

## Bundle Partnerships, People and Population Health Committee 14 October 2021

Unfortunately we are presently unable to accommodate attendance by members of the public to our Health Board's committee meetings due to Covid-19 restrictions. However draft minutes are provided in due course.

- 1 09:30 - PP21/1 Committee Terms of Reference  
*Louise Brereton / Chris Stockport*  
*Recommendation*  
*The Committee is asked to review the revised Terms of Reference and recommend their approval to the Board through the Committee Chair's Report*  
PP21.1a PPPHC ToR.docx  
PP21.1b Appendix 1 PPPH Terms of Reference 1.02.docx
- 2 09:35 - PP21/2 Apologies  
*Jo Whitehead*
- 3 09:36 - PP21/3 Declaration of Interest
- 4 09:37 - PP21/4 Draft minutes of the previous Strategy, Partnerships and Population Health Committee meeting held on 12.8.21 for approval  
PP21.4 Minutes SPPH\_Public Session 12.8.21 v.01 draft\_Chair reviewed.docx
- 5 09:38 - PP21/5 Matters arising and table of actions  
*Recommendation*  
*The Committee is asked to review the actions and transfer any open actions to an appropriate Committee table of actions*  
PP21.5 Summary Action Log SPPH Public to close at 14.10.21 PPPHC meeting.docx
- 6 09:45 - PP21/6 Report of the Chair - verbal  
*Linda Tomos*
- 7 09:50 - PP21/7 Report of the Lead Executive - verbal  
*Chris Stockport*
- 8 09:55 - PP21/8 Operational Plan monitoring report 2021-22 position at 30.9.21  
*Sue Hill*  
*Kamala Williams in attendance*  
*Recommendation*  
*The Partnerships, People and Population Health Committee is asked to scrutinise the report and to consider whether any area requires further escalation.*  
PP21.8a OPMR.docx  
PP21.8b OPMR Operational Plan Monitoring Report - Position 30th September 2021 PPPH DRAFTv0.6.pptx  
PP21.8c OPMRcAppendix 1\_202122\_Annual Plan programme action plan.pdf
- 9 STRATEGIC ITEMS - THE FUTURE
- 10 Developing strategies or plans
- 10.1 10:10 - PP21/9 Living Healthier Staying, Well Strategy progress update  
*Chris Stockport*  
*Sally Baxter in attendance*  
*Recommendation*  
*The Committee is asked to receive the update on work underway to refresh the Health Board's long term strategy, Living Healthier, Staying Well*  
PP21.9 LHSW update v2 07102021.docx
- 10.2 10:25 - PP21/10 Developing the People & Organisational Development Strategy and update on improvement from NHS Wales Staff Survey 2020  
*Sue Green*  
*Recommendation*  
*The Committee is asked to note the content of this update report*  
PP21.10a People and Organisational Development Strategy Update report.docx  
PP21.10b People and Organisational Development Strategy Update APPENDIX A v2.docx
- 11 THE PRESENT for assurance
- 11.1 10:45 - PP21/11 Integrated Digital Dashboard Quarter 1 Report 2021-22.  
*Chris Stockport*  
*In attendance Phil Corrin Interim Digital Director*  
*The Committee is asked to:-*  
1. review the report and determine if it provides appropriate levels of assurance.  
2. note the report

- 11.2 11:05 - Comfort break
- 12.0 Partnership Meetings
- 
- 12.1 11:15 - PP21/12 Regional Partnership Board  
*Sally Baxter, Head of Health Strategy and Catrin Roberts, Head of Regional Collaboration in attendance*  
*Recommendation*  
*The Committee is asked to note the updates received at the North Wales Regional Partnership Board and to receive the notes of the meeting held on 9th July 2021*  
PP21.12a RPB.docx  
PP21.12b RPB NWRPB minutes 9.7.2021 English.pdf  
PP21.12c RPB NWRPB minutes 9.7.2021 Welsh.pdf
- 12.2 11:30 - PP21/13 Public Service Board – Conwy and Denbighshire and Area Integrated Service Board  
*Bethan Jones Area Director in attendance*  
*Recommendation*  
*The Committee is asked to note the contents of this report and to provide its support to the direction of travel of the Conwy & Denbighshire Public Services Board and the Central Area Transformation Agenda*  
PP21.13a PSB Central Area PSB and AISB Update.docx  
PP21.13b PSB Appendix 1 Cand D PSB Annual report 2020 21.docx  
PP21.13c PSB Appendix 2 Bwthyn y Ddol artists impression.pptx
- 13.1 11:40 - PP21/14 Board Assurance Framework  
*Louise Brereton*  
*Recommendation*  
*That the Committee approves the amendments to the BAF risks as set out below, including the consolidation of the previous Annual Plan and Budget risks*  
PP21.14 BAF PPPHC\_October 2021.pdf
- 13.2 11:55 - PP21/15 Corporate risk register  
*Simon Evans-Evans*  
*Recommendation*  
*That the Committee:-*  
*1\ Review and note the progress on the Corporate Tier 1 Operational Risk Register Report as set out below and in detail at Appendix 1:*  
*CRR20-06:*  
*a) Note the Risk Management Group (RMG) advised that the evidence to demonstrate the likelihood of this risk be captured within the risk entry. It was also recommended that the risk be shared with clinicians in order to support the quantifying of the score. These further update requirements are being progressed by the Informatics Senior Management Team and will be incorporated into the next iteration of the risk.*  
*b) Note the RMG recognise the progress in completing and implementing actions as detailed in Appendix 1.*  
*CRR20-07:*  
*a) Note the RMG recognise the duplication of this risk with the Board Assurance Framework Risk BAF21-16 – Digital Estate and Assets, with a recommendation to close the CRR risk and transfer any residual actions to the BAF21-16.*  
*b) Approve the closure and transfer of the residual actions to the BAF21-16. Both RMG and the Executive Team (ET) at their meetings of the 16th and 25th August respectively supported and recommended approval for the risk closure.*  
*CRR21-12:*  
*a) Note the RMG advised that a review of the current risk score be undertaken which is reporting the same as the inherent risk score of 20 (Impact = 4 X Likelihood = 5). This review need to be evidence-based and cognizance of controls in place. These further update requirements are being progressed by the Informatics Senior Management Team and will be incorporated into the next iteration of the risk.*  
*b) Note a review of the due date for action 15286 is underway following DIGC being disbanded and the revised Governance Structure being put in place. This further update will be incorporated into the next iteration of the risk.*  
PP21.15a CRR Report.docx  
PP21.15b CRR report Appendix 1 - PPPH Corporate Tier 1 Operational Risk Report-V2.docx  
PP21.15c CRR report Appendix 2 - Corporate Risk Register Key Field Guidance.docx
- 14 LEARNING FROM THE PAST
- 18 12:10 - PP21/16 Test, Trace, Protect report

Teresa Owen  
Recommendation

*The Committee is asked to approve the paper, and the following recommendations:*

- i. That continued recruitment is undertaken to ensure that all aspects of the Test Trace Protect Service are sufficiently robust to meet service demands until the end of the financial year.*
- ii. That the service responds to revised government strategies for TTP, ensuring that North Wales performs on a par with other regions in Wales.*
- iii. That senior members of the Test Trace Protect Team continue to liaise with partner organisations both locally and nationally to work in partnership to address the changing service requirements.*

PP21.16a TTP update (October 21).docx

PP21.16b TTP Update (October 21).docx

20 CLOSING BUSINESS  
21 12:20 - PP21/17 Agree items for Board/Other Committees

*Linda Tomos*

22 12:22 - PP21/18 Review of Risks highlighted in the meeting for referral to risk management group

*Linda Tomos*

23 12:29 - PP21/19 Agree items for Chair's Assurance report

*Linda Tomos*

24 12:34 - PP21/20 Review of meeting effectiveness

*Linda Tomos*

25 12:39 - PP21/21 Date of next meetings

*PPPHC meeting 9.12.21*

*PPPHC Workshop 11.11.21*

26 Exclusion of the Press and Public

*Resolution to Exclude the Press and Public*

*"That 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."*



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Partnerships, People and Population Health Committee 14.10.21</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Committee Terms of Reference</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Louise Brereton, Board Secretary						
<b>Awdur yr Adroddiad Report Author:</b>	Diane Davies, Corporate Governance Manager						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Louise Brereton						
<b>Atodiadau Appendices:</b>	1. PPPH Committee Terms of Reference v1.02						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to review the revised Terms of Reference and recommend their approval to the Board through the Committee Chair's Report							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
The Committee's Terms of Reference have been refreshed as part of the wider Integrated Governance Framework led by the Interim Director of Governance.							
<b>Cefndir / Background:</b>							
The Board approved the Integrated Governance Framework at its meeting of 15 <sup>th</sup> July 2021 which included the replacement of the Strategy, Partnerships and Population Health Committee with the Partnerships, People and Population Health Committee. The Terms of Reference have been subsequently amended to reflect changes in regard to officers in attendance							
<b>Asesu a Dadansoddi / Assessment &amp; Analysis</b>							
The Committee is being presented with this amended version in respect of good governance and version control.							
<b>Opsiynau a ystyriwyd / Options considered</b>							
Not applicable							



<b>Goblygiadau Ariannol / Financial Implications</b>  Not applicable
<b>Dadansoddiad Risk / Risk Analysis</b>  Not applicable
<b>Cyfreithiol a Chydymffurfiaeth / Legal and Compliance</b>  The Committee is required through the Health Board's Standing Orders to operate within its terms of reference
<b>Asesiad Effaith / Impact Assessment</b>  Not applicable

# Partnerships, People and Population Health Committee



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Terms of Reference and Operating Arrangements

**Red text = changes to previous SPPHC Terms of Reference agreed at July Board**  
**Blue Text = changes to review at inaugural PPPHC meeting**

### 1. INTRODUCTION

- 1.1. The Board shall establish a committee to be known as Partnerships, People and Population Health Committee (PPPH). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

### 2. PURPOSE

- 2.1. The purpose of the Committee is to provide advice and assurance to the Board with regard to the development **and oversight** of the Health Board's **enabling** strategies. ~~and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.~~ The Committee will do this by ensuring that **the workforce strategies are aligned** and that strategic collaboration and effective partnership arrangements are in place to improve population health and reduce health inequalities.

### 3. DELEGATED POWERS

- 3.1. **The Partnerships, People and Population Health Committee is required by the Board, within the remit of the Committee to:**
- 3.1.1. **Provide evidenced based assurance that there is compliance with The Equalities Act 2010.**
- **In discharging its duty the Committee will have 'due regard' to the Public Sector Equality Duty, to eliminate discrimination, to advance equality of opportunities and foster good relations when carrying out all functions and day-to-day activities.**
  - **In discharging its duty the Committee will have 'due regard' to the Socio-economic Duty, to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage.**
- 3.1.2. **Provide evidenced based assurance that BCUHB Policies are compliant with relevant legislation.**
- 3.1.3. **Provide evidence based and timely advice to the Board on developing strategies.**

- 3.1.4. Provide evidence based and timely advice to the Board on the delivery of strategies including those relating to digital, workforce and transformation.
- 3.1.5. Oversee and provide evidence based and timely advice to the Board on relevant risks and concerns.
- 3.1.6. Provide relevant evidence based and timely advice to the Board on:
  - Staffing matters
  - Population health outcomes and prevention strategies.
  - Transformation capacity delivery and planning.
  - Delivery of the Corporate Strategy (improving outcomes for citizens), including in services delivered in partnership.
  - **Digital development**
- 3.1.7. Receive the results of relevant audits (clinical and non-clinical) and any other relevant investigations and provide the Board with evidence based impact assessment of the implementation of the recommendations.

3.2. The Partnerships, People and Population Health Committee is authorised by the Board to:

- 3.2.1. Ensure that current and emerging service strategies adhere to national policy and legislation , the priorities of the Health Board and are underpinned by robust population health needs assessment, workforce and financial plans and provide for sustainable futures.
- 3.2.2. Receive regular assurance reports on health and care clusters and primary care development, recognising the central role played by primary care in the delivery of health and care.
- 3.2.3. Advise and assure the Board in discharging its responsibilities with regard to the development of the Health Board's medium and long term plans, together with the Annual Operating Plan;
- 3.2.4. Ensure the Health Board's response to new and revised legislative requirements in relation to service planning and delivery, providing assurance that statutory duties will be appropriately discharged, ensuring strategic alignment between partnership plans developed with Local Authorities, Universities, third sector and other public sector organisations;
- 3.2.5. Receive regular performance and assurance reports from the Public Service Boards and Regional Partnership Board, Mental Health Partnership Board **and other key partnerships as agreed by the Board.**
- 3.2.6. Ensure that the Health Board meets its duties in relation to Welsh language, civil contingencies legislation and emergency preparedness.

- 3.2.7. Ensure the alignment of supporting strategies such as Workforce, Capital Planning, Estates infrastructure and **Information Communications and Technology (ICT) Digital** in the development of the strategic delivery plans;
- 3.2.8. Ensure that the partnership governance arrangements reflect the principles of good governance with the appropriate level of delegated authority and support to discharge their responsibilities; and monitor sources of assurances in respect of partnership matters ensuring these are sufficiently detailed to allow for specific evaluations of effectiveness **including but not limited to Digital Health Care Wales.**
- 3.2.9. Ensure appropriate arrangements for continuous engagement are in place; and review assurances on Consultation feedback
- 3.2.10. **Monitor performance against key workforce indicators as part of the Quality Report;**
- 3.2.11. **Receive assurance reports in relation to workforce, to include job planning under Medical and Dental contracts for Consultants and Specialist and Associate Specialist (SAS) doctors and the application of rota management for junior doctors.**

#### 4. AUTHORITY

- 4.1. The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any::
- Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and,
  - Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2. It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 4.3. It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business concerning workforce, Partnerships and Population Health matters.
- 4.4. It will review risks from the **Board Assurance Framework** and Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

#### 5. SUB-COMMITTEES

- 5.1. The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee Business.

## 6. MEMBERSHIP

### 6.1. Members

- 6.1.1. A minimum of three Independent Members of the Board.

### 6.2. In attendance

- ~~Executive Director of Planning and Performance (Lead Director)~~
- **Executive Director Primary Care and Community Services (Lead Director)**
- Executive Director of Workforce and Organisational Development.
- Executive Director of Public Health.
- Executive Director Primary and Community Services.
- **Executive Director of Therapies and Health Sciences.**
- Executive Medical Director.
- Executive Director of Nursing and Midwifery.
- Finance Director – Strategy and Commissioning.
- **Chief Information Officer (for relevant sections)**
- **Director of Partnerships, Engagement and Communication**

### 6.3. Right of Attendance

- 6.3.1. Upon giving notice to the Committee Chair the following have the right to attend any meeting as an observer:

- Chair of the Board.
- Chair of the Audit Committee.
- Board Secretary.

### 6.4. By Invitation

- A patient representative.
  - Chair of Stakeholder Reference Group.
  - A staff representative.
- 6.4.2. Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.
- 6.4.3. Trade Union Partners are welcome to attend the public session of the Committee

### 6.5. Member Appointments

- 6.5.1. The membership of the Committee shall be determined by the Chair of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.
- 6.5.2. Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chair of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

## **6.6. Secretariat**

- 6.6.1. The Secretariat will be determined by the Board Secretary.

## **6.7. Support to Group Members**

- 6.7.1. The Board Secretary, on behalf of the Committee Chair, shall arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role and ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

# **7. COMMITTEE MEETINGS**

## **7.1. Quorum**

- 7.1.1. At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also be in attendance.

## **7.2. Frequency of Meetings**

- 7.2.1. Meetings shall normally be held bi-monthly, **but may be convened at short notice if requested by the Chair.**

## **7.3. Withdrawal of individuals in attendance**

- 7.3.1. The Committee may ask any or all non-board members who would normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **7.4. Conduct of Meetings**

- 7.4.1. **Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.**

## **8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 8.1. Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 8.2. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 8.3. The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:
  - Joint planning and co-ordination of Board and Committee business; and
  - Sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.
- 8.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.
- 8.5. Receive assurance and exception reports from
  - Executive Delivery Group People and Culture
  - Executive Delivery Group Transformation and Finance.
  - Organisational Development Group.
  - Population Health Group.

## **9. REPORTING AND ASSURANCE ARRANGEMENTS**

- 9.1. The Committee Chair shall:
  - 9.1.1. Report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report and an annual report.
  - 9.1.2. Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 9.1.3. The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 10.1. The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

## **11. REVIEW**

- 11.1. These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

V1.02 for consideration at Inaugural PPPHC 14.10.21





**Strategy, Partnerships and Population Health (SPPH) Committee**  
**Draft Minutes of meeting held in public on 12.8.21**  
**via Teams virtual platform**

<b>Present:</b>	
Lyn Meadows	Independent Member (Chair)
Nicky Callow	Independent Member
John Cunliffe	Independent Member
Linda Tomos	Independent Member
<b>In Attendance:</b>	
Sally Baxter	Assistant Director ~ Health Strategy
Louise Brereton	Board Secretary
Ben Carter	Regional Commissioning Manager, North Wales Area Planning Board (APB), Substance Misuse Services (SMS) (part meeting)
Sue Green	Executive Director of Workforce and Organisational Development (OD)
Lynne Joannou	Assistant Director ~ Primary Care Contracting
Ffion Johnstone	Area Director (West) (part meeting)
Amanda Lonsdale	Interim Deputy Director Mental Health & Learning Disabilities (MHLD) (part meeting)
Lea Marsden	Programme Director – North Wales Medical & Health Sciences School (part meeting)
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning
Katie Sargent	Assistant Director Communications (part meeting)
Jo Whitehead	Chief Executive
Kamala Williams	Acting Director of Performance (part meeting)
Diane Davies	Corporate Governance Manager (Committee secretariat)
<b>Observing</b>	
Andy Burgen	Vice Chair North Wales Community Health Council
Andrew Doughton	Audit Wales

<b>Agenda item in order of discussion</b>	<b>Action By</b>
<p><b>SP21/67 Chairs opening remarks and apologies for absence</b></p> <p><b>SP21/67.1</b> Apologies were noted for Mark Wilkinson for whom Sally Baxter deputised, Chris Stockport and Clare Darlington for whom Lynne Joannou deputised,</p> <p><b>SP21/67.2</b> The Chief Executive, on behalf of the Chairman and herself, thanked Mrs Lyn Meadows for her diligence and commitment during her period leading the Committee, noting that this was her last meeting as Chair. All members present commended this recognition.</p>	

<p><b>SP21/68 Declarations of Interest</b></p> <p>Professor Nicky Callow – Independent Member (University) declared an interest in item SP21.72 North Wales Medical and Health Sciences School, given her substantive role within Bangor University.</p>	
<p><b>SP21/69 Draft minutes of the meeting held on 17.6.21 for accuracy, matters arising and summary action log</b></p> <p>The minutes were approved as an accurate record and updates were provided against the summary action log.</p>	
<p><b>SP21/70 Board Assurance Framework – Review of the Committee’s allocated risks</b></p> <p><b>SP21/70.1</b> The Board Secretary presented the item, noting that this was a further iteration of the previous BAF document. The Committee Chair and members reflected on the positioning of the item within the agenda, it was noted that, following the recent governance review approved by the Board, each relevant Committee would consider the risks as a standardised item within the agenda framework. The Board Secretary advised that further detail of risk target gaps would be included within the next iteration given the ongoing work on the Risk Management strategy review and would also take into account scheduling of RM Group meetings to improve fit with the Committee.</p> <p><i>The Interim Director of Performance joined the meeting</i></p> <p><b>SP21/70.2</b> In general discussion of the BAF the Committee suggested that the risks could be presented in rotational format in order to provide all risks an opportunity for consideration with equal rigour. In addition, it was suggested that both Mental Health and Wellbeing needed to be elevated given the ongoing issues that had been raised through the Covid19 pandemic in these areas.</p> <p><b>SP21/70.3</b> The Committee Chair emphasised the pivotal opportunity for better alignment of the operational plan with the organisation’s risks especially in regard to Health Improvement and Inequalities. The Board Secretary affirmed that, following a refresh of the Board’s Living Healthier, Staying Well strategy, further alignment of the BAF and Operational Plan would be undertaken.</p> <p><b>SP21/70.4</b> Whilst noting the comments within each risk assigned to the Committee since the previous report, the Committee Chair questioned the volume of work required in addressing Primary care Sustainable Health Services (BAF21-03) risk. In response to the Committee Chair, the Assistant Director ~ Primary Care Contracting outlined progress on the current investments being moved forward and explained the level of reliance on the development of Urgent Primary Care Centre pathfinders.</p> <p><b>The Committee noted</b> the progress on the Principal Risks as set out in the Board Assurance Framework (BAF)</p>	

<p><b>SP21/71 Operational Plan Monitoring (OPMR) position at 30.6.21</b></p> <p><b>SP21/71.1</b> The Acting Director of Performance presented this item outlining that whilst additional information had been suggested for inclusion, the report set out the priority actions agreed by the Board in July 2021. She set out the reasons why not all the information was provided and undertook to circulate a complete report to all Board members on receipt of the outstanding data.</p> <p><b>SP21/71.2</b> In response to the Committee's question regarding confidence in the Green reporting within the report, given that the Board was operating under tremendous pressure, the Acting Director of Performance advised that more triangulation work needed to be moved forward with the Accountability Framework, including closer monitoring. The Chief Executive emphasised that the organisation was encouraged to engage in a more active conversation in respect of performance, especially in key areas in order that richer information could be gained as an example she highlighted the visibility of the Stroke business case which had been discussed at the recent Executive Management Group and the focus on outcomes.</p> <p><b>SP21/71.3</b> In discussion of the report format, the Committee commended the approach which was gaining improved traction. However, it was suggested that highlighting where dependency of an action affected other areas of the plan would be helpful. The Executive Director of Public Health (PH) reflected on the visibility of improving Health and Wellbeing outcomes concerning Population Health, which would be important for the PH Team, Partners and the Health Board.</p> <p><b>SP21/71.4</b> In discussion of the Amber and Red actions and their priorities, in response to the Committee the Chief Executive highlighted the Health Board's staff recruitment challenges, which, whilst acknowledged at red status, should not diminish the organisation's ambition to aim high. She also highlighted the ambition to address Planned Care and risk, emphasising that actions such as engaging external providers to address these should not be considered failure, as there were challenges to delivery at present. In order to ensure pace, Chair's actions would be necessary to undertake between meetings such as the recent Orthopaedics outsourcing tender. The Chief Executive emphasised the importance of reflecting the impact that Covid19 had placed on the whole health care system, which was exceptional. The Wales Audit Office representative observed that the Workforce issues were concerning.</p> <p><b>It was resolved that</b> the report was noted</p>	KW
<p><b>SP21/72 North Wales Medical and Health Sciences School progress</b></p> <p><b>SP21/72.1</b> The Programme Director NWM&amp;HS school presented the report. The Independent Member Prof Nicky Callow highlighted that a new group was addressing strategic work and would focus on shared BCU and Bangor University areas, which the System Readiness Group workstream had not undertaken.</p> <p><b>SP21/72.2</b> In response to the Chair, the Chief Executive affirmed that the programme had been developed in strong collaboration with Bangor University and was moving forward with involvement of other Universities, which would include shared learning that provided</p>	

<p>opportunities to increase improvements. She emphasised the importance of all working together.</p> <p><b>It was resolved that</b> the report was noted</p> <p><i>The Programme Director NWM&amp;HS school left the meeting</i></p>	
<p><b>SP21/73 Welsh Language annual monitoring report</b></p> <p><b>SP21/73.1</b> The Executive Director of Public Health presented this item commending the work of the Welsh Language service within the Health Board and their achievements. The Committee acknowledged the impressive work being undertaken to actively promote the Welsh Language during a lengthy period of intense operational pressures especially in winning over hearts and minds. It was suggested that a future period could include a mapping exercise to highlight availability against the areas of greatest need within the organisation.</p> <p><b>SP21/73.2</b> In response to the Committee, it was noted that the newly returned Head of Service was undertaking a capacity assessment within the Team to consider sustainability, which would be discussed at the next Welsh Language Forum. The Executive Director of Public Health informed that action had already been taken to recruit an additional translator in order to address the translation of job descriptions as delays to delivery had impacted upon recruitment advertising.</p> <p><b>It was resolved to</b> approved the report</p>	TO/EHJ
<p><b>SP21/74 North Wales Together: Seamless Service for People with Learning Disabilities Strategy 2018-2023:</b></p> <p><b>Programme response to Covid-19: Highlight Report and Recovery Plan</b></p> <p><b>SP21/74.1</b> The Interim Deputy MHLDD Director presented this item it was noted that the report advised that the North Wales Regional Partnership Board (RPB) led the development of the Learning Disability Strategy, which set out the plan to improve services for people with learning disabilities across North Wales. '<i>North Wales Together</i>' was a partnership of six local authorities and Betsi Cadwaladr University Health Board who were jointly implementing the strategy through the <i>Seamless Services for People with Learning Disabilities</i> Programme. Due to the response to Covid 19, the transformation team members/ the local authorities and BCUHB staff were redeployed into key clinical areas to support patient care. This impacted on the progression of some of the work streams. However, during this time 3 main areas continued to be progressed with the Learning Disability Senior leadership team's support that added value to the Covid 19 response. The three areas were:-</p> <ol style="list-style-type: none"> <li>1. Get Checked Out North Wales websites</li> <li>2. Learning Disability Transformation Fund: small projects - : of the original 52 pilot projects, 24 were continuing to be developed. The projects being fundamental to supporting people with a learning disability to transform their lives.</li> <li>3. New activity in response to Covid-19 emergency measures</li> </ol>	

<p><b>SP21/74.2</b> The Committee commended the number of projects being progressed and suggested that a link up with projects the National Trust were progressing could also be pursued. In discussion of areas of challenge it was noted that the Executive Director of Public Health and Executive Director of Primary and Community services were working towards improving collaboration in relation to Learning Disability and Primary Care services, an example of modular work was provided.</p> <p><b>SP21/74.3</b> The Interim Deputy MHL D Director also highlighted the gap in step up accommodation options available, which needed to be addressed with partners. In response to the Committee Chair, she advised that there were no extreme negative impacts upon Learning Disabilities known at present. She also advised that there were no overly significant risks at present due to good partnership working.</p> <p><b>It was resolved that</b> the Committee noted the updates aligned to the Learning Disability (LD) Strategy to enable BCUHB to continue to work alongside partner agencies, including the 6 Local Authorities, to ensure the delivery of the recommendations outlined within the LD strategy.</p>	AL
<p><b>SP21/75 Transformation Programme update: ‘A Healthier Wales – North Wales Together for Mental Health’</b></p> <p><b>SP21/75.1</b> The Interim Deputy MHL D Director presented this report highlighting the ambition of the MH&amp;LD division to continue to support people to maintain good mental health, renewing BCU’s focus on delivering the prevention agenda and to provide high quality, safe care in the right setting at the right time. Based on the Together for Mental Health Strategy, the MH&amp;LD Division had developed an overall transformational plan that was based on developing new care models that span organisational and service boundaries; and which would be clinically and financially sustainable through greater integration of care and with a focus on improving population health and wellbeing. The overall investment into the MH transformational plan is £6.7m and aligned to the 4 key divisional strategic priorities of :</p> <ul style="list-style-type: none"> <li>• Review of capacity and capability</li> <li>• Stronger and aligned management &amp; governance</li> <li>• Engagement with staff, users and stakeholders</li> <li>• Delivery of safe and effective services in partnership</li> </ul> <p><b>SP21/75.2</b> Discussion ensued on the future given that the transformation funding which had been made available was due to end. The Interim Deputy MHL D Director was requested to circulate a note to members in regard to the programme’s recruitment position.</p> <p><b>It was resolved that</b> the Committee noted</p> <ul style="list-style-type: none"> <li>• the Mental Health and Learning Disabilities (MH&amp;LD) Division’s over-arching transformation work programme;</li> <li>• the update on the ‘A Healthier Wales – North Wales Together for Mental Health’ transformation programme – ICAN Offer which is a fundamental element within the MH&amp;LD transformation work programme;</li> <li>• further update reports would be provided at 6 monthly intervals.</li> </ul>	AL

