

Bundle BCU Planning, Population Health and Partnerships Committee 18 **February 2025**

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - PP25/01 Welcome and Apologies - Verbal (Chair)
- 1.2 09:31 - PP25/02 Declarations of Interest - Verbal (Chair)
- 1.3 09:32 - PP25/03 Unconfirmed Minutes of Meeting held on 10.12.24 - Attached (Chair)
PP25.03 Minutes from PPHP Committee 10.12.24 V0.02 Unconfirmed (Public)
- 1.4 09:35 - PP25/04 Matters Arising & Action Log - Attached (Chair)
PP25.04 Summary Action Log PPHP Committee (Updated 10.02.25)
- 2 09:40 - STRATEGIC PRIORITIES
- 2.1 09:40 - PP25/05 Stakeholder Reference Group Update - Paper (Director of Partnerships, Engagement & Communications)
Mike Parry to join the meeting for this item
PP25.05 Stakeholder Reference Group Update - PPHP Feb 2025
- 2.2 10:00 - PP25/06 Partnerships, Engagement & Communication Update - Paper (Director of Partnerships, Engagement & Communications)
Cath Broderick, Independent Advisor to join the meeting for this item to provide an update on the Independent Review
PP25.06 PPHP Partnerships, Engagement & Communications Update Report - February 2025
- 2.3 10:25 - PP25/07 Integrated Medium Term Plan (IMTP) - Presentation (Director of Transformation & Improvement)
PP25.07 Draft BCU Three Year Plan
- 2.4 11:05 - PP25/08 Update on the Digital, Data & Technology Enabled Portfolio of Projects and Programmes - Paper (Chief Digital and Information Officer)
Erica Roberts to join the meeting for this item
PP25.08 PPHP Committee Coversheet Update on the DDaT Enabled Portfolio of Projects and Programmes v1
PP25.08.1 Appendix 1 PFW Full Report Jan 25 (Digital)
PP25.08.2 Appendix 2 PFW Lite Report Jan 25 (Digital)
PP25.08.3 Appendix 3 Prioritisation Framework (Digital)
PP25.08.4 Appendix 4 DDaT Portfolio Prioritisation Report (Digital)
- 3 11:25 - GOVERNANCE AND ASSURANCE
- 3.1 11:25 - PP25/09 Public Health - Delivery Report (Executive Director of Public Health)
PP25.09 PH Q3 Delivery Report 180225 Coversheet
PP25.09.1 PH Q3 Delivery Report FINAL 030225
- 3.2 11:35 - PP25/10 Corporate Risk Register Report (Head of Risk Management)
PP25.10 Corporate Risk Register Report PPHP February 2025 Public
- 4 11:45 - FOR INFORMATION
- 4.1 11:45 - PP25/11 Summary of Business to be Reported from Private - Paper (Head of Corporate Affairs)
PP25.11 PPHP Private Session Items Reported in Public
- 4.2 11:46 - PP25/12 Committee Forward Workplan - Paper (Head of Corporate Affairs)
PP25.12 Workplan for PPHP Committee (Live Version as at 06.02.25)
- 4.3 11:47 - PP25/13 Annual Reports 2023-24

A document containing supporting papers has been included on the website which includes the following Annual Reports:

Llais Annual Report & Accounts 2023-24

Regional Partnership Board Annual Report 2023-24

Conwy & Denbighshire PSB Annual Report 2023-24

Flintshire & Wrexham PSB Annual Report 2023-24

Gwynedd & Anglesey PSB Annual Report 2023-24

5 11:48 - CLOSING BUSINESS

5.1 11:48 - PP25/14 Agree Items for Referral to Board / Other Committees - Verbal (Chair)

5.2 11:50 - PP25/15 Review of Meeting Effectiveness - Verbal (Chair)

5.3 11:52 - PP25/16 Date of Next Meeting - 01.05.25

5.4 11:53 - 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."

Betsi Cadwaladr University Health Board (BCUHB)

**UNCONFIRMED Minutes of the Planning, Population Health and Partnerships
Committee held in Public on 10 December 2024
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</i>)
In Attendance	
Chris Stockport	Executive Director of Transformation and Strategic Planning (Executive Lead)
Jane Moore	Acting Executive Director of Public Health
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Dyfed Edwards	Chair of the Health Board (<i>Observer</i>)
Gethin Morgan	Head of Regional Collaboration, North Wales Regional Partnership Board (<i>part meeting</i>)
Nicola Stubbins	Director of Social Services, Denbighshire County Council (<i>part meeting</i>)
Dylan Roberts	Chief Digital and Information Officer (<i>via Teams - part meeting</i>)
Pam Wenger	Director of Corporate Governance (<i>via Teams</i>)
Dave Harries	Head of Internal Audit (<i>Observer</i>)
Nesta Collingridge	Head of Risk Management (<i>part meeting</i>)
Dr Faye Sheldon	Consultant in Public Health (<i>part meeting</i>)
Committee Support	
Laura Jones	Project Support Manager (Corporate Governance)
Philippa Peake-Jones	Head of Corporate Affairs

OPENING BUSINESS
<p>PP24/87 Welcome and Apologies</p> <p>The Chair of the Committee welcomed everyone to the meeting and no apologies were noted.</p>
<p>PP24/88 Declarations of Interest</p> <p>No declarations of interest were raised.</p>
<p>PP24/89 Unconfirmed Minutes of Meeting held on 22.10.24</p> <p>It was agreed that the minutes of the meetings held on 11.10.24 were a true and accurate record.</p>
<p>PP24/90 Matters Arising & Action Log</p>

The Committee reviewed the action log and agreed to close the actions that were proposed for closure. There was discussion around unrealistic timescales set for open actions and it was agreed that this would be addressed going forward.

STRATEGIC PRIORITIES

PP24/91 Partnership Working

The Chair welcomed Gethin Morgan, Head of Regional Collaboration, North Wales Regional Partnership Board and Nicola Stubbins, Director of Social Services, Denbighshire County Council to the meeting. The Chair confirmed that the Committee have recently welcomed key partners to discuss areas of potential development to enable BCU to improve partnership working.

In presenting to the Committee, the Head of Regional Collaboration and the Director of Social Services highlighted:

- The Regional Partnership Board (RPB) have recently been through a refresh period that has included an initial evaluation and a revision of the terms of reference which were adopted during the summer and have allowed the RPB to move forward in a more strategic direction.
- Jane Moore and Helen Stevens-Jones have joined the RPB along with other partners within Wales which has provided a baseline to progress partnership working.
- This will provide opportunities to define what is required from a regional perspective including integrated strategies.
- There is a need to evaluate demand and resource to move forward in terms of a preventative agenda.
- A strategic capital plan has been developed and will address areas including opportunities for digital development, connecting care.
- The aim is to ensure citizens have access to an integrated system to improve outcomes for the people of North Wales. The plan has set the expectations and there is now a need to review the priority areas.

As part of the discussion, the Committee:

- Acknowledged the strategic capital plan and the capital available across Wales stating the need to work together in a more creative space to find solutions in addition to utilising Welsh Government capital funding.
- Recognised the importance of the development of the strategic plan suggesting the need to review this over the longer term to link in with the priorities and projects that will help to deliver the regions strategic objectives.
- Considered the challenges around partnership funding being made available for the benefit of services users within North Wales.
- Queried the projects currently prioritised by the RPB and requested that the priority list of capital and revenue schemes is shared with the Committee.
- Highlighted that the Health Board are open to working collaboratively to use core services in a transformative way and investing in a stronger preventative approach.

Action:

- **PP24/91.1** Gethin Morgan to share the RPB priority list of capital and revenue schemes.

Gethin Morgan and Nicola Stubbins left the meeting

PP24/92 Primary Care Board Update

Members received the report and noted the progress. In presenting the report, the Executive Director of Transformation & Strategic Planning highlighted:

- Progress has been made with the Primary Care Board and the progress to date reflects the engagement of staff within the Health Board on this agenda.
- The initial meetings have now taken place and there is a need to agree how the PPHP Committee should be involved in this work programme.

As part of the discussion, the Committee:

- Recognised the work completed to date and suggested the need to include staff at a more senior level to move this forward.
- Considered the requirement to strengthen advanced cluster development and identify the strategy for managed practices.
- Discussed opportunities for the Board to feed into the clinical services plan to shape this into a transformation programme to deliver change in the future.
- Highlighted the lack of quality data from Primary Care reporting into the QSE Committee including the need to ensure the right information is being reported into the right Committees.
- Agreed the need to be clear on the vision and objectives for Primary Care services.
- Confirmed that the vision for Primary Care services is included in the three-year plan and agreed that there are opportunities to gain a better balance between clusters and pan clusters.

Actions:

- **PP24/92.1** Executive Director of Transformation & Strategic Planning to work with the team to gain more quality data in relation to Primary Care.
- **PP24/92.2** Executive Director of Transformation & Strategic Planning to strengthen the Primary Care elements included in the Annual Plan.

It was resolved that the Committee:

- Received **ASSURANCE** on the progress to date and next steps and provided feedback to be taken forward.

FOR ASSURANCE

PP24/93 Outline Prevention Plan for 2025-28

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

- The emphasis within the plan to support a shift to prevention and ensure there is a strong focus to deliver that objective.
- The current focus on health protection and keeping the population safe along with data and evidence to help people understand the impact and outcome.

- The need to establish an approach to embed prevention and ensure this is included in the Clinical Services Plan.
- Ensuring the right message is communicated in terms of health improvement to make sure this provides a positive impact within communities in relation to keeping people healthy and also helping the Health Board and partners to deliver this agenda.

As part of the discussion, the Committee:

- Welcomed the clear emphasis on prevention, protection and health improvement.
- Suggested that Healthcare Public Health should be the underpinning priority sitting below the programmes of health protection, health improvement and health inequalities to ensure these are delivered.
- Discussed how this will work within the IHCs and Corporate Services and the need to identify how this links with the plan and how it will be implemented.
- Highlighted that the agenda is pan BCU and this will be embedded as the work continues.

It was resolved that the Committee:

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

PP24/94 Embedding Opportunities to be Active with the BCUHB Workplace

Members received the report and noted the progress to date. In presenting the report, the Consultant in Public Health highlighted:

- Physical inactivity results in chronic ill health therefore the toolkit, policy template and travel charter have been developed to encourage staff to be more active.
- The toolkit is a work based approach to increase physical activity within the workplace and includes recommendations for implementation.
- Active soles is a movement that has been adopted from England and encourages staff to wear active footwear.
- Healthy travel is a set of actions which also links into the sustainability agenda.
- The main risks highlighted include staff not being able to achieve a healthy weight due to being sedentary during the working day and as a result of the programme the aim is to reduce sickness and improve health.
- The next step is to identify a Senior Responsible Officer, implement active soles and roll out the programme.

As part of the discussion, the Committee:

- Discussed the opportunities for making a big impact in this area.
- Queried how active soles can work with the NHS Wales uniform policy and agreed the need to take this forward to approve staff wearing comfortable shoes to work.
- Welcomed the paper and suggested the Health Board need to lead the way on this programme and role this out to other partners.
- Suggested this is an item for a future meeting to allow the Committee to monitor the adoption and implementation of the programme.

Actions:

- **PP24/94.1** Item to come back to the Committee for the Committee to monitor the adoption and implementation of the programme.

It was resolved that the Committee:

- **SUPPORTED** to embedding the Active Workplace Toolkit and Active Workplace policy across BCUHB and the implementation of physical activity interventions.
- **SUPPORTED** the use of Active Soles as a movement within BCUHB to encourage staff to move more by wearing active footwear during the working day.
- **SUPPORTED** BCUHB sign up to the North Wales Healthy Travel Charter.

Dylan Roberts and Nesta Collingridge joined the meeting.

PP24/95 North Wales Gypsy, Roma, Traveller Health Needs Assessment

Members received the report and noted the progress in relation to Health Needs Assessment. In presenting the report, the Consultant in Public Health highlighted:

- In 2018, Welsh Government published a Gypsy, Roma, Traveller plan to ensure all Health Boards conducted an assessment in this area.
- A mixed method style was used to gain data and evidence of the profile needs.
- A person-centred approach was required to reach the Gypsy, Roma, Traveller communities as there is hesitation to access our services and therefore a need to understand the current barriers.
- There is also a need for further engagement to co-design solutions within these communities to encourage use of services to meet the needs of this population.
- A Strategic Partnership Group has been formed with partners from across the local authorities including housing and education services to start to co-develop an action plan to implement the recommendations.

As part of the discussion, the Committee:

- Welcomed the report, agreed with the recommendations and encouraged close working with the local authorities and relevant partners.
- Discussed inclusion health services and further work taking place with other vulnerable groups to address how the organisation interact with these communities and what services are required from a health perspective.

It was resolved that the Committee:

- **ENDORSED** and **SUPPORTED** the implementation of the recommendations in the GRT HNA to enable a whole-system approach to improve health outcomes and tackle health inequalities for the GRT population in North Wales.

PP24/96 BCU Diabetes Transformation Programme

Members received the report and noted the progress in relation to the Diabetes Transformation Programme. In presenting the report, the Acting Executive Director of Public Health highlighted:

- It was agreed to review how Diabetes could be used as a model to bring together data, evidence and stakeholders to drive forward transformation of long-term conditions.

- The report emphasises the progress made to date, further work is required and this will provide a model of care to address how the organisation can support people with long term conditions.

As part of the discussion, the Committee:

- Supported the work as good practice for reviewing how we transform services and highlighted the significant appetite from patients and communities for this work.
- Suggested going forward similar reports include the impact and results from specific workstreams.

It was resolved that the Committee:

- **RECEIVED** the summary update.

ROUTINE REPORTING

PP24/97 Corporate Risk Register Report

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

- The likelihood of Risk CRR24-18 Operational Planning for Transmittable Diseases and Outbreaks has been revised following feedback from the Committee and reduced from 5 to 4 providing an overall score of 16.
- A lot of progress has been made with the actions and no actions overdue.
- The Cyber Risk and Board Assurance Framework are due to be noted in Private session.

As part of the discussion, the Committee:

- Queried the reduction in the score for risk CRR24-18, it was confirmed that work is taking place in relation to highly infectious diseases and this is also being discussed with Welsh Government.

It was resolved that the Committee:

- **SUPPORTED** the reduction in the score for risk CRR24-18.
- **RECEIVED ASSURANCE** for the four (one private) corporate risks to which the Committee has overall accountability.
- **NOTED** the contents of the BAF (private). The Audit committee will be asked to provide feedback on the development of the first iteration before being presented to the January Board Meeting.

FOR INFORMATION

PP24/98 Committee Forward Workplan

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

CLOSING BUSINESS

PP24/99 Agree Items for Referral to Board / Other Committees

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

- Primary Care and how this aligns in the longer term.



- How the prevention plan priorities align to the Three-Year Plan.

PP24/100 Review of Meeting Effectiveness

The Chair apologised for running over time due to the size of the agenda.

PP24/101 Date of next meeting

Tuesday 18th February 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'

Unconfirmed

Planning, Population Health & Partnerships Committee Action Log

Updated 10.02.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP24/94.1	10.12.24	<p>Embedding Opportunities to be Active with the BCUHB Workplace</p> <p>Item to come back to a future Committee to monitor the adoption and implementation of the programme.</p>	Jane Moore	April 2025	<p>Remain Open</p> <p>20.01.25 This has been included on the forward workplan to come back to the Committee in April 25.</p>
2	PP24/11.3	23.04.24	<p>Partnerships, Engagement and Communications Update</p> <p>The Committee agreed that a strategic approach to working with the Third Sector should be discussed further with the Executive Team and that this item would come back to the Committee once further work has been completed with proposals on next steps and future strategy.</p>	Helen Stevens-Jones	<p>October 2024 Dec 2024</p> <p>Revised timescale June 2025</p>	<p>Remain Open</p> <p>05.02.25 Further work is required therefore the timescale has been revised to reflect this.</p> <p>02.12.24 Further work is required; an update will be presented to the Executive Team and will come back to the Committee in the next six months.</p> <p>04.10.24 Work is ongoing and a paper to the Committee will follow.</p> <p>20.08.24 HSJ is progressing this action and it will be included as an item for the October meeting.</p>
3	PP24/49.7	20.08.24	<p>Developing our Partnerships</p> <p>Director of Corporate Governance, Director</p>	Pam Wenger Helen Stevens-	October-24	<p>Remain Open</p> <p>05.02.25 Further work is</p>



			of Partnerships, Engagement and Communications to work together on a document to capture the key themes, next steps and strategic approach to working with the Third Sector with oversight from the Chair.	Jones Clare Budden	Revised timescale June 2025	required therefore the timescale has been revised to reflect this. 02.12.24 Further work is required; an update will be presented to the Executive Team and will come back to the Committee in the next six months. 02.10.24 This action is in progress. A meeting has been arranged to take place and an update will be provided at the October meeting.
PP24/56.2	20.08.24	Decarbonisation Action Plan The Acting Executive Director of Public Health agreed to link in with the Interim Executive Director of Finance on the development of a transformation sub group to address options for active transport.	Jane Moore Russell Caldicott	October 2024 Dec 2024 Revised timescale Feb 2025	Remain Open 10.02.25 Jane Moore and Russell Caldicott are meeting on 14.02.25 to discuss, Jane will provide an update at the meeting. The decarbonisation agenda is also due to move over to the remit of Stuart Keen, Director of Environment & Estates. 03.12.24 This action will remain open and progress further once the new Director of Environment commences in post. 14.10.24 Further work is required to progress this action.	



ACTIONS PROPOSED FOR CLOSURE

PP24/78.1	22.10.24	Civil contingencies – Emergency Preparedness, Resilience and Response Progress Report EPRR Lead to review the Corporate Risk Register with the Head of Risk Management.	Sharon Scott	Dec-2024 Revised timescale Feb 2025	Action proposed for closure 04.02.25 The CRR report details Appendix 3 which is an update provided by Sharon Scott on progressing the EPRR risk that will be reviewed / developed on an ongoing basis and raised as appropriate to the Committee. 21.11.24 An item focusing on the EPRR Risks will be included on the agenda for the meeting in February 2025. Civil Contingencies / EPRR will report to every other meeting of the Committee.
PP24/91.1	10.12.24	Partnership Working Gethin Morgan to share the RPB priority list of capital and revenue schemes with the Committee.	Gethin Morgan	Feb 2025	Action proposed for closure 21.01.25 Copy of prioritised capital schemes received from Gethin Morgan shared with the Committee via email.
PP24/92.1	10.12.24	Primary Care Board Update Executive Director of Transformation & Strategic Planning to work with the team to gain more quality data in relation to GPs.	Chris Stockport	Feb 2025	Action proposed for closure 13.01.25 We have highlighted the responsibility of the risk and the lack of quality data from GPs to the QSE Committee. The Team will work on ensuring the right information is being reported to the right Committee.
PP24/92.2	10.12.24	Primary Care Board Update Executive Director of Transformation &	Chris Stockport	Feb 2025	Action proposed for closure 13.01.25 Work is continuing on



			Strategic Planning to strengthen the Primary Care elements included in the Annual Plan.			the Plan and this will be addressed over the coming weeks.
Closed Actions (as agreed at meeting on 10.12.24)						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP24/74.1	22.10.24	Developing our Partnerships Ensure that a Llais experience paper is included on the QSE / PPHP CoB annually (transfer log)	Philippa Peake-Jones Geoff Ryall-Harvey	Within the year	21.11.24 GR-H has confirmed that the Llais Annual Report / Experience Paper will go to QSE & PPHP in April / May 2025 and the CoB / forward workplan have been revised to reflect this.
2	PP24/74.2	22.10.24	Developing our Partnerships Chief Officer for Llais North Wales to share the Llais monthly report on a regular basis.	Geoff Ryall-Harvey	Dec 2024	21.11.24 A copy of the October Llais Report has been circulated via email and going forward this monthly report will be shared as part of the weekly Corporate Governance update.
3	PP24/75.1	22.10.24	Partnerships, Engagement and Communications Update Share the Executive Team paper on the PSB and RPB.	Pam Wenger	Dec 2024	21.11.24 The PSB and RPB papers that went to an Executive Team meeting have been circulated via email.
4	PP24/75.2	22.10.24	Partnerships, Engagement and Communications Update Invite Nia Roberts, Vice Chair of the Joint Commissioning Committee (JCC) to a future meeting for a specific item and feedback.	Helen Stevens-Jones Pam Wenger	Feb 2025	21.11.24 The Chair, Dyfed Edwards attended the last meeting of the JCC to provide a verbal update and a future session is planned with the JCC in 2025. Suggest that we could extend an invite to Nia Roberts



						to observe a future meeting.
5	PP24/75.3	22.10.24	Partnerships, Engagement and Communications Update Director of Partnerships, Engagement and Communications to provide a reflection paper at the end of the year on the business that has been conducted by the SRG.	Helen Stevens-Jones	Feb 2025	Update 25.11.24 HSJ has contacted Mike Parry to confirm that a paper on the impact of the SRG from 2023/24 will be presented to the Committee in February and Mike Parry has agreed to join the meeting.
6	PP24/77.1	22.10.24	North Wales Medical School Update Jane Moore and Mike Larvin to meet to discuss opportunities for Public Health research innovation within the curriculum.	Jane Moore Mike Larvin	Dec 2024	26.11.24 Contact has been made between Jane and Mike to arrange a Teams meeting to discuss this further.
7	PP24/77.2	22.10.24	North Wales Medical School Update Look at having a wider discussion around Medical School at a Board Development session ahead of this going to PFIG in January 2025 and Board in March 2025.	Pam Wenger	Dec 2024	21.11.24 This session is planned for the February Board Development session.
8	PP24/81.1	22.10.24	Public Health Delivery Report Public Health Delivery Report / Improvement Plan to be presented to every other Committee and the cycle of business to be amended to reflect this.	Jane Moore Philippa Peake-Jones	Feb 2025	21.11.24 The PPHP Committee cycle of business has been revised to include this report.



Teitl adroddiad: <i>Report title:</i>	Stakeholder Reference Group: update			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 18 February 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The Stakeholder Reference Group (SRG) has continued to play an important role in shaping the strategic direction of the Health Board in 2024/25. This paper provides an update on its progress and the themes and discussions highlighted by members throughout the year.			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to DISCUSS and NOTE the paper.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications			
Awdur yr Adroddiad: <i>Report Author:</i>	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i></small>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>				

<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>An EQIA is not required for the update paper but EQIAs are routinely developed as part of work that the PEC team is involved in, with the outcomes of the analysis informing the work of the team.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>A SEIAs are routinely developed as part of work that the PEC team is involved in, with the outcomes of the analysis informing the work of the team.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>There is a risk to reputation where relationships are not nurtured and developed. There is also a risk to reputation when negative stories about the Health Board are reported. Specific BAF risks are highlighted below.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no direct financial implications associated with this update.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no direct workforce implications associated with this update.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>N/A</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Strategic Priority P1 Prevention and Health Protection Strategic Priority P11 Wider Delivery Strategic Priority P12 Workforce Strategic Priority P13 Digital, Data and Technology Strategic Priority P14 Estates and Capital Strategic Priority P15 Partnerships Strategic Priority P17 Organisational development Strategic Priority P18 Quality, Innovation and Improvement Strategic Priority P19 Social and Civic leadership and responsibility</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>	<p>Not applicable</p>

Reason for submission of report to confidential board (where relevant)	
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps:</p> <p><i>The PPHP Committee members are asked to note and discuss the report and highlight areas for further development.</i></p>	
<p>Rhestr o Atodiadau: Dim</p> <p>List of Appendices: None</p>	

Stakeholder Reference Group: Progress in 2024/25

Introduction

The Stakeholder Reference Group (SRG) has continued to play an important role in shaping the strategic direction of the Health Board in 2024/25. With a focus on collaboration, inclusivity, and community engagement, the SRG has been reinvigorated and is increasingly involved in shaping the direction of the Health Board through its supportive leadership, increased membership, and valuable contributions. This report highlights the key themes from discussions and achievements and progress made during the year.

Key themes from SRG discussions

1. Learning from past incidents

- SRG members emphasised the importance of learning from past incidents. They were informed about the introduction of a Quality Management System (QMS), which marks a significant step forward in embedding evidence-based practices and improving patient safety. The QMS is currently being trialled, with plans for broader implementation. The Chief Executive also wrote personally to families affected by Prevention of Future Deaths (PFD) cases, reinforcing a commitment to learning from past experiences.

2. Enhanced engagement opportunities

- Members stressed the importance of connecting with local communities. Their feedback helped shape engagement events with Board members across North Wales. Last year, the Health Board also held a virtual event attended by over 100 participants, allowing stakeholders to connect with Board members and share their concerns and suggestions directly.

3. Volunteering strategy development

- The SRG highlighted the need for a cohesive Volunteering Strategy. This strategy is in development and will include leadership frameworks, governance structures, and resource tools to support and enhance volunteer contributions across the Health Board.

4. Clarification of SRG roles

- To ensure clarity and alignment with its objectives, the SRG updated its Terms of Reference. These were circulated for feedback and subsequently refined to better meet member expectations and commitments.

5. Recognition of good practices

- Members raised the importance of sharing news and updates about exceptional staff and departments that receive consistent patient praise. These are highlighted through internal awards processes, such as the Feel Good Friday Awards, and via social and media platforms.

Key Achievements

- **Leadership:** The SRG benefited from the commitment and enthusiasm of the Chair, who ensured that discussions were purposeful and aligned with the Health Board's priorities. This leadership was instrumental in fostering an environment of trust and transparency, enabling members to share their insights and perspectives freely.
- **Increased membership and attendance:** Throughout 2024/25, the SRG saw growth in membership and attendance. This increase reflects the group's relevance and the value it

provides to stakeholders. By diversifying its membership, the SRG has strengthened its ability to represent the diverse communities of North Wales effectively.

- **Vibrant conversations and valuable contributions:** The SRG facilitated constructive discussions, with members providing thoughtful and impactful contributions. These conversations have directly influenced key initiatives, including:
 - The development of the 2024-2027 Integrated Three-Year Plan (IMTP) and subsequent input on the 2025-2028 IMTP.
 - Shaping the draft organisational design principles, which will inform future strategies and plans.
 - Refining the culture change framework, incorporating member feedback to ensure the framework addresses partnership challenges and promotes new values and behaviours.
 - Providing feedback on organisational effectiveness, which informed the integration of Special Measures actions into the Annual Delivery Plan.
- **Constructive challenges and community insights:** The SRG provided valuable challenges to the Health Board, ensuring it remained accountable and responsive. By amplifying the voices of individuals who work with and understand North Wales' communities, the group ensured that the Health Board's strategies and plans were grounded in experience. For example:
 - Concerns raised about working conditions, workforce regarding transition in moving sites led to discussions with senior managers to seek assurance about engagement with staff and communities.
 - Feedback that the values and behaviours work was largely internally focused has led to further work to engage partners in shaping the way forward. A survey will get underway shortly.

Conclusion

The progress made by the Stakeholder Reference Group in 2024/25 has helped to demonstrate the key role it plays in influencing change within the Health Board. Moving forward, the SRG members are keen to continue to build on this foundation, ensuring its contributions remain impactful and aligned with the Health Board's strategic goals.



Teitl adroddiad: <i>Report title:</i>	Partnerships, Engagement and Communication Update			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 18 February 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper provides an update on the work across Partnerships, Engagement and Communications (PEC), aligned to the Annual Plan, Independent Engagement Review and PEC Strategy.			
Argymhellion: <i>Recommendations:</i>	The paper seeks to provide ASSURANCE to the Committee. The Committee is asked to DISCUSS and NOTE the paper.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications			
Awdur yr Adroddiad: <i>Report Author:</i>	Alan Morris, Assistant Director of Public Affairs Helen Stevens-Jones, Director of Partnerships, Engagement and Communications			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>				
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	N/A			

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>An EQIA is not required for the update paper but EQIAs are routinely developed as part of work that the PEC team is involved in, with the outcomes of the analysis informing the work of the team.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>A SEIA is not required for this update paper but SEIAs are routinely developed as part of work that the PEC team is involved in, with the outcomes of the analysis informing the work of the team.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>There is a risk to reputation where relationships are not nurtured and developed. There is also a risk to reputation when negative stories about the Health Board are reported. Specific BAF risks are highlighted below.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>N/A</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no direct workforce implications associated with this update.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>N/A</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Strategic Priority P1 Prevention and Health Protection Strategic Priority P11 Wider Delivery Strategic Priority P12 Workforce Strategic Priority P13 Digital, Data and Technology Strategic Priority P14 Estates and Capital Strategic Priority P15 Partnerships Strategic Priority P17 Organisational development Strategic Priority P18 Quality, Innovation and Improvement Strategic Priority P19 Social and Civic leadership and responsibility</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p>It is recommended that the Committee: Receive and note the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.</p>	

Partnerships, Engagement and Communication Update

1. Introduction

This report to the Committee provides an update on progress being made within programmes of work underway in Partnerships, Engagement and Communications.

1. Partnerships

Betsi Cadwaladr University Health Board is a member of a number of partnership boards.

The purpose of this section of the report is to provide a summary of some the matters discussed and agreed at recent partnership board meetings, including the following:

- North Wales Regional Partnership Board;
- Conwy and Denbighshire Public Services Board;
- Flintshire and Wrexham Public Services Board;
- Gwynedd and Ynys Mon Public Services Board.
- NHS Wales Shared Services Partnership Committee
- Joint Commissioning Committee

1.1 North Wales Regional Partnership Board (NWRPB)

RPBs have been established as part of the Social Services and Well Being Act to improve the well-being of the population and improve how health and care services are delivered.

All Regional Partnership Boards must produce population assessments, a regional area plan, provide a regional annual report and demonstrate citizen engagement and co-production

The NWRPB has recently approved new Terms of Reference which indicates that members will now meet bi-monthly. Changes to the Health Board's Membership of the Regional Partnership Board and the Regional Partnership Board's Leaders Group have been approved with the key objective relating to ensuring that processes strategic decision making in the Health Board integrates well into a wider system such as the RPB and PSBs.

The Health Board's membership is the Chief Executive, Chair/Vice-chairman or Independent Member; Chief Operating Officer; Executive Director of Public Health, Executive Director of Transformation and Planning and Director of Partnerships and Engagement with other colleagues attending when required.

The Health Board's more proactive partnership approach with the RPB is seeing increased involvement in various initiatives and programmes. This strategic shift is starting to foster stronger relationships with key stakeholders, enabling the Board to collaboratively advance critical initiatives aimed at improving the health and wellbeing of the people of North Wales.

Among the recent issues contained in the RPB's action points are:

- A 50-day challenge to be undertaken in collaboration with other regions and Welsh Government as part of the Care Action Committee
- An Expression of Interest to be shared with RPB members regarding an opening for an Autism Champion as part of the RPB.
- A Well North-Wales task and finish group to be set up.
- The November workshop focussed on "The Patients' Journey"
- Further discussion on GP pathways and streamlining.

Full reports of the RPB's current work can be found [here](#).

1.2 Public Service Boards

The [Wellbeing of Future Generations \(Wales\) Act 2015](#) established a statutory board, known as a Public Services Board (PSB), in each local authority area in Wales. Conwy and Denbighshire, Gwynedd and Anglesey and lately Flintshire and Wrexham have used the power within the Act to merge their separate PSBs.

The PSB is a collection of public bodies working together to improve the well-being of their county. This means that as a group they must improve the economic, social, environmental and cultural well-being of their areas.

Conwy and Denbighshire Public Service Board

Recent meetings of the PSB have included discussions on the following topics.

- The PSB received a report from the Health Board on implementing the national Social Prescribing framework for Wales. Under the agreed shared vision of reducing inequalities and improving longer-term population health and wellbeing, it was agreed that partners would work together to: co-design social prescribing services based on evidenced population needs; pool available resources in order to embed more resilience and sustainability into funding arrangements, and; work together towards joint commissioning arrangements with a view to contracting longer-term
- Updates were provided on the Shaping Places in Wales programme, which is designed to help PSBs deliver their wellbeing plans. The plans are based on climate and nature emergency, poverty and inequality and neighbourhood wellbeing.
- Following approval of the Annual Performance Report, PSB members were keen for a fuller discussion around the Welsh Government's Well-being Measures at a future meeting.

Flintshire and Wrexham Public Service Board

- Similar to Conwy and Denbighshire, the PSB is also part of the Sharing Places in Wales programme designed to help PSBs deliver their wellbeing plans. The plans are based on climate and nature emergency, poverty and inequality and neighbourhood wellbeing.
- PSB partners have worked to co-create new engagement methods, especially with young people through Community Narratives at Sealand and Ty Pawb, developing storytelling techniques through the TEDx events which focused on mental health and climate change, and working with schools through the Future Leaders programme.
- Partners developed a whole system approach to the healthy weight sub-system priority of Eating Well and Being Active in Schools across Wrexham and Flintshire with the aspiration being to increase the number of children who live within three miles of their school who walk, scoot or cycle there.
- Recognising that taking part in green health opportunities can improve physical and mental health, the PSB sought to optimise green health opportunities through social prescribing
- The 100 stories programme is a partnership led by BCUHB, working with professionals, parents/carers/guardians and young people to gather stories about the transition from Children's to adult's services when it comes to services for neurodiversity.
- The PSB partners started to become Foster Friendly organisations, in line with the Welsh Governments framework for eliminating profit from children's social care. This will help to support the connected carers and foster families across communities and provide a variety of options for young people.
- Led by Wrexham University, partners have worked together to build the North Wales Children's University, so that all children across Flintshire and Wrexham have the opportunity to learn outside the classroom environment.

Gwynedd and Ynys Mon Public Service Board

The PSB has discussed the following during recent meetings.

- The signing of a healthy travel charter has been agreed and will take place with Cabinet Secretary Ken Skates in March 2025, when there will be an opportunity to discuss a third Menai crossing, rural travel challenges and concerns that short term budgets to not allow responses to long-term problems.
- Continuing to work on promoting access to healthy food while also reducing or prevent access to unhealthy foods.
- Discussion on how the whole system scheme of healthy weight works.
- Agreed to conduct research into the link between staff welfare and being able to speak Welsh in the workplace, and reassuring people that their Welsh skills are good enough to work for public institutions.

