

Bundle BCU Planning, Population Health and Partnerships Committee 20 August 2024

- 1 09:30 – PRELIMINARY MATTERS
- 1.1 09:30 – PP24/45 Welcome and Apologies – Verbal (Chair)
- 1.2 09:31 – PP24/46 Declarations of Interest – Verbal (Chair)
- 1.3 09:32 – PP24/47 Unconfirmed Minutes of Meeting held on 18.06.24 – Attached (Chair)
PP24.47 Minutes from PPHP Committee 18.06.24 V0.01 Unconfirmed (Public)
- 1.4 09:34 – PP24/48 Matters Arising & Table of Actions – Attached (Chair)
PP24.48 Summary Action Log PPHP Committee (Updated 11.07.24)
- 2 09:36 – STRATEGIC PRIORITIES
- 2.1 09:36 – PP24/49 Developing our Partnerships (Perspective from our Voluntary Services) – Verbal (Director of Partnerships, Communications & Engagement)
Tom Barham, Denbighshire Voluntary Services Council to join the meeting
- 2.2 10:06 – PP24/50 Becoming an Intelligence Led Organisation (Chief Digital & Information Officer)
PP24.50 Becoming Intelligence Led Organisation (Cover to Slide Deck)
- 2.3 10:36 – PP24/51 Digital, Data and Technology Strategic Workstreams Update – Paper (Chief Digital & Information Officer)
PP24.51 DDaT Strategic Workstreams Update
- 2.4 10:46 – PP24/52 Review of Well Being Objectives – Paper (Executive Director of Transformation & Strategic Planning)
PP24.52 Review of Well-being Objectives–July vF
- 2.5 11:01 – PP24/53 Emerging Approach to Refreshing the Strategy – Paper (Executive Director of Transformation & Strategic Planning)
PP24.53 Emerging Approach to Refreshing the Strategy
- 2.6 11:11 – PP24/54 Immunisation: Performance Update – Paper (Acting Executive Director of Public Health)
PP24.54 Immunisation Report 200824
- 2.7 11:26 – PP24/55 Health Protection Service: Service Overview – Paper (Acting Executive Director of Public Health)
PP24.55 Health Protection Service Report 200824
- 2.8 11:41 – PP24/56 Decarbonisation Action Plan (DAP) and Programme Progress Paper – Paper (Interim Executive Director of Finance)
PP24.56 Decarbonisation Action Plan and Programme Progress Paper – August 2024 V2
PP24.56.1 BCU Decarbonisation Action Plan – Summary Report_v10 (Appendix 1)
- 3 11:56 – ROUTINE REPORTING
- 3.1 11:56 – PP24/57 Corporate Risk Register Report – Paper (Director of Corporate Governance)
PP24.57 Corporate Risk Register Report August 2024
- 4 12:01 – FOR INFORMATION
- 4.1 12:01 – PP24/58 Corporate Planning Update – Paper (Executive Director of Transformation & Strategic Planning)
PP24.58 Corporate Planning Update – Planning Cycle August24_with_appendix
- 4.2 12:07 – PP24/59 Summary of Business to be Reported from Private – Verbal (Director of Corporate Governance)
- 4.3 12:09 – PP24/60 Draft Cycle of Business – Paper (Director of Corporate Governance)
PP24.60 PPHP CoB V0.01 (Draft on new template)
- 4.4 12:13 – PP24/61 Committee Forward Workplan – Paper (Director of Corporate Governance)
PP24.61 Workplan for PPHP Committee V0.01
- 5 12:17 – CLOSING BUSINESS
- 5.1 12:17 – PP24/62 Agree Items for Referral to Board / Other Committees – Verbal (Chair)
- 5.2 12:19 – PP24/63 Agree Items for Chairs Assurance Report – Verbal (Chair)
- 5.3 12:21 – PP24/64 Review of Meeting Effectiveness – Verbal (Chair)
- 5.4 12:23 – PP24/65 Date of Next Meeting – 22.10.24
- 5.5 12:23 – PP24/66 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**

meeting held in PUBLIC

on 18 June 9:30 – 10.45

in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Clare Budden	Chair of PPHP Committee
Gareth Williams	Independent Member (Vice Chair)
In Attendance	
Chris Stockport	Executive Director of Transformation, Strategic Planning and Commissioning (Executive Lead) <i>part meeting</i>
Jane Moore	Acting Executive Director of Public Health
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Dylan Roberts	Chief Digital and Information Officer
Pam Wenger	Director of Corporate Governance
Paolo Tardivel	Director of Transformation and Improvement <i>part meeting</i>
Lydia Orford	Principal Public Health Practitioner <i>part meeting</i>
Nesta Collingridge	Head of Risk Management <i>part meeting</i>
Committee Support	
Philippa Peake-Jones	Head of Corporate Affairs
Laura Jones	Project Support Manager (Corporate Governance)

Agenda Item	Action
OPENING BUSINESS	
PP24/29 Welcome and Apologies	
PP24/29.1 Apologies were provided for Caroline Turner and Williams Nichols. Paolo Tardivel joined the start of the Committee on behalf of Chris Stockport who joined later in the meeting.	
PP24/30 Declarations of Interest	
PP24/30.1 No declarations of interest were raised.	
PP23/31 Minutes from the previous meeting	
PP24/31.1 The minutes were approved as a true and accurate record.	
PP24/32 Matters Arising & Table of Actions	
PP24/32.1 The Vice Chair highlighted that the Digital Health & Care Wales (DHCW) Board will be visiting North Wales next week. The Chief Digital and	

Information Officer confirmed that a series of meeting will take place during the visit including a joint informal Executive Team meeting. It was also confirmed that members of the DCHW Board will be shadowing members of staff on the front line during the visit. The Chief Digital and Information Officer confirmed that the team will work on the key messages to be shared during the visit.

PP24/33 Population Health – Focus on System Approaches to Weight Management

PP24/33.1 The Chair welcomed the specific focus on this item by the Committee. The Acting Executive Director of Public Health stated that weight management is a key area of focus and cannot be addressed by an individual organisation or a single intervention. To address this issue there is a need to look at a whole system approach in terms of interactive collaboration that delivers change. Lydia Orford, Principal Public Health Practitioner thanked the Committee for the opportunity to discuss the whole system approach to weight management and gave a presentation to the Committee.

PP24/33.2 The presentation highlighted that Welsh Government initially introduced the Healthy Weight Healthy Wales strategy which included four key themes and eight priority areas. The strategy provided a focus on leadership and enabling change from a National delivery level and a team were established in each Health Board as well as Public Health Wales. The team within the Health Board formed a system narrative that focussed on engaging with all partners and stakeholders. The Principal Public Health Practitioner shared some statistics relating to obesity and stated that there are also wider determinants that affect health such as inequality in disposable income and geographical areas.

PP24/33.3 The Principal Public Health Practitioner made reference to the nine step whole system approach which the team have been working through focussing on long term sustainable change and embedding this into the system. A variety of workshops have taken place across North Wales collaborating with a range of partners. The outcome of this work identified 94 causes of obesity and this has formed a system map to highlight areas where the Health Board and partners can intervene. The team focussed on five key areas in detail reviewing how to address long term sustainable change in these areas.

Paolo Tardivel left the meeting and Chris Stockport joined the meeting

PP24/33.4 The Principal Public Health Practitioner highlighted the outcomes of the work to the Committee stating that the Healthy Weight Healthy Wales strategic delivery plan was launched in 2023/24 and has now been presented to a wide range of partners. There has been progression around areas of public health and spatial planning and the team are proud of their achievements to date. The team continue to develop the Health Board food and drink retail policy which aims to provide opportunities for staff, patients and visitors to access healthy food and drink options. Going forward the team will concentrate on building relationships, strengthening systems, ensuring access to healthy and

affordable food and promoting activity in schools and workplaces. It was agreed that the presentation would be circulated after the meeting.

LJ/PPJ

PP24/33.5 The Executive Director of Transformation, Strategic Planning and Commissioning stated that the presentation had been a valuable deep dive item and queried how this links into the Health Boards internal system to ensure it becomes more visible and offered a link in for the team. The Principal Public Health Practitioner confirmed that a six monthly report is shared at the Population Health EDG and welcomed the opportunity to showcase the work completed to date. The Vice Chair suggested segmenting the emphasis as the current work programme covers a large spectrum. The Principal Public Health Practitioner stated that the aim is to change the environment we live in that drives us to unhealthy choices. The Acting Executive Director of Public Health added that weight management is a difficult tool to manage therefore the aim of the programme is to adopt a whole system approach.

PP24/33.6 The Director of Partnerships, Engagement and Communications stated a close connection to the work in the partnership space confirming the need to do more work with the Regional Partnership Board and also suggested the diabetes work could link in to the work programme. The Principal Public Health Practitioner agreed confirming that need for collaborative working. The Chair stated that it had been useful for the Committee to focus on a specific topic and suggested that in terms of the recommendations the Committee should be endorsing the promotion of healthy weight. The Chair also stated that a lot of work is taking place around system leadership and suggested further work is completed within the voluntary sector. In terms of the current budget being funded by Welsh Government, the Chair suggested the Board discuss investment in this area of work. It was agreed that the Board would review potential opportunities for investment in prevention at a forthcoming Board Development session.

PW

PP24/33.7 The Chair made reference to the statistics highlighting the inequality in disposable income and querying how the Health Board could potentially influence the Government to ensure people can afford to eat well. The Principal Public Health Practitioner stated further work is required adding that the Health Board currently ensure that the most affordable item on the menu is the healthiest. The Acting Executive Director of Public Health stated that this item will be reviewed in further detail at a Board Development session focusing on prevention, health intervention and a sustainable health system.

PP24/33.8 The Director of Corporate Governance queried how the Committee will monitor progress against the programme suggesting a delivery plan returns to the Committee around assurance. In terms of risk, the Director of Corporate Governance suggested work is completed to review risks that relate to this programme and how the Committee have oversight of the risks. It was agreed that the Committee receive a delivery and risk plan as part of the Public Health report.

JM

The Principal Public Health Practitioner left the meeting



PP24/34 Major Change Programmes Update

PP24/34.1 The Executive Director of Transformation, Strategic Planning and Commissioning presented the item highlighting the three major change programmes that have been identified. There is a need to ensure the project initiation document (PID) for each programme is correct. A paper will go to the Executive Team on 19.06.24 to finalise the PIDs and gain sign off. An additional major change programme focussing on planned care is being proposed and additional work is required in relation to the PID for urgent and emergency care. The Executive Director of Transformation, Strategic Planning and Commissioning suggested that two out of the four PIDs should be approved by the Executive Team however there is more work to be done on the additional two PIDs.

PP24/34.2 The Chair stated that it is good to see the programme structure and progress within a clear project management approach. It was suggested that going forward with four programmes may be difficult to manage effectively. The Vice Chair agreed but stated that there is a need to include planned care to ensure alternative health care is utilised to deter people attending ED. The recommendations were supported.

PP24/35 Primary Care Board Update

PP24/35.1 The Executive Director of Transformation, Strategic Planning and Commissioning presented the paper highlighting that an initial meeting of the Primary Care Board has taken place where the Group agreed a working structure. The Group has previously been focused on operational delivery and there is now a need to focus on strategic factors including the financial elements of primary care. It was noted that the headings included in the paper were incorrect. The next meeting of the Group is taking place over the next few weeks and there is an aim to change ways of working going forward. The Executive Director of Transformation, Strategic Planning and Commissioning is supporting this journey and will continue to report back to the Committee.

PP24/35.2 The Chair stated that this was a helpful update and the Committee have been assured that the Primary Care Board is now in place. The Vice Chair raised an interest in being involved in the strategic element of the agenda. The Director of Corporate Governance suggested it would be a good opportunity to plan a Board Development session around primary care. The Acting Executive Director of Public Health supported the focus on primary care suggesting this links in with the work around Inverse Care Law, social work and diabetes to help collaborate the thinking around strategic development. It was agreed that Primary Care would be a focus as part of the Board Development Plan.

PW

Clare Budden left the meeting and Gareth Williams took on the role of Chair. It was noted that the Committee were no longer quorate however there were no items on the agenda for decision.



<p>PP24/36 Corporate Risk Register Report</p> <p>PP34/36.1 The Committee received assurance on the presented corporate risks that the Committee had oversight for. It was noted that further work would be undertaken at the forthcoming Board Development Session to ensure that the Corporate Risks reflected the concerns of the Board.</p>	
<p>PP24/37 Agree Items for Referral to Board / Other Committees</p> <p>PP24/37.1 There were no items to refer.</p>	
<p>PP24/38 Agree Items for Chairs Assurance Report</p> <p>PP24/38.1 It was agreed that this would be discussed outside of the meeting.</p>	
<p>PP24/39 Review of Meeting Effectiveness</p> <p>PP24/39.1 It was agreed that future planning is required to ensure the Committee align to the annual plan.</p>	
<p>PP24/40 Date of next meeting</p> <p>Tuesday 20th August 2024, 9.30-12.30pm</p>	
<p>PP24/41 Resolution to Exclude the Press and Public</p> <p><i>‘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’</i></p>	

Planning, Population Health & Partnerships Committee Action Log

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP24/11.3	23.04.24	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.	Helen Stevens-Jones	October 2024	HSJ is progressing this action and it will be included as an item for the October meeting.
2	PP24/12.2	23.04.24	The Committee discussed the Emergency Preparedness, Resilience and Response (EPRR) and it was agreed that an interim report would come back 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.	Jane Moore	October 2024	This will be an item for the October meeting
3	PP24/33.8	18.06.24	In terms of progress against the Weight Management programme it was suggested that a delivery plan comes back to the committee to provide assurance. In terms of risk, it was suggested work is completed to review risks that relate to this programme and how the committee have oversight of	Jane Moore	October / December 2024	This will come back to the Committee in October / December 24



			the risks. The committee agreed to receive a delivery and risk plan as part of the Public Health report.			
Closed Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP24/10.2	23.04.24	There was discussion around whether we are able to influence Digital Health & Care Wales (DHCW) in terms of our priorities as a Health Board and it was suggested that the role of DHCW could be reviewed in more detail at a future meeting of the Committee.	Dylan Roberts	August 2024	This will be included in the DDaT Update paper which will be discussed at the meeting in August 24.
2	PP24/10.4	23.04.24	It was agreed that a regular report on Digital, Data and Technology would be presented to the Committee and the August meeting would receive a deeper dive on data issues and opportunities.	Dylan Roberts	August 2024	A deep dive into “Becoming an Intelligence Led Organisation” has been included on the agenda for the August meeting. This item will then form part of the Board Development session in October 24.
3	PP24/33.4	18.06.24	It was agreed that the Whole System Approach to Healthy Weight presentation would be circulated after the meeting.	Laura Jones / Philippa Peake-Jones	August 2024	The presentation was circulated to members of the Committee.
4	PP24/35.2	18.06.24	It was agreed that Primary Care would be a focus as part of the Board Development Plan.	Pam Wenger	August 2024	This has been included on the Board Development Plan for 31.10.24.
5	PP24/33.6	18.06.24	In relation to healthy weight, it was agreed that the Board would review potential opportunities for investment in prevention at a forthcoming Board Development session.	Pam Wenger	August 2024	This was included on the agenda for the Board Development session on 27.06.24



6	R23/69.2	03.01.24	<p>Action from Remuneration Committee The Vice Chair and Deputy Director of People Services to work with BCU Director of Primary Care to explore and share understanding of GP operation and recruitment.</p> <p>Updates from Remuneration Committee Action Log 11.01.24 - Briefing paper received regarding recruitment to managed practices. Looking to take this work forward through a workstream on primary care which is being put in place by the Interim Executive Director of Operation, and will be chaired by the BCU Vice Chair. 22.03.24 - Chief Executive to update in the meeting. 11.06.24 - First meeting of the Primary Care Board has been held. This will be transferred to the People and Culture Committee.</p>	Original Lead at Remuneration Committee was Jason Brannan / Gareth Williams	August 2024	<p>11.06.24 – Suggest this action is more relevant for the PPHP Committee rather than the People & Culture Committee.</p> <p>A Primary Care Board Update paper was included on the agenda for the June 24 meeting. Primary Care is now included on the cycle of business for PPHP.</p>
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Teitl adroddiad: <i>Report title:</i>	Becoming an Intelligence Led Organisation			
Adrodd i: <i>Report to:</i>	Planning, Population Health & Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 20 August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>A presentation on becoming an intelligence led will be delivered to the committee to:</p> <ul style="list-style-type: none"> • Educate and provide assurance in relation to the activities ongoing • Provide an understanding of the current position and challenges • To articulate the purpose and aims of becoming intelligence led • Describe and provide an update on the actions detailed within the annual plan 			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note the approach to becoming intelligence led and the progress made to date.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dylan Roberts Chief Digital and Information Officer			
Awdur yr Adroddiad: <i>Report Author:</i>	Kathryn Lang Assistant Director of Data, Intelligence and Insight			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <input type="checkbox"/> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <input checked="" type="checkbox"/> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <input type="checkbox"/> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <input type="checkbox"/> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<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:	5: Establishing an effective environment for Learning / 5D: Intelligence Led
Link to Strategic Objective(s):	
Goblygiadau rheoleiddio a lleol:	Not applicable
Regulatory and legal implications:	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	No
In accordance with WP7 has an EqIA been identified as necessary and undertaken?	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	No
In accordance with WP68, has an SEIA identified as necessary been undertaken?	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	There is a risk that failure to become Intelligence led means the organisation does not make best use of its data, leading to inefficient processes, poor experience and outcomes for patients.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	Not applicable
Financial implications as a result of implementing the recommendations	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	Some changes to working as a result of data quality improvements and actions based on intelligence led decisions, e.g. planned care booking practices
Workforce implications as a result of implementing the recommendations	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	This topic has previously been presented to the Executive team and to the Transformation Executive Delivery Group.
Feedback, response, and follow up summary following consultation	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	CRR24-02 Patient safety – falls, CRR24-04 Failure to embed learning, CRR24-07 Availability and integrity of patient information, CRR24-08 Population Health, CRR24-10 – Urgent and Emergency Care, CRR24-11 Planned Care, CRR-12 Clinical areas of concern
Links to BAF risks: (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol
Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion	
Next Steps:	

Implementation of recommendations

Rhestr o Atodiadau:

Dim

List of Appendices:

1. Powerpoint presentation -

Teitl adroddiad:	Digital, Data and Technology Strategic Workstreams Update
Report title:	
Adrodd i:	Planning, Population Health and Partnerships Committee
Report to:	
Dyddiad y Cyfarfod:	Tuesday, 20 August 2024
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>Digital, Data and Technology (DDaT) is a core enabler in the delivery of the Health Board's strategic and operational objectives. This paper will provide a high-level update on progress in this area against the priorities for the Health Board, which are articulated in the Annual Plan noted here:</p> <ol style="list-style-type: none"> 1. The Health Board will collaborate with stakeholders across BCUHB and Wales to develop and secure agreement for investment in an Electronic Healthcare Record (EHR) transformation. Due to the safety concerns in Mental Health, the Health Board will begin the accelerated procurement and implementation of a tactical Mental Health specific EHR, starting in 2024. 2. The Health Board will work to optimise 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. 3. The Organisation will continue to modernise the running and delivery of DDaT. This will bring in the minimum capabilities and skills necessary to improve DDaT maturity against industry benchmarks. 4. Essential Services Programme. The Health Board will upgrade infrastructure technology to prevent major IT failures and protect against cyber-attack. 5. The Health Board will work on safely delivering a defined number of priority projects, most of which are critical to service continuity. 6. The Health Board will establish and embed intelligence and insight operating models, governance and architecture. <p>Progress against these areas is detailed in the main report and can be expanded upon in the meeting.</p> <p>The paper will, as requested, provide a view on the role of Digital Health Care Wales (DHCW), the relationship with DHCW and how the Health Board might be better at managing its delivery.</p>
Argymhellion:	For PPHP to gain assurance of progress relating to DDaT priorities.

Recommendations:				
Arweinydd Gweithredol:	Dylan Roberts, Chief Digital and Information Officer (CDIO)			
Executive Lead:				
Awdur yr Adroddiad:	Dylan Roberts, Chief Digital and Information Officer (CDIO)			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	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: Assurance level:	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 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 checked="" 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>
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:				
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:				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	DDaT is core to the delivery of most of the Health Board's strategic objectives and Annual Plan. The specific priority areas are articulated above and are in the Annual Plan submission to Welsh Government.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	The Health Board has been subject to numerous, regulatory interventions, which site the poor DDaT capabilities. e.g., the lack of an integrated EHR as a gap that has contributed to harms.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	EqIAs exist for some of this work and will be required for others. A wider EqIA has been developed for BCUHB's Digital Roadmap, which this programme forms part of.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	A wider SEIA has been developed for BCUHB's Digital Roadmap, which this programme forms part of			

<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>BAF SP13: There is a risk of failing to meet the Health Board's strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled projects and change.</p> <p>CRR 24-07: 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 which could lead to deaths and harm.</p> <p>CRR 24-17: There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber-attack.</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>Significant financial investment is required in this area if Digital is to be core to the future direction and new models of care.</p> <p>e.g., The EHR Strategic Outline Case presents a short list of three options, which provide:</p> <ul style="list-style-type: none"> • total cost: £84M, £149M and £198M, respectively over a 10-year contract life • benefits: estimated £84M cashable and £342M non-cash releasing returns on investment. <p>Delivering successful change and realising cashable and non-cashable benefits in an effective way is an essential part of any DDaT enabled transformational change. This requires capabilities and methodologies that may be new to BCUHB to be applied and a willingness of leaders and managers across the Health Board to change. Increasing our maturity in this area is a key part of the work being progressed.</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>N/A at this stage.</p> <p>The progression of this programme will result in a significant transformation in both clinical and operational practices that will impact workforces across the organisation.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation.</i></p>	<p>These workstreams and the projects that are in them have been developed through consultation with clinicians, operational leads, Executives and some Independent Members.</p> <p>The business need for this capability and transformation is evident and well supported.</p>

	<p>A key challenge identified, aside from securing the funding, is the necessary allocation of extremely busy resources to the change programme and the recruitment of the necessary technical expertise to deliver it.</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>BAF SP13: There is a risk of failing to meet the Health Board's strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled projects and change.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p> <p>PPHP Committee to accept this report for review and assurance of progress.</p>	
<p>Rhestr o Atodiadau / List of Appendices:</p> <p>Appendix 1 - DDaT Project Prioritisation Outcome Appendix 2 - Full list of Major Projects and Programmes</p>	

PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE IN PUBLIC 20 AUGUST 2024

UPDATE ON DIGITAL, DATA AND TECHNOLOGY (DDAT) STRATEGIC WORKSTREAMS

1. Cyflwyniad / Cefndir / Introduction/ Background and update on DHCW relationship

The DDaT Leadership Team and Health Board have been experiencing frustration due to the slow and minor progress in DDaT-enabled transformations and workstreams, particularly in matters of risk related to delivering effective care, potentially severe ICT issues and data loss. Efforts to rectify these problems - all necessitating investment - were formally brought before the Health Board and supported by workshops in 2022, 2023 and more recently, in 2024.

Despite these proposed solutions, the requisite funding has not been allocated due to competing priorities and the Health Board has accepted the accompanying risks. The small portion of funding provided has been one-off, preventing recruitment of necessary capabilities for progress.

The situation worsened with several expensive national programs and initiatives (e.g. RISP, LIMS, WCCIS) not meeting their objectives on time or budget, adding more risk and complications to the Health Board's finances, strategy and operations. These programs were conducted separately based on individual problems, without consideration of a system-wide approach or alignment with a standard architectural blueprint, which would be the norm in any other country or sector. A comprehensive architectural blueprint would ensure integration of systems, sharing of data and coordination of care, which is currently lacking in Wales.

Nevertheless, despite ongoing financial challenges, DDaT related activities are now integral to the Annual Plan, including six workstreams bringing heightened attention to their completion and status with the Welsh Government and important stakeholders.

The Planning, Population Health and Partnerships Committee (PPHP) sought an update on the collaboration with Digital Health and Care Wales (DHCW). The response indicated a productive yet differing relationship in strategic perspective and execution, however a mutual respect remains. High costs and resource demands from DHCW are consequences of previous, strategic choices and the legacy context.

The current DDaT budget allocation is approximately 1.2% - 1.3% of operational expenditure, which falls significantly short of recommendations suggesting 5% - 6% for integrating Digital, Data and Technology into core operations, revealing a significant gap compared to the 3% average in English NHS Trusts. This may be because at a Wales level, a larger portion of the funding is provided to DHCW. Additionally, previously delivered capabilities by DHCW may not have been user-centric in design, leading to suboptimal adoption and fragmented patient records, further endangering patient care.

The Health Board is gradually developing its own strategic architecture and commissioning expertise, along with introducing user-led design skills to co-create user/clinician endorsed solutions, resulting in better uptake and benefits realisation. However, the Health Board's capabilities and capacity are relatively low and as such the ability to deliver is impacted.

Moving forward, the Health Board aims to independently determine the extent and requirements of new programs and take full, local accountability, even when adopting national capabilities in order to avoid duplicated expenses with DHCW. Particular examples include the recent National Digital Maternity, Intensive Care system and Connected Care programme proposals, all of which could be problematic for BCUHB.

Betsi Cadwaladr University Health Board remains under special measures and by applying best practice methodologies learned from other experiences in the UK and globally, aspires to serve as a model for other Health Boards in Wales and beyond. Although perceived as presumptuous by some, BCUHB is willing to contribute meaningfully to DHCW's strategic discussions and improvement efforts.

2. Corff yr adroddiad / Body of report

2.1 Workstream 1 - Strategic (Annual Plan Ref: 2E.1a and 2E.1b)

Develop the Outline Business Case for Electronic Health Care Record, Infrastructure and new DDaT Strategic Plan for North Wales.

Develop the Outline Business Case for the Electronic Health Record including addressing the issues of the readiness assessment and developing the change plan.

