the revised Major Incident Plan and recommend to the Board its approval.

| **Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)** | |
|---|---|
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol:<br>Corporate Risk Register Reference and Score: | |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s): | 2.1 Managing Risk and Promoting Health and Safety<br>Choose an item.<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br>Link to IMTP | Not Applicable<br>Choose an item. |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP | Choose an item.<br>Not Applicable |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br>Strategic Equality Objectives 2020-24 | Not Applicable<br>Choose an item.<br>Choose an item.<br>Choose an item. |

| **Gwybodaeth Ychwanegol:<br>Further Information:** | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | Emergency Planning - Short Guide to the CCA - Copy.pdf - All Documents (sharepoint.com)<br><br>Emergency Planning - MI Plan supporting documents - All Documents (sharepoint.com) |
| Rhestr Termau:<br>Glossary of Terms: | |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | |

| **Effaith: (rhaid cwblhau)<br>Impact: (must be completed)** | |
|---|---|
| **Resource Assessment:** | A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |

| | |
|---|---|
| • **Workforce** | Yes, outlined within the paper |
| • **Service Activity & Performance** | Yes, outlined within the paper |
| • **Financial** | Not Applicable |
| **Asesiad Effaith Cydraddoldeb Equality Impact Assessment** (EIA) completed | **No does not meet requirements**<br><br>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.<br>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| **Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio**<br>**Well Being of Future Generations Act – 5 ways of working**<br><br>https://futuregenerations.wales/about-us/future-generations-act/ | Not Applicable<br>Choose an item. |

# Aneurin Bevan University Health Board Major Incident Plan

Version 3

| | | | |
|---|---|---|---|
| Authors | Emergency Planning Team | | |
| Version 2:1 | Date: Dec 2023 | Review date: Nov 2026 | |
| Approved by: | Health Board | | |
| Classification: | Official | Scope: | Organisation Wide |

# IMMEDIATE ACTIONS

**If You Have Received Notification That A Major Incident Has Been Declared and you are the on-call officer/health professional in your department/specialty you are required to attend the site where the major incident has been declared and to undertake the actions specified within the respective action cards.**

**If You Have Not Read This Plan**

# DO NOT READ THIS NOW

**REFER TO YOUR ACTION CARD AND FOLLOW THE INSTRUCTIONS**

Disclaimer

When using this document please ensure that the version you are using is the most up to date by checking on the Health Board database for any new versions. If the review date has passed, please contact the author.

OUT OF DATE DOCUMENTS MUST NOT BE RELIED ON

| Document Control | |
|---|---|
| Version | 1 |
| Ratified By | ABUHB Executive Board |
| Name of originator/author | Emergency Planning Team |
| Date issued | Sept 2023 |
| Review date | Aug 2026 |
| Target audience | Health Board wide |

| Policy Version Number | Date | Author | Rational for change |
|---|---|---|---|
| 1 | July 2019 | Emergency Planning Manager | Reformatted. |
| 2 | Sep 2020 | Emergency Planning Team | Reviewed and amended to reflect GUH becoming the one receiving hospital for ABUHB. |
| 2.1 | Nov 2022 | Emergency Planning Manager | Changes made to the first 2-hour casualty distribution numbers – Directed by Welsh Government |
| 3 | Dec 2023 | Emergency Planning Team | 3 yearly review and to take account of the Kerslake report and recommendations into the Manchester Arena major incident. |
| | | | |
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# Section1 - GENERAL PRINCIPLES

## 1.0 Introduction

Aneurin Bevan University Health Board have defined roles and responsibilities under the Civil Contingencies Act 2004. These are known as Category 1 responder duties (Category 1 responders are those organisations which are usually at the heart of the response to most major incidents). We must also act in accordance with the Public Health Wales Emergency Response Plan 2016 and meet the Core Standards for Emergency Preparedness, Resilience and Response. A short guide to the Civil Contingencies Act is at Appendix 10.

The Board needs to be able to plan for and respond to a wide range of incidents and emergencies that could impact on health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or terrorist attack.

Our ability to deliver a wide range of services within the community at a time when our own staff and resources may be severely impacted upon will be crucial.

The Civil Contingencies Act 2004 requires NHS organisations and providers of NHS funded care to show that they can deal with such incidents while maintaining services to patients.

This document outlines the roles and responsibilities of ABUHB in an emergency response, including its activation and deactivation arrangements, command and control structures and recovery arrangements. Further details concerning incident debriefing, business continuity, training and exercising as well as information sharing are contained within the plan.

All ABUHB staff may have a role in supporting the response to a major incident. It is therefore important that clear plans are made available to ensure the Health Board maximises the skill and commitment of all staff in circumstances that will test us all. It is therefore fundamental to the Boards ability to respond to a major incident that everybody is aware of the plan and procedures, and their own responsibilities as defined in service Action Cards.

Departments should review their Action Cards at regular intervals and new personnel must be made aware of the existence of such plans, and their roles and responsibilities within them. Any suggested amendments to this plan should be made by staff to the Head of Emergency Planning.

## 2.0 Aim

This plan outlines the framework for emergency preparedness, resilience, and response arrangements to reduce, control and mitigate the effects of a major incident on the Health Board.

## 3.0 Objectives

- To outline ABUHB responsibilities for emergency preparedness, resilience, response, and recovery, and those of specific divisions and staff members.
- To define what constitutes a major incident or emergency.
- To outline the structures, systems, processes, and procedures that are in place to ensure that ABUHB, in collaboration with partner agencies, is prepared for, can respond to, and recover from major incidents and emergencies.
- To outline the roles and responsibilities of key partner organisations.
- To outline the national, regional, and local NHS response, and how this dovetail with other multi-agency partners through multi-agency command and control.
- To describe in detail the actions required by Health Boards staff in the event of Major Incident.
    - Stand by
    - Declared
    - Standdown
    - Scene Clear

## 4.0 Health & Safety

A major incident may involve staff working in areas they are unfamiliar with during the response to an incident, members of staff will not be expected to compromise their personal health and safety and the Board policy will continue to apply.

## 5.0 Training

The effectiveness of the response to any major incident relies on having staff that are trained in major incident management they are trained in the role or roles they would be expected to undertake.

A training and exercising procedure is required to ensure that an appropriate schedule of training and exercising opportunities is made available to various staff groups to underpin the overall response to major incidents.

## 5.1 Exercising

As a minimum requirement, the Health Board is required to undertake:

- A 'live' exercise every three years
- A 'table-top' exercise every year
- A ‘communications’ exercise every six months

(Ref: NHS Wales Emergency Planning Core Guidance (2015))
http://www2.nphs.wales.nhs.uk:8080/PHWPapersDocs.nsf/($All)/2AA19AC026AE2E5F80257E65005ABF38/$File/39%2016%20Emergency%20planning.pdf?OpenElement

## 6.0 Designated Hospital

The Grange University Hospital will be the only designated Major Incident receiving hospital for the Health Board.

If the number of casualties exceeds the available capacity at the time, it may be necessary to call on neighbouring Health Boards to assist. Judgements as to what constitutes available capacity will depend on such factors as the supply of appropriately skilled medical, nursing, and anaesthetic teams together with key items of medical equipment, such as ventilators and the number and condition of patients already in the Critical Care Unit, as well as the nature of the incident.

A key element of the plan will be the ability to create capacity in the Emergency Department and release WAST crews at the receiving hospital (GUH), this will rely on clinical teams identifying patients across the site that can be moved an eLGH site. Patients suitable for step down will be conveyed by WAST vehicles that are contracted by the Health Board for this purpose.

Hospital Emergency Department capacity in terms of P1, P2 & P3 will vary depending on the number & clinical status of patients within the department at the time of a Major Incident being declared. In the first two hours the Hospital will aim to take 8 x P1, 10 x P2 and 20-30 P3 casualties from the scene of the incident.

- P1's will be treated in Resus.
- P2's will be treated in MAU.
- P3's (adults and children) will be treated in CEAU – this will only occur during a Major Incident.

The hospital will endeavour to treat as many casualties as possible in the conditions prevailing at the time will allow. The Co-ordinating Consultant, in association with the on-call consultants in Orthopaedics, ED Consultant, Anaesthetics, General Surgery, General Medicine and Paediatrics will decide on the number of patients the hospital can take. Information to support this will also come from Divisions and hospital site teams.

## 6.1 Supporting Hospital Role

In the event of a Major Incident occurring in a neighbouring area, the Grange University Hospital may be called upon to act as a Supporting Hospital.

ABUHB will be made aware of this by the Welsh Ambulance Service Trust automated cascade systems (Everbridge)

## 7.0 Major Incident or Emergency

The Civil Contingencies Act (CCA) 2004 defines an emergency as "an event or situation which threatens severe damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens severe damage to the security of the UK".

NHS, incidents are classed as either:

- Business Continuity Incident
- Critical Incident
- Major Incident

Each will impact upon service delivery within the NHS and will require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

## 7.1 Business Continuity Incident

A business continuity incident (BCI) is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed). BCI's are led by the Division/Directorate that delivers the function or service, they will form the Operational (Bronze) or Tactical (Silver) coordination hub, set an agenda, agree a battle rhythm, and chair the group meetings.

Business Continuity Planning guidance and health board templates can be found on AB pulse in the Emergency Planning page.

https://nhswales365.sharepoint.com/sites/ABB_Pulse_Emergency_Planning

## 7.2 Critical Incident

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring extraordinary measures and requiring a whole Health Board approach to the response, management, and recovery phases to restore normal operating functions. This is led by the Strategic (Gold) command structure with the lead service chairing and cross cutting services providing risk, threats, mitigation and support.

Critical incident response guidance can be found on AB Pulse in the Emergency Planning page.

https://nhswales365.sharepoint.com/sites/ABB_Pulse_Emergency_Planning

## 7.3 Major Incident

A Major Incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. Major Incidents are normally declared by the lead service at the incident, this declaration is communicated to the Health Board Switchboard by the Welsh Ambulance Service Trust.