1.3 NHS Wales Shared Services Partnership Committee

NHS Wales Shared Services Partnership Committee (NWSSPC) is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

Among the items they have recently discussed are the following:

- Good work is being done around lessons learned and organisational learning as part of the Welsh Risk Pool programme.
- The Medical Examiner Service became statutory last September, and NWSSP has been working through delays regarding records being returned to them. There has been political pressure and press interest in North Wales around delays, and they have been working with BCUHB on this.
- There has been a positive recruitment visit to Kerala in India, with a significant number of doctors and nurses appointable to positions in the Welsh NHS. NWSSP wants Health Boards to be clear about their available vacancies.
- The Single Lead Employer (SLE) model is now fully embedded as part of NWSSP's organisational set-up in partnership with HEIW and host organisations. SLE covers all medical, dental and pharmacy trainees across Wales, the current headcount exceeding 3,700 trainees. The benefits of SLE include a simplified employment process.
- A risk appetite statement reflecting a bolder approach to taking risk, in particular the balance and interaction between value for money and quality generated a lot of discussion and was approved and will continue to be monitored closely.
- Committee noted an update on the ongoing efforts to reduce carbon emissions and promote sustainability within NHS Wales.

The full minutes of the committee can be found [here](#).

1.4 Commissioning Committee

The NHS Wales Joint Commissioning Committee (NWJCC) is a Joint Committee of the seven Health Boards acting collectively on their behalf.

Among the items discussed were:

- An update on the commissioning proposal for a bespoke road-based enhanced service in rural, remote and coastal areas, as recommended by EMTRS.
- Committee endorsed the introduction of rapid clinical screening by the ambulance service as a means of mitigating harm this winter.

- Updates on the EMRTS judicial review; cancer and blood developments in specialised radiotherapy; cardiac transcatheter aortic valve implantation performance; intestinal failure financial position.
- An update on neuroendocrine and long-term conditions, North Wales paediatric cochlear implants and progress with repatriating patients from Manchester for their follow-up care.

The minutes and papers for the committee's meetings can be found [here](#).

2. Progress against the Partnerships, Engagement and Communications strategic direction, Independent Review of Engagement and annual plan objectives

The implementation of the Partnerships, Engagement, and Communications Strategy, approved by the Board in September 2022, has led to significant advancements across multiple areas. The accompanying delivery plan was strengthened by incorporating key recommendations from the Independent Review of Engagement, ensuring a more robust and responsive approach. Progress in these areas has been good, reflecting a commitment to continuous improvement and meaningful stakeholder engagement. This includes:

2.1 Organisational Approach to Engagement

- The strategy outlined the need for toolkits, support for transformation programmes, a library of good practices, training, and a review of the organisational engagement approach.
- Recommendations from independent advisor Cath Broderick provided a roadmap for achieving these ambitions. In early 2024, foundational work began to embed this approach, with good progress in 2024/25. Progress includes:
 - Strengthened team connectivity and aligned work programmes.
 - Fostered open, honest communication to build public trust and confidence.
 - Coordinated experience, engagement, and insights with the Citizen's Experience paper and the work of the engagement group.
 - Established an organisation-wide engagement group, which has:
 - Conducted an annual audit of engagement activities to understand good practices, themes, and share learning.
 - Facilitated staff workshops to gather insights and build a community of practice.
 - Begun developing a charter and principles for engagement.

2.2 Enhanced Governance

- New governance structures have been agreed and will be operational by April 2025, allowing information from partnership forums to be triangulated and reported to the executive team, fostering more cohesive decision-making.

2.3 Improved Communications

- Response rates to correspondence with Members of the Senedd and MPs have been significantly enhanced.
- Expanded digital presence and used insights from digital engagement to tailor messaging and adapt content and channel approaches.
- Promoted corporate Health Board messages by creating content aligned with public interest.

2.4 Progress aligned to the Annual Plan

The actions undertaken as part of the Partnerships, Engagement, and Communications Strategy are closely aligned with the objectives set out in the Annual Plan 2024/25, demonstrating strong progress

across all key areas. Many of these actions also align with the recommendations from Cath Broderick's Independent Review, ensuring a structured approach to engagement. Progress includes:

- **Developed the Citizen's Experience paper to the Board:** Providing valuable insights into the experiences and feedback from citizens, this paper ensures that the Board remains informed and engaged with the community's perspectives.
- **Held Board engagement events:** These events provided a platform for open dialogue, allowing Board members to hear first-hand from community members about their experiences, concerns, and suggestions.
- **Conducted an annual partner survey:** This survey aims to assess the effectiveness of current partnerships, identify areas for improvement, and gather suggestions for future collaboration. The results of the survey for 2024/25 are being analysed and will be used to inform enhance partnership efforts. The survey will come to the next PPHP Committee.
- **Enhanced the contribution of the Stakeholder Reference Group:** The Group was strengthened by incorporating more diverse representation and enhancing its role in decision-making processes.
- **Learned from families, carers, and patients:** Efforts are being made to actively listen to and learn from the experiences of families, carers, and patients, particularly to inform the work addressing the Royal College of Psychiatry Report.
- **Improved partnership communications:** Communication with partners has been enhanced through the development of tailored messaging and regular updates.

2.5 So What? The impact and emerging benefits

Since the approval of the Partnerships, Engagement, and Communications Strategy, good progress has been made in embedding a more structured, transparent, and proactive approach. The actions taken are not only delivering on strategic priorities but are also driving meaningful improvements in how the organisation collaborates with stakeholders, communicates progress, and involves partners in decision-making. These developments are laying the foundation for a more integrated and responsive engagement model, building confidence that we are heading in the right direction and ensuring that engagement is not just a function but a core principle guiding organisational culture and service improvement. The following outlines the key areas where this impact is being realised and how they are contributing to long-term, sustainable change.

Stronger organisational foundations for engagement – The Partnerships, Engagement, and Communications team has been strengthened by dedicating and aligning resources, structuring frameworks, and ways of working, ensuring a more consistent and proactive approach across the organisation. Improved internal collaboration and governance structures now support a more strategic and coordinated delivery of engagement activities.

Greater transparency and public awareness – Enhanced communication strategies, including more transparent reporting, improved digital engagement, and proactive stakeholder outreach, have increased public and partner awareness of progress and challenges. These efforts are starting to foster greater trust, accessibility, and openness in how the organisation shares information and engages with key stakeholders.

Earlier and more meaningful stakeholder involvement – A shift towards more proactive engagement has enabled earlier involvement of stakeholders in shaping strategies and policies. Stronger relationships, structured engagement forums, and a more consultative approach to decision-making are ensuring that partners play a key role in influencing the organisation's direction and priorities.

2.6 Next steps

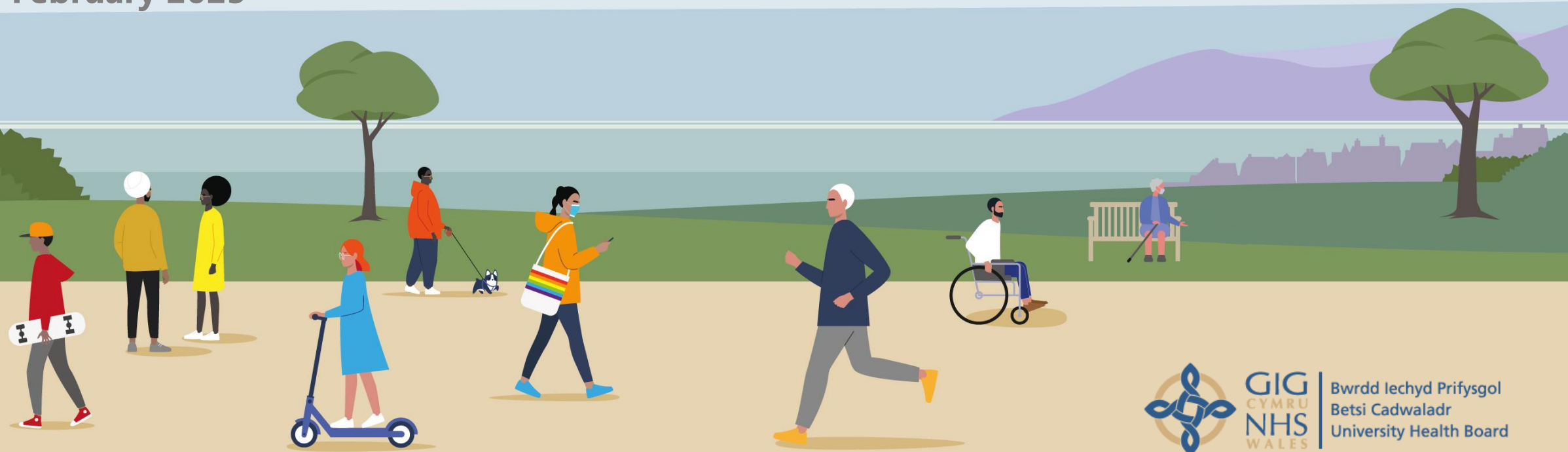
With the organisational foundations now established, the focus for the coming months and years will shift toward embedding effective ways of working and further strengthening relationships. In addition

to driving improvements and delivering on its priorities, there is real potential for the Health Board to enhance its reputation among stakeholders.

Three Year Plan

Planning, Population Health and Partnerships Committee

18th February 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

The purpose of today's session is to:

- 1 Provide an update on the progress of the development of the Health Board's Three-Year Plan
- 2 Highlight the emerging themes from the current draft plan
- 3 Discuss the key strategic considerations and decisions



Working across the organisation since September on a new Executive Led planning approach - commissioning targeted programmes of work to deliver specific outcomes



Board Committee discussions from throughout the year factored in to plans



An initial draft was collated and input received from Board Members via PPHP in December



The Cabinet Secretary issued his priorities, delivery expectations and enabling actions, alongside financial allocations over Christmas – focus has been on the new Ministerial Templates during January



Important strategic discussion at PPHP today – current draft of the plan will be circulated offline



Key milestones: Board Development 27/02, PFIG 18/03, Health Board 27/03, Submit to WG 31/03

Themes

- 1 Quality as a golden thread throughout
- 2 Shifting resources towards prevention and early intervention
- 3 Accelerating delivery of improved outcomes for our population
- 4 Moving to a digital first environment is a crucial enabler
- 5 Collaboration with Partners is vital in solving system wide issues

Objective 1: Building an effective organisation

- 1A Board Effectiveness
- 1B Risk Management
- 1C Operating Model
- 1D Performance and Accountability Framework
- 1E Value and Sustainability
- 1F Legislative Improvements
- 1G Workforce Planning
- 1H Quality Management System
- 1I Welsh Language
- 1J Decarbonisation
- 1K Enabling Left Shift (NEW)

Objective 2: Developing strategy and long-lasting change

- 2A 10-year Strategy
- 2B Clinical Services Plan
- 2C Commissioning
- 2D Capital Priorities: supporting change to happen
- 2E Digital, Data and Technology (DDaT)
- 2F Prioritisation
- 2G Effectively delivering Major Change
- 2H Strengthening Planning
- 2I Finance Governance Environment
- 2J Early identification and support of Challenged Services

Objective 3: Compassionate culture, leadership & engagement

- 3A Compassionate Leadership & Org Development
- 3B Citizen Engagement
- 3C Being a Good Partner

Objective 4: Improving quality, outcomes and experience

- 4A Patient Experience
- 4B Prevention
- 4C Primary Care and Early Intervention
- 4D Community Care and Clusters
- 4E Planned Care
- 4Fa Cancer Care
- 4Fb Oncology
- 4G Urgent and Emergency Care
- 4H Diagnostics
- 4Ia Adult Mental Health & Learning Disability
- 4Ib CAMHS & ND
- 4Ic Dementia Services (NEW)
- 4J Currently 'Challenged Services'
- 4K Women's Services
- 4L Children
- 4M Pharmaceutical services
- 4N Palliative Care (NEW)

Objective 5: Effective environment for Learning

- 5A University Partnership
- 5B Research, Development and Innovation
- 5C Academic Careers
- 5D Intelligence Led
- 5E Learning Organisation
- 5F Mainstreaming Success (NEW)



1) Building an effective organisation

- The way we're set up – maximising resources towards front line services

2) Developing strategy and long-lasting change

- 10-Year Strategy – appetite and approach for co-designing a 'Strategic Intent for North Wales' with partners

3) Compassionate culture, leadership & engagement

- Route map to development of top-class leadership at all levels

4) Improving quality, outcomes and experience

- Mechanisms to do more in Prevention, Early Intervention, Primary and Community Care - consistently adopting industry standards

5) Effective environment for learning & skills development

- Investment in the necessary skill sets needed to build a successful organisation

- 1 Share the current draft of the plan
- 2 Incorporate feedback from today into the version for Board Development on 27/02
- 3 Review at PFIG 18/03
- 4 Review for approval at Health Board 27/03
- 5 Submit to Welsh Government by 31/03



Teitl adroddiad: <i>Report title:</i>	Update on the Digital, Data and Technology Enabled Portfolio of Projects and Programmes			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 18 February 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides an update on the red RAG status Digital projects. It also provides a summary of work undertaken to prioritise projects for 2025, building on work undertaken in 2024, where engagement was undertaken through a number of forums, including the IHC's, Pan-BCU Services, Office of the Chief Clinical Information Office and informal and formal Executive meetings. Digital project updates are provided to this Committee bi-annually.			
Argymhellion: <i>Recommendations:</i>	<p><i>The Committee is asked to:</i></p> <ul style="list-style-type: none"> • NOTE the project updates • ASSURE the project prioritisation 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dylan Roberts, Chief Digital and Information Officer			
Awdur yr Adroddiad: <i>Report Author:</i>	Erica Roberts, Acting Assistant Director of Digital Delivery Strategy and Engagement			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Developing strategy and long-lasting change <ul style="list-style-type: none"> - Digital, data and technology - Effectively delivering major change 			

	Improving quality, outcomes and experience - Patient and citizen experience
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	NA
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not applicable to this report. An EqlA is undertaken at Project level where required.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable to this report. An SEIA is undertaken at Project level where required.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	BAF24-02: Risk of Ineffective Strategic Development and Digital Transformation - Ineffective strategy development, robust planning processes, and a forward-looking approach to digital technology to ensure long-lasting organisational change. BAF24-08: Inability to initiate and implement evidence-based improvement and innovation - Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	If the prioritisation of projects is changed, this could have financial impact which would need to be considered based on the changes required.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	If the prioritisation of projects is changed, this could have an impact on the resources required to deliver the agreed portfolio. This would need to be considered based on the changes required.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	The prioritisation of projects was initiated in early 2024, where engagement was undertaken through a number of forums, including the IHC's, Pan-BCU Services, Office of the Chief Clinical Information Office and informal and formal Executive meetings. The updated prioritisation list has been considered by the informal and formal Executive Committee in December 2024.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	BAF24-02: Risk of Ineffective Strategic Development and Digital Transformation - Ineffective strategy development, robust planning processes, and a forward-looking approach to digital technology to ensure long-lasting organisational change.

	<p>BAF24-08: Inability to initiate and implement evidence-based improvement and innovation - Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: <i>Subject to agreement, we will continue to deliver the prioritised projects.</i></p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <ul style="list-style-type: none"> • Appendix 1: Project for the Web Full January 2025 • Appendix 2: Project for the Web Lite January 2025 (Projects on hold or outside Digital, Delivery Strategy and Engagement) • Appendix 3: Prioritisation Framework • Appendix 4: DDaT Portfolio Prioritisation Report 	

PPHP Committee

Update on the Digital, Data and Technology Enabled Portfolio of Projects and Programmes Tuesday, 18 February 2025

1. Introduction/Background

This report provides an update on the red RAG status projects. It also provides a summary of work undertaken to prioritise projects for 2025, building on work undertaken in 2024, where engagement was undertaken through several forums, including the IHC's, Pan-BCU Services, Office of the Chief Clinical Information Office and informal and formal Executive meetings.

2. Project Updates

Please note the following updates to projects rated red.

RISP – There have been delays to the BCUHB RISP Implementation Plan (from the supplier) which have impacted the project timescales resulting in several large, complex tasks running in parallel, which has impacted on Radiology staff required to complete the work. An extension of three weeks to the implementation date has been agreed, which is now currently May 19th 2025. However, delays to the system build is now impacting on UAT testing, and data migration is behind schedule. Furthermore, the new process and way of working is unclear, with training imminent. This is a complex and critical programme of work with several suppliers and DHCW involved. Delays have been escalated and discussions have taken place with DHCW and the supplier. Assurances are still being sought. However, with all of the risks associated with this it is likely that the Programme will recommend an extension of at least 6 months with the associated cost to be determined.

LIMs - Locally the programme is progressing well. However, there a number of key issues nationally that are causing a significant concern. In the main these relate to the system build & interfaces, configuration and defect resolution taking longer than planned by DHCW. Planning timelines have been revised on a number of occasions, which is impacting on local resources. There is a general feeling that the implementation date is unachievable, which will have financial implications locally. Increased national cost could also be passed on to the Health Boards. These concerns have been raised nationally and are being escalated within the Health Board. As with RISP, with all of the risks associated with this it is likely that the Programme will recommend an extension of at least 6 months with the associated cost to be determined.

Community Dental Service (CDS) Replacement Patient Management System - Funding for a replacement system has not yet been approved. The new Senior Responsible Officer (Assistant Director of Community) is to submit a second briefing paper to Executives.

Digital Maternity Cymru (DMC) - As the national procurement failed, this has led to a direct ministerial expectation that all health boards adopt a unified system. The timescales set by Welsh Government are challenging and require implementation by March 2026. The Business Case was approved at Board 30th January 2025 and work is being expedited to procure and implement as soon as is possible. The Maternity Service's level of readiness for the change is good.

ePMA (electronic Prescribing and Medicines Administration) - Issues include the recruitment of training posts, integration, and the lack of confirmed funding for financial year 25/26. Integration with national systems is a concern and is more complex than anticipated due to the peculiarities of the Wales digital environment. This and the lack of a training team in post could impact our overall timeline.

We have revised our milestones, including the integration milestone, which have been agreed by Welsh Government (WG). Further workshops have taken place between BCU, the supplier and DHCW and a delivery approach has been agreed to ensure the programme remains on track to deliver by March 2026.

The training approach for delivery has been agreed and plans are being confirmed in order to recruit training posts. A letter from the Welsh Government to confirm funding for 25/26 is anticipated by the end of February 2025.

Therapies – The updating of this system is taking longer than anticipated, initially due to User Requirements which have informed a more complex system requirement and with that could mean more costs. The supplier also requires additional time to develop the desired system. The full MVP (Minimal Viable Product) is expected to be delivered no later than March 2026. The agile approach being employed in this project will allow functionality to be released to end-users incrementally at the end of each sprint (of which there are 22). Further detail on the release schedule is required. Sprint 1 development has started and is scheduled to complete 14th February. DDaT teams are reviewing the entirety of this as there will likely need to be an adaptation to the business case and costs.

EHR Programme - High-level plan to take the Electronic Health Record (EHR) programme through to completion of the Outline Business Case (OBC) has been developed. Detailed planning sessions have been completed for the transformation and technical projects. Specialist resources to support the OBC include advisors in programme direction, benefits, procurement, user centred design, organisational transformation and enterprise architecture. Timescales are tight to deliver all OBC products by March 2025. A formal funding source for next financial year is unknown at present. This is being managed as a risk.

The Mental Health programme of work is part of the EHR programme as the first and exemplar delivery. The overall RAG status reflects the challenges around resource and timescale to deliver OBC by March 2025, the shortfall in cash releasing benefits to make the cost neutral, elongated timescales for procurement of the Mental Health system and uncertainty around fund source for next financial year.

Further information on the other digital projects can be found in Appendix 1 and 2.

2.1 Prioritisation

Please consider the following information and provide assurance regarding the prioritisation of projects.

2.2 A prioritisation exercise was undertaken in October 2024 utilising a Prioritisation Framework (see Appendix 3).

25 projects were considered against four key criteria:

- **Alignment:** How well the project is aligned with the Annual Plan, Major Change Programmes and Criticality to Service and Organisational Delivery
- **Value:** The anticipated benefits or impact the project would deliver
- **Risk:** The residual risk to the organisation if the project is not delivered
- **Deliverability:** The feasibility of completing the project on time and within scope given allocated resources

2.3 HEALTH WARNING: This prioritisation exercise is based on looking at each project individually in their own right against each other listed and in most cases funded. It does not consider projects that will enable a whole system step change such as the EHR programme which is not yet funded and may at that point necessitate some of the individual priority projects noted here to be stopped.

2.4 The projects were plotted on a matrix with Value on the x-axis and Deliverability on the y-axis (Image 1). The top-right quadrant represents projects that scored high in both categories, indicating they are potentially the most attractive for prioritisation (see Appendix 4).

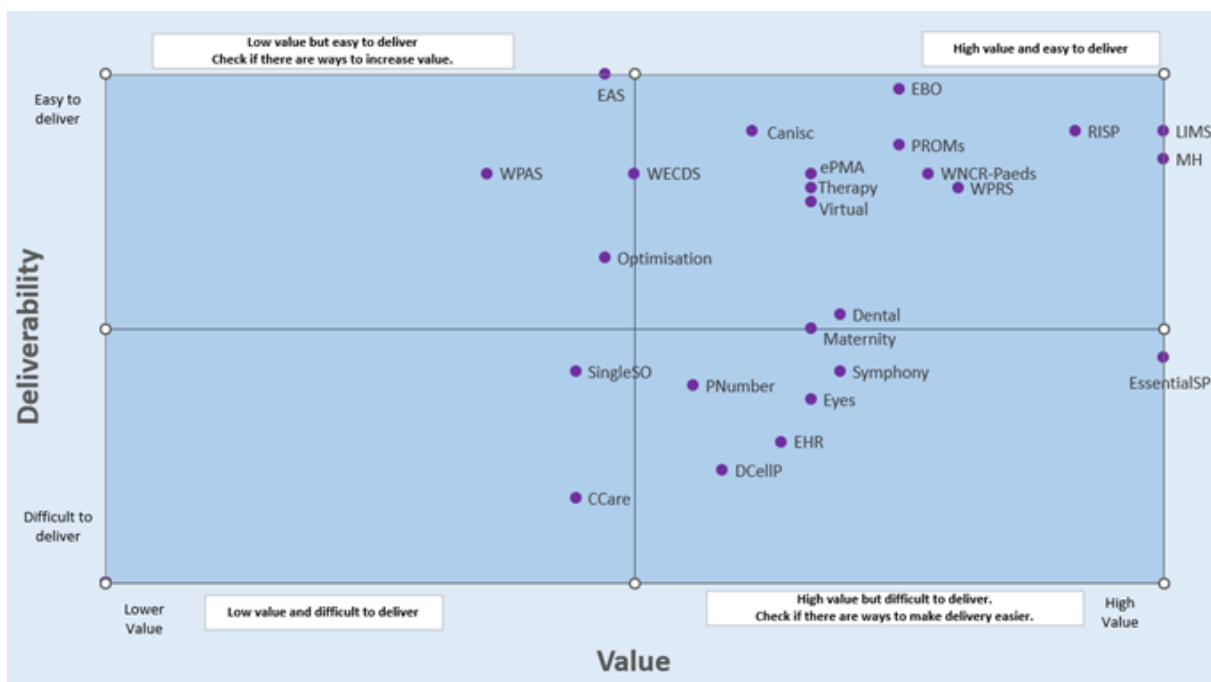


Image 1: Value vs Deliverability

2.5 14 projects have fallen within this quadrant, indicating they offer significant benefits and are likely to be successfully delivered with the current resources. Based on this analysis, these projects could be considered as priorities. They are:

- LIMS – Laboratory Information Management System
- RISP - Radiology
- MH – Mental Health
- WPRS – Welsh Patient Referral System
- WNCr Paeds – Welsh Nursing Care Record
- EBO Validation Chat Bot
- PROMS
- ePMA – Electronic Prescribing and Medicines Administration
- Therapy Management System
- Virtual Appointments (Attend Anywhere)
- Dental System
- Canisc
- Digital Maternity Cymru
- WECDs – Welsh Emergency Care Data Set

2.6 Note that based on the existing matrix, where ‘Value’ is on the X-axis and ‘Deliverability’ is on the Y-axis, if we were to include ‘Alignment’ in the ‘Value’ scores, the same 13 projects would still be prioritised, except for WECDs – Welsh Emergency Care Data Set. This suggests that the current value scores are robust and reliable, and including alignment doesn’t significantly alter the prioritisation, reinforcing our confidence in the value assessment.

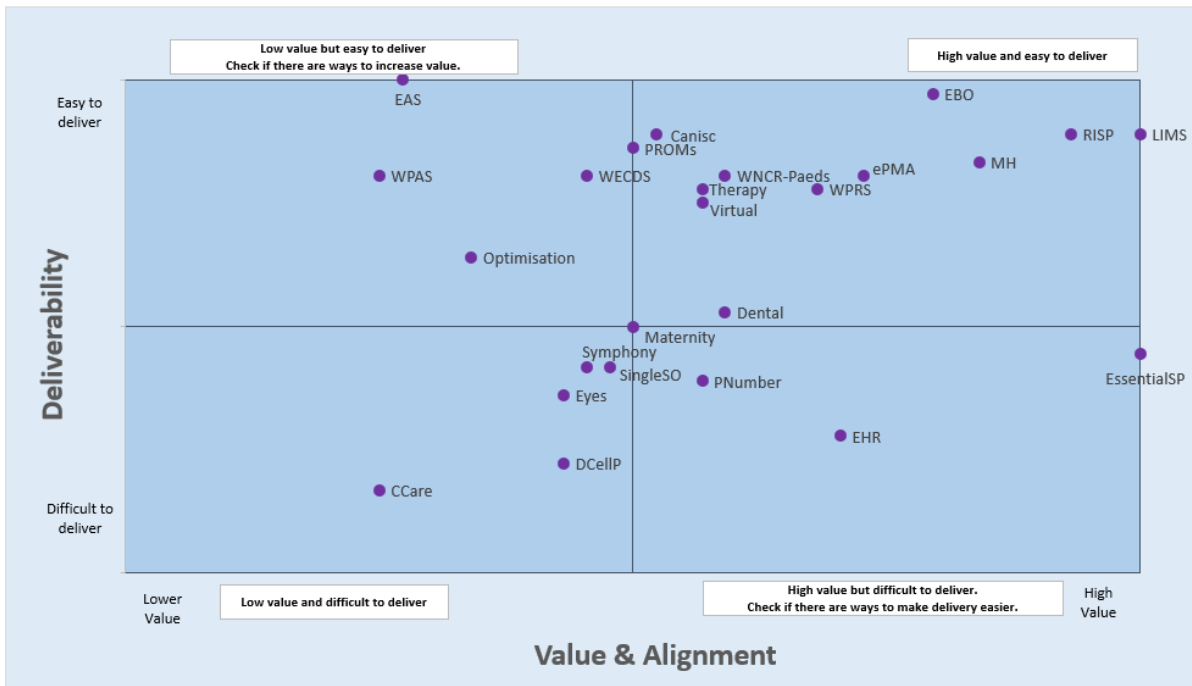


Image 2: Value & Alignment vs Deliverability

2.7 If we prioritise the 14 projects listed above (positioned in the top right quadrant of the value vs delivery matrix) this would leave the following on hold until further resource becomes available:

- EAS – Emergency Admissions System
- WPAS – Welsh Patient Administration System
- Optimisation
- Essential Services
- Symphony in SDEC
- Open Eyes
- EHR Electronic Health Record
- Digital Cellular Pathology
- Patient Numbering
- Single Sign On
- Community Care

2.8 In our previous assessment undertaken at the beginning of 2024 we identified priorities in terms of ‘Must do’/‘Should do’, and ‘Pause’ – based on system criticality and cost of reverting to paper, which was agreed. Engagement was undertaken through a number of forums, including the IHC’s, Pan-BCU Services, Office of the Chief Clinical Information Office and informal and formal Executive meetings. Based on the same considerations, and taking into account the prioritisation exercise, and feedback received, we have reviewed these projects and proposed the following priorities for 2025, which have been considered and approved by the Executive Committee in December 2024.

2024		2025	
MUST DO / SHOULD DO		MUST DO / SHOULD DO	
1	LIMS 2.0	1	LIMS 2.0
2	RISP	2	RISP
3	Patient Numbering/WPAS	3	Patient Numbering/WPAS
4	Optimisation of Existing Systems	4	Optimisation of Existing Systems
5	Essential Services Programme	5	Essential Services Programme
6	Therapy Manager Replacement	6	Therapy Manager Replacement
7	Mental Health System	7	Community Dental Service *
8	EHR OBC	8	PROMS*
9	Joint Medical School*	9	EAS – Emergency Admissions System*
10	WPRS	10	Mental Health System
11	ePMA	11	EHR OBC
12	Teledermatology *	12	WPRS
13	Attend Anywhere/Virtual Consultations	13	ePMA
14	Community Dental Service	14	Virtual Appointments
15	Digital Maternity Cymru	15	Digital Maternity Cymru
16	Canisc	16	Canisc
	PAUSE	17	EBO Validation Chat Bot
17	Single Sign on	18	WECDS Welsh Emergency Care Data Set*
18	WNCR Paediatrics		PAUSE
19	Sexual Health System*	19	Single Sign on
20	CITO*	20	Open Eyes/Digital Eyecare
21	Digital Eyecare	21	Symphony in SDEC
22	PROMS	22	Digital Cellular Pathology
23	Scan4Safety*	23	Community Health
24	Symphony in SDEC	24	WNCR Paediatrics*
25	Digital Cellular Pathology	25	WICIS Welsh Intensive Care Info System
		26	Sexual Health System*

2.9 Changes in 2025*

Changes that have happened during the year include the following:

- **Joint Medical School** - closed
- **Teledermatology** - closed
- **Cito** - closed
- **Scan4Safety** – closed
- **Sexual Health System** – further work on Business Case being undertaken by Public Health Wales. Once this is complete we can reconsider the position
- **Community Dental Service** - The existing system is outdated and unsupported (as of end of March 2024). As such, there is a high probability of catastrophic failure leading to

major service disruption, increased waiting times and potentially compromised digital data security.

- **PROMs** - previous system contract has expired and the services who were utilising this system have resumed manual processes. A contract with a new supplier has been approved at Executive level and signed.
- **EBO Validation Chat Bot** - Use of Chatbot technology to automate the process of validation of the patient waiting list.
- **EAS** - Emergency Admissions System - the original versions (one per site) is unreliable and quite difficult to maintain, the rewrite is to move it to a single codebase and to make it more maintainable, as part of this it's also using newer technologies and based in the cloud
- **WECDS** – Welsh Emergency Care Data Set. This would be considered as part of the larger Symphony work.
- **WNCR Paediatrics** - currently on hold, standardisation and system development continuing nationally. Project will recommence when this work is completed
- **Community Health** – National project to replace the community elements of WCCIS.

2.10 This agreed list will increase the number of projects supported by a further two, taking the list to 18. Our ability to deliver all these projects will be challenging, with a number of projects already facing a number of issues such as integration complexities, national delays, and supplier engagement. Delays will result in increased costs and our inability to move onto new projects. As well as project teams, all digital projects are also reliant on ICT teams to deliver and support additional work on in addition to BAU tasks.

2.11 Implications on Projects in the PAUSE category

- **Single Sign On (SSO)** – SSO has been a high priority project for clinicians as its use in the ED departments has given back a significant amount of time to care by saving on login and logout times. Therefore, there will be some discontent.
- **Open Eyes** – we will need to continue to manage referrals and patient records on paper. This project is a key enabler in the Ophthalmology reform which involves closer working with primary care optometry services. While we have participated in the National programme, system issues and hosting arrangements prevented safe implementation.
- **Symphony in SDEC** – by providing a digital record this would support clinicians in providing patient care to SDEC patients, as the system has done in the Emergency Departments.
- **Digital Cellular Pathology** – we will not be able to advance in line with the national move towards scanning of histological material for primary diagnosis, and the adoption of artificial intelligence (AI)/computational pathology to improve the accuracy, reliability and quality of reports which would enable delivery of a robust and sustainable diagnostic cellular pathology service fit for the future. This could also impact on recruitment and retention as most Pathologists, especially new trainees, will, in the future, choose to work in departments where digital technology will enhance and underpin their diagnosis thus benefiting the quality of patient care.
- **Community Health** – we are awaiting details from the national team who are leading on this.
- **WNCR Paediatrics** – currently on hold, standardisation and system development continuing nationally. Project will recommence when this work is completed, there is no national plan detailing when this will be as yet.
- **WICIS** – The national project does not currently meet our needs.
- **Sexual Health System** – The sexual health service is anxious for a system but thus far have not been supported by IHCs. Currently PHW are developing a Business Case for a National system to meet this requirement. Once this is complete we can reconsider the position.

2.12 **Recommendation:** To provide assurance of the above as a valid prioritisation of digital projects given the current resources available, and confirm the priority order.

3. Budgetary / Financial Implications

3.1 There are no direct budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by individual Project and Programme boards, with funding sourced through business cases where appropriate.

4. Risk Management

4.1 There are two overarching BAF risks on Datix linked to this area which are:

BAF24-02: Risk of Ineffective Strategic Development and Digital Transformation -

Ineffective strategy development, robust planning processes, and a forward-looking approach to digital technology to ensure long-lasting organisational change.

BAF24-08: Inability to initiate and implement evidence-based improvement and

innovation - Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care.

Individual risks associated with specific projects are noted separately.

5. Equality and Diversity Implications

5.1 This report relates to the prioritisation of projects and the order in which they are implemented, due to resource constraints. Decisions regarding closing a project early, or not undertaking a project at all, would be considered as a separate decision.