Progress to date includes:

- The Strategic Outline Case was agreed by Board in January and depending on the best timing for the Health Board and discussions with NHS Wales Execs, will be presented in a workshop with Welsh Government Executives in September.
- An EHR Programme Director has been appointed on a fixed term contract through our Augmentation Contract, to lead the team in readiness activities and to inform and develop the Outline Business Case and Programme Startup.
- A business justification document has been developed in consultation with the Welsh Government Digital Policy Team that articulates what is required to get the Health Board to Programme Startup. This includes the development of the Outline Business Case, which will include detailed plans on how the change will happen from current state to future state, assess the cost effectiveness of the change, the multi-millions of pounds of benefits that must be realised and the costs, ensuring value for money. It will outline how we will develop the procurement strategy, market capabilities and alignments, technical architecture, commercials and the financial models and viability. To be successful, this all needs to be undertaken collectively with people and key stakeholders and all of this can be completed up to OBC readiness for circa £1m, which includes £495K of internal staff who will be on a learning curve.
- £500K is needed from Welsh Government to enable BCU to complete this work.

Evaluate the options available to support the transition from paper records- including digitisation of paper records.

Progress to date includes:

- Collaborating with suppliers and other organisations to get clear in terms of the optimal approach for BCU with due consideration for the current state.
- There are clear links with this objective to development of the Electronic Health Record Business case. However, if that does not deliver or be realised, this work must still happen and a case will be developed in isolation.

Finalise BCUHB Digital Roadmap (previously called the Digital Strategy) and co-produce aligned Integrated Health Community Digital Plans.

Progress to date includes:

- Draft prioritised Roadmap developed through consultation and engagement sessions across BCUHB.
- A Business Relationship Manager has been appointed to lead this with the Integrated Health Communities, in order to develop their digital roadmaps.

Continue to lead the joined-up approach to digital health and wellbeing with our partners across North Wales.

Progress to date includes:

- A well-established regional Digital, Data and Technology Group, with BCUHB's Chief Digital and Information Officer as Chair.
- Quarterly meetings are in place and supported by the Regional Innovation Coordination Hub, with continued good attendance and progress in priority areas.
- Four priority areas have been agreed and supported by the Regional Partnership Board who receive six-monthly update reports. The four priorities being:
 - Getting the basics right – seamless secure access to collaboration and workplace tools and information anytime anyplace
 - Innovation – joined up approach to innovation, maximising use of funds,
 - Digital Inclusion – joined up approach to community connectivity, enablement and enrolment.
 - Data and integrated health and care records – combined view of an individual's record for health and care staff.
- There is a focus on educating all on Connected Places and taking a place-based approach to Health and Care delivery and the use of data to measure progress against outcome areas through tools such as social indexes.

Progress the development, approval and programme start-up for Mental Health EHR. Due to the safety concerns in Mental Health, the Health Board will commence the accelerated procurement and implementation of a tactical Mental Health specific EHR, starting in 2024.

Progress to date includes:

- Business case completed and approved at Board on 25th July 2024
- Business case submitted and approved, subject to funding, at Digital Investment Group Welsh Government approved subject to caveats such as linkage with the wider Connected Care programme and for the Health Board to pick up some costs such as VAT and others to be determined.

- An initial investment has been made by the Mental Health Team in Welsh Government for half of that required with the other half to be allocated to Cwm Taf Morgannwg based on the work BCUHB has done.
- An Expression of Interest has been published to the market and procurement will begin as soon as funding is secured.

2.2 Workstream 2 - Optimisation and Tactical work (Annual Plan Ref: 1C.5 and 2E.2)

Optimisation of our current capabilities to get the most out of them and start to clean up our list of unfinished pieces of work and fragmented systems.

Fully embed the asset register “system,” develop a plan and case for the tactical standardisation and optimisation of systems and introduce product management.

Progress to date includes:

- We are on track to implement a revised asset register platform by August 2024. This platform will store details of all information assets, including software and hardware, along with their owners, locations, and security measures. To ensure compliance, designated roles within our Information Governance, Cyber security and ICT teams will manage the register. The upgrade aims to improve the management and security of our Organisation’s information assets.
- A review of the first set of systems has been undertaken with the recommendations to be considered, with a case for change to be developed with clinical colleagues.
- Product Management research has been completed and introduced for EPRO, CiTO and WCP systems and will be applied to all new developments so that when a new system is implemented, it is properly supported and continually improved. Product management is a crucial business process that involves planning, developing, launching and managing a product or service through its entire lifecycle. The role of product managers is to ensure that a product meets the needs and demands of its target market while aligning with the company's business strategy. They are responsible for managing the product at all stages of its lifecycle, from ideation to development. This process is essential for the success of a product and the growth of a business area.

Develop, implement and embed the Digital Applications Training and Floor Walking Framework.

Progress to date includes:

- Establishment of a new Optimisation / Training and Support Team is in progress and will be completed by October 2024. This is through re-alignment of staff from different teams and re-prioritising their work.

2.3 Workstream 3 - Transform the DDaT Operating Model (Annual Plan Ref: 2E.3)

Continue with the DDaT operating model by bringing in the minimum skills and capabilities necessary to effectively deliver safe services. The organisation will continue to modernise the running and delivery of the DDaT Service.

Progress to date includes:

- Due to the inability to recruit permanently to essential roles and improve capabilities because of current financial constraints, there has been limited progress made in this area. Alternative, fixed term possibilities are being progressed as well as using third party contractors.
- This is due to recurrent budgets previously allocated coming under the auspices of RIGA, which currently remains non-recurrent.
- An Augmentation contract has been agreed (ref Board 25/07/2024) to bring in expert third parties to augment our resources to deliver against priority areas of work and bring in skills and capabilities we do not have, as well as to educate trainees in DDaT.
- Proposals are being developed for some key DDaT roles to be recruited permanently, as opposed to temporary, in order to try to address this issue.

Develop and embed a mature project portfolio management office function to ensure effective delivery of all DDaT enabled work in line with BCUHB priorities.

Progress to date includes:

- Successful recruitment to the new Project Management Office Manager who will be focusing on improved reporting and accountability across all DDaT Project and Programmes and providing assurance of alignment to organisational priorities.
- Implementation of a new contract management plan is being piloted with the Electronic Prescribing and Medicines Administration (ePMA) following the Chartered Institute for Procurement and Supply (CIPS).
- The prioritisation of the projects is almost complete with next stages to be considered.
- The quality of Business Cases has improved and in particular, to include cash releasing savings through a robust benefits management framework.
- Change and Benefits Manager appointed to focus on Mental Health and ePMA projects. A plan has been developed to strengthen the Project Management Office from a portfolio perspective and different workstreams are being stood up to ensure delivery. These improvements include Portfolio Governance, Financial Management, Quality Management and Change Management.
- Change Management will be developed with the Office of the CCIO, where change resources will be found when recruited.

Maintain compliance with legislation whilst supporting BCUHB move towards a digital future record.

Progress to date includes:

- Continued annual renewal of the Data Protection registration requirements with the Information Commissioners Office.
- Implementation of the revised Asset Register to support system reviews and use, to provide future proposals and reduce the volume of disparate systems across the Health Board.

- Increased compliance / spot checks across BCUHB with remedies identified to address gaps.
- Engagement with Chief Clinical and Nursing Information Officers with the development, functionality and use of systems.
- Information Governance Mandatory Training Compliance remaining at 85%, in line with the national target.
- Review the project mandate process from an end user perspective from end to end from idea to delivery/rejection. Supporting demand management, expectations and improving communication. A project is being set up to deliver this.

Deliver the DDaT Workforce Strategy and Plan.

Progress to date includes:

- The draft strategy is in development with a detailed plan in progress to support each service within the DDaT corporate function. The plan will cover:
 - Recruitment – the ability to implement innovative recruitment strategies to attract diverse and high-quality candidates and regularly reviewing processes to ensure they are effective and inclusive.
 - Retention – the ability to implement retention initiatives like flexible work options, career development and continually review their effectiveness.
 - Employee Satisfaction – we will launch programs to increase employee engagement and job satisfaction whilst also implementing recognition programs to celebrate individual and team successes.
 - Empowerment – the ability to provide continuous learning and development opportunities and promote a culture of engagement, inclusivity and wellbeing.
 - Productivity – we will create a supportive and efficient work environment with fostering a culture of safety by promoting open communication and reporting.
 - Staff Fulfilment – promoting work-life balance and wellbeing by ensuring staff feel valued, respected and motivated within their roles.
 - Access to and analysis of current workforce data underway to support workforce and succession planning.

2.4 Workstream 4 - Essential Services Programme (Annual Plan Ref: 2E.4)

Delivering the maximum essential infrastructure upgrades funding will allow to keep us safe from serious harms and major failures.

Progress to date includes:

- The IP Telephony infrastructure upgrade is progressing, with 560 out of 2000 handsets installed since March. There are 16,000 handsets across 140 sites, with two DGH sites remaining i.e. YG and YGC. These are reported as 30% complete.

- Procurement has been completed and equipment delivered for the replacement of core, resilient firewalls at three district general hospitals. Two appliances will be installed at each DGH site increasing enhanced Cyber Security resilience for all of BCUHB.
- Planning is underway to provide a second resilient network link to HMP Berwyn Health Unit and increasing bandwidth to 2x1Gbps.
- Planning stage is now complete and initial work has begun to extend wireless network coverage at DGH sites and community hospital sites to improve service and facilitate support of RFID, VOIP for peripatetic staff, Wi-Fi Spark Public Internet access, WNCR, ePMA, EAS.
- Replacement paging system has been rolled out in WXM and YGC. The rollout out in YG is currently awaiting a replacement Cardiology system rollout, which is dependent on YG wireless enhancement. Work underway to progress.
- Upgrading the PSBA Wide Area Network bandwidth on Wide Area Network data circuits between the acute hospitals is underway. Increasing performance and resilience with 77% completion rate reported.
- ESP - Network Infrastructure Capacity and Replacement. An order has been placed for Cisco Core LAN hardware with CAE with approval secured to all levels including Welsh Government.
- Board approval has been received for a Replacement Therapy System with an expected start date end of August, to be undertaken by Synanetics. Project to be completed by the end of March 2025. Design is underway for the new development and coding will begin in August.
- Electronic Prescribing and Medicine Administration device demonstration events have concluded across all three IHCs. Based on the feedback, equipment trials have begun and will conclude in Q2 2024.
- Since 1st April 2024, 736 devices have been replaced or installed and consist of 323 Desktop PCs and 413 Laptops. Broken down into the following categories.

Reason	Laptops	Desktops	Total
Hardware Refresh	131	213	344
Hardware Requests	201	60	261
Failed devices replaced by Engineer	81	50	131
Total	413	323	736

2.5 Workstream 5 - Our Existing Major Project Programme (Annual Plan Ref: 2E.6)

Prioritise and deliver our portfolio of existing major projects (many with problems) as effectively as possible.

Progress to date includes:

- DDaT is currently delivering, in parallel, 21 differing major complex programmes.

- Major Projects which have been stopped include: Scan4Safety, Symphony in SDEC, Digital Cellular Pathology and Welsh Intensive Care System (WICIS).

The full list of projects and progress updates is available in Appendix 2.

2.6 Workstream 6 - Become an intelligence led organisation (Annual Plan Ref: 5D) and establish and embed intelligence and insight operating model, governance and architecture.

This means putting in place the processes and behaviours that put data and insights at the heart of the Organisation's decision making. Actions relate to the governance and the way data is collected and managed, infrastructure such as the data warehouse, ensuring the necessary skill and capability is in place through training and educating both system users and recipients of data, on how to interpret it. The starting point is a focus on Planned Care.

Progress to date includes:

- On target to complete within agreed timeframes. Communications issued regarding road map to improving systems and use of dashboards and functionality.

We will complete the Welsh Patient Administration System (WPAS) Phase 5 and standardisation programme. This means standardising working practices associated with three legacy systems into one way of working, realise the organisational benefits of a single patient administration system. This will ultimately support improvements around areas such as the management of waiting lists and booking of appointments and hospital admissions.

Progress to date includes:

- Amber RAG due to a 5.5% cut in Digital Priorities Investment Fund funding, reducing allocation from £332,200 to £313,929. Forecast overspend from £17k reduced to £11k. Funding cut hindered recruitment, affecting completion of the patient numbering elements.

Data Governance: We will ensure that the Organisation understands the quality and limitations of its data and embeds best practice principles to provide robust data for decision making.

Progress to date includes:

- First meeting of the Data Quality Group held on 3rd June 2024. Terms of Reference and first actions agreed in relation to mapping external submissions and internal reports to formal committees.

Skills and capability: We will provide all staff with the necessary skills to manage organisational data, whether that be as a system user collecting data or as a recipient of a report making decisions based on its content.

Progress to date includes:

- On target to complete within agreed timeframes. Communications issued regarding road map to improving systems and use of dashboards and functionality.
- Technology and infrastructure: We will transform the way the Health Board uses its data, making best use of national and local resources.

- Following a series of workshops with the National Data Repository Team, unscheduled care has been identified as the use case to load data into it for it to be accessed by analysts for testing..
- Data to intelligence: We will shift from a reactive information approach to become intelligence led, triangulation multiple data sources to gain insight along the whole patient journey.
- Working with the Office of the Medical Director to identify priority areas for clinical benchmarking including Mortality, Diabetes, Maternity, Vascular and average length of stay.

3 (Goblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications

Finance DDaT Outturn variance 2024/25				
Expenditure			Budget / Income	
Pay:	21,902,723		Recurrent budget	26,920,030
Non-pay	11,852,717		Non-recurrent adjustments	- 13,650
Income (DHCW, WG etc) *	- 1,034,385		Savings 24/25	- 760,928
Unavoidable soon to be funded pressures*	2,100,000		RIGA (non-recurrent)	4,174,000
			DHCW & MS 24/25 inflation only	744,664
Forecast outturn	34,821,055		Forecast budget	31,064,116
Forecast Variance (overspend) and projected out-turn				-3,756,939
*Some DHCW/WG funding comes as actual income, not as a budget allocation				
*Full year effect of this will be higher for 2025/26				

4 Risk Management

As part of the Board Assurance Framework, the Health Board has identified BAF SP13: There is a risk of not meeting the Health Board's strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled projects and change. This risk is partially mitigated with controls in place in relation to the rigour and governance to cover the commissioning of new projects, the limited ability to bring in additional expertise from external providers to increase the skills and capabilities for the delivery of the new functions for Intelligence and Insight, Digital Project Management Office, Architecture Software Engineering, service design and clinical change. Despite costed proposals being developed, limited, non-recurrent funding has been received, which is impacting on the ability to successfully recruit to certain specialist posts.

In addition to the above, there are also two high-level corporate risks on the Corporate Risk Register:

CRR 24-07: 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 which could lead to deaths and harm. This risk is partially mitigated with controls in place in relation to the Master Patient Paper Record identified, availability and access to current systems, training, policies and procedures in place.

CRR 24-17: There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber-attack. This risk is partially mitigated with controls in place in relation to the Strategy, policies, procedures and training in place, rolling programme of updates to existing high risk areas and activity, awareness and communications plan, monitoring tools and Business Continuity Plans for DDaT Services all in place.

5 Goblygiadau Cydraddoldeb ac Amrywiaeth / *Equality and Diversity Implications*

- 5.6** Equality Impact Assessments exist for some elements of the work included within this report and will be needed for others as and when they become ready to progress.

A wider Equality Impact Assessment and Socio-economic Duty Impact Assessment has been developed for the BCUHB Digital Roadmap, which this report forms part of.

Appendix 1 – DDaT Project Prioritisation Outcome

MUST DO		
1	LIMS 2.0	Must do
2	RISP	Must do
3	ePMA	Highest Strategic Priority based on Quality & Safety
4	Patient Numbering/WPAS	Could Do
5	Essential Services Programme	Must Do (Just a DDaT thing)
6	Therapy Manager Replacement	Must do
7	Mental Health System	High Strategic Priority based on Quality & Safety
8	EHR OBC and readiness work	High Strategic Priority based on Q&S and Productivity
9	Optimisation of Existing Systems	Could Do (DDaT and teams)
10	WPRS	High for productivity – e-referrals
11	Joint Medical School	Could Do
12	Teledermatology	High Strategic
13	Attend Anywhere/Virtual Consultations	Could Do
14	Dental Replacement System	Could Do
15	Digital Maternity Cymru	Could Do
16	Canisc	In progress nearly done

ON HOLD WITH RESULTANT RISKS		
17	Single Sign on	L
18	Community System	N
19	WNCR Paediatrics	N
20	Sexual Health System	L
21	CITO	L
22	Digital Eyecare	N
23	PROMS	N
STOP DOING / NOT DOING		
24	Scan4Safety*	N?
25	Symphony in SDEC	L
26	Digital Cellular Pathology	N
27	Welsh Intensive Care System	N

Appendix 2 – Existing Major Project/Programmes Escalations

Sub-Tier	Ref	Project	RAG	Priority	Quarter 1 Update
2E: Digital, Data and Technology	2E.6	LIMS 2.0		To provide a modern, sustainable pathology service. Improving clinical safety via improved standardisation.	All East GP practices are now using GP Test Requesting and immunology dependencies are nearing completion. Number of key issues nationally relating to the Transfusion & Haemonetics system build, interfacing and legacy data, which means the project is behind schedule until they can be resolved. Issues have been escalated to DHCW informally with formal escalation pending local and national risk reviews.
2E: Digital, Data and Technology	2E.6	RISP		RISP is a paperless radiology solution incorporating Radiology Information System (RIS), Patient Dose Management System (PDMS) & Picture Archiving & Communication System (PACS) into BCUHB.	The RISP implementation plan was tentatively approved at the May Project Board and will be submitted for approval at the next National Programme. The supplier continuing with system build, local cyber security requirements being finalised, the data migration strategy is under review, and RISP benefits have been reviewed by Radiology. Dates have been missed for the delivery and installation of the local servers in Wrexham and Glan Clwyd which are a dependency for the PACS migration commencing. Local plans have been realigned with suppliers therefore the project is still on track for the planned go live date in April 2025.
2E: Digital, Data and Technology	2E.6	Mental Health		Mental Health System: Provide MH with a suitable system for their needs and to enable patient information to be captured effectively and shared with partners appropriately.	Linked to 2E.1a The Outline Business Case has been developed for a Mental Health EHR system independent of the national Connecting Care programme to accelerate implementation. This has been well received with some further work on efficiencies requested. The Outline Business Case will be resubmitted to Welsh Government and PFIG.
2E: Digital, Data and Technology	2E.6	ePMA		Paper medicines charts and prescriptions will be replaced by a digital prescribing and medicines administration system Pan BCU	Following submission of the business case, funding has been agreed by Welsh Government. Subject to a formal funding letter and approval to recruit, there are plans for pilots in February 2025, full Go Live from May 2025, and completion by March 2026. Waiting for the funding letter which is impacting on progress.
2E: Digital, Data and Technology	2E.6	Attend Anywhere /		Increase in the number of pathways where	The Welsh Government have agreed to fund a bridging contract with the current supplier of Attend Anywhere for a

		Virtual Consultations		appointments and reviews are conducted virtually.	period of 6 months from September 2024 up to March 2025. A local business case will be developed that will outline the options for the future of video appointments in BCUHB, taking a service redesign approach to present a sustainable and equitable delivery model. As the outcome and future supplier is unknown, until the business case is approved and funded, present take-up will be maintained, but scale up is on hold.
2E: Digital, Data and Technology	2E.6	Dental		Dental Replacement System: Replacement of the community dental services EPR that has been issued with an end-of-life notice for March 2024 (including data migration).	The maintenance contract for the existing system expired in March 2024 posing significant risks, including potential loss of clinical documents (which could lead to patient harm, financial, legal and reputational damage) and cybersecurity threats. An Invitation to Tender was issued at the end of March, resulting in three bids, all of which failed to meet the mandatory requirements. A revised tender is expected to be published at the end of June 2024. Meanwhile a full business case for a replacement system is being developed.

Progress against other Major Projects

Project Name	Size	Start date	End date
Optimisation of Existing Systems	Medium	Tbc	
WPRS	Medium	Oct 2023	Oct 2025
Single Sign on Phase 2 - clinical areas, wards, clinics	Small	Tbc	
WNCR Paediatrics – Welsh Nursing Care Record	Small	Nov 2021	
Joint Medical School	Small	Tbc	
Teledermoscopy	Small	Tbc	
Digital Maternity Cymru	Medium	Tbc	
Canisc	Small	July 2021	Dec 2024

WPAS - Patient Numbering	Medium	Aug 2023	Mar 2025
Therapy Manager Replacement	Small	Yet to start	
CITO	Medium	Feb 2021	May 2028
Eyecare Digitisation Programme – National Delays	Medium	Jun 2021	Jan 2025
Community System	Medium	Tbc	
Sexual Health System - Lilie	Small	Tbc	
PROMS	Medium	Tbc	

Teitl adroddiad: <i>Report title:</i>	Review of Well-being Objectives			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 20 August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The Health Board is required to review its Well-being objectives in relation to a change to the 'Well-being of Future Generations Act' that reflects the central role of 'fair work' in achieving a more sustainable future. The change involves assessing whether our agreed Well-being objectives remain appropriate or not and revising one or more of our objectives if considered necessary.</p> <p>This paper provides an overview of:</p> <ul style="list-style-type: none"> • Previous work undertaken ensuring alignment between Living Healthier, Staying Well and Well-being objectives; • Progress to date in developing Well-being objectives with partners that meets the spirit and intent of the Well-being of Future Generations Act e.g. the development of Public Service Board Well-being Plans for 2023 – 2028 • Future direction and programme of work to allow refresh of objectives by Quarter 3 as required in the 2023/24 Annual Delivery Plan. 			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> ▪ RECEIVE this report on work underway to review the Health Board's well-being objectives ▪ offer guidance in supporting the Health Board to objectively assess its approach to fair work 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning			
Awdur yr Adroddiad: <i>Report Author:</i>	Wendy Hooson, Head of Health Strategy and Planning			
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>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing</i></p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

	<i>mechanisms/objectives</i>	<i>mechanisms / objectives</i>	<i>mechanisms / objectives</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>				
<p>Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i></p>		<p>This work aligns to the 'developing strategy and long lasting change' strategic objective for the Health Board - one of the five main areas where improvement is most necessary. It is also an action for completion in Q3 of the Annual Delivery Plan.</p>		
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>		<p>The Social Partnership and Procurement (Wales) Act 2023 (SPPP Act) was passed by the Senedd in March 2023 and received Royal Assent in May 2023. The SPPP Act substitutes 'fair work' for 'decent work' in the 'a prosperous Wales' well-being goal within the Well-being of Future Generations (Wales) Act 2015 (WFG Act).</p> <p>This amendment to the well-being goal commenced on 1 April 2024 and requires public bodies subject to the well-being duty to review their well-being objectives to assess whether they remain appropriate or not. The SPPP Act also places socially responsible procurement duties on certain contracting authorities.</p> <p>An Audit Review of the process for reviewing our well-being objectives will form part of the scope of the Auditor General to be carried out in the Autumn 2024 in accordance with statutory functions section 61(3) (b) of the Public Audit Wales Act 2004.</p>		
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>		<p>Not applicable</p>		
<p>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></p>		<p>Not applicable</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) <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 are no directly identified risks arising from this report; however, there are significant risks to the Health Board in failing to comply with the requirements of the Well-being of Future Generations Act and a consequent risk of failing to deliver the strategic well-being objectives.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no specific financial implications arising from this report.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no specific workforce implications arising from this report.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>One 'Well-being' related risk is included in the Corporate risk register, CRR24-08 'Population Health.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: <i>Next Steps:</i></p> <ul style="list-style-type: none"> ▪ Collate information and assess delivery against 'fair work' requirements and wider Well-being requirements. ▪ Meet with the Office of the Future Generations Commission. ▪ Oversee the review and implementation of objectives. ▪ Agree any further engagement work that may be required. ▪ Present outcome from the review and any recommendations to PPHP. 	
<p>Rhestr o Atodiadau: <i>List of Appendices:</i></p> <p>Dim/None</p>	

REVIEW OF WELL-BEING OBJECTIVES

▪ Introduction

The Well-being of Future Generations Act requires public bodies in Wales to consider the long term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

All Health Boards in Wales received correspondence from the Minister for Social Justice and Chief Whip in July 2023 with recommendations to plan for the review of Well-being objectives from April 2024 onwards. It was highlighted that reviews should consider how Health Board objectives were designed to contribute to fair work in the context of the amended 'a prosperous Wales' well-being goal.

The review of our Well-being objectives aligns to Objective 2 of the Three Year Annual Plan for 2024/27: 'Developing strategy and long lasting change'. There is a commitment to refresh Well-being objectives by Quarter 3 of the 2024/25 Annual Delivery Plan. The review of our well-being objectives will also form part of an audit to be carried out by Audit Wales in Autumn 2024.

The work described in the body of this paper will help inform the review of our Well-being objectives; noting that a full review of the Well-being objectives and programme of engagement will take place when developing the Health Board's next 10 Year Strategy.

▪ Background

The Health Board's compliance with the Well-being of Future Generations Act provided the foundation for the development of 'Living Healthier, Staying Well' (LHSW) and described our goals for well-being as set out below:

- to improve physical, emotional and mental health and well-being for all.
- 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 improve the safety and quality of all services.
- to respect people and their dignity.
- to listen to people and learn from their experiences.

A refresh of the 10 Year strategy was undertaken in 2021 and a report outlining the continued relevance of objectives was present PPPH in May 2022. A desk-top review of engagement feedback pertinent to our Well-being objectives was undertaken by the Engagement Team in 2021 and included an extensive programme of engagement when developing the Strategic Equality Plan and Clinical Services Strategy. The themes arising from the engagement review resonate and support the Health Board's Well-being objectives.