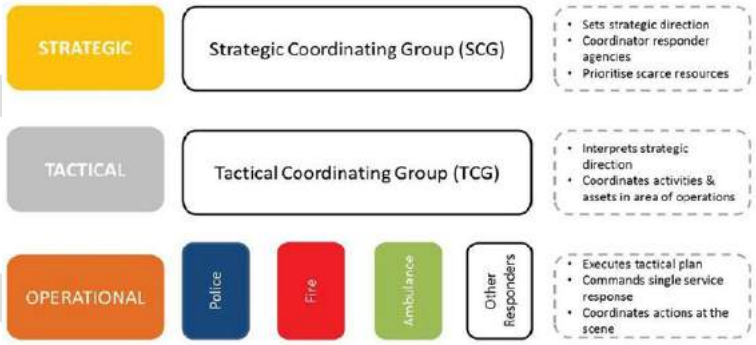
The Health Board can self-declare an internal Major Incident, the person who can declare the Major Incident is the Executive on-call. The Health Board would activate its internal command and control structure to respond to the incident and bring the service back to business as usual. This type of incident may not affect other outside agencies and as such would not require a multiagency response.

## 8.0 Command & Control

During a Major Incident, Aneurin Bevan University Health Board will participate in the multi-agency hierarchical framework known as 'Command & Control' The process for the activation is detailed the Gwent Local Resilience Forum's Emergency Command Protocol.

## 8.1 Multi Agency Incident Response Command and Control Levels

Strategic (Gold), Tactical (Silver) and Operational (Bronze) are levels of command adopted by each of the Emergency Services. The titles do not convey seniority of service or rank but describe the function carried out at that level.




## 8.2 Strategic Co-ordination Group (Multi Agency Gold)

This multi-agency Director level group will meet at the Strategic Co-ordination Centre in Police Headquarters. The group will initially be led by the Police Gold Commander but depending on the type of incident, the chair may move to a more appropriate agency. The group will make strategic level decisions relating to the incident. Whomever is the Gold on-call for the health Board when the incident occurs will attend the SCG.

Strategic Co-ordinating Group (SCG) Chairs Aide Memoire is at Appendix 9.

## 8.3 Health Board Strategic (Gold) Control

Dependent upon the nature of the incident and in addition to a multiagency Strategic Co-ordination Centre, an internal Gold Team may be convened if necessary. The decision to convene a Health Board Gold Command (Health Emergency Coordination Centre or HECC) will be made by the Gold on-call. The aim of the group will be to provide the strategic management and co-ordination of Health Board resources during the emergency. The location for the Strategic Command will be seminar room 4 at Health Board Headquarters, St Cadoc's Hospital. The team may consist of Gold, Medical Director, Director of Operations, Director of Nursing, Directorate/General Managers of key services or services that provide support functions, Communications Team representative and a trained log recorder. The formation of the team would be dynamic and based on the scale of the incident and impact to the Health Board.

## 8.4 Tactical (Silver) Co-ordinating Group

The Tactical level of command is also known as the Joint Tactical Co-ordinating Group (JTCG). This is the centre where all multi-agency responding organisations meet and is usually based at the local police station where the incident has occurred. The function of the Tactical Command will be to determine tactics to successfully bring the incident to a close. It is unlikely that the Health Board will deploy a tactical member staff to the meetings, we would however provide Health Board updates via Teams or email.

## 8.5 Health Board Tactical (Silver) Response

The Hospital Tactical Command will provide the tactical management and co-ordination of resources during a major emergency. The Health Board Tactical Command will be based at the Hospital Coordination Centre, GUH.

| In Hours | OOH (Out of Hours) |
|---|---|
| Senior Nurse<br>Clinical Operational Site Manager<br>Medical Co-ordinator | Site Co-ordinator (Nurse)<br>Silver On-Call Manager<br>Director of Urgent Care |

## 8.6 Operational Response (Multi Agency Bronze)

The Operational response (Bronze) refers to those who provide the main 'hands on' response to an incident, at the scene.

## 8.7 Health Board Operational Response (Bronze)

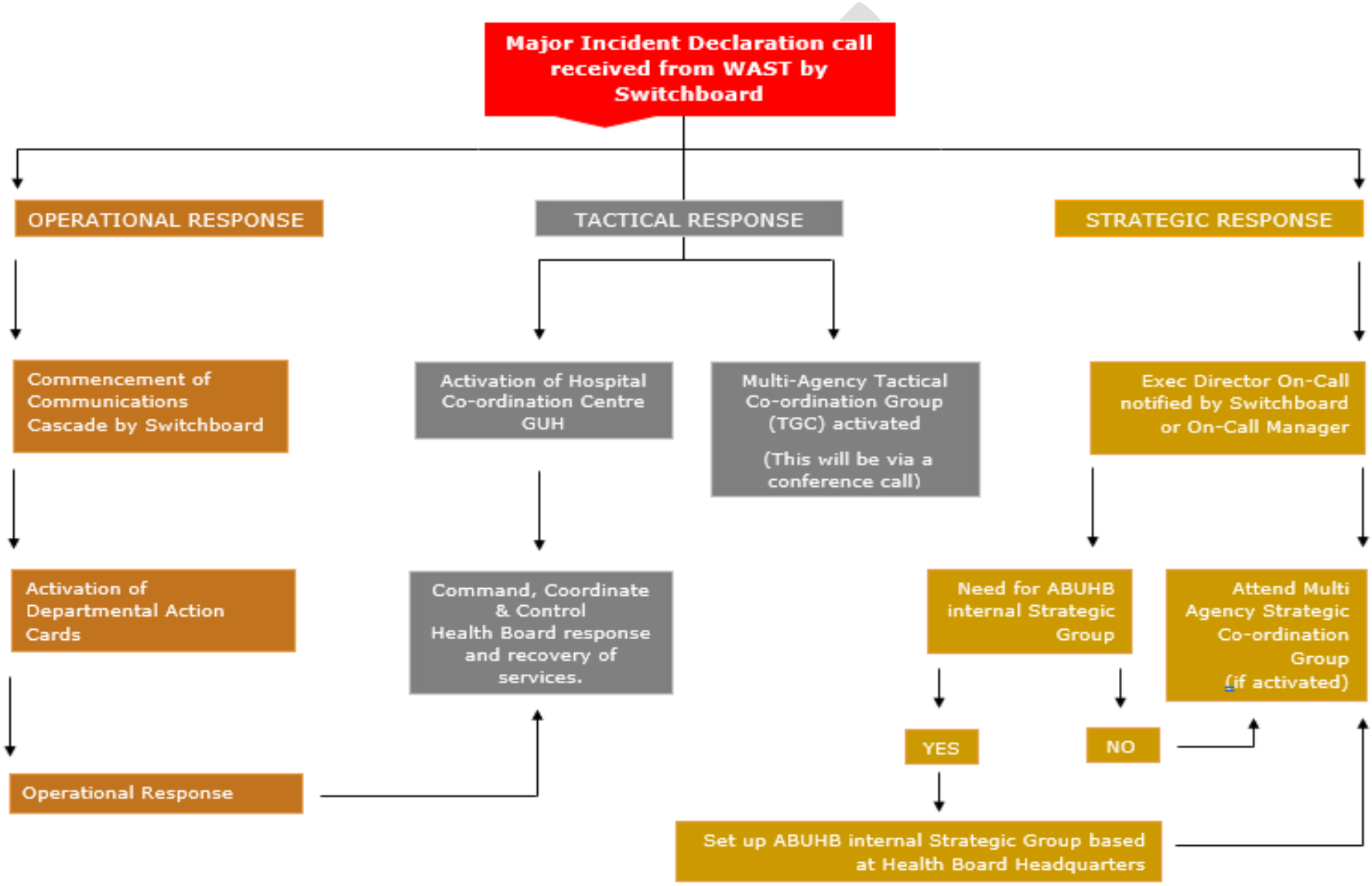
The Operational level response will be managed in the Hospital Coordination Centre located at the Grange University Hospital. The senor coordination team will comprise of:

## 8.8 Change of UK threat level to CRITICAL

If the UK threat level is raised the Health Board would activate an internal strategic coordination group to assess the current intelligence and identify any specific

threat or impact to operational services of the organisation. SCG would set the strategic intent, develop plans and adopt a range of operational and tactical options to maintain critical services, target harden sites and warn and inform staff.

## 9.0 Major Incident Response Flow Chart



## Joint Emergency Service Interoperability Programme (JESIP)

To improve a multi-agency response JESIP establishes five principles which organisations need to be aware of, including:

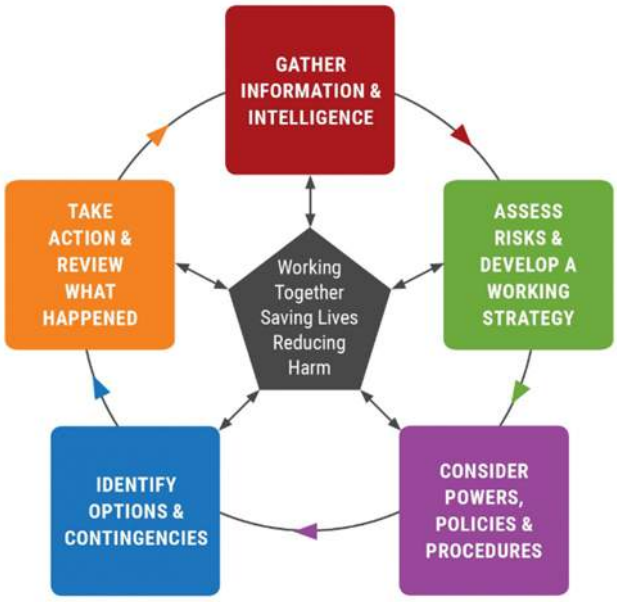
1. Co-location of commanders as soon as practicable at a single, safe, and easily identified location near to the scene.
2. Communicate clearly using plain English.
3. Coordinate by agreeing the lead service. Identify priorities, resources and capabilities for an effective response, including the timings of further meetings.
4. Jointly understanding risk by sharing information about the likelihood and potential impacts of threats and hazards to agree potential control measures.
5. Establish shared situational awareness by using METHANE and the Joint Decision Model (JDM).

If the principles are followed then the result should be a jointly agreed working strategy where all parties understand what is going to happen when and by who, this strategy should include:

- What are the aims and objectives to be achieved?
- Who by – police, fire, ambulance, and partner organisations?
- When – timescales, deadlines, and milestones
- Where – what locations?
- Why – what is the rationale, Is this consistent with the overall strategic aims and objectives?
- How are these tasks going to be achieved?