Digital Portfolio Direction Group Summary Report: January 2025

Not Yet Started	On track, no real concerns	Some risks being managed	Off Track, serious risk of, or will not be achieved	Complete
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CANISC		Project Description					
		National Cancer Tracking used by all health boards. This system is being replaced by a new system. The replacement Cancer Information System will facilitate service transformation and standardisation of working practices across all of cancer care					
Original Start Date	Original End Date	Programme Manager	Project Manager	SRO	Clinical Lead	Benefits Lead	System Owner
11-Aug-24	11-Nov-24	Paul Marchant	Denise Walters				Caroline Williams
Revised Start Date	Revised End Date	Prioritisation Score	Previous Gateway	Life Cycle Stage	Project Register	Local or National	Project Size
				Project Delivery	Live Project	National	Small
Overall RAG							
Overall RAG Commentary	National programme timescales have slipped from October 2024 to March 2025 due to delays in the delivery of core products. All Palliative Care functionality has now been signed off and Go Live for BCU service is being planned for January with Hospices expected to adopt the new solutions in January / February. Formal UAT of Colposcopy has commenced and is due to complete in February, with Go Live currently being planned in March. The National team continue to work on defining the archive solution.						
Time	Scope	Budget	Risk	Resources	Benefits Financial	Benefits Non-Financial	Embedding Change
Time	National programme timescales have slipped from October 2024 to March 2025 due to delays in the delivery of core products.						
Scope	Colposcopy and Screening image viewing solution remains unclear; DHCW working to build their own viewer in WCP, but if this is not available by Go Live licences will be purchased to use the 3rd party supplier viewer. Hospice discharge communication solution remains under discussion internally and with DHCW						
Budget	The project has been ongoing for 3 years. There is no local budget for the Canisc project. All project and ICT resources have been absorbed.						
Risk	There is a risk that the national timescales may slip out further, due to issues with the national build of core functionality and integration, resulting in impact on local planning and resources allocation and commitment. This could impact clinical services who have no capacity to manually transfer patient data between the systems.						
Resources	All project and ICT resources have been absorbed and are working effectively to get the project over the line.						
Benefits Financial	There are no identifiable cost releasing benefits. No national business case was undertaken as the solution and hardware were end of life and had to be replaced.						
Benefits Non-Financial	Cancer services are able to continue to capture key data for national reporting. The new solutions form part of the patient's WCP record, improving visibility of all cancer, palliative care and Colposcopy information across medical services.						
Embedding Change	We have had full commitment from all key services impacted by the Canisc replacement. Cancer services are live with the system. Palliative care and hospices as well as colposcopy services are fully engaged in the local planning for adoption of the national system.						

Dental: CDS Replacement Patient Management System		Project Description		Replacement electronic patient management system. Existing system not supported by the provider from April 2024.			
Original Start Date	Original End Date	Programme Manager	Project Manager	SRO	Clinical Lead	Benefits Lead	System Owner
08-Aug-24	08-Nov-24		Anthony Gore				Ffion Johnstone
Revised Start Date	Revised End Date	Prioritisation Score	Previous Gateway	Life Cycle Stage	Project Register	Local or National	Project Size
Overall RAG							
Overall RAG Commentary	The project is a holding position mainly in regards to the source of funding. Whilst this is being worked on at senior level within the organisation, decision made to cancel the December project board meeting and reconvene in January.						
Time	Scope	Budget	Risk	Resources	Benefits Financial	Benefits Non-Financial	Embedding Change
Time	Delays in Exec approval due to issues around source of funding. The Business Case has been modified to make it explicit that it is new monies that are being sought for the replacement system. Unsure as to when the Case will be re-presented to Execs. Current version of the BC is based on cost estimates (see Budget below).						
Scope	The scope is unlikely to change in relation to the procurement of a replacement system. The implementation of the new system to all CDS clinic locations, including testing, training of staff and cutover of the existing system to the new. Management of the new system once it has gone live and ongoing.						
Budget	Exact costings are unknown due to a discrepancy in the number of licences offered by one supplier during the procurement process. Procurement have been asked to approach both suppliers to ensure that costs are based on the same number of licences. Until that has been done we do not have accurate costings.						
Risk	Main risks are: <ul style="list-style-type: none"> Funding for a replacement system not being approved due to the current financial position of the Health Board. The current Soel Health system is end of life and the maintenance contract with the supplier ceased on 31/03/2024. This leaves the system at risk of possible catastrophic failure. 						
Resources	As above, Exec approval of the BC has been delayed.						
Benefits Financial	It is unlikely that the new system once implemented will deliver cash releasing savings. However, as the new system is likely to have increased capabilities it is possible that these may increase effectiveness and efficiencies within the Service leading to time savings for staff. The Project Group will carry out time and motion studies prior to the new system implementation to establish baseline measurements, followed by the same exercise post implementation.						
Benefits Non-Financial	Increased use of technological enhancements that an up-to-date digital system is likely to offer. This is also likely to help in the retention and recruitment of CDS staff.						
Embedding Change	Yet to start						

Digital Maternity Cymru (DMC)		Project Description		The introduction of a new Maternity Information System			
Original Start Date	Original End Date	Programme Manager	Project Manager	SRO	Clinical Lead	Benefits Lead	System Owner
11-Sep-24	12-Dec-24	Erica Roberts	Anthony Gore				Fiona Giraud
Revised Start Date	Revised End Date	Prioritisation Score	Previous Gateway	Life Cycle Stage	Project Register	Local or National	Project Size
					Pre-project pipeline	Local	Medium
Overall RAG							
Overall RAG Commentary	<p>Red status to reflect the overall risk score of 20 on the Maternity Risk Assessment. Request for the risk to be added to the Corporate Risk Register made 13/01/2025.</p> <p>The Maternity Digital System OBC is now an FBC. As the national procurement failed, this has led to a direct ministerial expectation that all health boards adopt a unified system and procure locally through a direct award using the NHSSC Framework (ref 2020/S 114-277934). This framework expires on 31/01/2025. The Business Case has been amended to reflect the move to direct award. A version went out to colleagues on 08/01 asking for feedback and then the revised draft incorporating feedback went out on 10/01 (together with cover summary) ahead of the Exec meeting which is taking place on Wednesday. Approval schedule is as follows:</p> <p>Digital Maternity Project Board (local) – Extraordinary Board to be confirmed Maternity Divisional Senior Leadership Team (DSLTL) - 08/01 Executive Team - 15/01 Performance, Finance & Information Governance (PFIG) Committee - 23/01 Health Board - 30/01 Welsh Government - 31/03</p>						
Time	Scope	Budget	Risk	Resources	Benefits Financial	Benefits Non-Financial	Embedding Change
Time	National procurement has been stopped so will need to undertake local procurement. WG have indicated that all HBs to have a locally approved Business Case by the end of March 2025 and a digital system implemented by the end of March 2026.						
Scope	Due to the scale of the current risks within the services, the pace to deliver the change is a crucial factor so based on these and the need to ensure value for money the Health Board's procurement route was to follow the establishment of an NHS Wales Framework (via Competitive Dialogue) for HBs to Call Down Services. However, as the national procurement has been stopped, the HB will need to carry out a local procurement. NWSSP will explore routes to market.						
Budget	WG have indicated that they will fund implementation costs (£350k revenue and £100k capital per HB) on the basis that a once for Wales approach is taken. Work is progressing to revise the Commercial, Financial and Economic Cases of the OBC.						
Risk	Maternity Risk Assessment has an overall risk score of 20. This needs to be escalated so that it is added to the Corporate Risk Register. December project board meeting cancelled. Will need to check that the escalation has taken place.						
Resources	Risks around affordability, project resources and service capacity.						
Benefits Financial	National Business Case does not effectively demonstrate financial benefits. BCU have fed back and are awaiting response. DHCW are revisiting benefits ahead of a revised version of the National OBC. Continuing to work on benefits and cost savings locally. ABUHB have also shared benefits.						

Benefits Non-Financial	National Business Case does not effectively demonstrate non-financial benefits. BCU have fed back and are awaiting response. DHCW are revisiting benefits ahead of a revised version of the National OBC. Continuing to work on benefits locally. ABUHB have also shared benefits.
Embedding Change	Not started. There is a plan to work with the service to understand impact of the National TOR and local standardisation and ways of working scope.

EHR Programme		Project Description						Development of an Outline Business Case and Full Business Case for the development and investment in an Electronic Health Care Record
Original Start Date	Original End Date	Programme Manager	Project Manager	SRO	Clinical Lead	Benefits Lead	System Owner	
15-Jul-24	16-Jul-25	Paul Marchant	Anna Holmes	Carol Shillabeer				
Revised Start Date	Revised End Date	Prioritisation Score	Previous Gateway	Life Cycle Stage	Project Register	Local or National	Project Size	
							Large	
Overall RAG								
Overall RAG Commentary	Resource and timescale remain tight for the delivery of the OBC by March 2025, this has logged as a risk and will be taken to the programme board. Mental health procurement plan potentially puts contract award at the end of the year. Work will be undertaken to improve timescales. Formal fund source for next financial year is unknown at present, there is commitment by other Health Boards to provide a financial contribution to collaborate and learn but there remains the risk that BCUHB will not secure adequate funding to progress the EHR programme beyond March 2025.							
Time	Scope	Budget	Risk	Resources	Benefits Financial	Benefits Non-Financial	Embedding Change	
Time	Due to change of approach a high-level plan for the joint Mental Health and EHR programme collaboration has been created this month. However detailed planning activities are still underway. A workshop was held on 10 th January to agree on the approach to joint working, including merging the plan, governance, and reporting structures. The Mental Health procurement plan has been drafted with advice from our specialists. The current plan indicates that the contract could be awarded as late as December 2025, which is significantly longer than originally expected. The plan will be ratified with a NWSPP procurement specialist. Resource and timescale pressures remain tight for merging the EHR and Mental Health programmes, delivering the OBC by the end of March, and completing the mental health procurements activities. This risk has been logged and will be escalated to the programme board.							
Scope	The scope of deliverables for the HER and Mental Health programmes is fully understood. Although satisfactory progress has been made against the plan, the programme was unable to secure formal sign-off of the investment objectives and critical success factors at the extraordinary board meeting on 6 th January. These elements are essential for determining the scope and shortlist of options for the EHR Outline Business Case. They will be addressed at the board meeting on 28 th January.							
Budget	The Programme is reporting a forecast £10k overspend against allocated budget and a £29k forecast overspend from the funding position reported to Board back in November 2024. Mental health – has been reported to DPDG and will be updated here going forward. All external advisors are being managed through the AHLC contract which currently has a fixed value. The programme is currently forecasted to exceeding the financial threshold of the contract in February and a paper has been approved by executive team to increase threshold value (see risk R008). As a result, an external advisor has been approached to advise the organisation. Additionally, VAT is currently payable on the AHLC contract, this has been budgeted for within the DDaT budgets and may be claimed back pending external advise.							
Risk	Formal fund source for next financial year is unknown at present, there is commitment by other Health Boards to provide a financial contribution to collaborate and learn but there remains the risk that BCUHB will not secure adequate funding to progress the EHR programme beyond March 2025. Resource and timescales are tight to merge the EHR and mental health programme and associated products and deliver the draft OBC by end of March.							
Resources	Formal plan and resource profile has been completed to account for both Mental Health and EHR programme. Resources remain tight to deliver the core products for the OBC by end of March.							

Benefits Financial	Significant work has been carried out on the benefits for the Outline business case. However, it is clear at this stage that there are not enough cash releasing benefits to make the proposal cost neutral or guarantee a Return on Investment. As there is a short fall in the benefits lead has been tasked at focusing on productivity benefits to support the case when taken to Welsh Government.
Benefits Non-Financial	Benefits Lead (specialist advisor) has pulled together a comprehensive list of benefits that will inform the development of the Business case.
Embedding Change	Transformation strategy has been drafted but due to change of approach the document will be adapted to include Mental Health requirements.

ePMA Implementation Project		Project Description					
		Paper medicines charts and prescriptions will be replaced by a digital prescribing and medicines administration system Pan BCU.					
Original Start Date	Original End Date	Programme Manager	Project Manager	SRO	Clinical Lead	Benefits Lead	System Owner
02-Apr-24	02-Jul-24	Martin Obbard	James Vaughan	Mandy Jones			Lois Lloyd
Revised Start Date	Revised End Date	Prioritisation Score	Previous Gateway	Life Cycle Stage	Project Register	Local or National	Project Size
		2		Project Initiation	Live Project	Welsh Collaborative	Large
Overall RAG							
Overall RAG Commentary	The Programme Board met on the 9th January 2025 for an Extraordinary Meeting, to approve the revised Milestones for WG. This was agreed and then submitted to WG on the 10th January 2025 as part of our standard Financial return. A follow up workshop will take place on the 21st January 2025 between BCU, Better and DHCW to confirm the revised approach to delivery, and the outcome will be reported to Programme Board on the 23rd January 2025.						
Time	Scope	Budget	Risk	Resources	Benefits Financial	Benefits Non-Financial	Embedding Change
Time	WG timeline set for delivery by March 2026						
Scope	Scope agreed, work underway to define clinical technical workflows. The EPMA proposed scope extension to ICU and PACU and the use of EPMA for prescribing in ED (instead of Symphony) recommended by the ePMA Programme board, subject to approval by OLT and Executive Team due to limited access to the Medical Executives. OLT have approved subject to the decision being signed off at Executive level.						
Budget	Funding letter received for FY 24/25. WG have approved £6.7m for 2 years. There is a risk that WG do not provide funding for FY25/26.						
Risk	Recruitment to key posts remain the biggest risk.						
Resources	Recruitment underway, key posts being filled from October 2024						
Benefits Financial	We have a benefits realisation plan. This activity will be completed as we move forward to project delivery reportable from Q4 2024						
Benefits Non-Financial	We have a benefits realisation plan. This activity will be completed as we move forward to project delivery reportable from Q4 2024						
Embedding Change	Engagement activities planned for early October, and good attendance is being received as Operational Steering group. Recruitment to key posts of Communications Manager and Business Change starting in October 2024 will support this.						

LIMS 2.0 Programme		Project Description						Modernisation of pathology services. Haemonetics (Blood Tracking), East moving from ICE to GP Test Requesting, Voice Recognition, Doc Scanning, Business Intelligence
Original Start Date	Original End Date	Programme Manager	Project Manager	SRO	Clinical Lead	Benefits Lead	System Owner	
20-Sep-23	21-Dec-23	Paul Marchant	Sarah Tyler	David Fletcher	Yee Ping Teoh	Arthur Thomas	Arthur Thomas	
Revised Start Date	Revised End Date	Prioritisation Score	Previous Gateway	Life Cycle Stage	Project Register	Local or National	Project Size	
				Project Delivery	Live Project	National	Large	
Overall RAG								
Overall RAG Commentary	Overall, locally the programme is progressing well. Key issues nationally prevent move to amber. RAG raised to RED due to impact of UAT extension on national delivery and local resourcing, also a lack of national progress in critical areas.							
Time	Scope	Budget	Risk	Resources	Benefits Financial	Benefits Non-Financial	Embedding Change	
Time	Revised deployment schedule confirmed BCU deployment as Sept 2025. Challenging timeline to hit key milestones nationally before planned UAT period ends in Jan 2025 before validation in Feb 2025.							
Scope	Scope agreed and work is underway to locally pick up nationally de-scoped items							
Budget	Potential cost implications for Blood Transfusion legacy data options Cost identified for development of Voice Recognition software to allow interface with TCLe. Project budget currently in underspend							
Risk	Critical path elements remain. Legacy Data Repository (LDR), WCP connection, Transfusion and Biochemistry build & printer configuration preventing progress.							
Resources	High level of resource is required to keep programme on track. This is potentially impacting on Pathology service delivery. Service risk has been raised relating to this. Escalated to SRO. Continued unknown and increasing demands exacerbating existing issues.							
Benefits Financial	Potential cost implications for Blood Transfusion legacy data options. Cost identified for development of Voice Recognition software to allow interface with TCLe							
Benefits Non-Financial	Blood Transfusion legacy data options less likely to impact on benefits. Additional local benefits emerging.							
Embedding Change	Pathology service fully engaged							

Mental Health		Project Description		To provide Mental Health with a suitable system for their needs and to enable patient information to be captured effectively and shared with partners appropriately. Records are hand-written and on paper, transferred into different systems. Vision is to have a digital system.			
Original Start Date	Original End Date	Programme Manager	Project Manager	SRO	Clinical Lead	Benefits Lead	System Owner
22-Apr-24	18-Jul-24	Jamie Slater	Angela Wilson	Iain Wilkie	Anita Pierce	Ceri Isaac	Chris Lindop
Revised Start Date	Revised End Date	Prioritisation Score	Previous Gateway	Life Cycle Stage	Project Register	Local or National	Project Size
							Large
Overall RAG							
Overall RAG Commentary		Pre-market engagement is ongoing, and we have re-shared the pre-procurement pack with suppliers on the London Procurement Partnership (LPP) framework. The deadline for suppliers to confirm their interest by booking a bidder clarification session is 13 th Jan 25. Procurement timelines are currently being reviewed.					
Time	Scope	Budget	Risk	Resources	Benefits Financial	Benefits Non-Financial	Embedding Change
Time	Further pre-market engagement has been advised by the external Procurement advisor which may impact timescales. There is a risk we may not meet the WG milestone of award of contract recommendation report by end of the financial year.						
Scope	Scope identified in OBC, some elements continue to be discussed at this stage - e.g. digitisation of paper records via a working group						
Budget	Funding award letter (2024-2029) received from Welsh Government 27.09.24.						
Risk	<p>There is a risk we may not meet the WG milestone of award of contract recommendation report by end of the financial year due to continued pre-procurement discussions. These discussions are required to mitigate the risk of a single supplier procurement.</p> <p>There is a risk that the project fails to identify and realize cash-releasing benefits to the value required to support business as usual. This is based on the benefits work completed to date. The impact of this could result in a cost pressure to the organisation.</p> <p>A working group has been formed to review the scope and spend around digitisation of paper records, however there remains some risk that we may not be able to spend the full amount of allocated funding within this financial year.</p>						
Resources	Recruitment required within this Financial year - Job Descriptions have been prepared and discussions are ongoing around these.						
Benefits Financial	<p>Benefits Activities scheduled to assist with Full Business Case (FBC) cost neutral target - Benefits lead commenced in post early September and external benefits support started in October. WG milestone to develop and approve a Strategy for Benefits by end of January 25 - this is in progress.</p> <p>There is a risk that the project fails to identify and realize cash-releasing benefits to the value required to support business as usual. This is based on the benefits work completed to date. The impact of this could result in a cost pressure to the organisation.</p>						
Benefits Non-Financial	Non Financial Benefits identified in OBC - e.g. improved quality, safety and staff experience						
Embedding Change	Business Change Manager in post leading change plan. A number of posts have been identified by the service to support with the change process, recruitment activities are ongoing. WG milestone to develop and approve a Strategy for Transformation and Change by end of January 25 - this is in progress.						

OpenEyes		Project Description		Introducing digital patient records to enable sharing of information between secondary and primary care.			
Original Start Date	Original End Date	Programme Manager	Project Manager	SRO	Clinical Lead	Benefits Lead	System Owner
06-Dec-22	07-Mar-23	Dewi Edwards	Dewi Edwards	Rhys Blake		Dewi Edwards	James Satelle
Revised Start Date	Revised End Date	Prioritisation Score	Previous Gateway	Life Cycle Stage	Project Register	Local or National	Project Size
			GO	Project Delivery	Live Project	National	Medium
Overall RAG							
Overall RAG Commentary	Project currently on hold.						
Time	Scope	Budget	Risk	Resources	Benefits Financial	Benefits Non-Financial	Embedding Change
Time	Original target for Phase 1 implementation (one pathway / one site) was end of financial year 2022. This was revised to end of financial year 2023.						
Scope	The go-live functionality within Open Eyes has been reduced to a minimum viable product however other digital systems not originally in scope of the FBC (e.g. Optos) have been funded by the project.						
Budget	Funding for the project has not been formally communicated but has been withdrawn by WG. It is expected that once the project transfers to DHCW project costs will increase significantly but as yet no full costing made.						
Risk	There are a number of high risks for this project which are becoming issues, e.g. finance, contract expiry, and resources.						
Resources	There are no project resources allocated due to lack of funding.						
Benefits Financial							
Benefits Non-Financial	Implementation of digital systems will enable easier sharing of patient care between Primary and Secondary Care sectors and even between Health Boards. This will help reduce the administration burden and allow patients care closer to home for less complex conditions.						
Embedding Change	Lack of progress has resulted in lack of engagement for this project.						

Radiology Information System Programme (RISP)		Project Description					
		Replace existing RIS/Radis and PAC systems with RISP. RISP is the National system that will support all Services within the "footprint" of the current imaging service. This includes systems and services that collectively deliver an end-to-end technical solution to support modernisation and innovation of imaging services					
Original Start Date	Original End Date	Programme Manager	Project Manager	SRO	Clinical Lead	Benefits Lead	System Owner
23-Apr-23	28-Mar-25	Jamie Slater	Anna Richards	Gareth Evans	Helen Hughes	David Fletcher	Craig Garner
Revised Start Date	Revised End Date	Prioritisation Score	Previous Gateway	Life Cycle Stage	Project Register	Local or National	Project Size
			GO	Project Initiation	Project Pipeline	National	Large
Overall RAG							
Overall RAG Commentary		<p>BCUHB continue to progress a pre-implementation tasks, however this is becoming increasingly challenging due to the volume of work involved and number of key tasks running in parallel.</p> <p>Radiology continue to make progress with the Soliton Radiology+ (RIS) system set up and configuration with Radiology working groups meeting discussing the workflow set up. This has been impeded by SIT running in parallel, in addition, BCU have escalated concerns that SIT has not completed to plan and BCU are unable to fully understand the full end to end workflow.</p> <p>RadIS to Soliton Radiology+ data migration continues Data Load 1 (DL1) completed with all patients being migrated and issues raised are being reviewed by Soliton. DL1 Gateway review approval to proceed to Data Load 2 (commenced 6 January 2025) and is currently being tested.</p> <p>PACS migration is progressing well with now approximately 40K studies a day with increased migration speed.</p> <p>RISP Training Plans are being finalised, rooms being sourced. RIS Train the Trainer arranged for 5, 6th March with End User Training Planned from w/c 24 March 2025 until go-live.</p> <p>User Acceptance Testing (UAT) plans are in progress.</p>					
Time	Scope	Budget	Risk	Resources	Benefits Financial	Benefits Non-Financial	Embedding Change
Time	Compressed timeline for implementation activities, putting additional pressure on local teams. (i.e DM Testing, System Configuration, UAT, Modality Cutover, Training Delivery) BCU go-live date agreed at last Project Board will delay from 28th April to Monday 19th May 2025.						
Scope	Go-live scope as per RISP Business Case and within local RISP Project Initiation Document (PID) Philips confirmed Orchestrator will be phased in post go-live. Radiology progressing requirements.						
Budget	<p>BCUHB RISP go-live moving financial years from 24/25 to 25/26. Close monitoring with BCUHB Capital Finance Team to understand impact / mitigations (RISK ID 35)</p> <p>Modality cutover approach will incur additional costs with Fuji.</p> <p>Formal Change Control Notice (CCN) submitted to Fuji who have responded with costs. To confirm and order to be raised.</p> <p>Costs being obtained by Radiology with Modality Suppliers.</p> <p>Staffing Revenue forecast updated</p> <p>Emerging additional PSBA costs letter from WG being reviewed</p>						
Risk	Overall, there are number of high risks (12 red) to the RISP project that are being closely monitored.						

Resources	<p>Radiology Testing resources allocated</p> <p>Radiology resources being secured for RIS Training delivery</p> <p>Resource being located to support development of SOP's</p>
Benefits Financial	National Benefits Register validated by BCUHB Radiology.
Benefits Non-Financial	National Benefits Register validated by BCUHB Radiology.
Embedding Change	<p>In order for Radiology Teams to fully understand the changes to the ways of working with the RISP implementation this will not become clear until the integrated RISP system has been handed over to BCU.</p> <p>Philips provided PACS Reporting & Advanced Visualisation Workspace (AVW) demo Friday 10th January 2025 well received – further work for Radiology to progress.</p> <p>Philips delivered demo system at Wrexham Maelor Hospital (integrations include: Philips PACS, Soliton RIS and MDT Meeting Manager). Installation / Demos outstanding for other 2 main sites.</p> <p>Philips Critical Path states Full system handover 30/01/2025 - Philips to confirm on track.</p>

Therapies Service System Replacement		Project Description Replacement Therapy Services System.					
Original Start Date	Original End Date	Programme Manager	Project Manager	SRO	Clinical Lead	Benefits Lead	System Owner
01-Apr-24	01-Apr-25	Jamie Slater	Joanne Jeffreys	Steven Grayston			Susan Brierley-Hobson
Revised Start Date	Revised End Date	Prioritisation Score	Previous Gateway	Life Cycle Stage	Project Register	Local or National	Project Size
						Local	
Overall RAG							
Overall RAG Commentary	The Project Initiation Document has been drafted and is being progressed in order to be shared in January, although further information is required following confirmation of Go Live Date and Sprints to include the Scope. Sprint 0 Planning Sprint Cycle commenced in December with Design Packages identified (x16) and Design Package 1 & 2 already reviewed and approved. Design Package 3 is expected to be released by the Service and workshops with service representation to take place to agree/approve. Development Sprint Cycles are expected to be planned to commence in December TBC. The Communications Strategy is still in draft due to the urgent work being undertaken with Requirements. DPIA has been completed and submitted to IG for progressing for review and approval. Cyber Security Forms completed and approved.						
Time	Scope	Budget	Risk	Resources	Benefits Financial	Benefits Non-Financial	Embedding Change
Time	Original six month development required further planning to understand scope and time scales. Requirement Sessions were held in August and September with further sessions taken place in October. Development sprints have been delayed due to extended work required on the Requirements for the system. Final Requirements were reviewed and agreed in November, with final approval being provided by Project Board on 25.11.24. This has created a risk of an extension needed against the current TM contract which expires 31/03/2025. Mitigation would require additional funding. Further discussions have taken place with the Supplier with the request that we are provided with a Go Live date that we will be working towards, this is expected week commencing 6th January. We will understand the Time element more following these confirmed details.						
Scope	Scope has recently been defined, agreed by Service and approved by Project Board on 25.11.24. PID drafted, further updates to include the approved scope to be completed following approval at Project Board held 25/11/24. PID to be progressed and presented to Project Board for approval.						
Budget	Budget to support development from the chosen Development Partner Synanetics has been secured to the value of £660k. Payment profiles are being discussed and need to be agreed and will be managed by BCU Head of ICT, reporting to the Project Board. Weekly Finance Meetings have been stood up and the Payment Profile is being reviewed with the Supplier. Is is now evident that an extension of the current system will need to be put in place and the Service are working on the relevant process in order to progress this.						
Risk	Same risk as outlined in Time: Original six month development required further planning to understand scope and time scales. Requirement Sessions were held in August and September with further sessions taken place in October. Development sprints have been delayed due to extended work required on the Requirements for the system. Final Requirements were reviewed and agreed in November, with final approval being provided by Project Board on 25.11.24. This has created a risk of an extension needed against the current TM contract which expires 31/03/2025. Mitigation would require additional funding. Further discussions have taken place with the Supplier with the request that we are provided with a Go Live date that we will be working towards, this is expected week commencing 6th January. We will understand the Time element more following these confirmed details.						
Resources	No concerns to date. Assurances given from operational services that staff will be released when required throughout the project. Design Packages are currently being reviewed by the Service and are being turned around in really good time. All Design Package dates have been secured in Service Representatives Diaries.						
Benefits Financial	Initial yearly support costs for the new system are comparable with current support costs. It is expected from Year 4 onwards that development partner support will no longer be needed and therefore yearly costs reduced by approx £120k.						

Benefits Non-Financial	The new system will address corporate risks surrounding unsupported ICT system platforms, and the risk of the service going back to manual processes should the current system fail and not be recoverable.
Embedding Change	System replacement is like for like and therefore minimal changes expected.

WPRS Phase 2		Project Description		Welsh Patient Referral System (WPRS). Digital referral system from primary care to secondary care			
Original Start Date	Original End Date	Programme Manager	Project Manager	SRO	Clinical Lead	Benefits Lead	System Owner
26-Sep-23	11-Jan-24	Paul Marchant	Donna Hughes	Rhys Blake			Danielle Edwards
Revised Start Date	Revised End Date	Prioritisation Score	Previous Gateway	Life Cycle Stage	Project Register	Local or National	Project Size
			GO	Project Initiation	Project Pipeline	National	Large
Overall RAG							
Overall RAG Commentary	<p>Dermatology (Live) - agreement with Project Board for SRO to propose BAU to Dermatology – awaiting final approval from East. CMATS East (Live) - Live 06/11, the system was well received with no issues reported. BAU handover 25/11. Urology (Build submitted 13/12)- currently delayed by 12 weeks due to mapping of ST Test and national/local agreement of clinical conditions – Centre and West agreed documents; continue to work with East to unblock. Max Fax (Commenced Start) - Service fully engaged; Future state mapping documents and clinical conditions currently being finalised with the service prior to being submitted to DHCW for build. General – Explored with the Project Board members at meeting on the 25/11 how to deliver to more services over next 3 years (reduce expectations, or increase resources/project timescales). No decisions reached at the meeting so this will be picked up again at the next Board meeting end of January. Discussions ongoing outside of the Board meeting with Planned Care Leads to understand the next priority services taking into account possibly prioritising services based on their 'clinical families'; Discussions ongoing with Planned Care Leads to secure funding to extend the Senior Project Support Officer role to min October 2026 (max October 2027); Monitoring and performance data not yet available from national systems – DHCW dashboard in development.</p>						
Time	Scope	Budget	Risk	Resources	Benefits Financial	Benefits Non-Financial	Embedding Change
Time	The RAG status remains as Amber due to the current deployment pace indicates will not be able to implement to all Planned Care services by end Oct 2025. Explored with the Project Board members at meeting on the 25/11 how to deliver to more services over next 3 years (reduce expectations, or increase resources/project timescales). No decisions reached at the meeting so this will be picked up again at the next Board meeting end of January. DDaT Project Manager confirmed to Oct 2027.						
Scope	The RAG status has changed to Amber as outlined in the Time section above. However, project progress continues at pace with the next 2 services.						
Budget	The RAG status remains GREEN as the project remains within cost.						
Risk	The RAG status remains as red due to several high risks which have mitigations in place. Members of the project team have met several times with the Planned Care Workstream Lead to review the risk register in order to normalise the risks and review scorings. The risk register will be presented to the Project Board at the January meeting for baselining.						
Resources	The RAG status changes to AMBER as the current Senior Project Support Officer post funded from another DDaT project will cease at the end of this financial year. Discussions ongoing with Planned Care Leads to secure funding to extend the resource to min September 2026 (max September 2027).						
Benefits Financial	The RAG status remains at GREEN as benefits are being benchmarked with Urology ahead of service go live.						
Benefits Non-Financial							
Embedding Change	The RAG status remains at GREEN as the WPRS project is embedding change successfully as part of the implementation into each service.						