<p><b>SP21/76 Regional Partnership Board (RPB) Update</b></p> <p>The Director of Health Strategy affirmed that the Committee going forward would focus further on RPB business and it was the intention to include a workshop session to enable this which was welcomed by members. The increased shared focus on the Living Healthier, Staying Well Strategy refresh was also highlighted. It was noted that the main issues were challenges on short term programme funding, especially in regard to the Integrated Care Fund and transformation programmes. The population needs assessment would also need to be refreshed. The Committee discussed the challenges involved in pooled budgets especially in regard to the vastness of the agenda involved.</p> <p><b>It was resolved that</b> the Committee noted the updates received at the North Wales Regional Partnership Board and notes of the meeting held on 11.6.21.</p>	
<p><b>SP21/77 Gwynedd &amp; Anglesey Public Services Board Annual Report 2020/21</b></p> <p><b>SP21/77.1</b> The Area Director West joined the meeting to present this item and advised the information was published in the form of the Wellbeing Assessments. The information gathered from the assessments was used to shape the Board's priorities which had been confirmed in the Wellbeing Plan (2018), ie Welsh Language, Homes for local people, the effect of poverty on the wellbeing of our communities, the impact of climate change on the well-being of communities and Health and care of adults and Wellbeing and success of children and young people. The Area Director West highlighted areas for development as being Mental Health and Unemployment. She drew attention to a recent workshop undertaken in recommencing the Together for Mental Health Strategy and especially the work regarding the ICAN programme which was being introduced within Primary Care.</p> <p><b>SP21/77.2</b> In response to the Committee the Area Director West undertook to provide Independent Member Linda Tomos with background detail of the governance and interfaces between BCU and PSB objectives and alignment.</p> <p><b>It was resolved that</b> the Committee noted progress of the work of the Public Services Board.</p> <p><i>The Area Director West left the meeting</i></p>	FfJ
<p><b>SP21/80 Corporate Health at Work</b></p> <p><b>SP21/80.1</b> The Executive Director of Workforce and Organisational Development introduced the item drawing attention to BCU's requirement to seek formal re-validation of the Corporate Health Standard Gold and Platinum awards in June 2022. It was noted that work was ongoing to complete this to the timescales outlined and there were no current risks identified in achieving this. The Committee was pleased to note this and questioned how widely these current awards were promoted within BCU's communications.</p>	

<p><b>SP21/80.2</b> The Committee Chair was advised that staffing resource within the Occupational Health (OH) Service was being addressed by the Executive Team, given that the OH Team's continued to be significantly involved in the response to the pandemic.</p> <p><b>It was resolved that</b> the Committee noted the report</p>	
<p><b>SP21/78 North Wales Substance Misuse Area Planning Board (APB) Update</b></p> <p><b>SP21/78.1</b> The Regional Commissioning Manager, North Wales Area Planning Board (APB), Substance Misuse Services (SMS) joined the meeting to present this item. He commented that the document built on previous reports from the North Wales Substance Misuse Area Planning Board (APB) to the SPPH Committee, and also focussed on performance management and BCUHB partnership working with the APB and partners. A number of examples and associated service user stories/case studies were demonstrated which highlighted how BCUHB works with partners to make a difference to individuals with substance misuse issues. The NWCHC representative commended the use of Bivuidal, which, whilst more expensive, was much more effective and money well spent on patient care. Attention was also drawn to the SMS Liaison service and additional capacity in support of Children and Adolescent Mental Health service where improvement work was ongoing and providing positive outcomes.</p> <p><b>SP21/78.2</b> The Committee discussed alcohol abuse during lockdowns and understood that further data was required to understand the position as further complex analysis would be required.</p> <p><b>SP21/78.3</b> In response to the Committee Chair, the Regional Commissioning Manager advised the greatest challenges over the next 12 months to be recruitment (especially in domiciliary care) and dealing with the impact of alcohol and mental health as a consequence of pandemic actions. In regard to positive outcomes over the previous 12 months he stated that methods undertaken via IT had supported group and client centred care, although he acknowledged that this was not a panacea for all patients and that face to face contact was important for some.</p> <p><b>SP21/78.4</b> The Committee asked that the next annual report also include further detail on working with partners eg current pilot with North Wales Police.</p> <p><b>It was resolved that</b> the Committee noted within the report</p> <ul style="list-style-type: none"> <li>• the performance management information</li> <li>• the positive examples of partnership working and resulting outcomes for service users, highlighted via the service user stories/case studies</li> </ul>	BC
<p><b>SP21/81 Health Improvement &amp; Reducing Inequalities Group (HIRIG) – Update report</b></p> <p><b>SP21/81.1</b> The Executive Director of Public Health presented this report which provided an update in regard to the services and projects reporting to the Health Improvement and Reducing inequalities Group including preventative work currently funded through national</p>	

prevention and early years funding (Building a Healthier North Wales funding) and national obesity funding (Healthy Weight; Healthy Wales funding). It was acknowledged that there remained long standing health challenges across the region which were highlighted and the Executive Director of Public Health confirmed that the Health Board remained committed to addressing these, providing an example of a recent workshop though there remained more work to do. She emphasised that it would be an important challenge to prevent the need to use bedspace. Other challenges highlighted were recruitment and funding.

**SP21/81.2** Going forward, the key actions to progress BCU's preventative and health improvement work during 21/22 were noted to be:

- Work meeting the needs of those most at risk through our strategic partnerships - the Alcohol Harm Reduction Strategy, the North Wales Suicide and Self Harm Reduction Strategy, and our Immunisation Strategy.
- Continuation of the key activities outlined in the Infant Feeding Strategy.
- Implementation of the Building a Healthier North Wales programme, Healthy Weight; Healthy Wales plan and obesity pathway.
  - Further growth of the Well North Wales programme of work, which in 21/22 includes expanding our food poverty and homelessness initiatives.
- Links with our community experts and third Sector colleagues to help extend our reach to all vulnerable and hard to reach groups (on all aspects of the lifestyle and resilience work), and through the work of our newly appointed BAME Outreach Officer.
- Expanding the Healthy Hubs model established in Holyhead
- Exploring and agreeing the next steps for of our Arts in Health programme
- Continued support for the Sports North Wales (SNW) programme – to ensure the focus on meeting needs and promoting physical activity.

**It was resolved that** the Committee noted

- progress of the Health Improvement & Reducing Inequalities Group (HIRIG) and programme of work.
- the current 21/22 workplan for the BCU Public Health Team

## **SP21/79 Public Engagement Update August 2021**

**SP21/79.1** The Assistant Director Communications provided an update on recent public engagement activity, highlighting the team's work in supporting the vaccination programme which was resulting in 70/80% of their current output. She also commented on the learning that was taking place as a result. The Committee was supportive of the challenges involved in addressing social media.

**SP21/79.2** In response to the Committee Chair, further detail was provided on partnership working with PSBs and the Assistant Director Health Strategy informed of joint engagement work. The NWCHC representative commented on the coproduction and codesign mentioned, and provided his reflections on the ambition outlined, emphasising the need to involve 'real people'. The Chief Executive acknowledged the ambition which would take



<p>time to realise given the huge cultural change required, however BCU was committed to moving this forward.</p> <p><b>SP21/79.3</b> The Committee also discussed the apparent disconnect between public perception of primary care access and the Health Board's view. The Chief Executive advised that communication in regard to Primary Care access would form part of the strategic approach being developed over the next 12+ months to improve patients' understanding of the most effective way to communicate with Primary Care centres. The Assistant Director of Health Strategy stated that the huge challenge of codesign in regard to the Living Healthier Staying Well Strategy refresh would be addressed within Autumn workshops and involve pathway working which would involve the Director of Transformation.</p> <p><b>SP21/79.4</b> The Committee Chair commended the work of BCU's Engagement Team in challenging circumstances.</p> <p><b>It was resolved that</b> the Committee noted the report</p>	
<p><b>SP21/82 Test Trace Protect (TTP) Update</b></p> <p><b>SP21/82.1</b> The Executive Director of Public Health presented this report, highlighting the positive difference that the work of the Director of Well North Wales was bringing to the TTP programme. The biggest challenge was highlighted as the difficulty in assessing future requirements due to the nature of the pandemic. In response to the Committee's concern in regard to a data sharing issue which had been highlighted, she advised this to be part of a national debate and was being addressed. In regard to infection control and the increasing population, the Executive Director of Public Health undertook to follow this up with Independent Member Nicky Callow outside the meeting.</p> <p><b>It was resolved that</b> the Committee noted</p> <ul style="list-style-type: none"> <li>• That recruitment is undertaken to ensure that all aspects of the Test Trace Protect Service is sufficiently robust to meet service demands until the end of the financial year.</li> <li>• That senior members of the Test Trace Protect Team continue to liaise with partner organisations both locally and nationally to work in partnership to address the changing service requirements.</li> </ul>	TO
<p><b>SP21/83 Issues of significance to inform the Chair's assurance report</b></p> <p>The Committee Chair stated that recruitment issues had been a recurrent theme throughout many of the reports, which was of concern.</p>	
<p><b>SP21/84 Date of next meeting</b></p> <p>The Committee Chair advised this was the final Strategy, Partnerships and Population Health Committee meeting following the revised Integrated Governance Framework agreed by the Board in July, and she had been privileged to Chair the Committee.</p>	



BCUHB STRATEGY PARTNERSHIPS & POPULATION HEALTH COMMITTEE Summary Action Plan				
Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
<b>5.3.20</b>				
Rod Taylor	<b>SP20/11.5 Environmental sustainability and decarbonisation</b> Update BCU's environment and sustainability policy and circulate within quarter 1 2020/21 to members	August meeting (5.8.20)	9.6.20 Ensure also includes impact of remote working as increasingly introduced during C19 pandemic 24.9.20 Work in progress which has been delayed due to the C19 response. Timescale to be advised in due course 23.2.21 The Committee were informed that a timeframe would be confirmed for this area of work. 12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Estates Strategy item to October meeting 10.6.21 Received as update  06-10-2021 – Update report to be presented to the PPPH Committee in December 2021 to report progress on Action plan and Policy.  To be transferred to PPPHC table of actions	<del>End of April 2021</del>  7.6.21  October  December
Mark Wilkinson Neil Bradshaw	<b>SP20/10 Estates Strategy Provide</b> - further detail on: 'Project Paradise' - clarification on interpretation of 'integration' re Bryn Beryl and the number of patients involved		Defer to August meeting 31.7.20 Estates Strategy deferred to October meeting 14.9.20 Agenda setting meeting agreed to defer to April 2021 1.10.20 The Committee questioned whether this might be considered earlier	1.4.21

	- arrange to revise wording of point 4 programme next steps and re-issue the revised document		<p>23.2.21 The Committee were reassured that progress was being made with regards to implementation of estates matters. In terms of a refresh of the Strategy itself this was proposed for September which would also align better with a refresh of the workforce strategy. The Committee agreed to this timescale but requested an interim update in June.</p> <p>12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Environmental Sustainability item to October meeting</p> <p>17.6.21 Update received as agenda item</p> <p>4.10.21 Not available for 14.10.21 meeting due to timing of Board workshop discussion. To be transferred to PFIG table of actions</p>	<p>June 2021</p> <p>October</p> <p>December</p>
<b>17.6.21</b>				
Mark Wilkinson John Darlington/Emma Binns	<b>SP21/47 Business Continuity &amp; testing</b> The Committee requested a position report for the meeting on 14 <sup>th</sup> October 2021 on all areas been due to carry out testing.	4.10.21	<p>2.8.21 This report will be prepared for the October meeting.</p> <p>4.10.21 As the postholder is not available at present the report will be prepared on her return. This action will transfer to the PPPHC table of actions</p>	<p>October</p> <p>To be advised</p>
Arpan Guha Nick Lyons	<b>SP21.55 Innovation and University Status</b> <b>SP21.55.2</b> Professor Callow advised that key indicators had been received which the Health Board and University would need to be focussed on, and emphasised the need to have structures in place with linked	2.8.21	<p>Deferred to October meeting</p> <p>Transferred to PPPHC Table of actions</p>	<p>October</p> <p>December</p>

	Universities to help aide the conversation. It was noted that a plan would come to the next Committee as to how this work would be progressed.			
Adrian Thomas	<b>SP21.55 Innovation and University Status</b> <b>SP21.55.4</b> Members requested that we need to define a clear pathway to deliver the 'ask' from WG, and a clear formal response will need to be developed to address this. It was agreed that this would be submitted in advance of the next Committee meeting and the Executive Director of Therapies and Health Sciences agreed to progress this.	2.8.21	The Executive Director of Therapies and Health Science informed that the item be deferred to the October meeting and addressed by the Acting Executive Medical Director and Executive Director Primary and Community services  Transferred to PPPHC Table of actions	October  December
Mark Wilkinson	<b>SP21.58 Well Being of Future Generations (WFG Act) Auditor General Wales report and BCUHB response</b> <b>SP21.58.2</b> With regard to the Well-Being Future Generation, in terms of discussion during the meeting, it was confirmed that this did form part of the Health Board's underlying thinking and discussions. <b>SP21.58.3</b> It was agreed that this would be agendad for a future meeting, and would need to be included on the Committee Cycle of Business.	2.8.21	Address in October meeting in order to feed into Living Healthier, Staying Well updates.  4.10.21 This action has transferred to the PPPHC table of actions	October
<b>12.8.21</b>				
Kamala Williams	<b>SP21/71.1 OPMR</b> Circulate revised and complete copy of OPMR to members	30.8.21	Board members were provided with the revised version as item 21.175b at September Board	Action to be closed
Eleri Hughes Jones	<b>SP21/73 Welsh Language annual monitoring report</b>	2022	Areas of greater need identified (to be reviewed following publication of Welsh	Action to be closed

	Future report to include a mapping exercise to highlight availability against the areas of greatest need within the organisation.		Government's Strategic Framework <i>More than just words</i> five-year plan in early 2022).  This will be incorporated into future Welsh Language Services Annual Reports.	
Amanda Lonsdale	<b>SP21/74 North Wales Together: Seamless Service for People with Learning Disabilities Strategy 2018-2023: Programme response to Covid-19: Highlight Report and Recovery Plan</b> Liaise with Independent Member Linda Tomos in respect of link up with National Trust project work	30.8.21	Transferred to PPPHC Table of actions	
Amanda Lonsdale	<b>SP21/75 Transformation Programme update: 'A Healthier Wales – North Wales Together for Mental Health'</b> The Interim Deputy MHL D Director was requested to circulate a note to members in regard to the programme's recruitment position.	30.8.21	Transferred to PPPHC Table of actions	
Ffion Johnstone	<b>SP21/77 Gwynedd &amp; Anglesey Public Services Board Annual Report 2020/21</b> <b>SP21/77.2</b> In response to the Committee the Area Director West undertook to provide Independent Member Linda Tomos with background detail of the governance and interfaces between BCU and PSB objectives and alignment.	31.8.21	Terms of reference of West Area Integrated Servicers Board to be shared, once updated post meeting to be held on Monday 11 <sup>th</sup> October 21  To be transferred to PPPHC Table of actions until confirmation of action undertaken	11.10.21
Ben Carter	<b>SP21/78 North Wales Substance Misuse Area Planning Board (APB) Update</b> <b>SP21/78.4</b> The Committee asked that the next annual report also include further detail	2022	This will be addressed in the next annual report	Action to be closed

	on working with partners eg current pilot with North Wales Police.			
Teresa Owen	<b>SP21/82 Test Trace Protect (TTP) Update</b> <b>SP21/82.1</b> In regard to infection control and Increases in population, the Executive Director of Public Health undertook to follow this up with Independent Member Nicky Callow outside the meeting.	30.8.21	Transferred to PPPHC table of actions	

7.10.21

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Partnerships, People and Population Health Committee 14.10.21</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Operational Plan Monitoring Report 2021-22 – Position as at 30<sup>th</sup> September 2021</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Sue Hill Executive Director of Finance						
<b>Awdur yr Adroddiad Report Author:</b>	Ed Williams – Head of Performance Assurance Kamala Williams – Acting Director of Performance						
<b>Craffu blaenorol: Prior Scrutiny:</b>	This paper has been scrutinised and approved by the Interim Director of Performance.						
<b>Atodiadau Appendices:</b>	Appendix 1 – Annual Plan programme action plan.						
<b>Argymhelliad / Recommendation:</b>							
The Partnerships, People and Population Health Committee is asked to scrutinise the report and to consider whether any area requires further escalation.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	x	<b>Er gwybodaeth For Information</b>	x
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
This report provides a self-assessment by the Executive Leads of the progress being made in delivering the key priority actions contained in the 2021/22 Operational Plan, see appendix 1, as at 30 <sup>th</sup> September 2021.							
<b>Cefndir / Background:</b>							
Executive Leads review their assigned actions and RAG-rate progress at the end of each quarter. Where an action has been completed this is RAG rated purple. Amber and red ratings apply to actions where there are risks to delivery or where delivery was not achieved, a short narrative is provided for each red and amber rated action and where actions have changed from a red to purple rating between Q1 and Q2.							



RAG	End of Quarter	By expected delivery date	Requirements depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional information required
Navy Blue	N/A	Actions that weren't reported in Q1 but are included from Q2 onwards following a review of the 2021/22 priority actions'	
N/A	Where the Programme or Action is not due to commence in the current reporting period.		
TBC	Where the RAG rating for the Programme or Action has not been signed off in time for publication of the report.		

## Asesu a Dadansoddi / Assessment & Analysis

### Goblygiadau Strategol / Strategy Implications

The operational plan actions underpin delivery of the 2021/22 Health Board Annual Plan, which has been developed in line with agreed local and national strategies – 'Living Healthier Staying Well' and 'A Healthier Wales'.

### Opsiynau a ystyriwyd / Options considered

Not applicable

### Goblygiadau Ariannol / Financial Implications

The Health Board has agreed a budget for delivery of the Annual Plan, performance against the budget is reported to Board and Committees via the Finance Report.

### Dadansoddiad Risk / Risk Analysis

The RAG-rating reflects the risk to delivery of key actions.

### Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

This report will be available to the public once published for the Partnerships, People and Population Health Committee.

### Asesiad Effaith / Impact Assessment

The Annual Plan has been subject to an Equality Impact and Socio Economic Duty Assessment.

Underpinning schemes and business cases referenced in the operational plan will take into account any potential equality/Welsh Language/quality/data governance/digital/children's rights implications that may require an impact assessment to be carried out.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# 2021-22 Operational Plan Monitoring Report Quarter 2 Position

**Position as at 30<sup>th</sup> September 2021**

**Presented at People, Partnerships & Population  
Health Committee on 14<sup>th</sup> October 2021**

## About this Report

- The 2021-22 Annual Plan was approved by the Health Board on the 15th July 2021, this report details progress against the Programme level priority actions that underpin delivery of the Plan.
- The Annual Plan details our response to the priorities we have identified for the year ahead, specifically:  
COVID19 response  
Strengthen our well being focus  
Recovering access to timely planned care pathways  
Improved unscheduled care pathways  
Integration and improvement of mental health services
- For each Programme the responsible Executive Director has provided a RAG (Red, Amber, Green) rated assessment of progress in delivering the actions as at 30th September 2021. Supporting narrative has been included for red and amber rated actions and where actions have changed from red to purple between Q1 and Q2.

RAG	End of Quarter	By expected delivery date	Requirements depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional information required
Navy Blue	N/A	Actions that weren't reported in Q1 but are included from Q2 onwards following a review of the 2021/22 priority actions'	
N/A	Where the Programme or Action is not due to commence in the current reporting period.		
TBC	Where the RAG rating for the Programme or Action has not been signed off in time for publication of the report.		

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## Version Control

- The first version of the Operational Plan Monitoring Report for Quarter 2 Position (as at 30<sup>th</sup> September 2021) is presented at People, Partnerships & Population Health (PPPH) Committee on 14<sup>th</sup> October 2021.
- As new information is received the report will be updated prior to presentation at:
  - Performance, Finance & Information Governance (PFIG) Committee on 28<sup>th</sup> October 2021
  - Quality, Safety & Experience (QSE) Committee on 2<sup>nd</sup> November 2021
  - Health Board on 18<sup>h</sup> November 2021
- Changes from the Quarter 1 version of the report include:-
  - Addition of Actions S1 to S2.2 under the Strengthen Population Health Chapter.
  - Addition of the Actions under R3.7: Suspected Cancer Pathway, to improve visibility of progress against the actions that support delivery of the Suspected Cancer Pathway trajectory.
  - Splitting out of Action R4.5: Increase in number of specialist therapy staff for cancer patients, to improve visibility of progress against the Action.

## Enabler - Page 1 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.1	Pan BCU Support Programmes - Targeted Intervention:  The de-escalation for Betsi Cadwaladr University Health Board from Special Measures to Targeted Intervention (TI) outlining areas for further improvement  Current priorities identified for improvement: mental health, engagement, leadership, strategy and planning, planned care and performance.	Director of Governance	Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis.	G	G		
E1.2	Pan BCU Support Programmes - Stronger Together	Executive Director of Workforce & Organisational Development	30th June -30th September Discovery phase;	A	P		
			31st December-31st March Design phase	N/A	P		
E.3	Organisational and Leadership Development Strategy 2022-2025	Executive Director of Workforce & Organisational Development	31st December-31st March	N/A	N/A		
E3.1	Develop and deploy a programme of work, as per the Strategic Equality Plan, to support the organisation in meeting its Socio-Economic Duty	Executive Director of Workforce & Organisational Development	30th June-31st March	A	P		
E3.3	Implement Year 2 of the Health & Safety Improvement Plan to ensure staff are proactively protected, supported and safe. This includes providing specific guidance, training and support on legislative compliance. Identifying and supporting staff at greater risk of contracting Covid and providing specific risk assessment advice. Provide adequate manual handling training and support to staff. Investigate incidents and provide, fit test training, risk assessment advice and support staff ensuring environmental and social impacts are monitored and complied with.	Executive Director of Workforce & Organisational Development	30th September	R	R		



### **E3.3: Implement Year 2 of the Health & Safety Improvement Plan to ensure staff are proactively protected, supported and safe.**

Red due to improvement notices current compliance and Health & Safety Executive (HSE) investigations. The HSE will be inspecting BCU HB on Violence and Aggression and Manual Handling on the 16th -18th November 2021. This will provide evidence of the current status in these specific service areas. There has been a comprehensive review of the Occupational Health and Safety service objectives, with considerable investment being implemented through 4 business cases approving funding for posts in a number of key areas over the next 24 months. This will improve compliance with legislation, training and competence of key staff. A plan is being implemented that will see improvement over the next 6 months as staff are recruited.

Enabler - Page 2 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E3.4	Security, V&A Improvement Plan	Executive Director of Workforce & Organisational Development	31st March	R	R		
E3.5	Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation	Executive Director of Workforce & Organisational Development	31st December	A	A		
E3.6	Delivery of workforce optimisation programme encouraging reduction in temporary premium cost spend and workforce efficiency addressing the following issues: High levels of vacancies, High number of leavers, Aging workforce, High agency spend, Low levels of bank provision	Executive Director of Workforce & Organisational Development	30th September - 31st December	N/A	N/A		
E1.3	Pan BCU Support Programmes - Safe Clean Care (SCC) Harm Free	Shared responsibility for sections of SCC Strategy: Executive Medical Director - Executive Director Nursing & Midwifery Executive Director Workforce & Organisational Development	30th June - Divisions to identify Business case to address SCC Strategy.	R	R		
			30th September - Approve/engage/research business case and strategy	R	R		
			31st December - 31st March - Implement new ways of working	R	R		



## **E3.4: Security, V&A Improvement Plan**

Red due to improvement notices current compliance and Health 7 Safety Executive (HSE) investigations. The HSE will be inspecting BCUHB on Violence and Aggression and Manual Handling on the 16th -18th November 2021. This will provide evidence of the current status in these specific service areas. There has been a comprehensive review of the Occupational Health and Safety service objectives, with considerable investment being implemented through 4 business cases approving funding for posts over the next 24 months. This will improve compliance with legislation, training and competence of key staff. A plan is being implemented that will see improvement over the next 6 months.

## **E3.5: Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation**

There has been a comprehensive review of the Occupational Health and Safety service objectives, with considerable investment being implemented through 4 business cases approving funding for posts over the next 24 months. A programme of Health Surveillance will target high risk areas over the next 12 months.

## **E1.3: Safe Clean Care**

### **Risks**

- There is a risk that if our patients are not discharged in a timely manner when they are medically optimised. Every extra day a patient remains they could be exposed to infectious diseases through vector and fomite transmission.
- There is a risk that if patients are admitted to our acute care facilities when they could have their care elsewhere, that they themselves are at risk and/or they put other patients at risk from infection.
- There is a risk that operational flow decisions impacts adversely upon delivering safe clean care for our patients.
- There is a risk that the way we manage patient care impacts adversely upon infection prevention and control, putting our staff and our patients at risk of infections..
- There is a risk that the behaviour of our staff means that they are unable to fully comply with Infection Prevention and Control controls putting themselves, other staff members and patients at risk of infections.
- Note: all above risks will be mitigated through the corporate and accountable areas management decisions and improvement projects, Safe Clean Care Harm Free Programme and Unscheduled Care Transformation Programme
- There is a risk that our staff spend significant amounts of their time doing tasks that with the use of better IT software they would release more time to care, and to be involved with more things that add direct value to the patient.
- Note: this risk will be mitigated over the longer term through developing and implementing the digital strategy, and short to medium term through informatics developments and improvement to support the transformation programme

...continued overleaf...

## E1.3: Safe Clean Care continued

Escalations with the Senior Responsible Officer (SRO): Lack of staff in particular project management/Quality Improvement staff to support the accountable areas to make the improvements and sustain the gains. Four staff members have left/are leaving, and they have not been replaced, even though it was the SROs expectation that other staff members were to be identified to support the programme, but because of portfolio re alignments this has unfortunately not happened due to people not being in post, interim support is taking a long time to identify to support delivery. Lack of information support to measure the success of the projects that underpin the programme. There is a lack of IT solutions to support releasing our staffs time to care, the IT systems are not user friendly for what we need to operationally and clinically use them for. We are developing a dashboard with the help of informatics so operational staff has one place to go for the information they need around Infection Prevention & Control (IPC). Because everyone is so busy engaging with staff is not easy to support them prevent infections through their behaviour. All staff are working on the programme are doing so in addition to their already full day jobs, there are no staff solely working on the programme, this is causing delays, a lack of focus, pace and grip. Having sustainable SROs has and is an issue due to the high turnover of senior staff through the Health Board. We still have not been able to do this consistently across the work-streams which is difficult to provide stable leadership and direction for the projects. Not having a full time dedicated programme manager means the pulling together of all the projects and work-streams can be problematic.

Safe Clean Care – Harm Free (SCC-HF) is integral to every change/transformation programme we make and everything we do, being able to influence across the Health Board is difficult without a full time dedicated team working solely on the programme.

27 projects under the three work-streams are live, with ten still on hold whilst we identify corporate leads. We run a nine week assurance programme to fully reflect on the improvements being delivered across the Health Board in relation to SCC-HF. We are behind where we expected to be six months into the programme.