▪ Progress in 2023/24

During 2023 – 2024 the Health Board continued to progress agreed objectives in support of the Well-being of Future Generations Act. The Act sets out duties for public sector bodies in Wales, including the Health Board, to contribute towards achieving seven well-being goals and to broaden our outlook and to think longer term in doing so. The Health Board with its partners, agreed five year Public Service Board Well-being Plans for 2023 – 2028, which were developed through engagement with local populations and which set out our shared aims in this area.

The Health Board continued to strengthen its population health focus, working in partnership with a range of organisations across north Wales to develop an annual delivery plan in response to the updated Regional Population Needs Assessment for 2023 – 2028. This described how the Health Board would work across north Wales to deliver health and social care activities, while also supporting planning activity alongside colleagues on the Regional Partnership Board. The Health Board remained committed to tackling inequalities and our 'Well North Wales' programme continued to provide a focus for this work within the Health Board and through collaborative working with our partners.

Cluster plans were produced for each of the fourteen localities, supporting collaborative service planning and delivery with the specific aim of promoting the well-being of individuals and communities. The cluster priorities informed the local Integrated Health Community Plans.

▪ 2024/25 refresh actions

As well as improving health and delivering clinical and care services, the Health Board has wider responsibilities as an 'anchor' organisation in north Wales. This includes matters such as promoting equality and human rights, the environment, sustainable development and the Welsh Language. Work has commenced with a number of key areas targeted to support the refresh and delivery of our Well-being objectives within the Annual Delivery Plan timelines, ensuring compliance with Anchor status expectations.

The ethos of the Well-being of Future Generations Act has been integrated into the objectives and priorities outlined in the Health Board's Corporate Three Year Plan 2024 – 2027 and aligns to the 'developing strategy and long lasting change' key priority objective. The refresh of Well-being objectives is one of the five main areas where improvement is necessary and is an action for completion in the Quarter 3 Annual Delivery Plan for 2024 - 2025.

A number of actions have commenced to support assessment and refresh of the Well-being objectives, these will continue to be refined as additional guidance and direction is issued by Welsh Government. The Health Board is also linking in with other Health Board across Wales, including via the All Wales Directors of Planning Group and Assistant Directors of Planning Group to ensure best practice.

The following actions are currently being progressed in support our assessment of 'fair working' and general Well-being refresh, with focus on completion by Quarter 3:

Well-being Working Group

A Working Group has been meeting, comprising of representatives from Planning, Workforce and Organisational Development, Occupational Health, Equalities, Engagement, Procurement and Contracting. This group is overseeing the collation of data and information, identifying potential gaps in the delivery of 'fair working' and wider Well-being objectives, and will recommend action plans to advance delivery.

Future Generations Commissioner

A meeting has been requested with the Office of the Future Generations Commission in August 2024 to share the Health Boards approach to reviewing 'fair working' and wider Well-being objectives. Outcomes from discussion with the Commissioner will further inform our approach to Well-Being objectives delivery. *(Intended completion in August 2024)*

Focus on 'Fair Work'

In line with Ministerial direction, added focus has been placed on the delivery of the 'fair work' element of the Well-being objectives. Information gathering has commenced to assess our position against fair work expectations, this includes consideration of how our Well-being objectives contribute to fair work, and the actions required to review them. The majority of this work is focused on workforce and organisational development; equalities; occupational health; and sustainable procurement and contracting. Self-assessments of the 'fair work' activity are currently being undertaken within Health Board, this includes socially responsible procurement and contracting. *(Intended completion September 2024)*

Engagement

The work undertaken by the working group to-date, along with the findings from the engagement review recently completed by the Engagement Team, and the discussion that are due to take place shortly with the Office of the Future Generations Commission, will help guide us on the level of wider engagement required. It should be noted that the well-being objectives will also be discussed as part of the Health Board's 10 year Strategy conversations, which will commence later this year.

▪ Budgetary / Financial Implications

There are no budgetary implications directly arising from this report.

▪ Risk Management

Fair work and Well-being objectives risk assessment.

The working group are expected to complete their review of information and progress made towards delivering 'fair work' requirements early in Quarter 2. Once completed an assessment of risk will be undertaken.

In considering Well-being objective risks and wider implications, the following will be considered:

- The Health Board’s well-being objectives provide the foundation for improving how we work as an integrated Health Board to improve health and well-being and address inequalities. Our Three Year Plan 2024 – 2027 and Annual Delivery Plan set out clear and SMART actions for delivery against priorities and we are refining high quality pathways to underpin and deliver against the Health Board’s long term strategy Living Healthier, Staying Well.
- The Health Board’s Strategic Equality Plan (SEP) also sets out detailed actions to address equality and human rights matters. The overarching objectives in the SEP resonate and support BCUHB’s well-being objectives.
- Public Health associated risks to delivery of wider Well-being objectives.

▪ Equality and Diversity Implications

This report does not of itself raise any Equality and Diversity implications. Dignity, respect, quality and safety are embedded in our well-being objectives and as referred to above, the Health Board’s SEP sets out detailed actions to address equality and human rights matters.

▪ Recommendation

The Committee is asked to:

- **RECEIVE** this report on work underway to review the Health Board’s well-being objectives
- Offer guidance in supporting the Health Board to objectively assess its approach to fair work

Teitl adroddiad: <i>Report title:</i>	Emerging Approach to Refreshing the Strategy			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 20 August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>On 24 July 2024, the Board undertook a development session to discuss an approach to refreshing our Health Board strategy. This was followed on 8 August 2024 by a workshop attended by the Executive Team and IHC Directors.</p> <p>Sufficient direction is now in place to allow the team to finalise plans to implement the initial phases of strategy and clinical services plan refresh. This initial phase includes</p> <ol style="list-style-type: none"> i. outlining future need against current provision ("the gap"), ii. confirming principles that will underpin wider discussions with public, partners and staff, iii. an approach to maximise current touch-points, and iv. establishment of an engagement approach that provide additional opportunities to contribute to this important work <p>An implementation timetable will be shared as soon as possible.</p> <p>It is planned that a strategy document for approval, and first clinical service plan, will be received by Health Board at the end of Quarter 2 in 2025-26. This is an ambitious timescale but reflects the importance that the Health Board places upon this work as a vehicle through which to continue service improvements.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • RECEIVE this report on work underway to refresh the Health Board 10 year strategy, aligned to an interim Clinical Services Plan 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning			
Awdur yr Adroddiad: <i>Report Author:</i>	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning			
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"/>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/>	Rhannol <i>Partial</i> <input type="checkbox"/>	Dim Sicrwydd <i>No Assurance</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>	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	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>				
<p>Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i></p>		<p>Refreshing the Health Board 10 year strategy, and implementing an interim Clinical Services Plan are both key priorities outlined within the Health Board Annual Delivery Plan.</p>		
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>		<p>The Health Board is required to submit balanced, Integrated Medium Term Plans (IMTP's), under legislation. Having a relevant and deliverable 10 year strategy, underpinned by a deliverable clinical service plan, supports the Health Board in meeting this legislative requirement.</p>		
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>		<p>An EqIA and SEIA will be undertaken as part of the preparatory work for public, stakeholder and staff conversations</p>		
<p>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></p>		<p>An EqIA and SEIA will be undertaken as part of the preparatory work for public, stakeholder and staff conversations</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) <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>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no specific financial implications arising from this report.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The undertaking of conversations to develop both the 10 year strategy and an interim Clinical Services Plan is a significant one. In addition the collation of preparatory material, and the construction of the strategy/plan to reflect those conversations is significant.</p> <p>Conversations are underway to identify the workforce required to do this within the Health Board.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	
<p>Camau Nesaf: <i>Next Steps:</i></p> <p>Plans are being finalised, which will then be enacted, covering the first phase requirements outlined above.</p>	
<p>Rhestr o Atodiadau: <i>List of Appendices:</i></p> <p>Dim/None</p>	

EMERGING APPROACH TO REFRESHING THE STRATEGY

▪ Introduction

On 24 July 2024, the Board undertook a development session to discuss an approach to refreshing our Health Board strategy.

This paper outlines the agreed approach, and the ongoing work currently underway to enact and deliver this. The ongoing work has been supported by members of the Executive Team and IHC Directors who undertook a workshop on 8 August 2024 to ratify and provide additional advice.

▪ Background

The previous Health Board strategy, *'Living Healthier, Staying Well'*, was published in 2018, and given an interval refresh in 2021. Since then a number of significant events have occurred that have led the current Board to conclude that this is the right time to embark upon strategy setting for the next ten years. These events include

- further learning from the challenges of recovering healthcare services following the covid-19 pandemic
- continued changes in demography and population needs
- continued developments in technology and flexible working within healthcare and wider society during recent years
- increasing and sustained challenges to workforce availability
- changes to Board leadership, providing an opportunity to pause and reflect upon strategic direction

Alongside, the Health Board does not currently have a fit-for-purpose Clinical Services Plan and this creates a risk that opportunities to coordinate and prioritise clinical service developments and improvements are not maximised. Within the context of special measures, and the presence of a number of clinical services that are described as 'challenged' this is also an important area to now address at pace.

In typical circumstances a clinical services plan would be agreed and continually refreshed, shaping the delivery of clinical services in pursuit of delivering the overarching Health Board strategy. In order to do this, the first phase of creating an appropriate clinical services plan will need to be undertaken in tandem with the refresh of Health Board strategy, focusing upon challenged clinical services that need prioritised support. This will allow the Health Board to address urgent improvements in a more coordinated way with those services that require it. It will also allow the Health Board to capitalise upon a number of common steps that will be required for both the strategy refresh and the creation of a clinical services plan. This is described further below.

Health Board Strategy

Set over a ten year horizon, this will set the direction and ambition of the Health Board in pursuit of delivering against our purpose

Clinical Services Plan

Set over 3 years, and regularly refreshed, this explains how we will configure the clinical services that we provide to maximise quality and performance in order to deliver the vision outlined in the strategy.

▪ Common steps

Work is now fully underway on the preparatory steps that are required for both the 10 year strategy creation process and the clinical services plan.

These steps are in laying out the **population needs assessments and forward projections**, and in establishing **principles** for how widespread conversations with our public, clinicians, partners and other stakeholders will be held to enable best opportunity in shaping the emerging thoughts and ideas.

Population needs assessments and forward projections

What do our current population needs assessments tell us?
 What are the likely population need changes in the coming 10 years?
 What are the likely clinical improvements and challenges in the coming 10 years?
 What are our current service risks and quality concerns?
 In addressing these challenges, what does good look like elsewhere?

Principles

For example, principles will be agreed to ensure

- All considerations centre around delivering quality
- A balance of voices, bringing in a balance of perspectives
- We consider the whole spectrum of care, not just secondary care, and wellbeing
- Recognition of finite resources, and so choices need to be sustainable, and prioritised
- That we manage differences of opinion openly and fairly

▪ Mapping of conversation opportunities

Work is currently being undertaken to map out existing contact points, meetings and fora that can be used as part of the wide conversation process we will need to undertake to shape both the 10 year strategy and the Clinical Services Plan. Following this specific work will be undertaken to initially address gaps and to then expand further still those conversations.

This was also discussed in the Executive Team workshop on 8 August 2024.

Care is being taken to embrace a wide range of approaches, including group meetings face to face, smaller group and 1:1 conversations, digital opportunities, and paper opportunities. An inclusive approach is being taken to ensure a balance of opportunities and voices.

▪ Timescales

The Executive Team/IHC Director workshop on 8 August 2024 provided useful additional advice on how to progress the tasks outlined above. These are now being collated and incorporated into our plans and timescales. It is considered that an approach can now be decided to address

- i. outlining future need against current provision (“the gap”),
- ii. confirming principles that will underpin wider discussions with public, partners and staff,
- iii. an approach to maximise current touch-points, and
- iv. establishment of an engagement approach that provide additional opportunities to contribute to this important work

It is planned that a strategy document for approval, and first clinical service plan, will be received by Health Board at the end of Quarter 2 in 2025-26. This is an ambitious timescale but reflects the importance that the Health Board places upon this work as a vehicle through which to continue service improvements.

▪ Recommendation

The Committee is asked to:

- **RECEIVE** this report on work underway to refresh the Health Board 10 year strategy, aligned to an interim Clinical Services Plan

Teitl adroddiad: <i>Report title:</i>	Immunisation: Performance update and an opportunity to reset and refocus to establish an Integrated Health Board service			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships (PPHP) Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 20 August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This paper provides an update to the PPHP Committee on the following areas:</p> <ul style="list-style-type: none"> Local and national strategic direction for immunisation; Current ongoing challenges and specific work plans to address delivering the ambition of the National Immunisation Framework; Key achievements to date; and Operational direction for establishing an Integrated Health Board Immunisation service. 			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note the content of the report and endorse the planned approach to deliver an Integrated Health Board Immunisation service.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Jane Moore, Acting Executive Director of Public Health			
Awdur yr Adroddiad: <i>Report Author:</i>	Lois Lloyd, Chief Pharmacist & SRO for Vaccination & Immunisations			
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"/> 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>		This programme of work will contribute to the following strategic objective: Objective 4 – Improving quality, outcomes and Experience.		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		The Human Medicines Regulations 2012 provides the legal framework for vaccination services. Organisations will need to work within		

	<p>the framework of these legal parameters for local deployment.</p> <p>THE HUMAN MEDICINES (AMENDMENTS RELATING TO CORONAVIRUS AND INFLUENZA) (ENGLAND AND WALES AND SCOTLAND) REGULATIONS 2024 2024 No. 344 maintain certain provisions which were introduced in response to the Covid-19 pandemic relating to extended workforce who are legally and safely able to administer a Covid-19 or influenza vaccination.</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>In June 2023 an EqlA assessment was completed and approved by the BCUHB Strategic Immunisation Group (SIG) – available at Appendix 2</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>Advised by the Equality Inclusion Team that a SEIA was not required due to the comprehensive EqlA completed.</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>The following Datix risk are linked to this work:</p> <p>ID 5146 – Tier 1 – Population Health. There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities.</p> <p>ID 5295 – Tier 2 – Covid Vaccination Programme. There is a risk of not achieving vaccine uptake targets due to an element of vaccine fatigue and hesitancy amongst both staff and the general public.</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>Via implementation of an Organisational Change Policy (OCP) arrangement (agreed by the Executive Team), a remodelling of the Covid-19 Vaccination programme will bring the service to a balanced budget position for 24/25.</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>The current Covid-19 Vaccination service team will have workforce implications as a result of an OCP process during 24/25.</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 information within this paper has been presented to the Executive Team and Strategic Immunisation Group.</p> <p>Updates on this programme of work will be provided across a range of Health Board departments and public health meetings.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>See above Corporate Risk Register.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>	<p>Confidential Board – Detail included in this paper is subject to imminent Organisational Change Policy arrangements and discussions</p>

Reason for submission of report to confidential board (where relevant)	with the workforce are not yet complete at time of committee.
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Committee members are asked to advocate for a whole system integrated approach to immunisations across the health board and support the implementation of health board related programmes of work that will contribute to positive decision choice to take up vaccination when offered. 	
<p>Rhestr o Atodiadau: List of Appendices:</p> <p><u>Appendix 1</u>: Key Vaccination Programmes - Performance Update. <u>Appendix 2</u>: EqIA Immunisation approved at Strategic Immunisation Group 2023 (attachment)</p>	

Planning, Population Health and Partnerships Committee

20th August 2024

Immunisation: Performance update and an opportunity to reset and refocus to establish an Integrated Health Board service.

1. Introduction

Vaccination is a public health tool that prevents serious illness, protecting people, communities and the NHS in Wales. The World Health Organisation estimates that vaccination prevents up to 3 million deaths worldwide every year.

We are fortunate to have a breadth of vaccination programmes in Wales that protect our health across the life course, from vaccinations offered during pregnancy and the early years, to school-age children, working age adults, and older people. Uptake of these vaccinations is generally high across North Wales, and has remained so even during the COVID-19 pandemic, which is testament to the ongoing hard work of our colleagues working within, and supporting, our vaccination system.

However, whilst we are performing well overall, we note that the high uptake rates across different vaccination programmes are not equally distributed across all groups in the population, be they differences in relation to geography, deprivation, or in groups sharing certain characteristics or vulnerabilities. Whilst these differences reflect broader inequities seen across other health outcomes, the theme of '*leaving nobody behind*' in terms of benefiting from vaccination remains as important as ever in our drive to reduce inequities in health in North Wales.

2. Strategic National and Local Context

The Welsh Government published its [National Immunisation Framework for Wales](#) in 2022. The Framework was developed by identifying and using the lessons from the pandemic with the aim of transitioning to a position of improved business as usual, through integrating all our vaccination programmes. This presents us with a unique opportunity to consider what we have learned since December 2020, as well as from our wider vaccination programmes, to inform how we develop the best possible vaccination service model for our North Wales population. The opportunity asks us to think about how to make the best use of our collective resources so that we can vaccinate the greatest number of eligible people in the most efficient way, whilst addressing the challenges of vaccine equity, and enabling us to scale-up vaccination programmes should this be required.

In 2023, the health board published its three year [Strategic Immunisation Plan "Leaving nobody behind"](#). This Strategic Immunisation Plan represents an important point in time for vaccination across North Wales. It sets the strategic direction for maintaining the high coverage levels of which we are rightly proud, whilst outlining how we will respond to the challenges of vaccine equity and integration of the COVID-19 vaccination resources over the next two years. Some unknowns still exist relating to regulations allowing provisions for extended workforce beyond 2026 for COVID-19 and flu vaccination, and this plan will therefore need to be flexible and adaptable over time.

3. Current Situation

In its 2024/25 annual plan, the health board sets out for immunisation that *"we 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 immunisation. Currently, cases of Measles are on the increase and the health board is delivering targeted campaigns for increased delivery of MMR vaccination levels."*

This briefing will describe the priority actions within a strategic and policy context in which this plan is being developed setting out the progress made, lessons learned, the schedule of vaccinations to be delivered across the life-course, and for selective groups, benchmarking to inform an assessment

of where we currently are in terms of uptake for our approach towards vaccine equity, key risks and our priorities for the short, medium and longer term.

3.1 System Mapping and Strengthening the Workforce & Delivery Models

In 2020, a dedicated health board COVID-19 Programme was established, with a remit to deliver timely vaccination for the eligible population of North Wales in response to the global pandemic. This programme has since expanded to support some wider immunisation services. A review is currently underway to map out existing health board and commissioned immunisation services across the system to transform and establish an integrated formal arrangement for immunisations that is aligned to the principles of the National Immunisation Framework. This provides the agility and flexibility to respond to any future potential pandemic or health threat in North Wales.

In response to a reduction in central funding for the COVID-19 Programme, the Executive Team agreed in April for the service to undergo a review of its underlying infrastructure to establish an integrated vaccination and immunisation service via the Organisational Change Policy (OCP). This will now formally begin in July/August with the ambition of securing a sustainable North Wales vaccination workforce to safely, effectively and efficiently deliver vaccination programmes for the population. The expected outcome will be achieved by the end of the calendar year.

3.2 Using Data to inform our programme

Having access to robust data on the uptake of vaccinations in eligible groups is crucial to help us understand

- How we are progressing in terms of vaccine uptake and how we compare to other areas in Wales and beyond i.e. benchmarking.
- How uptake may vary between different groups or geographical areas i.e. vaccine equity.
- Uptake trends over time.

Digitally enabled vaccination is one of six priorities identified by the National Immunisation Framework (NIF). BCUHB membership on national NIF groups ensures the data surveillance requirements for North Wales are represented. The health board vaccination team work collaboratively with Digital Health and Care Wales (DHCW) and the Vaccine Programme Wales (VPW) data and epidemiology group to scrutinise vaccine uptake data and provide a robust data surveillance system to inform vaccine uptake across North Wales. Nationally provided data is reviewed and updated locally through regular programme data cleansing to confirm correct eligibility under programme inclusion criteria; review any patient opt out requests and support correct representation of data.

3.3 Addressing variation, inequality and vaccine hesitancy

The Public Sector Equality Duty (2011) was developed in part in response to evidence of longstanding inequalities in health experienced by specific groups in the population. Our response to vaccine equity also requires us to consider our response to another Welsh Government Act, namely the Socio-economic Duty (2021). The overall aim of the duty is to deliver better outcomes for those who experience socio-economic disadvantage. There is evidence that the uptake of routine vaccinations are consistently lower amongst groups sharing some of the protected characteristics, thereby contributing further to inequities in health. This has been highlighted in the Public Health Wales enhanced surveillance reports on uptake of the COVID-19 vaccination, which highlights persistent and significantly lower uptake amongst Black, Asian, Mixed and Other ethnic groups compared with combined White ethnic groups, and amongst more socio-economically deprived communities compared to those who are more affluent.

Table 1: Local Authority level and most deprived Lower Super Output Areas - LSOAs

	Number of lower super output areas	Most deprived 10%	Most deprived 20%	Most deprived 30%	Most deprived 50%
Conwy	71	4.3%	9.8%	15.2%	31.5%
Denbighshire	58	9.6%	12.3%	17.8%	37.0%
Flintshire	92	6.8%	22.7%	40.9%	65.9%
Gwynedd	73	3.4%	6.9%	10.3%	43.1%
Isle of Anglesey	44	1.4%	8.5%	11.3%	23.9%
Wrexham	85	7.1%	11.8%	28.2%	41.2%

North Wales has some of the most deprived areas in Wales, particularly along the North Wales coastline. Rhyl West 2 and Rhyl West 1 are the first and second most deprived lower super output areas in Wales described by the Welsh Index of Multiple Deprivation (WIMD).

For a number of years, BCUHB vaccination teams have recognised the need to take a proportionate approach to ensuring that groups in the population that have traditionally had lower vaccination rates are given additional support and engagement. This approach has been galvanised more recently in the planning and delivery of the COVID-19 vaccination programme.

- Optimise how we collect, collate and use intelligence regarding vaccine equity.
- Maintain our list of, and meaningful engagement with, our existing trusted networks and leaders in the Community.
- Draw learning from national equity work, and proactively share best practice.
- Regularly review and evaluate equity impacts and respond to findings in a timely way.
- Develop accessible communication resources.

3.4 Governance

The Health Board lead for immunisations is the Executive Director of Public Health. To enable clear leadership during 2024/25, the health board Chief Pharmacist is the Senior Responsible Owner (SRO) for overseeing vaccination arrangements reporting to the Executive Director of Public Health for this part of their portfolio.

Overall co-ordination and monitoring of the Strategic Immunisations Plan currently lies with the Strategic Immunisation Group (SIG). This Group oversees the Area Operational Immunisation Groups (AIOGs) which develop, implement, and monitor detailed operational actions plans to implement the Strategic Plan. The SIG also monitors and scrutinises vaccination uptake data in line with Welsh Government targets, and seeks to provide assurance to the Health Board on progress, risks and mitigating actions.

4. Achievements so far

Detailed analysis of vaccination uptake and performance are available at Appendix 1.

Key stakeholder engagement and the health board vaccination team has worked collaboratively with a number of key partners to optimise vaccine uptake across a range of programmes resulting in excellent and maintain relationships with primary care providers and to make every contact count in a wide variety of locations.

Measles achievements May 24 – July 24:

1. More accurate reporting for staff MMR.
2. Effective communication to all.
3. Dedicated Measles page on Betsinet.

4. Briefings from Executives.
5. Blood Bikes engaged if lab runs are missed.
6. Big databases.
7. Significant activity in National meetings.
8. Our stock as National stock, easy access and replenishment.
9. Buy in from various colleagues, Paeds, Womens.
10. Assurance we can scale up for further outbreaks.
11. Lots of raising awareness and targeted approaches.
12. IPC Flow chart developed and in use.
13. School uptake and data cleansing.
14. Awareness with traveller communities.
15. Comms and videos.
16. Flags on Symphony on known cases in Out of Hours.
17. Links with WAST.
18. Texts nearly off the ground and ready for deployment.
19. Desire to learn from cases and incidents.
20. Successfully contained the case in North Wales.
21. Learning being captured to develop SOP for outbreak preparedness.

4.1 Local Authority

During the pandemic, weekly meetings with local authority partners were established to outline the Covid-19 vaccination response. These meetings were key to informing health and social care staff of their eligibility for vaccination. In addition, local authority colleagues were able to share community level information to support an equitable programme provision. As we transition into business as usual, we are continuing to build on the relationships gained and work collaboratively with all Primary care providers.

4.2 Vaccination of Displaced Individuals

In December 2022 – January 2023, the vaccination team supported the health needs of 100 displaced men seeking refuge in the United Kingdom. The vaccination team alongside health protection and primary care colleagues identified a priority schedule for vaccination including hepatitis b and diphtheria. The challenges of cultural and language barriers were overcome resulting in 96% vaccination uptake. Lessons learnt including the challenges identified and the data sharing issues between NHS organisations and the Home Office were fed back at national level.

4.3 Test and Trace

The vaccination team has supported colleagues working within the local Health Protection team to enable them to deliver flu vaccinations enabling a 'peer to peer' offer in an attempt increase vaccine uptake amongst staff. Support to ensure vaccine cold-chain governance and audit of vaccine journey, in addition to the clinical skills required to work under a Patient Group Direction upskilled a further cohort of staff to support delivery of vaccination in the future.

4.4 Contact Centre

The contact centre staff have responded to an ask by a number of health board directorates to support data workstreams. More recently, the team have supported the health protection team with response arrangements for the infected blood inquiry.

5. Key Learning

As part of capturing learning points, key stakeholders were invited to respond to a survey during 2022 and responses received from across Primary, Community and Secondary Care services, the breadth of all vaccination programmes, and the six local authority areas provided key opportunities for focus.

An analysis of the responses identified four key themes, outlined below which will be the key drivers to prioritise in our approach to transform into a fully integrated health board service.

Operational: e.g. improving access, strengthening local delivery responses, staff training, responding to variation in uptake, responding to rapid changes in Welsh Government Policy.

Communication: ensuring that our communications to the public and our partners are as impactful as possible – considering the needs of different groups, how, when and where we communicate, local vs national communications, value of working through trusted networks.