### 10.1 Joint Decision Model (JDM)

The Joint Decision Model will be used by multi-agency partners and the Health Board Strategic and Tactical Commanders to ensure a consistent approach to assessing the situation and planning the response to an incident.



| Gather Information and Intelligence | Assess Threats & Risks | Power & Policies | Identify Options and Contingencies | Action & Review |
|---|---|---|---|---|
| **Defining the situation** | **Assessing the situation** | **What is applicable to the situation?** | **Consider options with least risk of harm** | **Make & implement action, then review** |
| What is happening?<br><br>What do you know so far?<br><br>What further information/ intelligence do you want/need? | Do you need to act immediately?<br><br>Do you need to seek more information?<br><br>What could go wrong?<br><br>What could go well?<br><br>How probable is the risk of harm?<br><br>How serious would it be?<br><br>Is that level of risk acceptable?<br><br>Is this a situation for the Health Board alone to deal with?<br><br>Are you the appropriate person to deal with this?<br><br>What are you trying to achieve?<br><br>Develop a working strategy to guide subsequent stages. | What legislation applies?<br><br>Does the Health Board have the power to initiate action?<br><br>Is there any guidance covering this situation?<br><br>Do any NHS, LRF or WG (Welsh Government) plans, or guidance apply? | What options are open to you?<br><br>Will the response be proportionate, legitimate, and necessary?<br><br>Will the response be reasonable in the circumstances facing you at the time?<br><br>What will you do if things do not happen as anticipated? | Implement option selected.<br><br>Does anyone else need to know what you have decided?<br><br>Record what you did and why.<br><br>Monitor.<br><br>What happened because of your decision?<br><br>Was it what you wanted or expected to happen?<br><br>Review your decisions using the JDM.<br><br>What lessons can you take from how things turned out?<br><br>What might you do differently next time? |

## 11. Preservation of Documents

Following a major incident, the Health Board may be invited or required to provide evidence to an appropriate enforcement agency (e.g., HSE (Health & Safety Executive)), a judicial inquiry, a coroner's inquest, the Police, or a civil court hearing for compensation claims. During any or each of these, we may well be obliged or advised to give access to documents produced prior to, during and because of the incident. Under no circumstances must any document which relates or may in any way relate (however slightly) to the incident, be destroyed, amended, held back or mislaid.

### 11.1 Definition of 'Documents'

For these purposes "documents" means not only pieces of paper but also photographs, audio and videotapes, and information held on computers. It also includes internal electronic mail. The vital message 'Preserve and Protect' – needs to be spread very quickly during a Major Incident and must reach those who might quite unknowingly hold significant documents.

### 11.2 Incident Logbooks

It is important that an incident log is kept of all key information, decisions, and the rational for decisions, including the date and time they are made, who made them and the reasons for so doing. All information, including actions and reports relating to the running of the Incident must be recorded in the Health Board Major Incident Logbooks. The logbook should provide a single comprehensive record of information both sent and received. It is not necessary that incoming information be transcribed fully onto the Log record, it is sufficient to reference the information in the log. A stock of logbooks is held in the Major Incident cupboard within the Hospital Co-ordination Centre at Grange University Hospital, level 1, room 01.077.

The Health Board has a cohort of trained Log recorders, the contact list and call out numbers are held in the HCC.

It is also essential that when attending multi-agency command and control structures, the Health Board representatives at the Strategic Co-ordination Group (SCG) (Gold) and the Tactical Co-ordination Group (TCG) (Silver) record their decisions contemporaneously. As a minimum, the record should contain:

- Date
- Time
- Situation
- Hazards and Risks
- Options Available
- Option Chosen
- Rationale for Option Chosen and those Not Taken

### 11.3 Incident Recording

All Action Card holders must keep a record of all instructions received, actions taken and other incidents which may enable the Health Board to assess the

success of the emergency response and provide evidence to any enquiry which may follow. The records should remain intact; no part should be destroyed, removed, or erased because, no matter how trivial notes may appear, the total content may form an important contribution in assessment of the continuity of response. The records must be handed on if the holder is relieved during the incident and following stand-down they must be returned to the HCC or Emergency Planning team for safe storage.

## 12.0 Activation Procedures – Categories of Response

There are four levels of alert:

1. Major Incident standby - this is when the incident does not require an immediate response but there is the potential for the incident to escalate and a decision will be made to send out a 'stand by alert' to the Health Board and the incident will be monitored and if necessary, a major incident can be declared.

2. Major Incident declared – this is when the incident requires an immediate response, and the Health Board major incident plan is activated.

3. Major Incident Cancelled – cancels either the first or second message.

4. Major Incident Stand down – notifies us when an incident is over at scene. It is the responsibility of all responding agencies to determine when their organisation should stand down. This will be decided by consultation in the HCC and executive on call.

## 12.1 Notification of Major Incident

Notification will be received by the Hospital Switchboard (on pre-determined ex-directory telephone number), via the Everbridge automated alert cascade which will normally be from the Welsh Ambulance Service Trust. In certain circumstances the alert can be activated by any Category One Responder or the Health Board Gold on-call, where an internal incident has occurred.

The Notification Procedure allows for a two-stage response:

In the event of a potential Major Incident situation, or where another Hospital is dealing with a Major Incident, and the ABUHB Hospitals have been asked to be prepared to assist if required, the Hospital will initiate the 'Stand-by Procedure'.

Note: A Standby notification will subsequently be cancelled or become a Declared Major Incident.

## 12.2 Major Incident Declared

Upon receipt of the declaration call from WAST via the 'Everbridge' automated communication system, ABUHB switchboard operator will complete a Notification of a Major Incident METHANE report.

| | |
|---|---|
| **M** | Major Incident declared or Standby |
| **E** | Exact Location |
| **T** | Type of Incident |
| **H** | Hazards present or suspected |
| **A** | Access - routes that are safe to use |
| **N** | Number, type & severity of casualties |
| **E** | Emergency services present and those required |

The switchboard operator is instructed to confirm they have received and understood the major incident declaration and confirm by pressing the digit 1 on the telephone keypad. WAST control will then send an email to switchboard to cross reference and confirm METHANE report.

If the call is received from a member of the public contact the Police Control Room.

## 12.3 Major Incident Stand-down Procedure

On receiving the message from the Ambulance Incident Commander, Ambulance Control will notify the following message to Switchboard, who will inform the Hospital Co-ordination Centre:

When all live casualties have been evacuated from the incident site, the emergency services will agree the Major Incident Stand Down. The Ambulance Service will notify the designated and supporting hospitals of the Major Incident Stand Down at scene. Where possible, the Ambulance Incident Officer will make it clear whether any casualties are still enroute. It will be the responsibility of the Hospital Coordination Team in conjunction with Gold on-call to determine if the Health Board is in a position where it can Stand Down the response stage of the incident and commence the recovery phase. The Hospital Coordination Team will inform switchboard that the stand-down message is cascaded to all service areas.

## 12.4 Self-Declaration of a Major Incident

In the event of the hospital needing to self-declare an internal major incident, the most senior Gold on-call shall:

a. Advise the Switchboard to activate the communications cascade to notify staff.

b. Advise Ambulance Control of the situation on 01633 294866 (Duty Manager or 999 if unavailable).
c. The clinical operational site manager in the HCC will advise Gwent Police control of the situation, identify yourself and ask to speak to the Control Room Force Incident Manager.

## 12.5 Action Cards

Key area and staff response procedures can be found in their service specific action cards, these cards can be found in clearly marked red folders in each response area. The Emergency Planning team, work with service leads to develop actions, processes and procedures that are achievable and align with the organisation's major incident plan.

### 12.5.1 Emergency Department Actions & Welsh Ambulance Service Trust Vehicles

GUH Emergency Department will prepare and create capacity ready to receive casualties from the scene of the incident. Where operational and incident pressures allow this will also include the offload and release of WAST operational vehicles.

Health Boards in Wales have agreed that the declaration of a Major Incident Emergency Departments will aim to release WAST operational vehicles within the below time frames.

- 50% of vehicles released within 10 minutes
- 75% of vehicles released within 20 minutes
- 100% of vehicles released within 30 minutes

## 13.0 Hospital Co-ordination Centre

The function of the Hospital Co-ordination Centre is to co-ordinate all hospital activity throughout the live response phase of the incident and record all management decisions and actions. The Hospital Co-ordination Team will aim to maintain and support routine services throughout the incident whilst promoting a return to business as usual where possible. Senior Managers will be allocated responsibility for supporting functions in need of additional resources and temporary modification of normal service patterns.

| In Hours | OOH |
|---|---|
| Senior Nurse<br>Clinical Operational Site Manager<br>Medical Co-ordinator (Director of Urgent Care)<br>Emergency Planning Response Team<br>Health Care Records<br>Loggist (Admin staff)<br>Runner (Porters or Admin staff) | Site Co-ordinator (Nurse)<br>On Call Senior Manager (Silver)<br>Medical Co-ordinator (Director of Urgent Care)<br>Emergency Planning Response Team<br>Health Care Records<br>Loggist (Admin staff)<br>Runner (Porters or Admin staff) |

## 13.1 Hospital Support to Scene

### Medical Advisor (MA)

The overall responsibility for the management of medical resources at the scene of the major incident will be that of the first Doctor or Ambulance Paramedic on site, until relieved by the Medical Advisor. The local provision of a Medical Advisor will be through EMRTS on-call.

The MA liaises with the Ambulance Incident Commander (AIC), to co-ordinate use of NHS resources on site and liaises fully with clinical colleagues at the receiving and supporting hospitals.

In association with the Ambulance Service, the MA will arrange the establishment of a Casualty Clearing Station, (CCS), MERIT team and assess the need for further Medical Support and ensure that information on number and nature of casualties is sent to the Receiving Hospitals.

The MA will remain on site until the on-scene stand down is declared.

## 14.0 Medical Emergency Response Incident Team – (MERIT)

These are nursing teams, which can be called to the incident scene and work under the direction of the Medical Advisor within the casualty clearing station.

Wales has an 'all Wales' pool of MERIT trained members who can be called upon to support a major incident pre-hospital response. Personnel that make up the MERIT response will have undertaken 'The All-Wales MERIT Passport course' to support them in delivering their role effectively at a major incident and are issued with appropriate personal protective equipment and MERIT PIN cards.

WAST Operational delivery unit (ODU) will request for MERIT Team to be dispatched to the incident scene via the Major Incident line in Switchboard, following a request made by the Ambulance Incident commander at scene.

MERIT team members will be drawn from the nearest appropriate supporting Health Boards, the initial team will consist of two on 'duty staff' from each Health board to form a Joint team of 10 trained staff. A minimum of TWO MERIT trained staff must be provided per Health Board.

HSSC via ambulance control are responsible for transporting MERIT teams to Scene.

Staff will not be allowed on scene unless they have the correct Personal Protective Equipment (PPE), have Health Board ID and MERIT Passport PIN cards.

Medical support at scene within Wales to Support MERIT teams will be provided by EMRTS (Emergency Medical Response & Transfer Service).