## Enabler - Page 3 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E.1.6	Creation of a Digital Strategy	Executive Director of Primary & Community Care	31st May	P			
			30th September	G	P		
E1.7	Deliver Phase 3 of Welsh Patient Administration System implementation	Executive Director of Primary & Community Care	30th June – Re-start the project.	R	P		
			30th September – System build and data migration.	R	R		
			31st December – User acceptance testing and training (UAT).	A	G		
			31st March – Lead to up to implementation in May 2022	A	G		
E1.8	Deliver Symphony - Phase 1 2020/2021	Executive Director of Primary & Community Care	30th June – Complete implementations in MIUs	P			
E1.9	Deliver Symphony - phase 2 2021/2022	Executive Director of Primary & Community Care	30th June – Data migration testing	P			
E2			30th September – End user training, Go Live period (July), Phase closure	A	P		
E2.1	Deliver Symphony - Phase 3 2021/2022	Executive Director of Primary & Community Care	30th September – Phase 3 planning	G	R		
			31st December - to be determined from 30th September planning	G	A		
			31st March- to be determined from 30th September planning	G	G		

## **E1.7: Deliver Phase 3 of Welsh Patient Administration System implementation - 30th September – System build and data migration.**

System build is complete. Data migration is re-starting in October on a cycle right up to 'go live' in May 2022

### **E2.1: Deliver Symphony - Phase 3 2021/2022**

The planning phase has started and will be completed by early November.

Milestones for phase 3 have been delayed due to delay in phase 2 relating to a late delivery of hardware; however the planned 'go live' of phase 3 is still March 2022.

## Enabler - Page 4 of 4

Plan Programme Ref	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E2.3	Development of the acute digital health record (Cito DHR) pan-BCU Executive Director of Primary & Community Care	31st December – * Minimum Viable Product (MVP) & two Early Adopters * New scanning contract in place	G	G		
		31st March – Phase Roll out programme established and underway	G	G		
E2.9	Strengthen cyber security Executive Director of Primary & Community Care	30th June-31st March – (Funding to be confirmed)	R	A		
E1.4	Pan BCU Support Programmes - Living Healthier & Staying Well (LHSW) & Clinical strategy review Executive Director of Primary & Community Care	30th June Review of current strategy plan developed	P			
		30th September Approval of refresh plan approve - Engagement plan developed	G	P		
		31st December/31st March - Engagement process initiated	A	G		

## E2.9: Strengthen Cyber Security

Cyber Security Tier 1 Risk has been raised with the Risk Management Group as part of the process to highlight a Corporate Risk.

The NIS-D assurance process is underway with the National Cyber Resilience Unit (CRU) who work on behalf of Welsh Government (WG) to provide regulatory assurance and compliance. This process will take 12 to 24 months.

Funding has been agreed during Quarter 2 and recruitment of the Cyber Security Team is underway.

The Cyber Security & Compliance Manager post has been recruited and the post-holder has started on 6th September 2021. Three other posts are in the process of being recruited to support the Cyber Security function.

## COVID-19 Response - Page 1 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.5	Enhanced recovery from critical illness  The provision of robust and consistent staffing within traditional 'medical' critical care rotas to ensure patient safety	Executive Medical Director	30th June - 30th September Development of Business Case	G	G		
			31st December Business Case submitted for internal sign-off and approval	A	A		
			31st December / 31st March Development of a programme plan, recruitment ready for implementation 2022	A	A		
C1	<p>Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy.</p> <p>* Lab Turnaround Times for swabs is a Public Health Wales (PHW) responsibility</p> <p>* Contracts for Regional, Local and Mobile testing units and Welsh Ambulance Service NHS Trust (WAST) are Welsh Government managed contracts)</p> <p>Testing capability located across the region to ensure the volume of testing slots are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive.</p> <p>Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy; currently manage the distribution across the Health Board and LFD collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh Government)</p>	Executive Director of Public Health	<p>Measure through capacity and Turnaround Times.</p> <p>Immediate and to be continued through to 31st March – capacity to be reviewed on receipt of regional modelling from the national team and not expected to be reduced before 31/3/22.</p>	G	G		

### E1.5: Enhanced Recovery from Critical Illness

The Critical Care business case “Critical illness and recovery: the multi-disciplinary critical care team” was approved at BCUHB Critical Care Service Improvement Group this month.

Our intention has been to forward next to Executive Director of Nursing & Midwifery, who we’re very pleased has offered to take on a new role as Executive Chair of the Critical Care Planning and Delivery Group.



## COVID-19 Response - Page 2 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
C1	Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy.  * Lab Turnaround Times for swabs is a PHW responsibility * Contracts for Regional, Local and Mobile testing units and WAST are Welsh Government managed contracts)  Testing capability located across the region to ensure the volume of testing slots are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive.  Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy; currently manage the distribution across the Health Board and LFD collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh Government)	Executive Director of Public Health	30th September – capacity plans are in the progress of being built now with the planned care services. The target is to ensure there is adequate capacity to provide the required PCR testing within a 72 hour pre treatment period.	G	G		
			30th September evaluate	A	A		
			31st December devices implemented subject to effectiveness of evaluation				
			Lateral flow testing devices deployed to BCU frontline staff c.17,000; managed through Shared Services for distribution and line managers for registration and replenishment. 31st May	P			
			30th June – in place by the end of 30th June and on-going until WG policy determines otherwise	G	G		
C1.1	Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves.	Executive Director of Public Health		G	A		
			By 30th June and on-going through 2021-22	A	A		
C1.2	Continue North Wales liaison on protect agenda coordinating multi-agency response	Executive Director of Public Health	30th September and ongoing	A	G		

## C1: COVID-19 Response

Although numbers have been increasing dramatically, testing capacity remains at a level to absorb demand. Working with NHS Wales corporately and Welsh Government, additional testing capacity can be made available. The biggest risk relates to recruitment to the BCU-run COVID-19 Testing Units (CTUs), especially as demand for pre-op testing and key worker testing increases. Currently demand is being managed and innovative recruitment policies are being put in place. Laboratory turnaround times remain good for North Wales.

Previous modelling proved to be inaccurate, with current rates running at 90% above the reasonable worst case scenario. Revised modelling is anticipated. Staffing levels should be normalised through contractual permanency. However if current demand continues to grow, additional demand on CTUs ability to meet that demand will depend on recruitment and retention.

Plans to increase capacity to absorb greater demand from secondary care have been agreed. Additional “lanes” will be opened in 3 of the CTUs to accommodate the additional throughput, and revised staffing models have been agreed to accommodate this. Agreement has been reached to make B5 nurses permanent in CTUs. At some point they will transfer from Test, Trace, Protect (TTP) to substantive posts. this should aid staff retention and recruitment. Work ongoing to complete the evaluation.

### C1.1: Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves

Very effective working arrangements and close collaboration has been established between the Health Board and local authority partners. Formal meeting structures and governance arrangements in place. However, recruitment to ensure the smooth operation of the contact tracing services has been problematic and despite a number of co-ordinated recruitment attempts, staffing levels remain at a level where they are unable to meet demand. A prioritisation framework has been agreed with the WG which may alleviate pressures.

## COVID-19 Response - Page 3 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
C1.3	Implement and deliver the BCUHB mass vaccination programme.	Executive Director Nursing & Midwifery as Senior Responsible Officer (SRO) – Mass Vaccination Programme	Development of a sustainable delivery model as we move into an annual vaccination and booster programme, in line with evolving national clinical guidance and Welsh Government Strategy. This will ensure we have a strategy for future proofing the programme, transforming it into a 'business as usual' model.	P			
			Demonstrable equal access to the vaccination programme for all groups with special characteristics or other underserved groups as defined within the North Wales Vaccination Implementation Plan.	P			
			Ensure the mechanisms in place continue with the interpretation of clinical guidance, development of clinical pathways and maintain and review them as required.	P			
			Development of a workforce model which will deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.	P			
			Development of an estates plan which will provide the capacity to deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.	P			
			Develop an efficient contact process and self-service booking system under Welsh Government Guidance. Future milestones based on the next phase including the booster programme are expected in Quarter 2 via the Welsh Government (WG). This will also include guidance and criteria. By 31st December	G	G		
C1.5	COVID recovery - all Children's Services	Executive Director Primary & Community Care	30th June – Baseline assessment.	P			
			30th September - Service Level plans to deliver agreed.	A	G		
			31st December-31st March - Ongoing performance monitoring via Regional Childrens Services Group.	N/A	N/A		

# Recovering access to timely planned care pathways

## Recovering access to timely planned care pathways - Page 1 of 9

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1	Continuation of accuRx communication platform, to provide IT infrastructure to enable GPs and other health professionals working in primary care to undertake remote consultations, share information with patients and to update the patients' clinical records with the consultation event.	Executive Director Primary & Community Care - Acting Executive Medical Director	Commission a fixed term contract on behalf of GP practices whilst awaiting an all Wales decision to support long term provision. 30th June	P			
			Interim contract in place for accuRx use by North Wales practices. 30th June	P			
			Work with DHCW to agree long term contract requirements 30th September	G	R		
			All Wales contract in place for accuRx 31st December	G	A		
R1.1	Review the uptake, requirements and patient satisfaction in relation to alternative/new technologies supporting patient access to GMS	Executive Director Primary & Community Care	Extend eConsult provision to participating practices. 30th June	P			
			Monitor eConsult activity including patient satisfaction 30th June	P			
			Monitor patient/clinical satisfaction in relation to video and telephone consultations 31st December	A	G		
			Review access to virtual consultation training 30th September	G	G		
			Review ongoing use and satisfaction with accuRx (and feed information into future contract requirements – see specific action above) 31st December	G	G		
			Feed local learning into the national Strategic Programme to inform future strategies 31st March	G	G		

**R1: Continuation of accuRx communication platform, to provide IT infrastructure to enable GPs and other health professionals working in primary care to undertake remote consultations, share information with patients and to update the patients' clinical records with the consultation event.**

There have been some initial discussions regarding the on-going requirements of practices and patients in relation to IT platforms and on line requests. A local evaluation of the platforms currently being used is being undertaken in quarter 3. Further discussions are required to understand next steps on a national basis.

## Recovering access to timely planned care pathways - Page 2 of 9

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.2	Delivery of all Wales access standards through GMS Contract (detailed in non-mandated Quality Assurance and Improvement Framework (QAIF))	Executive Director Primary & Community Care	Review 2020/21 performance against standards (validated data released June 21) 30th June	P			
			Support provided to practice managers in interpreting and implementing the requirements of the standards by Primary Care Contract team 31st March Rolling contractual programme	P			
			Work undertaken with clusters/practices to identify and disseminate good practice via Access Standards forum 30th June-30th September	P			
			Performance reports provided at Board level in line with Access standards guidance requirements. 30th June-31st March	G	G		
R1.4	Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)	Executive Director Nursing & Midwifery	Development of timely and accurate information for current and new patients, and primary care clinicians, regarding care pathways and waiting times 30th June	R	G		
			Ensure robust communication with primary care clinicians regarding waiting times and clinical review processes 30th June	R	P		
			Development of proposals to manage the backlog of planned care in the primary care sector 30th June	R	R		
			Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement. 31st March	G	A		

### **R1.4: Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)**

#### **Development of proposals to manage the backlog of planned care in the primary care sector 30th June 2021.**

Scripts and briefings prepared for primary care clinicians. Limited capacity due to general community demand and contribution to the vaccination programme  
1.4d

#### **Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement. 31st March 2022**

Built into Regional Treatment Centre (RTC) development programme (separate governance structure in place) including primary care. Will lead to significant change in patient pathways. Timeline 40 weeks+



## Recovering access to timely planned care pathways - Page 3 of 9

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.6	Further development of the Primary and Community Care Academy	Executive Director Primary & Community Care	PACCA Business Case finalised 30th June	R	R		
			Planning for all programmes, with the completion of the delivery plan 2021/22 (subject to funding), to include: 30th June	R	R		
			Training Hub established and posts advertised 30th September	N/A	R		
			Level 7 Vocational Education Programme in place 30th September	N/A	R		
			Community Pharmacy training Programme - 30th September and 31st December due to timing of taught modules at University 31st December	N/A	P		
			Evaluation Lead and Research Development appointed 30th September	N/A	R		
			Trainees in post and commencing education programmes / ongoing evaluation of training hub 31st December	N/A	P		
			New Cohort of Practitioners to join Vocational training Programme 31st December	N/A	P		
			Further development and testing of competency framework 31st December	N/A	G		
			End of year report 31st March (published 22/23)	N/A	G		



### **R1.6: Further development of the Primary and Community Care Academy**

The Business case was submitted for executive approval in August, and will also need to be presented to Performance, Finance & Information Governance (PFIG) Committee in due course.

Whilst the achievements of the Academy to date were commended and the business case for further development welcomed, further input from Workforce & Organisational Development (WOD) colleagues was requested and clearer presentation of the finance section. A resubmission to the executive team should be made in October 2021.

Planning for all programmes cannot be completed until the additional investment is agreed via the business case process.

The additional training hub cannot be developed until the additional investment is agreed via the business case process. However the training hub in Healthy Prestatyn lîch is in place with supernumerary advanced practitioners going through this programme of training.

The evaluation lead and researcher cannot be appointed permanently until the business case is approved. However temporary staff are in place to ensure robust evaluation of the schemes already in place.

## Recovering access to timely planned care pathways - Page 4 of 9

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.7	Development of a North Wales Dental Academy, to include a training unit, General Dental Services (GDS) and Community Dental Services (CDS) provision	Executive Director Primary & Community Care	Robust programme governance arrangements were established in 2020/21 30th June	P			
			Advertise the contract 30th June	P			
			Award to preferred provider 30th September	G	R		
			Seek Board & WG approval to award preferred bidder 30th September	N/A	R		
			Commission facility 31st March	N/A	G		
R1.8	Implementation of the dental contract reform (as directed by Chief Dental Officer/Welsh Government)	Executive Director Primary & Community Care	31st March	G	G		
R1.9	Commission additional general dental provision	Executive Director Primary & Community Care	31st December	G	P		
R2	Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.	Executive Director Primary & Community Care	31st March	G	A		
R2.3	Delivery of advanced practice audiology in primary care and provision of Ear Wax Management Services (subject to business case approval / additional funding)	Executive Director of Primary & Community Care	31st March	A	G		
R2.7	Delivery of agreed planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. endoscopy, laminar flow theatres and inpatient T&O bed provision (including relocation of outpatient therapy provision in Wrexham)	Executive Director Nursing & Midwifery	30th June-Develop and agree a plan	G	R		
			31st March- delivery of cohort 1 with exception of orthopaedics	G	R		

### **R1.7: Development of a North Wales Dental Academy, to include a training unit, General Dental Service (GDS) and Community Dental Service (CDS) provision**

The preferred provider will be awarded the contract subject to Welsh Government (WG) approval. Paper outlining preferred bidder was presented to the Board on 23rd September 2021 and the tender award has subsequently been approved. The request for approval by WG has been submitted on 29th September and a response is expected imminently.

### **R2: Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.**

Care home enhanced service is live, but limited uptake due to staff capacity. The medicines management audit tool is being reviewed with a plan to further implement the service in Q4, once updated tool is available. The data from 2019 to end August 2021 – demonstrates a step change with an increase since 2019 month to month (approx. 185% in comparison to equivalent months in 2019).

### **R2.7: Provide recovery plans for each site for Cohort 1 & 2 by mid-May. This will include extra capacity, insourcing requirement and outsourcing and workforce requirements**

All 3 schemes are now included within the wider Regional Treatment Centre (RTC) Programme. Progress meeting with Welsh Government on 20/09/2021

### **R2.8 RAG is on Page 27.**

### **R2.8: Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.**

Super green pathways have been introduced, and have been maintained for day surgery, but been unable to maintain for elective in-patient surgery due to unscheduled care pressures. Through the continual review of capacity, a contract for orthopaedics has been established. Further expressions of interests have gone to market for mixed surgical specialties, ophthalmology, dental and dermatology.

# Recovering access to timely planned care pathways

## Recovering access to timely planned care pathways - Page 5 of 9

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R2.8	Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.	Executive Director Nursing & Midwifery	P1-and P2 risk stratified patients are treated in order, followed by re-introduction of P3-4 activity. Insourcing and weekend capacity plan. 31st December	A	A		
			Continually review capacity of external providers to deliver more activity, to support more efficient services 30th September	A	A		
			Introduce super green pathways to protect elective capacity 30th September	A	G		
R2.9	Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps	Executive Director Nursing & Midwifery	31st December	A	A		
R3.2	Insourcing to support provision of service for cohort 1&2  Outsourcing specification for Orthopaedics	Executive Director Nursing & Midwifery	30th June	R	R		
R3.4	Develop the Outpatient transformation programme  Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.	Executive Director Nursing & Midwifery	Phased delivery over 12 months from point of recruitment, anticipated delivery by 31st March if recruitment and implementation successful	A	R		
R3.5	To explore external capacity to support access to treatment	Executive Director Nursing & Midwifery	30th June out to tender, insourcing early July- If these time frames work then outsourcing could be August insourcing September.	A	R		
R3.6	Development of sustainable endoscopy services across North Wales	Executive Director Nursing & Midwifery	31st March	A	A		
R3.7	Deliver suspected cancer pathway	Executive Director Nursing & Midwifery	30th June 69%  30th September 69%  30th December 71%  31st March 75%	A	A		

### **R2.9: Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps**

Therapy and Exercise Professional leads trained in Escape Pain programme. Business case for Digital App agreed at Planned Care Transformation Group 17/09, procurement-led Developers Day in development to inform final specification. Orthopaedic Prehab Business Case complete, scheduled for review/ratification at Planned Care Transformation Group 15/10

### **R3.2: Insourcing to support provision of service for cohort 1&2 and Outsourcing specification for Orthopaedics**

Not achieved by deadline of 30/06/2021, but outsourcing for orthopaedics now in place. In relation to insourcing, this is not yet in place. Expressions of interest sought from other independent sector providers, and responses received.

### **R3.4: Develop the Outpatient transformation programme. Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.**

Interim Head of Ambulatory Care has been in place, and now recruited permanent Head of Ambulatory Care, who will start in October 2021. Currently recruiting a North Wales Insourcing and Outsourcing Manager (3 year fixed term). Planned Care Programme Lead starting in post 4th October 2021. Project Plan in place, scoping feasibility ahead of common Patient Administration System (PAS) solution for 3 main hospitals.

### **R3.5: To explore external capacity to support access to treatment**

In relation to outsourcing, invited expressions of interest, with responses received. A policy decision is required in relation to insourcing.

### **R3.6: Development of sustainable endoscopy services across North Wales**

Business case for building a sustainable Endoscopy workforce in approval process, staffing levels agreed and phased over 3 years. Interim support for meeting demand includes insourcing and a modular build providing increased estate and staffing. Insourcing now in place across 3 sites, and supporting baseline capacity. Modular build specification now agreed, and with Contracts and Procurement for market testing. Activity at 75% of plan, with further increases planned across the year to meet planned demand and backlogs. The EMS (Endoscopy Management System) specification completed, with all units and final discussions with Contracts and Procurement for fast-track procurement process, planned to be in place and operational by March 2022. Joint Advisory Group on GI Endoscopy (JAG) accreditation in process, planned accreditation in YG early 2022, a quality system for Endoscopy across BCUHB incorporates standardised policies and procedures in a continual audit process cycle. This process is in line with other Welsh Health Boards, and with the support of the National Endoscopy Programme Wales is on track.

### **R3.7 Improve cancer outcomes reduce mortality ensuring rapid assessment of patients with suspected cancer – Narrative on P.30**

## Recovering access to timely planned care pathways - Page 6 of 9

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R3.7	Deliver suspected cancer pathway	Executive Director Nursing & Midwifery	1. Increased rapid access breast cancer clinic capacity across the Health Board – business case approved by Executive Team June 2021; these clinics have been provided on an ad hoc basis since November 2020 and can now be established as part of core activity once new posts are recruited to.		A		
			2. Continuation of the early diagnosis lung cancer pathway which ensures patients with a suspicious chest X ray are directed straight to CT – funded in 2021/22 with a business case for ongoing funding being developed		A		
			3. Development of one stop neck lump clinics – project team established and pathway agreed; business case to be submitted this month		A		
			4. One stop rapid diagnosis clinic for patients with vague but concerning symptoms – project manager in post, project team established and pathway agreed; business case to be submitted this month		A		
			5. Increase in Clinical Nurse Specialist and support roles to support patients with their diagnosis and provide direct clinical care as appropriate – business case submitted and to be considered by Health Board business case review team in July		A		
			6. Patient navigators to track pathways and escalate delays – funded in 2021/22 with a business case for ongoing funding submitted and awaiting approval.		A		
			7. Pathway improvement posts to work with clinical teams to introduce the National Optimal Pathways for cancer ensuring pathways are as streamlined, efficient and effective as possible – business case submitted, awaiting approval (NB one post already funded by Wales Cancer Network and going through recruitment process)		A		



### **R3.7: Improve cancer outcomes reduce mortality ensuring rapid assessment of patients with suspected cancer.**

Data for suspected Cancer Pathway is reported 1 month in arrears. The September 2021 position will not be available until November 2021. Although we could potentially achieve the 69% trajectory, it is too early to be able to state this with confidence as only data for July is currently available in Q2.

6 of the 7 Suspected Cancer Pathway (SCP) business cases now approved by Exec Team with 2 fully implemented (pathway trackers and early diagnosis lung co-ordinators). Recruitment underway re additional Clinical Nurse Specialists (CNSs) and to support Rapid Diagnostic Clinics (RDCs) and additional Rapid Access Breast Clinics (RABCs) together with service improvement posts. Pilot head and neck one-stop neck lump clinic held in August 2021 with aim of completing business case October 2021.

# Recovering access to timely planned care pathways

## Recovering access to timely planned care pathways - Page 7 of 9

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R4	Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals	Executive Director Nursing & Midwifery	Insourcing contract in place with external provider. Additional mobile scanners / staffing in place 30th September	A	A		
R4.1	Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals	Executive Director Nursing & Midwifery	Insourcing contract in place with external provider. Additional clinic space / staffing in place 30th September	A	A		
R4.2	Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)	Executive Director Nursing & Midwifery	Recruitment to medical, scientific / allied health professional, supporting and administrative posts and Identification of estates and equipment priorities 31st March	A	A		
R4.5	Increase specialist cancer therapy staff to meet All Wales benchmark: Produce a business case to appoint specialist allied health professional (dietitians/speech and language therapist)	Executive Director Nursing & Midwifery	Development of referral pathways particularly for upper gastrointestinal and hepatobiliary and pancreatic cancer which are Wales cancer network priorities and the Health Boards strategic priority for pelvic cancer services 30th September	G	R		
			Development of self-management information 30th September	G	R		
			Implement timely interventions at all stages of the cancer journey for communication, eating and drinking, leading to faster progression to oral diet and fluids, reduction in the need to rely on radiologically inserted gastrostomy / percutaneous endoscopic gastrostomy enteral feeding, reduction in the costs of enteral feed and dietary supplements 30th September	G	R		
			Use patient recorded outcome measures / holistic needs assessment and treatment summaries in line with person centred care philosophy across Wales 30th September	G	R		
			Development of programmes of education to upskill generalist therapy staff, and multi professional teams supporting self-management; efficient use of resources and supporting increased numbers of patients and carers. 30th September	G	R		
			Development of education programmes to upskill generalist therapy staff is required thus supporting increased numbers of patients and carers. 30th September	G	R		



### **R4: Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals**

Main risk relates to ultrasound due to challenges securing staffing for insourcing. Exploring external contracting opportunities.

#### **R4.1: Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals**

Locum physiologist secured September 2021-March 2022 in first instance. Vacant consultant Job Description to be finalised with college approval end September, advertise October 2021. Potential applicant identified. Existing contract expires 30.09.2021 and has been fully utilised in Q2. Tender exercise to be completed in October 2021 for new 12 month contract for both Electromyography (EMG) and Nerve Conduction Studies (NCS) tests. Temporary space in Wrexham Maelor secured September 2021-March 2022 in first instance. Still need to identify permanent base at East and also improve West accommodation. Service included in Regional Treatment Centres (RTCs) project as long term solution.

#### **R4.2: Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)**

Teams progressing allocation of sustainable funding for 2021-22. non-recurrent performance funding directed towards backlog clearance, main risk ultrasound as above. Temporary space identified for neurophysiology. both service linked in to RTC project as preferred solution for long term service sustainable solution.

#### **R4.5: Increase specialist cancer therapy staff to meet All Wales benchmark: Produce a business case to appoint specialist allied health professional (dietitians/speech and language therapist)**

The delivery of these actions is dependant upon the approval of the business case. The case is in its final draft stage moving through internal assurance before being submitted to the Health Board Review team for consideration. Following this it will be submitted to the relevant Executive Director for approval. It is expected that the case should reach the Executive approval level by early December 2021.

# Recovering access to timely planned care pathways

## Recovering access to timely planned care pathways - Page 8 of 9

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R4.6	Eye Care Services: transform eye care pathway:  Enable work to progress on strategic service developments eye care	Executive Director Nursing & Midwifery	Already initiated with pump priming last year, continuation secured through previous funding whilst BC approval expected June 2021 enables re-tendering exercise by end 30th September	G	R		
R4.7	Enable work to progress on strategic service developments urology	Executive Director Nursing & Midwifery	Procurement by 30th June Delivery Robotic Assisted Surgery (RAS) 30th September Urology redesign and implementation along with RAS training 31st December/31st March 0 tbc by Urology review group July 2021	A	R		
R4.8	Implementation of the glaucoma pathway	Executive Director Nursing & Midwifery	31st March	A	A		
R4.9	Implementation of the diabetic and age-related macular degeneration pathways	Executive Director Nursing & Midwifery	31st March	R	A		
R10.2	Ensure Safe and Effective Care	Executive Director of Public Health	1. Implement the recommendations of the HIW National Review of Maternity Services (November, 2020) Action 1: 31st December	A	G		
			2. Implement the National MIS solution for Wales (HIW, November 2020). Action 2: WG Initiative	R	A		
			3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy. Action 3: informed by WG timetable	A	A		
			4. Benchmarking exercise against NICE Quality Standards Action 4: 30th September	A	P		
			5. Demonstrate progress in using the Maternity Voice Group in co-producing the service model, Action 5: 30th June	P			
			6. Ongoing monitoring of safety equipment checks. Action 6: 30th June	P			

## **R4.6: Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care**

Eye Care collaborative Group (ECCG): Monthly meetings occurring consistently, with action log/tracker in place. Pan BCU engagement events held to agree "new" bid proposals. Business Case (Eye Care Measures Sustainability V1.7) : Approval confirmed close of June 21. Further non-recurring bid (Outpatient sustainability bid, submitted to Welsh government (WG) September 2021. (Includes Expansion of Primary Optometric Diagnostic & Treatment Centres (ODTCs) pathway proposals Tender: Optometric Contractual reform is in progression with WG/ signed off for potential Wales implementation January 2022- potentially removing requirement for tender process (as raised by WG in Ophthalmology recovery meeting 22<sup>nd</sup> September 2021. Awaiting imminent confirmation from WG.

## **R4.7: Enable work to progress on strategic service developments urology**

Awaiting completion of all-Wales tender process.

## **R4.8: Implementation of the glaucoma pathway**

Central Site delivering Glaucoma flow to primary care ODTCS. East & West citing admin capacity challenges impacting on consistent flow of patients to Primary care. Sites to provide redress plan (reviewed monthly in ECCG)

## **R4.9: Implementation of the diabetic and age-related macular degeneration pathways**

Central & East delivering D. Retinopathy flow to Primary Care. West have commenced, with performance trajectory in place/reviewed in monthly ECCG meetings

## **R10.2: Ensure Safe and Effective Care**

### **1. Implement the recommendations of the Health Inspectorate Wales (HIW) National Review of Maternity Services (November, 2020)**

87% compliant

### **2. Implement the National MiS solution for Wales (HIW, November 2020).**

WG have produced the project initiation document and are looking to appoint a National Project Lead, further updates awaited from WG.