Workforce: learning from what has worked with COVID to inform how we best use the workforce for all our vaccination programmes including recruiting staff that have recently retired. There was a strong emphasis on the role of primary care due to their trusted status in the community, better staff engagement and involvement, additional vaccination support for school nurses to release them to focus on other priorities.

Information: how do we develop information systems that bring all vaccination information into one place, and are kept up to date? How do we develop more modern vaccination booking systems?

6. Challenges

The factors that influence vaccine uptake are complex, and are often a combination of things relating to:

- access, such as physical access to vaccinations, and access to information.
- acceptability, including how important people feel it is to be vaccinated, which could be influenced by cultural, socio-economic, and other broader considerations.
A component of acceptability is vaccine hesitancy, which is an increasing concern, as there is evidence it is having a small but significant impact on uptake rates across a range of vaccination programmes.

Due to how uptake data for some programmes is reported, there is sometimes a time lag e.g. many of the childhood immunisations programmes report uptake on a quarterly basis, which can make it challenging to understand what might be influencing uptake performance in real time. However, uptake data reporting on the Flu and COVID-19 vaccination programmes are much more frequent.

The large effect of small numbers. This relates in particular to childhood immunisations, most of which have very high uptake targets in order to achieve herd immunity i.e. 95%. A small cohort of under-vaccinated children at a local level can therefore have a significant impact on overall uptake rates for that local population, making the difference between achieving uptake targets, and falling just short. Caution is therefore required when analysing uptake data at very local levels, and it is always important to engage the whole system in understanding what might be driving lower uptake at these local levels, in order to respond effectively. For example, there may be a small number of families in an area whose children have missed some of their vaccinations who require additional support.

Whilst data quality is generally high, there are ongoing challenges, such as the transient nature of some groups in the population, to ensuring that what is published is accurate. Regional **data cleansing** is frequently required to ensure that the denominator e.g. the number of children eligible for a vaccination at any given point in time, and numerator data e.g. the number of children who have received the vaccination, are accurate.

Reviewing uptake data for some of the smaller vaccination programmes, such as those offered to targeted groups based on certain risk factors e.g. BCG (the TB vaccine), is more challenging. This is because the **eligibility criteria** for vaccination is very specific for a very small number of individuals per year. The focus on reviewing these programmes is therefore on seeking assurance that all individuals at risk have been identified in a timely manner, and are offered the vaccination to protect their health and wellbeing.

7. Working Collaboratively

During the Spring programme 2024, the Covid-19 vaccination teams have supported the health board and primary care programmes with vaccination work streams to maximise vaccination uptake in priority programmes. These include:

- School Nursing and Child Immunisation MMR uptake**
 Continued support of the School Nursing and Child Immunisation teams has been provided to improve the uptake of MMR vaccination in school age children in response to the Welsh Health Circular (Vaccination of children to protect against measles (WHC/2024/008)). When children were identified as having other outstanding vaccinations, these were also offered where clinically appropriate and operationally viable.
- Shingles Vaccination Programme to Support Programme Change Year 1 Target**
 Following a change in the shingles programme in Sept 2023, the health board vaccination teams have agreed to support primary care to achieve vaccination of all 50 years plus immunocompromised individuals (target delivery of two doses of Shingrix by September 1st 2024) following the end of the Covid-19 Spring programme in April 2024.

The ambition of an integrated health board immunisation service is that these type of initiatives are strengthened and we optimise our response capacity to vaccinate eligible cohorts within North Wales as quickly as possible when the need arises.

7.1 Schedule of Immunisation Programmes

The complete Immunisation Programme can be accessed at this link phw.nhs.wales/topics/immunisation-and-vaccines/routine-immunisation-schedules-for-wales/complete-routine-immunisation-schedule-for-wales-from-september-2023-updated-pdf/

Health Board schedule: Swimlane of Immunisations

Immunisation	Cohort Size	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Covid-19	490,000				Spring Booster 100,000					Autumn Booster 390,000							
LAIV 2-3 Year Olds	12,602										12,602						
LAIV School Aged 11-15	12,602										176,996						
Influenza	264,306									264,306							
MMR		All year round offer as a Catch Up															
RSV 75 - 79 Initially (Then 75+)											Sept TBC						
RSV Maternal	5,891									Sept TBC							
Pregnancy/ Pertussis	5,891	5,891															
Teenage Booster and MenACWY	7,000	Year 9 7000			Catch Ups												
Pneumococcal	9,073	9,073															
Shingles 2 appointments	8,087	8,087															
Pre School	35,000	Various 35,000															
Mpox		All year round if identified															
School Age HPV x2 appointments	7,000			Years 8 & 9 7,000			Catch Ups										
Neonatal Hep B	12 (1 per month)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
BCG	525 (25 per month)	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	
Sexual Health HPV 3 appointments	495 (33 per month)	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	

8. Next Steps

The proposed OCP and transformation programme for the delivery of immunisations by the health board will be led by an independent senior project leader and overseen by the SRO to ensure that the following steps are developed further and enacted to enable success.

- Working with Vaccination Programme Wales (VPW) Transformation Board on the further development of the National Immunisation Framework for Wales that builds on the strategy, themes and vision.
- Enables detailed analysis and assessment of existing resources across Integrated Health Communities (IHCs) used in the organisation and delivery of immunisations, identifying the best practice and gaps for improvement;
- Developing a robust stakeholder engagement aspect to ensure that ideas and feedback are part of the vision for local transformational delivery as well as national priorities such as digital enablers;
- Identify clear leadership and programme structures and surrounding governance to ensure the programmes is held to account and delivers in the required timeframes;
- Ensure there is a clear change management and organisational development support in place to manage potential resistance to change;
- Resource the transformation programme to enable success; and
- Enable existing services to continue working closely together in support of transformation.

9. Budgetary / Financial Implications

Decisions on the most appropriate use of vaccines are made on advice from the UK Joint Committee on Vaccination and Immunisation (JCVI). The JCVI is an independent Departmental Expert Committee and a statutory body, and is constituted for advising the secretary of state in England and Welsh Ministers in Wales on “The provision of vaccination and immunisation services, being facilities for the prevention of illness”.

Following consideration of JCVI advice by the Welsh Government’s Chief Medical Officer, the relevant actions regarding the implementation of vaccination programmes in Wales are communicated to Health Boards through the circulation of Welsh Health Circulars (WHC) and Chief Medical Officer Letters. Typically, funding is made available to Health Boards in order to facilitate the full delivery of each WHC.

10. Risk Management

The implementation of an integrated health board vaccination service mitigates a range of Public Health risks on Datix including:

ID 5146 – Tier 1 – Population Health. There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities.

ID 5295 – Tier 2 - Vaccine Hesitancy. There is a risk of not achieving vaccine uptake targets due to an element of vaccine fatigue and hesitancy amongst both staff and the general public.

11. Equality and Diversity Implications

In June 2023 an EqIA assessment was completed and approved by the BCUHB Strategic Immunisation Group.

We recognise that the high uptake rates across different vaccination programmes are not equally distributed across all groups in the population, be they differ in relation to geography, deprivation, or in groups sharing certain characteristics or vulnerabilities.

12. Horizon Scanning

The BCUHB vaccination team continues to work closely with Vaccination Programme Wales to support the implementation of further changes to existing vaccination programmes and the implementation of new programmes.

Appendix 1: Key Vaccination Programmes - Performance Update

Programme	Performance Update The most recent quarterly uptake data (January - March 2024)	Key Impacts	Notes
<p>Childhood immunisations</p> <ul style="list-style-type: none"> Historically, BCUHB performs better than the national average in the uptake of most childhood immunisations. This requires a significant and ongoing effort by those who plan and deliver these vaccinations to ensure that no child is left behind, in particular during the challenging circumstances posed by the COVID-19 pandemic. The most recent data* shows that vaccine uptake in young children remains high and stable. However, uptake rates generally decreases in older children, which is a pattern observed nationally. One of the factors that may account for this is that older children receive their vaccination in the school setting. Whilst there are many benefits in doing so, including providing a safe and accessible vaccination location for children and young people, it usually involves one opportunity per academic year to deliver specific vaccinations, such as the teenage booster and MenACWY. The proportion of children who were up to date with routine immunisations by their fifth birthday was 90.8% (national average 87.9%) *cover report Feb 95 [WP] (nhs.wales) 			
1.	<p>Measles, Mumps and Rubella (MMR)</p> <p>Uptake of two doses of MMR by age 5 in BCUHB is 91.6%, which is higher than Wales average at 89.6%.</p> <p>The proportion of children achieving an uptake of two doses of MMR at age 16 in BCUHB (92.4%) is higher than at age 5, and remains higher than the Welsh average (91.6%).</p> <p>The health board COVID vaccination team are supporting MMR uptake from June to end of August as a supportive primary focus workstream during non seasonal delivery in response to the WHC (January 2024) to achieve a 90% uptake in all school children following a global increase in measles cases</p> <p>In Response to a WHC (Dec 2023) to offer two doses of MMR vaccine to staff with an incomplete immunisation history , the BCUHB occupational health team implemeted a series of initiatives to provide an equitable and convenient method for staff to obtain vaccination:</p> <ul style="list-style-type: none"> Collaboration with the health board vaccination team to increase awareness of the global rise in measles cases and the importance of vaccination amongst health care 	<p>The higher uptake provides assurance of the system effectiveness in identifying and following up children who have missed a vaccination.</p> <p>A positive case of measles in the East area was contained and staff awareness and vaccination status was a likely contributor.</p>	<p>It is important to note that it is never too late to receive your first or second MMR vaccination.</p> <p>Ongoing offer of MMR vaccine to all staff unable to evidence previous two doses of MMR Vaccine.</p>

		<p>workers to protect themselves, patients and health board workforce resilience</p> <ul style="list-style-type: none"> • Implementation of the online OPAG G2 portal which enabled staff to access their MMR vaccine record. (Staff who had submitted evidence of vaccination or who had been vaccinated by BCUHB occupational health) • Quick access booking link for occupational health appointment for vaccination • Drop in sessions at widely communicated venues across the health board <p>The health board responded to the increased measles threat with a health board executive led webinar which was either attended or retrospectively viewed by over 1600 health board staff. The webinar included key messages from the Director of Public Health, Consultant in Public Health, Associate Director of Health Protection, Infection Prevention and Control Matron and the Clinical Lead Pharmacist for Vaccination and Immunisations.</p>		
2.	6 in 1 Vaccine (DTaP/IPV/Hib/HepB)	<p>Uptake of the complete three-dose course of “6 in 1” in BCUHB scheduled at two, three and four months of age, in children reaching their first birthday is 94.3% which falls below the target of 95% uptake.</p> <p>The target was achieved in Ynys Mon/Anglesey achieving 95.1% and lowest uptake was in Conwy at 94%.</p>	In 2020/21, BCUHB sought to ensure that 95% or more of children had received three doses of the 6 in 1 vaccination before their 1st birthday.	Babies can catch these serious diseases from birth and it's important to protect them through vaccination as soon as possible.
3.	Human Papilloma Virus (HPV)	<p>From September 2023, the HPV vaccination programme changed from a two dose to a one dose-only schedule following a Joint Committee on Vaccination and Immunisation (JCVI) recommendation.</p> <p>From September, immunocompetent adolescents who have received one dose of HPV vaccine will be considered fully vaccinated against HPV.</p>	The Human Papilloma Virus (HPV) is the main cause of cervical cancer in women, with HPV types detectable in more	<p>Welsh Health Circular- Implementing the move to one dose of HPV vaccine in Wales.</p> <p>Timings of immunisation</p>

		Uptake of one dose of HPV vaccine for children in the 2023-24 school year 8 cohort (turning 13 years of age during 01/09/23 to 31/08/24) was 9.6% to date (national average 18.5%).	than 99% of cervical cancers. HPV vaccine provides protection against the two high-risk HPV types that cause 70% of all cervical cancers. It is important to receive both doses of the vaccine to have optimal protection. Those who miss any dose of HPV vaccination at school are eligible to receive the vaccine up to their 25th birthday.	sessions vary between HBs and uptake will increase over the next two quarters as more immunisation sessions take place.
4.	Meningococcal ACWY (MenACWY)	Uptake of routine MenACWY vaccine in the 2023-24 school year 9 cohort was 4.5% to date. Coverage of the MenACWY vaccine in the 2023-24 school year 10 cohort was 69.3%. Uptake of the MenACWY vaccine in the 2023-24 routine school year 9 cohort was 47.6% (national average 44.5%). Uptake in this cohort will increase over the next two quarters as further vaccination sessions take place. Coverage in the 2023-24 school years 10, 11 and 12, was 66%, 77.7% and 83.2% respectively.	Since 2015, young people aged 13-14 years and new university students are offered the MenACWY vaccine. This was in response to a rise in cases of meningitis and septicaemia caused by meningococcal W disease. Uptake of the vaccine is measured at 15 years of age.	Rates are variable within BCUHB counties in all school years but average uptake comparable nationally.
5.	Hepatitis B	Uptake data for hepatitis B immunisation in children who were at risk of perinatal infection, extracted from the Public Health Wales All Wales Neonatal Hepatitis B Immunisation Database.	Hepatitis B vaccine is offered to all children as part of the	Proportions should be interpreted with caution as small

		In BCUHB, uptake of four doses in children who were at risk of perinatal infection by their 2nd and 5th birthdays was at 100%.	universal programme, and is also available for people at high risk of the condition.	numbers of babies require an enhanced course of hepatitis B immunisation.
6.	Bacillus Calmette-Guérin (BCG)	BCG immunisation has been received by 5.2%, 6.1%, 6.2% and 4.8% of children reaching their first, second, fifth and 16th birthdays (respectively) during quarter one of 2024.	BCG is not a routinely scheduled vaccination. Vaccination is targeted only for children who are eligible due to risk factors, therefore limited data is available.	It is important that infants and children eligible for the vaccine are identified and vaccinated early. This requires close collaboration between midwifery and paediatric services and effective communication with health visiting teams and primary care.
Adult vaccinations				
7.	Pneumococcal	Surveillance data is only available at present for 2020/21. Awaiting further update from Public Health Wales.		
8.	Shingles	A new shingles vaccination programme was introduced in Wales in September 2023. Key programme changes are outlined below : <ul style="list-style-type: none"> offer of a two dose shingrix schedule to all 50 plus immunocompromised individuals by September 2024. 	Uptake in the currently eligible 71 year plus cohort is 71%. This represents the highest percentage uptake in Wales and demonstrates an	

	<ul style="list-style-type: none"> offer of a two dose shingrix schedule to all immunocompetent individuals over 60 years of age in two 5 year phased programme changes (60-65 years and 66 to 60 years) 	effective call and recall programme within primary care to offer the shingles programme as the newer programme cohorts become eligible.	
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Seasonal Influenza (Flu) Vaccination Programme

- The Influenza Programme commenced on 07/09/23 and completed on 31/03/24 with a total of 163,847 vaccinations administered for eligible citizens who were Immunosuppressed and clinically vulnerable across North Wales.

<p>10.</p>	<p>The final 2023/24 uptake for BCUHB was 73.9% for patients aged 65y and older and the uptake for patients aged 6m to 64y was 42%. BCUHB completed the flu programme with the second highest uptake across Wales for patients aged 65y and older, and third in Wales for patients 6m to 64years at risk.</p> <p>The total uptake for health board staff within BCU was 6,120. This showed that only 33.1% of staff took up the offer of flu vaccination, falling below the national Wales average of 38.3%.</p> <p>The table below describes the number of vaccinations provided by care setting:</p> <table border="1" data-bbox="241 863 1518 1198"> <thead> <tr> <th></th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>GP Practices</td> <td>9,390</td> </tr> <tr> <td>Pharmacies</td> <td>1,209</td> </tr> <tr> <td>HMP Berwyn</td> <td>621</td> </tr> <tr> <td>Care Homes</td> <td>479</td> </tr> <tr> <td>Occupational Health</td> <td>6,120</td> </tr> <tr> <td>Other</td> <td>146,028</td> </tr> <tr> <td></td> <td>163,847</td> </tr> </tbody> </table> <p>The School Influenza Programme performance revealed uptake for BCUHB Primary Schools: 52.9% (Wales = 61.3%) Secondary Schools: 42.0% (Wales= 48.7%).</p>		Total	GP Practices	9,390	Pharmacies	1,209	HMP Berwyn	621	Care Homes	479	Occupational Health	6,120	Other	146,028		163,847	<p>The Vaccination Programme will implement lessons learnt following various debrief sessions from 2023/24 programme, in order to action prior to the commencement of the 24/25 Influenza Programme.</p>	<p>Collaborative working with communications team took place, to promote staff flu vaccination opportunities such as, webpages to support drop-in sessions and media coverage across the local press.</p>
	Total																		
GP Practices	9,390																		
Pharmacies	1,209																		
HMP Berwyn	621																		
Care Homes	479																		
Occupational Health	6,120																		
Other	146,028																		
	163,847																		

COVID-19 Vaccination Programme

- The Covid-19 vaccination programme in North Wales launched its Spring Booster Vaccination Programme on 1 April 2024, with the main campaign running until 30 June 2024.
- The vaccination programme commenced with the most vulnerable citizens, including care home residents and those which are house-bound, followed by the eligible cohorts as defined by Vaccination Programme Wales. The Spring 2024 programme was deployed solely by the health board vaccination team.

11. Uptake by cohort:

Spring 2024 Programme	01/04/24 – 30/06/24		
	Cohort Size	Uptake Figure	% Uptake
Over 75s	57,653	46,557	81.0%
Immunosuppressed	15,043	12,208	81.2%
Care Home Residents	4,168	3,637	87.0%
Housebound	4,746	4,517	95.2%
Totals	81,610	66,919	82.0%

The continuous review of the hard to reach groups and low uptake demographics addressed any potential inequalities and supported the vaccination programme ethos of 'leave no person behind'.

[THE HUMAN MEDICINES \(AMENDMENTS RELATING TO CORONAVIRUS AND INFLUENZA\) \(ENGLAND AND WALES AND SCOTLAND\) REGULATIONS 2024 2024 No. 344](#) maintain until 2026 certain provisions which were introduced in response to the COVID-19 pandemic relating to extended workforce who are legally and safely able to administer a COVID-19 or influenza vaccination.

Respiratory Syncytial Virus (RSV) Vaccination programme

12. RSV Older Adults

RSV older adults programme

13.	RSV Maternal	<p>The Cabinet Secretary for Health & Social Care has agreed, in line with the advice of the JCVI, that a RSV vaccination programme should be offered to all eligible individuals in Wales.</p> <p>As outlined in the Wales Health Circular published on 24 June 2024, from 1 September 2024:</p> <ul style="list-style-type: none"> • A routine, year-round RSV vaccination offer should be made to older adults as they turn 75, with a one-off campaign taking place over 12 months for individuals between 75 and 79; and • A routine, year-round RSV maternal vaccination offer should be made to all pregnant women, from 28-weeks' gestation, aimed at protecting their newborn babies. <p>RSV older adults programme Work is currently underway to commission primary care with delivery of the older adult RSV programme.</p> <p>RSV maternal programme For the first year of this programme the health board vaccination team will vaccinate eligible pregnant mother's to be aligning as closely as possible to existing antenatal care appointments . To support programme sustainability an education.</p> <p>A programme to upskill midwifery colleagues to engage in positive communication regarding vaccination with their pregnant patients will take place using resources from VPW modules such as 'Make Every Contact Count' and Motivational Interviewing'. It is the intention to support midwifery colleagues to vaccinate in future years.</p>	<p>Representation at primary care focused meetings has supported the timely sharing of information and the requirement for practices to consider this additional programmes with respect to winter respiratory planning, cold chain storage and governance in addition to business as usual.</p> <p>RSV maternal programme</p> <p>Joint working between midwifery colleagues and vaccination operational leads has mapped antenatal clinics to support the deployment of vaccine.</p>	
MonkeyPox (Mpox)				
14.	<p>Testing remains low with no positive reported cases in North Wales in 2024</p> <p>Digital based monitoring is now available via a PowerBI tool which has enabled the creation of a live dashboard which will automatically send an e-mail to a dedicated distribution list when a test has been undertaken.</p>	<p>In February 2024, notification was received of the availability of a</p>		

		licensed Mpox vaccine and directive to move supplies over from the unlicensed preparation. Health boards teams managed a smooth introduction and implementation of a legal framework for supply of the frozen vaccine and administration via Patient Group Direction.	
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Teitl adroddiad: <i>Report title:</i>	Health Protection Service: Service overview and update on activities			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships (PPHP) Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 20 August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper provides an update to the PPHP committee on the work of the Health Protection Service since the service began on the 1st April 2023.			
Argymhellion: <i>Recommendations:</i>	The committee is asked to note the contents of the report and endorse the approach that has been taken to delivering health protection measures in North Wales.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Jane Moore, Acting Executive Director of Public Health			
Awdur yr Adroddiad: <i>Report Author:</i>	Sam Lauder, Assistant Director for Health Protection			
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"/> 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>
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>	This programme of work will contribute to the following strategic objective: Objective 4 – Improving quality, outcomes and experience.			
Goblygiadau rheoleiddio a lleol:				

Regulatory and legal implications:	The Health Protection (Notification) (Wales) Regulations 2010
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Yes – an EQiA has been undertaken on the refresh of the strategic delivery plan and will be submitted to the BCUHB Equality team
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>	Yes – an SEIA has been undertaken on the refresh of the strategic delivery plan and will be submitted to the BCUHB Equality team shortly.
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>	The following DATIX are linked to this work: ID: 5193 - There is a risk that the Health Board does not plan adequately for outbreaks of transmittable diseases such as (but not solely) Measles, Monkey 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.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	There are no financial implications, the Health Protection Service is operating within budget
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	There are no workforce implications
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	The information within this paper will be used to provide updates across a range of Health Board services and also to Welsh Government as part of quarterly reporting requirements.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	See above Corporate Risk Register.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol

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

Not applicable

**Camau Nesaf:
Gweithredu argymhellion**

Next Steps:

- Committee members are asked to endorse the approach that has been taken in North Wales for the delivery of an integrated Health Protection Service who work on a health board footprint to support health protection measures and respond to future threats.

Rhestr o Atodiadau:

Dim

List of Appendices:

None

Planning, Population Health and Partnerships Committee

20th August 2024

Health Protection Service: Service overview and update on activities

1.0 Introduction

As a core discipline of public health work, health protection is defined as:

“The protection of individuals, groups and populations through expert advice and effective collaboration to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats (Ghebrehewet, Stewart and Rufus, 2016)”.

Established on the 1st April 2023, the Betsi Cadwaladr University Health Board (BCUHB) Health Protection Service (HPS) supports health protection partner organisations in their response to health protection threats and needs across North Wales.

In addition to responding to acute health protection issues and providing much-needed resilience and reducing pressure within the wider health protection system, the HPS supports the delivery of proactive, preventative work streams to strengthen and prepare particular settings and sectors against current, new and emerging threats.

2.0 Service background

In March 2022, Welsh Government published its policy document ['Together for a safer future: Wales' long-term COVID-19 transition from pandemic to endemic'](#) In the document, the Welsh Government outlined its proposals for a move away from emergency response and an integration of COVID-19 activities into national public health responses for communicable diseases.

A significant element of a return to business-as-usual was a scaling back of the infrastructure put in place to support the wider COVID-19 response. This included the decommissioning of Test Trace Protect services across BCUHB, with residual services focussing on the protection of the most vulnerable, rather than across the whole population.

The plan articulated a number of principles including the move to a more targeted approach to COVID-19 prioritising the protection of the most vulnerable, adapting an evidence based approach to the response, proportionality, strengthened partnership working and a renewed focus on tackling inequalities exacerbated by the pandemic. The plan also introduced the core planning scenarios of COVID-stable and COVID-urgent.

In December 2022, Welsh Government wrote to BCUHB to confirm the level of transition funding for 2023/24. The Health Board was asked to use the funding to enable the development of a strong, sustainable, effective and agile health protection response for the local population, including COVID-19. This built upon the recommendations made following the [Independent Review of the Health Protection System in Wales](#) which identified a number of recommendations including, maintenance of local teams and a retention of skills and knowledge gained during the pandemic and a bringing together of local and regional partners as part of any health protection response.

On the 31st March 2023 the COVID-19 Test Trace Protect service that had operated across North Wales for a substantial part of the pandemic response concluded, and on the 1st April the HPS commenced.

3.0 Guiding principles

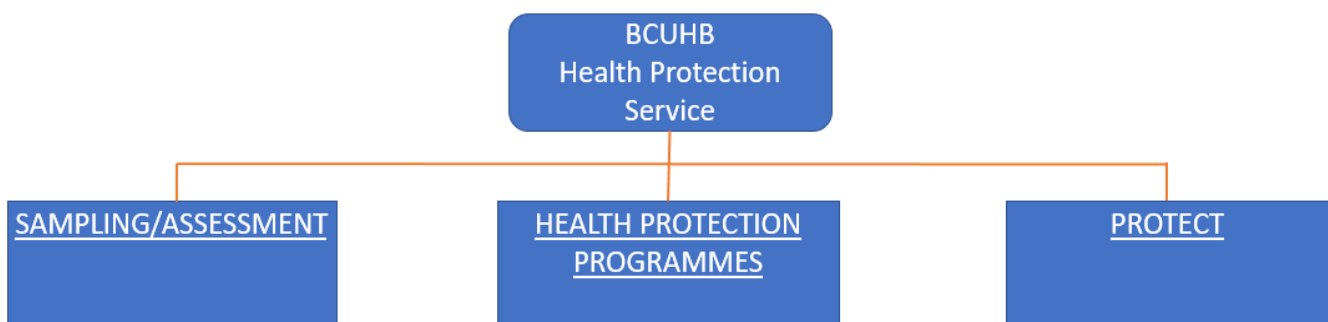
Welsh Government developed national guiding principles which have determined the form and function of the HPS in North Wales. These principles conferred the agile nature of the service based on the health board footprint, where work is undertaken with partners to support the wider health protection system. The national health protection framework, as recommended in the Independent Review of the Health Protection system in Wales is yet to be published, therefore the guiding principles have remained core to the health protection system and have been used since the 1st April as the reporting mechanism and blue print for health protection activities. The core principles include:

- Responding to COVID waves within a COVID-stable environment and deliver on the national approach for respiratory viruses, and having plans in place to scale-up in the event of a COVID urgent/future pandemic scenario
- Responding to outbreaks and wider threats.
- Delivering on the National Immunisation Framework for Wales
- Undertaking wider health protection work, for example support to those seeking refuge in Wales, supporting messaging in schools, support to care homes and work on TB and Hepatitis elimination agendas
- Working together locally and nationally to support and deliver work to address equity of access and opportunity

4.0 Current operating model

The HPS delivers work streams across three distinct 'pillars':

1. Sampling and assessment
2. Health protection programmes
3. Protect.



4.1 Sampling and assessment

This pillar of the service represents the service's ability to respond to urgent health protection issues and threats, including urgent sampling requests or health assessments.

