

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Planning, Population Health and Partnerships
Committee held in Public on 18 February 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Clare Budden	Independent Member (Chair of PPHP Committee)
Gareth Williams	Independent Member (Vice Chair of PPHP Committee)
Billy Nichols	Independent Member
Caroline Turner	Independent Member (<i>via Teams – part meeting</i>)
In Attendance	
Jane Moore	Executive Director of Public Health
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Dylan Roberts	Chief Digital and Information Officer (<i>via Teams - part meeting</i>)
Stuart Keen	Director of Environment & Estates
Dyfed Edwards	Chair of the Health Board (<i>Observer</i>)
Pam Wenger	Director of Corporate Governance (<i>via Teams</i>)
Paolo Tardivel	Director of Transformation & Improvement
Cath Broderick	Independent Advisor
Erica Roberts	Head of Digital Delivery, Strategy & Engagement
Nicola Jones	Deputy Head of Internal Audit (<i>via Teams</i>)
Nesta Collingridge	Head of Risk Management (<i>part meeting</i>)
Committee Support	
Laura Jones	Project Support Manager (Corporate Governance)
Philippa Peake-Jones	Head of Corporate Affairs

OPENING BUSINESS
<p>PP25/01 Welcome and Apologies</p> <p>The Chair of the Committee welcomed everyone to the meeting and apologies were noted for Mike Parry who was due to join for the Stakeholder Reference Group Update.</p>
<p>PP25/02 Declarations of Interest</p> <p>No declarations of interest were raised.</p>
<p>PP25/03 Unconfirmed Minutes of Meeting held on 10.12.24</p> <p>It was agreed that the minutes of the meetings held on 10.12.24 were a true and accurate record.</p>
<p>PP25/04 Matters Arising & Action Log</p> <p>Developing our Partnerships</p> <ul style="list-style-type: none"> There was discussion around action PP24/11.3 and PP24/49.7 as both actions relate to developing a strategic approach to working with the Third Sector. It was

queried why there has been a delay in completing these actions and it was confirmed that this will now be progressed as we have some additional Directors in post to ensure the Committee receive a meaningful and strategic update. It was agreed to merge these actions into one as they are related.

Decarbonisation Action Plan

- The Executive Director of Public Health provided an update on action PP24/56.2 to confirm that discussions have taken place with the Executive Director of Finance and to take this forward and start producing a transport plan.

The Committee reviewed the action log and agreed to close the actions that were proposed for closure. It was also highlighted that more realistic timescales should be included against actions to try and avoid the need to push forward timescales.

STRATEGIC PRIORITIES

PP25/05 Stakeholder Reference Group Update

In discussing the item, the following was highlighted:

- The Chair confirmed that the Stakeholder Reference Group (SRG) has recently been developed, the membership has been considerably strengthened, attendance has improved and the Group are being asked to discuss items they can influence and impact.
- The Chair thanked Mike Parry and Director of Partnerships, Engagement and Communications for all their hard work in this area.
- It was confirmed that the paper reflects the progress made, the key themes addressed and the areas that the members are interested in developing.
- Going forward the aim is to reflect on this progress and continue in the same manner to ensure members are aware of the purpose of attending and contributing to the Group.
- The Executive Director of Public Health reflected on her attendance at a recent meeting to discuss Well North Wales and keeping the population healthy stating that this was positively received and members have asked how they can further engage with this work.
- There is a need to ensure the items covered by this Committee and the SRG are not duplicated and are covered in the relevant places.
- The Chair of the Health Board thanked Mike Parry as a driver for developing the SRG with support from the Director of Partnerships, Engagement and Communications and the engagement received from partners to help shape the work of the Health Board.
- It was confirmed that Mike Parry's term will shortly be coming to an end and there will be a need to appoint a new Chair for the SRG to continue with the progress and partnership work completed to date.
- Cath Broderick reflected on a discussion with Mike Parry confirming that the changes made by the SRG have now put the Group in a position as a key forum for bringing internal and external partners together.

- It was queried who is leading on the Volunteering Strategy and whether this sits with the Quality, Safety & Experience (QSE) Committee or People & Culture (P&C) Committee. It was agreed to check where this strategy should be monitored.
- It was confirmed there is a need to make links between the SRG and PPHP Committee via these updates to ensure the partnership element is being addressed in the correct space.
- This Committee provides a helpful reference point to ensure all groups across North Wales are represented and this could form part of the annual review from a partnership perspective to align with the work of the Committee.

Action:

- **PP25/05.1** Check whether the Volunteering Strategy should be monitored by the QSE Committee or P&C Committee.