### **3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy.**

KPIs yet to be released by WG

### **7. Reflect workforce plans with national standards for maternity services.**

Compliant with midwifery standards, further work with consultant job planning.

# Recovering access to timely planned care pathways

## Recovering access to timely planned care pathways - Page 9 of 9

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R10.2	Ensure Safe and Effective Care	Executive Director of Public Health	7. Reflect workforce plans with national standards for maternity services.Action 7: 30th September	A	P		
			8. Implement 'Mothers and Babies Reducing Risk through Audits and Confidential Enquiries' (MBRRACE) recommended Local and National improvement initiatives to reduce stillbirth Action 8: 31st March	A	P		
			9. Implementation of the GAP/GROW I + II Action 9: 31st March	A	G		
			10. Mortality and Morbidity multi-professional reviewed carried out to conform to MBRRACE and perinatal mortality review tool (PMRT) requirements.Action 10: 30th September	A	P		
			11. Promoting normality in first pregnancy, latent phase project in community.Action 11: 31st December	G	G		
			12. Ensure compliance with the C-Section Tool Kit to maintain Elective C-Section rates under 10% by increasing external cephalic version (ECV) and maximising vaginal birth after caesarean (VBAC) Opportunities.Action 12: 31st December	G	P		
			13. Implement the MBRRACE and Each Baby Counts (EBC) Recommendations.Action 13: 30th September	A	P		
R10.4	Implement Sustainable Quality Care	Executive Director of Public Health	1. Ensure staffing levels are birth rate plus and RCOG compliant Action 1: 30th June	P			
			2. Reduction of activity in contract agreement with CoCH services,Action 2: 31st December	A	G		
			3. Implement the 21/22 Revenue Business Development Plans.Action 3: 31st March	G	P		
			4. Develop stronger governance systems, for performance and accountability. Action 4: 31st December	G	P		
			5. National CfSM Peer Review by WG and Clinical Supervision Resource Mapping.Action 5: 30th September	G	P		

### **R10.4: Implement Sustainable Quality Care**

#### **2. Reduction of activity in contract agreement with Countess of Chester services.**

Actual activity reduced but no changes made to contract during COVID-19 Pandemic. The contract will be reviewed in April 2022.

# Improved unscheduled care pathways

## Improved unscheduled care pathways - Page 1 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.3	Development of urgent primary care centres as pathfinders, feeding into the national programme of work for primary care.	Executive Director Primary & Community Care	Presentation to WG of pathfinder proposals for 2021/22 to secure additional funding for current pathfinders (East & Central Areas). Further development of UPCC pathfinder in East Area covering 6 clusters. Commence UPCC pathfinder in North Denbighshire in partnership with mental health third sector. Development of proposals/business case for a UPCC pathfinder(s) in West Area 30th June	P			
			Implementation of UPCC(s) in West Area (subject to approval/funding) 31st December	G	A		
			Participation in national evaluation of all pathfinder UPCCs, with recommendations for a future model of care. 31st March	G	P		
			Local review of UPCC pathfinders, including cost benefit analysis to determine future requirement for north Wales 31st March	G	A		
I1.1	Implementation of Single Care Home Action Plan	Executive Director Primary & Community Care	30th June. Secure Funding for additional Quality Posts. Questionnaire to partners. Hold two workshops to agree components of the Quality Assurance Framework (QAF). Draft QAF by end of 30th June. Recruit to Quality Posts.	G	P		
			30th September Conclude recruitment and undertake engagement with providers and key stakeholders.	G	P		
			31st December Refine QAF and commence Implementation.	G	G		
			31st March Full implementation	G	G		

### **R1.3: Development of Urgent Primary Care Centres (UPCCs) as pathfinders, feeding into the national programme of work for primary care.**

For the North Denbighshire UPCC, the mental health support is in place, provided via a contract with MIND. The service is hosted in Healthy Prestatyn lîch (HPI) managed practices for the whole cluster. An Operational Policy has been agreed and IT systems to support the service are in place. Three staff have been offered roles in the UPCC and start dates are being confirmed. The full service will commence in Q3.

The Business Case for UPCCs in the West Area is currently being reviewed for approval to be presented to Executive Team in October 2021; plans are being developed to open the UPCCs in West Area in December 2021.

The Area teams are actively supporting and participating in the all Wales programme for UPCCs, including key roles in the all Wales

Regional UPCC forum in place to share learning, developments and performance metrics, and develop a local evaluation process.



## Improved unscheduled care pathways - Page 2 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.2	Transformation of Community Services - Home First Bureau	Executive Director Primary & Community Care	30th June – Baseline data being collected	P			
			30th June – Review of Home First Bureaus	P			
			30th September – Review of baseline data	G	R		
			30th September – Home First Business Case approved and all posts recruited to.	G	A		
			30th June – Training and education across system.	G	G		
			30th September – Gap analysis and recruitment	G	G		
			31st March – Ongoing monitoring	A	R		



**I1.2: Transformation of Community Services - Home First Bureau (HFB) Consolidation and mapping all of our resources to support discharges including CHC, HFB, Frailty, Discharge to Recover & Assess (D2RA), Therapies and Community Resource Teams (CRTs). Fully implement Discharge to Assess capacity within the community.**

A regional HFB Business Case has been written and is currently going through BCU approvals process to secure recurrent funding. We have rated this Amber on the basis that each Area has already established HFBs and is currently operating those services with temporary redeployed or bank staffing and at a cost pressure within current services. Approval of the business case is required to enable HFBs to recruit substantively to the staffing model outlined in the business case and will secure recurrent funding for those services. Work is already underway to consolidate and map our resources to support discharges including CHC, HFB, Frailty, D2RA, therapies and CRT, and ultimately fully implement Discharge to Assess capacity within the community.

Presented the Situation, Background, Analysis, Recommendation (SBAR) paper to Wrexham Maelor Hospital team regarding Elderly Mentally Infirm (EMI) pathways and awaiting confirmation of support to progress pathway development.

Working with Pharmacy to develop an integrated CRT that includes pharmacy resource.

## Improved unscheduled care pathways

### Improved unscheduled care pathways - Page 3 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
11.3	Transformation of Community Services - Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care.	Executive Director Primary & Community Care	COTE linked to CRTs and MDTs at pre crisis point (West only). Ongoing	A	G		
			Develop innovative workforce models to reduce risk of COTE consultant vacancies – eg nurse consultants; therapy consultants (East) 30th June – workforce review. 30th September/ 31st December – extend Multidisciplinary Team (MDT) model from South Wrexham to Central Wrexham and North West Wales	G	G		
			YG & YGC Frailty units established and staff recruited Centre –30th June – design 30th September – Recruit 31st December – Implement 31st March – monitor	A	A		
			Frailty model embedded into community services and intermediate care approach to utilise step-up beds from primary care more consistently. Partnership working with LAs for Marleyfield step down beds (East). East 30th June Marleyfield	A	A		
			Inclusion of pharmacy requirements for frailty units /services, ED and SDEC (and all other clinical developments) in all three acute sites as part of the MDT team. West - Ysbyty Gwynedd (YG) Frailty unit – on hold, funding not confirmed. Led by acute.  West Frailty model in place  West - MDTs established in Ynys Mon and Arfon – roll out to remaining areas by 31st December	A	R		

### **I1.3: Transformation of Community Services - Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care. Ysbyty Gwynedd (YG) & Ysbyty Glan Clwyd (YGC) Frailty units established and staff recruited.**

Rated amber on the basis that a Frailty Business case is currently in development. Whilst frailty units have not yet been established, work is ongoing between Area and Acute teams to provide additional resource to support the frailty unit model and are working with our local authority colleagues. Approval of the business case is required to enable us to recruit substantively. In the meantime we are working with partners to develop the Winter Planning response pending approval of the business case.

East Area: routine meetings have taken place with Wrexham Maelor Hospital colleagues to support a more consistent approach to communication regarding step down beds with patients and families.

Ongoing review of referral criteria with therapies and social care.

**Inclusion of pharmacy requirements for frailty units /services, Emergency Departments (EDs) and Sane Day Emergency Care (SDEC) (and all other clinical developments) in all three acute sites as part of the MDT team.**

No funding yet agreed due to business case approval requirements.

## Improved unscheduled care pathways

### Improved unscheduled care pathways - Page 4 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
11.5	Community Services Transformation Programme: Continued implementation of regional and area-level transformation plans, aimed at developing place-based, integrated models of care and support increasing skills and capacity within primary care, community health and social care, to deliver care and support in people own homes and communities.	Executive Director Primary & Community Care	30th June-31st March– ongoing implementation of regional and area-level programmes of work	G	G		
			31st March – Sustainability planning for post programme continuation	G	G		
11.7	Increased capacity within Community Resource Teams (CRTs) to support patients to be cared for in their own homes.	Executive Director Primary & Community Care	<p>30th June: Staff recruited with Winter Planning monies to continue in post, linked to Community Resource Teams (CRTs). Data collection</p> <p>30th September: Evaluation of service and business case to secure ongoing funding and contingency planning for exit strategy</p> <p>31st December: subject to funding, recruit and deploy additional Healthcare Assistants (HCAs) to support care delivery outside hospital</p> <p>31st March Secure permanent funding, subject to further evaluation</p>	G	G		
11.7	Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme.	Executive Director Primary & Community Care	30th June – Baseline assessment	P			
			30th September - Developed Improvement Framework and structure	G	P		
			31st December -31st March & Ongoing Performance improvement monitored monthly at Strategic CAMHS Improvement Group. Ongoing Self-Assessment in line with reporting to Board Meetings.	N/A	G		

## Improved unscheduled care pathways

### Improved unscheduled care pathways - Page 5 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I2.1	Emergency Department access and patient flow (Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)	Executive Director Nursing & Midwifery	31st March implementation				
			Welsh Access Model (WAM) – 31st March				
			KPIs – Complete, although will be periodically published throughout 2021/22 – 30th June, 30th September, 31st December, 31st March				
			NESIs				
			PE – Ongoing through to 31st March SE – Ongoing through to 31st March				
I2.2	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	Executive Director Nursing & Midwifery	PIPs: All to be in place by 31st March				
			Established acute and community surge plans 30th September				
			Specific winter schemes implemented to meet increased demand during Winter as well as COVID-19 demand 30th September				
I2.3	Same Day Emergency Care (SDEC)	Executive Director Nursing & Midwifery	Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22 30th September				
			Further develop and establish SDEC models across the 3 acute sites to better manage urgent care demand into a more scheduled way 30th September				
I2.4	Developing the unscheduled care hub, 111 service	Executive Director Nursing & Midwifery	Implementation of 111 in north Wales to integrate call handling and nurse assessment functions of GPOOH and NHSD into a single service. 111 will provide public facing access to urgent health information, advice and signposting for onward care. 30th June - Phase 1				

### **I2.3: Further develop and establish Same Day Emergency Care (SDEC) models across the 3 acute sites to better manage urgent care demand into a more scheduled way**

Awaiting outcome of proposal to access funding from Welsh Government.

Recruitment for SDEC will be part of the whole front door of the hospital recruitment campaign including Emergency Department (ED) & SDEC.

## Improved unscheduled care pathways

### Improved unscheduled care pathways - Page 6 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
12.6	Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area	Executive Director Nursing & Midwifery	31st December	A	G		
12.7	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	Executive Director Nursing & Midwifery	Development of business case to improve stroke services across a whole system approach that will provide a "Once for North Wales" network approach to ensure consistency of clinical outcomes for Early Supported Discharge and Specialist Integrated Community In-patient Rehabilitation services.	G	A		
			Phase 1 service proposal focuses on: Prevention including improved AF detection Stroke Prevention – 30th September	G	A		
			Strengthening of acute services across 3 DGH sites; including improved OOH pathway for diagnosis; treatment and recovery Acute services – 30th September	G	A		
			Development of Early supported discharge (ESD) across the 3 areas ESD – 30th September 20% / 31st December 70% / 31st March 100%	G	A		
			Specialist community inpatient rehabilitation beds across the 3 areas Specialist Community inpatient beds – 30th September	G	A		
			A consistent approach to Stroke Rehabilitation across all sites in proportion of confirmed stroke patients receiving specialist rehabilitation and length of stay Consistent approach to rehabilitation – 31st March	G	G		



### **12.7: Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model**

Posts for 3 Stroke Screening Nurses went out to advert September 2021. Expected start dates end of December 2021. The success of the Preventative Screening service is dependent on the GP practices to embrace the new service. The very real pressures on GPs and practices currently is a risk to the implementation of the service. To mitigate the risk, 3 cluster leads have joined the Preventative Project work-stream and a plan to pilot the new service in a few practices first, is being implemented, in order to identify the impact of the pressures in the GP practices and also to use the outcomes of the pilot to share with GPs to encourage them to take part in the implementation of the preventative programme. This pilot approach will lead to some slippage on the original timetable.

The timetable to recruit additional Specialist Acute Stroke nurses and 3 Sentinel Stroke National Audit Programme (SSNAP) data inputter has slipped due to the planned extension in the current Specialist Acute Stroke service working hours which has triggered Organisational Change Process (OCP). The staff consultation in liaison with the Trade Unions is underway, but thus delaying the recruitment of staff. It is anticipated that the staff will be in place in the last quarter of 2021/22.

The Early Supported Discharge (ESD) posts have now been advertised with shortlisting taking place in October 2021. This is a slippage on the original timetable of 20% of staff being in post by September 2021. However it is anticipated that at least 70% of the staff will be in post by December 2021 and the rest in the last quarter of 2021/22.

The West Rehabilitation Service will be live by January 2022 and the Rehabilitation Refurbishment will also be completed in the last fourth quarter of 2021/22. The service in the West will still be able to commence whilst the refurbishment work is completed. The Rehabilitation Services for the East and Centre are not due to go live until 2022/23. However the planning work has commenced including a location option appraisal which is then followed by staff, Community Health Council (CHC), Trade Union and senior management team engagement. If a new location for the Rehabilitation Centre is eventually decided for both the East and the Centre, it will trigger the OCP and a staff consultation will need to take place.



## Strengthen our population health focus - Page 1 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R2.6	Neurodevelopment (ND)- improve access to services to meet WG 26 weeks assessment targets and further develop early intervention post diagnostic services.	Executive Director Primary & Community Care	<p>30th June – Baseline assessment.</p> <p>30th September - Improvement Plan and structure to deliver agreed.</p> <p>31st December/4 - Ongoing performance monitoring via ND Regional Steering Group.</p>	P			
				A	P		
				A	G		

## Strengthen our population health focus - Page 2 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1	Building a Healthier North Wales: Implement smoke free sites with consideration to the implementation of Mental health smoke free action plan.	Executive Director of Public Health	Regulation of smoke free premises, working in conjunction with local authorities or delegate responsibilities established and operating consistently across all sites to be compliant with new legislation which comes into effect 31st March 30th - September 2021.		A		
			Smoking cessation support and access to nicotine replacement therapy for patients and staff available and in place. 30th June 2021.		A		
			Mental health action plan agreed in response to cessation of exemption to smoke free regulations 31st December		A		
S1.1	Implement integrated smoking cessation service	Executive Director of Public Health	Cross cover and accessibility for evening and weekend, coverage is increased through: - alignment of job descriptions - shadowing - staff development. - job evaluation process complete for job roles 31st December		G		
			Provision of support for advisors and bank staff working out of hours is in place 31st March		G		
			Single service plan is developed with: - simplified referral system - Improved management and supervision processes implemented 31st December		A		
			One system for maintenance and replacement of equipment (CO Monitoring) implemented 31st March		P		
			Dashboard is resumed to strengthen performance monitoring and data availability 30th September		P		
			Review Ottawa model in preparation for 2022/23 planning		A		
			Identify primary care partners for targeted community engagement sessions 22/27 31st March		A		

### **S1: Building a Healthier North Wales: Implement smoke free sites with consideration to the implementation of Mental health smoke free action plan.**

Implementation of plan delayed owing to staff sickness. Reviewing all areas with nominated leads to ascertain delivery status against current plan. Action plan is being refreshed and Smoke Free Sites Group re-established. Some activity on enforcement with further discussions planned with LAs across North Wales. Risks - not conforming with statutory legislation. Awaiting sign off of Smoke Free Policy which has delayed communication to staff and patients, this is now being followed up.

### **Smoking cessation support and access to nicotine replacement therapy for patients and staff available and in place.**

Under current review as part of the smoke free premises work above.

### **Mental health action plan agreed in response to cessation of exemption to smoke free regulations**

Initial discussions with mental health lead regards mental health representatives from acute and community to meet and develop an action plan next month. Completion end of March 2022.

### **S1.1: Implement integrated smoking cessation service**

Job Evaluation complete. Advisor bandings consistent. Shadowing has not yet happened due to COVID-19 restrictions and work patterns. Band 6 recruitment has taken place - start November, will provide enhanced support for advisors. No bank staff yet but recruitment plans are in place. Provision of support for advisors and bank staff working out of hours is in place. Initial discussion with maternity and secondary care to develop single service plan. Referral systems in place and simplified. Management supervision improved and implemented. One system for maintenance and replacement of equipment (CO Monitoring) implemented. Dashboard is resumed to strengthen performance monitoring and data availability. Initial discussions have taken place with Local Public Health Team (LPHT) colleagues with further meetings scheduled in. Some concerns around access to sites/venues with current COVID-19 restrictions.

## Strengthen our population health focus - Page 3 of 6

Plan Programme Ref	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.2	Executive Director of Public Health	Deliver community education programmes to:		P		
		- Llangefni				
		- Plas Madoc 31st March				
		Finalise programme agreement with one further identified area. 31st December		G		
		Develop Food Distribution plan 30th June		P		
		Post-COVID-19 revised strategy to be produced in Plas Madoc 30th September		A		
		Increase number of partners and scheme members through engagement events/ membership scheme in Llangefni 30th September		P		
S1.3	Executive Director of Public Health	Develop food poverty initiative proposals, in partnership with Bangor University, local authority and 3rd sector. 31st December		P		
		Scope and develop proposal for a food poverty/ food waste initiative in Denbighshire 31st December		A		
		Co- Contribute to development of regional Lottery bid to address homelessness (in partnership with housing associations, third sector and local authorities). 31st December		P		
		Refresh with partners the Wrexham programme and Health Board contribution. 31st December		R		
		Extended scope for Bangor and links to the food poverty/ training café. 31st December		G		
		Post-COVID-19 Rhyl development and Health Board contribution. refreshed with partners 31st March		G		

### **S1.2: Reducing food poverty initiatives are established**

Initial programmes completed, with very encouraging evaluation. Additional funding secured to enhance the Llangefni programme. Plas Madoc currently engaging with the local community regarding the next steps. Bwyd Da Bangor established. To become fully operational in October 2021. Discussion with Denbigh and Shotton. Agreement with Fareshare and Ellesmere Port as part of Food distribution plan. Community consultation ongoing, delayed due to COVID. face to face engagement sessions planned for November 2021. Additional funding received to create up to 4 outreach projects from the Llangefni hub. Currently engaging with residents. Linking with a broader community hub development including 3rd sector regarding location/ access / frequency. Site identified in Denbighshire for a food poverty/ food waste initiative in Denbighshire. Currently scoping the programme content to develop proposal.

### **S1.3: Homelessness initiatives are implemented- Refresh with partners the Wrexham programme and Health Board contribution**

Alternative programme needs to be considered for the East Area.

## Strengthen our population health focus - Page 4 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.4	Implementation of the Infant feeding project (Wrexham)	Executive Director of Public Health	To support the Infant feeding (IF) strategy, the training sub group will deliver pre-registration standards of infant feeding training to allied services. eg health visiting, paediatrics. The group will progress the WHO baby friendly initiative through focus on IF training. 30th June-31st March -		G		
			Targeted support following birth to increase numbers of women breastfeeding on discharge from hospital and at 10 days. The newly appointed IF support workers will give additional support one to one and telephone support up to day 10. 30th September-31st March		G		
			Once Quality improvement project complete, evaluate programme, and report for review by Health Improvement and Reducing Inequalities Group 31st March-		G		
			Issue Women/Mothers experience survey – questions specific to breastfeeding and experience during COVID to provide lessons learnt and valuable feedback to shape future service delivery 31st December -		G		
S1.5	Infant feeding strategy	Executive Director of Public Health	31st December - Appoint Strategic Breastfeeding Lead (awaiting National JD)		A		
			30th June Response due from National team JD forthcoming:		A		
			30th June JD developed		A		
			30th September Post advertised or seconded		A		
S1.6	Establish Children's Tier 3 obesity service	Executive Director of Public Health	Posts appointed Referral mechanisms established 30th September		A		

### **S1.5: Infant feeding strategy - Posts appointed and Referral mechanisms established**

Job Description (JD) drafted locally as no response regarding national JD received. Local job evaluation anticipated during Quarter 3. Advertisement and recruitment of post anticipated Quarter 4. As this is a senior post, realistically the post holder is likely to require a 3 month notice period, therefore is unlikely to be in post before March 2022. Mitigation regarding some of the 2021/22 Building a Healthier Wales (BaHW) slippage funding has been put in place; draft proposals have been submitted to the North Wales Strategic Infant Feeding Group for agreement.

### **S1.6: Establish Children's Tier 3 obesity service**

Service lead and Consultant Paediatrician appointed. Physio recruitment underway. Psychologist not yet recruited. Multidisciplinary Team (MDT) fully operational by Q4

## Strengthen our population health focus - Page 5 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.7	Establish Children's Tier 3 obesity service - Implement Service Plan	Executive Director of Public Health	Implement Service plan: Appoint service Lead for the Level 3 paediatric weight management service Engage with the relevant services (Paediatrics, Psychology, Physiotherapy) about the recruitment of the staff for the service and agree with the relevant services where the service will be hosted Source a base for the service Complete procurement process of purchasing necessary equipment Implement service towards end of the summer, ensuring promoted widely as possible, using partners. 30th September-31st March		A		
S1.8	Physical Literacy North Wales programme is established	Executive Director of Public Health	Identified partners and relevant workforce trained 31st December		G		
			A range of examples of physical literacy informed practice shared with partners across the region 31st December		G		
			Resources and tools developed 31st December		G		
			Online training resource developed 31st March		G		
S1.9	Elemental software is utilised by local authorities	Executive Director of Public Health	Agreed activities at each local authority 30th June		G		
			Progress reporting structure established 30th September		G		
			Evaluation of annual usage shared with Health Improvement and Reducing Inequalities Group 31st March		G		
S2	Inverse Care Law Commissioned report received	Executive Director of Public Health	Programme manager appointed 30th September		P		
			Commissioning complete 30th September		P		
			Report from commissioning programme and recommendations received to inform scope of project 31st March		G		
			Plan developed 31st March		G		



### **S1.7: Establish Children's Tier 3 obesity service - Implement Service plan**

Recruitment for the service is ongoing. Interviews for the Physio and Technical Instructors have taken place in September, Medical Secretary has been appointed and admin is due to be re-advertised. Key issue is recruitment of Psychologist, service currently reviewing banding as a potential option to attract candidates. Referral criteria and service capacity have been agreed and an informatics system for the service is under development. Premises for the service have been successfully identified. The service is on-course for commencing delivery in January 2022.

## Strengthen our population health focus - Page 6 of 6

Plan Programme Ref	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S2.1	Implementation of Alcohol Insights Commissioned report	Executive Director of Public Health	Findings shared with Allied Planning Board Action plan developed and implemented 31st December	G		
S2.2	Increase level 1 activity particularly in target groups	Executive Director of Public Health	Early years dieticians and support workers appointed 30th June	A		
		Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area) 30th September	A			
		Come and cook with your child' programme commences in primary schools 31st December	A			
		Boliau Bach/Tiny Tums programme expands to include food and drink provision for 0-1 years in early child care settings - Training Needs Analysis (TNA) planned and completed 31st December	A			
		Provision of accredited nutrition and practical cooking skills NS4L courses commences with families - focusing on supporting Flying Start  - Meetings held with each Flying Start team in first 6 months to explore opportunities for greater integration and to establish FS priorities for delivery of parenting programmes/ family contacts etc.  - Proposal(s) to extend and integrate our provision with FS teams is outlined in a document e.g .PiD and this is discussed and agreed with all parties within the first 9 months 31st December	A			
		Through meeting and establishing groups with childminders and play groups – access to digital and/or face to face training and participation Boliau Bach/Tiny Tums is increased.  - Digital training resources completed and tested 31st December	A			

### **S2.2: Increase level 1 activity particularly in target groups**

#### **Early years dietitians and support workers appointed**

Appointments are in progress

#### **Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area)**

unable to appoint Band 6 for West (0.6 whole time equivalent (WTE)). reviewing team mix, possible Band 5 PH nutritionist

#### **Come and cook with your child' programme commences in primary schools**

The main focus has been recruiting staff. Now that the majority of these staff are in post the next step will be setting up the timetable of activity with schools

#### **Boliau Bach/Tiny Tums programme expands to include food and drink provision for 0-1 years in early child care settings - Training Needs Analysis (TNA) planned and completed**

The main focus has been recruiting staff. Now that the majority of these staff are in post the next step will be setting up the timetable of activity with schools

#### **Provision of accredited nutrition and practical cooking skills NS4L courses commences with families - focusing on supporting Flying Start (FS). Meetings held with each Flying Start team in first 6 months to explore opportunities for greater integration and to establish FS priorities for delivery of parenting programmes/ family contacts etc. Proposal(s) to extend and integrate our provision with FS teams is outlined in a document e.g. .Project Initiation Document (PiD) and this is discussed and agreed with all parties within the first 9 months**

FS coordinator contacts for each Local Authority (LA) obtained/. Local area meetings set up

#### **Through meeting and establishing groups with childminders and play groups – access to digital and/or face to face training and participation Boliau Bach/Tiny Tums is increased. Digital training resources completed and tested**

under development

## Integration and improvement of mental health services - Page 1 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M1.1	Quality Improvement & Governance: Implementation of ward accreditation to improve fundamentals of care and leadership.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope programme of work	R	P		
			30th September, agree plan for roll-out	N/A	P		
			31st December/31st March implement	N/A	N/A		
M1.2	Workforce Wellness & Organisational Development: We will enhance leadership within the Division and seek to actively support staff in their workplaces to maintain optimum wellbeing.	Interim Executive Director of Mental Health & Learning Disabilities	30th June agree scheme plan	P			
			30th September/31st December/31st March implementation	N/A	P		
M1.3	Ablett / YGC MH Inpatient Redesign: We will continue to work with Corporate Planning colleagues to design on the YGC site for the provision of Adult and Older People's Mental Health inpatient services in the Central Area.	Interim Executive Director of Mental Health & Learning Disabilities	To provide services which meet the strategic direction outlined within Together for Mental Health in North Wales and deliver the model of care developed through the Quality & Workforce groups;30th June	P			
			31st March, dependent on planning permissions outcome	G	G		
M1.5	CAMHS: We will develop an appropriate interface with child and adolescent mental health services to ensure the most effective transition for young people with mental health conditions into adult services.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, develop improvement plan	R	P		
			30th September, agree plan	N/A	P		
			31st December-31st March begin to implement improvements	N/A	N/A		
M1.6	Safe & Timely Discharge: We will introduce a programme of work across the division to review long length of stay and delayed transfer of care.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, review work to date	P			
			30th September, agree plan and begin roll-out	N/A	P		
			31st December-31st March, on-going work with adjustments as required	N/A	N/A		
M1.7	Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme	A	G		
			31st December-31st March begin implementation	N/A	N/A		

### **M1.5: Develop effective and timely transition arrangements that support young people into adult services.**

We have completed a business case for 0.8million additional transformation funds. This work will support a set of agreed clear objectives to develop transition arrangements. It has now been agreed this programme of work will be led by the Central Area Teams and progress in general is on track

## Integration and improvement of mental health services - Page 2 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M1.8	Older Persons (OPMH): Development of Crisis care support for older adults (over 70) with an acute mental illness over the age of 70 and people of any age living with dementia.	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme with supporting SOPs	R	R		
			31st December-31st March begin implementation	N/A	N/A		
M1.9	Early Intervention Psychosis: Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
			30th September, begin recruitment	N/A	R		
			31st December, integrate in to local teams	N/A	N/A		
			31st March, evaluate	N/A	N/A		
M10	Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	R	R		
			31st December Develop options appraisal	N/A	N/A		
M10.1	Learning Disabilities: We will implement the strategy for learning disabilities services in partnership with people with lived experience, their families, health and social care organisations across North Wales and the voluntary sector.	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	A	R		
			31st December Develop future options appraisal	N/A	N/A		
			31st March Evaluate work programme to date	N/A	N/A		
M10.2	Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
			30th September, begin recruitment	N/A	R		
			31st December, integrate in to local teams	N/A	N/A		
			31st March, evaluate	N/A	N/A		
M10.3	Primary Care & ICAN: To build on actions from within the Winter Plan and further develop the demand and capacity modelling to continue to review and improve patient flow between primary and secondary care.  To work with Primary Care Services together with ICAN to offer direct and rapid access to wider ranging support supported by trauma informed approaches at cluster level.	Interim Executive Director of Mental Health & Learning Disabilities	30th June Engagement with primary care clusters	R	P		
			30th June Recruitment of OTs for model across North Wales	R	A		
			30th September Internal and external promotion of ICAN primary care model with GP Clusters and partner agencies	N/A	A		
			31st December-31st March evaluate impact	N/A	N/A		



### **M1.8: Older Persons (OPMH): Development of Crisis care support for older adults (over 70) with an acute mental illness over the age of 70 and people of any age living with dementia.**

Welsh Government additional funding sought – Business Case has now been finalised in partnership with OPMH colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work. Final approval to progress with this work was given by the Execs in August 2021, this has led to some minor slippage in terms of progressing with recruitment. Progress in general is on track, with recruitment completing in Q3, and staff in post by Q4.