4.2 Health protection programmes

This 'steady state' pillar focuses on the delivery of wider health protection work in support of other existing services of departments, including supporting the Hepatitis B&C elimination

agenda with additional sampling capacity, vaccinator support to immunisation campaigns in schools, the community and in the Health Board, and supporting the HIV Fast Track Cities programmes with additional testing capacity.

4.3 Protect

This 'steady state' pillar provides health protection support to particular settings/sectors, including infection prevention control support to residential care homes, the development of an infection prevention champion's network in care homes and the management of COVID-19 incidents in care settings.

From 1st April 2023 the HPS has operated from three sites across North Wales, each aligned with the Integrated Health Communities, at Wrexham Maelor in the East IHC, Ysbyty Glan Clwyd in Central IHC and at Parc Menai in West IHC. The HPS provides 7-day a week cover, with skeleton cover at weekends and bank holidays but with the ability to flex/surge to meet specific needs.

5.0 Partnerships

A fundamental element of the HPS has been the development of partnerships and working in collaboration with key stakeholders including Public Health Wales, Local Authority Environmental Health teams and other Health Board Services. The service organogram in Appendix 1 demonstrates the relationships that have been established between the HPS and key stakeholders. The early development of strong partnerships has enabled the HPS to add value to a number of services/response activities.

A Health Protection Strategic Partnership Group has been established for North Wales and is chaired by the HPS. The group aims to ensure that the health protection system in North Wales provides appropriate, consistent and well-resourced responses to health protection threats. The group also considers trends, local issues and resource constraints within the wider system to ensure preparedness, and enhance inter-service working, partnerships and collaboration.

The HPS is keen to share lessons learned with local partners and with other services across Wales. The HPS shares details of work streams delivered in North Wales in national meetings, which has resulted in other health board areas adopting projects that had originated in North Wales.

6.0 Funding

Towards the end of the transition year 2023/24, Welsh Government confirmed recurrent funding for Health Protection within BCUHB. The allocation of recurrent funding has enabled the remaining fixed-term posts in the HPS structure to be made permanent, further enhancing resilience against health protection threats.

In addition to staff costs, the HPS are expected to fund the allocation of community lateral flow tests for individuals who are eligible for COVID-19 treatment and for Point of Care Testing, those cost of which is estimated at £130,000 and £318,000 respectively.

7.0 Achievements

Despite being in its infancy, the HPS has accomplished a significant amount of work during its first 15 months. Notable achievements include:

Sampling and assessment

- The development of a number of sampling pathways with the ability to deploy community sampling 7-days-a-week for a number of infectious diseases including COVID-19, Influenza, M.pox, Measles, Hepatitis B&C, Avian Influenza, Gastrointestinal illness, Diphtheria etc.
- Proven support to large incidents and outbreaks in North Wales, including the coordination of sampling activities across several local authority areas over a weekend as part of an Outbreak Control Team response to a Cryptosporidium outbreak.

Health Protection Programmes

- Supporting the Harm Reduction Team with additional sampling capacity as part of their Hepatitis B&C High Intensity Test and Treat project, achieving 585 additional Hepatitis B&C tests, which generated 60 new Hepatitis C diagnoses
- Provision of 4 Hepatitis B&C sampling clinics in Probation Services across North Wales every week – to continue for a pilot period of 6 months.
- Provision of additional HIV testing clinics during HIV testing week.
- Vaccinator capacity within the HPS has supported the Health Boards peer to peer Influenza campaign, with 50% of the vaccinations provided to BCUHB staff last year provided by the HPS, also, the HPS have support the district nursing teams with influenza vaccinations for vulnerable house bound citizens, and the school nurses with nasal influenza and MMR vaccinations in schools.
- Working with the BCUHB respiratory team, the HPS facilitated the re-engagement of a cohort of Ukrainian citizens in North Wales with TB screening, which included health assessments and taking samples.
- The HPS has lead on measles outbreak preparedness activities within the health board since concerns were raised nationally around an increase in cases, key achievements have included:
 - Awareness raising of the risk of measles and the production of a number of assets to communicate risks, precautions and infection prevention standards
 - Targeting of services to low uptake groups including Gypsy Roma Travellers
 - Securing the availability of Human Normal Immunoglobulin in North Wales, with a pathway for prescribing and administering to measles contacts in North Wales
 - The development of contact tracing tools, including the development and use of 'Symphony'
 - Development of a measles sampling pathway for community cases – available 7-days a week
 - Oversight of MMR uptake programmes in BCUHB staff and in school children
 - Creating a forum where lessons from recent cases and incidents can be captured and disseminated
 - Using the lessons from measles to help develop robust infectious disease outbreak plans for the Health Board

Protect

- The design, development and deployment of an infection prevention support programme for residential care homes. 216 residential care homes were visited in 2023/24 as part of the programme and received an infection prevention review and bespoke report highlighting action points and recommendations. In total, nearly 2500 infection prevention actions were identified, with each home receiving a follow-up intervention to assess compliance (80% completion rate of actions).
- Working in partnership with Infection Prevention colleagues, the HPS has introduced an infection prevention champion's network for care homes in North Wales, which

includes the development of resources and a monthly training session for champions on key topics.

- Provision of a complete system of support for care homes with COVID-19 incidents from testing, management of the incident and response visits where there are escalating concerns. Being the only health board HPS to have access to the national Case and Incident Management System (Tarian) has facilitated effective and timely incident management and reporting to Public Health Wales.
- Approved by the Royal Society of Public Health as a training centre for delivering Infection Prevention training to Special Procedures Practitioners (Tattooing, Body Piercing, Acupuncture and Electrolysis).

8.0 Key learning

The experiences of the first 15 months of the HPS have demonstrated that there was a need to place an operational health protection resource into a health board area like North Wales. Furthermore, the development of partnerships has enabled support to be provided to a number of services and to a number of response activities to health protection threats.

A significant benefit has been realised through the 7-day nature of the HPS. Health Protection issues have a habit of paying little attention to the boundaries of the working week, and the ability to provide as response over a weekend or bank holiday has, on a number of occasions, facilitated an early diagnosis, freeing up resource in another parts of the health protection system. To date, the BCUHB HPS is the only health board HPS able to offer measles sampling in the community over a weekend.

Since the beginning, the HPS has sought to capture data and feedback from projects and partners with a view to being able to demonstrate outcomes, and evidence how the HPS is adding value to services and partner organisations.

9.0 Risk management

A Tier 1 risk identified by the HPS which is currently on the corporate risk register is:

Risk: 5193

There is a risk that the Health Board does not plan adequately for outbreaks of transmittable diseases such as (but not solely) Measles, Monkey 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.

The HPS is working with the EPRR Lead to develop an outbreak plan/SOP to help mitigate this risk.

10. Challenges

Following a very successful first year, and having secured recurrent funding, the HPS is keen to expand its remit of support and its ability to respond to new/emerging threats. The response to measles has demonstrated a need within BCUHB to have a service that is able to coordinate preparedness activities, there is also a desire to ensure that the service is expanding to meet the 'all hazards' agenda and not be limited to a focus on infectious diseases. However, a key area of uncertainty is the proposed national framework for health protection that is expected in 2024/25. It is hoped that the framework serves to support the activities of the HPS and not

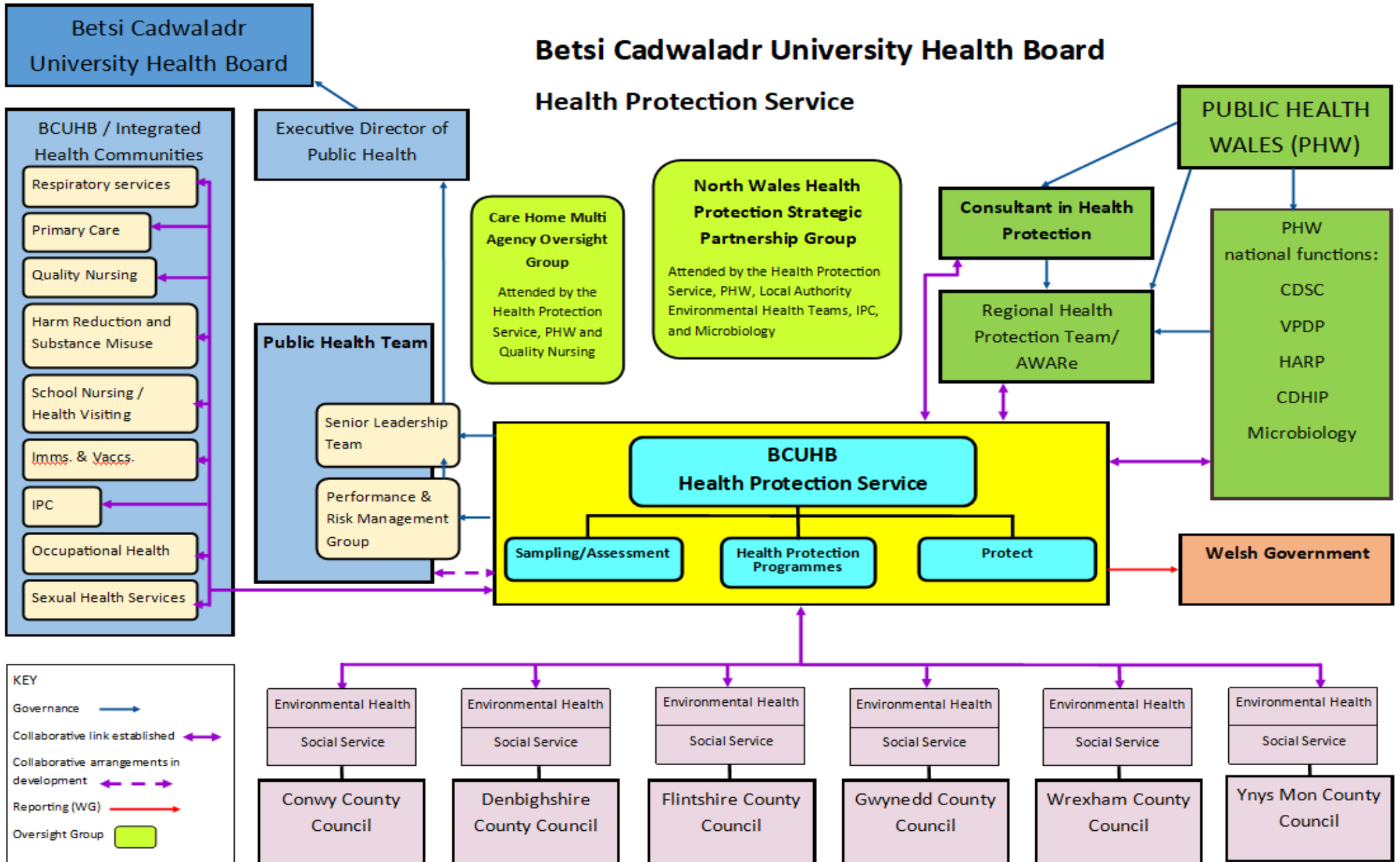
curtail the good work and achievements of the transitional year, whilst also recognising that additional clarity around roles and responsibilities of key stakeholders is a necessity.

A further challenge for the North Wales HPS, particularly as the North Wales Local Authorities did not want to enter into a formal partnership when funding was being discussed in 2022/23, is to ensure that the offer of support to the wider health protection system in North Wales is inclusive of our Environmental Health/Local Authority partners, so that an equal level of support is provided in the BCUHB region as in other health board areas in Wales.

11.0 References:

Ghebrehewet, S., Stewart, A. and Rufus, I. (2016) *Health Protection: Principles and Practice*. Edited by: S. Ghebrehewet., A. Stewart., D. Baxter., P. Shears., D. Conrad and M, Kilner. Oxford, Oxford University Press. Available at: <https://doi.org/10.1093/med/9780198745471.003.0001> Accessed 31 July 2024.

Betsi Cadwaladr University Health Board Health Protection Service



Appendix 1 - Service organogram demonstrating the relationships between the HPS and other services, organisations and stakeholders



Teitl adroddiad: <i>Report title:</i>	Decarbonisation Action Plan (DAP) and Programme Progress Paper			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnership Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 08 August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to provide an update on the DAP and revised approach on the Health Board's delivery of the plan. It includes the updated governance structure and principles to ensure decarbonisation is considered within the annual planning framework.			
Argymhellion: <i>Recommendations:</i>	The committee is asked to note the update and endorse the revised approach and governance structure going forward.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Russell Caldicott, Interim Executive Director of Finance			
Awdur yr Adroddiad: <i>Report Author:</i>				
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 checked="" type="checkbox"/>		Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input checked="" 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>
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>	The DAP responds to the Climate Emergency declaration and recognises that the NHS has a critical role to play in contributing towards this target, as the largest public sector organisation in Wales. The Health Board under the Well-being of Future Generations (Wales) Act 2015 has significant obligations in regards to climate change.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	All Health Board's in Wales are required to develop decarbonisation action plans in support of the public sector achieving net zero carbon emissions by 2030.			

	The Health Board's DAP proposed a list of actions and programmes of works to ensure that the Board has robust and deliverable action plans in place to reduce carbon emissions by 2030 in compliance with Welsh Government's targets.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable
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
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>	Actions contained within the action plan will contribute to risk reduction as recorded in BAF 21-17(Estates and Asset Development) and BAF 21-21(Estates and Asset Development).
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Funding the Decarbonisation Action Plan will require low carbon alignment in how the Health Board utilise existing funding allocation for healthcare delivery, procurement and capital investments. To support implementation of both the NHS Wales Decarbonisation Strategic Delivery Plan and also BCUHB's own decarbonisation action plan, we have commenced work on an estate wide energy efficiency programme of work, through a Welsh Government supported programme, Re:fit, Cymru. The Re:fit, Cymru programme is a procurement initiative for public bodies wishing to implement energy efficiency, decarbonisation, and local energy generation measures to their buildings or their estates, with support to assist in the development and delivery of the schemes. These measures improve the energy performance of buildings/sites.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	The action plan also identifies that the Programme Board will require dedicated capacity to ensure delivery. The Programme Board will agree what level of additional capacity both internally and externally is required ready for a proposal to be submitted to the Executive Director for Finance as Senior Responsible Officer for the decarbonisation programme.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable

<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>Projects defined within the action plan will support the follow BAF risks :-</p> <p>1 – BAF 21/17 (Estates and Asset Development)</p> <p>2- BAF 21-21 (Estates and Assets)</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>	
<p>Rhestr o Atodiadau: Dim</p> <p>List of Appendices: Appendix 1 - Decarbonisation Delivery Plan</p>	

Decarbonisation – Progress Report

1. Introduction

The Welsh Government declared a Climate Emergency in 2019 supported by Members of the Senedd and committed to achieving a carbon neutral public sector by 2030.

The NHS Wales Decarbonisation Strategic Delivery Plan was published in March 2021 and demonstrates how NHS Wales can play its part in the recovery from Covid 19 and its commitment to the Wellbeing of Future Generations Act 2015 which directs public bodies to consider long term persistent problems such as poverty, health inequalities, and climate change.

A key enabling action within the Delivery Plan is the requirement for NHS Organisations to produce Decarbonisation Action Plan (DAP) which form the basis of how organisations are implementing Delivery Plan initiatives and more generally demonstrate the organisation’s contribution to the collective ambition and target.

Figure1: Summary of Welsh Government decarbonisation policy context



2. Background

In response to the NHS Wales Decarbonisation Strategic Delivery Plan, BCUHB developed a DAP in partnership with expert guidance from the Carbon Trust. The DAP incorporates a list of programmes to contribute to delivering a reduction to zero carbon emissions by 2030; in compliance with national targets. The Health Board has additional linked obligations under the Well-being of Future Generations (Wales) Act 2015.

The interim targets set with the NHS Strategic Delivery Plan is as follows:

	Carbon budget reduction
2025	16%
2030	34%

Category targets were also set for:

- Buildings;
- Procurement;
- Fleet and business travel; and

- Staff, patient, and visitor travel.

In September 2022 the Board approved a DAP setting the strategic direction of travel for the next five years and summarising the key deliverable decarbonisation actions that will be implemented over the next two years starting in 2022/23 and 2023/2024. The Action Plan seeks to reduce carbon emissions across all greenhouse gas (GHG) and emissions scopes.

The Carbon Trust in partnership with BCUHB developed this Action Plan based on an analysis of data provided by BCUHB, observations made during site visits, and information gathered during targeted engagement with key functions across the Health Board (Estates, Finance, Procurement, Transport and Clinical leads).

3. Decarbonisation Action Plan

The Decarbonisation Action Plan (DAP) shows a breakdown for short and medium term actions, which will deliver a major boost in our objective of achieving Net Zero Carbon Emissions by 2030. The Decarbonisation Action Plan (DAP) is made up of 46 initiatives underpinned by 135 actions, sixty of the actions are exempt for the health board, as per Welsh Government guidance. That has left 75 actions relevant to the health board.

As per the DAP the health board established a Decarbonisation Programme Board (DPB) to lead the implementation of the action plan. The included the creating a governance reporting framework with sub groups to lead on specific areas to engage across BCUHB; including estates and facilities, planning, transport, procurement, transformation, clinical/nursing and other wider stakeholder groups in North Wales.

The health board is also part of the H&SC Climate Emergency National Programme – Community of Experts, including the national groups established to push forward the decarbonisation agenda. The included quarterly performance

From April 2023 the health board had to produce quarterly reports against the WG Strategic Decarbonisation Delivery Plan including the 75 local actions. The Health Board reported to Welsh Government during April 2024 as part of the annual performance framework return; to the Health & Social Care Climate Emergency National Programme. The report is a formal statement of the Health Board’s progress to date, current initiatives, achievements, and risks to delivery. The Health Board’s overall position has been reported and approved by the SRO; and is summarised in the below table (Figure 1).

Figure 1: BCUHB Decarbonisation Action Plan Self-Reported Status to Welsh Government





	Current RAG Status	Previous RAG Status
Progress RAG: Provide the RAG status of delivery against DAP		
Delivery confidence RAG: Provide the RAG status of the organisations overall confidence of delivering a minimum of 16% reduction in emissions by 2025		

Figure 2: Decarbonisation Programme Board RAG Summary – 75 Actions

Completed	In Progress / Delayed	At Risk
27 actions (36%)	30 actions (40%)	16 actions (21%)

*Two actions (3%) do not have a RAG.

The breakdown of the 16 red ragged actions are listed below, with 7 of those actions being reviewed and considered as per of the Refit programme.

Action	Task	Task Lead	Accountable	RAG	Delivery Confidence	Comments
3.1	Consider implementation models such as Energy Performance Contracts.	HB & Trusts	Director of Capital and Estates	Red	Feasible	Forms part of Re:fit programme with Phase 1 commencing 2024-2025 for 2 years. Option appraisal taking place to look at alternative funding sources outside of WG I2S. Health Board requires to make decisions around 'Alternative Financing' 03/01/2024 - HB has not included 'Alternative Financing as part of Re:Fit Programme. Meeting to be arranged with WG to review CARR for Re:Fit currently awaiting approval by the Health Board, Once approved a series of works programmes will be developed and funding request made to WG as part of the Invest to Save programme
3.3	Build engagement and responsibility for decarbonisation across the organisations from the top down – actively engage across finance, procurement and estates teams.	HB & Trusts	Executive Director of Finance	Red	Feasible	The governance framework agreed through the Decarbonisation Programme Board will include defining the engagement and responsibility of decarbonisation programme e.g. IHC Transformation Group.
4.1	Commission specialist energy and carbon audits every two years to evaluate the opportunities for carbon reduction and water savings at each site to inform decarbonisation 'Action Plans' as appropriate.	HB & Trusts	Director of Capital and Estates	Red	Feasible	Forms part of Re:fit programme with Phase 1 commencing 2024-2025 for 2 years CARR for Re:Fit awaiting approval from the Health Board
4.2	Buildings should be operated as efficiently as possible...	HB & Trusts	Director of Capital and Estates	Red	Feasible	Forms part of Re:fit programme with Phase 1 commencing 2024-2025 for 2 years CARR for Re:Fit awaiting approval from the Health Board
4.3	Ensure 'Action Plans' demonstrate estate-wide impact such that every building with an expected future towards 2030 will have undergone a multi-technology energy-efficient upgrade by 2030.	HB & Trusts	Director of Capital and Estates	Red	In Doubt	Forms part of Re:fit programme with Phase 1 commencing 2024-2025 for 2 years. 03/01/2024 - Re:Fit Funding across Wales is limited and may have an impact on delivery of all projects by 2030 CARR for Re:Fit awaiting approval and once the project is mobilised the action plan will form part of the client brief
5.1	Develop a lighting upgrade approach for each site, considering whether like-for-like replacement will be sufficient or if a new design is required...	HB & Trusts	Director of Capital and Estates	Red	Feasible	Forms part of Re:fit programme with Phase 1 commencing 2024-2025 for 2 years. CARR for Re:Fit awaiting approval, a Discretionary Capital Programme has also been agreed to the value of £200k to commence with an LED upgrade project across the Estate
7.1	Commission low carbon heat specialists to evaluate the potential to convert non-acute sites to low carbon heat by 2030, including heat generation, heat distribution, heat emitters, and building fabric upgrades.	HB & Trusts	Director of Capital and Estates	Red	Feasible	Forms part of Re:fit programme with Phase 1 commencing 2024-2025 for 2 years. Wrexham Maelor Hospital is currently going through a resilience programme and as such will be excluded from any phase 1 projects. CARR for Re:Fit awaiting approval by the Health Board
7.2	Implement changes to target a shift to full low carbon heating by 2030. Aim to have converted 50% of heat to low carbon heat by 2026.	HB & Trusts	Director of Capital and Estates	Red	In Doubt	Due to the size of the BCUHB Estates and the limited I2S and Discretionary Capital that is available this will cause a delay in completing the task.
17.2	Health Boards and Trusts will engage with NWSSP to develop the best proactive approach for EV charging infrastructure...	HB & Trusts	DAP Board	Red	In Doubt	The Health Board received the draft good practice documents on the 24th May 2023. Practicality regarding implementation needs to consider electrical supply for the sites. Note that the implementation date is in the past.
18.2	Ensure each Health Board and Trust has a single Fleet Manager in place with oversight of all Health Board / Trust fleet vehicles. They should put in place a central fleet management approach.	HB & Trusts	DAP Board	Red	In Doubt	The health board has contract in place with external provider that produced monthly KPI reports regarding lease fleet (both pool cars and private business leases). The patient transport is managed by WAST. There is no single Fleet Manager.
21.1	Consult staff to establish appropriate actions that can be taken to encourage wider uptake of BEVs/ULEVs and disincentivise high emission travel...	HB & Trusts	DAP Board	Red	Feasible	Considered as part of infrastructure and agile and smart working consideration. Will undertake as part of our strategy for leased and pool vehicles
21.2	Update business travel policies to implement a travel hierarchy that encourages/incentivises sustainable travel and reduces the use of high emission vehicles.	HB & Trusts	DAP Board	Red	Feasible	Guidance circulated. Will form part of smart working/agile working considerations.
34.2	Each Health Board and Trust will undertake a land evaluation to establish areas of the existing estate for potential renewable energy generation or greenhouse gas removal...	HB & Trusts	Director of Capital and Estates	Red	In Doubt	BCUHB has only reviewed land at Bryn Y Neuadd to date.
35.1	Conduct feasibility assessments for large-scale renewables including solar PV and wind generation. Actively and collaboratively engage with Local Authorities and neighbouring landowners to scope opportunities and partnerships to share space and promote sustainable land use.	HB & Trusts	Director of Capital and Estates	Red	Feasible	Forms part of Re:fit programme with Phase 1 commencing 2024-2025 for 2 years. Review already been undertaken at Bryn Y Neuadd CARR for Re:Fit awaiting approval
35.2	Proceed with renewable energy installation in all viable instances. 50% of identified viable potential must be installed by 2026. 100% of identified viable potential must be installed by 2030.	HB & Trusts	Director of Capital and Estates	Red	Feasible	
37.2	Where suitable, create hot desk environments to provide smaller office space and facilitate meeting spaces when required.	HB & Trusts	Executive Director of WOD	Red	Feasible	Strategy for Agile Working required before implementation can commence. Will need to link with office rationalisation to fully survey staff requirements against office capacity and estates rationalisation. Currently staff who can work from home (17% of workforce) are supported digitally and home working policies are in place. Administrative and clerical staff are up to 26% working remotely
37.3	Consider the future transformation of office space into additional healthcare facilities as required.	HB & Trusts	Director of Capital and Estates	Red	Feasible	This works will be investigated as part of development of the estates strategy and accommodation reviews. The HB are also looking to commission and a 6 facet survey on some sites which will assist this process.
46.1	Introduce additional inhaler-specific disposal facilities in hospitals in partnership with industry stakeholders.	HB & Trusts, Industry third parties	Director of Capital and Estates	Red	In Doubt	Action needs to be revised in the context that inhalers need to be disposed of in a community setting

4. Progress to date

The focus of activity for delivery against the Welsh Strategy for achieving net zero by 2030 has been on a cultural change and promoting the sustainability agenda across all staff groups. Health Board data reveals 26% of staff now work from home reducing carbon from commuting. Sustainability has been added to the new staff

orientation meetings along with promoting the Green Groups. The organisation’s new Leadership Framework will include a module on sustainability; as will the new T&I Improvement training course.