## 14.1 Back-up Support to MERIT

This team will be requested by ODU and will be authorised and assembled only on the instructions of the HCC. Its composition will be as near as possible to that of the first MERIT but may vary according to 'off duty' personnel available at the time.

Additional teams will be requested by WAST from neighbouring hospitals to spread the load on local teams. In the event of MERIT need outstripping ABUHB supply, mutual aid will be requested from neighbouring Health Boards, this arrangement is reciprocal.

The decision to support this request should be made jointly by the ED NIC/ED Consultant/ EPRT/HCC.

## 14.2 Incident Site Action

Co-ordination of operations at the site of the incident will normally be in the hands of the Police. In the case of a major fire, this co-ordination will be in the hands of the Senior Fire Officer. If the incident is within the premises of a major industrial concern (e.g., the oil industry) co-ordination may be in the hands of a Senior Officer of that industry.

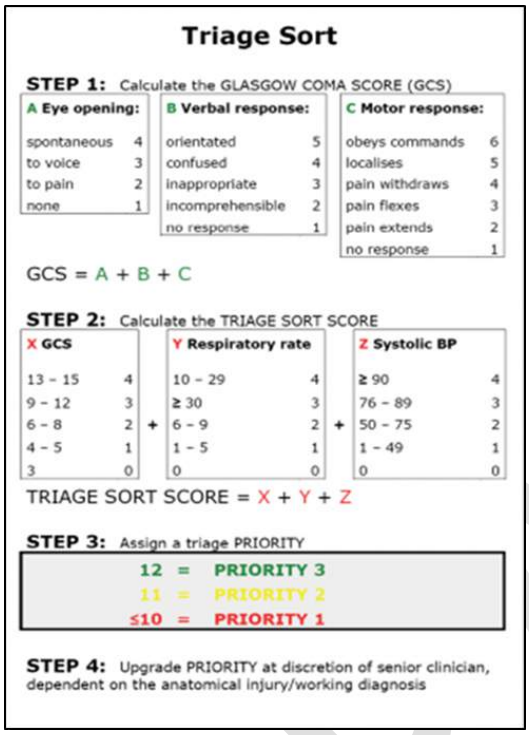
## 14.3 Casualty Clearing Station

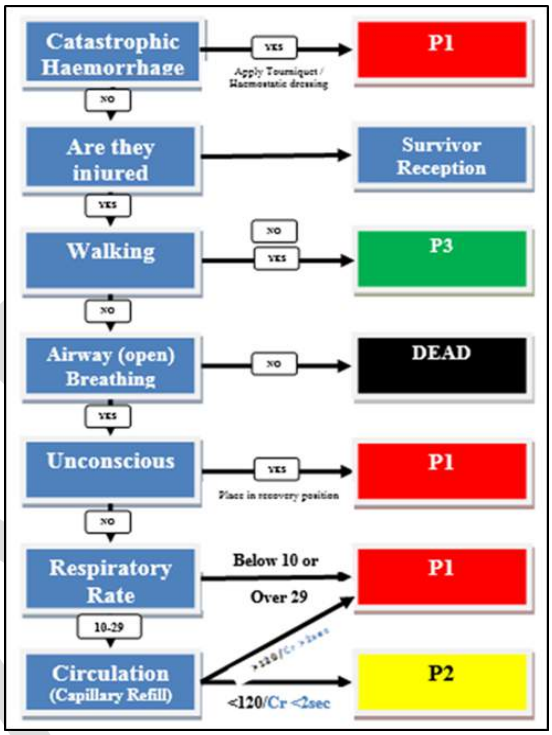
In conjunction with the Ambulance Incident Officer, the Medical Incident Officer should establish a Casualty Clearing Station to triage casualties, categorise and direct their evacuation to an appropriate healthcare facility. Priorities for evacuation should follow the coding:

| Triage Priority | Order of Treatment | Description of Casualties Needs |
|---|---|---|
| **P1** | 1st | **IMMEDIATE** – Immediate lifesaving procedures required. |
| **P2** | 2nd | **URGENT** – Casualties who require urgent surgical or medical intervention. |
| **P3** | 3rd | **DELAYED** – Less serious cases where treatment can be delayed. Walking cases. |
| **P4** | | **EXPECTANT** – Casualties whose injuries are so severe that they either cannot survive or would require so much input from the limited resources available, that their treatment would seriously compromise the treatment of large numbers of less seriously injured casualties. The implementation of this category must be authorised by the Chief Medical Officers' office at Welsh Government. To date, this category has not been utilised in any civilian major incident in the UK. |
| **Dead** | | |

## 14.4 Triage

Casualties will be triaged at the incident site utilising the major incident triage sieve and sort system which is documented using CRUCIFORM cards. The cruciform card will also contain all pre-hospital care information. The same process is to be followed for any self-presenting casualties.




## 15.0 Mass Casualty Arrangements for Wales

The Mass Casualty arrangements for Wales can be found on AB Pulse – Emergency Planning page. Link below.

MASS CASUALTY ARRANGEMENTS VERSION 4 - Sept 2023.docx (sharepoint.com)

## 15.1 Gwent Mass Fatalities Plan

The Temporary Mortuary arrangements for Gwent during a Major Incident can be found on AB Pulse – Emergency Planning. Link below.

Emergency Planning - FINAL Gwent Mass Fatalities Plan v3.pdf - All Documents (sharepoint.com)

Local Authorities have the Statutory Duty to provide Temporary Mortuary facilities on behalf of the coroner. Any such Temporary Mortuary facility will be jointly operated by the Police and Local Authorities on behalf of the coroner in premises arranged by the Lead Local Authority, in whose area the incident takes place.

Temporary Mortuary Facilities are normally temporary body storage systems that can be transported and erected at any location. These units meet the requirements of the most difficult of operational situations. Gwent Police currently hold and store one unit for the LRF but can access more units through cross border mutual aide.

The Aneurin Bevan Health Board provides the Designated Individual (D.I.) responsible for overseeing the activity within the Temporary Mortuary whilst functional. Dr Ian Thompson currently fills this role for the Health Board.

## 15.2 Mortuary Facilities & Deceased Persons

These are the responsibility of Her Majesty's Coroner (via the Police). As a rule, no such persons shall be moved without the advice of the Police from the scene of the incident.

NOTE: Where many fatalities occur at an incident site, there will be covered Temporary Body storage, known as a Body Holding Area – not to be confused with a Temporary Mortuary.

## 15.3 Temporary Mortuary

The coroner may request a Temporary Mortuary. In this case no deceased person should be transferred from the incident site to the hospital mortuary, except in circumstances where a small number of fatalities occurs, and the hospital mortuary capacity can accept them.

In these circumstances, it may be possible to accommodate them at GUH Mortuary.

## 15.4 National Emergency Mortuary Arrangements (NEMA)

Where fatalities reach such numbers that the local arrangements cannot cope, - a Mass Fatality incident, the National Emergency Mortuary Arrangements (NEMA) will be invoked.

The coroner will request the commissioning of a Temporary Mortuary at one of the designated sites within the County. This is specifically intended to reduce the pressure on the hospital mortuary.

## 15.5 Forensic Considerations

Any Major Incident (which is not a natural occurrence) where fatalities occur will be the subject of a criminal inquiry and every effort must be made to preserve forensic evidence for subsequent investigation.

All forensic material including clothing, personal effects and any other artefacts brought to a receiving hospital in relation to a patient / victim of a major incident must be retained in a transparent plastic bag and labelled with details, if known, of the owner. Any material not identifiable as being the property of an individual must also be clear bagged and labelled with the date, time, and location at which found. Gwent Police Forensic Officers will collect material from hospitals.

Under the authority of the Coroner, Gwent Police will undertake work relating to identification of bodies and management of their belongings etc. known as Disaster Victim Identification (DVI).

## 16.0 Management of Burns

Burn care is organised using a tiered model of care (centres, units, and facilities). The most severely injured are cared for in burn centres with those requiring less intensive support being cared for in burn units. Patients with smaller burn injuries are cared for in facility level burn care services.

Burn Centres – This level of in-patient burn care is for the highest level of injury complexity and offers a separately staffed, geographically discrete ward. The service is skilled to the highest level of critical care and has immediate operating theatre access.

Burn Units – This level of in-patient care is for the moderate level of injury complexity and offers a separately staffed, discrete ward.

Burn Facilities – This level of in-patient care equates to a standard plastic surgical ward for the care of non-complex burn injuries.

The Welsh Burns Centre is situated at Morriston Hospital, Swansea and offers:

- Adults: Centre, Unit & Facility level care
- Children: Unit & Facility level care

Children who sustain burns which require centre level care require transfer to the Paediatric Burns Centre in Bristol.

The criteria for referral to Burn Services has been agreed by the National Network of Burn Care and has been widely circulated to all Emergency Departments.

- (Ref: National Network for Burn Care: National Burn Care Referral Guidance (2012)) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215643/dh_125842.pdf)

The Burns Centre at Morriston Hospital forms part of the Southwest UK Burn Care Network which includes burn care services at Frenchay Hospital, Bristol; Salisbury District Hospital, Salisbury, and Derriford Hospital in Plymouth.

In the event of a major incident involving patients with burns the Medical Coordinator in the HCC will liaise directly with the on-call Burns Consultant at Morriston Burns Centre to discuss patient care/treatment.

Small numbers of burn-injured patients can overwhelm burn care capacity particularly if children and young people are involved.

It is important that those patients admitted to the Centre are those who are likely to benefit most from the specialised facilities.

The Burns Centre in Morriston Hospital can admit a maximum of 10 major burns cases (>30% body surface area) but this would be dependent upon the bed occupancy rate of the centre at the time and the availability of staff.

This may mean that in the event of an incident involving multiple burns, all casualties arriving at the Receiving Hospital will require admission and stabilisation prior to transfer to a specialist burn service appropriate for their level of injury.

Acute Phase (24 hours) - Admit all patients to hospital. Inform on-call team at Morriston Burns Centre. Depending on the number of casualties a Burns Specialist Advisory Team (BSAT) may be sent to assist with triage and advise on initial treatment.

As many patients as possible will be transferred to Morriston Burns Centre up to capacity. When capacity is reached the on-call Burns Consultant will advise on availability of beds within the Southwest UK Network and will have liaised with clinical colleagues in Burns services throughout the UK. Patients should be transferred to a level of care that is appropriate for their level of injury. It is anticipated that patients with minor burns would remain at the Receiving Hospital or be discharged and be treated locally by Emergency Department /Surgical staff with subsequent advice and assistance of a Burns Specialist Care Team (BSCT).