Crisis Care Programme Steering group and project resource set up. First meeting held in September and further monthly meetings arranged. In conjunction with the Steering group, we will now begin to derive Project Groups for each distinct elements of the project.

### **M1.9: Early Intervention Psychosis: Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families**

Welsh Government additional funding sought – Business Case has now been finalised in partnership with EIP colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work. Final approval to progress with this work was given by the Execs in August 2021, this has led to some minor slippage in terms of progressing with recruitment. Progress in general is on track, with recruitment completing in Q3, and staff in post by Q4.

### **M10: Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.**

Working Group established and mapping of current pathways completed. Low Secure Unit Business Case and Options Appraisal not yet complete. This work will be undertaken alongside the Bryn Y Neuadd review to consider what support/resource the division will require to develop such a large capital and operational bid.

### **M10.1: Learning Disabilities: We will implement the strategy for learning disabilities services in partnership with people with lived experience, their families, health and social care organisations across North Wales and the voluntary sector.**

Learning Disabilities Partnership Board continues to oversee the implementation of the LDS Strategy and associated plans in development. Workforce planning remains in development and work to define the new model for assessment and treatment. Pooled Budget Agreement is now with BCUHB Finance for signing. With regards to the review of commissioning arrangements, an Initial right sizing review has been completed. Identified that there are a number of services that no longer require the intensive support provided by an ECRS model. Steering group to be established with Flintshire LA to develop revised service spec for the houses in question. This may lead to retendering of element of the houses and development of hub and spoke model services for individuals with higher complexity of needs, thus moving the ECRS service away from some projects and incorporating to form part a hub and spoke model. The RAG status of the Transformational work is currently Red due to some milestones for Q2 still in development, however is on track to deliver in year.

**M10.2: Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.**

Welsh Government additional funding sought – Business Case has now been finalised in partnership with Perinatal colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work.

Final approval to progress with this work was given by the Executives in August 2021, this has led to some minor slippage in terms of progressing with recruitment. Progress in general is on track, with recruitment completing in Quarter 3, and staff in post by Quarter 4.

**M10.3: Primary Care & ICAN:**

**To build on actions from within the Winter Plan and further develop the demand and capacity modelling to continue to review and improve patient flow between primary and secondary care. To work with Primary Care Services together with ICAN to offer direct and rapid access to wider ranging support supported by trauma informed approaches at cluster level.**

Recruitment process for 11 out of 14 key staff in all Areas commencing in October with staff in post by end December. Remaining 3 posts located in 3 East cluster areas recruiting Nov/Dec following discussions with East cluster leads.

West Pilot underway since March 2021 with regional roll out planned for October in Central, West and parts of East areas. Remainder of posts in East recruited by December 2021. Training Plan completed – roll out from October 2021. Evaluation framework finalised and signed off. Mapping of provision for all Area GP surgeries underway. Stakeholder Group(s) will feed into the learning / evaluation process – members to be identified and first meetings to be arranged across all areas by end November. Data sets established. Communication Plan signed off. Draft Terms of Reference (ToR) to be agreed, membership of Area Strategic Stakeholder group in West identified. Membership of Central and East Area Strategic Stakeholder group to be identified. Membership of Area Operational Strategic Stakeholder groups in all areas to be identified and create draft ToR. Project evaluation ongoing.



## Integration and improvement of mental health services - Page 3 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M10.4	Psychological Therapies: To increase access to psychological therapies across both mental and physical health services.	Interim Executive Director of Mental Health & Learning Disabilities	31st March	A	G		
M10.5	Rehabilitation Services: To agree a long term model for rehab services and support whole system patient flow pathways.	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September review and agree plan	A	P		
			31st December, seek Divisional approval and consider funding requirements	N/A	N/A		
			31st March finalise plan	N/A	N/A		
M10.7	Unscheduled Care & Crisis Response: We will further develop an all age crisis response pathway.	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G	P		
M10.8	Eating Disorders: To address the significant deficits in service provision for early intervention and treatment and to improve the clinical needs and challenges of current Eating Disorder (ED) service provision in North Wales and North Powys.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
			30th September, begin recruitment	N/A	R		
			31st December, integrate in to local teams	N/A	N/A		
			31st March, evaluate	N/A	N/A		
M11	Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope requirements	R	P		
			30th September, develop and agree a plan	N/A	R		
			31st December, agree proposals	N/A	N/A		
			31st March, implement	N/A	N/A		
M11.1	Partnership & Engagement: To deliver clinically led, safe and effective services in partnership with patients, their families, social care and third sector colleagues.	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G	G		

**M10.8: Eating Disorders: To address the significant deficits in service provision for early intervention and treatment and to improve the clinical needs and challenges of current Eating Disorder (ED) service provision in North Wales and North Powys.**

Welsh Government additional funding sought – Business Case has now been finalised in partnership with Therapy colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work.

Final approval to progress with this work was given by the Execs in August 2021, this has led to some minor slippage in terms of progressing with recruitment. Progress in general is on track, with recruitment completing in Q3, and staff in post by Q4. Concerns raised regarding accommodation to facilitate additional workforce and escalated through the Divisions Estates & Capital Group. However, a resolution as not yet been reached.

Ongoing work with Community Mental Health Teams (CMHTs) to consistently capture data on ED Patients within Tier 1 & 2 is progressing and a dedicated member of staff has been appointed to routinely evaluate and research outcomes within BCUHB against National benchmark.

**M11: Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.**

Resource allocation approved by Execs in August 2021, work is now progressing on the demand and capacity modelling in order to further enhance the psychiatric liaison offer across North Wales. This work is now being completed collaboratively within the Crisis Response Programme.

There has been some minor slippage in terms of progressing with recruitment. However, progress in general is on track, with recruitment completing in Q3, and staff in post by Q4.

## Further Information

Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

follow @bcuhb  
<http://www.facebook.com/bcuhealthboard>

Board Level Monitoring	Ref	Key Priority	Lead Job Title and contact person	Programme (What)	Action (How)	Programme/Patient Outcome (Why)	Lead Director	Target Date (When)	Risks	Finance	Target Improvement linked	Board Level Monitoring	Board or Board Scrutinising Committee
Y	E1.1	Enabler	<b>Executive Director of Governance programme sponsor (specific actions allocated to Exec lead portfolios)</b>	Pan BCU Support Programmes - Targeted Intervention:  The de-escalation for Betsi Cadwaladr University Health Board from Sexual Measures to Targeted Intervention (TI) outlining areas for further improvement  Current priorities identified for improvement: mental health, engagement, leadership, strategy and planning, planned care and performance.	<ul style="list-style-type: none"> <li>Engage and communicate internally within the divisions, and with partners and stakeholders on the Maturity Matrix approach (CAMHs and Adult MH).</li> <li>Progress the joint working between CAMHs and Adult MH, with a focus on financial allocations and the transition pathway. (CAMHs and Adult MH)</li> <li>Establish the improvement and development group to support the CAMHs programme delivery. (CAMHs)</li> <li>Review the M&amp;LD leadership structure, with leads identified to support the key delivery areas (Adult MH)</li> <li>Progress the crisis concordant activity to support our clinical pathway (Adult MH)</li> <li>Undertaking a stakeholder mapping exercise and develop a relationship management approach to relevant stakeholders in the domains of patient, partners, staff and public.</li> <li>Consolidate a team for engagement across the four engagement domains, drawing from best practice.</li> <li>Use the development of key strategies (i.e. Living Healthier, Staying Well and Clinical Service Strategy) as a POSA exercise to improve engagement processes and outcomes.</li> <li>Develop an engagement process to encourage openness, transparency and trust with our citizens.</li> <li>Leadership priorities for the next quarter: <ul style="list-style-type: none"> <li>Ensuring executive, senior leadership and partner ownership and engagement in the delivery of discovery phase of Mewn Undod mae North Stronger Together.</li> <li>Aligning the Board development programme with Mewn Undod mae North delivered by the King's Fund with additional support from the Good Governance Institute.</li> <li>Reviewing clinical leadership support structures and resources to improve multi professional clinical engagement.</li> <li>Modelling additional capacity and capability to support transformation, organisational and system development, engagement and governance</li> <li>Starting the rollout of Living Healthier Staying Well.</li> <li>Using the refresh as the basis for our Clinical Services Strategy implementation plan.</li> <li>Develop a revised planning process to allow for a staff approved MTTP to be agreed for 2022-25.</li> <li>Implement and embed the Performance and Accountability Framework including regular reviews, appropriate escalation, and revised performance reporting.</li> </ul> </li> </ul>	Programmes of work have been informed by the established maturity matrices which will be used to assess progress against the targeted intervention framework in 2022/23.	Director of Governance	Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis.		Core Funding	Y	Y	
Y	E1.2	Enabler	<b>Associate Director of OD</b>	Pan BCU Support Programmes - Stronger Together	Establish and mobilise the 3 year strategic organisational and system development route map. Mewn Undod mae North Stronger Together, comprising 3 phases - Discovery, Design and Deliver. The Discovery phase is an ambitious 3-month engagement process to talk with 10% of the BCU workloads through a combination of 121 conversations, focus groups and workshops. This extensive engagement across all areas of the Health Board will provide key thematic feedback from staff and provide the foundation for a 9 month design phase of Mewn Undod mae North Stronger Together to review the Health Board's culture and organisational systems, aligned to the Health Board's strategic goals and purpose.	Listening to the experiences of staff working across the Health Board to learn from examples of best practice and understand what may be preventing staff from making further improving delivery of exemplar patient care pathways. The Discovery phase makes no assumptions about what the solutions may be and thus enables the co-production with staff of improvements to the health board's culture and organisational systems.	Executive Director of Workforce & Organisational Development	30th June/30th September discovery; 31st December/31st March design		Core Funding	Y	Y	
Y	E3	Enabler	<b>Associate Director of OD</b>	Organisational and Leadership Development Strategy 2022-2025	The development of an Organisational and Leadership Development Strategy 2022-2025 which is aligned to Mewn Undod mae North Stronger Together. The development of the strategy will be informed by the discovery phase of Mewn Undod mae North Stronger Together and will be developed as a key part of the subsequent design phase of Mewn Undod mae North Stronger Together to ensure the Health Board's organisational design and its leadership are enabled to deliver the Health Board's strategic goals and purpose during the final delivery phase of Mewn Undod mae North Stronger Together	An organisational and leadership development strategy aligned to and informed by the strategic organisational and system development route map of Mewn Undod mae North Stronger Together to enable delivery of organisational and leadership development interventions that support the Health Board's strategic goals and purpose over the next 3-10 years.	Executive Director of Workforce & Organisational Development	31st December-31st March		Investment case for Design phase of Mewn Undod mae North to include funding to support delivery of the organisational and	Y	Y	
Y	E4.1	Enabler	<b>Associate Director of OD</b>	Alignment of Board and senior leadership development as part of the development of an Organisational and Leadership Development Strategy 2022-2025	The development of an Organisational and Leadership Development Strategy 2022-2025 during the design phase of Mewn Undod mae North - informed by the discovery phase - will include evidence based targeted development programmes for Board members and all senior leaders, as well as for all levels of leaders across the Health Board, inclusive of clinical and non-clinical leaders.	To better enable the Health Board to deliver its strategic goals and purpose over the next 3-5 years through providing Board members and senior leaders with evidence based leadership development support and training	Executive Director of Workforce & Organisational Development	Q3-Q4		Investment case to support design phase of Mewn Undod mae North Stronger Together to include funding to support	Y	Y	
Y	E4.2	Enabler	<b>Associate Director of OD</b>	Continue to execute improvements in staff safety, support, wellbeing and resilience in order to improve attendance, retention and contribution.	Two key programmes will be undertaken to improve Health and wellbeing and creation of a culture of psychological safety. The first will enhance the services available to support staff's mental health through the implementation of a more integrated model of staff wellbeing support services from supporting self-care through to crisis support. The second programme will implement a new Speak Out Safety process, replacing the Safe Haven system, to better enable staff to raise concerns confidentially. This will include the creation of a Speak Out Safety Guardian and an MDT to receive, manage and monitor concerns raised, supported by a new on-line system for raising concerns in a confidential and anonymous manner	Through the staff wellbeing support service, support and promote enhanced emotional resilience and wellbeing amongst staff, reducing staff absence, improving recruitment and retention, and supporting the Health Board becoming an employer of choice. Through the new Speak Out Safety process, support the creation of a culture of psychological safety at work, and through this support the delivery of safe patient care	Executive Director of Workforce & Organisational Development	Q3-Q4 for staff wellbeing service; Q1-Q2 for Speak out safety		12 month investment to support enhanced wellbeing support service agreed. Funding to support new Speak out	Y	Y	
Y	E3.1	Enabler	<b>Associate Director of OD</b>	Develop and deploy a programme of work, as per the Strategic Equality Plan, to support the organisation in meeting its Socio-Economic Duty	Implement Year 2 of the Health Board's approved Strategic Equality Plan, delivery being monitored through the Strategic Equality and Human Rights Forum. As well as meeting its Socio-Economic duty and other equality priorities, there will be a focus on race equality with the establishment of a Race Equality Action Plan, taking account of the outcome of the Welsh Government's consultation on Race Equality in 30th June.	Delivery of inclusive patient services and management of staff, ensuring patients with protected characteristics are not disadvantaged in such a way as to adversely impact on health care outcomes and that staff are not disadvantaged in terms of recruitment, development, training and promotion opportunities.	Executive Director of Workforce & Organisational Development	30th June-31st March	Public Sector Duty and Socio-Economic duty on risk register	Investment case to expand corporate equality team completed	Y	Y	
Y	E3.3	Enabler	<b>Associate Director of Health, Safety &amp; Equality</b>	Implement Year 2 of the Health & Safety Improvement Plan to ensure staff are proactively protected, supported and safe. This includes providing specific guidance, training and support on legislative compliance, identifying and reporting staff at greater risk of contracting Covid and providing specific risk assessment advice. Provide adequate manual handling training and support to staff. Investigate incidents and provide fit test training, risk assessment advice and support staff ensuring environmental and social impacts are monitored and complied with.	Ensure effective Health and Safety through Male It Safe reviews, incident investigations achieved via incidents reported on Datix, 72 hour reviews undertaken tracking on line lists with liaison with infection control and Track and Trace. This will then determine if it will be required to be reported as a RIDDOR incident in line with legislative compliance which is required within 10 days. Site visits are reported through Quarterly and annual reports to the Strategic Occupational Health Group and Q&E. Union partners are kept up to date on compliance issues on a weekly basis. The frequently asked questions and guidance provided to staff is updated when legislation or guidance is changed. The fit testing programme in place to support suitable compliance with COSHH and HSE guidance. A continual programme of fit testing is in place and recorded on ESR system with reports provided to PPE steering group for escalation. A package to ensure that manual handling training is effectively implemented has been presented with a recommended programme to move from 80% compliance to 80% within 2 years, risk assessment awareness and management of safety critical systems have established training dates. A full action plan to comply with legislation has been developed for Y2 and evidenced through the appropriate governance structure and reporting on KPIs.	Reduce the risk of transmission patient to patient staff to patients, patients to staff. Ensure safety systems of work are implemented in all service areas.	Executive Director of Workforce & Organisational Development	30th September	BAF risk register programme	Core funding required	Y	Y	
Y	E3.4	Enabler	<b>Associate Director of Health, Safety &amp; Equality</b>	Security, V&A Improvement Plan	Ensure adequate security provision is in place including restraint training, clinical audit system, lone working, lockdown procedure, V&A case management compliance with Welsh Security Framework and further development of the obligatory response to violence collaborative. A 12 month action plan has been developed subject to additional support to review all aspects of the security gap analysis.	Effective management of violence reduces the risks of absenteeism, stress in the workplace leading to better patient safety outcomes and staff retention.	Executive Director of Workforce & Organisational Development	31st March	BAF risk register programme	Core funding required	Y	Y	
Y	E3.5	Enabler	<b>Associate Director of Health, Safety &amp; Equality</b>	Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation	A workshop to establish effective Health Surveillance has been developed to be completed within 12 months. This includes review of respiratory sensitizers, latex, noise, vibration, right workmen, citrus odors, welding fumes and dusts. A review of wellbeing is in place developing more effective KPIs to report on numbers of people accessing support in conjunction with the Wellbeing Call. The group plans to report in August 2021 defining progress on action plans. The Occupational Health Team report to the strategic Occupational Health Group. A plan to implement a immunisation programme is defined with the 3 year business case. The SEQOSH accredited system ensures continual reporting on the action plan is being implemented. The Corporate Health Standards form part of the Wellbeing Programme a comprehensive action plan has been developed to maintain accreditation in July 2021.	Continue to maintain all aspects of Safe Effective Quality Occupational Health Service accreditation. Implement a comprehensive immunisation and health surveillance system. Effectively support the staff Wellbeing Strategy and improve mental health support for staff.	Executive Director of Workforce & Organisational Development	31st December	BAF risk register programme	Core funding required	Y	Y	
Y	E3.6	Enabler	<b>Associate Director of Workforce Planning &amp; Performance</b>	Delivery of workforce optimisation programme encouraging reduction in temporary premium cost spend and workforce efficiency addressing the following issues: High levels of vacancies, High number of leavers, Aging workforce, High agency spend, Low levels of bank provision	Workforce Optimisation programme structure put in place.  Ensure effective recruitment team structures and resources are in place.  Workforce KPIs and targets in place and tolerances set to monitor and identify.	Reduction in vacancies and leavers across targeted areas.  Reduction in agency spend as a result of filling long term vacancies.  Clear workforce KPIs in place to monitor and provide early warning indicators	Executive Director of Workforce & Organisational Development	30th September - 31st December	BAF risk register programme	Business case in place with identified in the financial plan	Y	Y	
Y	E1.3	Enabler	<b>Associate Director of Nursing, Infection Prevention, Nursing Midwifery &amp; Patient Services</b>	Pan BCU Support Programmes - Safe Clean Care Ham Free	Develop a programme of work to ensure we are ' Making our place safe through, clean wards, safe bed spaces, safe entry, safe break and safe change'. Through Safe clinical and non-clinical areas (transferring), safe wards and safe rapid isolation. Ensuring our actions are safe, for patients, visitors and staff.  Support the workstreams release more time to care through, Infection prevention and control cohort development. Building designing and purchasing IT enables solutions  Develop tools/ material to support the behavioural change Safe Clean Care workstreams	Providing a safer place providing health for North Wales population, reducing infection spread. Identifying areas of improvement across the wards and topics to support safe care.  Improving the place of work for staff, reducing injury at work.  Developing and using digital technology solutions to improve delivering and monitoring safe ways of working.	Shared responsibility for address SCC Strategy.  Chief Operating Officer - Safe Clean Care Ham Free – Safe Place  Safe Clean Care Ham Free – Informatomics  Executive Medical Director - Safe Clean Care Ham Free – Safe Space  Executive Director Nursing & Midwifery – Safe Clean Care Ham Free – Safe Action  Executive Director Workforce & Organisational Development - Safe Clean Care Ham Free – Communications & Staff Engagement	30th June - Divisions to identify Business case to address SCC Strategy.  30th September - Approve/engage/research business case and strategy  31st December - 31st March - Implement new ways of working		COVID Funded / Capital & capability	Y		