It was resolved that the Committee:

- **DISCUSSED** and **NOTED** the paper.
- **ACKNOWLEDGED** Mike Parry's role in developing the SRG

PP25/06 Partnerships, Engagement & Communication Update

Members received the report and noted the progress made in relation to engagement and communications. Cath Broderick, Independent Advisor thanked the Committee for the opportunity to attend and provided a presentation on her finding from the Independent Review of engagement and communications at BCU highlighting:

- At the point of the review there was a need to build trust, confidence and engagement, both internally and externally with the Health Board and change the way the organisation listens and acts.
- Following engagement, there is a need to feedback into communities on where discussions have led to change.
- The key findings from the review highlighted that the Partnerships, Engagement and Communications (PEC) Directorate were key to building a systematic approach and sustainable way of engaging as well as strengthening the team to deliver this objective.
- There was a need to share expertise across the organisation, link in with areas such as the patient experience team and cascade information out from departments.
- Results from engagement were not being analysed and it was suggested there was a need to triangulate products of engagement & patient experience so they have an impact.
- The emerging evidence shows that there has been significant progress and the PEC Directorate are reaching now out into the organisation and an Engagement Working Group has been developed to allow people to demonstrate the impact of the work that is being completed.
- The Mental Health Review completed by Ros Alstead links in with this work and the development of the Lived Experience Group provides real time patient information to lead change.
- Going forward the team need to continue embedding working with the Third Sector and connect with the work being completed by Llais to provide a presence in the community.

- There is a need to respond to all communities using our services and identify the source of complaints to ensure these areas are addressed.
- There has been significant progress in co-production and reporting outcomes of engagement via the Citizens Engagement Report which is presented to the Health Board.
- There is now a need to focus on closing the circle by reporting back to the public on the outcomes of their involvement and how this is being reflected in the way we deliver services and care.

As part of the discussion, the Committee:

- Thanked Cath Broderick for her feedback and acknowledged the work completed by the Director of Partnerships, Engagement and Communications and the Directorate.
- Suggested the work being completed by Public Health colleagues around bitesize health and engaging with the public needs to align with the PEC Directorate.
- Recognised that the report states that response rates to correspondence with Members of the Senedd and MPs has significantly enhanced and queried what data and metrics could be provided to support this.
- Acknowledged the positive position of the Health Board in this space and suggested this area requires continual progress proposing the team review how this is managed across the UK and Europe to maintain the enthusiasm and drive.
- Requested the report includes the names of representatives who represent the Health Board at each of the public bodies.
- Suggested feedback from past patient and family experiences could be utilised when considering service redesign as we develop the clinician services plan. It was agreed that the organisation want to provide high quality services that are responsive to patient communication.
- Considered how we move from engagement to involvement and ensure communities feel they can engage with the organisation rather than the organisation speaking to the public when required to make this a continual process. It was suggested a standing reference group or patient carer forum may help to gain the involvement of trusted partners.
- Proposed the public are approached as a single endeavour to collect information that can be used more widely to influence a variety of areas including the IMTP, organisational strategy and clinical services plan. It was agreed that this would ensure the organisation is aligned with the communication and engagement that features within these areas.
- Recognised the conditions that are being set by the Board in terms of leadership and culture that has enable this work to take place and lay the foundations for the way we progress going forward.

Action:

- **PP25/06.1** Partnerships, Engagement & Communication Report to name the representatives who represent the Health Board at each of the public bodies.

It was resolved that the Committee:

- Received **ASSURANCE** on the progress to date and next steps and **DISCUSSED** and **NOTED** the paper.

PP25/07 Three Year Plan

The Chair introduced the item highlighting that the approach to the three-year plan has been discussed to ensure the Committee are able to influence the plan at a strategic level. The comments raised will be included in the full document which will be shared ahead of the Board Development Session taking place 27 February 25.

The Director of Transformation & Improvement highlighted:

- The purpose of the session is to highlight the emerging themes and discuss the key strategic objectives.
- The team have been working on a new Executive led planning approach to ensure all Board and Committee discussions are captured in the plan throughout the year.
- Since the last draft was circulated in December 24, there has been a focus on the new ministerial templates that have been issued to ensure the right level of detail is included in the narrative plan.
- Following discussion today and at the Board Development Session, the plan will go to the Performance, Finance & Information Governance (PFIG) Committee on 18 March 25 and then to Board on 27 March ahead of being submitted by the end of March 25.
- The emerging themes and strategic objectives have evolved since last years plan and quality has been implemented as a golden thread.
- The themes focus on prevention and early intervention, delivery of improved outcomes for our population, moving to a digital environment and collaborating with partners.