After 24 hours - The Emergency Department/Surgical Staff of the Receiving Hospital together with the Burns Specialist Advisory Team (BSAT) from Morriston Burns Centre will confer and decide on the management of patients remaining at the Receiving Hospital.

In the event of a burn's major incident within the SWUK (Southwest UK) network, the on-call Burns Consultant at Morriston (for adults) and Frenchay (for children) and Burns Liaison Manager will advise where patients should be transferred to. The National Burns Bed Bureau (NBBB) can be contacted 24 hours a day on 01384 215576 to ascertain where there are available burn beds.

Further information can be obtained from:

- Concept of Operations for the management of mass casualties: Burns annex https://www.england.nhs.uk/wp-content/uploads/2020/09/B0193-mass-casualties-burns-annex.pdf
- NHS Emergency Planning Guidance: Planning for the management of burn-injured patients in the event of a major incident (2011) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215643/dh_125842.pdf
- National Network for Burn Care: National Burn Care Referral Guidance (2012) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215643/dh_125842.pdf
- Management of Surge and Escalation in Critical Care Services: Standard Operating Procedure for Adult and Paediatric Burn Care Services in

England and Wales (2015)
https://www.wyccn.org/uploads/6/5/1/9/65199375/national_burns_surge_and_escalation_sop_final_agreed_by_gateway_-_16.10.15.pdf

- Clinical Guidelines for Major Incidents and Mass Casualty Events
https://www.england.nhs.uk/wp-content/uploads/2018/12/B0128-clinical-guidelines-for-use-in-a-major-incident-v2-2020.pdf

## 17.0 Management of Chemical Incidents

In the event of a major incident requiring chemical decontamination, consideration should be given to Lockdown the Hospital to prevent contaminated persons entering the Hospital building and potentially spreading the contamination. The Health Boards Security Manager will coordinate site lockdown.

ABUHB has a responsibility of care to provide facilities for the decontamination of any person's self-presenting at GUH after being involved in an incident, where that person or persons, may become contaminated by a substance known or unknown. ABUHB has therefore a responsibility to ensure the decontamination of casualties is undertaken in a safe and responsible manner. A fully operational decontamination facility is based at GUH for this purpose. if a contaminated person should self-present at any of the ELGH sites then dry decontamination will be performed as per the Initial operational response and a 999 request for decontamination support requested

## 17.1 Grange University Hospital Decontamination Procedures

Initial Operational Response – the attached operational guidance has been created to focus on terrorist incidents involving CBRN agents. Since 2015, the National CBRN Centre (NCBRNC) has collated an informed data set in relation to incidents reported by emergency services across the UK. This data is regularly analysed by specialist intelligence analysts at National Counter Terrorism Policing Headquarters (NCTPHQ) to provide an evidence base to inform CBRN operational guidance.
Emergency Planning - IOR 2023 (Accessible).pdf - All Documents (sharepoint.com)

## 17.2 Personal Protective Equipment (PPE)

ABUHB Emergency Departments and the Welsh Ambulance Service Trust are equipped and can deal with contaminated casualties. All casualties at the scene will be decontaminated by WAST & SWFRS, prior to transfer to hospital.

The Hospital Decontamination Unit must be utilised in the event of any chemical, radiation, or biological incident, this may be necessary for patients self-presenting from the scene that have not been decontaminated by the WAST. Any self-presenting casualties at either of the eLGH sites will be treated using IOR instructions and 999 response.

Advice must be sort from the on-call Public Health Consultant via Ambulance Control

Once the nature of the chemical contamination has been ascertained further advice may be obtained from the 24-hour Chemical Incident Hotline.

## 17.3 Other Sources of Information/Advice

Public Health England Centre for Radiation, Chemicals and Environmental Hazards

Provides support and advice to local authorities and health bodies in the event of an acute chemical related incident and related issues such as contaminated land. 24-hour advisory service on environmental, chemical, medical toxicological, epidemiological, and public health aspects of chemical health hazards.

The 'Chemsafe' scheme is operated by the British Chemical Industry and aims to provide accurate information on the nature of spilled chemicals and practical assistance when required from incidents involving the transportation of dangerous incidents.

The National Focus provides a telephone specialist advice and is available 24/7. It can provide direct specialist advice, usually for incidents of national significance, or will direct callers to the appropriate sources of expertise and advice.

This service is only available to NHS professionals, and is staffed 24-hours a day, 365 days a year by trained NPIS (National Poisons Information Service) specialists in poisons information.

Public Health England guidance for Chemical, biological, radiological, and nuclear incidents: clinical management and health protection – Appendix 8

Public Health Wales - Chemical Decontamination, Advice for Health Boards – Appendix 8

JESIP - Joint Operating Principles for Category 1 Responders to CBRN Event – Appendix 8

## 17.4 Hazardous Sites in the ABUHB area

Gwent have several Top Tier COMAH Sites (Control of Major Accident Hazards). COMAH applies to the chemical industry, but also to some storage activities, explosives and nuclear sites, and other industries where the threshold quantities of dangerous substances are kept or used.

All businesses in Great Britain are legally required to protect their employees, third parties and members of the public who may be affected by their work activities. There are also various legal requirements that apply to protect the environment. When an accident occurs, having significant quantities of flammable, environmentally hazardous or toxic substances on site increases the potential to cause multiple injuries or fatalities to those working on site or living in the local community and/or cause damage to the environment. The COMAH Regulations aim to prevent major accidents and, should one happen, require businesses to limit the effects on people and the environment.

In Gwent we have the following business who fall under COMAH regulations, each site is required to have comprehensive off-site plans that have been scrutinised Local Resilience Partners before being signed off.

Gwent Sites.

- Eastman/Solutia, Newport
- EnviroWales, Rassau, Blaenau Gwent
- BAE Glascoed, Usk

## 18.0 Management of Radiation Incidents

Clinicians are to monitor casualties and seek advice on decontamination requirements. The current Radiation Advisors are based at Velindre - Radiation Protection, in hours.

Out of hours arrangement is to contact Velindre switchboard on, who will provide contact details and numbers.

In the event of a major incident involving radiation, consideration should be given to activate the Hospital Lockdown Procedure, to prevent contaminated personnel entering the Hospital building and potentially spreading the contamination.

Incidents involving the transport of nuclear materials will fall under the remit of national arrangements facilitated by the Atomic Weapons Establishment who monitor movements of Defence Nuclear Material. In the event of an incident the Joint Operations Cell will alert the Civilian Emergency Services and call out the Nuclear Emergency Organisation.

## 18.1 Response Standby (Radiation Exposure)

The extent of the response will depend upon the type of incident and its impact.

Where an incident may involve the release of radiation the National Arrangements for Incidents involving Radioactivity (NAIR scheme) should be instigated by Gwent Police (with assistance of the Fire Service who possess a mobile de-contamination unit).

Type 1 - Non-Injured Patients

Type 2 - Injured Persons (e.g., Road Traffic Collision)

For these types of incidents, there are two national schemes in place to provide support to the Police who will lead any responses. They are:

RADSAFE - this scheme provides expert assistant to the emergency services following an incident involving the transport of radioactive material.

The National Arrangements for Incidents Involving Radiation (NAIR). This scheme is administered by the National Radiation Protection board and activated by the Police. In such situations, Physicists would be alerted to attend the scene to

provide advice on protection measures and respond to the Emergency Department receiving contaminated or irradiated casualties.

Type 3 - Multiple Persons involved (e.g., Power Station Incident)

An incident of this magnitude will require a multi-agency response, the involvement of the National Resource Wales, and the Welsh Government. The Welsh Government will establish an Incident Response Team to co-ordinate the health response and provide support to the Police arrangements.

## 18.2 Reception and Treatment of Casualties

As soon as severely irradiated casualties are decontaminated and stabilised at the receiving hospital. The Medical Team, Public Health Team, and scientific advisory team at Deference Science Technology Laboratory Porton Down, will determine if they should be transferred to an appropriate facility which is suitably equipped to meet the clinical needs of the patient.

## 18.3 Public Health Information

Public Health Wales will provide appropriate advice to the Strategic Co-ordination Group (Gold) who are responsible for co-ordinating mobile media information.

Where the radiation injury is life threatening and the need for treatment immediate, admission may be direct to the Receiving Hospital whilst the advice of a radiation expert is awaited.

If time is available preparations should be made before the patient arrives at the hospital.

As soon as possible, information must be obtained from the scene of the incident regarding numbers and condition of casualties expected, and whether decontamination has been undertaken at the scene. Ideally, all casualties should be decontaminated prior to transport to Hospital.

It will be necessary to monitor the condition and movements of all staff who have had contact with contaminated patients (including Ambulance personnel). Once their immediate duties have been completed, they should be kept in a separate prepared area of the Department for monitoring, following decontamination. This area will be identified at the time of the incident and according to numbers.

Staff who are, or may be, pregnant must not participate in the patient(s) care. Specialist advice can be obtained from The Defence Science and Technology Laboratory (Dstl) Porton Down.

The Operational Site Manager based in the HCC must ensure that notices are posted, and the Hospital Information/Media Centre utilise local media to advise any self-referrals to the Emergency Department that a decontamination process will be required prior to entering the hospital building. This may also require the support of the Police controlling large numbers of people / patients. Notices are stored in the Major Incident store cupboard at the HCC.

The HCC must ensure that advice is obtained and implemented in relation to any contamination of the hospital environment by means of biological/chemical/ radiation agents. The HCC will need to liaise with Public Heath Wales / Ambulance Control to access supplies of antidotes / vaccines as appropriate to the situation.

## 19.0 Management of Biological Incidents

Public Health Departments are responsible for preparing and maintaining their plans for the management of incidents of communicable diseases including clusters or outbreaks. This excludes incidents of food and water borne infections for which plans are maintained by local authority environmental health departments.

Public health legislation for the control of communicable diseases is vested in local authorities.

- Public Health (Control of Diseases) Act 1984
- Public Health (infectious Diseases) Regulations 2010

Within Aneurin Bevan Health Board, the Infection Control Departments in conjunction with the Consultant Microbiologists are responsible for Infection Control Policies.

In cases of outbreaks of Smallpox or SARS (severe acute respiratory syndrome), a specified area within the Emergency Department will be used and cordoned off for self-referral patients.

The Infection Control team led by the Consultant Microbiologist should be contacted for isolating these and other patients in a designated area of the hospital. This area will be identified at the time. These patients will be held in the designated area for a brief time. After stabilisation, these patients will be transferred to the Infections Ward, University Hospital of Wales, Cardiff. The Operational Site Manager in conjunction with WAST will facilitate the transfer of patients.