Y	E1.6	Enabler	Head of Programmes, Assurance and Improvement	Creation of a Digital Strategy	Development and Implementation of the digital strategy which has been approved by the Board.	To deliver key enablers across North Wales which will drive digital transformation of care and deliver commitments outlined within the Strategy over the next three years.	Executive Director of Primary & Community Care	31st May	<ul style="list-style-type: none"> <li>• Approval at Trust Board is not received.</li> <li>• Competing priorities with lack of sustainable investment in digital</li> <li>• National infrastructure and projects may not deliver what is needed and/or at the required pace and cost</li> <li>• Unable to keep up with the pace of digital change to meet the expectations of our patients, carers and staff</li> <li>• Information is not safe</li> <li>• Inefficient staff capability and capacity to deliver the Strategy</li> <li>• Organisational culture and service planning does not change</li> <li>• Lack of engagement from staff</li> </ul>	Business Case approved for difference projects will be required.	Y	Board & FPG
	E1.6							30th September	<ul style="list-style-type: none"> <li>• Project level risks:</li> <li>• Corporate Risk - CRP10A10NP1: National Infrastructure and Products.</li> </ul>	Funding through WG and September 2021. Business case has been funded for post 2021 required from WG.	Y	Board and FPG
Y	E1.7	Enabler	Project Manager	Deliver Phase 3 of Welsh Patient Administration System implementation	Phasing and approach agreed	Delivery of a single patient administration system Welsh Patient Administration System (WPAS) across BCUHB. This will operationalise the care personal and enable up to date accurate information to be available for service delivery across the Health Board. Improve the ability to manage patient pathways seamlessly throughout the hospitals within the Health Board.	Executive Director of Primary & Community Care	30th June – Re-start the project.	There is a risk that key resources (project and services) will not be available to support key activities on the project.		Y	Board and FPG
	E1.7				Support from Welsh Government for continuation of project team in place	Provide timely and accurate information for clinicians and managers.		30th September – System build and data migration.	There is a risk that project will continue to defer the scope of the data migration iterations.			
	E1.7				System in place (pending business case)	Enable services to modernise in response to changing working models.		31st December – UAT user acceptance testing and training.	There is a risk that operational users are unable to attend WPAS training.			
	E1.7				Reduce variation in scheduling, tracking and reporting throughout the Health Board.			31st March – Lead to up to implementation in May 2022.	There is a risk that delays in either the BCU or the Valdeira data migration plan may impact overall WPAS timescales.			
Y	E1.8	Enabler	Programme Manager	Deliver Symphony - Phase 1 2020/2021	Implement V2.38 in the West ED and 6 Minor injury Units associated with the West (including LLOH)	Phase 1 required before WPAS West implementation - West ED and MUs were previously using PMS to record attendances. Phase 1 complete (with the exception of 3 MTUs which are currently closed with no imminent plans to re-open).	Executive Director of Primary & Community Care	30th June – Complete implementations in MTUs	Health Board risk - BAF2028 - Effective Use of Resources	Funded	Y	Board & FPG
						<p>The system will bring:</p> <ul style="list-style-type: none"> <li>• Improved Continuity and Timeliness of Care</li> <li>• Improved Quality of Patient Care, Experience and Safety</li> <li>• Improved Discharge</li> <li>• Improved Data Quality and Standards</li> <li>• Improved Data Sharing across BCUHB and Intelligent</li> <li>• Improved Administration Efficiency</li> </ul> <p>The current systems do not allow for an effective process within ED for the documentation of the patients journey, resulting in a lack of real time patient progression, which is a patient safety risk for the health board.</p>			<p>Project level risks:</p> <ul style="list-style-type: none"> <li>• There is a risk that resource may become an issue for the project if Establishment Control/Recruitment cannot be achieved in a timely manner.</li> <li>• There is a risk that Teyrn and Dolgellau MTUs will not be able to implement BCU Symphony at a time which is suitable for both the MTUs and the project team.</li> <li>• There is a risk that generic log on to the system may not be an acceptable method to be used for information Governance purposes.</li> <li>• Availability of adequate funding (Capital and Revenue)</li> <li>• Availability of key personnel to undertake the existing activities required for readiness (EMIS, NIMS, BCU Programmes, Information and ED resource)</li> </ul>			
Y	E1.9	Enabler	Programme Manager	Deliver Symphony - phase 2 2021/2022	Upgrade from V2.29 to V2.39	Phase 2 will bring improved functionality and the latest version of Manchester Triage. Manchester Triage 1 is currently used within Symphony 2.29 in the East. This version of Manchester Triage is not dated and has been flagged as a significant clinical risk as both presentation flow charts and discrimination have been updated in newer versions.	Executive Director of Primary & Community Care	30th June – Data migration testing	Health Board risk - BAF2028 - Effective Use of Resources.	Funded	Y	Board & FPG
	E2	Enabler			Move East area onto the Health Board Symphony, alongside the West, which entails an upgrade from v2.29 to v2.38 including 1 minor injury unit associated with the East.	<p>The benefits listed in Phase 1 will also apply to Phase 2.</p> <p>The current systems do not allow for an effective process within ED for the documentation of the patients journey, resulting in a lack of real time patient progression, which is a patient safety risk for the health board.</p>		30th September – End user training. Go Live period (July). Phase closure	<p>Project level risks:</p> <ul style="list-style-type: none"> <li>• There is a risk that resource may become an issue for the project if Establishment Control/Recruitment cannot be achieved in a timely manner.</li> <li>• There is a risk that Teyrn and Dolgellau MTUs will not be able to implement BCU Symphony at a time which is suitable for both the MTUs and the project team.</li> <li>• There is a risk that generic log on to the system may not be an acceptable method to be used for information Governance purposes.</li> <li>• Availability of adequate funding (Capital and Revenue)</li> <li>• Availability of key personnel to undertake the existing activities required for readiness (EMIS, NIMS, BCU Programmes, Information and ED resource)</li> </ul>			
Y	E2.1	Enabler	Programme Manager	Deliver Symphony - Phase 3 2021/2022	V2.39 implemented in Central and 2 minor injury unit's	The completion of the Phase 3 implementation will see all EDMU areas using a single system for the flow, providing standardisation across BCU in readiness for a move to the National Welsh Emergency Department system.	Executive Director of Primary & Community Care	30th September – Phase 3 planning	To be determined from planning in 30th September	Funded	Y	Board & FPG
	E2.1					The benefits listed in Phase 1 will also apply to Phase 3.		31st December - to be determined from 30th September planning				
	E2.1				Implement Symphony v2.38 into 2 minor injury units in Central area	The current systems do not allow for an effective process within ED for the documentation of the patients journey, resulting in a lack of real time patient progression, which is a patient safety risk for the health board.		31st March- to be determined from 30th September planning				
Y	E2.3	Enabler	Head of Patient Records & Digital Integration	Development of the acute digital health record (Oto DR) pan-BCU	Deliver the project for the Digital Health Record (4 year project to Nov 2024)	The development of the Digital Health Record will allow a single view of the patient record, having this in place will support the integration with local and national systems and will provide greater access to systems and information that are safe, and reducing the use of paper from the way we work. We will have one system that is capable of gathering patient information from disparate records, new content from a forms and current and future systems. Part of this project is also to develop digital ways of sharing information across our business.	Executive Director of Primary & Community Care	31st December – • Minimum Viable Product (MVP) & two Early Adopters • New scanning contract in place	The common risks across the digital projects are escalated to our Patient Records Transition Programme. These can be described as: • BCU's non-compliance with key legislation • Spectrum of digital readiness and literacy amongst users • Digital readiness of the organisation - infrastructure, hardware and network • Quality of the data within the source system causing data within other linked systems to be inaccurate • A delay to the project achieving its objectives, due to emerging external issues e.g. Covid, new corporate initiatives	Funded	Y	Board & FPG
Y	E2.9	Enabler	Head of ICT	Strengthen cyber security	Review and identify areas of improvement as part of Cyber Security Providing Assurance that all necessary measures are taking place to reduce and manage the risk of a Cyber security.	Providing Assurance that all necessary measures are taking place to reduce and manage the risk of a Cyber Incident through the deployment of key processes, accreditation and risk management as well as new and emerging technologies	Executive Director of Primary & Community Care	30th June-31st March – (Funding to be confirmed)	Corporate Risk - ICT01 – Cyber Security	Not funded.	Y	Board & FPG
									There is a risk of cyber security attacks due to a lack of assurance around cyber security threats and lack of a dedicated Cyber Security Team which could lead to a total loss of all Health Board data stored on BCU servers.			
									This could impact patient care, Health Board reputation, confidentiality, and breaches of legislation, financial impact (fines and cost of recovering data).			
									If the risk is not addressed it could lead to the organisation not meeting legislative requirements such as GDPR and NIS-2.			
									We could also be open to Child suits should patient safety incidents occur as a result of a cyber-attack.			
Y	E1.4	Enabler	Assistant Director of Strategy and Planning	Pan BCU Support Programmes - LHMW & Clinical strategy review	Talk stock and check with staff, patients, partner organisations and the public how Covid-19 has affected health and well-being and what we can learn from this experience.	<ul style="list-style-type: none"> <li>• Check in with our staff, patients, partners and public whether the principles are still valid</li> <li>• Review our strategic priorities to ensure they are consistent with "A Healthier Wales"</li> <li>• Address those elements of LHMW that proved challenging to implement e.g. an integrated system wide approach to healthcare and integrated care pathways</li> <li>• Test the strategy is still relevant in the changed environment</li> <li>• Provide the framework for development of a Clinical Services Plan</li> </ul>	Executive Director of Planning and Performance	30th June Review of current strategy plan developed		Core Funding	Y	Y
					Review lessons learnt and strategy successes, challenges, opportunities.			30th September Approval of refresh plan approved - Engagement plan developed				
					Develop plan to implement lessons learnt initiatives into a new strategy with new objectives.			31st December/31st March - Engagement process initiated				
					Create dissemination of new strategy to ensure engagement with stakeholders							
Y	E1.5	COVID-19 response	Consultant - Anaesthetics & Intensive Care / Clinical Lead for Critical Care	Enhanced recovery from critical illness	Enhanced recovery from critical illness by meeting national standards with regards Clinical Psychology (providing integrated Clinical Psychology support within critical care teams), Therapies (providing a structured, individualised rehabilitation programme through dedicated Occupational Therapy, Physiotherapy, Speech and Language Therapy, and Dietetics input) and designated critical care Pharmacist at the three acute hospital sites	<ol style="list-style-type: none"> <li>1. Improved quality of patient care during critical illness and during the recovery from critical illness</li> <li>2. Improved patient safety and quality of care</li> <li>3. Reduced costs through reduced length of critical care and ward stay, reduced readmission, and decreased longer term healthcare utilisation</li> <li>4. Equity of access to support across North Wales</li> <li>5. Raised staff well-being and retention</li> <li>6. Clinical staff (in particular critical care nursing staff) able to concentrate on core clinical activity</li> </ol>	Executive Medical Director	30th June - 30th September Development of Business Case	Financial resources Ability to recruit/skill staff Failure to meet national standards and recommendations Prolonged length of patient stay Increased length of time for patients to regain independence Increased dependence of critical care and hospital discharge Inequitable access to clinical psychology and therapy services across North Wales Clinic cancellation due to lack of dedicated nursing staff resource	Business Case to be approved. Circa £1M revenue funding for	Y	CSE & Board
					The provision of robust and consistent staffing within 'medical' critical care roles by recruiting experienced critical care nurse or allied health professional staff to advanced clinical practice roles at the three Acute Hospital sites			31st December Business Case submitted for internal sign-off and approval				
								31st December/31st March Development of a programme plan, recruitment ready for implementation 2022				
Y	C1	COVID-19 response	TTP Programme Director	Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy	Government contracts with an external provider to provide Regional and Local Testing sites – two and four respectively across the region. Note: Government contract with another external provider to provide mobile testing units (MTUs). MTUs move across the region including to more remote areas. Activity is monitored for every unit in conjunction with epidemiology reports. To work strategically with partners to agree the most appropriate deployment of the mobile testing units.	PCR testing needs to be undertaken as rapidly as possible for anyone demonstrating Covid symptoms and for cases where the TTP service has recommended a test. The authorised identification of positive cases will help to ensure transmission of the virus is reduced, or prevented. The desired outcome is to minimise and eliminate transmission of Covid.	Executive Director of Public Health	Measure through capacity and Turnaround Times. Immediate and to be continued through to 31st March – capacity to be reviewed on receipt of regional modelling from the national team and not expected to be reduced before 31/3/22.	Inadequate testing capacity – risk that positive cases are either not identified or not identified in a timely manner. Risk is increased transmission. Access to testing – if tests are not accessible, population may be deterred from testing. Public perception, and the need to reiterate core messages (e.g. only essential travelling outside the UK)	COVID Funded	Y	PPPH & Board
	C1			Testing capacity located across the region to ensure the volume of testing sites are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive. Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy, currently manage the distribution across the Health Board and LFO collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh		MTUs are used to move around the region Testing more remote communities to improve access to testing. 2. – responses to outbreaks and the requirement to rapidly test. The speed of testing. The desired outcome is to minimise and eliminate transmission of Covid.	Executive Director of Public Health	Immediate and to be continued through to 31st March – capacity to be reviewed on receipt of regional modelling from the national team. No plan to reduce capacity.				



	R14			Development of proposals to manage the backlog of planned care in the primary care sector	MCS ref: • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • All elective activity • Urgent cancer OPD referrals • Urgent non-cancer OPD referrals	Executive Director Nursing & Midwifery	30th June	Primary care unable to cope with additional demand relating to queues and supporting patients whilst they wait				
	R14			Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement		Executive Director Nursing & Midwifery	31st March					
Y	R16	Recovering access to timely planned care pathways	Asst Director Primary Care & Community Services, supported by Academy Manager	Further development of the Primary and Community Care Academy	PACCA Business Case finalised	Supporting the further implementation of the primary care model in Wales, leading new ways of working and innovation in primary care.	Executive Director Primary & Community Care	30th June	Risk to implementation: Approval of Business Case and allocation of additional funding	Performance Fund	Y	Board & QGBE
	R16			Planning for all programmes, with the completion of the delivery plan 2021/22 (subject to funding), to include:	Further integrated working with the Strategic Programme for primary care and HEIW Promotion of North Wales as a place to train team and work, particularly in relation to primary care professionals, with targeted recruitment initiatives.	Executive Director Primary & Community Care	30th June	Risk if not implemented: Academy not further developed and unable to meet the needs of primary care, both to support innovation but also improve recruitment and sustainability (as a response to the BMF)				
	R16			Training Hub established and posts advertised	(Subject to business case approval), increased numbers of advanced practitioners working in primary care settings	Executive Director Primary & Community Care	30th September					
	R16			Level 7 Vocational Education Programme in place	Support the sustainability of GMS Primary Care through the development of training posts supplementary to the cohort established to develop a cohort of practitioners who are Primary Care ready	Executive Director Primary & Community Care	30th September					
	R16			Community Pharmacy training Programme - 30th September and 31st December due to timing of taught modules at University	Supported primary care internships, including Physicians Associates	Executive Director Primary & Community Care	31st December					
	R16			Evaluation Lead and Research Development appointed	Deliver a range of development, training and education programmes to support the development of clinical and non-clinical practitioners	Executive Director Primary & Community Care	30th September					
	R16			Trainees in post and commencing education programmes / ongoing evaluation of training hub	Increase skills and knowledge in Community Pharmacy to meet population need and develop services that can be provided closer to home via an alternative primary care contractor	Executive Director Primary & Community Care	31st December					
	R16			New Cohort of Practitioners to join Vocational training Programme	MCS ref: • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • In-hours GP demand v capacity: number of community pharmacies at escalation level 3 and 4	Executive Director Primary & Community Care	31st December					
	R16			Further development and testing of competency framework		Executive Director Primary & Community Care	31st December					
	R16			End of year report		Executive Director Primary & Community Care	31st March (published 22/23)					
Y	R17	Recovering access to timely planned care pathways	Programme Lead for Dental Academy	Development of a North Wales Dental Academy, to include a training unit, GDS and CDO provision	Robust programme governance arrangements were established in 2020/21	Increase a number of dentists trained and working in north Wales	Executive Director Primary & Community Care	30th June	Risk to implementation: Procurement of appropriate provider Ongoing capacity restrictions due to IPAC/covid	Primary Care	Y	Board & QGBE?
	R17			Advertise the contract	MB This is difficult to provide a definitive level of activity as we are delivering a totally new model (to Wales/UK) for the delivery of services and pushing the boundaries of Contract Referrals. Any further cost surge will also impact on this given the strict IPAC required for dental services.		30th June	Risk if not implemented: Poor dental access Ongoing challenges in attracting dental practitioners to north Wales				
	R17			Award to preferred provider	Once a preferred provider is appointed additional clarity will be provided, specified activity/targets are not set in the contract, but asked the provider to define innovative delivery methods and with activity targets to be agreed. Further detail will be available in Spec/CP2.21		30th September					
	R17			Seek Board & WG approval to award preferred bidder	MCS ref: • Number of AGPs • Number of courses of treatment		30th September					
	R17			Commission facility	Also improvement to dental access targets over time (see notes above)		31st March					
Y	R18	Recovering access to timely planned care pathways	Asst Director Dental Services	Implementation of the dental contract reform (as directed by Chief Dental Officer/Wales Government)	Implemented by the dental contracts team as a core priority	Delivery of all Wales model of dental care	Executive Director Primary & Community Care	31st March	Risk to implementation: Ongoing IPAC restrictions due to C-19 Risk if not implemented: Not able to demonstrate delivery of national contract requirements	Primary Care	Y	Board & FP/OT?
	R18				MCS ref: • Number of AGPs • Number of courses of treatment	Utilise all aspects of the contract in a flexible manner and deliver increased access, improved responsibility in oral health outcomes, better patient outcomes from a dental led, whole system delivered effort.						
Y	R19	Recovering access to timely planned care pathways	Asst Director Dental Services	Commission additional general dental provision	Undertake non-recurrent procurement exercise with GDS contractors, commissioning services that will replace lost activity.	Access provision for new patients is expected to continue to increase as GDS services continue to remodel, although the capacity to accommodate new patients is likely to become more limited during the second half of the year as services become saturated and the patient demand for resumption of routine normal services grows.	Executive Director Primary & Community Care	31st December	Risk to implementation: Ongoing IPAC restrictions due to C-19 GDS capacity Risk if not implemented: Unable to improve access to dental services	Primary Care and Performance Fund	Y	Board & FP/OT?
	R19			Increase provision of Urgent and Emergency sessions along with sessions specifically targeted at high needs patients who have traditionally had difficulties accessing GDS services	Deliver CDO expectations for provision of access for new patients across the WB of 1,500 new patient/week for at least 30th June and 30th September (noting that anyone not treated in the preceding 12months is classified as a new patient)		Executive Director Primary & Community Care					
	R19				MCS ref: • Number of AGPs • Number of courses of treatment							
Y	R2	Recovering access to timely planned care pathways	Assistant Director for Pharmacy and Medicines Management (West)	Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan	Update of the enhanced service for community pharmacy, including relaunch of Tier one that supports medicines management in care homes.	Effective medicine management via pharmacist to support reduction in admissions to hospital, including improved medicines reconciliation on discharge and reduced readmission of patients due to medicines related harm	Executive Director Primary & Community Care	31st March	Risk to implementation: Restrictions relating to IPAC Community Pharmacy capacity	Primary Care	Y	Board & PPPH or QGBE?
	R2			A national review of the specification of the service has commenced led by the All Wales Consultant Pharmacist for community health care.	Supports improved patient outcomes and quality of care.		Executive Director Primary & Community Care		Risk if not implemented: Poor patient outcomes and increase in medication incidents			
	R2			Increase provision of Discharge Medication Reviews for patients resident in care homes.	Reduction in medication errors/incidents within the care homes.		Executive Director Primary & Community Care		Increase in hospital demand			
	R2			Commission level 1 service that will support medicines management governance and safe use of medicines within care homes. This covers: • Patient entered care • Transfer of care • Monitoring and review	Increase number of care homes having received level 1 support and completed an action plan. By proxy this will reduce medication errors in care homes. (NB this data is not held by the health board, CSDM will be approached to advise)		Executive Director Primary & Community Care					
	R2				MCS ref: • Care Homes DES • Emergency admissions							
Y	R23	Recovering access to timely planned care pathways	Clinical Director Audiology and Head of Adult Audiology	Delivery of advanced practice audiology in primary care and provision of Ear Wax Management Services (subject to business case approval / additional funding)	Extension of the advanced practice audiology scheme and implementation of earwax management service across north Wales (subject to business case approval / additional funding)	Compliance with Welsh Health Circular for Ear Wax Management	Executive Director of Primary & Community Care	31st March	Risk to implementation: Timely approval of business case and confirmation of funding Risk if not implemented: Non-compliance with WHC Unable to support primary care demand & capacity, and delivery of improved access	Performance Fund	Y	Board & PPPH
	R23				Improved capacity for ear wax management and subsequent reduction in patient concerns							
	R23				Improved patient outcomes and access to specialist services 'closer to home'							
	R23				Support for GP practices to manage audiology demand							
	R23				MCS ref: In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4							
Y	R13	Improved unscheduled care pathways	Asst Director Primary Care & Community Services, supported by Asst Area Directors Primary Care	Development of urgent primary care centres as patientfunders, feeding into the national programme of work for primary care.	Presentation to WG of patientfunder proposals for 2021/22 to secure additional funding for current patientfunders (East & Central Areas)	Additional urgent primary care capacity in place to support practices and emergency department service delivery	Executive Director Primary & Community Care	30th June	Risk to implementation: Capacity to deliver patientfunders Recruitment of multi-disciplinary workforce	Performance Fund (for West Area) and WG UPCC grant (subject to approval)	Y	PPPH & Board
	R13			Further development of UPCC patientfunder in East Area covering 6 districts	Monthly activity levels are included in the KPIs, estimated in East Area 1200-1800ppn, Central Area 1000ppn		Executive Director Primary & Community Care	30th June	Confirmation of funding			
	R13			Commence UPCC patientfunder in North Denbighshire in partnership with mental health third sector	Improved patient satisfaction.		Executive Director Primary & Community Care	30th June	Recruitment to short term posts			
	R13			Development of proposals/business case for a UPCC patientfunder(s) in West Area	Timely access to services in response to on the day demand		Executive Director Primary & Community Care	30th June	Links with 111 and GPOOH as they also change during this period			
	R13			Implementation of UPCC(s) in West Area (subject to approval/funding)	Integrated working with the unscheduled care programme, including 'phone first' and the implementation of 111.		Executive Director Primary & Community Care	30th June	Risk if not implemented: Unable to meet patient demand for unscheduled care in primary and secondary care.			
	R13			Participation in national evaluation of all patientfunder UPCCs, with recommendations for a future model of care.	MCS ref: • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • A&E attendances		Executive Director Primary & Community Care	31st December				
	R13						Executive Director Primary & Community Care	31st March				



	R1.3				Local review of UPCC pathways, including cost benefit analysis to determine future requirement for north Wales		Executive Director Primary & Community Care	31st March						
Y	R1.1	Improved unscheduled care pathways	Community Services lead	Implementation of Single Care Home Action Plan	Development and Implementation of the Quality Assurance Framework	<ul style="list-style-type: none"><li>All residents in a North Wales Care Homes receive safe, high quality and equitable care at all times.</li><li>The Health Board is able to commission services that are fit for purpose, with a focus on improving health, reducing health inequalities, prevention, early and timely intervention and excellent health care.</li><li>Ensure that residents' (patients are cared for in the most appropriate setting, providing improved patient experience where safe and viable.</li><li>Enhancing the quality of life for people with care and support needs.</li><li>Safeguarding and protecting their available lives.</li><li>Ensuring that people have a positive experience of care.</li><li>Strong commissioning processes that gives high quality of care as well as value for money.</li><li>Ensure enhanced based practice and improved quality outcomes.</li><li>Delivering and reducing the need for care and support, Reduction of unplanned admissions and attendance to ED, Reduction in falls, Pressure Ulcers, safeguarding referrals, medication errors, infection outbreaks.</li><li>Targeted interventions in areas of inequality and deprivation.</li><li>Improved recruitment and retention in care homes. Improved access to joint training and education, Reduction in care homes being managed through Escalating Concerns.</li></ul>	Executive Director Primary & Community Care	30th June - Secure Funding for additional Quality Posts. Questionnaire to partners. Held two workshops to agree components of the QAF. Draft QAF by end of 30th June. Return to Quality Posts.	Capacity of team, potential of further Covid outbreaks	Market stability and viability of the care home care sector		Y	Board & QSE	
	R1.1							20th September - Conclude recruitment and undertake engagement with providers and key stakeholders.						
	R1.1							31st December Refine QAF and commence Implementation.						
	R1.1							31st March Full implementation						
Y	R1.2	Improved unscheduled care pathways	Assistant Area Director (AAD) - Intermediate Care & Specialist Medicines and AADs of Community Services	Transformation of Community Services - Home First Bureau	Development and implementation of a Home First Team in line with Home First Bureau Business Case.	<p>Discharge to recover and assess is a National programme of work. National measures agreed and reported since March 21 in order to start collecting the baseline information.</p> <p>National measures reported since March 21</p> <ul style="list-style-type: none"><li>Measure 1 - No. of people transferred on to each DORA pathway.</li><li>Measure 2 - % of those transfers that took place within 48 hours of decision being made.</li><li>Measure 3 - % people transferred to a DORA pathway a co-produced recovery plan in place.</li><li>Measure 4 - % of people transferred out of DORA pathway to usual place of residence.</li><li>Measure 5 - % of people readmitted to hospital within 28 days (post DORA pathway).</li></ul> <p>Benefits</p> <ul style="list-style-type: none"><li>Reduction in unnecessary admissions into hospital.</li><li>Improved patient pathway with minimal delays.</li><li>Patients receiving care at home rather in hospital.</li><li>Improved patient flow to maximise acute bed capacity.</li><li>Improved patient experience and more joined up care.</li></ul>	Executive Director Primary & Community Care	30th June - Baseline data being collected. 30th June - Review of Home First Bureau	TTThe DORAR Investment in the Central Area has focussed on the provision of additional HCA staff, working over 7 days. Early evidence is demonstrating how these staff are enabling more care to be delivered in patients' homes. There is insufficient funding to maintain the posts for the full year.	Performance Fund		Y	Board & PFO?	
	R1.2				Resist to the staffing model outlined in the business case (confirmation that this has been approved is required).		Executive Director Primary & Community Care	30th September - Review of baseline data	ICF funding not guaranteed post March 2022. Risk of staff leaving if contracts can't be renewed and notice having to be given to some staff	Longer stays in acute and community hospitals				
	R1.2				Consolidation and mapping all of our resources to support discharges including CHC, HFB, Frailty, DORA, therapies and CRT.		Executive Director Primary & Community Care	30th June - Training and education across system. 30th September - Gap analysis and recruitment 31st March - Ongoing monitoring						
	R1.2				Fully implement Discharge to Assess capacity within the community.									
	R1.2				East - Development of pathways out of hospital to support DORA - e.g. EMU pathways.	Discharge Medicines review to be completed by community pharmacy to enable medicines reconciliation at charge of care setting in line with NICE guidance.	Executive Director Primary & Community Care							
	R1.2				Pharmacy support needs to be included as part of the CRT. To support domiciliary and care homes to administer medication safely to people in their own homes. Supports care closer to home.									
Y	R1.3	Improved unscheduled care pathways	AAD Community Services West	Transformation of Community Services - Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care.	COTE linked to CRTs and MDTs at pre crisis point (West only).	<ul style="list-style-type: none"><li>Post impact of COTE support within CRTs (West)</li><li>Supports the expansion of Community Transformation work beyond South Wrexham.</li></ul>	Executive Director Primary & Community Care	Ongoing	Short term cost pressure whilst services cross over. Risk we won't have the funding. Can't recruit the right type of resources	Core Funding		Y	Board & QSE	
	R1.3				Develop innovative workforce models to reduce risk of COTE consultant vacancies - eg nurse consultants, therapy consultants (East)	<ul style="list-style-type: none"><li>Sustainable COTE workforce.</li></ul>	Executive Director Primary & Community Care	30th June - workforce review 30th September/31st December - extend MDT model from South Wrexham to Central Wrexham and NWV.						
	R1.3				YG & YOC Frailty units established and staff recruited	<ul style="list-style-type: none"><li>Improved patient care and avoiding unnecessary hospital admissions or increased lengths of stay.</li></ul>	Executive Director Primary & Community Care	Centre - 30th June - design 30th September - Recruit 31st December - Implement 31st March - monitor						
	R1.3				Frailty model embedded into community services and intermediate care approach to utilise step-down beds from primary care more consistently. Partnership working with LAs for Marketfield step-down beds (East).	<ul style="list-style-type: none"><li>Discharge Medicines review to be completed by community pharmacy to enable medicines reconciliation at charge of care setting in line with NICE guidance.</li></ul>	Executive Director Primary & Community Care	East 30th June Marketfield						
	R1.3				Inclusion of pharmacy requirements for frailty units (nurses, ED and SDEC (and all other clinical developments) in all three acute sites as part of the MDT team.		Executive Director Primary & Community Care	West - YG Frailty unit - on hold, funding not confirmed. Led by acute.						
	R1.3						Executive Director Primary & Community Care	West Frailty model in place						
Y	R1.5	Improved unscheduled care pathways	Community Transformation Regional Programme Manager	Community Services Transformation Programme: Continued implementation of regional and area-level transformation plans, aimed at developing place-based, integrated models of care and support increasing skills and capacity within primary care, community health and social care to deliver care and support in people's own homes and communities.	<ul style="list-style-type: none"><li>Joint programme with Local Authorities in order to: Expand and strengthen Community Resource Teams so as to meet the needs of the local population.</li><li>Strengthen place-based working through the development of integrated health and social care localities, leadership and governance.</li><li>Develop an integrated workforce model able to deliver increasingly complex care within the community.</li></ul>	<ul style="list-style-type: none"><li>Better and more seamless, integrated care and support within the community, that delivers what matters to people in North Wales, by strengthening community services (including primary care, community health, social care and the third sector), and working in partnership with partners a shift towards prevention, early intervention, and well-being. This in turn will support demand management for secondary care services and voluntary sector care.</li><li>Integrated working will ensure the better co-ordination of services, reduce duplication and waste and ensure that care and support is delivered at the right time, in the right place and by the right person.</li></ul>	Executive Director Primary & Community Care	30th June-31st March- ongoing implementation of regional and area-level programmes of work	Short-term Transformation and ICF funding not aligned to longer-term delivery timescales for change. Risk that programme momentum may slow once grant funding ceases.	WG Transformation Fund	Y	Board & PPHH		
	R1.5				Strengthen the role of digital technology in delivering future, focused and person-centred care	<ul style="list-style-type: none"><li>Integrated working will ensure the better co-ordination of services, reduce duplication and waste and ensure that care and support is delivered at the right time, in the right place and by the right person.</li></ul>	Executive Director Primary & Community Care	West - MDTs established in Ynys Môn and Arfon - still out to tendering areas by 31st December						
	R1.5				Expand the role of the community and third sector in delivering 'what matters' programme		Executive Director Primary & Community Care							
Y	R1.7	Improved unscheduled care pathways	Assistant Area Director - Primary & Community Care	Increased capacity within CRTs to support patients to be cared for in their own homes.	Employ additional HCBWs within CRTs in the Central Area, working from 7.30am to 9pm, 7 days per week.	<ul style="list-style-type: none"><li>Patients needing additional short-term care in their own homes can be supported, avoiding unnecessary hospital admission.</li><li>Patients no longer requiring acute care can be discharged to recover in their own homes.</li><li>Patients with increased care needs, for example double handed care visits, can be discharged earlier/ avoid admission to hospital while recovering or awaiting an increase in their package of care.</li><li>Increased number of patients wishing to die at home can be supported to do so.</li><li>Reduced demand on acute and community hospital beds.</li></ul>	Executive Director Primary & Community Care	30th June: Staff recruited with Winter Planning process to continue in post, linked to CRTs. Data collection  30th September: Evaluation of service and business case to secure ongoing funding and contingency planning for exit strategy  31st December: subject to funding, recruit and deploy additional HCAs to support care delivery outside hospital  31st March Secure permanent funding, subject to further evaluation	Risk that there is insufficient capacity of other CRT staff and GPs to provide care (capacity put in place as GPs and DRs have said that they can manage more people at home with sufficient support staff, so currently, not an issue)  Risk that NHS HCBWs are increasingly relied upon to provide domiciliary care where Dom Care Agency services are not available	FYE E1.046n	Y	Board & PPHG (in support of reducing DTICs)		
	R1.7				Use additional capacity to facilitate provision of care and support in patients' homes	<ul style="list-style-type: none"><li>Contribution to reduced LOS.</li><li>Contribution to reduced DTIC.</li><li>Contribution to BCU implementation of DORAR pathways.</li><li>Improved patient experience (being cared for at home, rather than in hospital).</li><li>(Continuation of scheme implemented in Winter 2021, which has increased capacity in Enhanced Care services and, with the Home First Bureau, contributed to a 40% increase in patients cared for in community hospital being discharged home instead).</li></ul>	Executive Director Primary & Community Care							
Y	R1.7		Children & Young People Area Director	Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme.	<ul style="list-style-type: none"><li>Two year improvement plan. A maturity matrix approach has been developed and agreed to support transformational change required, enabling an organisational focus on improvement priorities.</li><li>Strategic &amp; Sustainability Workforce Enhanced Care Pathways</li><li>Acute Treatment &amp; Participation</li><li>Psychological Therapies Provision Transition</li></ul>	<ul style="list-style-type: none"><li>Strengthened Regional leadership capacity and enhanced Regional governance embedded across services.</li><li>Development of long term CAMHS Strategy with clinical, stakeholder and public involvement.</li><li>Crisis care teams further developed to support children and young people presenting in crisis, regarding self-harm, suicidal ideation and acute mental health difficulties.</li></ul>	Executive Director Primary & Community Care	30th June - Baseline assessment	Timely allocation of Funding to implement Regional Transformation Structure. Workforce recruitment to deliver	Performance Improvement Fund & WG MH Funding Allocation	Y	Board & QSE		
	R1.7					<ul style="list-style-type: none"><li>Crisis care teams further developed to support children and young people presenting in crisis, regarding self-harm, suicidal ideation and acute mental health difficulties.</li></ul>	Executive Director Primary & Community Care	30th September - Developed Improvement Framework and structure		Performance Improvement Fund & WG MH Funding Allocation				
	R1.7					<ul style="list-style-type: none"><li>Improved Access to services for assessment and intervention to meet Mental Health measure targets</li></ul>	Executive Director Primary & Community Care	31st December - 31st March & Ongoing WAM - 31st March	Risk that NHS HCBWs are increasingly relied upon to provide domiciliary care where Dom Care Agency services are not available					
Y	R2.1	Improved unscheduled care pathways	Unscheduled Care programme lead	Emergency Department access and patient flow (Wish Access Model/ Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)	<ul style="list-style-type: none"><li>Wish Access Model implemented and access principles and priorities adopted across all sites - emergency department access pathway to include a 'Contact First' system, 'Breathing Life' and 'Wish &amp; Care System' leading to more efficient navigation of patients</li><li>Pioneering key performance indicators verified and published for each site - 'Time to Triage', 'Time to Clinician', 'Outcome'</li></ul>	<ul style="list-style-type: none"><li>Improved clinical outcomes by EDs through focus on efficiency and effectiveness to reduce time to triage and time to diagnosis.</li><li>Improved patient experience and quality of care within ED through a standardised pathway and direction to the most appropriate department in a timely manner - in line with the Welsh Access Model.</li><li>Enhanced engagement of ED workforce.</li><li>Increased use for more advanced from ED funding through innovation, improvement, adoption of good practice and eliminating waste.</li><li>Reduced patient harm from ambulance journey to the right healthcare professional first time and improved health outcomes through effective triaging methods.</li><li>Reduced patient experience in ED waiting times and ED costs.</li></ul>	Executive Director Nursing & Midwifery	31st March Implementation  WAM - 31st March  KPMs - Complete, although will be periodically published throughout 2021/22 - 30th June, 30th September, 31st December, 31st March	Funding of improvement support workforce - funding has now been confirmed through the National IDOQIP Team until March 2022.	Performance Fund	Y	Board & PPHG		