The Committee went through each of the themes and the following points were highlighted:

Objective 1 – Building an Effective Organisation

- We need to transform performance and ensure a shorted span from Board to Ward.
- We need to be honest about the challenges we face in relation to the Foundations for the Future Programme.
- If we move resources to the front line, we need to review the requirements for the layers of corporate support.
- There needs to be clarity in relation to organisational change, the direction of travel and the scope for that work.
- Evaluate management overheads and potentially reduce management levels across the Board to maximise operational efficiency.
- Suggest fewer, clearer priorities.
- How do we get the right focus and capability in terms of resource to ensure staff have the skills and tools to enable more effective delivery.
- Think about different terminology than front line staff.
- Consider using the term Welsh Language and Culture rather than just Welsh Language.
- We need to identify key enablers that enable us to work better and maximise resources to deliver better outcomes for the people of North Wales, this includes better systems, processes and technology.

- The narrative needs to be more specific so we know when we've delivered against each of the objectives, this has previously been raised up by Audit Wales and Internal Audit.
- There needs to be a link to the Structured Assessment and organisational strategic framework.
- It was suggested the title includes "for the people we serve", this was discussed and agreed this applies to all of the objectives therefore this can be included in the narrative as a common theme.

Objective 2 – Developing Strategy and Long-lasting Change

- We need to identify space to resolve our current problems and also have a plan and goals for the future.
- The implementation of a ten-year strategy is crucial as well as implementing a Clinical Services Plan.
- We need to develop a long-term strategy and the future generations legislation will be relevant to all our partners and should be highlighted in this section as a basis for this work.
- We need to have a ten-year view which can be redesigned and redeveloped every few years.
- We need to make a commitment to partners on how we will work with them going forward.
- We need to focus on strategic intent rather than a North Wales strategy, as a starting point.

Objectives 3 – Compassionate Culture, Leadership & Engagement

- The Board recognises the importance of this area of work as it provides the fundamental building blocks for making BCU an organisation that people want to work for and partner with.
- We need to identify how we judge our success in terms of having top class leaders at all levels and improving patient experience.
- Staff need to feel valued and that they are able to contribute to how we develop as an organisation.
- There needs to be a clear cross reference to the performance and accountability framework.

Objective 4 – Improving Quality, Outcomes & Experience

- This area needs to link in to the themes and the structure.
- Primary Care and early intervention need to be referred to in all areas and be clear what the expectations are to make this shift.
- There is a need to establish standards and be realistic as to how far below the levels we are in Planned Care.
- There are challenges relating to prevention and there is a need to start collating intelligence and linking this to clinical and population data to understand what we need to do as an organisation and how we can demonstrate we are making changes.
- 4L should be Children and Young People not just Children.
- There needs to be a twin track in relation to prevention and early intervention to ensure we are delivering a basic level of care provision.

- We need to improve productivity in Secondary Care to be able to release resources.

Objective 5 – Effective Environment for Learning

- To ensure we have an organisation set up for success we need to free up resources and staff to help us move forward however there is a need to ensure these people have the skills required.
- We have university partnerships; we need to also consider further and higher education.
- Skills development should also focus on role flexibility and multi-disciplinary working.
- There needs to be a focus on all areas to create good managers and team leaders and not just focus on technical skills.
- We need to attract and retain staff and this may require considering what is being offered to gain staff in certain areas such as nursing.

Capital was also highlighted as an area to review and the need to be clear about what we are not able to do due to capital resource. It was confirmed that this will form part of the Board Development Session to discuss how we can do more with less and embed future sustainability.

It was confirmed that the revised version of the plan will be circulated ahead of the Board Development Session. The PFIG Committee will then be the last opportunity to feed into the plan before the Board meeting therefore it was suggested that Board Members are invited to join that meeting.

Action

- **PP25/07.1** Board Members to be invited to join the PFIG Committee on 18 March 25 to provide final input into the Three-Year Plan.

PP25/08 Update on the Digital, Data & Technology Enabled Portfolio of Projects and Programmes

Members received the report and the Chief Digital and Information Officer and Head of Digital Delivery, Strategy & Engagement gave a presentation highlighting:

- There have been delays to the Radiology Implementation System Procurement (RISP) implementation plan due to issues with the supplier. This has had an impact on Radiology staff capacity and an extension to the implementation date has been agreed. This is a complex piece of work and it is likely that the programme will recommend an extension of at least six months.
- There have been a number of key issues nationally that are affecting the Laboratory Information Management System (LIMS) and it is likely this programme will also recommend an extension of at least six months.
- The funding for a replacement system for the Community Dental Service (CDS) Replacement Patient Management System is yet to be approved and a briefing paper is due to go to the Executive Team.
- The Business Case for Digital Maternity Cymru (DMC) was approved by the Board in January 25 and work is being expedited to procure and implement this system.
- A delivery approach for the electronic Prescribing and Medicines Administration (ePMA) has been agreed and plans are being confirmed to recruit training posts.