The Consultant Microbiologist (or Infection Control Team) will inform the HCC and the Director of Public Health of an outbreak. Public Health Wales has a lead role in the managing an outbreak of infectious diseases.

If requested by the Strategic Co-ordination Group, Public Health Wales will establish and chair a Scientific and Technical Advisory Cell (STAC). Public Health Wales is responsible for appointing members of the STAC. This would not necessarily be a local group but is more likely to be a virtual group or based in Cardiff.

In major biological incidents in which large numbers of people need treatment, the Heath Board may be under pressure to maintain services. In such situations arrangements will need to be put in place to ensure adequate resources are in place. This may include invoking emergency planning procedures.

Where investigations lead to suspect that clusters of a communicable disease may be due to bioterrorism, the Police should be informed, and arrangements for handling deliberate release should be put in place.

## 19.1 Poisons & Potentially Hazardous Substances

Many materials or substances used or created can harm health. These substances could be dusts, gases or fumes that are breathed in, or liquids, gels or powders that encounter eyes or skin. There could also be harmful micro-organisms present that can cause infection, an allergic reaction or are toxic. Harmful substances can be present in anything from paints and cleaners to flour dust, asbestos, lead, blood or waste the list is endless.

Self-presenting patients with signs of being exposed to a poison or hazardous substance should be isolated until the infection is identified and controlled.

Advisory centres for information on poisons and potentially hazardous substances are set out below:

## 20.0 Medical Illustration/Clinical Photography

The Medical Illustration Team are located at Royal Gwent Hospital, they are healthcare scientists who produce visual records to help clinicians diagnose conditions or monitor treatment effectiveness. They work closely with healthcare professionals to produce resources for use in patient care. Photographic images produced can also be used as evidence in a coroner's court or law court post Major Incident.

The Team should be activated for all Major Incidents that involve Mass Casualties; the Operational Site Manager will call in the team as part of their HCC action card.

## 21.0 Helicopter Landing Facilities

The GUH Helipad will be open 7 days a week, 365 days a year. It is anticipated there will be 6 landings per week with most of the flights taking place in daylight hours, however the operational procedures have considered night-time activity and systems are in place to accommodate night flights.

The Helipad is equipped with lights to enable night operations which will also be required on short dark winter days.

If for any reason the Helipad cannot be used, the 'Closed' status should be communicated to the Emergency Department, Switchboard, Estates and Facilities and the Air Ambulance Support Desk on The SOP (Standard Operating Procedures) is at Appendix 5.

### 21.1 EMRTS (Welsh Flying Medics)

The Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru is a service for Wales that provides Consultant and Critical Care Practitioner-delivered Pre-hospital critical care across Wales. It provides a multitude of roles at major

incident or mass-casualty events and a strategic medical advisor is available 24/7. This advisor is known as a top cover consultant.

EMRTS Cymru is coordinated via the Air Support Desk (ASD) which is based at the Welsh Ambulance Service headquarters in Cwmbran. Critical Care Practitioner's and an allocator on the ASD monitor emergency calls made to the ambulance service and assess the appropriateness of EMRTS Cymru support. The ASD also receives direct calls from NHS services and departments requesting assistance for an emergency patient transfer. In certain cases, a conference call is set up with the on-call top cover consultant to provide advice and support.

## 22.0 Cultural Arrangements

Where a Major Incident involves persons from multi-cultural backgrounds, communication difficulties can complicate the medical intervention.

Interpreter services can be accessed through the Patient Relations on ext. 55656.

The Chaplaincy will have a presence on site at GUH from Monday to Friday, although RGH will still be the administrative centre for the department, ext. 44263.

In addition, the Gwent Faiths Communities Emergency Response Arrangements document should be referred to for advice (copy available from Chaplains Office.) The chaplain's office can be contacted via the office at RGH on internal ext. 44263 external or through the switchboard OOH.

In addition, the British Red Cross Multi-Lingual Phrasebook can be utilised.

https://webarchive.nationalarchives.gov.uk/20130105192116/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4073230

## 23.0 VIP Visits

It is likely that in the immediate aftermath of an incident, VIP visits may be requested. This may involve royalty, politicians, or foreign dignitaries. Where an incident involves a place of entertainment, such as a sports ground, celebrities may also request to visit. All such visits will require careful security management in conjunction with the police. The Corporate Communications Team will coordinate all VIP visits for the Health Board, and the Health Boards Security manager will support with any security arrangements.

## 24.0 Staff Welfare

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. To achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- Health and safety

- The availability of food and other refreshments
- Working hours
- Rest breaks
- Travel arrangements
- Consideration of personal circumstances
- Emotional support during and after the incident
- Trauma Risk Management (TRiM)

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly at the start of a shift at shift changes and handovers. Guidance and assistance should be sought from Occupational Health Department, Mental Health Team, Human Resources and the Well Being Service.

## 25.0 Voluntary Aid Societies

The title "Voluntary Aid Society" is taken in this context to mean the WRVS, Red Cross, CRUSE, League of Friends and St. John Ambulance Brigade, all of whom have skills and resources, which may be relevant to the health care and welfare of casualties.

If the Incident involves large numbers and/or is likely to be prolonged the Voluntary Aid Societies can provide much valuable support to the Health Board. Support can be sought through the British Red Cross tel.; and or the Local Resilience Forum Human Aspects Group tel.;

## 26.0 Religious & Cultural Sensitivity

The Health Board's response in a Major Incident must continue to respect the religious, ethnic, and cultural background of patients who may present for treatment. Staff should continue to display sensitivity in working with patients and their families in the event of a major incident.

Guidance has been published by the Department of Health to raise awareness for responders in understanding of varying beliefs and sensitivities of victims and families from different communities in the event of a major incident. Copies of this guidance are available in the Emergency Depts/Units, HCCs, and the Mortuaries.

## 27.0 Grange University Hospital Major Incident site procedures – page 41



## Glossary of Terms

### Ambulance Operational Delivery Unit - ODU

The permanent office which receives all requests for ambulance services in a specified geographical area and which co-ordinates and allocates them to ambulance stations/vehicles.

### Ambulance Control Point

An Emergency Control Vehicle, identified by a green flashing beacon, providing an "on-site" communications facility. The vehicle may be sited some distance from the

incident scene but will provide a focal point to which all NHS/medical resources attending the incident should report. Ideally it should be near the fire and police control vehicles, subject to radio interference constraints.

### Ambulance Incident Commander (AIC)
The senior ambulance officer, with overall responsibility for the work of the Ambulance Service at the scene of the incident.

### Ambulance Liaison Officer
The officer responsible for providing mobile radio communications, for the supervision of ambulance service activity and for liaison at the receiving and supporting hospitals.

### Bronze Control
Forward operational control at the site of an incident or within the hospital. There will be at least one Bronze Control for each service involved or each hospital involved.

### Casualty Assessment/Triage Officer
This doctor, normally a Consultant in Accident and Emergency Medicine, will receive and assess all casualties as soon as they enter the hospital and will decide on the priority if treatment (Triage). The Co-ordinating Consultant will take the decision on who will undertake this role in the absence of Accident and Emergency Consultants.

### Casualty Clearing Station
An area set up at a major incident by the Ambulance service in liaison with the Medical Incident Officer, to assess, triage and treat casualties and direct their evacuation.

### Casualty Clearing Station Officer
The ambulance officer who, in liaison with the Medical Incident Officer, and MERIT Team Leader ensures an efficient patient throughput at the Casualty Clearing Station.

### CBRNe
Chemical, Biological, Radiological and Nuclear (e = explosive) incident. An event involving any of the above substances which will require specialist types of response as outlined in the Health Board Decontamination Protocol and deemed to be of a terrorist nature.

### Communications Officer – On Site
The officer responsible for managing the ambulance control point (Emergency Mobile Control) on site. He is responsible for ensuring, in liaison with Ambulance Control, that the appropriate communications network is available for all medical personnel on site.

### Co-ordinating Consultant
The consultant nominated to be responsible for co-ordinating all hospital medical arrangements relating to major incidents.

## Emergency Services
These comprise the Ambulance, Fire and Rescue, Police, Mountain Rescue and Coast Guard Services but exclude military personnel deployed in support of the civil authority.

## EMRTS
The Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru is a service for Wales that provides Consultant and Critical Care Practitioner-delivered pre-hospital critical care across Wales.

## Forward Incident Officer (Ambulance)
The officer who, under the direction of the Ambulance Incident Commander, manages the ambulance/medical resources at the point of patient contact at the scene.

## Gold Control (Strategic Co-ordination Centre)
This will be established at Police Headquarters, Cwmbran to provide co-ordination in the event of a protracted incident. Communication with Gold Control will be via the HCT.

## Hospital Coordination Centre
This facility is based within the Receiving Hospital and is equipped to manage and coordinate the Health Board response to a major incident /emergency.

## Hospital Co-ordination Team (HCT)
This team which controls the Hospital's response to the Major Incident is made up as stated in the Major Incident plan.

## Hospital Information Team (Co-ordination Centre)
This Team is set up as stated in Sec 5.1 of the Major Incident plan. Its role is to provide information within the hospital and liaise with outside agencies.

## Listed Hospital
A hospital listed by the Welsh Assembly as equipped to **receive** casualties on a 24-hour basis and/or be able to provide, when required, a Medical Incident Officer and a MERIT Team.

## Major Incident
For Health Service purposes a major incident is an incident, which because of the number and severity of live casualties or its location, requires special arrangements to be made by the Health Service.

## Major Incident Team (MIT)
The Emergency Planning & Response Team (EPRT) and Media Officer who will support the Hospital Coordination Team.

## Medical Advisor (MA)
The Medical Advisor requested by Ambulance Control to attend the scene of an incident to co-ordinate and have responsibility for the medical action at the scene,

but not to engage in the clinical treatment of casualties. The MA will not be a member of any mobile team.

### MERIT – Medical Emergency Response Incident Team

A team of doctors and nurses, which attends the scene of an incident to render immediate aid to the casualties and to undertake triage within casualty clearing station. The providing hospital for this Team is designated by the Ambulance Service and will not normally be the Receiving Hospital.

### NILO – National Interagency Liaison Officer

Multi-agency role name and bestowed on Fire, Police and Ambulance officers who act in a multi-service supervisory capacity.

### ODU – WAST Operational Delivery Unit

Welsh Ambulance Service Trust, Operational Delivery Unit. Deployment of vehicles to 999 calls.