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Digital Portfolio Delivery Group Summary Report (PFW Lite): January 2025

Not Yet Started	On track, no real concerns	Some risks being managed	Off Track, serious risk of, or will not be achieved	Complete
Project Name	Description	Overall RAG	Overall RAG Commentary	
CITO	This is a key programme within Digital, Data and Technology that will aim to develop and deliver a Clinical Document Repository with enhanced eForm functionality and integration capabilities which will support and enable the digitisation of the paper health record across the Health Board, so that we become paperless at the point of care, improving safety, efficiencies, and better patient outcomes.		Preparation for the Cito Programme Closure continues with work on the formal closure documentation underway. Former System Admin Trainers have now moved over to the Training & Development Team within ICT. The remaining Cito BAU Team including Developers and System Admin will move line management in the New Year. Pan- BCU roll out planning for EDRMS is in progress, in addition to processes to support the new governance routes. The Cito team are also supporting with the decommission of EPOC, WCP to Cito Stapling, CG Gold extraction and Cito to Data Warehouse integration. The RAG status for time and risk remain at amber, resulting in an overall RAG status of amber for the Cito Programme.	
Community System (Connecting Care)	Procurement of a Community Health system, under the national Connecting Care programme (replacing WCCIS Care Director product with best of breed systems for Community Health, Mental Health and Social Care).		The National Connecting Care Business Case (v2) was submitted to Welsh Government on 30/09/24 and is still awaiting approval and confirmation of next steps (02/12/24).	
Digital Cellular Pathology	Digitisation of cellular pathology services to enable robust and sustainable diagnostic cellular pathology services.		Digital Cellular Pathology business case is to be scrutinised by the Directorate of Specialist Clinical Support Services (DSCSS) Senior Management Team. Further engagement with stakeholders and to agree process for PFIG/Board scrutiny is required.	
EBO Validation Chat Bot	Implement AI Virtual Assistant (chat-bot) technology integrated to WPAS, to trigger automated and continuous patient validation; signposting through the chat-bot to other key information and services to create a seamless and enriched experience for patients, and to increase take-up of digital first services		Trauma & Orthopaedics engagement complete & agreement for a go-live date in January 2025. Thorough User Acceptance Testing (UAT) has been conducted during November and December 2024. Social media post to engage with patients is ready and translated so it can be announced closer to the go-live date. Integration scenarios have been delivered following an initial delay due to DDaT integration capacity, which has been recovered. Delay with DHCW to release APIs for bi-directional integration has been escalated with DDaT Leads to resolve before the deadline of the end of December 24. Further delay resulting in new 2-month delay total, due to issues found in UAT being resolved by supplier - UAT ongoing.	
Emergency Admissions System (EAS)	Replacement of the old EAS system with a version that is scalable (cloud based), technologically robust and future proofed. Key functional enhancements are the ability for clinicians to locate their patients and manage them through the clinical pathway via integration with the EMIS Symphony Emergency Medicine Information System. Also reduce the patient wait in ED because clinicians can		Client satisfaction still remains high despite the ongoing integration challenges and delays with the DHCW WPAS application in particular. These are getting very close to resolution and a go/no go call for go live at the end of January 2025 will be made shortly. The project is over budget. - Go live has been delayed from the initial planned go live date. - Go-live is scheduled for 29/01/2025 and a decision will be made shortly in terms of the viability of this date. Expectations and communications are being managed. - Integration testing still awaits the interfacing with DHCW systems to be resolved. - Work on-going to integrate with DHCW WPAS - this is the primary reason for the go live delays. - Extraordinary Board meeting will be 8/12/2024.	

	access patient information more quickly due to the availability of the system on Tablet and Mobile devices (smart phones), not just on Desktops. Also provide the ability for clinicians to complete 'handovers and referrals' within the application. Increase the ability for clinicians to provide high quality assessment and care, improving the patient experience and safety.		
Essential Services Programme	Upgrade of infrastructure technology to prevent major IT failures and to protect against cyber-attack. Telephone Infrastructure, firewalls for district general hospitals, cyber security resilience, link to HMP Berwyn Health Unit. Extending wireless network coverage at District General Hospital sites and Community Hospitals, Wi-Fi Spark public internet access, replacement paging system, PSBA Wide Area Network bandwidth, ESP network infrastructure capacity and replacement.		The £2.3 million allocated to the Essential Services Programme is significantly less than the original request of £10.4 million. This ongoing underfunding presents a serious risk in the short to medium term, as it could lead to more unplanned outages that directly impact patient care. Although we are currently managing to stay on track within the £2.3 million budget, the long-term sustainability of this approach is uncertain. Without a significant increase in investment, we may encounter escalating challenges that threaten both service delivery and patient outcomes. Datacentres - Ysbyty Gwynedd - BT Switch Room Refurb: Suppliers on site at YG in December to commission the Fire suppression system with Estates and fire officer witnessing site to survey flooring for possible clean as part of a wider "Deep clean" of the room. Hardware Replacement (END USER DEVICES) - Serial numbers of hardware received from supplier and order has been receipted on Oracle for the following: Lenovo ThinkPad L14, 903x Lenovo ThinkCentre M75Q, 10x Lenovo Yoga Ultra 7, 30x Lenovo ThinkPad L13. Network Infrastructure Capacity and Replacement Programme - Provisional dates set with CAE for installation of Phase 1 core at YG, YGC, and WM December - Feb 25 Phase 2 (Data Centre switching) - to be scoped out during November for part procurement (remaining procurement April/May 2025)
Group & Video Clinics	Scale up the take-up of new Group & Video Group Clinics pan-BCU		No change since previous update due to post vacancy with T&I (allocation to project) - in recruitment. T&I have advised the replacement will be in post by Jan 2025 - however, the resource will be utilised to support area of greatest need within the Planned Care Programme
MS Office 365 (Part of Optimisation)	Identify opportunities for greater efficiency through using digital tools e.g. Microsoft Office 365		There are training materials and as part of the Optimisation work floor walkers will in time (next 18-24 months) also be trained on how to exploit Microsoft technologies. We have been unable to secure resources from the DHCW Centre of Excellence to work directly with us in BCU on this. Discussions are ongoing with DHCW and the allocation of resources. No additional work is going to be progressed on this action due to resource constraints. Planning and development of a digital academy underway. 10 team members undergoing a training program to ensure they have the required skillset for floorwalking
NHS App / DSPP	Digital Services for Patients and Public (DSPP) have been set up to revolutionise how people in Wales access care and manage their own health and well-being. Initially the programme will develop a gateway application (App).		Currently ON HOLD: Project started in 2020 with a planned end in March 2027. The app is currently in Primary Care with those GP practices wishing to utilise it. No confirmed budget / agreement of the Business Case for future funding of the NHS Wales App, therefore the commencement of publicity campaign is on hold.
Optimisation of Existing Systems	Optimisation of the use of current systems and capabilities to deliver the most value for patients and clinicians, mitigating the risks associated with duplication of systems and processes. Create and develop a team of multi-skilled resources to		Work is ongoing to shape the future architecture of the BCU through business capability mapping, with the support of external Enterprise Architects. A central part of this initiative is reviewing our current application portfolio to determine which applications will support our future capabilities. This review is vital for streamlining our applications and advancing the EHR Strategy Plan B. We have set clear deliverables and milestones in collaboration with the Enterprise Architects, and progress is being made. Application Portfolio Review: Decisions have been made regarding the future

	support and train staff to fully optimise and leverage current, unused and future functionality across the Health Boards clinical application portfolio including the Microsoft Office 365 software stack. As part of an ongoing programme of work, the team will proactively identify opportunities which provide greater efficiency to deliver maximum value for patients and clinicians, mitigating the risks associated with duplication of data entry and variation in processes that currently exist. Further opportunities will be presented and explored to decommission applications no longer required reducing operational costs.		<p>use of WCP, CITO, EPRO, and EPOC. Going forward, CITO will become the Health Board's Electronic Document Repository Management System (EDRMS). Additionally, plans are in progress to decommission EPOC, with the aim of consolidating its functions into other existing systems.</p> <p>Optimisation, Training & Floor Walking Support Team: We have initial draft floorwalking engagement and area documents. We maintain an actions tracker to monitor our current activities aimed at developing the optimisation and floorwalking team. There is a plan to establish a tender review group, comprising ICT specialities who will collaboratively review any necessary documents. This approach ensures full ICT involvement, preventing duplication of effort and identifying any existing systems that could fulfil the requirements early on. By doing so, we can optimise the use of our current technology and systems. Furthermore there is a proposal to create a digital experience group. This group would collaborate with the offices of the CCIO and CNIO, as well as representatives from our user base/customers. It would serve as a forum to discuss customer needs while also informing them about the resources and capabilities currently available to them. Lastly, we are meeting with Microsoft to strengthen our relationship with them and maximise the benefits of our existing contract.</p>
Patient Numbering	Ensuring all patients have just one patient number.		A patient numbering scoping document is in the review stage, and other monitoring and target activities are ongoing. A new request has been received from the Programme Board for all duplicate registrations to be raised as a DATIX. Deep dive activities have commenced.
PROMS	tbc		We have met with the other Health Boards who are implementing Promptly. Their implementation is ongoing and has taken longer than anticipated. Meetings are being arranged to understand how the previous system worked. The SRO is unconfirmed and still being debated.
Single Sign-On	Further roll-out beyond the EDs (Phase 1) to clinical areas such as wards and clinics. To start with Ward 6 YGC and to create a digital template that can be used as a starter in other wards. This will be completed in 3 parts. First - engagement with ward, 2nd set up on ward to ensure no impact and 3rd go live on ward with SSO as is meaning no changes with Office 365		Following the completion of Phase 1 in the Emergency Departments, we are preparing to extend SSO implementation to clinical areas, starting with Ward 6. We aim to roll out Single Sign-On (SSO) to Ward 6 by the end of January, pending final adjustments to the system image and additional engagement with ward staff. Once SSO is fully implemented in Ward 6 and operational without issues, we will proceed with further rollouts across other clinical areas, such as wards and clinics. 02/12/2024 - draft plan created to include 2 parts. Part 1 implementation ward 6 YGC and part 2 Exit Strategy for ED. Plan to be presented to ICT MANAGEMENT before sharing wider
Symphony in SDEC (Upgrade & Extension)	Upgrade of current system to v3.0 with extension into SDEC's ad MIU's. Three key pieces of work to be completed: 1. Upgrade to current Symphony system to v.0.3 – phase 1. 2. Extension into three SDEC's and all MIU's – phase 2. 3. Review of how Symphony is managed moving forward.		Draft Impact Assessment is in the process of being completed with wide stakeholder engagement. There is a query as to whether phase two will need an IHC mini business case completing or not as this will need additional resources within the Symphony team to suitably support it. The timing of EPMA going live in ED's and the Symphony upgrade is being assessed. The implementation of WECDs also poses a challenge and the timing and integration of it alongside Symphony and EPMA will need to be carefully managed.
Teledermoscopy	Implement a specialist digital image storage and viewer to enable dermatologists to assess suspected skin cancer without the need for a face-to-face. Solution Cinapsis.		Project is nearing status of BAU for the Dermatology services in Centre and East. Operational agreements still to be reached on letters and clinical capacity for job planning to increase slots. Support needed from Project Team to discuss operational MOPs process from a Telederm outcome. Trainee Medical Photographer post advertised via BCU Internal Secondment page throughout December 24.

Virtual Appointments (Attend Anywhere)	Deliver a business case for a new digital supplier contract (post withdrawal of WG funded Attend Anywhere end March 2025), through service re-design approach to re-set and build the future of video appointments in BCU in a better and more sustainable way.		Business case progressing well. Engagement completed with staff and patients to support content within business case. Final iteration shared with Director for DDaT and AD for Planned Care. Final figures approved by finance with aim to submit to execs end of Dec/early Jan.
WECDS - Welsh Emergency Care Data Set	In April 2024 the Welsh Government mandated Health Boards to implement WECDS. In June 2024 the Six Goals Programme Board approved a business case for DHCW as Senior Supplier to manage and coordinate the implementation of the WECDS across NHS Wales in collaboration with the Health Boards.		Welsh Government's mandate states that WECDS is to be delivered by the end of the financial year 2024-25 for vanguard sites (still undecided on which site it will be) and by the end of 2025-26 for all other Health Boards. WECDS Project Board will oversee implementation across NHS Wales with the support of DHCW. The new WECDS data set was ratified in May-24 and Data Set Change Notice (DSCN) published in Aug-24. The Project Initiation Document and Board Terms of Reference have been created. Risks have been highlighted around implementing WECDS into BCU SDEC's (BCU is currently recording new attendances on WPAS and returning patients as Outpatients). The national team are aware and will be planning this implementation into the overall delivery of WECDS. EMIS have indicated that version 2.39 of the system could be updated to accommodate - configuration instead of development may be required - however we have a challenge here on this version around getting Symphony implemented in four different SDEC's along with the Minor Injury Units too.
WNCR (Welsh Nursing Care Record) PAEDS	Replacing paper nursing documentation		<p>No change since last month: Digital development is on hold due to a reduction in funding but the national standardisation work is ongoing.</p> <p>STAMP (a nutritional tool) has been approved, as already in use across BCU.</p> <p>Cot & Bed Rail - The development of a "Cot & Bed Rail" risk assessment has been submitted to CIG in September. To be tested clinically, before Health Board approval, and thereafter the validation process can begin.</p> <p>Purpose T Skin Integrity Tool - Circulating the Paeds version of the care plan to staff for clinical feedback. Work will be starting on this tool in October and in the process of developing an SOP for its use clinically.</p> <p>Mouthcare - Adapted the All-Wales inpatient mouthcare risk assessment to make it more appropriate for paediatric inpatient use.</p> <p>Humpty Dumpty (Falls Risk Assessment) - We have agreed to use this tool, although work within the CNS team has not yet begun.</p> <p>CSERQ - Work has not begun on this as yet, we were waiting for updated version.</p>
WPAS Phase 5	Standardising to reap benefits of a single instance		<p>DPIF funding cut has hindered recruitment and impacted on completion of patient numbering elements. Two work packages for Phase 5 have now been completed; Functionality and Onboarding</p> <p>Work is progressing with the following Work packages: -Waiting list management WP just MOP stage 3 to 1 left to complete. -Ways of Working WP just Gynae Colposcopy activity left to complete. -Letters WP: 24 letters Welsh/English Side A/B left to complete. Copy Correspondence letters: activity delayed as awaiting fix by DHCW - expected in Jan 2025. DPDG members also picking up with DHCW. -Two work packages are reliant on DHCW; Treatment Function Codes (TFCs) and Cancer Tracker, with 'New Service Requests' being submitted for these, manual work is progressing around TFCs.</p> <p>Current completion date scheduled for end of March 2025 however funding extension until end of June 2025 has been submitted to DHCW - awaiting submission to WG.</p>

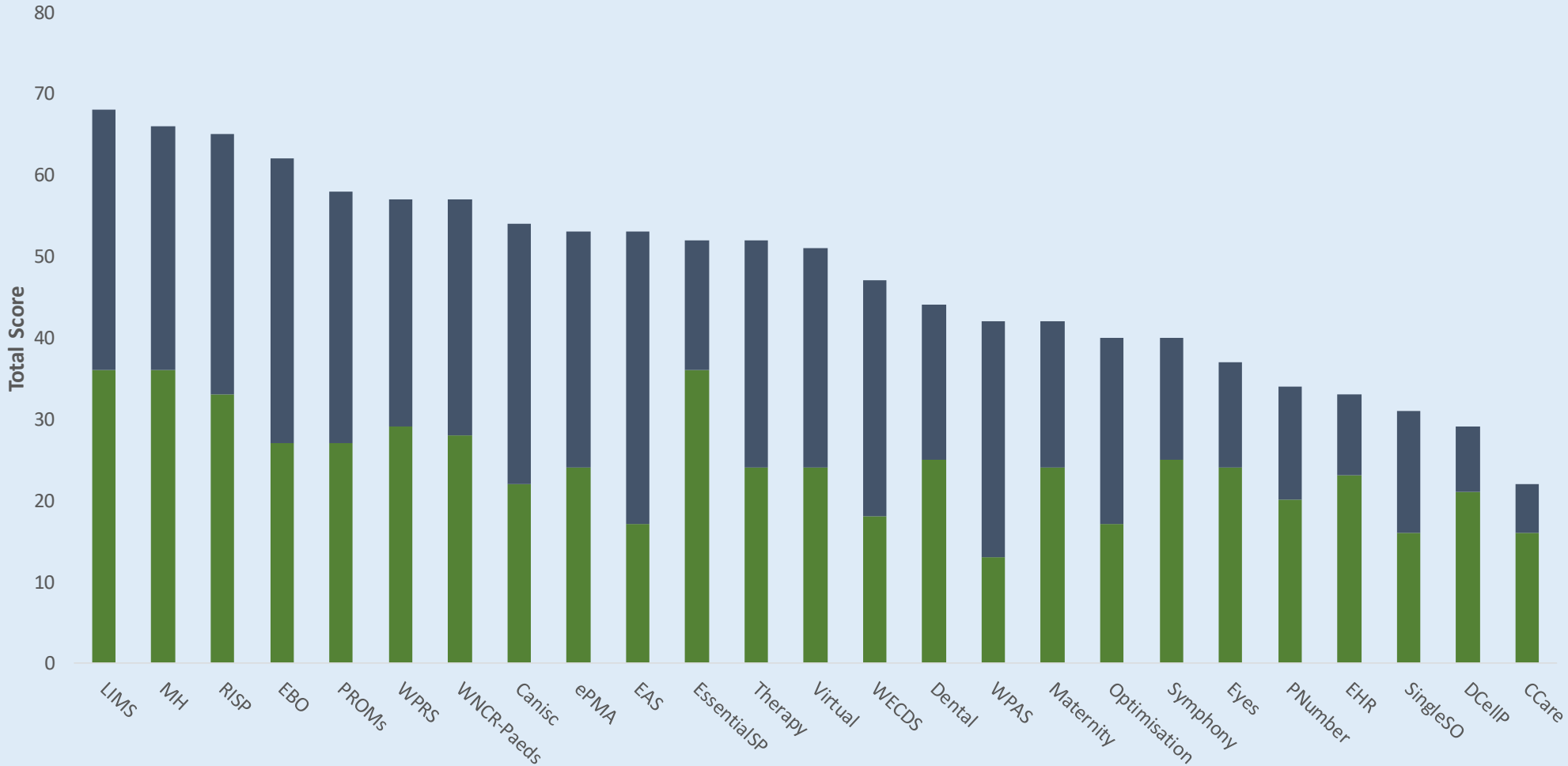
Reporting Table BCU Digtal Portfolio October 2024 			Alignment			The higher the score the more aligned the initiative	Value										The higher the score the more attractive the initiative.	Value + Alignment Scores	RISK	Deliverability								The higher the score, the more likely the initiative will be delivered successfully	Total Alignment , Value, and Deliverability score	Total Value & Deliverability Score
			Alignment	Alignment	Alignment		Quality, Safety & Harm Reduction	Patient Outcomes & Benefits	Increased Effectiveness	Increased Efficiency	User Experience	Identified corporate under performance or significant	Environmental Impact	Regulatory, mandatory or contractual requirement	Financial Return on Investment	Complexity				Size of the Change	Affordability Project	Affordability (long term)	Capacity	Capability	Commitment	Clarity				
			Annual Plan	Major Change Programme	Critical to Service Delivery		The extent to which the project has an impact on quality, safety and harm reduction.	The extent to which the project has an impact on patient outcomes and benefits.	The extent to which the project has an impact on the effectiveness of operations.	The extent to which the project has an impact on the efficiency of operations.	The extent to which the project has an impact on user experience.	The extent to which the project has an impact on performance.	The extent to which the project has an impact on the environment and sustainability.	Whether the project is mandatory or a contractual requirement.	The amount of financial return on investment from the project.	How complex is the project?				An overall assessment of scale (see tab attached)	Can we afford the costs of project delivery?	Can we afford it in the long term (R&I)?	Do we have sufficient staff, time and equipment?	Do we have the right people, skills and equipment?	Are key stakeholders committed?	Do we have enough information to make a decision?				
			0 = no 3 = yes	0 = no 3 = yes	0 = no 3 = yes 10 = yes, to organisation		1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	0 = No 3 = Yes	1 = low < £50k 2 = medium £50k - £500k 3 = high > £500k	1 = low risk 2 = Moderate risk 3 = high risk				1 = high complexity 2 = Moderate complexity 3 = low complexity	1 = large project 2 = medium project 3 = small project	1 = low 2 = Medium 3 = high	1 = low 2 = Medium 3 = high	1 = low 2 = Medium 3 = high	1 = low 2 = Medium 3 = high	1 = low 2 = Medium 3 = high				
			Weighting	Weighting	Weighting		Alignment Score	1	1	1	1	1	2	1	3	1				Value Score	Align+Value	Risk Score	1	1	3	3	1			
LIMS	LIMS - Laboratory Info Mgt System	Delivery	3	3	10	16	3	3	3	3	3	3	3	3	3	36	52	3	1	1	3	3	3	3	3	3	32	84	68	
MH	Mental Health	Start Up	3	3	3	9	3	3	3	3	3	3	3	3	3	36	45	3	1	1	3	3	2	2	3	3	30	75	66	
RISP	RISP - Radiology	Delivery	3	3	10	16	3	3	3	3	3	3	3	3	0	33	49	3	1	1	3	3	3	3	3	3	32	81	65	
EBO	EBO Validation Chat Bot	Delivery	3	3	10	16	2	2	2	2	2	3	2	2	3	27	43	2	2	3	3	3	3	3	3	3	35	78	62	
PROMs	PROMs	Start Up	0	0	3	3	2	3	3	1	3	2	1	3	1	27	30	2	2	3	3	3	1	2	3	2	31	61	58	
WPRS	Welsh Patient Referral System	Delivery	3	3	3	9	3	3	3	3	3	3	2	2	0	29	38	3	1	1	2	3	2	3	3	3	28	66	57	
WNCR-PaedS	Welsh Nursing Care Record - PAEDS	Feasibility	0	3	3	6	2	2	2	3	3	2	2	3	1	28	34	2	3	2	1	3	3	3	3	3	29	63	57	
Canisc	Canisc	Delivery	3	3	3	9	2	1	1	1	1	1	3	1	3	0	22	31	2	3	2	2	3	3	3	3	32	63	54	
ePMA	ePMA - Electronic Prescribing and Medicines Administration	Delivery	3	3	10	16	3	3	3	3	3	2	2	0	3	24	40	2	1	1	2	3	3	3	3	3	29	69	53	
EAS	Emergency Admissions System	Start Up	0	0	3	3	2	2	2	2	2	2	2	0	1	17	20	1	3	3	3	3	3	3	3	3	36	56	53	
EssentialSP	Essential Services Programme	Delivery	3	3	10	16	3	3	3	3	3	3	3	3	3	36	52	3	1	1	1	1	1	2	2	3	16	68	52	
Therapy	Therapies	Initiation	3	3	3	9	2	2	2	1	2	2	2	3	0	24	33	2	2	3	3	1	3	2	3	3	28	61	52	
Virtual	Virtual Appts (Attend Anywhere)	Feasibility	3	3	3	9	1	3	2	3	2	2	2	2	0	24	33	3	3	2	2	3	3	2	2	2	27	60	51	
WECDS	WECDS Welsh Emergency Care Data Set	Feasibility	0	0	10	10	2	2	1	2	1	1	1	2	1	18	28	1	2	2	2	3	2	2	3	3	29	57	47	
Dental	Dental	Start Up	3	3	3	9	2	2	2	2	2	2	2	3	0	25	34	2	2	2	1	1	1	3	2	3	19	53	44	
WPAS	WPAS Phase 5	Delivery	3	3	0	6	2	2	2	2	2	2	1	0	0	13	19	2	2	2	3	2	3	2	3	29	48	42		
Maternity	Digital Maternity Cymru	Start Up	3	0	3	6	3	3	3	3	3	3	3	0	0	24	30	3	2	1	1	1	1	3	3	2	18	48	42	
Optimisation	Optimisation of Existing Systems	Delivery	0	3	3	6	2	2	2	2	2	2	1	0	2	17	23	2	1	1	2	2	2	2	3	2	23	46	40	
Symphony	Symphony in SDEC	Feasibility	0	0	3	3	2	2	2	2	2	2	1	3	1	25	28	2	3	3	0	0	1	3	3	2	15	43	40	
Eyes	Open Eyes	Delivery	0	0	3	3	3	3	3	3	3	3	3	0	0	24	27	3	1	2	1	0	1	3	2	1	13	40	37	
PNumber	Patient Numbering	Delivery	3	0	10	13	3	3	2	2	3	3	1	0	0	20	33	3	1	2	1	0	1	3	1	3	14	47	34	
EHR	EHR Programme	Feasibility	3	3	10	16	3	3	3	3	3	3	2	0	0	23	39	3	1	1	0	0	2	3	1	10	49	33		
SingleSO	Single Sign-On	Feasibility	3	0	10	13	1	1	2	3	3	1	1	0	3	16	29	1	3	3	0	0	0	3	3	3	15	44	31	
DCellP	Digital Cellular Pathology	Feasibility	3	0	3	6	3	3	3	3	3	1	1	0	3	21	27	2	1	2	0	0	0	3	1	1	8	35	29	
CCare	Connecting Care (Community)	Start Up	0	0	3	3	2	2	2	3	3	1	2	0	0	16	19	1	2	2	0	0	0	1	1	6	25	22		
TOTAL			51	45	135		59	61	59	61	64	112	47	114	28				45	47	123	132	46	65						

Bar Chart

BCU Digital Portfolio October 2024

Total Score shown by Initiative

■ Value Score ■ Deliverability Score



Guidance Notes

Initiatives are ranked from left to right, in the order of highest to lowest overall total score.

The green section of the bar represents the Value score.

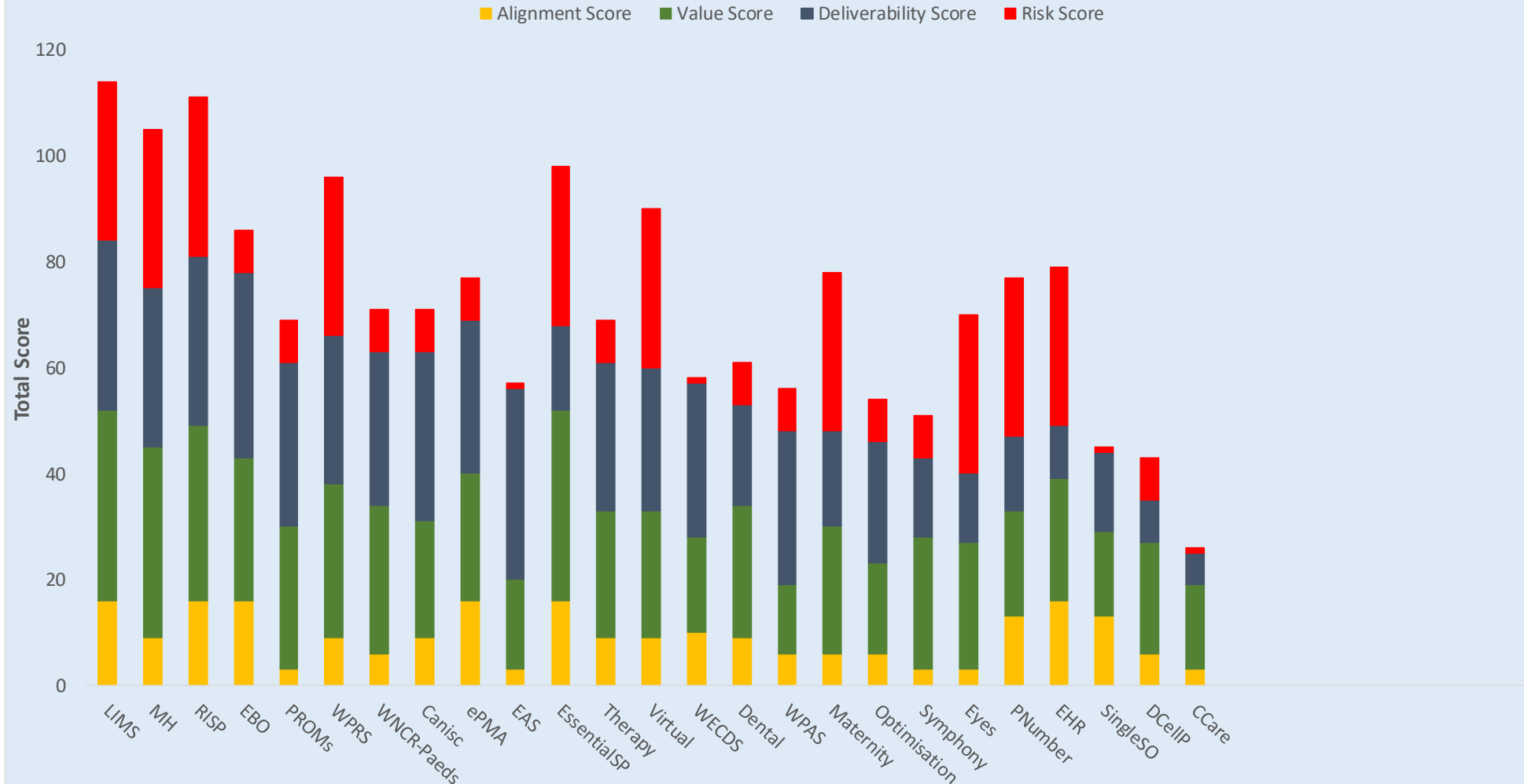
The blue section of the bar represents the Deliverability score.

Note: If the chart does not rank the initiatives from highest to lowest, go to the Scoring Table tab and use the filter button in column 'AP' to sort the list from 'Largest to Smallest'.

Bar Chart

BCU Digital Portfolio October 2024

Total Score shown by Initiative



Guidance Notes

Initiatives are ranked from left to right, in the order of highest to lowest overall total score.

The yellow section of the bar represents the Alignment score.

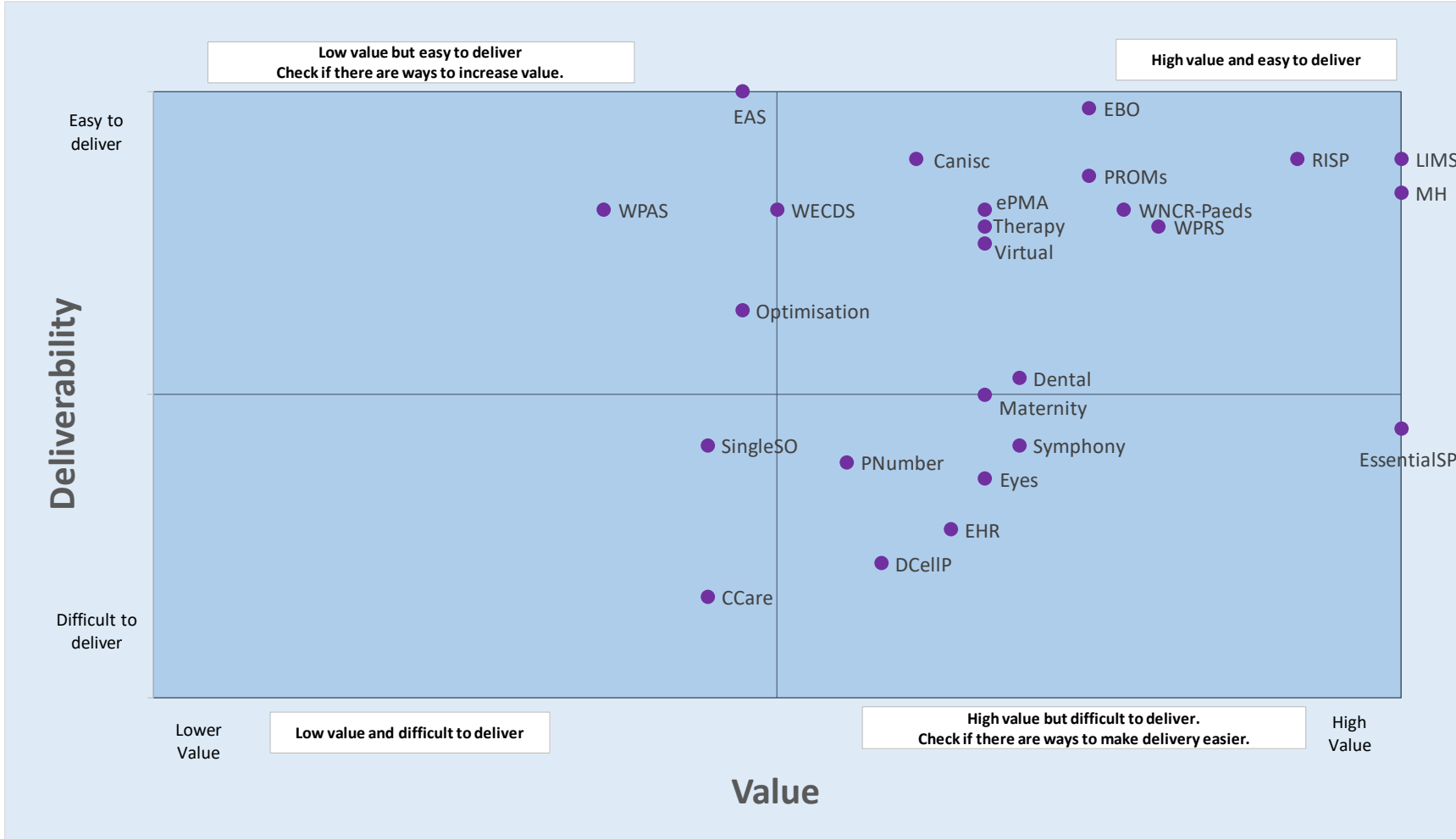
The green section of the bar represents the Value score.

The blue section of the bar represents the Deliverability score.

Note: If the chart does not rank the initiatives from highest to lowest, go to the Scoring Table tab and use the filter button in column 'AO' to sort the list from 'Largest to Smallest'.

Matrix - Value v Deliverability

BCU Digital Portfolio October 2024



Axis Points	Min	Mid	Max
Horizontal	12	12	36
Vertical	12	12	36

Guidance Notes

Bottom Right Quadrant
Contains high value initiatives and difficult to deliver initiatives. A strategy for options in this quadrant might be to check if anything can be done to improve the ease of delivery. For example, by seeking to redeploy staff or by applying for alternative funding.

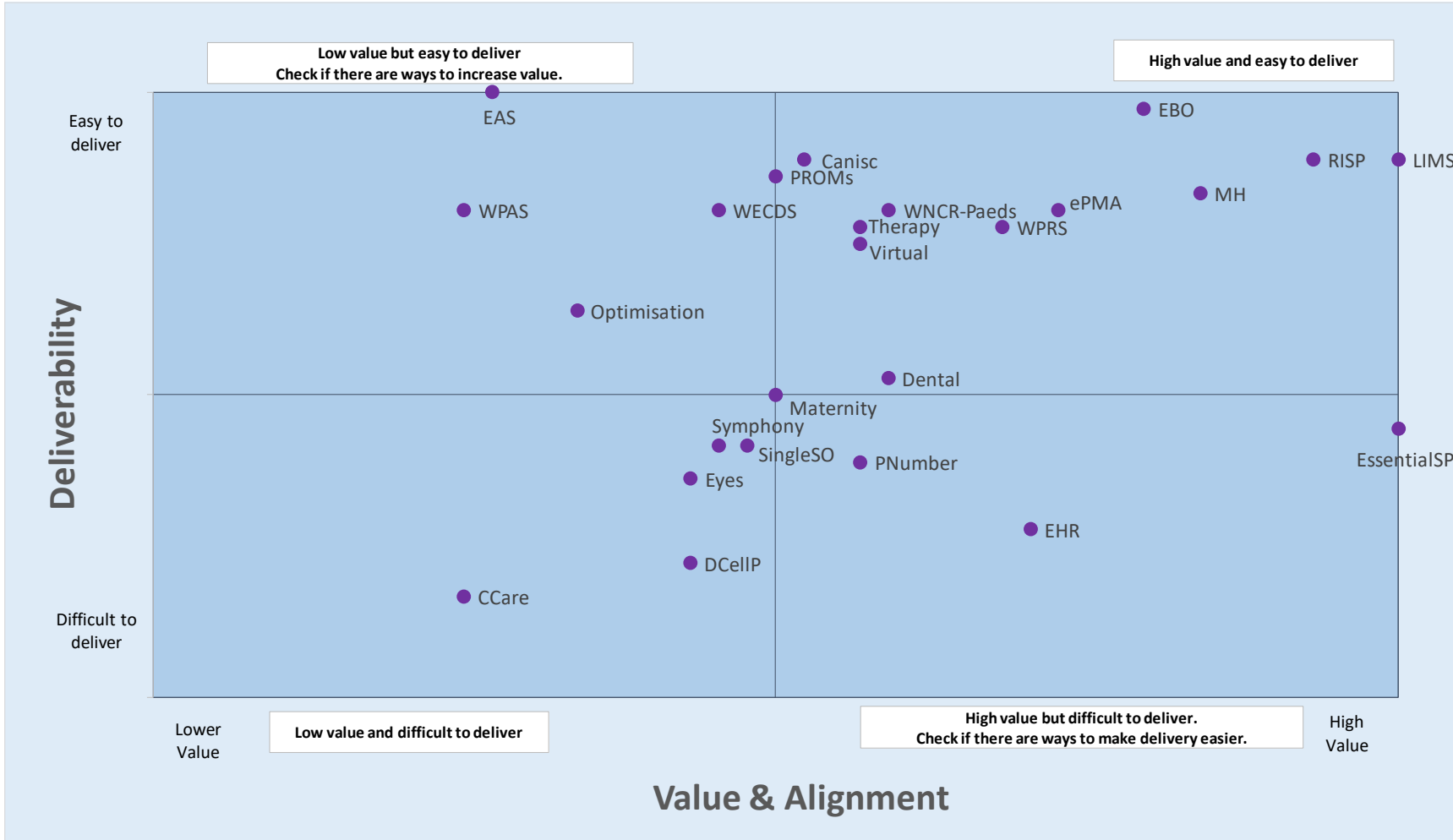
Top Left Quadrant
Contains low value but easy to deliver initiatives. A strategy for options plotted in this quadrant might be to check if anything can be done to increase the level of value realised.

Top Right Quadrant
Contains high value and easy to deliver initiatives. These should be short-listed for further consideration.

Bottom Left Quadrant
Contains both low value and difficult to deliver options

Matrix - Alignment, Value v Deliverability

BCU Digital Portfolio October 2024



Axis Points	Min	Mid	Max
Horizontal	12	12	36
Vertical	12	12	36

Guidance Notes

Bottom Right Quadrant
 Contains high value initiatives and difficult to deliver initiatives. A strategy for options in this quadrant might be to check if anything can be done to improve the ease of delivery. For example, by seeking to redeploy staff or by applying for alternative funding.