	E1				National Enablers for Service Improvement (NESIs) – Collection, analysis and evaluation of patient and staff feedback, with findings being fed into internal Health Board improvement groups to support service development initiatives	experience. • Improved staff experience through analysis of qualitative feedback to inform changes in the department. • Improved patient safety and experience through implementation of a number of pathway improvement projects that focus on reducing delays and directing the patient to the right clinical outcome first time. • Reduced harm, improved patient experience and improved flow from utilisation of pre hospital pathways where appropriate. • Improved quality, reduced variation as a result of a standardised suite of Guidelines to ensure the same high standard of care regardless of where patients access services • Improved quality and value as a result of a reduced number of unnecessary or duplicated investigations leading to efficiency savings • Improved patient experience and reduce harm from managing patients to alternative services before they enter the system for triage. This proactive approach to patient management will ensure patients receive the correct care option in the most appropriate setting in a timely manner, while reducing the demand on ED.	NESIs PE – Ongoing through to 31st March SE – Ongoing through to 31st March							
	E1				Implementation of Pathway Improvement Projects (PIPs) for: ambulance handover & triage; clinical guidelines; negotiation, and engagement to achieve CAREMORE standards. This will involve completion of scoping documentation and establishment of local working groups by 30th June. The programme of work and actions agreed nationally in place by 30th September. Pilot of PIPs across three BCU sites within 31st December and data Analysis & Evaluation (Local & National) within 31st March		PIPs: All to be in place by 31st March							
Y	E2	Improved unscheduled care pathways	Unscheduled Care	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	Established acute and community surge plans	• Prevention of harm by ensuring patients only stay in hospital for the appropriate amount of time	Executive Director Nursing & Midwifery	30th September	Workforce recruitment	Core Funding / WG Funding		Y		Board & FPiG
	E2				Specific winter schemes implemented to meet increased demand during Winter as well as Covid19 demand	• Improved patient safety and experience through facilitation of efficient and safe discharges to the most appropriate environment		30th September						
	E2				Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22			30th September						
Y	E3	Improved unscheduled care pathways	Unscheduled Care programme lead	Same Day Emergency Care (SDEC)	Further develop and establish SDEC models across the 3 acute sites to better manage urgent care demand into a more scheduled way	Aligned to USC improvement programme • Improve patient / staff experience and reduce harm through avoiding unnecessary ED attendances / delays • Improve patient experience through being seen by the right healthcare professional first time • Maximise use of ambulatory care / SDEC service to ensure patients are only admitted when absolutely necessary • Efficient flow across the whole system will improve patient & staff experience, improve quality / reduce harm	Executive Director Nursing & Midwifery	30th September	Workforce recruitment	WG Funding through additional USC allocation (recurring)		Y		Board & FPiG
Y	E4	Improved unscheduled care pathways	Unscheduled Care programme lead	Developing the unscheduled care hub, 111 service	Implementation of 111 in north Wales to integrate call handling and nurse assessment functions of GPOOH and NREd into a single service. 111 will provide public facing access to urgent health information, advice and signposting for onward care.	Aligned to USC improvement programme • Improve patient safety, experience and clinical outcomes through timely transfer of information to support clinical decision making and care • Minimised duplication in assessment processes • Support delivery of services closer to patients home and improve self care rates • Support for patients to choose the right service at the right time • Reduced pressure on emergency care services and improved patient flow through reduced unnecessary ED attendances • Efficient service delivery with improved direction to alternative services	Executive Director Nursing & Midwifery	30th June - Phase 1	Workforce	HB allocation of National 111 programme		Y		Board & FPiG
Y	E6	Improved unscheduled care pathways	Unscheduled Care programme lead	Implement Discharge to Recover & Assess (DORA) pathways through further development of Home First Business in each area	Further develop and embed the Home First Business to support development of DORA pathways following Executive approval of business case and support the step up and step down model of care in the community, to both avoid admission and support early discharge for medically stable patients	Establishment of Home First Business in each area to support discharge planning: i) reduce delayed discharges ii) reduce unnecessary waits for assessments in hospital iii) reduce DTCCA iv) increase in number of patients returning home v) increase in short term step-down placements vi) reduction in long term placements vii) increase in assessments of patients post discharge leading to viii) shorter lengths of stay and releasing beds ix) improved patient flow across USC system  This work is aligned to the USC improvement programme • Improve flow across the whole USC system through implementation of relevant discharge pathways and reduced patient delays • Improved patient safety and experience through facilitation of efficient and safe discharges to the most appropriate environment • Reduce harm by reducing patient length of stay to minimum	Executive Director Nursing & Midwifery	31st December	Workforce/Recruitment			Y		Board & FPiG
Y	E7	Improved unscheduled care pathways	Unscheduled Care programme lead/ Area Director East	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	Development of business case to improve stroke services across a whole system approach that will provide a "One for North Wales" network approach to ensure consistency of clinical outcomes for Early Supported Discharge and Specialist Integrated Community In-patient Rehabilitation services. Phase 1 service proposal focuses on: Prevention including improved AF detection	The outcomes have been adapted from the WG Stroke Delivery Plan and cover the six • Improve patient safety and experience through timely transfer of information to support clinical decision making and care • Better management of AF, better, effective acute care and Rehabilitation • Better management of AF and the Health Board's multi and third Being Strategy of weight loss and smoking cessation  Improved patient outcomes through: • Reducing the risk of stroke through the prevention pathway • Improving quality of life through an improved 72 hour Acute pathway and Specialist Rehabilitation with ESD and inpatient beds • Improving quality of care and patient experience through an improvement in the total pathway • Reducing disability through an improved 72 hour Acute pathway and Specialist Rehabilitation with ESD and inpatient beds • Improving survival rates through an improved 72 hour pathway • Reduced overall costs • Improve Sentinel Stroke National Audit Programme and related performance criteria • Improve compliance with Stroke Guidelines (Royal College of Physicians recommendations) • Reduced disability and reliance on social care • Improved prevention through reduced risk of another stroke • Improved patient safety and outcomes through timely swallowing assessments; improved access to occupational therapy, physio therapy, speech and language therapy interventions • Improved patient experience through early supportive discharge processes • Improved staff experience with improved recruitment and retention of specialist staff  Measures of patient experience and outcomes will be aligned to the standards for stroke care throughout the pathway.	Executive Director Nursing & Midwifery	Stroke Prevention – 30th September	Affordability of the new model Workforce recruitment & retention Ability to maintain 65% & 65% occupancy rates Suitability of estates to provide an appropriate rehabilitation environment	Performance Fund	Y		Board & FPiG	
	E7				Strengthening of acute services across 3 DOH sites, including improved OOH pathway for diagnosis, treatment and recovery			Acute services – 30th September						
	E7				Development of Early supported discharge (ESD) across the 3 areas			ESD – 30th September 20% / 31st December 70% / 31st March 100%						
	E7				Specialist community inpatient rehabilitation beds across the 3 areas			Specialist Community inpatient beds – 30th September						
	E7				A consistent approach to Stroke Rehabilitation across all sites in proportion of confirmed stroke patients receiving specialist rehabilitation and length of stay			Consistent approach to rehabilitation – 31st March						
Y	R26	Strengthen our population health focus	Assistant Area Directors for Children's Services	Non-dependant (ND) improve access to services to meet WG 26 weeks assessment targets and further develop early intervention post diagnostic services.	Implement ND Performance 2 year improvement Plan.	Improved access for Children and young people with reduced waiting times.	Executive Director Primary & Community Care	20th June – Baseline assessment	Allocation of Funding	Performance Fund	20th September	Y		Board & QSE
	R26				Management and review existing waiting list and plan to reduce waiting times within core capacity and commissioning of private provider to reduce backlog	Service offer post assessment & treatment / intervention.		20th September – Improvement Plan and structure to deliver agreed.	Timely agreement of Full Tender for external provider to support backlog.					
	R26				Develop Workforce Strategy and plan, recruit and implement new model of working	Work with National group to develop cases for service post assessment.	Executive Director Primary & Community Care	31st December/4 – Ongoing performance monitoring as ND Regional Steering Group.						
Y	R27	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	Delivery of agreed planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. arthroscopy, lumbar flow therapies and specialist T&O bed provision (including relocation of outpatient therapy provision in Wrexham)	Provide recovery plans for each site for for Cohort 1 & 2 by mid-May. This will include extra capacity, including recruitment and outsourcing and workforce requirements	The recovery plan will reduce by March 2022 all over 52-week waiters, except orthopaedics within cohort 1.	Executive Director Nursing & Midwifery	30th June-Develop and agree a plan	Inconsistent planning Inconsistent trajectories Inability to link finances to trajectory Workforce may not be available to deliver this additionally. Not sufficient resources to clear backlog 1&2 Not treating patients in tot	Performance Fund	Y	Y		Board & FPiG
	R27				Develop a plan for physiotherapy regarding their relocation	Cohort 2 patients (joint backlog) will then be treated reducing/eliminating long waiters and moving the organisation back towards a risk stratified 36 week position Trajectories by mid may for the Cohort 2 reduction in over 52 week waiters		31st March- delivery of cohort 1 with exception of orthopaedics	Unscheduled care disruption to planned care and/or further could outbursts Further urgent demand into the system above core may also require additionally					
Y	R28	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.	P1 and P2 risk stratified patients are treated in order, followed by re-introduction of P3-4 activity. Insourcing and weekend capacity plan.	Will ensure that high risk stratified patients will be treated in accordance with appropriate timelines	Executive Director Nursing & Midwifery	31st December	performance fund		Y	Y		Board & FPiG
	R28				Continually review capacity of external providers to deliver more activity, to support more efficient services	contracting reviewing external capacity on a monthly basis		30th September						
	R28				Introduce super green pathways to protect elective capacity			30th September						
Y	R29	Recovering access to timely planned care pathways	North Wales Musculoskeletal Network Delivery Manager	Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps	Programmes developed to support patients whilst they are awaiting an extended period of waiting	The six-point recovery plan includes schemes to support patients whilst awaiting their procedure, such as Escape from pain and habilitation programmes. These will support healthier living and improve mobility	Executive Director Nursing & Midwifery	31st December	Funding for programme. Workforce to deliver model Patient enable Facilities to deliver the model	Transformational Funding	Y	Y		Board & QSE
	R29				Implement 'Escape from Pain' programme for orthopaedics using digital app for orthopaedics.				requires business case and option appraisal					
	R29				Develop a communication tool	Improve mobility and prevent extended length of stay once ready for their operation. Prevents further complications								
	R29				Introduction of Orthopaedic habilitation programmes to support patients mobility and general health whilst awaiting an intervention									
Y	R32	Recovering access to timely planned care pathways	Hospital management team/Head of Planned Care Improvement	Introducing to support provision of services for cohort 1&2	Tender specification for insourcing	This will provide additional capacity to the organisation in the form of insourcing and outsourcing	Executive Director Nursing & Midwifery	30th June	Tendering process not completed on time unable to allocate the insourcing work due to lack of providers Unable to provide facilities for insourcing company.	Performance funding transformational funding	Y	Y		Board & FPiG
	R32				Outsourcing specification for Orthopaedics	this modelling will allow the organisation to understand, capacity required, cost and trajectories to reduce long waiters in the organisation								



	R10.4				3. Implement the 2022 Revenue Business Development Plans.		Action 3: 31st March							
	R10.4				4. Develop stronger governance systems, for performance and accountability.		Action 4: 31st December							
	R10.4				5. National CISM Peer Review by WYG and Clinical Supervision Resource Mapping		Action 5: 30th September							
Y	M1.1	Integration and improvement of mental health services	Interim Director of Nursing	Quality Improvement & Governance: Implementation of ward accreditation to improve fundamentals of care and leadership.	Proceed in completing ward accreditation by scoring a minimum bronze across all of our inpatient wards.	<ul style="list-style-type: none"><li>• To improve service delivery and experience / outcomes for patients / families / carers by meeting fundamental standards for inpatient nursing</li><li>• To increase the number of wards achieving a bronze award or above</li></ul>	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope programme of work 30th September, agree plan for roll-out 31st December/31st March implement	Links with corporate services and support to deliver	MHLD Revenue	Y	Y		Board & QSE
Y	M1.2	Integration and improvement of mental health services	Interim Director of Operations	Workforce Wellness & Organisational Development: We will enhance leadership within the Division and seek to actively support staff in their workplaces to maintain optimum wellbeing	By further embedding the Wellwss, Work & You Strategy.	To improve the skill mix to address shortfalls in service provision	Interim Executive Director of Mental Health & Learning Disabilities	30th June agree scheme plan		Transformation Funding	Y	Y		Board & QSE
	M1.2				Develop a meaningful communication strategy.	To provide effective recruitment and retention		30th September/31st December/31st March implementation						
	M1.2				Develop a sustainable workforce plan including training to support the service redesign & improvement initiatives	We'll have a safe, sustainable and stable leadership structure								
Y	M1.3	Integration and improvement of mental health services	Programme Director	Albani / YGC MH Inpatient Redesign: We will continue to work with Corporate Planning colleagues to design on the YGC site for the provision of Adult and Older Peoples Mental Health inpatient services in the Central Area.	Progress the business case through gateway reviews and continuation of planning requirements.	To provide services which meet the strategic direction outlined within Together for Mental Health in North Wales and deliver the model of care developed through the Quality & Workforce groups.	Interim Executive Director of Mental Health & Learning Disabilities	30th June	Delay in planning permissions	Capital Investment	Y	Y		Board & QSE
	M1.3					To provide an environment that supports staff to deliver safe, effective care to patients, carers and families; To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery		31st March, dependent on planning permissions outcome						
Y	M1.5	Integration and improvement of mental health services	Medical Director, Head of Nursing CAMHS	CAMHS: We will develop an appropriate interface with child and adolescent mental health services to ensure the most effective transition for young people with mental health conditions into adult services.	Develop effective and timely transition arrangements that support young people into adult services.	To provide a seamless services for patients / younger persons transitioning into Adult MH Services.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, develop improvement plan	Delay in recruitment processes.	Transformation Funding	Y	Y		Board & QSE
	M1.5				Develop effective joint working arrangements between adult mental health, child and adolescent mental health services and local authority professionals	To evidence based data sets, triangulated benchmarking with local data will underpin our work		30th September, agree plan	Availability of skilled and trained staff. Lack of project support.					
	M1.5				In partnership we will develop and implement CYP workforce plan and recruit to specific roles.	To have a clearly defined proposal for model of crisis care		31st December/31st March begin to implement improvements						
Y	M1.6	Integration and improvement of mental health services	Medical Director	Safe & Timely Discharge: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	Develop a process to ensure timely escalation for issues relating to delayed transfer of care, long length of stay and out of area patients	To reduce long length of stay, delayed transfers of care and out of area placements	Interim Executive Director of Mental Health & Learning Disabilities	30th June, review work to date	Frailty of care home sector	MHLD baseline budget	Y	Y		Board & QSE
	M1.6				We will introduce a programme of work across the division to review long length of stay and delayed transfer of care.	To provide care closer to home		30th September, agree plan and begin roll-out						
	M1.6							31st December/31st March, on-going work with adjustments as required						
Y	M1.7	Integration and improvement of mental health services	OPMH Clinical Lead	Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	Work with partners to promote and support initiatives to reduce the risk and delay onset of dementia, including links between hearing loss and dementia.	To have a defined model of care that meets the population demand and is of the highest quality evidence base	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme of quality evidence base	Demographic change.	TBC	Y	Y		Board & QSE
	M1.7				Extend support services so that all with patients with dementia and mild cognitive impairment have access to support, tailored to them, to incorporate the six steps into their daily life.	To improve holistic approach to care To ensure that staff are trained and developed multi-disciplinary staff to provide best quality services for patients		31st December-31st March begin implementation						
Y	M1.8	Integration and improvement of mental health services	OPMH Clinical Lead	Older Persons (OPMH): Development of Crisis care support for older adults (over 70) with an acute mental illness over the age of 70 and people of any age living with dementia.	Work with Area Teams and LA partners, develop a team approach to support care home in order to avoid crisis situations.	To reduce the use of clinically unjustified out of area placements and provide care closer to home	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme with supporting SOPs	Delay in recruitment processes. Availability of skilled and trained staff.	Transformation Funding	Y	Y		Board & QSE & PPHH
	M1.8					To have a clear admission criteria and planned discharge			Failure to recruit.					
	M1.8				Further define a vision for service provision for older person's mental health.	To define model of inpatient care that meets the population demand and is of the highest quality evidence base Improved holistic approach to care								
	M1.8				Define and implement the proposed model of crisis care	To have trained and developed multi-disciplinary staff to provide best quality services for patients		31st December-31st March begin implementation						
	M1.8					To have more people having quicker access to services providing appropriate and timely crisis support to maintain people receiving care in their own homes.								
	M1.8				We will recruit a crisis care team	To reduce avoidable and emergency admissions To provide support to EMI and commissioned care home settings								
Y	M1.9	Integration and improvement of mental health services	Interim Director of Nursing	Early Intervention Psychosis: Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families.	Develop and implement agreed early intervention in psychosis model of care	To provide an equitable service across North Wales	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	Delay in recruitment processes.	Transformation Funding	Y	Y		Board & QSE
	M1.9				Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families.	To provide swift access to dedicated service / practitioner		30th September, begin recruitment	Availability of skilled and trained staff.					
	M1.9				We will recruit to specific workforce dedicated to the service	To provide each patient / family with a crisis and management plan		31st December, integrate in to local teams	Availability of space for resource					
	M1.9				We will develop integrated pathways	To reduce in emergency admissions To reduce bed occupancy and out of area placements To provide a service for younger persons and adults		31st March, evaluate						
Y	M10	Integration and improvement of mental health services	Consultant Psychiatrist	Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.	Develop whole system patient flow pathways.	To reduce placements outside of Wales by providing care closer to home	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan		Likely to require a full business case	Y	Y		Board & QSE
	M10				We will define required establishment and workforce plan.	To strengthen commissioning arrangements More people having quicker access to services		31st December Develop options appraisal						
	M10				We will develop options for secure service provision / service transformation to inform robust service business case.	To have trained and developed multi-disciplinary staff to provide best quality services for patients To strengthen partnership approach to achieving best outcomes for patients / families / carers								
Y	M10.1	Integration and improvement of mental health services	Interim Director of Operations	Learning Disabilities: We will implement the strategy for learning disabilities services in partnership with people with lived experience, their families, health and social care organisations across North Wales and the voluntary sector.	Define the required establishment and skilled workforce.	To provide care provided closer to home and reduce out of area placements	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	Availability of skilled and trained staff.	Healthier Wales & ICF Funding	Y	Y		Board & QSE
	M10.1				We will review and develop commissioning arrangements	To improve patient / carer experience through effective partnership working								
	M10.1				We will further develop fully functioning multi-disciplinary teams to provide best quality services for patients including preventative models of care.	To have trained and developed multi-disciplinary staff to provide best quality services for patients		31st December Develop future options appraisal						
	M10.1				We will define the new model for assessment and treatment and domiciliary care.	To strengthen partnership approach to achieving best outcomes for patients / families / carers		31st March Evaluate work programme to date						
Y	M10.2	Integration and improvement of mental health services	Medical Director	Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.	Work proactively to develop the existing service pathways and ensure alignment to Welsh Government guidance	<ul style="list-style-type: none"><li>• To ensure our services are aligned to Welsh Government guidance</li><li>• To reduce mental illness in the mother and improve the mother-infant relationship</li><li>• To provide regular and on-going training to allied mental health and primary care colleagues to improve the understanding and knowledge of perinatal mental health</li><li>• To have a multi-skilled and specialised workforce to support our patients</li><li>• To provide a modernised service by developing integrated pathways</li><li>• To ensure our services are aligned to Welsh Government guidance</li><li>• To reduce mental illness in the mother and improve the mother-infant relationship</li><li>• To provide regular and on-going training to allied mental health and primary care colleagues to improve the understanding and knowledge of perinatal mental health</li><li>• To have a multi-skilled and specialised workforce to support our patients</li><li>• To provide a modernised service by developing integrated pathways</li><li>• To reduce the need for out of area placements and support care closer to home</li></ul>	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	Delay in recruitment processes.	Transformation Funding	Y	Y		Board & QSE
	M10.2				We will provide dedicated professionals as above would allow a more seamless process, more flexibility	To ensure our services are aligned to Welsh Government guidance		30th September, begin recruitment	Availability of skilled and trained staff. Availability of space for resource					
	M10.2				We will improve access to specialist clinical expertise specifically early intervention and treatment by recruiting additional specialised staff	To reduce mental illness in the mother and improve the mother-infant relationship To provide regular and on-going training to allied mental health and primary care colleagues to improve the understanding and knowledge of perinatal mental health To have a multi-skilled and specialised workforce to support our patients To provide a modernised service by developing integrated pathways To reduce the need for out of area placements and support care closer to home		31st December, integrate in to local teams 31st March, evaluate						
Y	M10.3	Integration and improvement of mental health services	Clinical Lead Occupational Therapist	Primary Care & ICAN: To build on actions from within the Winter Plan and further develop the demand and capacity modelling to continue to review and improve patient flow between primary and secondary care.	Develop locally agreed protocols and project plan with Clusters.	To provide effective and efficient service delivery including released general practitioner time	Interim Executive Director of Mental Health & Learning Disabilities	30th June Engagement with primary care clusters	Availability of skilled and trained staff.	Transformation Funding	Y	Y		Board & QSE
	M10.3				We will recruit key staff members dedicated to support the work	To deliver care at or as close to home as possible		30th June Recruitment of OTs for model across North Wales						
	M10.3				To work with Primary Care Services together with ICAN to offer direct and rapid access to wide ranging support supported by trauma informed approaches at district level.	To provide access to the right information, when needed to improve mental health and wellbeing e.g. number of individuals supported through ICAN community hubs To provide the best possible outcome, diagnosed early and treated in accordance with clinical need To provide staff that are fully engaged in delivering excellent care and support to		30th September Internal and external promotion of ICAN primary care model with GP Clusters and partner agencies						
	M10.3				We will develop a training plan									

[illegible]

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Partnerships, People and Population Health Committee 14.10.21</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Living Healthier, Staying Well strategy – progress update</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Dr Chris Stockport, Executive Director – Primary Care and Community Services						
<b>Awdur yr Adroddiad Report Author:</b>	Sally Baxter Assistant Director – Health Strategy						
<b>Craffu blaenorol: Prior Scrutiny:</b>	An update was given to the Health Board on 28 September 2021.						
<b>Atodiadau Appendices:</b>							
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to receive the update on work underway to refresh the Health Board's long term strategy, <b>Living Healthier, Staying Well</b>							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	<b>X</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
The original Living Healthier, Staying Well strategy (produced in 2018) was supported by a full Equality Impact Assessment. An updated Equality Impact Assessment and a Socio-Economic Duty Impact Assessment will be undertaken for the refreshed strategy when produced, building on the feedback gained during engagement.							
<b>Sefyllfa / Situation:</b>							
The Health Board is required to ensure there is a clear organisational strategy and a supporting clinical services strategy in accordance with the NHS planning framework. These are also requirements under the Targeted Improvement framework. To address these requirements the Board intends to refresh the previously approved long-term strategy, Living Healthier, Staying Well. The refresh of the strategy will inform the development of an integrated three year plan and will provide the framework for the development of the Health Board's clinical services plan.							
Work is now underway to gather resources to feed into the refresh of the strategy, including updating the population health needs assessment which informed the development of the original strategy, partnership priorities, and feedback gained through engagement with staff, stakeholders and the public. This paper gives a brief update on progress to date.							
<b>Cefndir / Background:</b>							
The <b>Living Healthier, Staying Well</b> strategy was approved by the Board in March 2018. It is timely to review and refresh the strategy as three years have passed since publication. The context and environment in which the strategy was produced has also changed. The publication of <b>A Healthier</b>							

**Wales**, subsequent to the production of *Living Healthier, Staying Well*, has set the long-term direction for health and social care in Wales. The Covid-19 pandemic has also had a significant impact on health and well-being for all in our communities, bringing unprecedented challenges, but also opportunities to develop new ways of working.

The proposed refresh of the strategy and the factors driving the need for this were initially discussed by the Board in workshop session in February of this year. These included the need to reflect the changed context, to integrate collaboration with external partners and to ensure the strategy is aligned with other strategic programmes including *Stronger Together*. This was followed by a further workshop session in June which enabled a broader discussion on the themes and priorities within the strategy. Key issues raised included the need for greater focus on:

- prevention and well-being;
- primary care;
- partnership working including with third sector;
- social responsibility and broader determinants of health;
- prioritise compassionate care as well as quality and safety
- above all, plans to be patient- and carer-driven

The need to involve people in the development of strategy and plans was also very clearly highlighted.

The initial strategy was developed following a period of extensive engagement in which a wide range of individuals, patients and carers, staff and stakeholders were involved in co-designing the programmes which make up the strategy, and the final overarching strategy itself.