In addition approval has been given to progress the phase of a Re:fit programme which supports the DAP and will address a number of the red ragged actions. The Re:fit programme is the Wales Funding Programme (Welsh Government’s (WG) Invest to Save (Capital) Repayable Grant Scheme) administered by Salix on behalf of WG and has a set criteria for applications:

Criteria	Invest to Save
Technology	Energy efficiency and renewables
Organisation	Any Welsh Government funded public sector organisation including health boards and housing associations
Interest rate	0%
Investment Size	Up to 100% of project costs
Investment to Save Carbon	Less than £278 per tonne over the lifetime of the project (Subject to review)
Payback period	Maximum 8 years (Subject to review)

Salix will undertake a technical assessment and review of the Health Board’s submitted funding application to ensure proposed energy savings are achievable. A recommendation for funding is then made to Welsh Government prior to any formal confirmation with the Health Board that funding can be awarded. Furthermore, once Salix has conducted the assessment, any projects deemed suitable for funding must be approved by the relevant Welsh Government Ministers.

This Framework will allow the health board to secure a delivery partner who will work with the health board to identify, quantify and deliver the works from an OJEU compliant EPC framework whereby the level of savings (fiscal and carbon) are guaranteed by the partner organisation.

5. Next Steps

Decarbonisation is reflected in the Annual Delivery Plan (ADP) within section 1J.1-9; reproduced for reference in Figure 3.

Figure 3: Annual Delivery Plan – Decarbonisation 1J.1-9.

1J: Decarbonisation					
1J.1	Appoint to the post of Director of Environment	CEO		Q2	
1J.2	Continue to support our workforce to identify other decarbonisation opportunities for wider adoption	DoE			Q4
1J.3	Install onsite renewable energy generation facilities where viable to do so	DoE			Q4
1J.4	Prepare to be able to progress low carbon heat generation for non-acute sites larger than 1,000m ² by 2030	DoE			Q4

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1J.5	Ensure that all new medium and large freight vehicles procured after April 2025 meet the future modern standard of ultra-low emission vehicles in their class	DoE			Q4
1J.6	Progress the procurement of 100% REGO-backed electricity	DoE			Q4
1J.7	Continue the programme of replacing all existing lighting with LED lighting	DoE		Q3	
1J.8	Consider carbon impact when procuring services, sourcing locally where possible	DoE			Q4
1J.9	Continue to make the case for digital solutions that offer the potential of using less paper, in addition to the patient safety opportunities that digital solutions can provide	DoE			Q4

The DPB currently aims to respond to the outcome of the Annual Delivery Plan by:

- Assigning leads to six sub-groups to drive forward actions;
- Refreshing the overall Decarbonisation Action Plan to align with priorities and affordability through the use of the Refit programme.

The DPB will align its refreshed action plan and approach to decarbonisation (and potentially sustainability) within the organisation's priorities; and assign leads within the sub-groups to drive forward the actions. A refresh of the local Decarbonisation Action Plan would be appropriate at this stage considering investment challenges; and include the Decarbonisation commitments 1J.1-9.

6. Recommendations

The committee is asked to **note** the update and **endorse** the revised approach and governance structure going forward

Appendix 1 – BCUHB Decarbonisation Plan



GIG
CYMRU
NHS
WALES

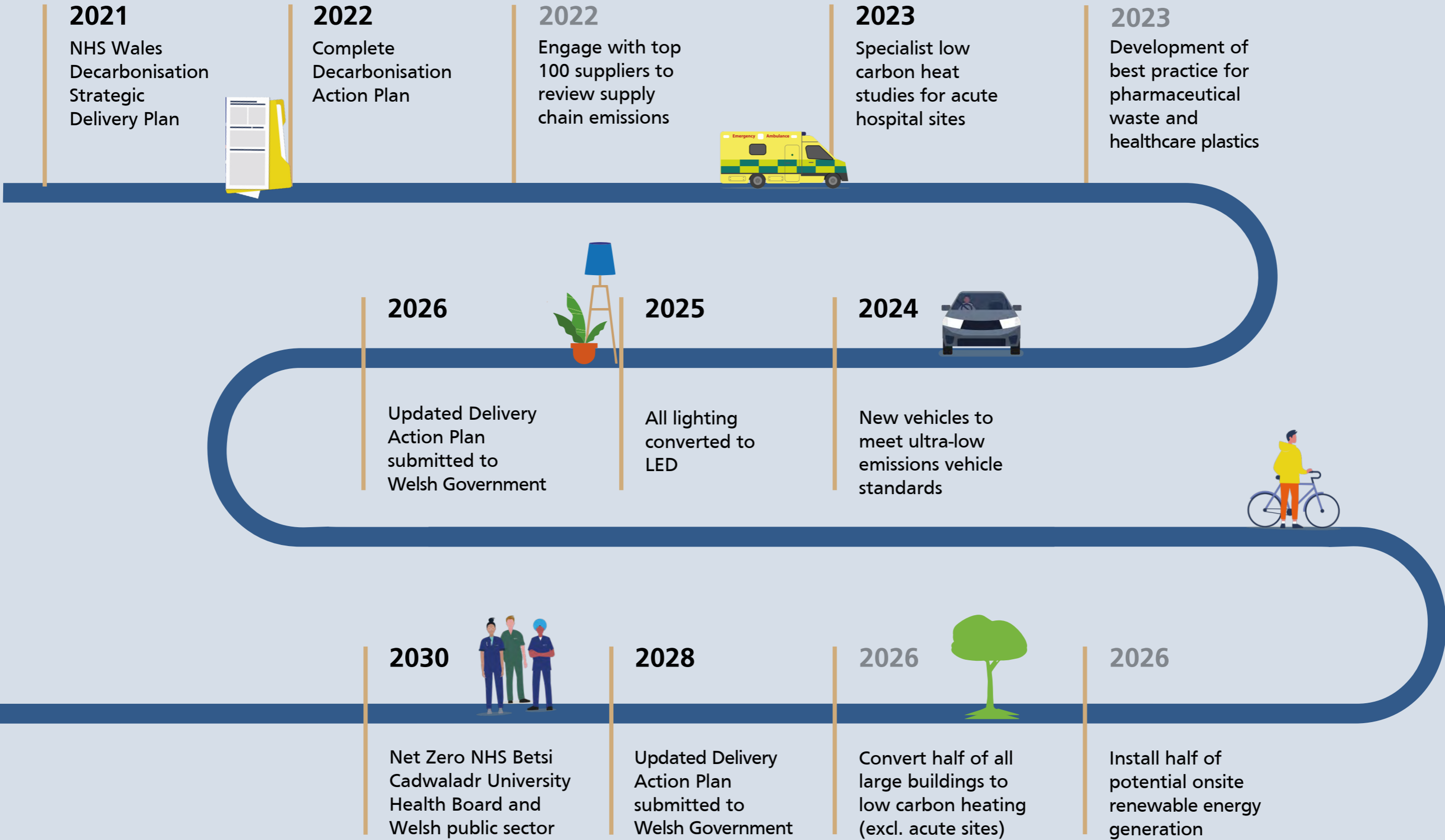
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Decarbonisation Action Plan 2022

Summary report



BCUHB decarbonisation roadmap



Context

Betsi Cadwaladr University Health Board (BCUHB) provides healthcare services to a total population of around 694,000 throughout North Wales. It provides Acute, Primary, Community, Mental Health and Learning Disabilities services through the operation of three district general hospitals (covering West, Central, and East); twenty-two other acute and community hospitals and over ninety health centres, clinics and smaller units.

The Welsh Government declared a Climate Emergency in 2019 supported by Members of the Senedd and committed to be a carbon neutral public sector by 2030.

The NHS Wales Decarbonisation Strategic Delivery Plan was published in March 2021 and demonstrates how NHS Wales can play its part in the recovery from Covid-19 and its commitment to the Wellbeing of Future Generations Act 2015.

The Plan recognises that the NHS has a critical role to play in contributing towards this target, as the largest public sector organisation in Wales.

It calls for swift action across all health boards over the next five years. This will rely on minimising waste, increasing efficiencies, investing heavily in the decarbonisation of buildings and vehicles, and addressing carbon emissions in the supply chain. It recognises that low carbon considerations must be core to decision making, and be embedded into everyday processes so that it becomes integral to the decisions that we make. It calls for health boards to lead by example.

BCUHB recognises its responsibility to reduce emissions from all areas across its operation and is committed to tackling a cross-sector approach to talking the climate crisis. The health board has created a Decarbonisation Action Plan to demonstrate how it will take a leadership role within North Wales.

This Decarbonisation Action Plan responds to the NHS Wales Decarbonisation Strategic delivery Plan, by setting out how BCUHB will target emission reductions in key sectors of its operations: carbon management, buildings, transport, procurement, estate planning and land use, and the approach to healthcare.



Betsi Cadwaladr University Health Board Annual Plan 2021/22



Betsi Cadwaladr University Health Board Workforce Strategy 2019/22



Betsi Cadwaladr University Health Board Living Healthier, Staying Well three year plan

Legislation	Strategy	Ministerial ambition
Well-being of Future Generations (Wales) Act 2015	Prosperity for All - Economic Action Plan (2017)	Net Zero public sector by 2030
Environment (Wales) Act 2016	Prosperity for All - A Low Carbon Wales (2019)	70% of Wales electricity consumption to be from renewables by 2030
The Climate Change (Carbon Budgets) (Wales) Regulations 2018	Prosperity for All - A Climate Conscious Wales (2019)	1GW of electricity generated in Wales to be locally owned by 2030
	Programme for Government 2021-2026 (2021)	All new developments by 2020 to have an element of local ownership

Carbon Footprint

175,847 tCO₂e



Betsi Cadwaladr University Health Board carbon footprint for 2018/19 was **175,847 tCO₂e**, this is 16.7% of the total NHS Wales footprint (2nd largest health board for emissions).

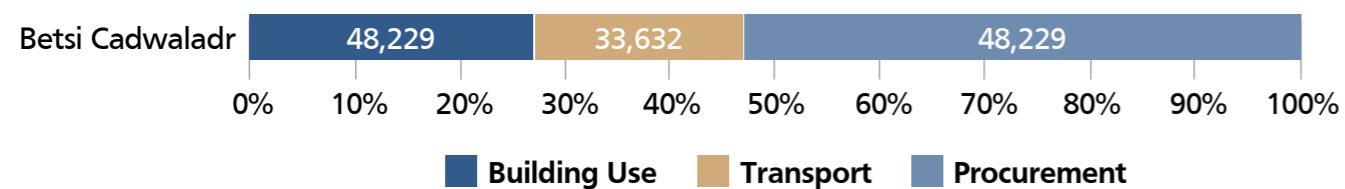
The vast majority of emissions from activities associated with building use arise from the actual energy consumed (85%). The energy consumed can be broken down into natural gas, electricity, and oil consumption. Of these fuels, natural gas consumption produces the most carbon emissions. This will be predominantly from space heating and hot water services. Emissions from the consumption of electricity, although currently high, will likely decrease year on year as a result of UK grid decarbonisation. Upstream energy counts towards a significant proportion of building-related emissions. This source of emissions considers the emissions associated with the extraction, refining, transport and distribution of fossil fuels used by BCUHB and by power stations

generating electricity; transmission losses associated with electricity consumption are also taken into account.

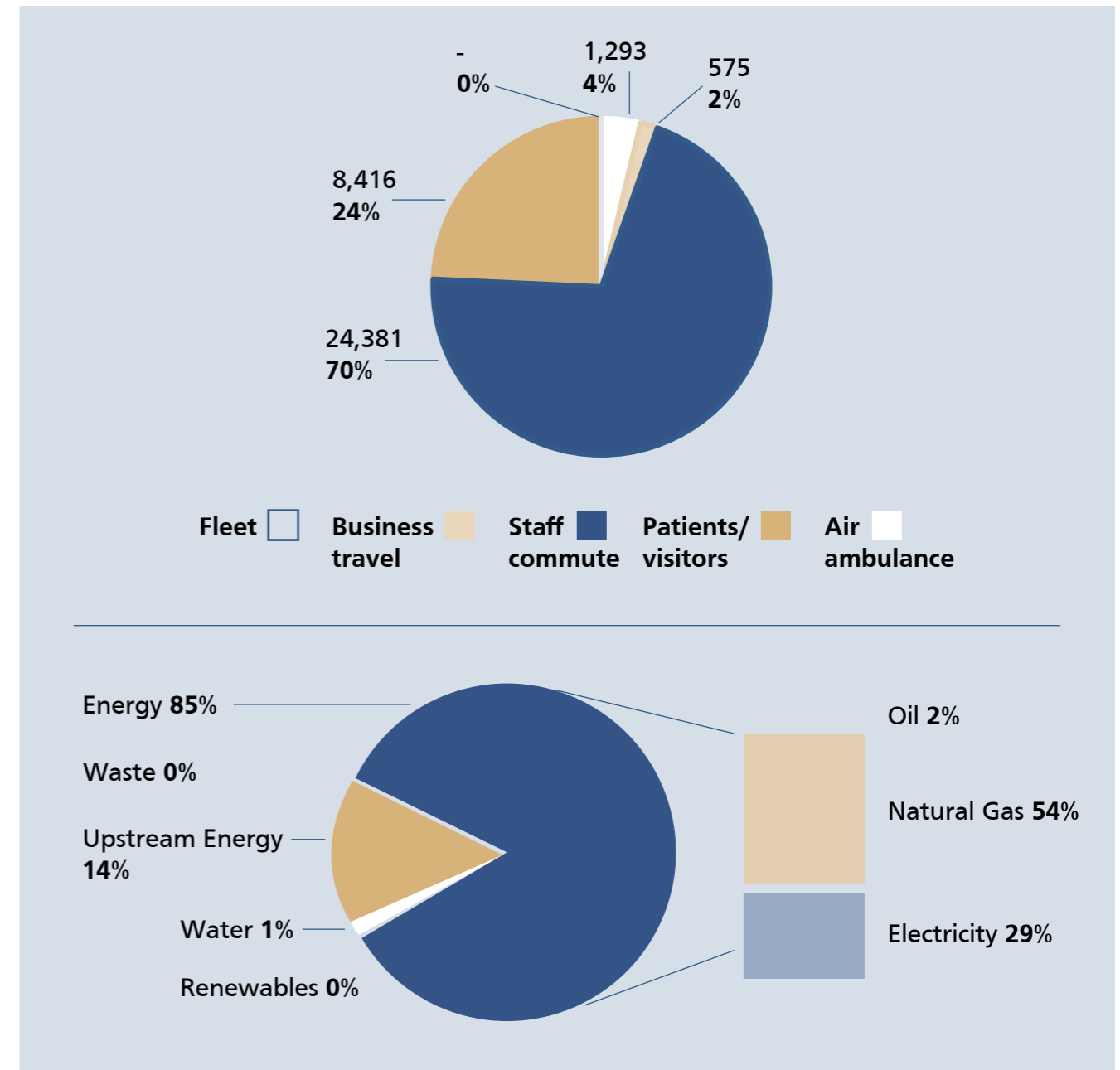
The majority of transport-related emissions are from indirect sources, predominantly staff commuting and patient/visitor travel – together accounting for 94% of transport emissions. Although difficult to decarbonise due to a lack of direct control over these emissions, BCUHB can nonetheless influence and encourage staff, patients, and visitors to travel more sustainably. Emissions from BCUHB’s owned fleet and business travel contribute the remaining 6% to the transport footprint.

Three categories account for over 75% of all procurement related emissions, these are: Drugs, Continuing Healthcare & Funded Nursing Care, and Medical Equipment & Supplies. The remaining 25 categories account for 24% of the total procurement-related emissions.

Emissions associated with purchased goods and services will typically form the largest part of any organisation’s carbon footprint. The emissions covered within purchased goods and services relate to all upstream activities, including the production, transport and distribution and use-phase of a product or service.



This shows that for BCUHB the greatest emitting sectors are procurement (53%), building use (27%), and transport (19%). In comparison, NHS Wales as a whole emits 62%, 21% and 17% for the same sectors respectively.



Pharmaceuticals
29,892 tCO₂e (29%)



Continuing Healthcare & Funded Nursing Care
27,688 tCO₂e (27%)



Medical Equipment & Supplies
19,907 tCO₂e (20%)



Carbon Management

Having a clear governance structure will be key to ensuring the successful application of this action plan, and the implementation of any decarbonisation initiatives going forward.

Every action within this delivery plan is assigned to key roles or groups, who should take on the responsibility of understanding the requirements and efficiently implementing the action.

As part of this Decarbonisation Action Plan, BCUHB have set up a Decarbonisation Programme Board to monitor the progress of the action plan, manage its delivery, increase engagement with decarbonisation across the health board and formalise the responsibilities of key actions. This board has senior and key stakeholders from across the health board.

Key actions:

- Introduce carbon literacy training for staff
- Increase knowledge and use of digital building energy management systems across key sites
- Review financial opportunities to implement decarbonisation projects
- Have sustainability managers within each major department of the health board
- Engages with Welsh Government energy initiatives

BCUHB recognises that to implement a meaningful, long-term carbon reduction strategy, having the basics in place is the critical first step.

It is vital to the success of the decarbonisation action plan that there are fundamental governance and carbon management processes embedded across all areas of the health board so that actions can be quickly implemented and deliver maximum impact.

Working and engaging with staff, patients and visitors will be hugely important moving forward so that the carbon management processes are fit for purpose and tailored to the specific requirements of BCUHB and the important considerations of working in a healthcare setting. Over the coming years the health board will be looking to engage with these key groups to gain further insights of possible actions, determine the most appropriate delivery method and, crucially, to hear your feedback and understand what your views and concerns are regarding decarbonisation and the climate emergency.



Buildings

Existing Buildings

Accounting for roughly 27% of the total carbon footprint of the health board, buildings are significant energy users and will be a key target area for emission reductions over the next few years.

54% of the energy used across the health board's buildings is from the use of natural gas for heating and hot water.

Key actions:

- Complete site energy audits across the geographic area of the health board so a clear understanding of current conditions and requirements is obtained
- Replace all lightbulbs in operation by BCUHB to LEDs by 2025
- Commission low carbon heating studies at large hospital sites to try and understand the requirements of moving away from fossil fuel heating
- Create a plan for reducing the reliance on gas-fired combined heat and power equipment, or their decommissioning where appropriate
- Optimise the building energy management systems across the built estate
- Maximise the use of renewable energy
- Adopt net zero building standards once released
- Install low carbon heating to major retrofit projects and new builds

New/Refurbishment Buildings

The existing properties under the control of BCUHB pose a number of challenges due to their age and methods of construction. Many buildings across the estate have poor levels of insulation with many still using single glazing. Upgrading existing properties

will be fundamental to reducing the overall carbon footprint of the health board. This will be done incrementally in most places, however, there may be instances when a more significant refurbishment is required. This represents a great opportunity to factor decarbonisation into all aspects of the refurbishment, from insulation to heating to air condition to the use of modern low energy medical equipment inside the wards.

A similar approach can be taken with new buildings. As new net zero building standards become adopted BCUHB can ensure low carbon design is factored into the new buildings right from the start. The carbon emissions associated with the construction of a new building (embodied emissions) can also be accounted for then. The construction of low carbon or net zero new buildings along with carefully considered refurbishment of existing buildings will be a core area of focus for BCUHB moving forward to try and reduce the emissions associated with building, heating and operating these health care sites.

Case Study

BCUHB has already started to install renewable energy across its buildings, such as the solar photovoltaic panels at Glan Clwyd Hospital in Rhyl. This small array has enabled part of the site to take advantage of free electricity during the day when the panels are generating electricity. The installation at Glan Clwyd has provided learnings that can now be rolled out more widely across the BCUHB estate.



Mold Community Hospital Case Study

In 2022, BCUHB secured funding through the EFAB framework to install and commission an 81 kWp solar photovoltaic system on Mold Community Hospital. This system uses 178 solar PV panels, installed across three separate roofs, and connected through the industry leading SolarEdge inverter and power optimiser system.

It is estimated that this system will produce an annual electricity production of 67.25MWh and save 15.67 tonnes of Carbon Dioxide, the equivalent of 720 trees planted.

The hospital is predicted to use over 80% of the electricity generated on site. The remaining renewable energy will be exported to grid, helping to increase the proportion of locally generated renewable energy in North Wales.

This should also result in a reduction in energy consumption from the national electricity grid on site of around 30%. This will have a hugely positive impact on both the running costs and emissions of this community healthcare site.

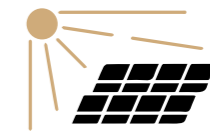
With the current pressures on the health board from energy price rises, this system could save over £1,500 per month in utility costs.

This system will reduce the associated emissions from Mold Community Hospital but will also help BCUHB meet its wider ambitions to reduce emissions from across its whole built estate.



It is estimated that this system will produce an **annual electricity production of 67.25MWh** and save **15.67 tonnes of Carbon Dioxide**

178 Solar PV Panels



Equivalent to 720 trees planted



£1,500 savings in running costs



15.67 tonnes of Carbon Dioxide saved



Transport currently accounts for around 19% of the emissions produced by BCUHB. The largest source of transport emissions is from staff travel as our large and dedicated workforce travels to and from our healthcare sites. This is slightly higher than the NHS Wales average, however, BCUHB is the largest health board in Wales and covers a large geographic area and some of our staff need to travel large distances to get to and from work.

It should be noted that the calculations of the carbon footprint for transport emissions were conducted prior to the Covid-19 pandemic, so do not account for the hybrid and flexible working arrangements that many staff members may currently be following. BCUHB will look to update the these figures as working conditions start to form a longer term pattern.

The movement of staff, patients and visitors to all of our hospital and community sites is something that is currently heavily reliant on fossil fuel-powered transport. An important consideration for BCUHB in the coming years will be to try to encourage and facilitate the use of low carbon transport options as much as possible. This may be through active travel (walking and cycling), the use of public transport or the use of low emission and electric vehicles.

Key actions:

- Continue roll out of telematics in BCUHB vehicle fleet to understand fleet usage
- Transition to procurement of electric vehicles for new vehicles as standard
- Engage with staff to understand staff travel habits as much as possible
- Engage with patients and visitors to understand requirements on travel
- Adopt vehicle management systems to optimise and consolidate fleet mileage
- Develop a strategy for electric vehicle changing infrastructure across the estate
- Work with key stakeholders such as staff, patient, visitors, transport providers and the local authorities to try and encourage active and public transport as much as possible



Case Study

BCUHB has recently secured a small fleet of electric vehicles for the estates and facilities team to use. This has been coupled with the installation of electric vehicle charge points at the three acute hospital sites. The Estates team often has to drive significant

mileage each year to attend our community sites and make sure they are operating correctly. The use of electric vehicles instead of petrol/diesel vans or cars will greatly reduce the emission associated with these activities. The aim will now be to further roll out the adoption of electric vehicles across BCUHB's wider vehicle fleet.

Procurement (the purchasing of goods and services by the health board) is the single largest source of emissions across BCUHB, accounting for just over half of the total carbon footprint at 53%.

The emissions from procurement don't come from BCUHB activities directly, but instead are the result from activities associated within the health board's supply chain. This makes it very challenging to reduce these emissions as they are not under the direct control of BCUHB.

Despite the challenges, BCUHB recognises the importance that procurement and supply chains have on impacting the total carbon footprint. As a result the health board is committed to maximising its impact for where it has direct control over the goods and services it procures, and also campaigning for decarbonisation to become higher on the agenda for where procurement decisions are made at a national level.

The Welsh Government has taken a lead in this areas through changes its own procurement frameworks. BCUHB will work with the Welsh Government to incorporate these lessons and to maximise the impact that BCUHB can make within its own procurement choices.



Case Study

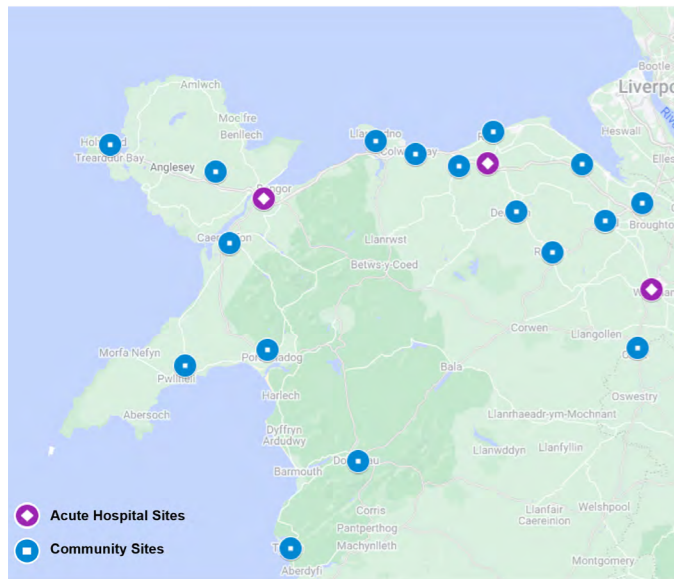
Emissions arising from the supply chain are difficult to measure and challenging to impact. However, the key for BCUHB will be to engage with our suppliers. This engagement has already started at various levels and the health board will look to build on this early work and expand to more suppliers, including our top100 suppliers (by sales). Through communicating the health boards ambitions to be carbon neutral by 2030 we can help them reduce their own emissions, which in turn will have a positive benefit to BCUHB's carbon footprint. We will also continue to work with industry experts in order to account for these emissions in the most appropriate way accordingly to international standards and to make sure our data collection methods are appropriate for accurately accounting for these indirect emissions.