Top Left Quadrant
 Contains low value but easy to deliver initiatives. A strategy for options plotted in this quadrant might be to check if anything can be done to increase the level of value realised.

Top Right Quadrant
 Contains high value and easy to deliver initiatives. These should be short-listed for further consideration.

Bottom Left Quadrant
 Contains both low value and difficult to deliver options

DDaT Portfolio Prioritisation Report

October 2024

Betsi Cadwaladr University Health Board

Document Information

Author(s)	Andrea Rimmer
Owner	Andrea Williams / Erica Roberts
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DDaT Portfolio Prioritisation – October 2024

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DDaT Portfolio Prioritisation – October 2024

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Version	Date	Name	Title	Notes
01	22/10/2024	Andrea Rimmer	PPMO Manager	First Draft
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Key Documents

This section holds links to to associated documents:

Document Title	Link	Date	Version
Prioritisation Framework	2024 10 22 - DRAFT - Digital Projects Prioritisation Framework.docx	22/10/2024	01
Prioritisation Tool	Prioritisation Tool - Digital Projects - October 2024 v5.xlsm	16/10/2024	01

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DDaT Portfolio Prioritisation – October 2024

Executive Summary

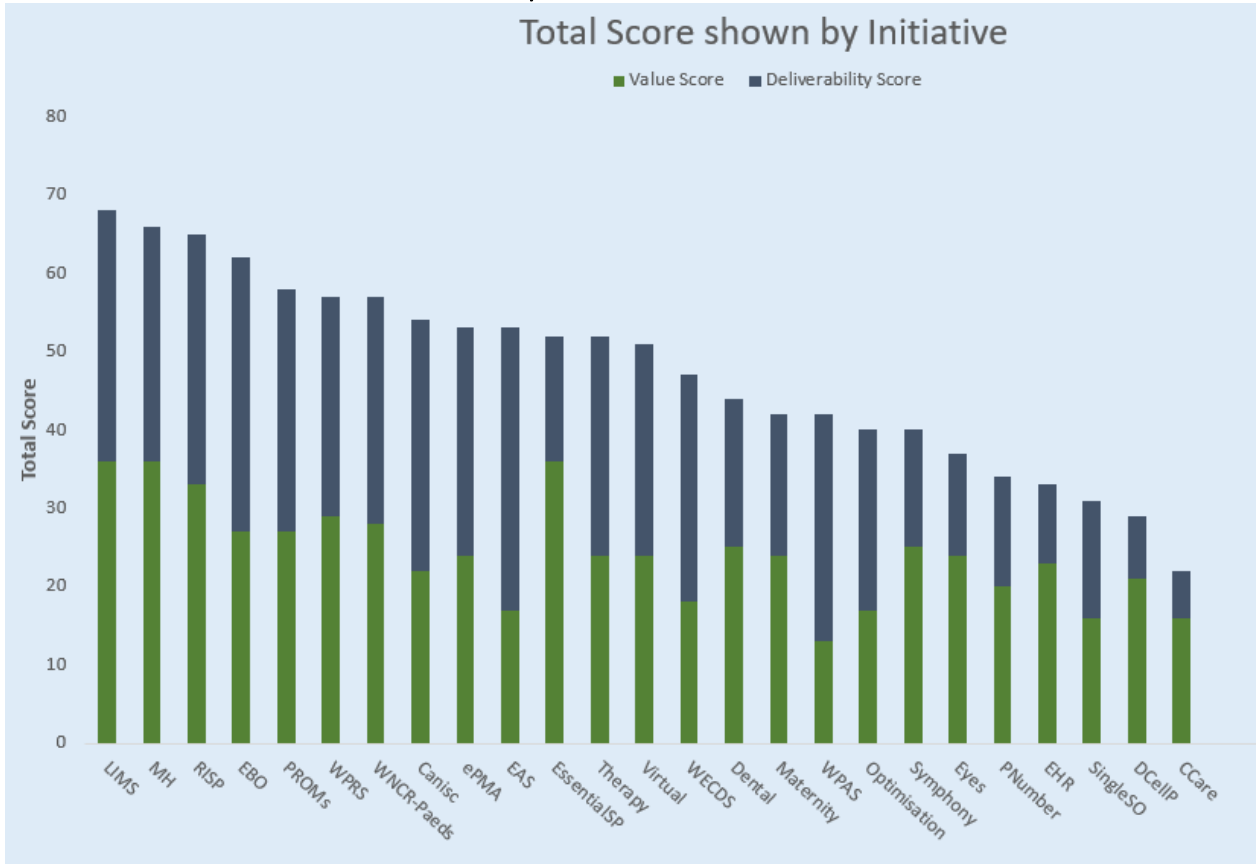
Here the scores from the prioritisation activity that took place in October 2024 for each Project within the BCU Digital Portfolio. 14 projects (highlighted in green) ranked highest in both value and deliverability sections.

Ranking*	Project Name	Alignment Score	Value Score	Deliverability Score	Risk Score	Total Score Alignment, Value & Deliverability	Total Score Value & Deliverability	Position on Matrix
1	LIMS	48	36	32	High	116	68	High Value High Deliverability
2	Mental Health	27	36	30	High	93	66	High Value High Deliverability
3	RISP	48	33	32	High	113	65	High Value High Deliverability
4	EBO Validation Chat Bot	48	27	35	Moderate	110	62	High Value High Deliverability
5	PROMS	9	27	31	Moderate	67	58	High Value High Deliverability
6	WPRS	27	29	28	High	84	57	High Value High Deliverability
7	WNCR- Paediatrics	18	28	29	Moderate	75	57	High Value High Deliverability
8	Canisc	27	22	32	Moderate	81	54	High Value High Deliverability
9	ePMA	48	24	29	Moderate	101	53	High Value High Deliverability
10	EAS	9	17	36	Low	62	53	Lower Value High Deliverability
11	Essential Services	48	36	16	High	100	52	High Value Lower Deliverability
12	Therapy	27	24	28	Moderate	79	52	High Value High Deliverability
13	Virtual	27	24	27	High	78	51	High Value High Deliverability
14	WECDS	30	18	29	Low	77	47	High Value High Deliverability
15	Dental	27	25	19	Moderate	71	44	High Value High Deliverability
16	Maternity	18	24	18	High	60	42	High Value High Deliverability
17	WPAS	18	13	29	Moderate	60	42	Lower Value High Deliverability
18	Optimisation	18	17	23	Moderate	31	22	Lower Value High Deliverability
19	Symphony	9	25	15	Moderate	58	40	High Value Lower Deliverability
20	Open Eyes	9	24	13	High	49	40	High Value Lower Deliverability
21	Patient Numbering	39	20	14	High	46	37	High Value Lower Deliverability
22	EHR	48	23	10	High	73	34	High Value Lower Deliverability
23	Single Sign On	39	16	15	Low	81	33	Lower Value Lower Deliverability
24	Digital Cellular Pathology	18	21	8	Moderate	70	31	High Value Lower Deliverability
25	Community Care	9	16	6	Low	47	29	Lower Value Lower Deliverability

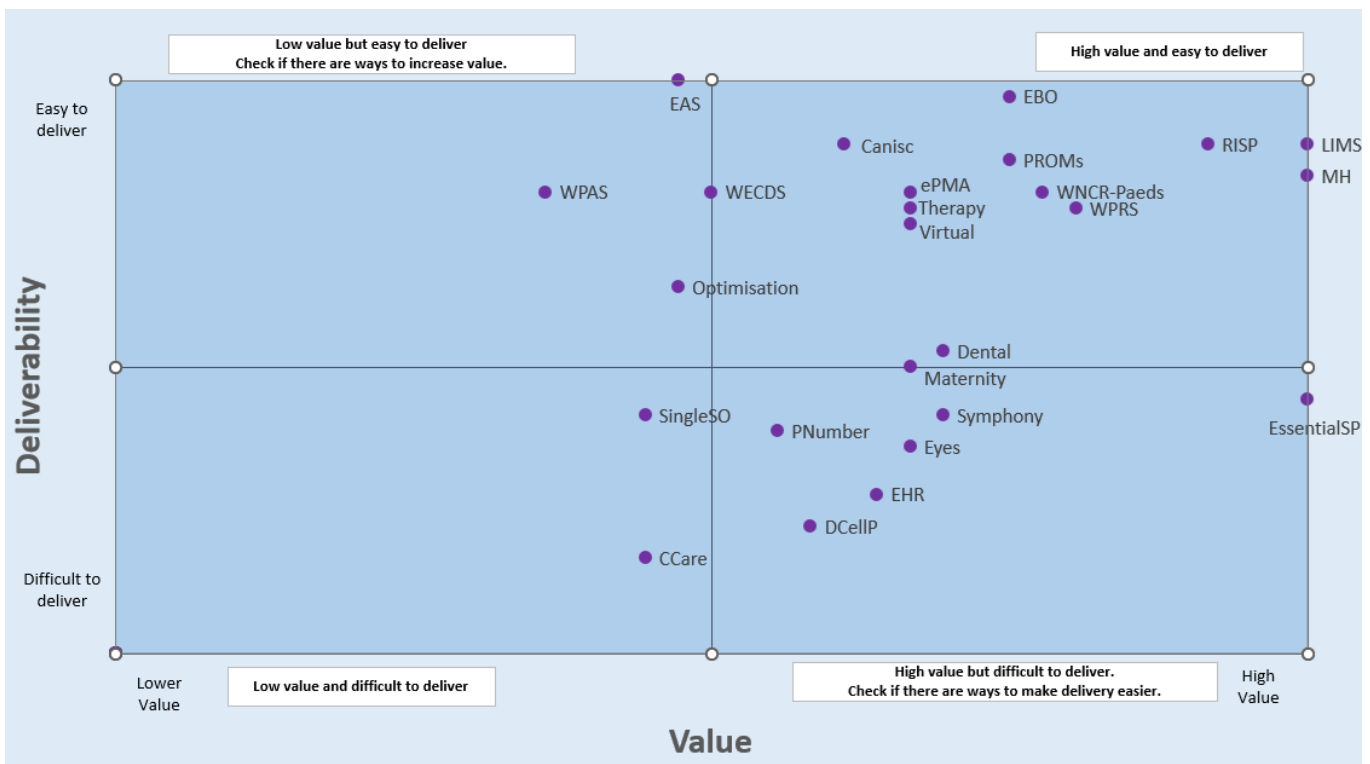
* Ranking relates to the combined value and deliverability score. It does not reflect the position of the project plotted on the prioritisation matrix.

DDaT Portfolio Prioritisation – October 2024

Stacked Bar Chart – Value & Deliverability



Position on the Prioritisation Matrix



DDaT Portfolio Prioritisation – October 2024

Overview

Overview

This report summarises the results of project prioritisation activity, where we assessed 25 projects in the BCU Digital Portfolio against four key criteria:

- **Alignment:** How well the project is aligned with the Annual Plan, Major Change Programmes and Criticality to Service and Organisational Delivery.
- **Value:** The anticipated benefits or impact the project would deliver.
- **Risk:** The residual risk to the organisation if the project is not delivered.
- **Deliverability:** The feasibility of completing the project on time and within scope given allocated resources.

The Prioritisation Framework ensured that each project was systematically and consistently assessed, to allow for objective decision-making. The results were visualised using:

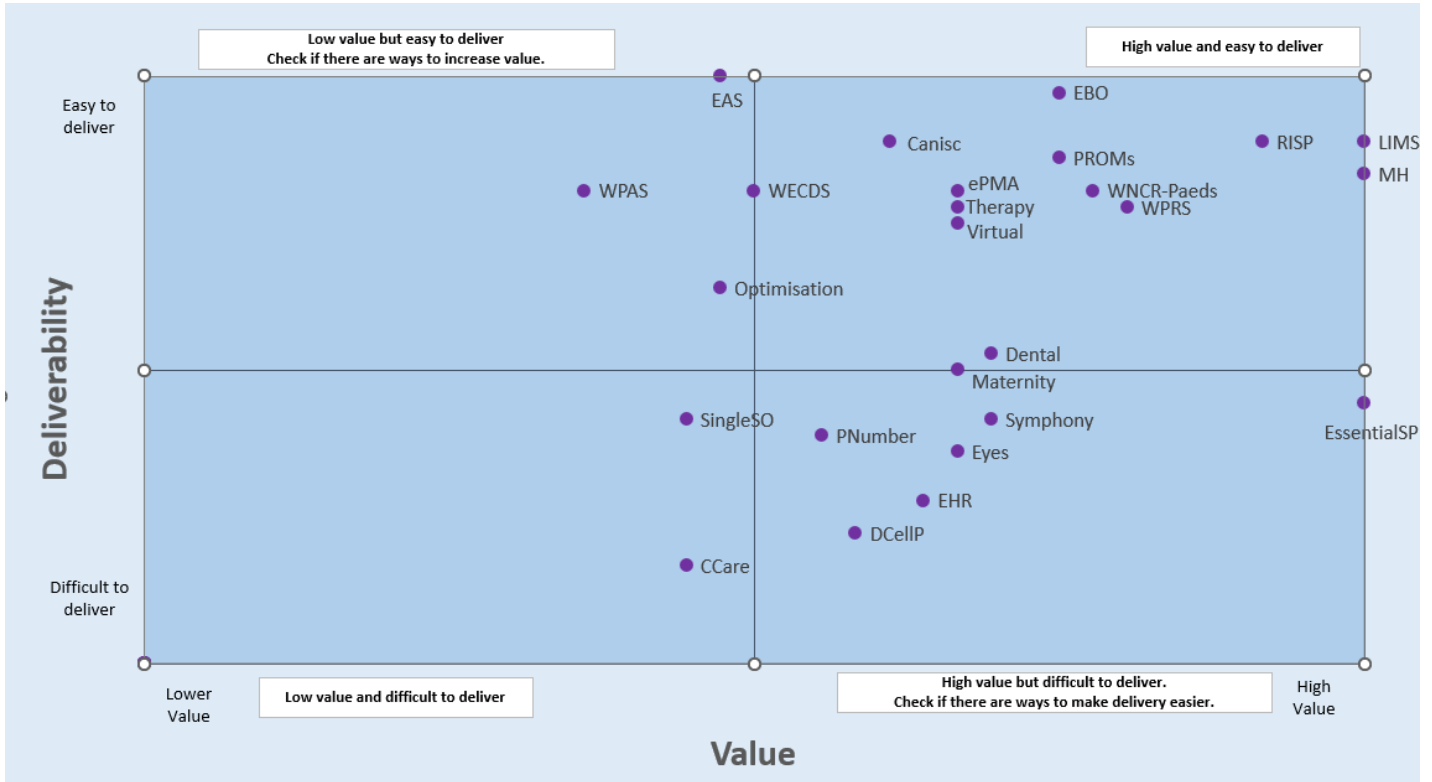
1. A **stacked bar chart** displaying **Value** and **Deliverability** scores.
2. A **matrix** (scatter plot), with **Value** on the x-axis and **Deliverability** on the y-axis. The top-right quadrant of this matrix highlights projects with both **high value** and **high deliverability**.

The prioritisation activity was conducted in accordance with the Prioritisation Framework, with the scores entered into the prioritisation tool, which is accessible via the links above. Snapshots of the visuals are provided in the appendix.

DDaT Portfolio Prioritisation – October 2024

Key Findings

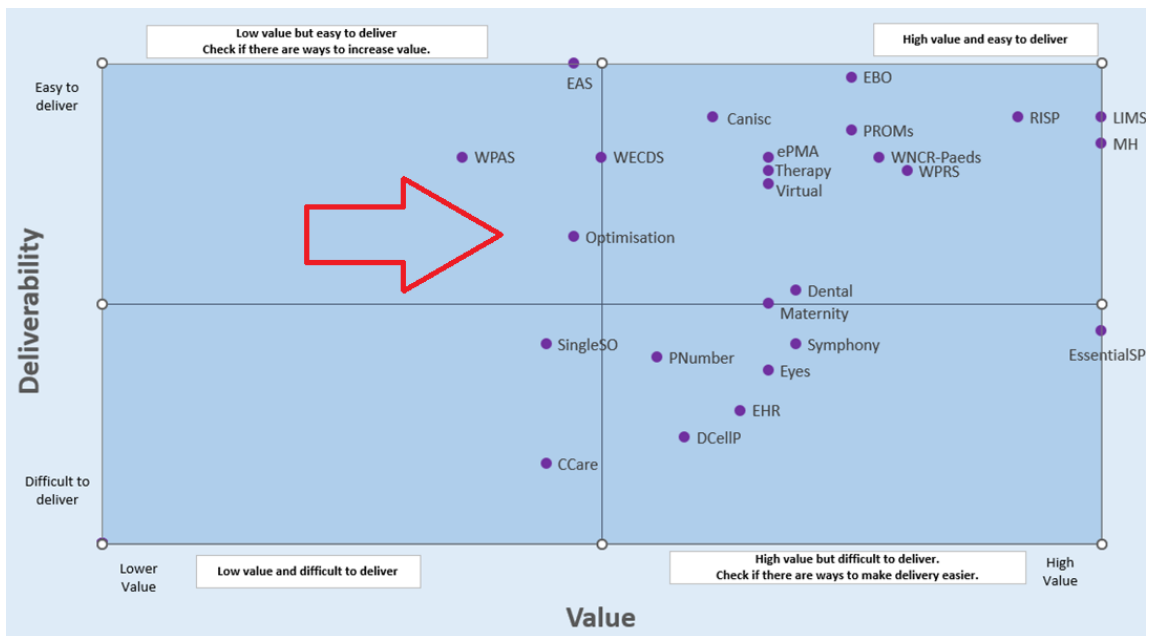
Projects Distribution (Value vs. Deliverability Matrix):



- The projects were plotted on a matrix with **Value** on the x-axis and **Deliverability** on the y-axis. The top-right quadrant represents projects that scored high in both categories, indicating they are potentially the most attractive for prioritisation.
- Out of the 25 projects:
 - **Top-right quadrant (High Value, High Deliverability):** 14 projects are in this quadrant, indicating they offer significant benefits and are likely to be successfully delivered with the current resources. These projects should be considered as top priorities.
 - RISP - Radiology
 - LIMS – Laboratory Information Management System
 - MH – Mental Health
 - WPRS – Welsh Patient Referral System
 - WPCR Paeds – Welsh Nursing Care Record
 - EBO Validation Chat Bot
 - PROMS
 - ePMA – Electronic Prescribing and Medicines Administration
 - Therapy Management System
 - Virtual Appointments (Attend Anywhere)
 - Dental System
 - Canisc
 - Maternity System
 - WECDs – Welsh Emergency Care Data Set

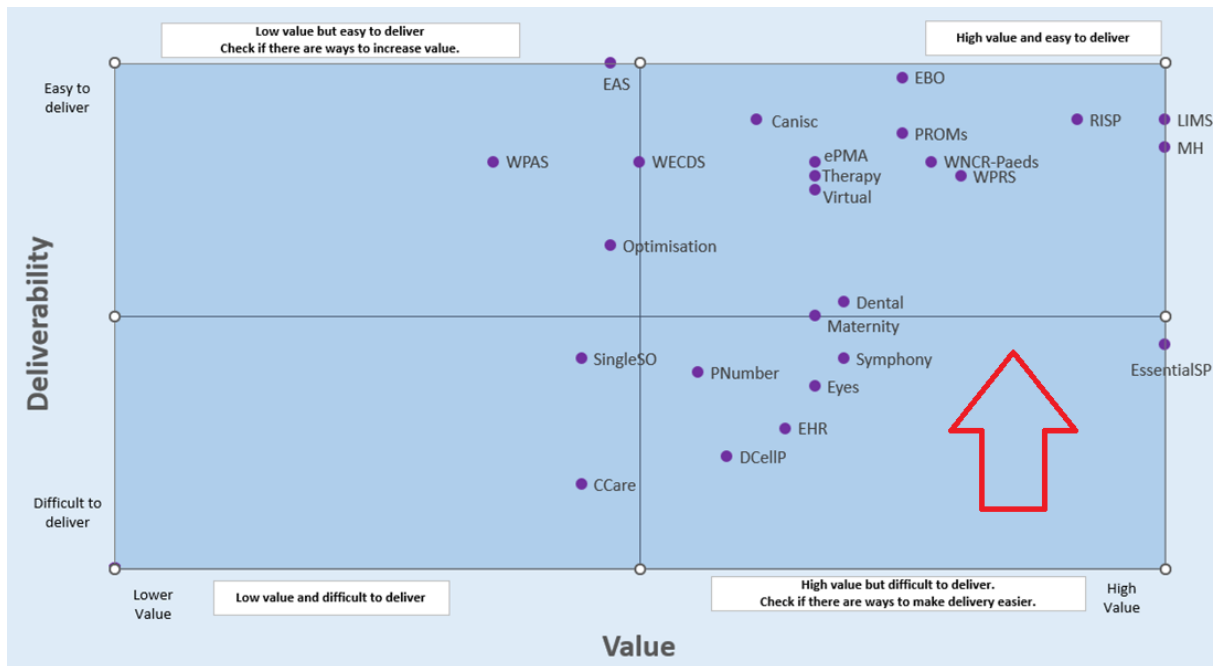
DDaT Portfolio Prioritisation – October 2024

- **Top-left quadrant (Lower Value, High Deliverability):** 2 projects fall into this category. While these are easier to deliver, their lower value suggests they might not be strategic priorities unless they offer more operational benefits.
 - EAS – Emergency Admissions System
 - WPAS – Welsh Patient Administration System
 - Optimisation
- **Action:** Investigate ways to increase the value of these projects.



- **Bottom-right quadrant (High Value, Lower Deliverability):** 6 projects in this area highlight a trade-off. These are high-value projects but come with significant challenges in terms of deliverability, possibly due to resource limitations or complex requirements. Additional efforts may be needed to mitigate risks or secure additional resources.
 - Essential Services
 - Symphony in SDEC
 - Open Eyes
 - EHR Electronic Health Record
 - Digital Cellular Pathology
 - Patient Numbering
- **Action:** Investigate ways to make these projects easier to deliver.

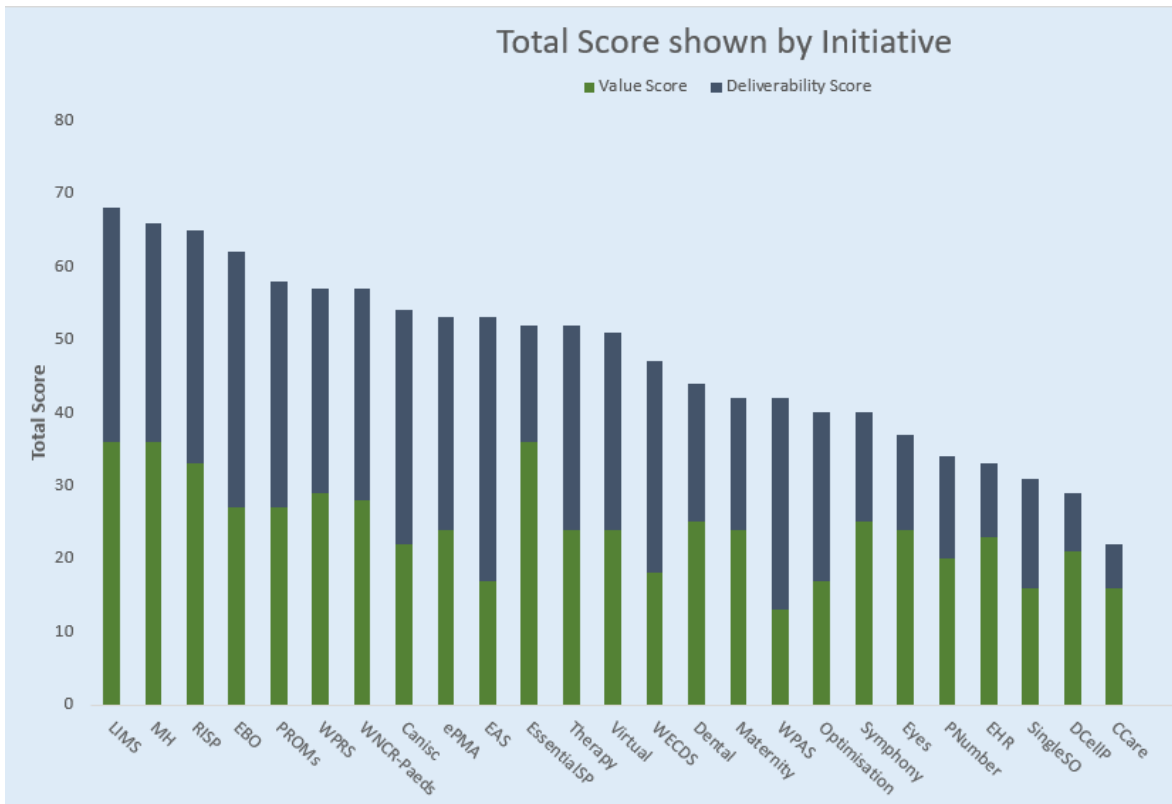
DDaT Portfolio Prioritisation – October 2024



- **Bottom-left quadrant (Low Value, Low Deliverability):** 2 projects landed here, indicating that benefits may not yet be fully identified or that delivery may be more difficult. These are likely to have the lowest priority at present unless external circumstances demand their execution.
 - Single Sign On
 - Community Care

DDaT Portfolio Prioritisation – October 2024

Stacked Bar Chart (Value and Deliverability):



- The stacked bar chart provided a breakdown of how each project scored in terms of **Value** and **Deliverability**.
- The larger the green section, the more value the project is expected to realise.
- The larger the blue section, the easier the project is to deliver. This can also reflect the availability of National or local funding.
- Projects with long bars in both categories reflect high scores, confirming their position in the **top-right quadrant** of the matrix. These projects are likely to have the highest priority.
- Projects with disproportionate bar lengths, especially those with high **Value** but low **Deliverability** (or vice versa), may require additional consideration. For example, if a project scores high on value but low on deliverability (such as the Essential Services Project), it could indicate that a strategic initiative is worth pursuing but needs more resources or time.

DDaT Portfolio Prioritisation – October 2024

Alignment

Alignment Evaluation

Each project was also assessed for its alignment with key strategic priorities, using three specific categories:

1. Annual Plan – Whether the project supports BCU’s annual plan.
2. Major Change Programme – Whether the project is part of or supports a major change programme within the organisation.
3. Critical to Service Delivery – Whether the project is essential to delivering critical services, with an additional distinction between service-level importance and organisational-level importance.

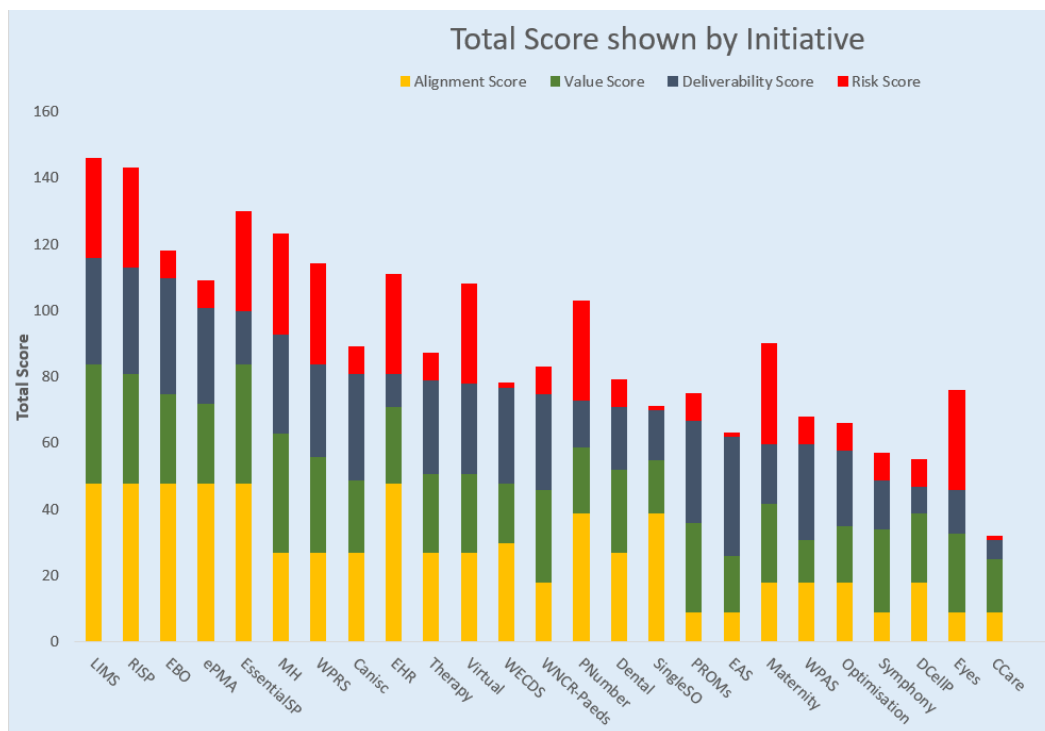
Each project received a score in these areas based on the following scale:

- 0: No alignment with the category.
- 3: Yes, aligned with the category (for Annual Plan, Major Change Programme, and Service-level Critical to Service Delivery).
- 10: Yes, aligned with organisation-level Critical to Service Delivery.

These alignment scores helped to ensure that projects supporting the most crucial organisational goals, particularly those critical to the delivery of services, were given appropriate priority during the decision-making process.

Stacked Bar Chart Displaying Alignment, Value, Deliverability, and Risk Scores

This chart shows the total project scores, including Alignment (shown in yellow). For risk, represented in red, a larger red bar indicates a higher level of risk associated with the project.



See also the alignment scoring table in the Appendix.

DDaT Portfolio Prioritisation – October 2024

Risk

Risk Assessment

As part of the prioritisation activity, each project was assigned a risk score to reflect the residual risk to the organisation if the project was not delivered. Projects were scored on a scale from 1 to 3, where:

- 3: High risk to the organisation if the project is not delivered.
- 2: Moderate residual risk to the organisation if the project is not delivered.
- 1: Low risk to the organisation if the project is not delivered.

The risk scores were factored into the overall prioritisation process, helping to balance high-value projects against their potential difficulties. Projects with higher risk scores, particularly those in the high-value, low-deliverability quadrant, may require additional resources or contingency planning to address these risks effectively.

Risk Score	Project
3: High Risk	LIMS, Mental Health, RISP, WPRS, Essential Services, Virtual Appointments, Patient Numbering, Maternity, Open Eyes and EHR
2: Moderate Risk	EBO Validation Chat Bot, WNCR- Paediatrics, Canisc, ePMA, Therapies, Dental, PROMS, WPAS, Optimisation, Digital Cellular Pathology, and Symphony in SDEC
1: Low Risk	EAS, WECDs, Community Care, and Single Sign On

Recommendations

Focus on High Value, High Deliverability Projects: Projects in the top-right quadrant of the matrix should be the primary focus. These offer the highest value and are the most feasible given current capabilities. The projects that scored the highest include:

These projects should be allocated resources first and can be fast-tracked for delivery.

Reassess High Value, Low Deliverability Projects: Projects in the bottom-right quadrant have high value but pose deliverability challenges. To unlock their potential, consider:

- Reallocating resources or increasing capacity to improve deliverability.
- Breaking down large, complex projects into smaller, more manageable phases.
- Exploring partnerships or external support to mitigate risk.

Deprioritize Low Value Projects: Projects that scored low in both **Value** and **Deliverability** may be deprioritised or even discarded unless there are compelling reasons for their continuation (e.g., regulatory or compliance needs).

DDaT Portfolio Prioritisation – October 2024

Conclusion

The prioritisation tool has enabled us to identify the most strategically significant and feasible projects. By focusing on the projects that offer the highest value and are also highly deliverable, we can ensure that resources are directed toward initiatives that will drive the most impact. A review of the remaining projects will help ensure that any potential roadblocks or challenges are addressed effectively before moving forward with them.