- A high level plan to complete the Outline Business Case (OBC) for the Electronic Health Record (EHR) Programme has been developed. The timescales to deliver the OBC by the end of March 25 are tight, the formal funding source for the next financial year is currently unknown and the Mental Health programme now forms part of the EHR programme.

As part of the discussion, the Committee:

- Requested assurance in relation to the RISP and LIMs projects that the legacy systems can be extended until these systems are ready to go live.
- Discussed the current position in relation to the EHR programme and queried whether this is causing any delays to the Mental Health programme. It was confirmed that the team are in the process of putting out an invite to tender for the EHR system with procurement looking to conclude by the end of the year. The OBC has been developed for the Mental Health programme and the team are going out to procurement.
- Queried whether there is any impact on the draft budget for next year in terms of increased costs relating to longer implementation frameworks and areas being deprioritised due to funding. It was confirmed that a prioritisation exercise has been undertaken and the funding proposals for the next financial year are being reviewing with the Executive Team.
- Recognised the difficulties in gaining the technical architects to deliver some of the required systems.
- Noted the areas that are delivering replacements for failed systems and highlighted that these areas do not provide added value, they are just maintaining the foundations.

It was resolved that the Committee:

- **NOTED** the project updates
- **RECEIVED ASSURANCE** on the project prioritisation.

The Head of Risk Management joined the meeting

GOVERNANCE AND ASSURANCE

PP25/09 Public Health - Delivery Report

Members received the report and noted the progress to date. In presenting the report, the Executive Director of Public Health highlighted:

- The report highlights a focus on population health prevention and data is being collated to assist delivery in this area.
- The team are working to demonstrate the impact and indicators in relation to the previous agenda across the Board.
- There is a need to get to a point of delivering the delivery report.

As part of the discussion, the Committee:

- Suggested future reports pick up the work being completed in relation to deprived communities where teams are working to build confidence and promote uptake of services.

Action:

- **PP25/09.1** Bring back a focus on the work in the most deprived areas

It was resolved that the Committee:

- **NOTED** the content of the report.

PP25/10 Corporate Risk Register Report

Members received the report and noted the progress in relation to the Corporate Risk Register. In presenting the report, the Head of Risk Management highlighted:

- The report presents information as of January 25 and there are several actions due in March 25.
- In relation to risk CRR24-07 and CRR24-08 it was confirmed that both risks have actions that are due over the next few months.
- In relation to risk CRR24-18 an outbreak management plan has been produced and the team are waiting for guidance from Welsh Government in relation to highly infectious diseases.
- A review of the risks in relation to Emergency Preparedness & Resilience Response (EPRR) has been completed with the EPRR Lead. The risk register requires further work in this area, an urgent risk assessment work programme has been agreed and escalation of any high scoring risks will be put forward to the Risk Committee for consideration.
- In relation to EPRR there is a need to understand the risks for the organisation in this area, this is a priority area and the risks will be developed against the National and Regional risk frameworks.

As part of the discussion, the Committee:

- Stated that the risk relating to fragmented patient care records is a serious risk which should continue to have a high score and remain red. The EHR programme is progressing and the team are looking at tactical measures to address this issue until fundamental changes have been agreed and the EHR programme has been implemented.
- Confirmed that the Committee received further assurance in reporting but highlighted concern in relation to progress against timescales. It was confirmed that the timescales can be reviewed to see where progress can be made.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** for the progression of the corporate risks to which the Committee has overall accountability.

FOR INFORMATION

PP25/11 Summary of Business to be Reported from Private

It was resolved that the Committee **NOTED** the report for information.

PP25/12 Committee Forward Workplan

It was resolved that the Committee **NOTED** the forward workplan for information.

PP25/13 Annual Reports 2023-24

It was resolved that the Committee **NOTED** the Annual Reports for information.

CLOSING BUSINESS

PP25/14 Agree Items for Referral to Board / Other Committees

It was agreed that the following should be referred to the Board:

- The discussion around the Three-Year Plan and the further sessions taking place at the Board Development Session on 27 February 25 and PFIG on 18 March 25.
- The need for the fragmented patient care records to retain a high risk rating.
- Gain clarity on whether the Volunteering Strategy should be monitored by the QSE Committee or P&C Committee.

PP25/15 Review of Meeting Effectiveness

This item was not discussed.

PP25/16 Date of next meeting

Tuesday 1st May 2025, 9.30-12.30pm

Resolution to Exclude the Press and Public

‘Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960’