### Paramedic

A qualified ambulance person who has obtained the NHSTA certificate in extended ambulance aid training or other local qualification allowing the practise of endotracheal intubation, intravenous infusion and cardiac care. He/she may also be permitted to administer specified drugs.

### Police Casualty Bureau

A bureau established by the police at Police Headquarters to handle enquiries from the press and public, to co-ordinate media bulletins, to maintain a roll of casualties including those not referred to hospital and to act as a central contact and information point for all records and data relating to casualties.

### Police Documentation Team

A team of police officers despatched to receiving and supporting hospitals, to collect the details of casualties arriving at the hospital and pass them through the police communications network to the Police Casualty Bureau.

### Police Liaison Officer

The officer allocated to a hospital to co-ordinate all police activity at the hospital and to provide liaison with police headquarters and the police casualty bureau.

### Primary Triage Officer

An ambulance officer or nominated doctor at the incident site who organises patient removal from the hot zone to a casualty clearing station using the standard triage system.

### Receiving Hospital

The first listed hospital alerted by the ambulance service to receive casualties in the event of a major incident.

### SDEC - Same Day Emergency Care

SDEC provides same day emergency care for self-presenting, and GP referred patients.

### Secondary Triage Officer
A nominated doctor, qualified nurse or ambulance officer who selects and assesses the priority order in which casualties will be moved from the casualty clearing station to hospital.

### Silver Control (Tactical Coordination)
Established close to the scene to enable *tactical* decision making to be undertaken by joint agency liaison

### Supporting Hospital
A listed hospital nominated to support the receiving hospital in dealing with casualties from a major incident.

# Section 2 - Grange University Hospital Major Incident Site Procedures

| Appendices | Name/file |
|---|---|
| 1 | GUH Major Incident Alert Procedure.docx (sharepoint.com) |
| 2 | Emergency Planning - CBRN & IOR - All Documents (sharepoint.com) |
| 3 | Emergency Planning - MI Plan supporting documents - All Documents (sharepoint.com) |
| 4 | Emergency Planning - CBRN & IOR - All Documents (sharepoint.com) |
| 5 | GUH HELIPAD SOP V.06. 18 12 2020.doc (sharepoint.com) |
| 6 | Service reviews |
| 7 | Emergency Planning - FINAL Gwent Mass Fatalities Plan v3.pdf - All Documents (sharepoint.com)<br><br>MASS CASUALTY ARRANGEMENTS VERSION 4 - Sept 2023.docx (sharepoint.com) |
| 8 | Emergency Planning - CBRN & IOR - All Documents (sharepoint.com) |
| 9 | Emergency Planning - SCG Meeting.pdf - All Documents (sharepoint.com) |
| 10 | Emergency Planning - Short Guide to the CCA - Copy.pdf - All Documents (sharepoint.com) |

| | |
|---|---|
| 11 | Emergency Planning - MI Plan supporting documents - All Documents (sharepoint.com) |

# PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE
# PROGRAMME OF BUSINESS 2023/24

The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership; that plans and arrangements are adequate, effective, robust and achieving outcomes in relation to Joint Committee and partnership planning, engagement and communication and Civil contingencies and business continuity; that partnership governance and partnership working is effective and successful; and that the arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board in March 2023;
- the Board's Assurance Framework (based on its Annual Objectives for 2022/23 and 2023/24);
- delivery of the IMTP 2023-25;
- key risks identified through the Corporate (Strategic) Risk Register and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee); and
- key statutory, national and best practice requirements and reporting arrangements.

| Matter to be Considered by Committee | Frequency | Responsible Lead | Scheduled Committee Dates 2023/24 | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 17 May 2023 | 12 July 2023 | 1 Nov 2023 | 31 Jan 2024 | | | |
| **Preliminary Matters** | | | | | | | | | |
| Attendance and Apologies | Standing Item | Chair | ✓ | ✓ | ✓ | ✓ | | | |
| Declarations of Interest | | All Members | ✓ | ✓ | ✓ | ✓ | | | |
| Minutes of the Previous Meeting | | Chair | ✓ | ✓ | ✓ | ✓ | | | |
| Action Log and Matters Arising | | Chair | ✓ | ✓ | ✓ | ✓ | | | |
| **Committee Requirements as set out in Standing Orders** | | | | | | | | | |
| Development of Committee Annual Programme of Business 2023/24 | Annually | Chair & Director of CG | ✓ | | | | | | |
| Review of Committee Programme of Business | Standing Item | Chair | ✓ | ✓ | ✓ | ✓ | | | |
| Annual Review of Committee Terms of Reference 2023/24 | Annually | Chair & Director of CG | | | | ✓ | | | |
| Annual Review of Committee Effectiveness 2023/24 | Annually | Chair & Director of CG | | | | ✓ | | | |
| Committee Annual Report 2022/23 | Annually | Chair & Director of CG | ✓ | | | | | | |
| Committee Annual Report 2023/24 | Annually | Chair & Director of CG | | | | To be agreed virtually/next financial calendar | | | |
| **Strategic Partnerships** | | | | | | | | | |
| Overview of work of the Gwent PSB, including an update in respect of Developing a Marmot Region | Standing Item | Director of Public Health | ✓ | ✓ | ✓ | ✓ | | | |
| Overview of discussions at the Regional Partnership Board (RPB) | Standing Item | Chair | ✓ | ✓ | ✓ | ✓ | | | |
| Update on the development and delivery of a Strategy for Mental Health Services in Gwent | Annually | Dir. PC,C&MHS | | ✓ | | | | | |
| Gwent Marmot Region Communication and Engagement Strategy | Annually | Director of Public Health | | | ✓ | | | | |

| Matter to be Considered by Committee | Frequency | Responsible Lead | Scheduled Committee Dates 2023/24 | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 17 May 2023 | 12 July 2023 | 1 Nov 2023 | 31 Jan 2024 | | | |
| **Strategic Planning and Developments** | | | | | | | | | |
| Approach to developing the Integrated Medium-Term Plan | Annually | Director of Strategy, Planning and Partnerships | | | ✓ | | | | |
| Draft Integrated Medium-Term Plan 23-26/Annual Plan 24/25 (First Draft Jan 2024) | Annually | Director of Strategy, Planning and Partnerships | ✓ | | ✓ | ✓ | | | |
| Regional Planning Update | Standing Item | Director of Strategy, Planning and Partnerships | ✓ | ✓ | ✓ | ✓ | | | |
| A report on the evaluation of the Vascular Services Network | Annually | Director of Strategy, Planning and Partnerships | | | | ✓ | | | |
| Update on the Overarching Clinical Futures Programme | Standing Item | Director of Strategy, Planning and Partnerships | ✓ | ✓ | ✓ | ✓ | | | |
| Placed Based Care, Key IMTP priority (added as per action 1611/06)<br>• ISPB/Accelerated Clusters Update | tbc | Director of Strategy, Planning and Partnerships | | | | ✓ | | | |
| **To review the development of plans in respect of the key Clinical Future Priorities:** | | | | | | | | | |
| 1. Public Health Protection and Population Health Improvement | Annually | Director of Public Health | | | | ✓ | | | |
| 2. Accelerated Cluster Development | Annually | Dir. PC,C&MHS | | | | | | | |
| 3. Redesigning Services for Older People | Annually | Medical Director | | | | | | | |
| 4. Mental Health Transformation | Annually | Dir. PC,C&MHS | | | | ✓ | | | |
| 5. Planned Care Recovery: *Outpatient Transformation & Pathway Optimisation* | Annually | Director of Operations | | | ✓ | | | | |
| 6. Urgent and Emergency Care Improvement, to include an update on SDEC | Annually | Director of Operations | ✓ | | | | | | |
| 7. Enhanced Local General Hospital Network | Annually | Director of Operations | | ✓ | | | | | |

| Matter to be Considered by Committee | Frequency | Responsible Lead | Scheduled Committee Dates 2023/24 | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 17 May 2023 | 12 July 2023 | 1 Nov 2023 | 31 Jan 2024 | | | |
| 8. Transforming Cancer Services | Annually | Medical Director | | | ✓ | | | | |
| 9. Net Zero – Decarbonisation | Annually | Director of Finance, Procurement & VBHC | ✓ | | ✓ | | | | |
| Enablers: Update on the development and delivery of an Agile Working Strategy | Annually | Director of Workforce & OD | | ✓ | | | | | |
| Enablers: Capital Programme | Annually | Director of Operations | | ✓ | ✓ | ✓ | | | |
| Enablers: Digital Strategy | Annually | Chief Executive | | | | | | | |
| **Items requested by Committee members/internal stakeholders** | | | | | | | | | |
| Information on Regional Partnership Boards (RPB) funding plans and allocation- in relation to the Primary Care Evaluation Report- Action transferred from the People & Culture Committee- (2002/05) 2022 | Date tbc | Director of Strategy, Planning and Partnerships | | | | | | | |
| To receive a report from the Primary Care Sustainability Board | | Chief Operating Officer | ✓ | | | | | | |
| To receive an update on the development of the Neighbourhood Care Networks | | Chief Operating Officer | | ✓ | | | | | |
| Review of the Estates Strategy | | Director of Strategy, Planning and Partnerships | | ✓ | | | | | |
| PHW- Working Together for a Healthier Wales- Our Long-Term Strategy 2023-2025 | | Director of Public Health | | ✓ | | | | | |
| To receive an update on the Vaccination Programme | | Director of Public Health | | | ✓ | | | | |
| To discuss and endorse the approach to developing the Long-Term Strategy (Strategic Planning and Developments) | | Director of Strategy, Planning and Partnerships | | | ✓ | | | | |
| To receive an update on the National Commissioning Implementation Programme | | Director of Strategy, Planning and Partnerships | | | ✓ | | | | |

| Matter to be Considered by Committee | Frequency | Responsible Lead | Scheduled Committee Dates 2023/24 | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 17 May 2023 | 12 July 2023 | 1 Nov 2023 | 31 Jan 2024 | | | |
| To receive and discuss an update on Regional Planning:<br>A paper outlining the detailed proposal for Hepato-Biliary and Pancreatic Surgery to be presented to members (Action 1207/02.5) | Date tbc | Director of Strategy, Planning and Partnerships | | | | ✓ | | | |

| KEY | |
|---|---|
| D of CG | Director of Corporate Governance |
| Dir. PC,C&MHS | Director of Primary, Community and Mental Health Services |
| | |

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

| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 31 January 2024 |
| **CYFARFOD O:**<br>**MEETING OF:** | Partnerships Population Health and Planning Committee |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Update on Vaccination Programme |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Tracy Daszkiewicz |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Alison Davidson/Kate May/Michael Allum |

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

Er Gwybodaeth/For Information

To receive an update on the Vaccination Programme in response to previous actions taken from the meeting held in November 2023.