DDaT Portfolio Prioritisation – October 2024

Appendix – Alignment Scoring Table

Scoring Table


BCU Digital Portfolio
October 2024



		Alignment			The higher the score the more aligned the initiative
		Alignment	Alignment	Alignment	
		Annual Plan	Major Change Programme	Critical to Service Delivery	
		0 = no 3 = yes	0 = no 3 = yes	0 = no 3 = yes to service 10 = yes to organisation	
		Weighting	Weighting	Weighting	Alignment Score
Short Ref	Initiative Name	3	3	3	
EBO	EBO Validation Chat Bot	3	3	10	48
LIMS	LIMS - Laboratory Info Mgt System	3	3	10	48
RISP	RISP - Radiology	3	3	10	48
ePMA	ePMA - Electronic Prescribing and Medicines Administration	3	3	10	48
EssentialSP	Essential Services Programme	3	3	10	48
EHR	EHR Programme	3	3	10	48
SingleSO	Single Sign-On	3	0	10	39
PNumber	Patient Numbering	3	0	10	39
WECDs	WECDs Welsh Emergency Care Data Set	0	0	10	30
Canisc	Canisc	3	3	3	27
MH	Mental Health	3	3	3	27
WPRS	Welsh Patient Referral System	3	3	3	27
Therapy	Therapies	3	3	3	27
Virtual	Virtual Appts (Attend Anywhere)	3	3	3	27
Dental	Dental	3	3	3	27
WNCR-Paeds	Welsh Nursing Care Record - PAEDS	0	3	3	18
WPAS	WPAS Phase 5	3	3	0	18
Optimisation	Optimisation of Existing Systems	0	3	3	18
Maternity	Digital Maternity Cymru	3	0	3	18
DCellIP	Digital Cellular Pathology	3	0	3	18
EAS	Emergency Admissions System	0	0	3	9
PROMs	PROMs	0	0	3	9
Symphony	Symphony in SDEC	0	0	3	9
Eyes	Open Eyes	0	0	3	9
CCare	Connecting Care (Community)	0	0	3	9

DDaT Portfolio Prioritisation – October 2024

Appendix – Value Scoring Table

Scoring Table BCU Digital Portfolio October 2024  Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board		Value									The higher the score the more attractive the initiative.
		Quality, Safety & Harm Reduction	Patient Outcomes & Benefits	Increased Effectiveness	Increased Efficiency	User Experience	Identified corporate under performance or significant risk or clinical risk	Environmental Impact	Regulatory, mandatory or contractual requirement	Financial Return on Investment	
		The extent to which the project has an impact on quality, safety and harm reduction	The extent to which the project has an impact on patient outcomes and benefits	The extent to which the project has an impact on the effectiveness of operations.	The extent to which the project has an impact on the efficiency of operations.	The extent to which the project has an impact on user experience.	The extent to which the project has an impact on under-performance, significant risks or clinical risks.	The extent to which the project has an impact on the environment and sustainability targets.	Whether the project is mandatory or a contractual requirement.	The amount of financial return on investment from the project.	
		1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	1 = minimal impact 2 = moderate impact 3 = life changing impact	0 = No 3 = Yes	1 = low < £50k 2 = mod between £50-£100k 3 = high >£100k	
Short Ref	Initiative Name	Weighting 1	Weighting 1	Weighting 1	Weighting 1	Weighting 1	Weighting 2	Weighting 1	Weighting 3	Weighting 1	Value Score
LIMS	LIMS - Laboratory Info Mgt System	3	3	3	3	3	3	3	3	3	36
MH	Mental Health	3	3	3	3	3	3	3	3	3	36
EssentialSP	Essential Services Programme	3	3	3	3	3	3	3	3	3	36
RISP	RISP - Radiology	3	3	3	3	3	3	3	3	0	33
WPRS	Welsh Patient Referral System	3	3	3	3	3	3	2	2	0	29
WNCR-Paeds	Welsh Nursing Care Record - PAEDS	2	2	2	3	3	2	2	3	1	28
EBO	EBO Validation Chat Bot	2	2	2	2	2	3	2	2	3	27
PROMs	PROMs	2	3	3	1	3	2	1	3	1	27
Dental	Dental	2	2	2	2	2	2	2	3	0	25
Symphony	Symphony in SDEC	2	2	2	2	2	2	1	3	1	25
ePMA	ePMA - Electronic Prescribing and Medicines Administration	3	3	3	3	3	2	2	0	3	24
Therapy	Therapies	2	2	2	1	2	2	2	3	0	24
Virtual	Virtual Appts (Attend Anywhere)	1	3	2	3	3	2	2	2	0	24
Maternity	Digital Maternity Cymru	3	3	3	3	3	3	3	0	0	24
Eyes	Open Eyes	3	3	3	3	3	3	3	0	0	24
EHR	EHR Programme	3	3	3	3	3	3	2	0	0	23
Canisc	Canisc	2	1	1	1	1	3	1	3	0	22
DCellP	Digital Cellular Pathology	3	3	3	3	3	1	1	0	3	21
PNumber	Patient Numbering	3	3	2	2	3	3	1	0	0	20
WECDS	WECDS Welsh Emergency Care Data Set	2	2	1	2	1	1	1	2	1	18
EAS	Emergency Admissions System	2	2	2	2	2	2	2	0	1	17
Optimisation	Optimisation of Existing Systems	2	2	2	2	2	2	1	0	2	17
SingleSO	Single Sign-On	1	1	2	3	3	1	1	0	3	16
CCare	Connecting Care (Community)	2	2	2	3	3	1	2	0	0	16
WPAS	WPAS Phase 5	2	2	2	2	2	1	1	0	0	13

DDaT Portfolio Prioritisation – October 2024

Appendix – Risk Scoring Table

Scoring Table

BCU Digital Portfolio
October 2024



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

RISK
Residual risk to organisation if not delivered
1 = Low risk 2 = Moderate risk 3 = High risk

Short Ref	Initiative Name	Risk Score
LIMS	LIMS - Laboratory Info Mgt System	3
MH	Mental Health	3
EssentialSP	Essential Services Programme	3
RISP	RISP - Radiology	3
WPRS	Welsh Patient Referral System	3
Virtual	Virtual Appts (Attend Anywhere)	3
Maternity	Digital Maternity Cymru	3
Eyes	Open Eyes	3
EHR	EHR Programme	3
PNumber	Patient Numbering	3
WNCR-Paeds	Welsh Nursing Care Record - PAEDS	2
EBO	EBO Validation Chat Bot	2
PROMs	PROMs	2
Dental	Dental	2
Symphony	Symphony in SDEC	2
ePMA	ePMA - Electronic Prescribing and Medicines Administration	2
Therapy	Therapies	2
Canisc	Canisc	2
DCellP	Digital Cellular Pathology	2
Optimisation	Optimisation of Existing Systems	2
WPAS	WPAS Phase 5	2
WECDS	WECDS Welsh Emergency Care Data Set	1
EAS	Emergency Admissions System	1
SingleSO	Single Sign-On	1
CCare	Connecting Care (Community)	1

DDaT Portfolio Prioritisation – October 2024

Appendix – Deliverability Scoring Table

Scoring Table BCU Digital Portfolio October 2024  Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board		Deliverability								The higher the score, the more likely the initiative will be delivered successfully
		Complexity	Size of the Change	Affordability - Project	Affordability (long term)	Capacity	Capability	Commitment	Clarity	
		How complex is the project?	An overall assessment of scale (see tab attached)	Can we afford the costs of project delivery?	Can we afford it in the long term (BAU)?	Do we have sufficient staff, time and equipment?	Do we have the right people, skills and equipment?	Are key stakeholders committed?	Do we have enough information to make a decision?	
		1 = High complexity 2 = Moderate complexity 3 = Low complexity	1 = large project 2 = medium project 3 = small project	1 = Low 2 = Medium 3 = High	1 = Low 2 = Medium 3 = High	1 = Low 2 = Medium 3 = High	1 = Low 2 = Medium 3 = High	1 = Low 2 = Medium 3 = High	1 = Low 2 = Medium 3 = High	
Short Ref	Initiative Name	Weighting	Weighting	Weighting	Weighting	Weighting	Weighting	Weighting	Weighting	Deliverability Score
EAS	Emergency Admissions System	3	3	3	3	3	3	3	3	36
EBO	EBO Validation Chat Bot	2	3	3	3	3	3	3	3	35
LIMS	LIMS - Laboratory Info Mgt System	1	1	3	3	3	3	3	3	32
RISP	RISP - Radiology	1	1	3	3	3	3	3	3	32
Canisc	Canisc	3	2	2	3	3	3	3	3	32
PROMs	PROMs	2	3	3	3	1	2	3	2	31
MH	Mental Health	1	1	3	3	2	2	3	3	30
WNCR-Paeds	Welsh Nursing Care Record - PAEDS	3	2	1	3	3	3	3	3	29
ePMA	ePMA - Electronic Prescribing and Medicines Administration	1	1	2	3	3	3	3	3	29
WPAS	WPAS Phase 5	2	2	2	3	2	3	2	3	29
WECDS	WECDS Welsh Emergency Care Data Set	2	2	2	3	2	2	3	3	29
WPRS	Welsh Patient Referral System	1	1	2	3	2	3	3	3	28
Therapy	Therapies	2	3	3	1	3	2	3	3	28
Virtual	Virtual Appts (Attend Anywhere)	3	2	2	2	3	3	2	2	27
Optimisation	Optimisation of Existing Systems	1	1	2	2	2	2	3	2	23
Dental	Dental	2	2	1	1	1	3	2	3	19
Maternity	Digital Maternity Cymru	2	1	1	1	1	3	3	2	18
EssentialSP	Essential Services Programme	1	1	1	1	1	2	2	3	16
Symphony	Symphony in SDEC	3	3	0	0	1	3	3	2	15
SingleSO	Single Sign-On	3	3	0	0	0	3	3	3	15
PNumber	Patient Numbering	1	2	1	0	1	3	1	3	14
Eyes	Open Eyes	1	2	1	0	1	3	2	1	13
EHR	EHR Programme	1	1	0	0	2	2	3	1	10
DCellP	Digital Cellular Pathology	1	2	0	0	0	3	1	1	8
CCare	Connecting Care (Community)	2	2	0	0	0	0	1	1	6

DDaT Portfolio Prioritisation – October 2024

Appendix – Overall Scores Alignment, Value and Deliverability

Scoring Table

BCU Digital Portfolio
October 2024



Total Alignment, Value,
and Deliverability
score

Short Ref	Initiative Name	Total Score
LIMS	LIMS - Laboratory Info Mgt System	116
RISP	RISP - Radiology	113
EBO	EBO Validation Chat Bot	110
ePMA	ePMA - Electronic Prescribing and Medicines Administration	101
EssentialSP	Essential Services Programme	100
MH	Mental Health	93
WPRS	Welsh Patient Referral System	84
EHR	EHR Programme	81
Canisc	Canisc	81
Therapy	Therapies	79
Virtual	Virtual Appts (Attend Anywhere)	78
WECDS	WECDS Welsh Emergency Care Data Set	77
WNCR-Paeds	Welsh Nursing Care Record - PAEDS	75
PNumber	Patient Numbering	73
Dental	Dental	71
SingleSO	Single Sign-On	70
PROMs	PROMs	67
EAS	Emergency Admissions System	62
Maternity	Digital Maternity Cymru	60
WPAS	WPAS Phase 5	60
Optimisation	Optimisation of Existing Systems	58
Symphony	Symphony in SDEC	49
DCellP	Digital Cellular Pathology	47
Eyes	Open Eyes	46
CCare	Connecting Care (Community)	31

DDaT Portfolio Prioritisation – October 2024

Appendix – Overall Scores: Value and Deliverability

Scoring Table

BCU Digital Portfolio
October 2024



Total Value &
Deliverability Score

Short Ref	Initiative Name	Total Score
LIMS	LIMS - Laboratory Info Mgt System	68
MH	Mental Health	66
RISP	RISP - Radiology	65
EBO	EBO Validation Chat Bot	62
PROMs	PROMs	58
WPRS	Welsh Patient Referral System	57
WNCR-PaedS	Welsh Nursing Care Record - PAEDS	57
Canisc	Canisc	54
ePMA	ePMA - Electronic Prescribing and Medicines Administration	53
EAS	Emergency Admissions System	53
EssentialSP	Essential Services Programme	52
Therapy	Therapies	52
Virtual	Virtual Appts (Attend Anywhere)	51
WECDS	WECDS Welsh Emergency Care Data Set	47
Dental	Dental	44
Maternity	Digital Maternity Cymru	42
WPAS	WPAS Phase 5	42
Optimisation	Optimisation of Existing Systems	40
Symphony	Symphony in SDEC	40
Eyes	Open Eyes	37
PNumber	Patient Numbering	34
EHR	EHR Programme	33
SingleSO	Single Sign-On	31
DCellP	Digital Cellular Pathology	29
CCare	Connecting Care (Community)	22



Teitl adroddiad: <i>Report title:</i>	Public Health – Delivery Report			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnership Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 18 February 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper provides detail of Q3 Population Health activity and metrics which contribute to progression of key prevention activity.			
Argymhellion: <i>Recommendations:</i>	The Committee is requested to note the content of the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Jane Moore, Acting Executive Director of Public Health			
Awdur yr Adroddiad: <i>Report Author:</i>	Gwyneth Page, Head of Public Health Assurance and Development			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i></small>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	<p>Strategic Objective 2 - Developing Strategy and long lasting change Strategic Objective 4 - Improving quality, outcomes and experience.</p> <p>Health Board Wellbeing Objectives:</p> <ul style="list-style-type: none"> to improve physical, emotional and mental health and well-being for all. 			

	<ul style="list-style-type: none"> • to target our resources to those with the greatest needs and reduce inequalities. • to support children to have the best start in life. • to work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being. • to listen to people and learn from their experiences. <p>Prevention and Population Health are noted as a Ministerial priority for 25/26. The 24/25 Q3 Delivery Report supports governance and reporting associated with the Health Board's commitment and responsibility to improving the health and wellbeing of the North Wales population.</p> <p>The paper provides an opportunity to discuss and consider how as a Health Board we describe delivery of prevention across our services and functions, and what information or evidence needs to be included as the whole organisation 'shifts to prevention'.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<ul style="list-style-type: none"> • Equality Act 2010 • Public Sector Equality Duty • Socio-economic Duty • Human Rights Act 1998 • Quality and Health and Care Quality Standards 2023 • Wellbeing of Future Generations Act 2015
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity undertaken by the Public Health Directorate. Specific projects and programmes of work are subject to EQIA in accordance with health board policy.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity undertaken by the Public Health Directorate. Specific projects and programmes of work are subject to SEIA in accordance with health board policy.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan</p>	<p>CRR24-08 There is a risk that the Health Board fails to consider and implement prevention and early intervention models in</p>

<p>gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>order to reduce health inequalities and improve long term population health and wellbeing. This may be caused by a lack of prioritisation, planning and delivery in relation to the prevention of ill health and early intervention.</p> <p>CRR24-18 There is a risk that the Health Board does not plan adequately for outbreaks of transmittable diseases such as (but not solely) Measles, M-Pox, Covid. This may be caused by the unpredictability of when the disease may first occur, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate), the scale of potential outbreaks, the difficulties in protecting specific and vulnerable groups in a timely way. This could lead to exposure of the public to preventable illness, increased cases and spread of disease and in some cases death.</p> <p>BAF draft population health BAF to Board for approval Jan 25'</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are risks to the preventative programmes of work which are largely funded through grant/non recurrent funds. These are captured as part of the corporate risks and also within specific tier 1-2 risks managed via the Public Health Performance and Risk Management Group.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are a number of operational service staff who are on fixed term contracts due to the uncertainty of grant funds continuing. CFOs and Service leads remain informed in order to consider in plans.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The work of the Public Health team forms a regular part of the Population Health Executive Delivery Group. There are also a number of Programme groups such as Tobacco Control, Weight Management, Health Protection, Immunisations and the Healthcare Public Health Diabetes Programme which provide oversight.</p> <p>There are also regular ministerial reviews against key indicators and progress of the Health Board Plan and associated deliverables.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>CRR24-08 CRR24-18 BAF draft population health BAF to Board for approval Jan 25'</p>

<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>The PPHP are asked to review the current delivery for provision of assurance – highlighting any areas which need to be considered for future papers/reporting, and also agree proposed content for Q4 report.</p>	
<p>Rhestr o Atodiadau:</p> <p><i>List of Appendices:</i> Population Health – Q3 2024-25 Delivery Report</p>	

Population Health – Q3 2024/25 Delivery Report

Produced by Public Health Directorate (January 2025)

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1.0 Quarterly Progress Update October – December 2024 (Q3)

The Health Board remains focused on enabling the shift to prevention in order to reduce avoidable health inequalities and improve long-term population health & wellbeing outcomes.

During Quarter 3 2024/25 there has been significant focus on:

1.1 Delivery 24/25

Quarter 3 has progressed key deliverables associated with the 24/25 components of the current Health Board Plan (2024-2027) – section 3.0 provides the current position against deliverables.

Grant funded activity – the Health Board has provided position updates against all grant funded programmes including Prevention and Early Years, Whole School Approach to Emotional and Mental Wellbeing, Healthy Schools, Whole System Approach to Healthy Weight and continues to make progress against all of the agreed plans. Further details are found in Section 2.0 (Key Performance indicators) and 3.1 (Population Health Updates).

1.2 Planning 25/26-27/28

Health Board Plan – During Q3 the Health Board Plan sub-category 'Prevention' has been developed to reflect the paper provided to PPHP Committee on 10/12/24 - *Overview – Prevention Plan 2025-2028*. Also of note is the inclusion of a new sub-category for 25/26 focused on Diabetes, reflecting the progress of the Case for Change programme established 24/25.

Substantial work has been undertaken to provide current population health information to support IHCs and services to consider and prioritise prevention when contributing to the development of plans. This has included the provision of population health packs for each IHC, delivering population needs assessment presentations to Clusters via Pan Cluster Planning Group and through workshop sessions which focus on the shift to prevention.

Public Health Directorate plan - this is taking shape to provide organisational focus across the four priority programmes of focus (Health Protection, Healthcare Public Health, Health Improvement and Health Inequalities).

2.0 Key Population Programmes - Performance Indicators (Metrics)

2.1 Smoking

From Q1 to Q3, 3,431 (5.1%) smokers were treated, exceeding the annual target of 5% of the smoking population at 3,336.

BCUHB HMQ Services treated 1,056 smokers in Q3 2024-25 (final metrics will be reported in March 2025), which exceeds Tier 1 target (833/quarter). Of these 186 carbon monoxide (CO) validated and 421 self-reported treated smokers were reported to have quit smoking at 4-weeks.

From Q1 to Q3, 1,513 Treated Smokers self-reported quitting at 4-weeks (44.1%), exceeding the target of 40%. The percentage of CO-validated quit rate remains low at 18.9% (n=647) against a target rate of 40% - this is reflected in other Health Board areas where telephone support remains a popular choice with Service Users.

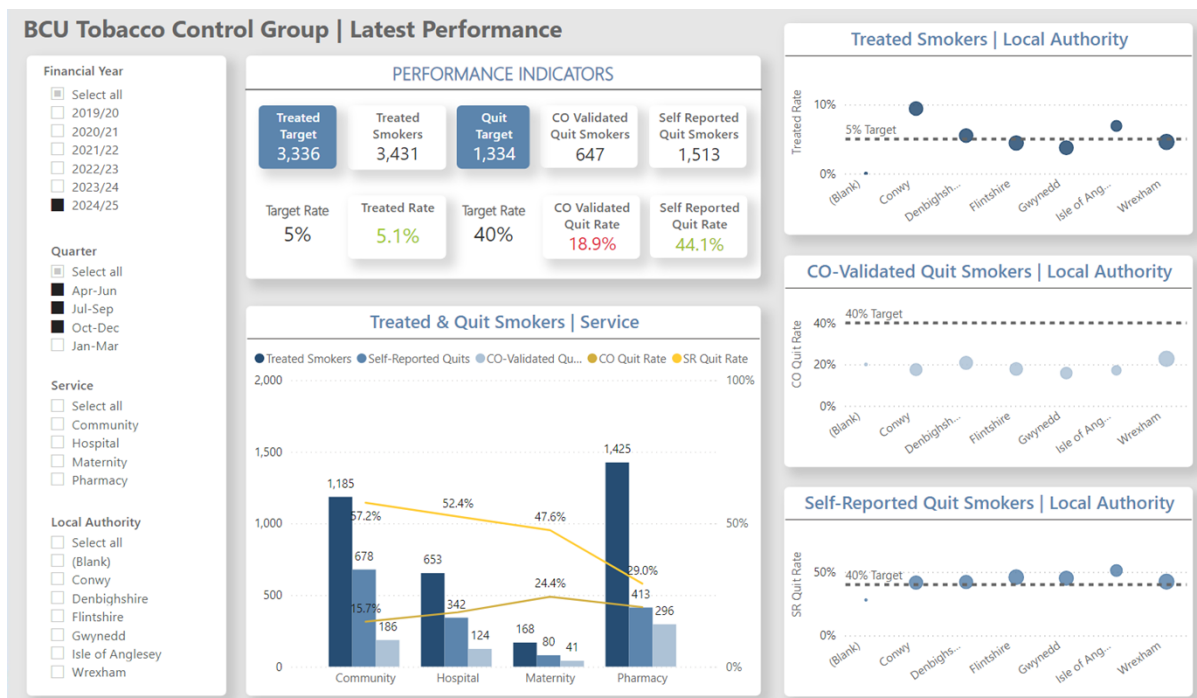


Fig. 1 BCUHB HMQ Q1 to Q3 2024-25 (extracted from BCUHB Community Information Hub, Smoking Cessation, Tobacco Control Dashboard 27/01/2025)

In BCUHB from April to December, 2024, 636 pregnant women reported smoking at booking (17.62%) with 556 pregnant women smoking at onset of labour (15.4%).

Work continues with Women’s services to deliver the national Reducing Smoking in Pregnancy programme linked to the Health Board’s Saving Babies Lives Delivery Plan with a focus on collecting performance data to inform the work. In 2024-25, 85% of pregnant smokers were referred to HMQ, and work is ongoing to improve this, including the provision of additional CO Monitors to support smoking cessation conversations with pregnant smokers. During Q3, 55 pregnant smokers were treated by HMQ, of which 11 reported to have CO-validated and 23 self-reported quit at 4-weeks. From Q1 to Q3, 168 pregnant smokers were treated by HMQ, with 41 CO-validated and 80 self-reported quits at 4-weeks.

2.2 Weight

Operational Weight Services (via Therapies/IHCs) are supported by grant funding (recurrent – Healthy Weight Healthy Wales and non-recurrent - Prevention and Early Years). Welsh Government have issued a target (as a Chair’s objective) to increase the capacity of Level 2 and 3 adult weight management service by 10% for 24-25. Proposals were taken to Executive Team in October 2024 to temporarily increase capacity in year through increasing commissioning of the digital offer for Level 2 adults to accommodate additional patients, and recruit on a fixed term basis some vacancies in Level 3 services. The model of Weight Management Services is planned to be subject to an external review in Q4 2024/Q1 2025 to inform service redesign for 26/27.

Q3 performance figures for Level 2 and 3 services:

Overall summary of weight management service referrals 1 April 2024 – 31 December 2024

Referrals	Type of referral		Deprivation decile				
	Self-referral	Health professional	1 (Most deprived)	2	3	4	5 (Least deprived)
4,444*	946	3,498	614 (13.8%)	922 (20.8%)	1,075 (24.2%)	1,029 (23.2%)	770 (17.3%)

*All referrals – some patients may have been referred more than once from different services and via self-referrals

Individual assessments – offered to patients with BMI over 45 or other complexities 1 April 2024 – 31 December 2024

Referred	Booked to attend	
	In person	Telephone
950	239	354

KindEating – In-house 12-week group based in person or online weight management intervention for participants with programmes starting 1 January 2024 – 30 September 2024 and ending 1 April 2024 – 31 December 2024

Offered KindEating	Attended	Completed intervention & data available	
1,662	873	372 (43%)	
		Achieved ≥3-5% weight loss	98 (26.3%)
		Achieved ≥5% weight loss	109 (29.3%)

Second Nature – Commissioned App based weight management service for participants starting 1 January 2024 – 30 September 2024 and ending 1 April 2024 – 31 December 2024 (collated and provided by Second Nature)

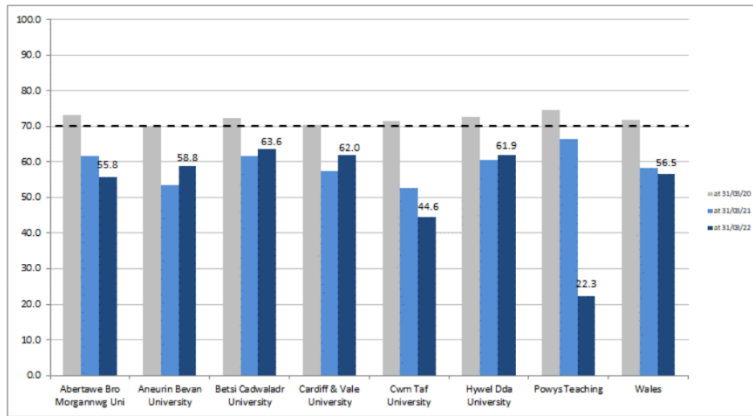
Offered Second Nature	Engaged with the intervention	Completed intervention & data available	
990	341 (34.4%)	103 (30.2%)	
		Achieved ≥3-5% weight loss	23 (22.3%)
		Achieved ≥5% weight loss	55 (53.4%)

2.3 Screening

Screening services and data are provided via Public Health Wales as follows:

Breast screening: The most recent data (as at 31/08/2021) is only available at Health Board level. This shows the overall coverage rate for BCUHB (63.6%) to be below the 70% target. All Health Boards have seen a drop in screening coverage since 2020 due to the pandemic. The BCUHB overall coverage rate is increasing from its low of approximately 61% as at 31/08/2021.

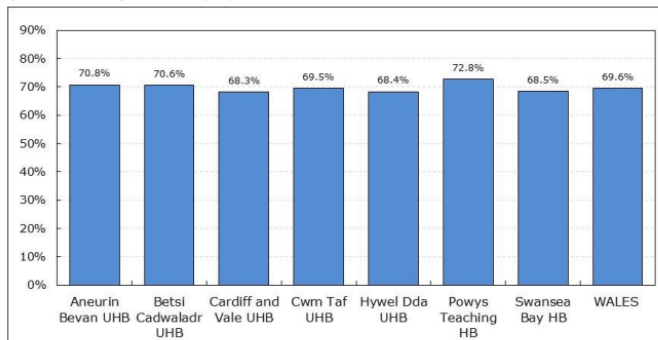
Graph 1: Breast screening coverage percentage (%), women aged 53-70, by health board of residence, 2020-2022



Data from 2020/21 showed that overall coverage had been above the target at 72.2%. However, there was variation across North Wales with Wrexham UA and 4 (from 14) primary care clusters not achieving the target.

Cervical screening: The 2021/22 overall coverage rate for BCUHB (70.6%) is below the 80% target. Local Authorities and Clusters are below target.

Graph 1b: Combined cervical screening coverage of target age group (individuals aged 25-64) by health board



Bowel screening: The most recent data (2022/23) is only available at Health Board level. This shows the total uptake in BCUHB to be at 65.9% (68.2% for females and 63.5% for males); these are all above the 60% target. However, uptake is below the target for those in the most deprived quintile (54.6%) compared to those in the least deprived quintile (71.2%).

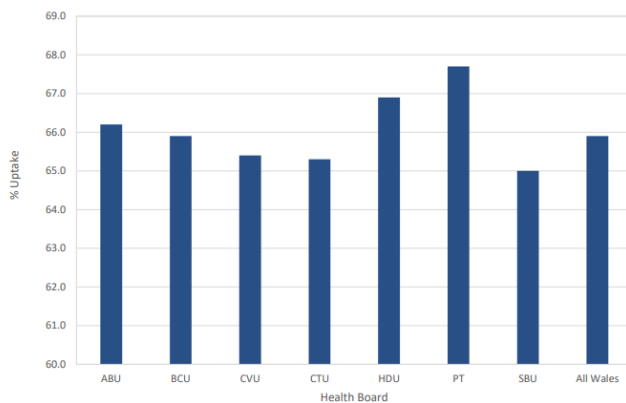


Figure 4 Bowel Screening Uptake by health board of residence, 2022-23

Abdominal aortic aneurysm screening: The most recent data (2022/23) is only available at Health Board level. This shows the total uptake in BCUHB to be at 79.5%; this is just short of the 80% target. However, uptake is considerably below the target for those in the most deprived quintile (69.0%) and when compared to those in the least deprived quintile (86.1%).

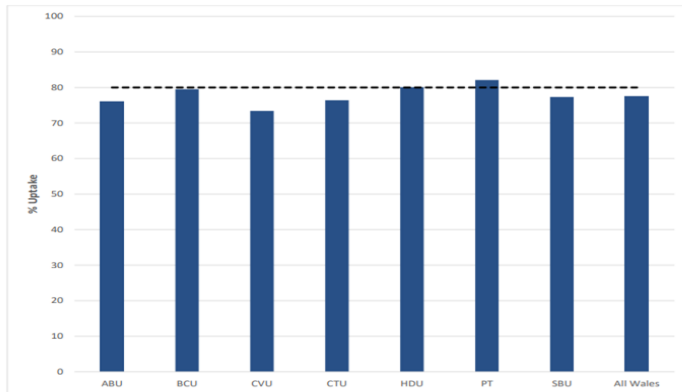
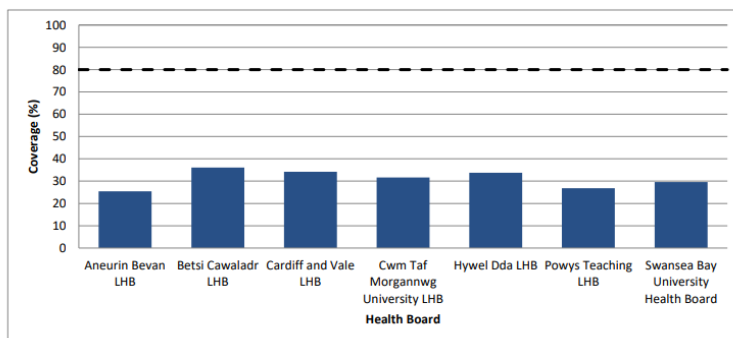


Figure 2: Abdominal aortic aneurysm screening uptake by health board of residence

Diabetic eye screening: The most recent data (2022/23) is only available at Health Board level. This shows the total uptake in BCUHB to be at 36.1%; though the highest in Wales, this is well below the 80% target. However, uptake is influenced by deprivation with only 33.8% coverage in the most deprived quintile compared to 40.4% in the least deprived quintile.

Figure 2: Diabetic eye screening coverage by health board 2022-23



2.4 Immunisation and Vaccinations

The Immunisation and Vaccination Service provision has progressed against targets as follows:

Influenza

Main Flu Programme:

- As of 24.12.24 – BCU have administered 159,621 adult flu vaccinations. This is a 59% uptake of those 270,140 eligible patients.

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	91,740	130,536	70.3	33,728	92,494	36.5
Betsi Cadwaladr UHB	122,142	173,622	70.3	37,479	102,054	36.7
Cardiff and Vale UHB	60,527	91,439	66.2	21,210	69,377	30.6
Cwm Taf Morgannwg UHB	65,523	98,458	66.5	23,309	73,055	31.9
Hywel Dda UHB	62,471	101,452	61.6	14,835	53,696	27.6
Powys Teaching HB	26,860	40,716	66.0	6,819	18,474	36.9
Swansea Bay UHB	56,384	85,496	65.9	16,008	53,514	29.9
Wales	485,647	721,719	67.3	153,388	462,664	33.2

- School age programme
Current uptake from schools visited as of 16/11/24 is: Primary schools 63% (Wales 60.5%), secondary schools 50.4% (Wales 49.3%).

Staff Flu - Data correct as of 16/12/2024

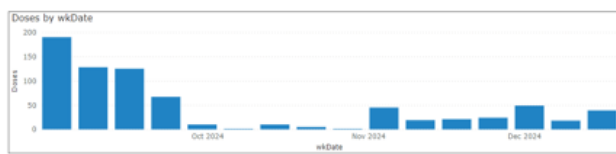
Day 77 update for Staff Flu Programme:

- Total vaccines given to BCUHB employees - 6,339, an increase of 392 since 02/12/24.
- Total vaccines given to Others e.g. Students - 2,089, an increase of 706 since 02/12/24.
- Total vaccines given so far – 8,428, an increase of 1,098 since 02/12/24.
- Total staff informed declined – 229
- Further Comms to encourage staff to have a flu vaccination.
- Support from Exec Dir Nursing & Midwifery to get message across to priority areas.
- HPS to continue in targeting areas using drilled down reports, offering nights/twilight/weekends, along with specific targeted times for catering/domestics etc.
- Vaccination Centres supporting with drop-in for all employees to attend, without the need to book an appointment.
- Staff can continue to use the 5 ways to have a flu vaccine, as on BN page.

RSV

BCUHB RSV Maternal programme:

Total	Catch-up programme	Routine programme	Pregnancy programme	Data quality
752	(Blank)	(Blank)	752	(Blank)



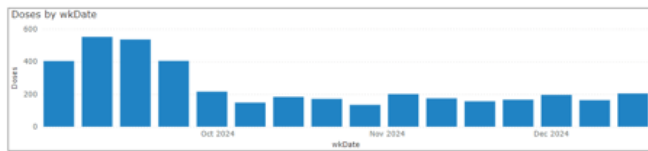
BCUHB Older Adults 75-79 year olds programme (including catch up):

Total	Catch-up programme	Routine programme	Pregnancy programme	Data quality
7,060	6,789	271	(Blank)	(Blank)



All Wales Maternal position:

Total	Catch-up programme	Routine programme	Pregnancy programme	Data quality
4,002	(Blank)	(Blank)	4,002	(Blank)



All Wales Older Adults 75-79 position (including catch up):

Total	Catch-up programme	Routine programme	Pregnancy programme	Data quality
30,270	28,409	1,861	(Blank)	(Blank)



COVID 19

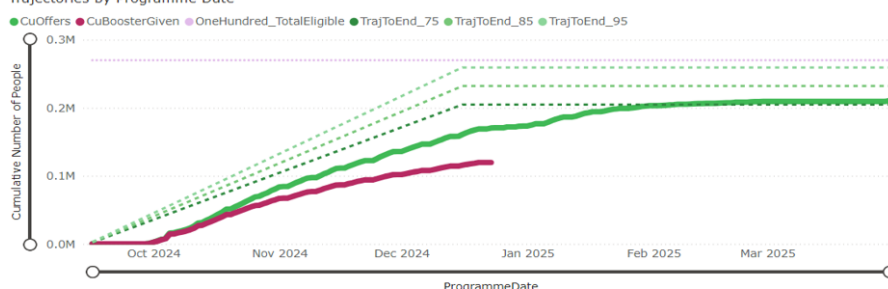
Autumn Programme Summary 2024:

- As of 30.12.24 at 08:20 123,483 Autumn Booster Vaccinations administered. 61% vaccinated of the eligible cohort.
- DNA rate across the programme is currently at 31.3%.
- There are currently 38,579 bookings in the system.

LIVE Autumn 2024/25 Covid-19 Vaccines Administered as of 30.12.24										
Areas	House Bounds		Care Homes		Over 65s		Immunosuppressed		Clinically Vulnerable	
BCUHB	3879	72%	3,670	76%	19,700	62%	9,482	55%	14,283	27%
East	1058	58%	1,307	86%	7,399	58%	3,423	46%	5,137	22%
Centre	1782	89%	1,394	82%	7,200	69%	3,123	57%	5,488	33%
West	1039	66%	969	61%	5,101	59%	2,936	65%	3,658	28%

Appointments to be offered 270,100	Offers made 210,755	Remaining offers to be made 59,345	
CNA/DNA/NG not rebooked 49,312	Doses given 119,715	Offers made % 78.0%	Doses given % 44.3%

Trajectories by Programme Date



During Q3 important work in relation to staff text reminders has taken place. BCUHB Public Health, Occupational Health, Information Governance and Communications teams have co-developed staff text reminders to staff for flu and other work-based vaccinations whilst observing General Data Protection Regulations. Staff are able to opt in to notifications utilising ESR which will be updated to reflect changes for All Wales 25/26.

Childhood Immunisations - The following are year-round programmes:

MMR - BCUHB have achieved the overall target of 90 % in schools.

HPV - Target 75%. Current position Year 8 uptake 65.1%, Year 9 uptake 83.9%

MenACWY - Target 75%. Current position Year 9 uptake – 66%, Year 10 uptake – 77.7%, Year 11 uptake – 83.8%

2.5 Health Protection Indicators

The Health Protection Service continues to support health protection partner organisations in their response to health protection threats and needs across North Wales. Contributing to Welsh Governments vision to ‘prepare, prevent and respond’ to protect the people of Wales against existing and future health protection threats and hazards, to minimise harm and save lives through a whole systems approach.