Key actions:

- Engage the top 100 suppliers (by sales) to communicate BCUHB ambitions and to understand what actions they are taking with respect to the climate emergency
- Repeat supply chain engagement on a regular basis to keep momentum and account for any changes in supply chain actions and behaviour
- Consider climate impact of some medical gases in procurement decisions
- Incorporate Welsh Government's guidance for procurement frameworks into BCUHB processes
- Continue to procure 100% renewable energy across all sites

Estate Planning and Land Use

If long-term and significant emissions reduction are to be achieved, it is crucial that decarbonisation becomes embedded within strategic estate planning at all levels of BCUHB. By maintaining carbon efficiency as a core principle and using it as a key decision metric BCUHB will be able to ensure emission reductions are achieved at the earliest opportunity and avoid carbon emissions becoming locked into new health board processes or developments that may be hard or costly to rectify in the future. The key moving to forward is that BCUHB champions decarbonisation within these strategic plans and incorporate net zero frameworks to ensure carbon reductions maintains a principle consideration.



Areas of green space can increase biodiversity and can also contribute to better physical and mental health for users of the space, whilst helping to reduce carbon emissions. It will be important for BCUHB to collaborate with local authorities and neighbouring landowners to effectively manage green space to maximise biodiversity, health benefits and carbon emission reductions.

Large scale renewable energy generation has the ability to significantly reduce the amount of electricity consumption from the national grid. This not only reduces utility costs, increases energy resilience, improves grid flexibility, and insulates the health board from energy market volatility, but it also crucially reduces associated carbon dioxide emissions from electricity use. It will be crucial that renewable energy generation is maximised across the health board's own estate but also through private wire connections to renewable energy generation on third party or joint venture sites.

BCUHB have worked with the Welsh Government Energy Service over a number of years to help facilitate renewable energy deployment across its estate. BCUHB will aim to install 50% of all identified renewable energy projects by 2026 and 100% by 2030. The effective maintenance and operation of these assets will take on greater importance over the coming years as the total capacity installed increases.

Case Study

The health board is currently developing its new Estate Strategy for the next 10 years, due to be released in February 2023. This strategy will set out BCUHB's approach to issues such as agile working, estate rationalisation, the greater use of IT and the approach to conduct more healthcare outside of acute hospital sites, all of which will have significant impacts on the carbon footprint of the health board operations.

Approach to Healthcare

Working in a healthcare setting provides BCUHB with some unique challenges when it comes to reducing carbon emissions. However, BCUHB will be looking to convert the intricacies and unique processes of healthcare into opportunities to deliver significant carbon reductions.

Smart Working

It is important on the route to reduce emissions that the whole patient journey is taken into account. 21st century healthcare will need to be conducted in a carbon-friendly way and consider care needs and effectively alter the way care can be delivered so that hospital visits can be reduced and care can be provided closer to home. BCUHB will need to shift the way it delivers care and will be working with Welsh Government capital, estates and facilities and care providers to ensure BCUHB caters for the modern healthcare journey, while minimising its impact on the environment.

The Covid-19 pandemic has accelerated many aspects of flexible and agile working. It has proven that productivity can remain high when staff work from home on a long-term basis and has increased the uptake of technology that facilitates remote working.

Education

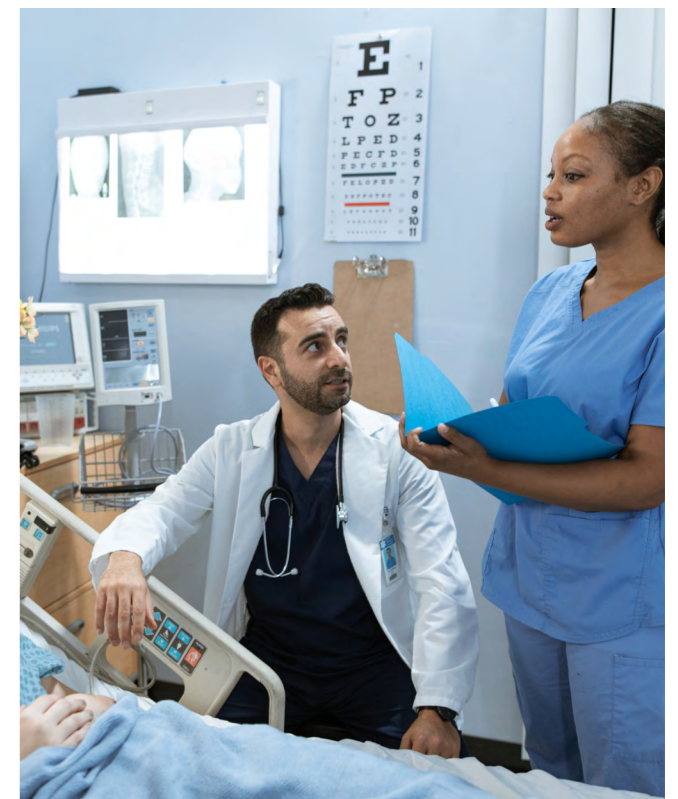
Educating staff and patients is seen as a key enabler for the success of this delivery action plan. A majority of the UK population sees the climate emergency as a significant concern, and a large proportion are unsure how they can best change their lifestyle, habits and actions to help. Educating staff and the wider public on the impacts of the climate emergency and what they can do in their everyday lives and in the workplace will be extremely beneficial for embedding good practice and decarbonisation actions.

Healthcare and Medicines

Working in a healthcare environment necessitates the use of gases and materials that have an impact on our atmosphere and climate. One of these such materials are medical gases, for instance anaesthetic gases and inhalers, which are critical in providing essential healthcare services. BCUHB is consulting with the Welsh Anaesthetic Green Gas Network and senior medical practitioners to develop an approach that will be adopted across Wales so that essential medical services can be maintained but the with the potential impact on the environment as a crucial concern.

Waste

Pharmaceutical waste is an issue the affects all health board, regardless of their size. BCUHB is working with the other health boards across Wales to ensure that there are standardised approaches to waste disposal and recycling.





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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



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, 20 August 2024			
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 PPHP has oversight.</p> <p>Of the 2 risks presented in the report, no overdue actions are aligned to the risks, however, 1 risk has a current risk score being above the tolerance set within the risk appetite:</p> <ul style="list-style-type: none"> • CRR24-07 'Availability and Integrity of Patient Information'. 			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to receive assurance for the three (1 private) 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>	Anthony Hughes, Risk Assurance Manager			
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>
<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: N/A</i></p>				



Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Links to the BAF detailed in respective CRR reports
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	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.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable for this report
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 ben undertaken?</i>	Not applicable for this report
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>	Links to the BAF detailed in respective CRR reports
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	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.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Individual Executive Sign off of CRR reports, Review at next Risk Management Group and subsequent Executive Team Meeting.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	See the individual risks for details of the related links to the Board Assurance Framework.



<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 for this report</p>
<p>Camau Nesaf:</p> <p>Next Steps:</p> <ol style="list-style-type: none">1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.2. Submission of Corporate Risks to Board	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <p>Appendix 1 – Risk Dashboard, Planning, Population Health & Partnership Committee</p> <p>Appendix 2 – Corporate Risk Register Report:</p> <ol style="list-style-type: none">1. Availability and Integrity of Patient Information2. Population Health	

Corporate Risk Register Report

1) Introduction and Background

What Is a Corporate Risk?

A corporate risk register is a repository used by services and corporate functions to record significant risks that could impact the strategic objectives and operations of the Health Board. The register provides a comprehensive overview of the key risks facing the organisation. It is a pivotal tool to help proactively strengthen risk oversight and management.

1.1 There are 2 Corporate Risks for People and Culture Committee oversight and assurance. The full details of these 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 – Population Health

1) Key Highlights

Corporate Risks Dashboard (Appendix 1) below provides a list of the 2 corporate risks to which the committee is accountable.

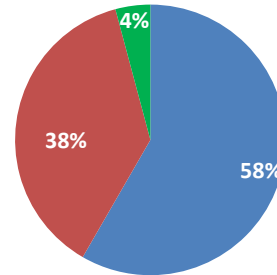
To note, the Audit Committee (18 July 2024) approved changes to the Risk Management Framework following discussion at the Risk Management Board Developmental session around the cycle of reporting corporate risks to committee, in that the committees will receive all corporate risks on a quarterly basis but risks which are above the tolerance set within the risk appetite of the Health Board at every committee.

This paper presents all risks to which People and Culture Committee has oversight, currently with one risk being above the tolerance set within the risk appetite (CRR24-07).

Out of the 2 corporate risks, 24 actions have been developed to mitigate the risks. 1 action has been completed, 14 actions are progressing and on track and 9 new actions has been identified and progressing. No actions are currently overdue.

ACTION STATUS OF CORPORATE RISKS

- Progressing
- Progressing - new action
- Completed



Next steps

1. Continued scrutiny of the actions, controls and progress of all corporate risks by Executive Team.
2. Submission of Corporate Risks to Board.

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

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	Availability and Integrity of Patient Information	4 x 5 = 20 ↔	12	Quality	Planning, Population Health & Partnership Committee	Opened Dec 23, 7 actions identified, 1 completed, 6 progressing. The inherent and current risk scores are both high at 20, indicating the existing controls are not adequate to control the risk. Risk Score above tolerance set in risk appetite.
					Open 15-19		
EDoPH	CRR24-08	Population Health	4 x 5 = 20 ↔	12	Reputational	Planning, Population Health & Partnership Committee	Redrafted to be more strategic Nov 2023, No change in score , 17 actions identified, 0 completed, 17 progressing. 2026 target date. However, the inherent and current risk scores are both 20 , so the controls are not reducing the risk.
					Seek 20-25		

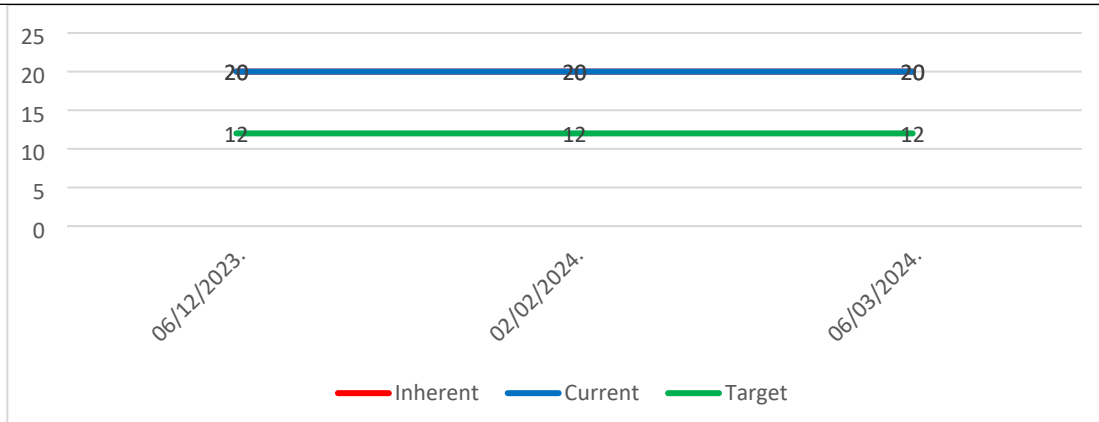
Key:

Executive	
Executive Director of Workforce	EDoW
Executive Director of Nursing & Midwifery	EDoN
Executive Director of Finance	EDoF
Chief Digital Information Officer	CDIO
Executive Director of Public Health	EDoPH
Executive Director of Operations	EDoO
Executive Director of Therapies and Allied Health Professions	EDoTH

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

CRR 24-07	Risk Title: Availability and Integrity of Patient Information		Date Opened: 06/12/2023
	Assuring Committee: Partnerships, People and Population Health Committee		Date Last Committee Review: 18/06/2024
Date Last Reviewed: 14/05/2024	Director Lead: Chief Digital and Information Officer	Link to BAF: SP13	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. 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. 7. Lack of quality within the content of current patient records. Meeting organised with Office Medical Director to consider address improvements in the quality of record keeping moving forward. 		<ol style="list-style-type: none"> 1. Establish and implement the governance arrangements for overall management of the Electronic Health Record Programme. Steering Group set up and will be captured as part of the outline business case requirement. 2. Lack of current system capabilities systems to integrate into the fuller Electronic Health Record. Optimisation programme underway with a focus on EPOC, EPRO, WCP and CITO to review current systems interoperability and functionality. 3. Availability of current paper records within digital environment. The Electronic Health Care Record outline business case will analyse resource requirements to consider scanning or dual processing of records. 4. Patient Records Group currently not meeting. A review of the remit and establishment is underway with the Senior Information Risk Owner and Caldicott Guardian. 5. Standard practice registration across the three acute sites. Proposal developed including resource funding required based on the East Health Records service coverage. 6. No agreement to fund additional Health Records staff to address backlog of duplicate patient records / identifiers. Standardised procedures in place to prevent re-occurrence. 7. Establishment of a Change Advisory Board led by Clinicians to standardise the collection, storage and access of digital patient information. 8. Although agreement in principle to fund additional patient record staff to undertake the duplicate patient record issue, funding stream still not approved. 	

Actions	Due Date	Progression Analysis
Assessment to be undertaken of what is required for the development of an Outline Business Case for an Electronic Health Record (EHR) Business Justification Case to seek funding for compilation of Outline Business Case being completed with submission due in September 2024.	30/12/2024	Progressing
Seeking approval and funding for the Strategic outline case for Electronic Health Record	31/12/2024	Completed
Establish the cost and resource requirements to back scan all live records	31/01/2025	Progressing
Standardise the way in which using existing systems (paper and electronic) as part of the DDaT optimisation workstreams Paper will be presented mid-June to DDaT SLT for discussion and decision on prioritisation.	31/03/2025	Progressing
Undertake a review of all current systems to ensure these can be integrated into an Electronic Health Record report will be available in mid-June for presentation at the DDaT SLT meeting for decision and prioritisation agreement.	30/04/2025	Progressing
Accelerating the business case, approvals, procurement and implementation of an Electronic Patient Record for Mental Health (minimum 2-year project) BCUHB only Business Case due to be finalised 24th May 2024. A multi-disciplinary steering group has been set up, and continuing to work collaboratively on an All Wales basis.	30/04/2025	Progressing
Recruitment of additional health records staff to standardise the registration practice across three acute sites. Funding request submitted for approval to Executive Team.	30/11/2024	New action



N.B. Inherent and Current score lines stacked as both are 20

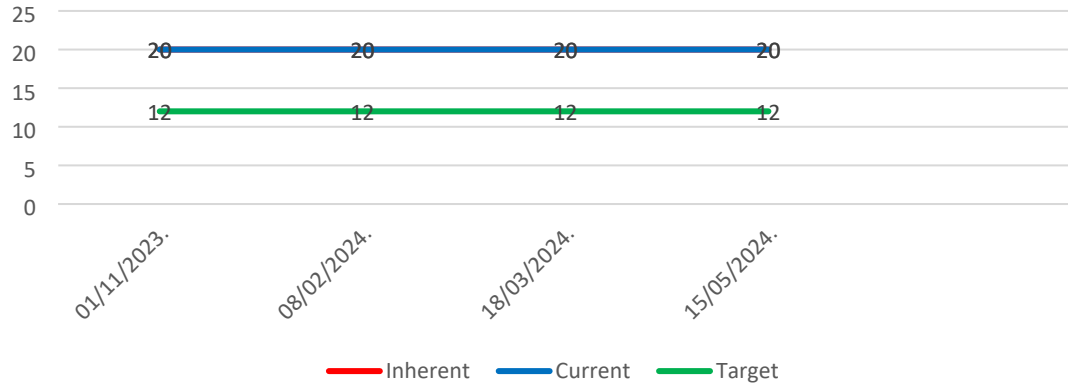
	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	Quality		3 - Open

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: Population Health		Date Opened: 01/11/2023
	Assuring Committee: Partnerships, People and Population Health Committee		Date Last Committee Review: 18/06/2024
Date Last Reviewed: 11/06/2024	Director Lead: Executive Director of Public Health	Link to BAF: SP1	Target Risk Date: 31/03/2026
<p>There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities. This may be caused by a lack of sustainable services, financial and resource constraints within the Health Board, dependency on grant funding to support prevention activity and demand for delivering the urgent and immediate healthcare needs of the population.</p> <p>Population health improvement and protection may also be impacted by population behaviours and beliefs, modifiable risk factors, wider determinants of health (eg Housing, Education, Employment), the local demographics, the living environment, food production and consumption, local planning, socio-economic factors or the accessibility of health care services.</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. 2. Grant funding secured from Welsh Government supporting prevention and early years activity. Grant funding associated with Prevention, Whole System Approach to Healthy Weight, Whole School approach to Mental Health and Healthy Schools/Healthy Pre-schools awarded via Public Health Wales has been confirmed for 24/25 3. The Executive Director of Public Health provides consistency to the regional strategic approach and prioritisation. 4. Annual development of Public Health work plan to reflect current and emerging need. 5. Consultants in Public Health are linked to delivery of key programmes of work, Public Health Wales and with IHC areas, providing expertise and guidance. 6. Public Health Team provide review and feedback on planning applications. 7. Health Protection Team work in partnership with Local Authorities to provide expertise and management of risks and issues. 8. Funding associated with Healthy Weight Healthy Wales which was formerly non-recurrent grants has now been added recurrently to the Health Board core budget. 9. Prevention and health inequalities form key part of the Health Board Integrated plan 24-27. 10. The RIGA process has agreed continuation of funding for 24/25 to support the Well North Wales programme including ICL. 11. Grant funding (Welsh Government, Public Health Wales, Arts Council for Wales) has been secured for 24/25 for a number of small projects 		<ol style="list-style-type: none"> 1. Response to the demographic profile and the current and forecast prevalence of chronic conditions and their effect on demand. 2. There is no secured long term funding to support implementation and growth of the whole system approach across North Wales at scale. 3. The availability of data and intelligence to support strategic focus at the local level and subsequent planning is not available. 4. The Deputy Director of Public Health post is currently vacant as the post holder is Acting Executive Director of Public Health. 	

Actions	Due Date	Progression Analysis
Infant Feeding Strategy 2019 (current refresh underway to 2025) forms part of Public Health team deliverables in conjunction with Womens Directorate	31/12/2024	Progressing
Tobacco Control Legislation (including Smoke Free Sites) / Welsh Government Tobacco Control Plan confirmation that all smoke free site officers are in place.	31/03/2026	Progressing
All Wales Weight Management Pathway 2021 continuation of funding for 24/25 to support weight management services.	31/03/2026	Progressing
Health Care Public Health Programme (also linked to Special Measures Plans and chronic disease pathways) the HCPH Diabetes programme is part of deliverables within the Health Board approved integrated plan.	31/03/2026	Progressing
Together for Mental Health Strategy (local / national) delivery managed via MH&LDS Directorate	31/03/2026	Progressing
Well North Wales targeted partner programmes Extension of Strategic Partner Development Manager post confirmed to 31/3/25. Discussion paper to PPHP in June.	31/03/2026	Progressing
Health Board Annual Plan / 3 year milestones and associated activity The Health Board plan approved for 24-27 reflects prevention priorities and deliverables.	31/03/2026	Progressing
Working in partnership across BCUHB, PHW and LA to reduce the risk associated with infectious diseases Confirmation of the funding to support the Health Protection Team. Development of processes for data sharing across organisations. Training and development for LAs and Partners. Measles response plans.	31/03/2026	Progressing
Immunisation Strategy 2023-2026 under review	31/03/2026	Progressing
Recruitment to the post of Executive Director of Public Health	31/12/2024	New action
Public Health team and DPH to meet with DDaT to discuss data and intel gaps to inform planning to support strategic focus for Public Health	31/07/2024	New action
Delivery of the 1 st year deliverables from the Health Board's 3 year plan.	31/03/2025	New action
Deliver 24/25 Welsh Government and Public Health Wales grant funded programmes of work	31/03/2025	New action
Deliver 24/25 BCUHB funded programmes of work – Health Care, Public Health (Diabetes) programme	31/03/2025	New action
Deliver 24/25 BCUHB funded programmes of work – Well North Wales programme (Including inverse care law)	31/03/2025	New action
Develop a case for long term sustainable funding Local / Nationally	31/03/2025	New action
Through provision of recognised evidence contribute to the development and delivery of local partner plans (Regional Partnership Board and Public Service Board)	31/03/2025	New action



N.B. Inherent and Current score lines stacked as both are 20.

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

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

Teitl adroddiad: <i>Report title:</i>	Corporate Planning Update			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee.			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 20 August 2024.			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This paper is intended to provide a brief update to the Planning, Population Health and Partnerships Committee on progress in developing our revised planning cycle for 2024/25 including:</p> <ul style="list-style-type: none"> ▪ Aligning to national planning requirements. ▪ Planning cycle timeline. ▪ Refreshing our Integrated Planning Framework. 			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> ▪ NOTE this report on work and progress made in developing the planning cycle being used during 24/25. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning.			
Awdur yr Adroddiad: <i>Report Author:</i>	Dylan P Williams, Interim Assistant Director of Planning.			
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/objective</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>
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>		This work supports the Health Boards Strategy, Annual Plan and Special Measures response.		

Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable.
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.
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>	Not applicable.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: <i>Next Steps:</i>	
Rhestr o Atodiadau: <i>List of Appendices:</i>	
Appendix 1: Presentation for Board Development 24/7/24: Annual Planning Cycle Input Presentation	

Corporate Planning Update

▪ Introduction

This report and attached presentation provides an update on our Annual Planning Cycle arrangements for 2025/26. This accords with the discussion at the Board Development session on 24 July 2024 where it was agreed that the presentation would be shared with Board Members. It is intended to inform the PPHP Committee of the key drivers for corporate planning in respect of the NHS Wales Planning Framework, legislative framework and delivery of planning timeline for 2024/25.

▪ Background

During the planning cycle undertaken the last financial year, the Health Board established that due to the significant current and forecast cost pressures it would not be possible to achieve a financial break-even during the three-year period and thus the requirements to submit a balanced IMTP could not be met. Consequently, the planning cycle for 2024/25 focused on a Three-Year Plan, with revised performance monitoring framework to oversee delivery of strategic and local objectives.

While Welsh Government have indicated that the Three-Year Plan was a step in the right direction, the Health Board is still committed to working towards delivery of a full IMTP in the future. It is recognised that our Three Year Plan 2025/28 must respond to Welsh Government and NHS Wales planning requirements, and also align to Board expectations in respect of priorities and timelines.

As part of the Health Boards commitment to continuous improvement and learning, considerable work was done in early 24/25 to gather feedback regarding the previous planning cycle arrangements. Workshops, questionnaires and discussions with Executive and Independent Board Members were undertaken during April and May of 2024, and this feedback has been factored into our revised planning processes and timelines.

▪ National planning requirements

NHS Wales Planning Framework

Health Board colleagues have been informed that the NHS Wales Planning Framework for 2025/2026 is likely to be issued in the Autumn. As of July 2024, it was not expected that the 'Ministerial Priorities' for NHS Wales that underpin the Planning Framework will be broadly unchanged, although it is anticipated that there will be an increasing focus upon prevention. In response the Health Board is working proactively to maintain commitment to agreed planning cycle timescales. The Framework will confirm the direction of travel for Health Boards in Wales to appropriately plan the services they provide with focus on:

- Ministerial Priorities.
- National Programmes & Value and Sustainability Board priorities.
- Quality Management.
- Well-being objectives.

The Health Boards integrated planning cycle for 2024/25 will reflect local and regional service planning, promote broader engagement with partners, and provide greater emphasis on health needs and preventative actions.

Legislative Framework

A number of primary statutory duties are in place to ensure integrated planning. The statutory plan is set out in the NHS (Wales) Act 2006, which requires each Local Health Board to prepare a plan which sets out strategy for:

- Improving the health of the people for whom we are responsible, and
- Improving the provision of health care for those people.

The NHS Finance (Wales) Act 2014 placed integrated planning at the centre of the health system in Wales and introduced requirements for the development of Integrated Medium-Term Plans (IMTPs) to secure financial balance over a three-year period. Other Acts with provision for making directions include:

- The Social Services and Well-being (Wales) Act 2014.
- The Well-being of Future Generations (Wales) Act 2015.
- NHS (Wales) Act 2006: Engagement and consultation.

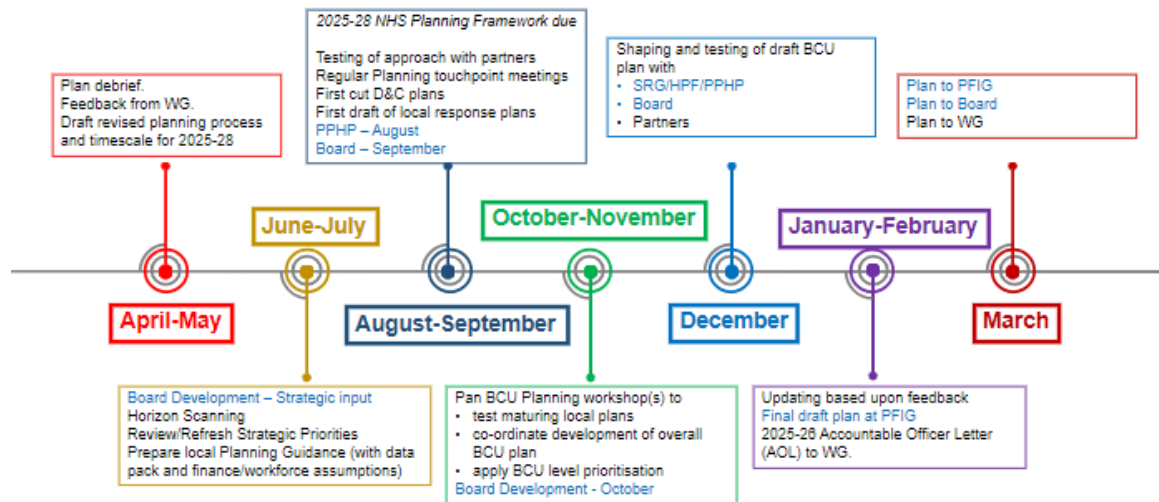
Wider legislative requirements including national policy drivers, local strategy and internal governance frameworks provide a platform from which the IMTP/Annual Planning Framework can be based upon for 2025/28. The Health Boards Three-Year Plan must also demonstrate clearly how all the duties associated with Welsh language, Human Rights and Equality Act (2010) will be met. The Senior Corporate Planning Team continues to hold regular touchpoint meetings with Welsh Government to discuss key national planning issues and requirements.