**ADRODDIAD SCAA**
**SBAR REPORT**

## Sefyllfa / Situation

In response to a request from the PPHPC November 2023: To receive an update on the Vaccination Programme specifically on;

- Risk of potentially not achieving the Winter Flu and COVID vaccination targets on the provision services and the population to be discussed at the Executive Committee and the Board *(Action PPHPC/0111/03.4.1).*
- Further communications to be shared with staff to address concerns around obtaining vaccinations *(Action PPHPC/0111/03.4.2).*
- An update on the progress of vaccinations and winter uptake to be provided outside of the meeting *(Action PPHPC/0111/03.4.3).*
- Value for money to be included in all future Health Protection reports *(Action PPHPC/0111/03.4.4).*

## Cefndir / Background

The roll out of the Covid -19 booster vaccination campaign 2023/24 to care home staff and residents commenced on 11th September. From week commencing 18th

September three static vaccination centres opened in Newport, Blaenau Gwent and Torfaen with the Caerphilly borough being delivered via a 'pop-up' model, utilising community centres, managed practice sites, and GP sites outside of their clinic hours.
37/70 GP's supported delivery and vaccinated their eligible patients and staff over the age of 18.
For the Monmouthshire borough the majority of practices delivered to their eligible patients, staff, care home residents and a proportion of domiciliary patients in collaboration with local district nursing teams and were supported by a community pharmacist.
Due to the fixed-term nature of the Welsh Government allocation for the Vaccination programme, the Health Board processes in place for recruitment, and challenges related to the Health Board's current financial position, it had not been possible to fill existing immuniser vacancies to the funded establishment level. These shortages within our immuniser workforce have meant a slower than planned delivery in line with national guidelines.

Original delivery plans detailed the completion of an offer to all eligible patients by mid-December, this was revised to mid-January and impacted significantly on the delivery of in reach and outreach work especially with the late August reduction in the IOS fee which meant a number of GP's that had confirmed supporting delivery withdrew their offer.

Also the threat of a new variant resulted in national guidance requiring the prioritisation of care home residents to the 11th September instead of the end of October Approval from the executive team on the 10th November, to be able to utilise a dedicated vaccination bank workforce, allowed more invitations to be sent however the availability and onboarding of these staff was not established in a timely manner in order to catch up with original plans for delivery. The higher-than-expected DNA rates did enable all offers to a vaccination centre to be completed by the end of December, however in reach and outreach delivery has continued through January.
Winter flu has been delivered through Primary Care, GP's and Community Pharmacies, as per previous campaigns. The vaccination programme has supported delivery of the health board staff flu programme alongside directorate flu champions.

**Asesiad / Assessment**

- **Risk of potentially not achieving the Winter Flu and COVID vaccination targets on the provision services and the population to be discussed at the Executive Committee and the Board.**

  - Patients not being sufficiently protected therefore increase incidence of disease and avoidable harm from Vaccine preventable diseases
  - Increased disease will lead to increase admissions through acute settings therefore bed pressures on wider system
  - This has been highlighted in a recent paper to exec team to secure additional funding to back fill vacancies with bank staff

- **Further communications to be shared with staff to address concerns around obtaining vaccinations.**

  - An all-staff email to promote uptake of flu vaccination has been approved, but will be delayed to ensure messaging is received outside of the Junior Doctors' Strike week.
  - All frontline staff have received an appointment letter for a Covid-19 vaccination and would have been offered their flu vaccine during the same appointment.
  - All vaccine centres are open to walk-ins for covid and flu for all staff.
  - Additional forms of communication have included text messages and Health Board intranet updates.

- **An update on the progress of vaccinations and winter uptake to be provided outside of the meeting.**

The tables below are extracted from the following surveillance report:

Wales COVID-19 vaccination surveillance weekly report.pdf

**Table 2b.** Coverage of the current COVID-19 vaccination campaign in eligible population, counting those alive and resident in Wales as at 11/01/2024, by Local Health Board of residence.

| Local Health Board of Residence | Eligible population (n) | Vaccinated (n) | Coverage (%) | Of those vaccinated, number with no previous doses (n) |
|---|---|---|---|---|
| Aneurin Bevan UHB | 240,060 | 129,792 | 54.07 | 284 |
| Betsi Cadwaladr UHB | 294,007 | 157,866 | 53.69 | 141 |
| Cardiff and Vale UHB | 184,177 | 100,713 | 54.68 | 210 |
| Cwm Taf Morgannwg UHB | 186,552 | 94,838 | 50.84 | 94 |
| Hywel Dda UHB | 177,677 | 82,902 | 46.66 | 163 |
| Powys THB | 60,420 | 36,712 | 60.76 | 57 |
| Swansea Bay UHB | 159,396 | 79,979 | 50.18 | 130 |
| All Wales | 1,302,289 | 682,802 | 52.43 | 1,079 |

**Table 3a.** Uptake of COVID-19 vaccination in the current campaign in **All identified as potentially eligible** by health board and local authority of residence.

| Health Board of Residence | Eligible population (n) | Vaccinated (n) | Coverage (%) | Of those vaccinated, number with no previous doses (n) |
|---|---|---|---|---|
| Aneurin Bevan University Health Board | 240,060 | 129,792 | 54.07 | 284 |
| Blaenau Gwent | 29,429 | 14,268 | 48.48 | 30 |
| Caerphilly | 71,431 | 36,643 | 51.30 | 47 |
| Monmouthshire | 42,134 | 28,834 | 68.43 | 56 |
| Newport | 58,137 | 30,329 | 52.17 | 121 |
| Torfaen | 38,929 | 19,718 | 50.65 | 30 |

The tables below are extracted from the following surveillance report:

National Influenza Immunisation Summary - Update 12 2023-24 (11 Jan 2024).pdf (wales.nhs.uk)

**Table 1.** Uptake of influenza immunisation in patients aged 65y and older and in those aged 6m to 64y at clinical risk, data correct as at 09/01/2024.

| Health Board | Patients aged 65y and older | | | Patients aged 6m to 64y at risk | | |
|---|---|---|---|---|---|---|
| | Immunised (n) | Denominator (n) | Uptake (%) | Immunised (n) | Denominator (n) | Uptake (%) |
| Aneurin Bevan UHB | 95,922 | 128,855 | 74.4 | 36,958 | 90,612 | 40.8 |
| Betsi Cadwaladr UHB | 118,389 | 164,698 | 71.9 | 37,265 | 94,386 | 39.5 |
| Cardiff and Vale UHB | 62,663 | 87,950 | 71.2 | 22,871 | 66,792 | 34.2 |
| Cwm Taf Morgannwg UHB | 68,295 | 96,793 | 70.6 | 25,203 | 71,908 | 35.0 |
| Hywel Dda UHB | 69,857 | 103,156 | 67.7 | 18,359 | 54,696 | 33.6 |
| Powys Teaching HB | 27,514 | 40,243 | 68.4 | 7,260 | 17,984 | 40.4 |
| Swansea Bay UHB | 57,359 | 84,061 | 68.2 | 17,512 | 52,007 | 33.7 |
| **Wales** | **499,999** | **705,756** | **70.8** | **165,428** | **448,385** | **36.9** |

**Data source:** General Practice data collected through Audit+ Data Quality System.

Workbook: IVOR TABLES 2019-20 (cymru.nhs.uk)

Summary by Health Board and Local Authority (09jan2024)

| | | Children 2 to 3 years | | | Clinical risk 6m to 64y | | | 65y and older | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Denominator | Immunised | Uptake (%) | Denominator | Immunised | Uptake (%) | Denominator | Immunised | Uptake (%) |
| Aneurin Bevan UHB | Blaenau Gwent | 1,398 | 771 | 55.2% | 11,817 | 4,703 | 39.8% | 15,020 | 10,423 | 69.4% |
| | Caerphilly | 3,444 | 1,679 | 48.8% | 27,633 | 11,125 | 40.3% | 38,611 | 28,377 | 73.5% |
| | Monmouthshire | 1,804 | 1,195 | 66.2% | 13,847 | 6,843 | 49.4% | 27,097 | 22,068 | 81.4% |
| | Newport | 3,745 | 1,610 | 43.0% | 22,220 | 8,143 | 36.6% | 27,325 | 19,549 | 71.5% |
| | Torfaen | 1,949 | 811 | 41.6% | 15,095 | 6,144 | 40.7% | 20,802 | 15,505 | 74.5% |
| | AB Total | 12,340 | 6,066 | 49.2% | 90,612 | 36,958 | 40.8% | 128,855 | 95,922 | 74.4% |
| Wales | Wales | 59,911 | 24,512 | 40.9% | 448,385 | 165,428 | 36.9% | 705,756 | 499,999 | 70.8% |

- **Value for money to be included in all future Health Protection reports.**

The inclusion of 'value for money' assessments within Health Protection reports continues to be developed and reviewed, and will be considered within the ongoing development of a sustainable service model.

## Argymhelliad / Recommendation

The Committee is asked to note the report for information against the outlined actions.

## Amcanion: (rhaid cwblhau)

| Objectives: (must be completed) | |
|---|---|
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol:<br>Corporate Risk Register Reference and Score: | n/a |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s): | 1.1 Health Promotion, Protection and Improvement<br>Choose an item.<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br>Link to IMTP | Adults in Gwent live healthily and age well<br>Choose an item. |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP | Not Applicable |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br>Strategic Equality Objectives 2020-24 | Improve the Wellbeing and engagement of our staff<br>Choose an item.<br>Choose an item.<br>Choose an item. |

| Gwybodaeth Ychwanegol:<br>Further Information: | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | |
| Rhestr Termau:<br>Glossary of Terms: | |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed) | |
|---|---|
| **Resource Assessment:** | A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • **Workforce** | Choose an item. |

| | |
|---|---|
| • **Service Activity & Performance** | Choose an item. |
| • **Financial** | Choose an item. |
| **Asesiad Effaith Cydraddoldeb**<br>**Equality Impact Assessment** (EIA) completed | Choose an item.<br><br>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.<br>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| **Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio**<br>**Well Being of Future Generations Act – 5 ways of working**<br><br>https://futuregenerations.wales/about-us/future-generations-act/ | Choose an item.<br>Choose an item. |