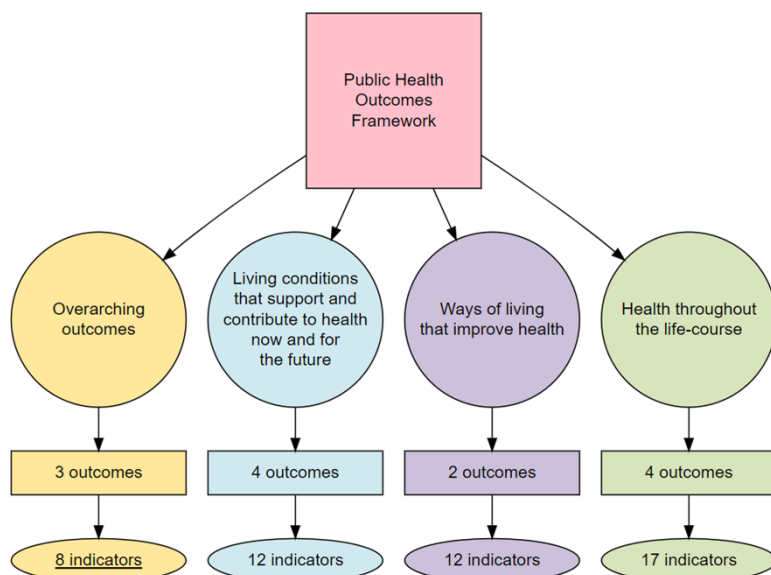
Key indicators from quarter 3 include:

No.	Health Protection Service Pillar	Priority Area	Indicator	Outputs for Quarter 3
1.	Health Protection Programmes	WHO 2030 global disease elimination target: Hepatitis B&C	Number of samples taken across at-risk sites (incl. substance misuse clinics, probation services etc.)	42
2.	Health Protection Programmes	Supporting the delivery of the National Immunisation Framework to ensure a high take-up of vaccinations and equity of access and opportunity	Number of vaccinations/immunisations provided across all settings	4839

3.	Sampling and Assessment	Sampling response to outbreaks and wider health protection threats in North Wales	Number of clinical samples obtained to support the health protection response to outbreaks/threats.	44
4.	Protect	Provision of health protection support to care homes	Number of care home infection prevention control (IPC) reviews completed.	100
5.	Protect	Provision of health protection support to care homes	Number of IPC champions sessions delivered. Total number of care homes represented from 3 IPC champions sessions.	3 120
6.	Protect	Incident management support	IPC advice provided in Acute Respiratory Incidents Number of COVID-19 incidents managed by the Health Protection Service	8 3

2.6 Public Health Outcomes Framework

First published in March 2016, the purpose of the **Public Health Outcomes Framework** (Appendix A) helps the health board to understand the impact which individual behaviours, public services, programmes and policies are having on health and well-being in Wales.



It was developed in the context of other national strategies and frameworks that seek to inspire and inform action to improve the health of the nation. It underpins the **national indicators (NI)** for the **Well-being of Future Generations (Wales) Act 2015**, by providing a more detailed range of measures that reflect the wider determinants that influence health and well-being (Appendix B).

(At August 2024-)

Overarching Outcomes									
Indicator	Wales	BCUHB Trend	Key						
			BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Life Expectancy at Birth: Males (Years), 2020-2022	78.0	↔	78.6	79.2	79.9	79.0	77.4	78.5	77.8
Life Expectancy at Birth: Females (Years), 2020-2022	81.8	↔	82.2	83.3	83.6	83.3	80.5	81.9	81.1
Gap in life expectancy at birth between most and least deprived: Males (Years), 2020-2022	7.6	↔	7.2	6.0	3.0	7.5	9.2	8.0	7.3
Gap in life expectancy at birth between most and least deprived: Females (Years), 2020-2022	6.4	↓	5.7	2.0	2.8	5.3	8.9	5.5	7.5

Source: Public Health Wales Observatory & Cancer Analysis Team

The overall purpose of the Health Board is to improve the health and wellbeing of the population and provide access to quality health services.

The PHOF indicators are updated at different times, depending on data source and frequency of assessment. As part of the next Population Health Delivery Report (Q4) a full review against indicators will be provided as a benchmark moving into 25/26 with PHOF updates provided thereafter as they become available.

3.0 Health Board Delivery Plan 24/25

The Health Board has made significant progress against the Sub Objective – Prevention in the current Health Board Plan. At the end of Quarter 3, all items are on track or completed as per plan. The two items showing as overdue (as at 6.1.25) are currently awaiting review of submitted evidence of completion by PMO. Further detail regarding current milestones can be found in Appendix C.

4.0 Population Health Updates

Whole Systems Approach to Healthy Weight

Strategy and Policy

- Healthy Weight Healthy Wales Whole System Approach Strategic Delivery Plan refreshed for period 2024 – 2026
- Responded to the Welsh Government Health Impact Assessment Consultation on behalf of the health board

Local Area Planning

- Responded to and influenced 9 planning applications of PH significance in Q3 and two Local Development Plan Delivery Agreement Consultations

2024 Planning applications	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total
Total	14	19	17	9		59

Key Events

- 4 external events key to delivery of plans:

Month	Event	Details
Oct	National Institute for Health and Care Research (NIHR) event 'Takeaway management zones:	Co-delivered presentation on our planning application response process, the challenges of implementing, and the benefits of a spatial planning policy to support the process

	impact, implementation & next steps: Workshop'	
Oct	Child Measurement Programme (CMP) and Whole System Approach (WSA) Anglesey Council Presentation	Presented on the latest CMP data for Anglesey, the healthy weight WSA programme and work being delivered on Anglesey, as well as future opportunities
Nov	Food and Fitness policy and Best Practice Guide Anglesey Primary Head Federation Presentation	Presented on the development of a Refreshed Food and Fitness policy and supporting Best Practice Guide to the Anglesey Primary Head Federation
Dec	Ripple Effect Mapping (REM) workshop	Led the delivery of a REM workshop to PHW colleagues re: school food

Healthy Weight

The below highlight some of the key activity contributing to prevention and early intervention in relation to healthy weight.

Breastfeeding Welcome Scheme/Communities

- All six local authorities now have a Breastfeeding Welcome Community. Three new communities have been established in Holywell (Flintshire), Rhyl Town (Denbighshire) and Llangefni (Anglesey).
- All Breastfeeding Welcome Communities have a minimum of 50% of appropriate independent local businesses signed up to the Breastfeeding Welcome Scheme.
- Between September and December 2024, a further 29 new venues have joined the Breastfeeding Welcome Scheme, bringing the total of new venues that have joined since April 2023 to 144, offering safe and welcoming spaces for women to breastfeed.
- During Q3, a breastfeeding pilot has been running at HMP Berwyn to improve experience for women visitors to the site. The pilot ran throughout December 2024 to allow women to remain in seat if needed to breastfeed, with a muslin cloth provided by Barnardo's to use during visit. Preliminary feedback collated by Barnardos indicates positive feedback from women visitors.

Childhood Measurement Programme (CMP) - The existing labour-intensive system to disseminate paper-based CMP consent and results involves extensive travel by the School Nursing Team. An alternative approach to support electronic delivery of CMP consent and results letters (and school entry screening programme letters) has been co-developed with audiology and school nursing teams. Electronic letters are anticipated to reduce costs and time for School Nursing Teams, improve ability to extract data to share with partners (e.g. local authorities, schools) and to provide further information to families and their children

PIPYN (a family-based pilot intervention for children at risk of overweight in obesity on Anglesey)

BMI data for children aged 2-5 years by Health Visitor on Anglesey have been analysed to provide insight for Health Visitors to encourage them to refer into PIPYN. This partnership approach includes:

- Working with local authority and schools on healthy food guideline for schools and healthy rewards for children
- Providing representation on local forums including Isle of Anglesey County Council (IOACC) Parenting Programming Forum, IOACC Play Forum, Social Prescribing Network, and Leisure Services Strategic Planning Group
- Supporting initial consultation work with schools around Access to Active Travel
- Providing continued liaison work with Anglesey Foodbank
- Continuing to plan alongside MonActif the delivery of community-based family sessions
- Educational sessions to students at Coleg Menai
- Community courses (Come & Cook, Introducing Solids & Eat Smart Save Better)
- Level 1 Community Food & Nutrition Skills qualification to partners

The key ambitions for 2024-25 set by Welsh Government are:	North Wales at 12/12/24	Number of Schools Outstanding to Achieve Ambition
1. By March 2025 , all maintained schools will have received an active offer to join a programme of support to undertake a deep dive assessment and support for action planning.	86.9%	53 / 404
2. By September 2024 , 60% of all maintained schools will be Action Planning and will have linked these actions to their School Development Plans.	61.0%	159 / 404
3. By March 2025 , 80% of all maintained schools will be Action Planning and will have linked these actions to their School Development Plans.	61.0%	159 / 404
4. By March 2025 , 100% of maintained schools with secondary-aged learners will have a plan in place to implement the framework linked to their School Development Plans.	96.3%	4 / 54

Tobacco Control

The tobacco control programme and HMQ Service continues to focus on priority groups to help reduce inequalities in relation to accessing services – mental health, pregnant women, those in hospital, identified community settings/areas, deprived areas/social housing, illegal sales to children and young people. Work has also continued with Local Authorities across North Wales to increase the number of Smoke Free Beaches, with an opportunity to discuss smoke-free grounds with the National Trust in north Wales for 2025-26.

Working to support the Health Board to achieve its Tier 1 smoking cessation target and 5% prevalence by 2030. Two key national programmes of work supported by the Public Health Team include:

- **HMQ Reducing Smoking in Pregnancy programme** two-year implementation plan to increase the numbers of pregnant smokers accessing services.
- **HMQ in Hospital system working programme** to increase the numbers of both inpatient and outpatient smokers accessing HMQ Services. In addition, staff have also been offered NRT (Nicotine Replacement Therapy) support to remain abstinent whilst on duty, which can often lead to cessation.

In support of these programmes there has been ongoing work with BCUHB Communications Department to deliver targeted smoking cessation messages across North Wales with a focus on areas of deprivation using local case studies to engage on social media. Communications to include SMS hospital appointments, letters and envelopes, and padlets have been developed to support the ongoing engagement which is been undertaken with key partners.

Alcohol Harm Reduction

The 'Calling time for Change (CTFC)'; North Wales Alcohol Harm Reduction Strategy Group is led by the BCUHB Public Health Team on behalf of the Area Planning Board. During Q3 there has been a focus on updating and refreshing the CTFC Strategy (2025-28)..

BCUHB is a responsible authority in supporting the delivery of the Serious Violence Duty which aims to reduce violence and injuries in North Wales. Discussions between Data Analysts in North Wales Police and in the Emergency Department in the Health Board has culminated in sharing data reports at regular intervals to support the targeting of interventions to reduce violence related injury in North Wales.

Working with the Licensing officers, the Public Health Team respond to alcohol licensing applications which support reducing the density of outlets selling alcohol. The Health Board has been successful in providing evidence to a hearing committee which has led to the refusal of an alcohol licence to a temporary accommodation setting in North Wales, supporting the protection of vulnerable groups.

The Area Planning Board has funded the provision of educational messaging to enable people in North Wales to accurately assess their alcohol drinking patterns (including units consumed) during Alcohol Awareness Week. The BCUHB Public Health Team working with the Communications Team, raised the profile of 'Rethinking your Drinking' on the BCUHB website and social media platforms. 799 participants completed the Audit C self-assessment tool which identified individuals' dependency on alcohol, with subsequent signposting of individuals to support services such as DAN 24/7 and Substance Misuse Services.

Sexual Health

Engagement with a diverse range of partners across North Wales to support the roll out of STI testing kits distributed to venues across North Wales. This is enabling the public to pick up a test in their local community and to undertake a test in a timely manner.

Well North Wales

In September 2024 the Health Board and Regional Partnership Board approved the further development of 'Well North Wales' as the preferred regional approach to enabling a whole complex systems shift towards prevention.

This will build upon the foundations of the progress to date in the following areas, as we continue to work with partners to shape and scope the longer-term programme of work required to invest in the wider socio-economic determinants as the building blocks of population health and wellbeing.

Social Prescribing - Mid-year progress reported Q3 against approved regional partnership model to deliver the National Framework for Social Prescribing. Whilst timescales are not currently being achieved, all partners have confirmed an ongoing commitment to the shared objectives and approach.

It has been agreed through BCUHB and RPB governance that timescales be extended into 2025/26 to enable all local partners opportunity to co-design community-based interventions and move towards joint-commissioning arrangements.

Arts in Health - 3 year Arts in Health & Wellbeing Strategy approved Q3. Continuing to work with regional partners to deliver key strategic projects which draw upon creative arts to improve population health & wellbeing outcomes.

Inverse Care Law - Inverse Care Law Evaluation Report presented to Primary Care Board Q3 and continued engagement with local Primary Care clusters to ensure Health Inequalities and wider collaborative partnership working can be on the agenda during planning cycles for 2025/26 and beyond.

Scoping Programme of Work - Work commenced Q3 which will continue into Q1 25/26. Public Health team working with local partners to shape and scope the longer-term programme of work required in respect of wider determinants of health and wellbeing.

- Working with Bevan Commission on a research project to consider how to put local communities truly at the heart of transforming outcomes. Engagement and evaluation work will commence with partners in Conwy early 2025.
- Working with Improvement Cymru and other learning and development partners through a regional Task & Finish Group which will help to inform how to build capacity, skills and knowledge across local partnerships in order to deliver this programme effectively.

Vulnerable groups

Gypsy, Roma and Traveller (GRT)

Terms of Reference for the newly established GRT Strategic Partnership Group have been developed and approved by partner organisations. Early priorities agreed during the Q3 partnership meeting

include further engagement with the GRT community to inform cultural competency training requirements and how to improve ethnicity recording. Additionally, a GRT planning response template has been produced to support BCUHB to respond to proposed GRT accommodation sites, ensuring consideration of the long-term impact on health and wellbeing.

Homelessness - The Homelessness Reduction Implementation Group has been established and Terms of Reference approved to implement recommendations in the BCUHB Homelessness Guidance and Welsh Government Homelessness White Paper

Offender Health - Evaluation of the suicide prevention train the trainer training delivered to men in prison demonstrated improved suicide awareness. Further suicide prevention train the trainer training is being scheduled, with additional suicide prevention training for two further house blocks in HMP Berwyn.

Learning Disability - Together with Public Health Wales, during quarter 3 activity has commenced to identify opportunities to improve screening uptake among those with a learning disability. BCUHB Public Health and Primary Care are extracting data in relation to local screening uptake whilst PHW have committed to undertaking a literature review.

Health Protection

Of note during Q3:

IPC Training for Special Procedures Practitioners - In response to the new licensing requirements for special procedures practitioners (those performing tattooing, body piercing, electrolysis or acupuncture) in Wales, the Health Protection Service has been accredited by the Royal Society of Public Health to deliver IPC training to practitioners to enable them to apply for a license to practice.

Courses began in Quarter 3, with 27 individuals trained. The training supports businesses to obtain the necessary licences required to continue trading, whilst also contributing to improved standards of hygiene and safety, protecting the health of clients and reducing the burden on primary and secondary care occurring when special procedures are performed without due regard to IPC.

Mpox/HCID Preparedness – Following the declaration that the upsurge of Mpox (Clade IB) cases in the August of 2024 represented a Public Health Emergency of International Concern, the Health Protection Service in conjunction with Emergency Preparedness, Resilience and Response have supported the Health Board to ensure appropriate preparedness measures are in place to identify, respond to and manage any suspected or confirmed cases of Mpox Clade IB.

7 Day Health Protection Service – Welsh Government expect Health Board Health Protection teams to be agile and responsive to 'prepare, prevent and respond' to health protection threats. The Health Protection Service continues to operate on a 7-day basis to meet urgent needs arising at weekends and bank holidays. Recent examples include sampling of care home residents experiencing an outbreak of acute respiratory illness on Christmas day, and other urgent sampling requests from PHW to investigate suspected cases of avian influenza, measles and diphtheria.

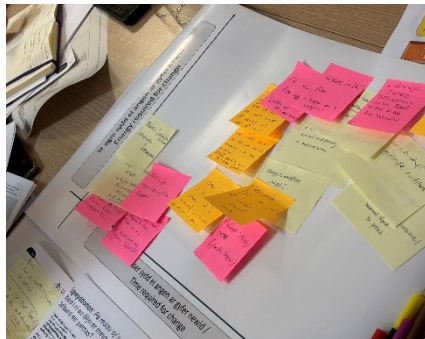
Diabetes programme

Building on communications to the Executive Team on 27/06 and Health Community pan BCU service leads, Transformation and Improvement allocated project management to support the Public Health Diabetes transformation programme in line with the Tier 2 Major Change initiative.

A programmatic approach and project managed structure provides governance, momentum and a shift in pace.

Progress over Q2 and Q3 has:

- I. consolidated project structure and key stakeholder groups
- II. developed a series of evidence-based reports on best practice models, emerging technologies, modelling methodologies, as well as developing a diabetes data and service profile
- III. completed current-state modeling to highlight the implications of a 'do nothing' scenario (with refinements pending updates on specific factors, such as workforce), in collaboration with Public Health Wales
- IV. undertaken a series of engagement activities with a wide range of stakeholders, including clinical leads, service users and members of the public
- V. Commenced an EQIA and SEIA process to ensure that service users with protected characteristics are not disadvantaged
- VI. held two (out of three) full-day, multi-professional, multi-agency and wider stakeholder events, with the aim of informing the development of a consensus of approach for a new model of care by the end of March 2025 (pictures below are from the second event in December).



5.0 Key Risks

There remains two significant Corporate Risks in relation to:

- Population Health (Score 16)
- Health Protection (Score 16)

These are reviewed monthly as part of the Corporate Risk governance structure and are supported by action plans and programmes of work.

6.0 Quarter 4 Delivery Report

In the next report we will provide:

- Updated Q4 performance
- 25/26 Q1 performance metrics update
- Key deliverables within 25/26 Health Board Plan (including key Prevention Programmes)
- Update on grant funding plans 25/26 (Prevention and Early Years, Healthy Weight Whole System Approach, Healthy Schools)
- PHOF – position against indicators

Appendix A – Public Health Outcomes Framework inc indicators

Table 1: Outcomes and indicators

















Outcome	Indicator	
Overarching outcomes		
Years of life and years of health	1 Life expectancy at birth	
	2 Healthy life expectancy at birth	
Mental well-being	3a <i>Mental well-being among children and young people (NI)</i>	
	3b <i>Mental well-being among adults (NI)</i>	
A fair chance for health	4 The gap in life expectancy at birth between the most and least deprived	
	5 <i>The gap in healthy life expectancy at birth between the most and least deprived (NI)</i>	
	6a The gap in mental well-being between the most and least deprived among children and young people	
	6b The gap in mental well-being between the most and least deprived among adults	
A. Living conditions that support and contribute to health now and for the future		
Children have the best opportunity for a healthy start	7 <i>Children living in poverty (NI)</i>	
	8 <i>Young children developing the right skills (NI)</i>	
Families and individuals have the resources to live fulfilled, healthy lives	9 <i>School leavers with skills and qualifications (level 2) (NI)</i>	
	10 School leavers with essential literacy and numeracy skills	
	11 <i>People able to afford everyday goods and activities (NI)</i>	
	12 <i>People not in education, employment or training (NI)</i>	
Resilient, empowered communities	13 Gap in employment rate for those with a long term health condition	
	14 <i>A sense of community (NI)</i>	
	15 <i>People who volunteer (NI)</i>	
	16 <i>People feeling lonely (NI)</i>	
Natural and built environment that supports health and well-being	17 <i>Quality of housing (NI)</i>	
	18 Quality of the air we breathe	
B. Ways of living that improve health		
Healthy actions	19 Physical activity in adolescents	
	20 Adolescents who smoke	
	21 Adolescents using alcohol	
	22 Adolescents drinking sugary drinks once a day or more	
	23 Adults eating five fruit or vegetables portions a day	
	24 Adults meeting physical activity guidelines	
	25 Adults who smoke	
	26 Adults drinking above guidelines	
	Healthy starts	27 Teenage pregnancies
		28 Smoking in pregnancy
29 Breastfeeding at 10 days		
30 Vaccination rates at age 4		
C. Health throughout the life-course		
Health in the early years and childhood	31 <i>Low birth weight (NI)</i>	
	32 Children age 5 of a healthy weight	
	33 Adolescents of healthy weight	
	34 Tooth decay among 5 year olds	
Good health in working age	35a Working age adults in good health	
	36a Working age adults free from limiting long term illness	
	37a Life satisfaction among working age adults	
	38a Working age adults of healthy weight	
Healthy ageing	35b Older people in good health	
	36b Older people free from limiting long term illness	
	37b Life satisfaction among older people	
	38b Older people of healthy weight	
	39 Hip fractures among older people	
Minimising avoidable ill health	40 Premature deaths from key non communicable diseases	
	41 Deaths from injuries	
	42 Deaths from road traffic injuries	
	43 Suicides	

















































Appendix B – National Well-being indicators

Data and summaries for each of the national well-being indicators

The national indicators help tell a story of progress against more than one of the well-being goals and to help you navigate these links we have highlighted the links between indicators and goals. Where an indicator is used to measure the progress towards a national milestone, this has also been highlighted.

	A prosperous Wales		A Wales of cohesive communities
	A resilient Wales		A Wales of vibrant culture and thriving Welsh language
	A healthier Wales		A globally responsible Wales
	A more equal Wales		

National Well-being Indicators	Goals							National Milestones
	1	2	3	4	5	6	7	
01 Percentage of live single births with a birth weight of under 2,500g	.	.			.	.	.	
02 Healthy life expectancy at birth including the gap between the least and most deprived	.	.			.	.	.	✓
03 Percentage of adults with two or more healthy lifestyle behaviours	.	.					.	✓
04 Levels of nitrogen dioxide (NO2) pollution in the air				.	.	.		
05 Percentage of children with two or more healthy lifestyle behaviours	.	.					.	✓

06 Measurement of development of young children		.					.	
07 Average capped 9 points score of pupils, including the gap between those who are eligible or are not eligible for free school meals		.	.		.		.	
08 Percentage of adults with qualifications at the different levels of the National Qualifications Framework		.			.	.	.	✓
09 Gross Value Added (GVA) per hour worked (relative to UK average)		.	.	.	.	.	.
10 Gross Disposable Household Income per head		.			.	.	.	✓
11 Percentage of businesses which are innovation-active			.	.	.	.	.
12 Capacity (in MW) of renewable energy equipment installed			.	.		.		
13 Concentration of carbon and organic matter in soil			.	.	.	.
14 The global footprint of Wales			.	.	.	.		✓
15 Amount of waste generated that is not recycled, per person			.	.		.		
16 Percentage of people in employment, who are on permanent contracts (or on temporary contracts, and not seeking permanent employment) and who earn at least the real Living Wage		.			.	.	.	
17 Pay difference for gender, disability and ethnicity		.	.		.	.	.	✓
18 Percentage of people living in households in income poverty relative to the UK median: measured for children, working age and those of pension age							.	✓
19 Percentage of people living in households in material deprivation							.	

20	Proportion of employees whose pay is set by collective bargaining	■	•	■	■	•	•	•	
21	Percentage of people in employment	■	•	■	■	•	•	•	✓
22	Percentage of people in education, employment or training, measured for different age groups	■	•	■	■	■	•	•	✓
23	Percentage who feel able to influence decisions affecting their local area	■	■	■	■	■	■	•	
24	Percentage of people satisfied with their ability to get to/ access the facilities and services they need	•	•	■	■	■	•	•	
25	Percentage of people feeling safe at home, walking in the local area, and when travelling	•	•	■	■	■	•	•	
26	Percentage of people satisfied with local area as a place to live	•	■	■	•	■	■	•	
27	Percentage of people agreeing that they belong to the area; that people from different backgrounds get on well together; and that people treat each other with respect	•	■	■	■	■	■	■	
28	Percentage of people who volunteer	■	■	■	■	■	■	•	✓
29	Mean mental well-being score for people	•	•	■	■	•	•	•	✓
30	Percentage of people who are lonely	•	•	■	■	■	•	•	
31	Percentage of dwellings which are free from hazards	•	■	■	■	■	•	•	

32	Number of properties (homes and businesses) at medium or high risk of flooding from rivers and the sea	•	■	■	■	■	•	•	
33	Percentage of dwellings with adequate energy performance	■	■	■	•	•	•	■	✓
34	Number of households successfully prevented from becoming homeless per 10,000 households	■	•	■	■	■	•	•	
35	Percentage of people attending or participating in arts, culture or heritage activities at least three times a year	•	•	■	■	■	■	•	
36	Percentage of people who speak Welsh daily and can speak more than just a few words of Welsh	•	•	•	•	■	■	■	
37	Number of people who can speak Welsh	•	•	•	•	■	■	■	✓
38	Percentage of people participating in sporting activities three or more times a week	•	■	■	■	■	■	•	
39	Percentage of museums and archives holding archival/heritage collections meeting UK accreditation standards	•	•	•	•	•	■	■	
40	Percentage of designated historic environment assets that are in stable or improved conditions	•	■	•	•	•	■	■	
41	Emissions of greenhouse gases within Wales	■	■	■	•	•	•	■	✓

42	Emissions of greenhouse gases attributed to the consumption of global goods and services in Wales	■ ■ ■ ● ● ● ■
43	Areas of healthy ecosystems in Wales	■ ■ ■ ● ■ ■ ■
44	Status of biological diversity in Wales	■ ■ ■ ● ● ■ ■ ■ ✓
45	Percentage of surface water bodies, and groundwater bodies, achieving good or high overall status	● ■ ■ ● ■ ■ ■
46	Active global citizenship in Wales	■ ■ ■ ■ ■ ■ ■
47	Percentage of people who have confidence in the justice system	● ● ● ■ ■ ● ●
48	Percentage of journeys by walking, cycling or public transport	■ ■ ■ ■ ● ● ●
49	Percentage of households spending 30% or more of their income on housing costs	■ ● ● ■ ■ ■ ●
50	Status of digital inclusion	■ ● ● ■ ■ ● ●

Appendix C - Annual Plan Milestones 24/25 - Sub objective - Prevention

Ref	Milestone	Due Date	Status	Delivery Confidence
3C.3	The Health Board will seek to achieve greater integration of services, shared approaches to improving the wellbeing of the population and innovative and transformative ways of working that tackles much wider social, economic and environmental factors. Working in this way will enable a shared values approach, where community is at the heart of decision-making	31/03/2025	In Progress	High
4B.1	Diabetes. The intelligence and evidence suggests three main areas where BCUHB could improve health outcomes for people with diabetes and deliver more effective and sustainable services. These are: Preventing people developing diabetes, developing effective primary and community models of care for diabetes and improving the intelligence to plan and manage diabetes care. The Public Health Team will continue to lead and support colleagues across the Health Board to create an improved Diabetes care pathway in North Wales (see also Priority 4D)	30/06/2024	Complete	High
4B.10	Mental well-being. Through supporting delivery against the North Wales Together for Mental Health Strategy the Health Board will aim to improve mental health and well-being across all ages, and to promote the 5 Ways to Wellbeing for service users and staff	31/03/2025	In Progress	High
4B.11	Continue to develop the work of the Health Board pathways of care team to maximise prevention and a public health approach within	31/03/2025	In Progress	High
4B.12	The Health Board will continue to implement plans which support elimination agendas including Hepatitis B & C, and Tuberculosis	31/03/2025	In Progress	High
4B.2	Immunisation. The Health Board will continue to reduce variation and improve uptake of immunisations across the life-course, encouraging local teams to signpost patients, staff, families and carers to trusted sources of information on immunization. Currently, Board is delivering targeted campaigns for increased delivery of MMR vaccination levels cases of Measles are on the increase and the Health	30/09/2024	Complete	High
4B.3	Well North Wales and associated programmes. The Health Board will continue to develop the framework that makes the case for keeping people healthy utilising outcomes from the ICL workshops to work with partners to develop system approaches to delivery of wellbeing solutions in our communities	30/09/2024	Complete	High

4B.4	Smoking remains the biggest cause of preventable ill health and whilst progress has been made in North Wales, continued work to increase referrals of smokers to the Help Me Quit (HMQ) Smoking Cessation Services will support a reduction in those smoking and the delivery of a smoke free Wales by 2030. The Health Board will continue to deliver to the Smoke Free Regulations (2020) and the Board's No Smoking Policy	31/12/2024	Complete
4B.5	Healthy Weight. The Health Board will continue to implement a Whole System Approach to the Healthy Weight Delivery plan with key priorities of influencing the spatial planning system through local delivery plans and planning applications, influencing the food environment in workplaces and educational establishments and through maintaining the delivery within the All Wales Weight Management Pathway	31/12/2024	Overdue
4B.6	Physical activity. The Health Board will continue to work with partners to support and encourage communities, including the Health Board's workforce, to think about physical activity as being a normal part of their daily lives	31/12/2024	Overdue
4B.7	Alcohol – The Health Board together with partners will continue to deliver the North Wales Alcohol Strategy 2020-24 and contribute to the refresh	31/12/2024	Pending PMO Assessment
4B.8	Respond to the Gypsy, Roma and Travellers Needs Assessment and identify the opportunities to improve health for those in vulnerable communities including Asylum Seekers and Refugees; those in contact with the Criminal Justice System; and those with Learning disabilities	31/12/2024	Pending PMO Assessment
4D.2	Roll out of the All Wales Diabetes Prevention programme, targeting the avoidance of developing type 2 diabetes	31/03/2025	In Progress

Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report			
Adrodd i: <i>Report to:</i>	Planning, Population Health & Partnership Committee (PPHP)			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 18 February 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which the Committee has oversight.</p> <p>All 3 risks have been reviewed and updated by the relevant service:</p> <ul style="list-style-type: none"> • CRR24-18 'Operational Planning for Transmittable Diseases and Outbreaks' – Following the reduction of the current risk score from 20 to 16 during the last reporting cycle, the risk score is now within the tolerance set within the risk appetite. <p>To note: The group is asked to note Appendix 3 'Emergency Preparedness Review of Risks', which highlights the continued and ongoing work with the Head of Risk Management and the Emergency Preparedness Team to support Civil Contingencies preparedness.</p>			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to receive assurance for the progression of the corporate risks to which the Committee has overall accountability.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

<p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>It is essential that the Health Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</p>	<p>Not applicable for this report</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</p>	<p>Not applicable for this report</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Individual Executive Sign off of CRR reports, Review at next Risk Scrutiny Group and subsequent Executive Team Meeting.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>See the individual risks for details of the related links to the Board Assurance Framework.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>	<p>Not applicable for this report</p>

Reason for submission of report to confidential board (where relevant)

Camau Nesaf:

Next Steps:

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board.

Rhestr o Atodiadau:

List of Appendices:

Appendix 1 – Corporate Risk Dashboard - Planning, Population Health & Partnership Committee (PPHP)

Appendix 2 – Corporate Risk Register Report - Planning, Population Health & Partnership Committee (PPHP)

Appendix 3 – Emergency

Corporate Risk Register





Corporate Risk Register Report

1.0 Purpose

1.1 The purpose of this report is to provide an update to the Committee on the most significant risks to which the committee has overall accountability and oversight of.

The full details of those risks are highlighted in Appendix 2 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

- CRR24-07 – Availability and Integrity of Patient Information
- CRR24-08 – Delivering a Population Health Approach to Health and Wellbeing
- CRR24-18 – Operational Planning for Transmittable Diseases and Outbreaks

2.0 Key Highlights

- **CRR24-18** ‘Operational Planning for Transmittable Diseases and Outbreaks’ – Following the reduction of the current risk score from 20 to 16 the risk score is now within the tolerance set within the risk appetite.

2.1 Changes in Score

Risk Ref	Reduced Risks	Lead Exec Director	Previous Risk Score	Current Risk Score
CRR24-18	Operational Planning for Transmittable Diseases and Outbreaks	Executive Director of Public Health	20 (September 2024)	16 (4x4)

2.2 New Risks

None

2.3 Overdue/Delayed Actions

None

2.4 Risks above Health Board 24/25 appetite

None

All three risks reported to committee score within the tolerance range set in the appetite.

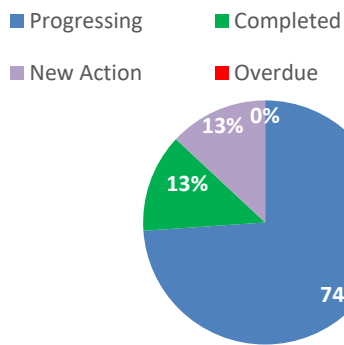
Risk Ref	Reduced Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR24-07	Fragmented Patient Care Record	Chief Digital Information Officer	16	Quality 15-19
CRR24-08	Delivering a Population Health Approach to Health and Wellbeing	Executive Director of Public Health	16	Quality 15-19



Risk Ref	Reduced Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR24-18	Operational Planning for Transmittable Diseases and Outbreaks	Executive Director of Public Health	16	Quality 15-19

2.5 Action Plan status of Corporate Risks

ACTION STATUS OF CORPORATE RISKS



Out of the 3 corporate risks, 23 ongoing actions have been developed to mitigate the risks. 3 actions have been completed, 17 actions are progressing and on track, with 3 new action identified since last iteration. No actions are currently overdue.

2.6 Emergency Preparedness Review of Risks

To note, the group is also asked to note paper, Appendix 3 - 'Emergency Preparedness Review of Risks', which highlights the continued and ongoing work with the Head of Risk Management and the Emergency Preparedness Team to support Civil Contingencies preparedness following the commencement in post of the Emergency Preparedness Resilience Response (EPRR) Lead in July 2024. An action from Planning, Population Health & Partnership Committee was for the EPRR Lead and Head of Risk Management to review the Corporate Risk Register.

Next steps

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board

Appendix 1 - Corporate Risk Register Dashboard - Planning, Population Health & Partnership Committee (PPHP)

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
CDIO	CRR24-07	Fragmented Patient Care Record	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened Dec 23, 8 actions identified, 6 progressing (with 2 revised dates) and 2 new actions. Reduction in current risk score from 20 to 16 – September 2024.
EDoPH	CRR24-08	Delivering a population health approach to health and wellbeing	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened Nov 2023. 8 actions identified, 1 completed, 6 progressing (with 2 revised dates), with 1 new action identified. Reduction in current risk score from 20 to 16 – September 2024.
EDoPH	CRR24-18	Operational Planning for Transmittable Diseases and Outbreaks	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened June 24. 7 actions identified, 5 actions progressing with 1 revised due date, 2 actions completed. Reduction in current risk score from 20 to 16 - November 2024, resulting in the risk now within the tolerance set within the risk appetite.