Planning Cycle Timeline

Our planning timeline and processes for 2024/25 will be leaner, with less duplication and clarity of purpose and this is outlined within the Planning Approach and Timeline presentation prepared for the Board Development session on 24 July 2024. The planning timeline will be agile, anticipative of risks and will allow the Health Board to respond to the level of unforeseen challenges typically seen in previous years.

The following provides a summary of the timeline:

Planning Timeline for 2025-28 (3 Year Plan)



Planning Cycle Feedback (2023/24)

As part of its commitment to learning and in response to the Independent Review of Planning, a number of workshops and debrief sessions were undertaken to facilitate reflection over the 2023/24 planning cycle, this feedback has been reflected into the revised planning process and timelines. While the feedback received from services confirmed positive advances in how our planning cycle was conducted, certain areas for improvement were also highlighted including but not limited to:

- *Engagement with internal and external partners and representation.*

Our timelines have been amended to allow for early and effective engagement with partners, and increased partnership involvement has been hard-wired into the process.

A review of the Operating Model is currently being progressed. Whilst this is underway the Planning Team has increased the monitoring of internal contributions and representation in order to resolve concerns within the general feedback that certain departments and services struggle to be adequately represented within the final Three-Year Plan.

- *Availability of planning tools and demand & capacity planning guidance.*

Corporate information packs will be issued early in the planning cycle to support service planning. National and organisational information will be shared on the corporate planning intranet site and teams channels, allowing prompt access to validated resource. A review of demand and capacity planning processes is already underway and being overseen by the Data, Planning & Performance Workstream, and recommendations are due to be submitted to the Planned Care Board in August 2024.

- *Clarity over purpose and intent of Service plans.*

We are continuing to evolve our 'top down' - 'bottom up' approach to planning. In addition to the issuing of data packs and resource assumptions, the internal planning guidance will this year place significantly greater emphasis upon the need for local plans to prioritise addressing Welsh Government and Health Board priorities stipulated within the planning guidance. Expectations also include the need to place a greater focus

upon plans that create consistency across the Health Board solutions and that minimise unjustified local variance.

The 5 Key priority areas used during 23/24 to create the 24/25 plan (and for special measures) will continue to be used during the 24/25 to create the 25/26 plan.

Integrated Planning Framework

The BCU Integrated Planning Framework is being revised to reflect evolution in our planning process. The framework provides a blueprint for integrated planning requirements, and confirms the Boards commitment to integrated planning within the organisation and with partners.

This will include placing a focus upon the Quality Management System (QMS), and in particular the Quality Planning element of the QMS, greater structuring around the emerging Clinical Services Plan, and additional focus on learning.

Recommendation

The Committee is asked to:

- **NOTE** this report on work and progress made in developing the planning cycle being used during 24/25.

Board Development

Planning Approach and Timeline

24th July 2024



OVERVIEW

1	Purpose of session
2	Reminder - National Planning Requirements
3	Overview of revised Planning Timeline
4	Strategic input to plan discussion
5	Next steps



GIG
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NHS
WALES

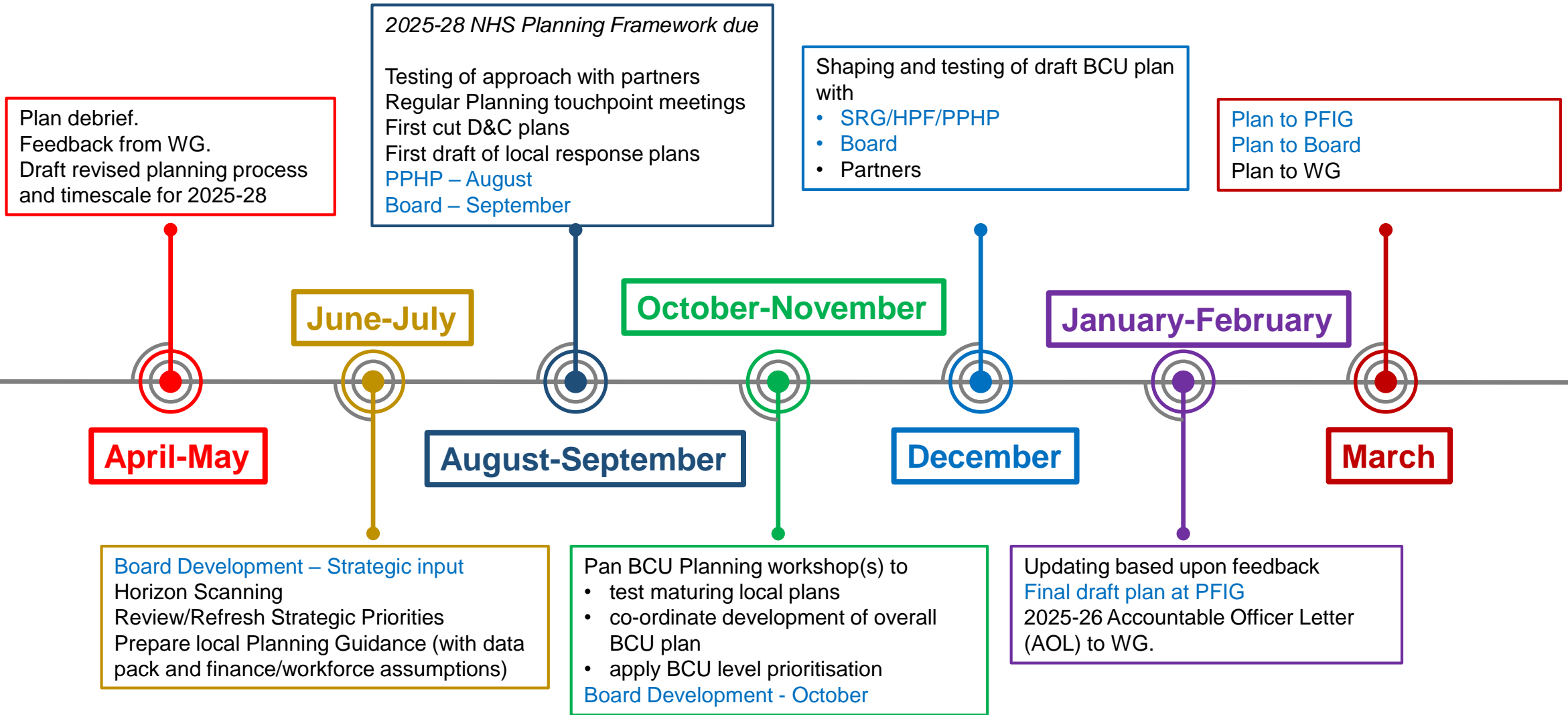
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



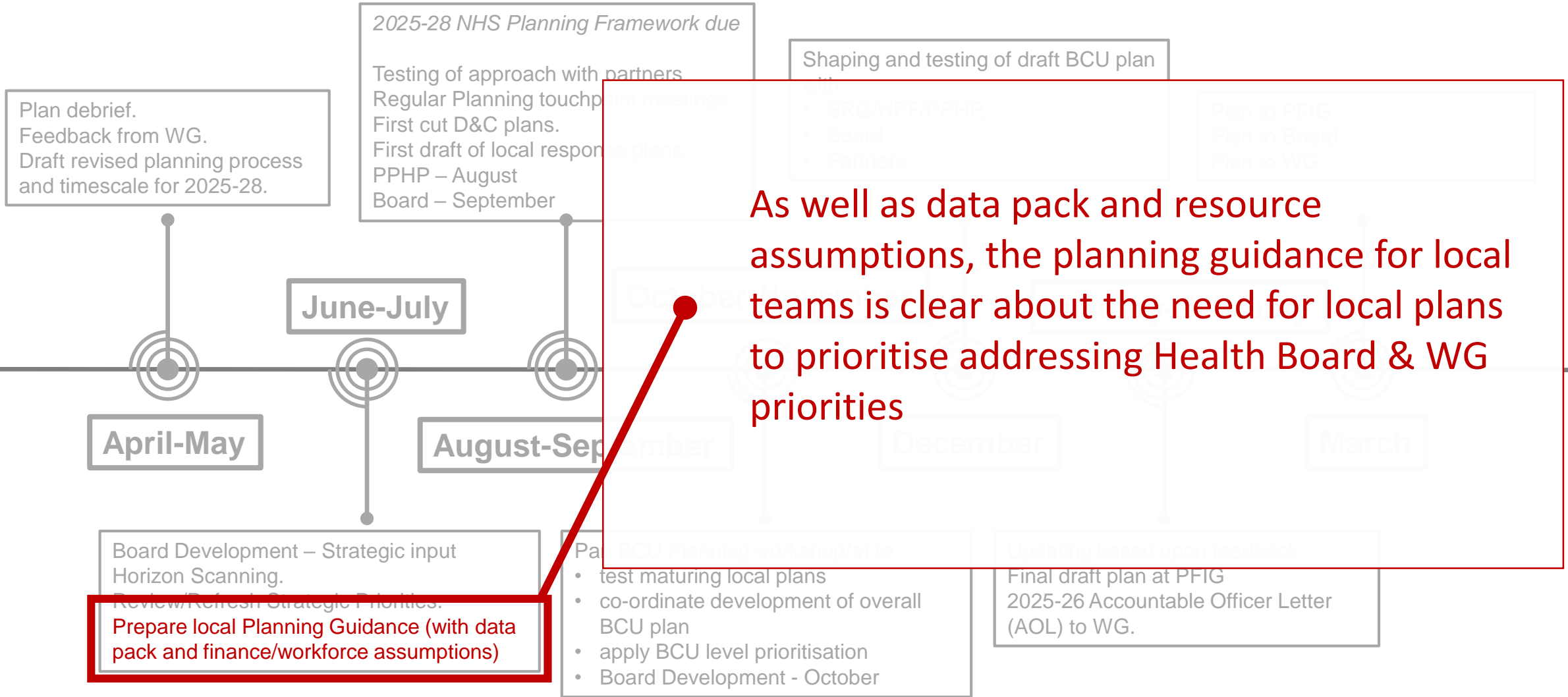
National Planning Requirements

- **Legislative Framework** - The Health Board is required to meet its statutory requirements as set out in the NHS (Wales) Act 2006, and submit an Integrated Medium Term Plan to Welsh Government.
- **Wider legislative requirements** including national policy drivers, local strategy and internal governance frameworks provide a platform for the development of our Integrated Three-Year Plan.
- Plan must clearly demonstrate how all duties associated with Equality, Human Rights and Welsh Language will be met.
- **National Planning Framework** - the 2025/26 annual framework is expected in the autumn.
- **Ministerial Priorities** - Focus on National Programmes and Ministerial Priorities, increased focus on 'shift left' agenda.
- **National Programmes** - 5 programmes expected alongside Value and Sustainability Board priorities.
- **Quality Management** – Greater focus expected on Duty of Quality assurance and outcomes.
- **Wellbeing Objectives** – Requirement to refresh in 2024/25 in the context of 'Fair Work'

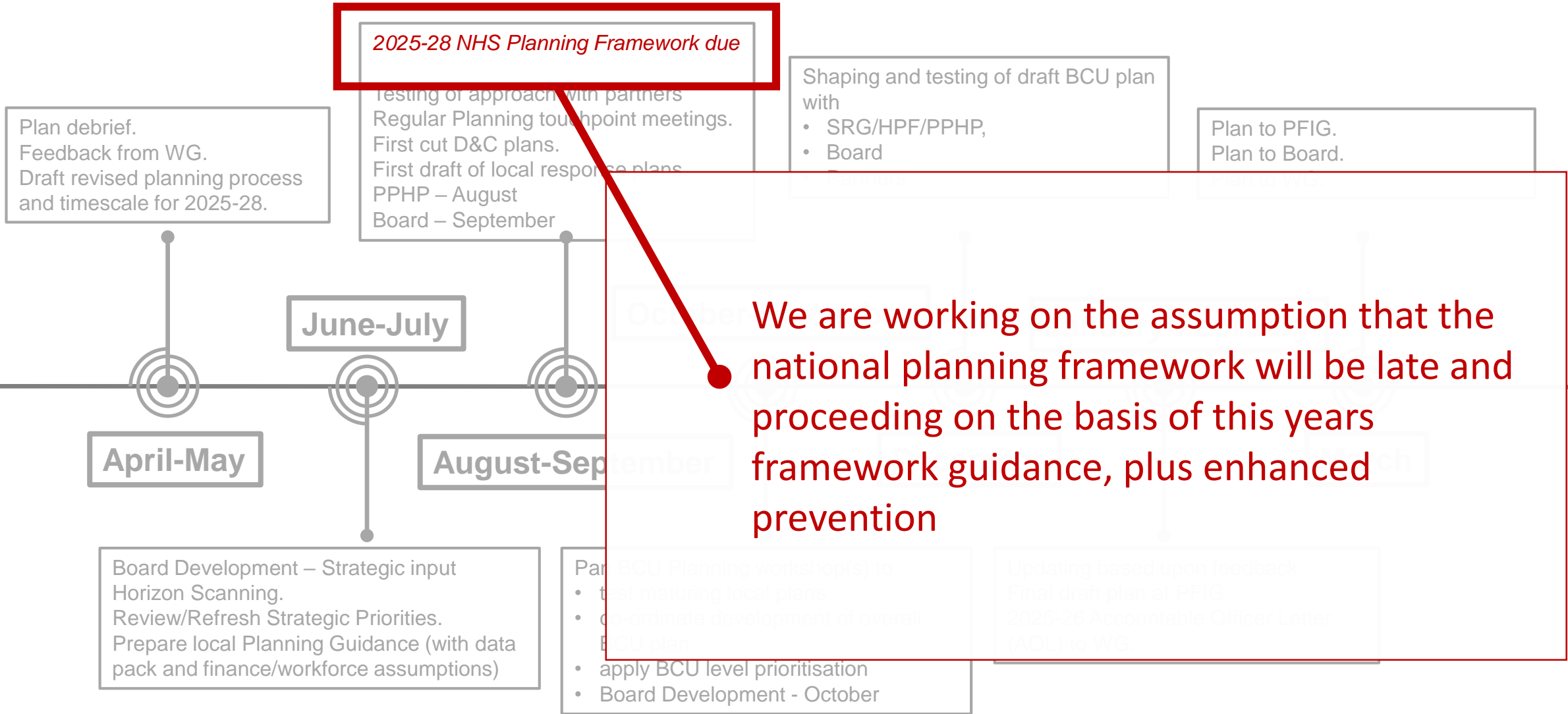
Planning Timeline for 2025-28 (3 Year Plan)



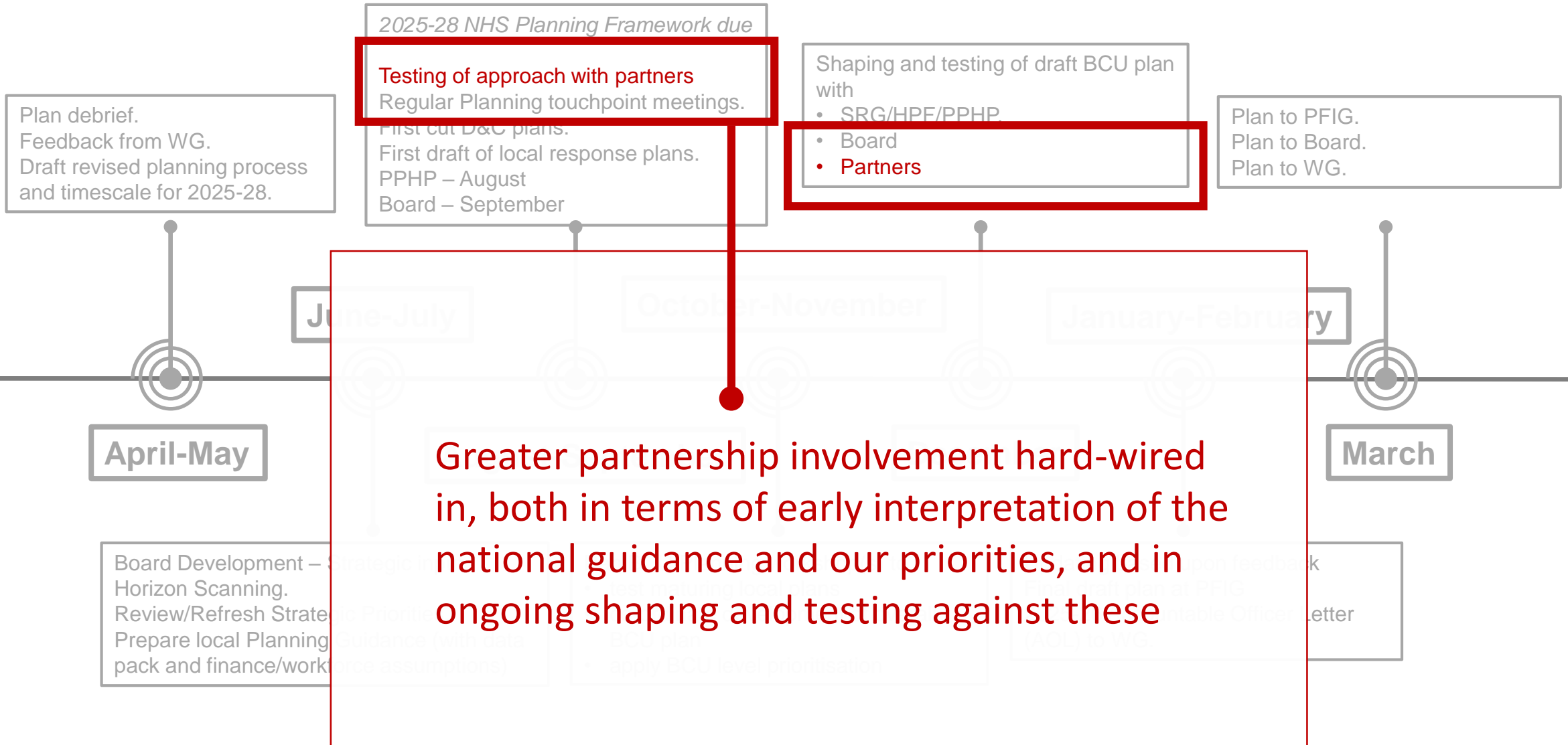
Planning Timeline for 2025-28 (3 Year Plan)



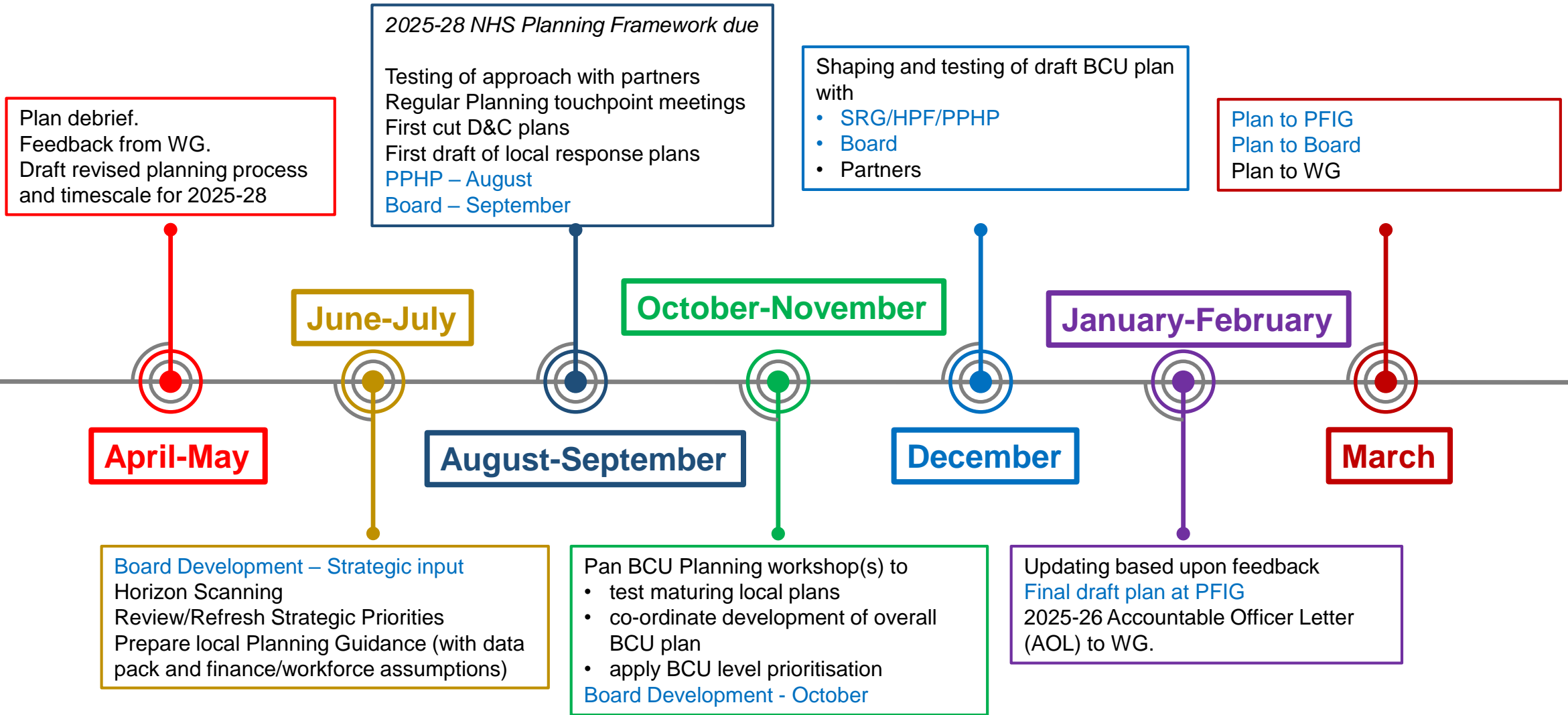
Planning Timeline for 2025-28 (3 Year Plan)



Planning Timeline for 2025-28 (3 Year Plan)



Planning Timeline for 2025-28 (3 Year Plan)



Strategic input to Plan discussion

Things to consider

- 1) How the Strategy Development work discussed today influences the plan?
- 2) What needs to be added to the current Three Year Plan for Year 4 (2028/29)?
- 3) Are all Partner expectations adequately covered?

2024-27/28 Three Year Plan

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

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 & Organisational 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
4F	Cancer Care
4G	Urgent and Emergency Care
4H	Diagnostics
4I	Adult Mental Health, Learning Disability, CAMHS & ND
4J	Currently 'Challenged Services'
4K	Women's Services
4L	Children
4M	Pharmaceutical services

Objective 5: Effective environment for Learning

5A	University Partnership
5B	Research, Development and Innovation
5C	Academic Careers
5D	Intelligence Led
5E	Learning Organisation

Diolch

Planning, Population Health & Partnerships Committee – Annual Cycle of Committee Business

(1st April 2024 to the 31st March 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a “Non-Routine Committee Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.

The role of the Committee is set out in the Health Board’s standing orders and the Terms of Reference, both of which are available here:

The **Planning, Population Health & Partnerships Committee** meets bi-monthly.

Committee Chair Clare Budden Committee Vice Chair Gareth Williams	Members Caroline Turner Williams Nichols	In Attendance Chris Stockport (Executive Director of Transformation, Strategic Planning and Commissioning) – Exec Lead Jane Moore (Executive Director of Public Health) Helen Stevens-Jones (Director of Partnerships, Engagement and Communications) Dylan Roberts (Chief Digital and Information Officer)	Preliminary matters to be included on agenda: Welcome & Apologies Declarations of Interest Unconfirmed minutes of meeting held on xxxx Matters Arising & Action Log
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	APRIL (Q1)	JUNE (Q1)	AUGUST (Q2)	OCTOBER (Q3)	DECEMBER (Q3)	FEBRUARY (Q4)
PRELIMINARY MATTERS						
STRATEGIC PRIORITIES						
Decarbonisation (1J)						
Effectively Delivering Major Change (2G links to Strategy)						
Strengthening Planning (2H links to Strategy)						
Citizen Engagement (3B)						
Being a Good Partner (3C)						
Prevention (4B)						
University Partnership (5A)						
Intelligence Led (5D) Link to DDaT						
FOR ASSURANCE						
Primary Care (4C)						
Community Care and Clusters (4D)						
ROUTINE REPORTING						
Corporate Risk Register						
Board Assurance Framework						
Internal Audit Reports (as and when required)						
ANNUAL REPORTING						
Committee Annual Report to Board						
FOR INFORMATION						
Summary of Business to be Reported from Private						
Committee Workplan						
Cycle of Business						
CLOSING BUSINESS						
Agree Items for Referral to Board / Other Committees						
Agree Items for Chairs Assurance Report						
Review of Meeting Effectiveness						
Date of Next Meeting						
Resolution to Exclude the Press and Public						
PRIVATE AGENDA						

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
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	Deep dive will be 20.08.24 then to BD in Oct 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	Will be part of DDaT update 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	A paper will go to Aug meeting
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	A paper will go to Aug meeting
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	This has been deferred from Aug to Oct
14.05.24	Action from April Meeting PP24/11.3	PPHP Committee	Partnership Working (focussing on our strategic approach and commitments to the Annual Plan)	To close action PP24/11.3	Helen Stevens-Jones	Helen Stevens-Jones	22.10.24	
23.04.24	Action from April Meeting PP24/12.2	PHP 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	
02.08.24	Request from Helen Stevens-Jones	Helen Stevens-Jones	Market Shaping with the Third Sector on Social Prescribing	Paper from Brian Laing re: models for working with the third sector in relation to social prescribing. The paper will go to the RPB in September before PPHP in Oct	Helen Stevens-Jones	Brian Laing	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	
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	

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	
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