Key:

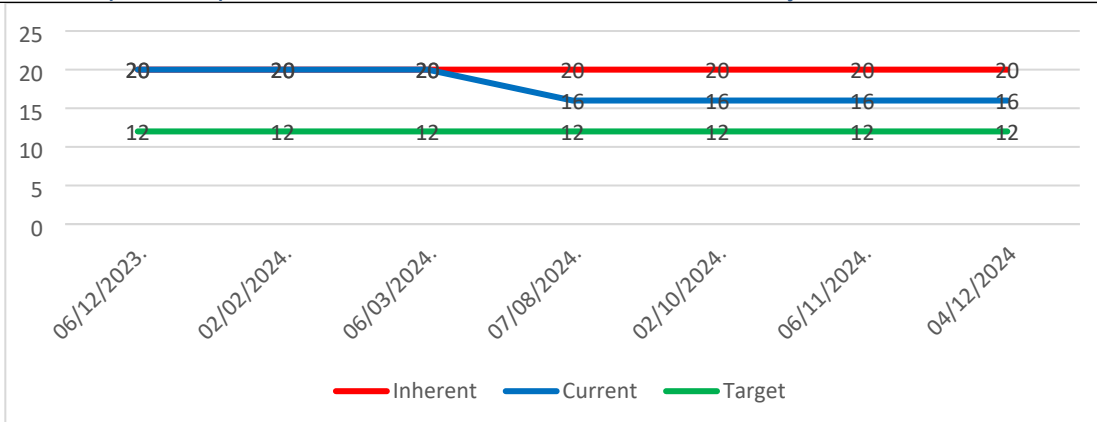
Executive	
Chief Digital Information Officer	CDIO
Executive Director of Public Health	EDoPH

Appendix 2 – Corporate Risk Register Report - Planning, Population Health & Partnership Committee (PPHP)

CRR 24-07	Risk Title: A Fragmented Patient Care Record		Date Opened: 06/12/2023
	Assuring Committee: Partnerships, People and Population Health Committee		Date Last Committee Review: 10/12/2024
Date Last Reviewed: 04/12/2024	Director Lead: Chief Digital and Information Officer	Link to BAF:	Target Risk Date: 31/03/2029
There is a risk that patient harm will be caused due to the lack of a joined up longitudinal Electronic Healthcare Record system that digitalises clinical workflow, alerts, hand overs and scheduling under a single patient identifier, which could lead to deaths and harm.			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Current paper file identified as the Master Copy of the full record. 2. Access to current clinical systems to print clinical information ready to store in the Master File. 3. CITO Contract in place to house scanned document as a repository. 4. Mandate process in place to control the adoption of new functionality within existing systems to capture patient data. 5. Current system training and standard operating procedures around searching for and registering new patients to prevent the creating of duplicate records in place. 6. Dashboard in place which flags any new duplicate patient record created to allow immediate record merge. 7. Standard operating procedures involving searching for and storing patient information to prevent harm in cases where duplicate records exist is in place within Patient Administration System. 8. Optimisation Programme in place for the four main patient administration systems to review usage and reduce duplication across the systems. This will also support the removal of obsolete systems. 9. Assistant Director of Patient Records now member of Clinical Effectiveness Group and Patient Safety and Quality Group to ensure harms associated with patient records are addressed. 		<ol style="list-style-type: none"> a. Lack of current system capabilities to integrate into the fuller Electronic Health Record. Optimisation programme underway with a focus on EPOC, EPRO and WCP to review current systems interoperability and functionality. CITO has been agreed as the Electronic Document Management System for the Health Record. b. Availability of current paper records within digital environment. The Electronic Health Record outline business case will analyse resource requirements to consider scanning or dual processing of records. Scanning Strategy currently in development. c. Standard practice registration across the three acute sites. Proposal developed including resource funding required based on the East Health Records service coverage. Awaiting outcome of the cost pressure resource allocation. d. No agreement to fund additional Health Records staff to address backlog of duplicate patient records / identifiers. Standardised procedures in place to prevent re-occurrence. e. The Clinical Design Authority is being established first meeting 1st December 2024 to ensure that the design and use of digital systems does not compromise the safety, quality, or effectiveness of care, and that it enhances the patient experience and outcomes. 	

<p>10. The work underway with the Mental Health Electronic Health Record Programme is the first part of the future Electronic Health Record journey with the governance route agreed.</p>	<p>f. Lack of quality within the content of current patient records. Office of the Medical Director accepted ownership and will consider as part of professional standards.</p> <p>g. Continued delay in confirmation of membership at the Patient Safety and Quality Group. Progress chasing monthly in place.</p> <p>h. Correct use of current clinical systems. Current review underway to establish usage with a future plan including training on the use and capability of all systems.</p>	
Actions	Due Date	Progression Analysis
<p>Establish the cost and resource requirements to back scan all live records</p> <p>Third Party secured to support the development of the Scanning Strategy. Action due date extended to allow completion of report.</p>	<p>31/03/2025</p>	<p>Progressing (revised date from 31/01/2025)</p>
<p>Develop a Health Board Scanning Strategy</p> <p>Third Party secured and work will commence on the 9th December 2024 to develop the Scanning Strategy.</p>	<p>31/03/2025</p>	<p>Progressing</p>
<p>Standardise the way in which using existing systems (paper and electronic) as part of the DDaT optimisation workstreams</p> <p>Training Strategy currently in draft and will be approved at the DDaT Senior Leadership Team meeting in January 2025.</p>	<p>31/03/2025</p>	<p>Progressing</p>
<p>Undertake a review of all current systems to ensure these can be integrated into an Electronic Health Record</p> <p>Identified current systems which can be decommissioned as part of the EHR implementation.</p>	<p>30/04/2025</p>	<p>Progressing</p>
<p>Accelerating the business case, approvals, procurement and implementation of an Electronic Patient Record for Mental Health (minimum 2-year project)</p>	<p>30/04/2025</p>	<p>Progressing</p>
<p>Recruitment of additional health records staff to standardise the registration practice across three acute sites.</p> <p>Additional funding secured to standardise process across the three sites which will contribute towards mitigating the duplicate patient registration by providing 24/7 365 days service across the Acute Patient Records Service. Action due date extended to allow time to recruit and train to posts.</p>	<p>31/05/2025</p>	<p>Progressing (revised date from 31/11/2024)</p>

<p>Engage with the Estates Rationalisation Programme to secure the future of "fit for purpose" file libraries for legacy paper records.</p> <p>Meeting held with Corporate Risk Lead to establish a joint stakeholder input to manage the risk. No further input or contact with Estates has been possible specifically around the Ysbyty Glan Clwyd File Library..</p>	30/06/2025	New action
<p>Following completion of the Baseline assessment of the location of all records, a review and recommendations will be developed and presented Planning, Population Health and Partnerships Committee.</p> <p>West Community baseline assessment completed with follow up report being presented to the IHC in January 2025. Further plans in place to conduct East and Centre community sites before work commences on the acute sites.</p>	31/08/2025	New action



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Quality		15-19
Rationale for Corporate Risk			
Organisational wide risk based on potential patient safety and negative impact if the risk were to materialise. In addition the financial and resource requirement to implement the controls and mitigations required are significant.			

CRR 24-08	Risk Title: Delivering a population health approach to health and wellbeing		Date Opened: 01/11/2023
	Assuring Committee: Partnerships, People and Population Health Committee (PPPH)		Date Last Committee Review: 10/12/2024
Date Last Reviewed: 12/12/2024	Director Lead: Executive Director of Public Health	Link to BAF:	Target Risk Date: 31/03/2025
<p>There is a risk that the Health Board fails to consider and implement prevention and early intervention models in order to reduce health inequalities and improve long term population health and wellbeing. This may be caused by a lack of prioritisation, planning and delivery in relation to the prevention of ill health and early intervention.</p> <p>This may lead to continuation and increases in largely preventable non-communicable diseases including Type 2 Diabetes, Respiratory conditions, Cardiovascular disease, Cancer, Musculoskeletal conditions, mental health and wellbeing and multiple co-morbidities. It may also lead to increasing rates of infectious disease. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Population Health Executive Delivery Group provides strategic direction ensuring alignment with health priorities and effectively mitigating the risk of misalignment or lack of focus in population health initiatives 2. Annual development of IHC data packs and headline report support Health Board planning to reflect current and emerging need. 3. Consultants in Public Health are linked to delivery of key programmes of work, Public Health Wales and with IHC areas, providing expertise and guidance. 4. Funding associated with Healthy Weight Healthy Wales which was formerly non-recurrent grants has now been added recurrently to the Health Board core budget. 5. Prevention and health inequalities form key part of the Health Board Integrated plan 24-27, ensuring that these critical areas are prioritised and integrated into strategic initiatives to mitigate the risk of neglecting health equity and prevention efforts 6. Interviews have taken place for 2 x vacant Consultant in Public Health posts and appointed to, ensuring the team is adequately staffed to 		<ol style="list-style-type: none"> a. Response to the demographic profile and the current and forecast prevalence of chronic conditions and their effect on demand. Understanding our current prevention offer as a health board, its impact and our population needs used in conjunction with clinical data will inform development of the prevention offer and approaches. b. There is no secured long term funding to support implementation and growth of the whole system approach across North Wales at scale. Prevention activities at scale which create an impact requires long term, sustainable and growth investment. c. The availability of data and intelligence to support strategic focus at the local level and subsequent planning is not available. Recognising which data is important and where there are gaps in the data will allow more effective and targeted planning. 	

<p>maintain effective public health management and mitigate the risk of gaps in expertise</p> <ol style="list-style-type: none"> 7. Board Awareness session regarding the 'shift to Prevention' focus has taken place in July 24 to ensure leadership is aligned with strategic priorities and mitigating the risk of insufficient understanding or support for the prevention agenda 8. DDAT and Public Health Team are meeting to progress data requirements and address gaps ensuring data integrity and supporting informed decision making to mitigate risks of incomplete or inaccurate data and to align clinical and population health data which supports informed decision making. 9. Quarter 1 Prevention deliverables within the Health Board Plan 24/25-26/27 have been achieved. 10. Receipt of the evaluation report for the Inverse Care Law activity. The Inverse Care Law activity report will provide insights to address any gaps and inform future actions, thereby contributing to reducing the risk of the inverse care law - The inverse care law is the principle that the availability of good medical or social care tends to vary inversely with the need of the population served 11. Review / refresh of IHC Data packs to inform planning ensuring that up to date and accurate data is used to mitigate the risk of outdated or incomplete information influencing decision-making and support prioritisation of prevention based plans 12. Population Health Executive Delivery Group – Workshop 'Prevention – Priorities, Planning and Delivery' to inform direction and planning has taken place. 13. Quarter 2 Prevention deliverables in the Health Board Plan 24/25-26/27 have been achieved. 14. Well North Wales Paper received by Board, outlining the direction for this integral programme approved (Oct 24). This provides a framework for change which supports the reduction of health inequalities in collaboration with partners. 15. Strategic Arts in Health Plan received by Board, approved (Oct 24). This provides clear direction together with partners to support health and wellbeing through the use of arts. 	<ol style="list-style-type: none"> d. The Deputy Director of Public Health post is currently vacant as the post holder is Acting Executive Director of Public Health. The appointment process for the Executive Director of Public Health needs to be finalised e. Prevention and early intervention actions and deliverables embedded within service and IHC plans and monitored routinely as part of performance monitoring Prevention is a priority theme which runs through the draft Health Board 3 year plan 25-28 however the IHC plans have not yet been reviewed. f. Staff training – Make Every Contact Count this recognises that all staff can take opportunity to use key day to day interactions to open up discussions about improving health and wellbeing and support positive changes
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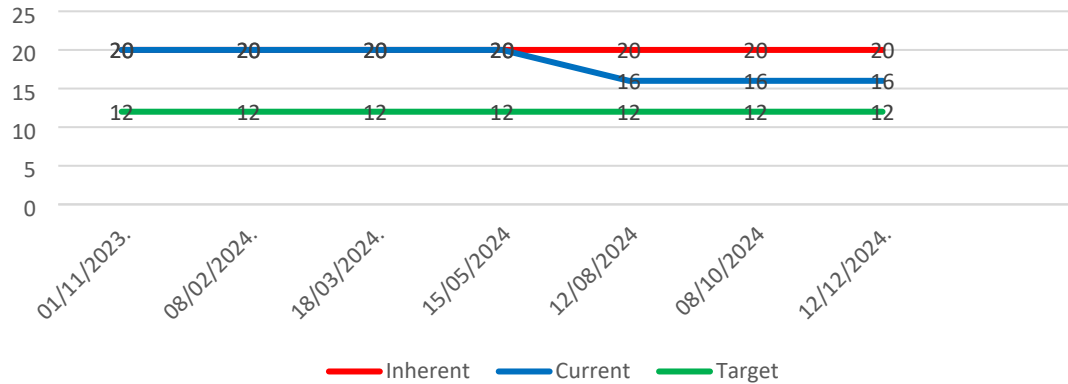


16. PPHP Committee received delivery update by Health Protection Team (Aug 24).		
Actions	Due Date	Progression Analysis
Recruitment to vacant Senior Practitioner posts. Appointments made, commencing January/February 2025	31/11/2024	Completed
IHC Plans (as part of the Health Board 3 year plan) 25/26-27/28 evidence response to the IHC Population Health data packs and deliverables. BCU Planning Framework has now been approved. The BCUHB draft 3 year plan December 2024 acknowledges Prevention as a key theme. MECC (Make Every Contact Count) training for staff is identified as an area for consideration in IHC Plans. Unable to close this action until IHC Plans have been reviewed	31/03/2025	Progressing (revised date from 30/11/2024)
Recruitment to the post of Executive Director of Public Health. Interviews are completed. Awaiting completion of the appointment administrative process.	01/02/2025	Progressing (revised date from 31/12/2024)
A review of the impact of specific preventative services has commenced. This action will continue into 25/26. It is anticipated it will form part of the Health Board Delivery plan 25/26-27/28. A review of Weight Management Services has been agreed.	31/03/2025	Progressing
Health Board Annual Plan / 3 year milestones and associated activity. The Health Board plan approved for 24-27 reflects prevention priorities and deliverables. BCU Planning Framework has now been approved. Draft BCUHB Plan December 2024 evidences Prevention as a key cross cutting theme.	31/03/2025	Progressing
Executive Director of Public Health will agree the Prevention Priorities and Prevention Deliverables as part of the BCUHB Plan development 25-28, as the identified Executive lead – which contribute to delivery of the Health Board 5 Strategic Objectives. Draft deliverables have been submitted and approved by the Executive Director of Public Health.	31/03/2025	progressing
The Public Health Team will carry out a review of existing programmes of work and agree Directorate priorities 25/26 Programmes of work have been agreed and included in the health board plan 25-28. Supporting infrastructure is now being developed to ensure delivery.	31/03/2025	Progressing

Programme plans developed for Health Protection, Health Improvement, Health Inequalities and Healthcare Public Health which contribute to the additional controls required

31/03/2025

New Action



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Quality		15-19

Rationale for Corporate Risk

The population health of North Wales is worsening and has significant impact on demand for services and potentially on the wider community due to the loss of people from the workforce, and through the subsequent economic impacts on our communities through loss of involvement. Worsening health outcomes, increasing ill health and widening inequalities directly affects the Health Board ability to deliver excellent healthcare services meaning the Health Board purpose must retain clear focus on improving the health and wellbeing of the population

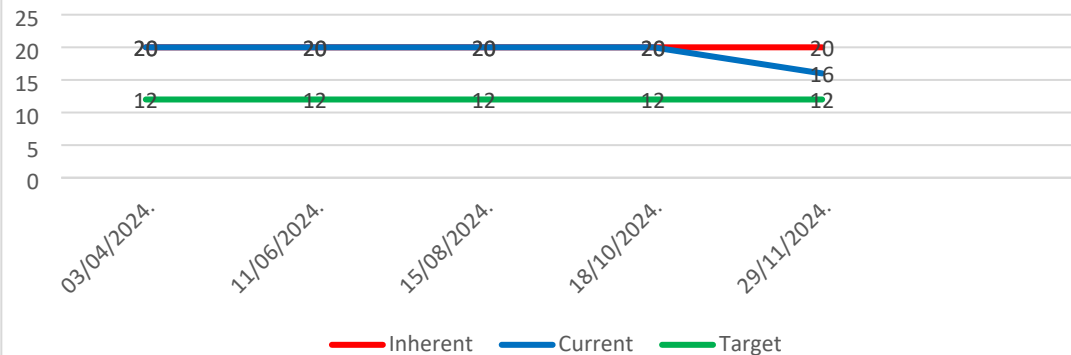
CRR24-18	Risk Title: Operational Planning for Transmittable Diseases and Outbreaks - Health Protection		Date Opened: 03/04/2024
	Assuring Committee: Planning, Population Health and Partnerships Committee		Date Last Committee Review: 20/12/2024
Date Last Reviewed: 29/11/2024	Director Lead: Executive Director of Public Health	Link to BAF:	Target Risk Date: 31/01/2025
<p>There is a risk that the Health Board does not plan adequately for outbreaks and incidents of communicable disease such as (but not solely) Measles, M.Pox, COVID-19, Pertussis etc.. This may be caused by the unpredictability of when the disease may first occur, the variety of new and emerging threats, the variations in the nature of the required response to specific diseases, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate, contact tracing, sampling, vaccination, communications), the scale of potential outbreaks, the difficulties in protecting specific vulnerable groups and members of staff in a timely way. This could lead to greater exposure of the public and staff members to communicable diseases causing an increase in cases, further transmission, interruption of health board services and in some cases death.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Health Protection Service established within BCUHB with a clear remit for enhancing the response to incidents and outbreaks in North Wales in accordance with the Communicable Disease Outbreak Control Plan for Wales. 2. Standard Operating Procedures relating to community sampling for specific diseases, including Measles, M pox, Avian Influenza, COVID-19 (although some remain to be developed) 3. Pathways established for response measures to specific diseases, for example, HNIG pathway and vaccination outbreak response for measles. 4. Health Protection Service responsible for the management of COVID-19 incidents in closed settings in North Wales 5. Strong links with Health Protection Partners including Public Health Wales and each of the 6 Local Authority Environmental Health teams. 6. Strong links with the Communicable Disease Surveillance Service to support the monitoring of trends in communicable diseases 		<ol style="list-style-type: none"> a. No approved comprehensive procedure/plan in place for the management of communicable disease outbreaks (in and out-of-hours) within BCUHB. (this point deleted as this is an aspect of a comprehensive outbreak plan) 	



7. Multi-agency simulation exercise undertaken in September 2023 in North Wales to test preparedness measures for specific outbreaks.
8. Access to and use of the national Case and Incident Management System: Tarian
9. Significant lessons identified from preparedness activities associated with national increase in Measles cases, leading to the development of tools, assets and pathways that could be adapted for use with other communicable diseases
10. IHC engagement with outbreak planning and preparedness activities highlighted in the IHC packs 24/25
11. Appointment of an EPRR Lead who is able to support with the development of an outbreak plan for the Health Board
12. Additional focus placed on staff (occupational health) vaccinations, with additional support provided for staff influenza and MMR uptake from the Health Protection Service
13. Strategic group established within the Health Board to lead on the development of plans and pathways for the management of suspected and confirmed cases of High Consequence Infectious Diseases (particular focus on Mpox Clade I). Preparedness activities to date include the testing of 'green routes' with the WAST Epi-Shuttle on each acute site, the preparation and testing of IPC guidance and sampling plans, confirmation of appropriate isolation areas on each acute site. and the initiation of preparedness activities within each IHC for the management of suspected and confirmed HCID cases.
14. National multi-agency simulation event to test local preparedness plans and processes for HCID Mpox Clade I – 'Fad Felen'
15. Contributions made to the development of national action cards for HCID cases.
16. NHS Executive audit of BCUHB HCID preparedness measures due early 2025.

Actions	Due Date	Progression Analysis
Establish the link with EPRR lead to scope arrangements for a communicable disease outbreak management plan.	01/10/2024	Complete

Production of a draft outline of a communicable disease outbreak management plan	01/10/2024	Complete
To establish an operational group within BCUHB for the developing and shaping a communicable disease outbreak management plan (full list of members can be provided if required here) Action point is progressing – the operational group is currently engaged in activities to ensure preparedness measures are in place within the Health Board for identifying and managing suspected and confirmed cases of High Consequence Infectious Disease (HCID), notably Mpox Clade I. The group has representation from IHC’s, Primary and Secondary care, Health Protection, EPRR, PHW, WAST, Health at Work and communications. The current need is to ensure that appropriate operational plans are in place to manage HCID cases.	01/03/2025	Progressing (revised date from 1 October 2024)
To prepare a draft copy of a communicable disease outbreak management plan An extension to the due date is anticipated as a result of current focus on HCID.	01/12/2024	Progressing
To run a simulation exercise across the Health Board to test the functionality and contents of the communicable disease outbreak management plan	01/02/2025	Progressing
Further revision of the plan following simulation exercises	14/02/2025	Progressing
Approval and agreement of the communicable disease outbreak management plan with an agreed schedule of simulation events.	31/03/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Quality		15-19

Rationale for Corporate Risk

There are a number of unpredictable situations that could arise and would have a potentially significant impact on the population.

Appendix 3 - 'Emergency Preparedness Review of Risks'

A paper was brought to PPHP on 22 October 2024 which outlined immediate steps being taken to support Civil Contingencies preparedness following the commencement in post of the EPRR Lead in July 2024. An action from PPHP at that time was for the EPRR Lead and Head of Risk Management to review the Corporate Risk Register.

That review has now been undertaken which demonstrated that there is a lack of detailed Civil Contingencies risks on the Corporate Risk Register. To rectify this, following the commencement of additional resource into the EPRR team in February 2025, an urgent Risk Assessment work programme has been agreed. Escalation of any high scoring risks will be put forward to the Risk Committee for consideration of inclusion in the BCUHB Corporate Risk Register.

By way of context, the Health Board is a Category 1 responder as defined within the Civil Contingencies Act 2004. From natural hazards and public health emergencies to accidents and malicious threats including those from cyber-attacks, terrorism and state sponsored activity there is a statutory requirement on the Health Board to assess risk that could lead to an emergency and achieve an appropriate level of preparedness to respond to the consequence of those risks across North Wales.

The UK Government has produced a number of documents to assist in Civil Contingencies risk management and assessment (National Resilience Planning Assumptions, Local Risk Management Guidance, UK National Security Risk Assessment (NSRA – the NSRA identifies and assesses the most serious risks facing the UK, whilst not every risk is captured it aims to identify a range of impacts representative of the UK risk landscape. It supports risk management, planning and response and is a fundamental basis for EPRR strategic risk management). These UK risk documents are protectively marked “official sensitive” and not in the general public domain.”

From the NSRA, Welsh Government have produced the Wales Risk Register that reflects the circumstances and characteristics particular to Wales these risks include:

- Terrorism
- Cyber
- State Treats – Geopolitical and Diplomatic
- Accidents and system failures
- Natural and environmental hazards
- Human, animal and plant disease
- Societal, conflict and instability

The North Wales Local Resilience Forum (LRF) use the Wales Risk Register to identify risks that are relevant within the North Wales region and will identify additional regional risks relevant to the specific environment and infrastructure (for example simultaneous closure of Britannia and Menai Bridge). Utilizing the identified risks on the North Wales Risk Register as the reasonable worst-case scenario the BCUHB EPRR service will develop a BCUHB EPRR risk register. Risks scores will be considered and reviewed against the BCUHB Risk Management framework /procedures and will be presented back to the committee for assurance, identifying any gaps in controls, mitigation and actions. Escalation of any high scoring risks will be put forward to the Risk Committee for potential inclusion in the BCUHB Corporate Risk Register.

Using the EPRR risk register the Civil Contingencies Assurance Group (CCAG) chaired by the Executive Director of Public Health and SRO for EPRR, will receive a headline planning report which will:

- Set the benchmark against which preparedness can be assessed
- Articulate the requirements and set clear expectations
- Identify areas where controls are required to enhance resilience

The headline planning report will consider:

- 1) Status of any plan(s) ie No plan / Draft Plan in Development / Plan in place
- 2) When the plan was last reviewed ie <1year, 1-3 year, >3 year
- 3) What training event(s) have addressed this planning assumption / risk in the past 3 years
- 4) What exercise event(s) have addressed this planning assumption / risk in the past 3 years



Cyfarfod a dyddiad: Meeting and date:	Planning, Population Health & Partnerships Committee					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public					
Cyfarwyddwr Cyfrifol: Responsible Director:	Pam Wenger, Director of Corporate Governance					
Awdur yr Adroddiad Report Author:	Philippa Peake-Jones, Head of Corporate Affairs					
Craffu blaenorol: Prior Scrutiny:	None					
Atodiadau Appendices:	None					
Y/N to indicate whether the Equality/SED duty is applicable						N
Argymhelliad / Recommendation:						
The Committee is asked to note the report.						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information ✓
Sefyllfa / Situation:						
To report in public session on matters previously considered in private session.						
Cefndir / Background:						
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.						
Asesiad / Assessment						
The Committee considered the following matters in private session:						
10 December 2024						
<ul style="list-style-type: none"> Corporate Risk Register Report and Board Assurance Framework Draft BCU Annual Plan 						

Planning, Population Health & Partnerships Committee – Non-Routine Committee Business Workplan

(1 April 2024 – 31 March 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
20.08.24	Action from August Meeting PP24/52.2	PPHP Committee	Review of Well Being Objectives (See email from WH 07.11.24) Agreed at agenda setting 13.01.25 to move forward to April meeting.	Revised paper once work has progressed further including a timetable for the implementation plan. (The Fair Work Element of the well-being objectives is being presented to the P&C Committee)	Chris Stockport	Chris Stockport	01.05.25	Paper went to Oct meeting, update to May meeting
04.11.24	Email from Gwyneth Page re: PH Forward Plan	Public Health Team	Population Health (Q4) Quarterly Delivery Report (This will include Prevention and Early Years Grant Funding update)	For Assurance	Gwyneth Page	Jane Moore	01.05.25	On Track
18.11.24	Action from Board 24/191	Health Board	Well North Wales	Consider role of SRG and PPHP Committee in relation to the Well North Wales work (Scoping work still taking place to help frame the role of PPHP in relation to WNW – for April 25)	Jane Moore	Jane Moore	01.05.25	On Track
10.12.24	Discussion at PPHP and action from Dec meeting PP24/94.1	PPHP Committee	Embedding Opportunities to be Active with the BCUHB Workplace	Following discussion at the Dec 24 meeting, this should come back to the Committee to monitor the adoption and implementation of the programme.	Faye Sheldon	Jane Moore	01.05.25	On Track
15.01.25	Discussion with Natalie Morrice-Evans	CoB	Decarbonisation	The CoB includes NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 and the Committee received the Decarbonisation Action plan in Aug, new Director of Environment to confirm what's required to come to Committee?	Director of Environment	Russell Caldicott	01.05.25	On Track
13.01.25	Email from Pam Wenger and PPJ	Pam Wenger	Arts in Health & Wellbeing	Arts in Health & Wellbeing – Three Year Strategic Framework (This was approved by Board in Sept 24, PPHP to consider progress)	Pam Wenger	Jane Moore	01.05.25	On Track
04.12.24	Email from Dylan Roberts (following DR discussion with Clare Budden)	Dylan Roberts	DDaT Workstreams Update One report / slide deck (First of two a year)	To include: Optimisation Programme and Work Transforming the DDaT Operating Model across Betsi Essential Services Programme	Dylan Roberts	Dylan Roberts	01.05.25 (Back to Comm in Oct 2025)	On Track
04.12.24	Email from Dylan Roberts (following DR discussion with Clare Budden)	Dylan Roberts	DDaT Portfolio of Projects	Update on the Digital, Data and Technology Enabled Portfolio of	Dylan Roberts	Dylan Roberts	01.05.25 (Back to Comm in Oct 2025)	On Track

				Projects and Programmes (First of two a year)				
21.11.24	Action from Oct Meeting PP24/74.1	PPHP Committee	Llais Annual Report / Experience Paper	Llais Annual Report / Experience Paper to be reported to PPHP (and QSE) annually Annual Report shared at Feb meeting – Experience paper to follow	Geoff Ryall-Harvey	Geoff Ryall-Harvey	April / May 2025	On Track
14.05.24	Actions from April & August Meetings PP24/11.3 & PP24/49.7	PPHP Committee	Partnership Working (strategic approach to working with the third sector)	HSJ confirmed that an update and discussion on next steps will go to ET and come to PPHP in June 25 (see email from HSJ 03.12.24)	Helen Stevens-Jones	Helen Stevens-Jones	June 2025	On Track
20.08.214	Action from August Meeting PP24/55.1	PPHP Committee	Health Protection Service	Update on the progress made within the Health Protection Service.	Sam Lauder	Jane Moore	Aug 2025	On Track
20.08.24	Action from August Meeting PP24/50.3	PPHP Committee	Progress on becoming an intelligence led organisation	DR and team to provide an update on progress on Becoming an intelligence led organisation. This will take place on a bi-annual basis making reference to progress in relation to the spider diagram and progress on the link to the cultural change programme.	Kathryn Lang Stephen Powell	Dylan Roberts	18.02.25	CLOSED Went to Comm 18.02.25
04.11.24	Email from Gwyneth Page re: PH Forward Plan	Public Health Team	Population Health (Q3) Quarterly Delivery Report	For Assurance	Gwyneth Page	Jane Moore	18.02.25	CLOSED Went to Comm 18.02.25
10.12.24	Discussion at PPHP	PPHP Committee	Draft BCU Annual Plan	As not going to Private Board in Jan, this will be a position paper and update since presented to PPHP in private in Dec.	Chris Stockport	Chris Stockport	18.02.25	CLOSED Went to Comm 18.02.25
25.11.24	Discussion at PPHP	PPHP Committee	Feedback from SRG	An update on the progress of SRG against the key priorities agreed by the Board - Mike Parry to join the meeting (see email from HSJ 25.11.24)	Helen Stevens-Jones	Helen Stevens-Jones	18.02.25	CLOSED Went to Comm 18.02.25
21.11.24	Action PP24/78.1 and discussion with Pam Also links to action AC24/127.2 from AC	PPHP Committee	EPRR Risks This will form part of the CRR item	Include a substantive item on the agenda for the February meeting focussing on the EPRR Risks.	Sharon Scott	Jane Moore	18.02.25	CLOSED Went to Comm 18.02.25
25.10.24	Email from Hannah Lloyd, Public Health	Pam Wenger	Active Workplace Bundle	Item going to ET in Oct / Nov, Hannah Lloyd linking with Glesni re: the process on policy development, Board being asked to sign up to the NW Healthy Travel Charter.	Pam Wenger	Pam Wenger	20.12.24	CLOSED Went to Comm 10.12.24
08.10.24	Item from PPHP CoB	Chris Stockport	Primary Care and Community Care & Clusters	Paper not ready for October meeting so being put forward for December meeting.	Ffion Johnstone	Chris Stockport	10.12.24	CLOSED Went to Comm 10.12.24

09.08.24	Corporate Planning Update paper to PPHP 20.08.24	Chris Stockport Paper	Draft BCU Plan	Shaping and testing of draft BCU Plan with PPHP (see presentation in paper PP24/58)	Chris Stockport	Chris Stockport	10.12.24	CLOSED Went to Comm 10.12.24 in private
14.05.24	Original PPHP CoB (Links to 5A in ADP)	Laura Jones via Nick Lyons	North Wales Medical School Update	High level update on progress on the development of the school & main risks	Lea Marsden	Jim / McGuigan Nick Lyons	22.10.24	CLOSED Went to Comm 22.10.24
18.06.24	Action from June Meeting PP24/33.8	PPHP Committee	Progress against the Weight Management Programme	A delivery plan to be presented to the Committee to provide assurance. Also a review of risks that relate to the programme. A delivery and risk plan will form part of the Public Health Report	Lydia Orford Hannah Lloyd	Jane Moore	22.10.24 / 10.12.24	CLOSED Covered in Public Health Delivery Report to Comm 22.10.24
05.08.24	Request from Helen Stevens-Jones	Helen Stevens-Jones	Partnerships, engagement and communications update	Request from HS-J for discussion.	Helen Stevens-Jones	Helen Stevens-Jones	22.10.24	CLOSED Went to Comm 22.10.24
20.08.24	Action from August Meeting PP24/54.2	PPHP Committee	Flu Vaccinations	Include an update in the report to next meeting in October in relation to the low level of uptake from staff for the flu vaccine and how to maximise the use of GPs to encourage flu vaccine uptake.	Jane Moore	Jane Moore	22.10.24	CLOSED Went to Comm 22.10.24
08.08.24	Request from Rob Atenstaedt via Rhian Baker	Rob Atenstaedt	Health & Wellbeing	Health & Wellbeing Profile of the North Wales Population	Rob Atenstaedt	Jane Moore	22.10.24	CLOSED Went to Comm 22.10.24
23.04.24	Action from April Meeting PP24/12.2	PPHP Committee	Emergency Preparedness, Resilience and Response (EPRR)	An interim report to the Committee in October highlighting the findings from the initial review, the testing that has been completed and the plans that have been put in place.	Sharon Scott	Jane Moore	22.10.24	CLOSED Went to Comm 22.10.24
23.04.24	Action from April Meeting PP24/10.4	PPHP Committee	Deep dive into data issues and opportunities	Deep dive to take place after a Board Development session on "Being an Intelligence Led Organisation"	Dylan Roberts	Dylan Roberts	20.08.24	CLOSED Went to Comm 20.08.24
23.04.24	Action from April Meeting PP24/10.2	PPHP Committee	The role of DHCW	Discussion around whether we are able to influence DHCW in terms of our priorities as a HB	Dylan Roberts	Dylan Roberts	20.08.24	CLOSED Went to Comm 20.08.24
08.05.24	Email from Natalie Morris-Evans	Natalie Morris-Evans	NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030	Decarbonisation Programme Board to feed into PPHP (Action from AC for PPHP to consider – reference to Internal Audit Report – email 18.03.24 from CB)	Russell Caldicott	Russell Caldicott	20.08.24	CLOSED Went to Comm 20.08.24
15.05.24	Original PPHP CoB	Laura Jones via Suzanne Didcote	Well Being of Future Generations Act (Audit Wales)	This came from the original PPHP CoB and has also been queried by Pam W	Kamala Williams / Wendy Hooson	Chris Stockport	20.08.24	CLOSED Went to Comm 20.08.24