A further engagement exercise is being undertaken with patients, partners, staff and public to test whether the priorities and principles set out in **Living Healthier, Staying Well** are still relevant, and what else we need to address. Engagement commenced earlier this year through attendance at key groups for open discussions, including internal forums, stakeholder groups and partnership forums. A period of wider engagement was launched on 15 September, facilitated by the engagement team.

The engagement materials are available on the website at <https://bcuhb.nhs.wales/lhsw/>. The team are supporting this with a dedicated email address and telephone line, although it is anticipated much of the discussion will take place through online and social media platforms.

A discussion document has been produced together with Easy Read and BSL versions, all bilingual.

An accessible online tool (a Wakelet) has been set up to provide access to read-out-loud text narrative and translation facilities.

Finally, an online survey has been produced, reflecting the questions in the discussion document. Information regarding the engagement exercise has been shared widely with partner organisations, key stakeholders, community groups (through the engagement team networks) and online including social media. Information was also included in the staff bulletin. In addition, the *Stronger Together* team sent the information and links to the extensive list of staff who had been invited to participate in the *Stronger Together* Discovery phase.

As of 4 October, 211 surveys had been completed and returned, the majority of these are from members of the public, although there are a number also received from staff.

It is very early to draw any conclusive inferences from the survey returns to date, but currently the majority are supportive of the LHSW goals, feeling they are still relevant. A large number, however, have concerns regarding whether the goals as they are written are realistic and achievable.

Engagement will continue throughout October. A further series of meetings and forums are being held, together with two virtual Q&A sessions, and a mid-point review will be undertaken to identify any gaps or issues that need to be addressed.

Further discussion will take place with partner organisations to agree how the refresh of the strategy can be better linked with partnership priorities, including those of the Regional Partnership Board and the Public Services Boards.

### **Asesu a Dadansoddi / Assessment & Analysis**

#### **Goblygiadau Strategol / Strategy Implications**

The initial strategy set out the Health Board's well-being goals as required under the Well-being of Future Generations Act. There is opportunity to update these goals to reflect the changed environment and better align the strategic objectives of the Health Board to the Act.

The refresh of the strategy will support the development of the integrated three year plan and the clinical services plan as described above. The refreshed strategy will need to reflect more closely the quadruple aim, design principles and transformation objectives identified in **A Healthier Wales**, which was published in 2019.

Staff engagement on the strategy has been linked into the "discovery" phase of Stronger Together, the strategic organisation and system development route map for the Health Board.

#### **Opsiynau a ystyriwyd / Options considered**

The potential to undertake a desktop exercise to review and refresh the strategy was not considered viable. The principles of co-design and co-production must be embedded in the refresh so we can listen and respond to the experiences and views of people, their families and carers, staff and partner organisations.

### **Goblygiadau Ariannol / Financial Implications**

Financial implications of the refresh process will be minimal, linked to preparation of materials, staff time for engagement, and any associated costs.

### **Dadansoddiad Risk / Risk Analysis**

There is a risk that the strategy refresh process could conflict with other engagement activities within the Health Board or those of partner agencies. The refresh process is collaborating internally with Stronger Together and externally with partnerships, in particular the Population Needs Assessment, to align activities and minimise duplication or overlap. Feedback gained through the different programmes will be shared to add value

### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

Statutory duties in respect of engagement and potential consultation, including equality duties, will be addressed through the refresh exercise.

### **Asesiad Effaith / Impact Assessment**

Impact assessment will be undertaken as the refreshed strategy is developed. There was a strong focus on equality and human rights considerations in the development of the initial strategy and we will test with stakeholders what we need to do to ensure this is sufficiently embedded, and what we need to strengthen in view of the implementation of the socio-economic duty and the impact of Covid-19 on existing and new inequalities.





<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Partnerships, People and Population Health Committee 14.10.21</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Developing the People &amp; Organisational Development Strategy and update on improvement from NHS Wales Staff Survey 2020</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Sue Green, Executive Director Workforce & OD						
<b>Awdur yr Adroddiad Report Author:</b>	Ellen Greer Acting Associate Director of OD Nia Thomas Head of OD Joy Lloyd Senior OD Manager						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Board Workshop – 7th October 2021 Health Board meeting on the 15th July 2021 Strategy, Partnerships & Population Health Committee -10 <sup>th</sup> December 2020 and 15 <sup>th</sup> April 2021, 17 June 2021.						
<b>Atodiadau Appendices:</b>	Appendix A NHS Wales Staff Survey update						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to note the content of this update report							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input checked="" type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>Y</b>	
<b>Sefyllfa / Situation:</b>							
<p>This paper provides the PPPH Committee with a further update on the development of the People &amp; Organisational Development Strategy 2022 – 2025 informed by the discovery undertaken as part of Mewn Undod mae Nerth/Stronger Together and with the purpose of enabling the delivery of the Health Board's long-term Living Healthy, Staying Well strategy and as a result our overall purpose.</p> <p>In addition, it appends an update on progress against the priorities identified in response to the NHS Wales Staff Survey 2020. Whilst the method of delivery and monitoring progress against these actions has changed as a result of our commitment to Mewn Undod mae Nerth/Stronger Together, it is important for us to provide assurance to the Committee and Board that these actions have and continue to be pursued.</p>							
<b>Cefndir / Background:</b>							
<p>In 2019, the Health Board approved the organisation's first 3 year Workforce Strategy. The purpose set out within the strategy was:</p> <p>"To enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance"</p>							

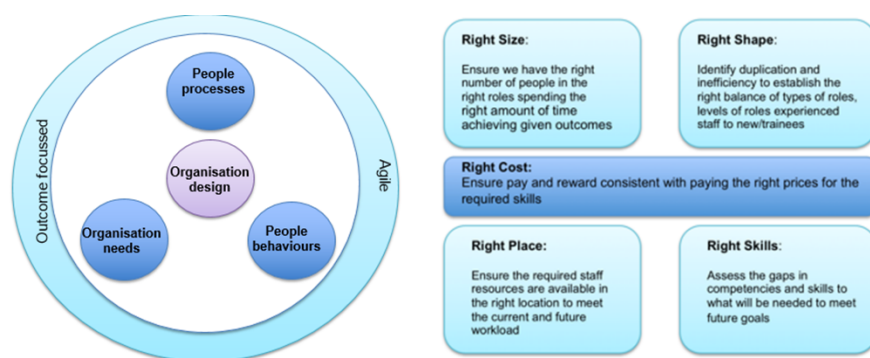
The central tenet of the strategy recognised that a talented and aligned workforce is crucial in bringing our strategic priorities set out within Living Healthier Staying Well to life and ensuring we deliver on our objectives.

Getting it right delivers significant improvements, including:

- better quality and outcomes and less avoidable harm through a more skilled and innovative workforce;
- better productivity – through workforce alignment to the common purpose and operating model;
- value improvement and cost reduction – through ensuring the workforce is the right size;
- higher quality and timeliness of customer delivery, greater staff engagement, retention and lower levels of stress; and
- assurance that the organisational objectives can be delivered.

It sets out the framework for how we would achieve this alignment i.e. the “How”.

### Organisational design and the ‘Five Rights’



Whilst progress has been made against the deliverables within the strategy, it became clear as the organisation moved through 2019/20 and into 2020/21 that, real and sustainable progress would only be made, if the organisation committed to a strategic organisational reset. Building upon the learning from previous years and particularly through the Covid19 pandemic, working with our people to create the environment for improvement, transformation and ultimately delivering better services, experience and outcomes for our patients and the citizens of North Wales.

In addition, this reset, and the opportunity to co design and develop the next 3-year strategy, has the benefit of being informed by and aligned to 2 pivotal national documents published since the Workforce Strategy approved in 2019. “A Healthier Wales: our Plan for Health and Social Care” published late 2019 and ‘A Healthier Wales: Our Workforce Strategy for Health and Social Care’ – published late 2020, together with the outputs of the refresh of Living Healthier Staying Well and the emerging Clinical Service Strategy/Plan.

The premise for the emerging strategy is to ensure that where it makes sense for the people of North Wales, there will be absolute alignment with the national strategies/solutions and, where additional or different solutions would be more impactful for our communities in accordance with our purpose, these will be pursued.

Finally, during this time period, the organisation has also developed its Maturity Matrices, aimed at focussing upon key areas of improvement (under the Targeted Intervention and Improvement Framework).

## Asesiad / Assessment & Analysis

Mindful that Committee members and colleagues have been a part of Mewn Undod mae Nerth. As such, the detailed work undertaken to engage, connect and improve, together with a detailed update on progress in relation to our actions following the NHS Wales Staff Survey 2020 is set out within Appendix A. This then enables this report to focus on the work and timetable for the development of the new 3-year strategy.

Hearing the feedback from colleagues and in recognising the importance of language, particularly in terms of feeling connected and valued for the contribution to the purpose of the organisation, irrespective of role, profession etc. The proposal is therefore to call the strategy “People & Organisational Development Strategy – Stronger Together” rather than “workforce” strategy.

The central tenet of the current strategy versus the future strategy is not fundamentally changed. However, the foundations upon which the future strategy is built and importantly the methodology for its production is fundamentally different. This is a continuation of our strategic organisational development route map, in partnership with our people.

The strategy “the how” will also respond to the mandate from discovery and the call to action to:

- Modify
- Simplify
- Unify

As such, the strategy will be based around the following themes:



The “products” to deliver against each of the themes will be developed in partnership with our people, supported and enabled by subject matter experts from across the organisation. The long term ambition (likely not achieved in the lifespan of this strategy alone if it is to be done properly), being for the Health Board to build upon organisational models with colleagues being partners in delivering a shared endeavour.

The work to bring this together will be directed and overseen by the newly formed Executive Delivery Group – People & Culture. This group, whilst chaired by the Executive Director of Workforce & Organisational Development, with the Executive Director of Primary Care & Community Services (Executive lead for transformation) as Vice Chair will involve both clinical and non-clinical leaders from across the organisation.

The cycle of Discovery, Design and Delivery will continue throughout the development of the 3 year People & OD Strategy and the development of the delivery plans for 2022/2023 and future years.

The detailed delivery plans, including investment required to support this as well as expected outcomes and benefits realisation plans (including, but not limited to achievement of the level 5 outcome measures set out within our Maturity Matrices) will also be overseen by the Executive Delivery Group and submitted for consideration in accordance with the governance structure.

Finally, as a key partner in the Regional Workforce Board, work will continue to ensure alignment of the Health Board's plans with the plans across the wider health and social care system

As reported at the SPPH Committee meeting in June, the first draft People & OD Strategy will be submitted for review by and feedback from the PPPH Committee on 9<sup>th</sup> December, with the final Strategy on 10<sup>th</sup> February prior to submission to the Health Board meeting on 10<sup>th</sup> March 2022.

### **Dadansoddiad Risk / Risk Analysis**

One of the core risks with any co design/development is the time colleagues across the organisation have available, given workload and staffing pressures, which reinforces the importance of adopting flexible and locally tailored approaches to engagement activities and the development and monitoring of local improvement plans and taking into account the needs of staff without access to IT.

### **Asesiad Effaith / Impact Assessment**

As with the Workforce Strategy 2019-2022, the demographics and needs of our population is taken into account as well as the demographic composition of our people. The Strategy and associated plans will all be informed by and assessed against both the equality impact and socio economic impact to identify ways in which the organisation can better promote equality and address and/or ameliorate inequality.

## Appendix A - NHS Wales Staff Survey 2020 Update

This appendix provides the PPPH Committee with a further update following the NHS Wales Staff Survey undertaken in November 2020, highlighting a number of key areas for impactful change and progress made in these areas. The paper also provides an update on the staff engagement undertaken during the Discovery Phase of Mewn Undod Mae Nerth/Stronger Together.

A summary of the approach for the next national NHS Staff Survey 2022 is also included.

The content of the NHS Wales 2020 staff survey and the subsequent management of feedback was significantly different to previous years making direct comparison of results with the 2018 national survey less feasible than would have been true between previous national surveys.

The 2020 national staff survey had a focus on locally managed feedback and engagement of staff in the development of any improvement plans via management structures. Implementing this approach presented a challenge due to a number of factors such as the time of year the survey was implemented (November), the very short lead in time for the organisation to be able to prepare and communicate well with staff regarding the changes and the very short lead in time to prepare managers for a very different approach.

However, the principles behind the new approach adopted in the 2020 National staff survey, of encouraging conversations at team and department level in order to own the feedback at a local level and involve staff in the development and implementation of improvement plans, remains a core principal of staff engagement empowering local teams to make decisions and improvements at their micro level of the organisation.

Engaging staff, local teams and their line managers is also a 'golden thread' that runs through a number of other engagement activities undertaken across the Health Board since the national survey was undertaken in November 2020, including the Discovery phase of Mewn Undod Mae Nerth/Stronger Together.

There has been significant progress in work linked to the three key areas for impactful change highlighted from the results to the November 2020 national survey.

The 3 key areas for impactful change are:

- **Key Focus Area 1** - *Bullying, Harassment, Abuse – 'my organisation takes effective action if staff are bullied, harassed, abused by other members'*
- **Key Focus Area 2** – Engagement 'I am involved in discussions/decisions on changes in my work/department/team'
- **Key Focus Area 3** - Immediate Experience of Work – 'Team members take time out to reflect and learn'

## **Key Focus Area 1 - *Bullying, Harassment, Abuse – ‘my organisation takes effective action if staff are bullied, harassed, abused by other members’***

### 1.1. Review of Raising Concerns processes – Introduction of Speak Out Safely

Speak Out Safely was launched in April 2021 with a joint statement supporting the work between the Health Board and Trade Union partners. The Speak out Safely process is a new approach in the Health Board to supporting staff to raise concerns in a secure and confidential way. An online confidential Work in Confidence platform went live on 12<sup>th</sup> July, providing staff with an avenue to raise concerns and engage in an anonymous two way dialogue with a member of a newly formed multi-disciplinary team, the latter overseeing and monitoring concerns raised. This multi-disciplinary team meets fortnightly both to review concerns raised as well as share wider organisational intelligence in relation to concerns processes in the Health Board.

Staff raise concerns through a number of avenues and a detailed process mapping exercise has been undertaken to identify all the sources through which a member of staff may raise a concern, these include: HR, Health and Safety, the Office of the Board Secretary (which may include anonymous concerns), Corporate Communications and Safeguarding. The multi-disciplinary team will receive information about concerns raised via other routes as well as through the new Work in Confidence platform to support a co-ordinated and consistent approach to responding to concerns raised by staff, whichever route they take.

In August 2021, 4 Speak Out Safely Guardians were appointed, one of whom is a Welsh speaker, each providing one day a week to this role, and who will meet regularly with the CEO and Vice Chair to share themes and discuss progress. Further to this, a number of Speak Out Safely Champions have been recruited and work is underway to promote the Speak Out Safely across senior leadership and local management forums.

The Speak Out Safely team continue to seek to understand potential barriers to staff raising concerns and meetings are being scheduled with the Health Board's three Staff Networks to ensure that the Speak Out Safely process meets the needs of diverse staff groups and those with protected characteristics.

The Safehaven process has now been formally closed and any outstanding cases transferred and managed through the Speak out Safely process.

An initial review of Speak Out Safely activity to date is being currently prepared for presentation at the October Remuneration & Terms of Service Committee meeting and updates have been provided to Executive Management Group and Local Partnership Forum.

### 1.2. Healthier Working Relationships Framework

Healthier Working Relationships is about changing what is expected of everyone across NHS Wales. The approach, in line with the Welsh Government's 'A Healthier Wales' strategy, focuses on developing relationships at all levels, taking time to listen, recognise, value, and know each other. Better relationships means better care. The approach focuses on a simple straight forward traffic light approach that

replaces current grievance and dignity at work policies and processes and encourages 'cuppa' conversations, facilitated discussion, coaching and mediation.

As part of the work, a new national Respect and Resolution Policy was launched in June 2021. The aim of the new policy is to encourage and support employees to use informal tools to resolve their workplace disagreements early and effectively in the first instance whilst still providing a clear formal procedure to follow if informal resolution is not possible.

Training sessions commenced in September 2021 and are being delivered in partnership with our Trade Union partners to launch the Healthy Working Relationships Framework and new Respect and Resolution policy across the Health Board. In addition, mediation training is being provided nationally in addition to the local mediator network, and is being shared with all key staff networks to promote, identify and further develop a mediation network across BCUHB.

## **Key Focus Areas 2 & 3**

***2 – Engagement 'I am involved in discussions/decisions on changes in my work/department/team'***

***3 – Immediate Experience of Work – 'Team members take time out to reflect and learn'***

### **2.1. Mewn Undod Mae Nerth/Stronger Together**

Mewn Undod Mae Nerth/Stronger Together is an ambitious 3+ year system and organisational development route map to enable the Health Board to better meet its purpose and goals through the alignment of its process, behaviours and structures. The key three phases of Mewn Undod Mae Nerth/Stronger Together are: Discovery (Let's Talk), Co-Design and Co-Delivery.

The Discovery phase commenced in June and has included a review of over 80 pieces of evidence (which includes the results of the November 2020 national staff survey) and sending invitations to over 14,000 staff to take part in Discovery. The aim being engaging 10% of these staff in a conversation about how it feels to work in the Health Board. These conversations being organised around a number of key indices and themes which are evidenced based indicators of positive organisational performance. The conversations have been a blend of 1 2 1 conversations with senior leaders, small focus groups with operational and clinical teams, and workshops for large groups of staff, and some paper based surveys. The majority of the engagement to date has been virtual with some face to face workshops being held to engage staff who have limited access to IT.

The Discovery phase of Mewn Undod Mae Nerth completed on 24<sup>th</sup> September, although workshops are taking place during the last week in September and first week in October to ensure that all staff groups had the opportunity to engage and take part.

Those staff who have taken part in a discovery conversation are now part of an ongoing, active Stronger Together community who will continue to be engaged in the



co-design and co-delivery stages of the Mewn Undod Mae Nerth. Feedback sessions to staff are planned to take place over a 4 week period, starting during the last week in October. These will reflect back to the community the key themes to emerge from the Discovery conversations and discuss next steps in continuing to keep them engaged and involved in the co-design of key areas of improvement and change, directly informed by the conversations that have taken place during Discovery.

The Discovery phase of Stronger Together has also provided a very rich source of learning and feedback on which engagement methods work best for which staff. Utilising different and innovative ways to reach staff that are a mixture of face to face and virtual, with very small through to large groups of staff through focus groups and large workshops. The learning has shown the need to be flexible in delivery and tailor engagement activity to local needs. This has included ensuring staff without access to IT are provided with different ways of engaging, primarily face to face in a socially distanced manner. Staff having time to participate in a conversation (be this virtual or face to face) is also a challenge due to operational pressures. This learning will inform the design and delivery of support to future engagement activities with staff at all levels of the organisation and in diverse settings, including influencing how the co-design and co-delivery phases of Mewn Undod Mae Nerth/Stronger Together are undertaken.

During the Discovery phase of Mewn Undod Mae Nerth/Stronger Together, other engagement activities have taken place, the emerging themes of which appear consistent with those to emerge from the Discovery phase of Mewn Undod Mae Nerth/Stronger Together. These include the local feedback to the national Medical Engagement Scale survey and the immersion events held as part of the Visibility in Leadership work undertaken for Safe Clean Care Harm Free.

## 2.2. Be Proud –Team Surveys

In addition to the November 2020 NHS Wales Staff Survey, additional staff engagement and feedback has included undertaking Be Proud Team surveys which differs from the full national staff survey in that it looks at assessing staff engagement enablers and measurement of engagement behaviours and feelings. The last organisational Be Proud survey was undertaken in July 2020, followed by the national survey of November 2020. The company who facilitated the organisational quarterly surveys can no longer provide this service (but have supported team surveys for the Be Proud Pioneer programme), and since the national staff survey has been completed, there has been significant staff engagement undertaken for the Discovery phase of Mewn Undod Mae Nerth/Stronger Together.

Be Proud Pioneer Programme – Team level Surveys: The Pioneer programme is specifically aimed at teams to improve and sustain staff engagement so that they can understand what may be hindering engagement within their team and more importantly support them to build improved engagement behaviours. Pioneers follow



an improvement journey with their teams over a 26 week period. Participating teams complete a survey at the start and again at the end of the programme to benchmark improvements.

29 teams went through the programme between March 2019 and March 2020, with another 13 teams currently undertaking the programme (April 2021 – October 2021) and completing their second survey by the 1<sup>st</sup> October 2021. This takes the total number of teams up to 42.

For the teams who have completed the programme, there have been variations in improvement scores. Some have seen slight decreases in engagement scores whilst others have seen improvements across all measures of staff engagement (feelings and behaviours) up to 17.34%. Teams have been creative in utilising the tools introduced on the Be Proud Programme leading to local improvements in their teams, some of these improvements are highlighted below:

Team name	Examples of Improvements implemented based on the Be Proud Programme
Hergest Unit, MHLDS	Psychology sessions for staff, designated staff area, Induction booklet for new staff
Llys Dyfrig, MHLDS	Thank you Thursdays, Team building days
Ty Llywelyn, MHLDS	Implementation of fairer processes to allocate shifts
Tegid Ward, YG	Thank you Thursdays, fundraising events,
Foelas, MHLDS	Niggles box, going home checklist, staff chart
Community District Nursing, East	Weekly 'you've been mugged'
Erddig ward, WXM	Recognition board, refreshments, monthly welfare meetings, drinks and safety briefing

From the cohorts that completed pre COVID, one pioneer has provided the following quotation to demonstrate the impact the programme had on the team whilst dealing with the pandemic:

*"I feel that the work completed as part of the Be Proud programme last year and early this year built on the strengths of the Community Mental Health Team and helped with members having improved resilience in dealing with all the challenging changes to ways of working and service provision that has occurred due to the COVID pandemic. Especially in the first few weeks when there were daily changes to adapt to and deal with not only in our working lives and the way our service was provided and supporting the people open to our service but also in our own personal lives. The enhanced mindset and positivity of individuals in the team certainly helped everyone go the extra mile to make sure that nothing was too much to help people accessing our service and keep them safe at home from the smallest thing like picking up medication to providing essential support and respite for people experiencing distressed responses and behaviour of a challenging nature."*

### 2.3. Friends and Family Test Questions

Comparable analysis of the data relating to the Friends and Family Test questions from the November 2020 National Staff Survey, the last organisational Be Proud Survey undertaken in July 2020 and from the current cohort of 13 Be Proud Pioneer teams can be seen below and shows those participating in the Be Proud programme score more highly than was last reported in the quarterly Be Proud survey and in the national survey.

NHS Staff Survey (Nov 2020)	Quarterly Organisational Survey (July 2020)	Team Surveys (last 12 months)
		(Second survey results will be available in October 2021)
73%	73.96%	80.83%

## 2.4. Developing a Learning Organisation

### 2.4.1. Leadership & Management Development Programmes

A number of key leadership and management development programmes play an integral part in supporting our staff to '*take time out to learn and reflect*', including the 'ASiM (A Step into Management) programme, Ward Managers Development Programme, and a new Matrons Leadership Development Programme; together with formal leadership and development opportunities through more structured ILM (Institute of Leadership and Management) (accredited qualifications and programmes of learning). Details of the new Matron programme are provided in Appendix 3.

### 2.4.2. Compassionate Leadership Principles for Health and Social Care in Wales

The Compassionate Leadership Principles have been developed by Health Education Improvement Wales (HEIW) following wide consultation across the health and social care system. The principles, which were launched in May 2021, underpin the ambition that by 2030, leaders in the health and social care system will display collective and compassionate leadership. They point the way to leading and working compassionately across health and social care in order to nurture the health and happiness of the staff who offer care in Wales. Compassionate leadership is also believed to be the most powerful way we can promote the health and happiness of the people and communities of Wales now and in the future. The principles have been shared widely across BCUHB and an action plan to support embedding the principles in our leadership programmes has been developed in draft and will be delivered by end of Q4 2021/22. Evidence indicates that the development of compassionate and collective behaviours will in turn have a positive impact on staff engagement, and embedding these principles into everyday leadership behaviours will form part of the co-design work of Mewn Undod Mae Nerth.

### **Developing the next National Staff Survey**

There is representation from BCUHB at national level at the Staff Survey Group hosted by HEIW which has recently completed a feedback exercise asking all Health

Boards for feedback on the November 2020 national survey to inform the content and timing of the next national survey in early 2022. It is not yet confirmed when the next national survey will take place.

Some of the key issues included in the feedback from the Health Board to HEIW include:

- A need to reflect on the implementation of the November 2020 survey, taking into account the need to increase participation and involving staff in creating the improvements required following feedback. The number of staff and leaders accessing the dashboard across NHS Wales since the data was released has been fairly low. This is being analysed at national level to understand the reasons and ensure a more robust process is in place for the next survey. Discussions are ongoing with ideas to link the survey to a team development programme, this may have a more positive impact in terms of teams making local decisions and taking ownership of any staff survey actions. In addition, there will be more regular opportunities for staff to get involved in giving feedback and having conversations, this will be through shorter and more adaptable pulse surveys.
- A need to enhance reporting capability. The on line dashboard was procured externally and on reflection, has proved limiting in terms of its reporting capabilities. The need to drill down data to local/team level has not in some cases been possible, a) due to the poor response rate and b) due to the capability of the system itself. BCUHB, together with other health boards have asked that any future platform/dashboard is more intuitive and has capability to report both locally and nationally across Wales.
- The reporting on equality data is a key area required to develop a standard reporting mechanism.
- The timing of the next national survey is also key and it has been suggested that this avoid the winter period, particularly December 2021 – February 2022, given the importance of ensuring a higher participation rate in the next national staff survey than had been realised in the November 2020 survey.

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Partnerships, People and Population Health Committee 14.10.21</b>					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	<b>Integrated Digital Dashboard Quarter 1 Report, 2021-22.</b>					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Chris Stockport, Executive Director Primary Care and Community Services					
<b>Awdur yr Adroddiad Report Author:</b>	Liam Allsup, Business Planning and Improvement Manager.					
<b>Craffu blaenorol: Prior Scrutiny:</b>	Chris Stockport, Executive Director Primary Care and Community Services					
<b>Atodiadau Appendices:</b>	-					
<b>Argymhelliad / Recommendation:</b>						
The Committee is asked to:-						
1. review the report and determine if it provides appropriate levels of assurance.						
2. note the report						
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	X	<b>Er gwybodaeth For Information</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>
N/A						
<b>Sefyllfa / Situation:</b>						
The purpose of this report is to provide the Partnerships, People & Population Health Committee (PPPH) with:						
1. An overview of the projects and activities outlined within the Informatics Operating Plan						
2. Provide PPPH Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met which relate to Informatics services.						
3. For PPPHC to discuss and acknowledge whether the content provides assurance.						

<b>Cefndir / Background:</b>
The Annual Operating Plan is derived from our 2021/2024 Digital Strategy actions, our Corporate Programme Actions and additional service actions. This plan provides a mechanism for assurance on behalf of the Health Board to ensure its legislative and regulatory responsibilities are being met by the Informatics Services and provides additional detail on what Informatics will accomplish over the coming year to support the Three-Year Plan and its long-term vision.
<b>Asesu a Dadansoddi / Assessment &amp; Analysis</b>
<b>Goblygiadau Strategol / Strategy Implications</b> The Informatics Digital Strategy supports the delivery of our strategic priorities in Living Healthier, Staying Well and our Population and Organisational Outcomes and is informed by feedback from our engagement. It covers primary care, secondary care, community care and mental health.
<b>Opsiynau a ystyriwyd / Options considered</b> N/A
<b>Goblygiadau Ariannol / Financial Implications</b> Revenue that has been secured is identified within the Digital Strategy. Not all revenue has been identified and will be subject to Business Cases and Prioritisation. Some projects are being nationally led.
<b>Dadansoddiad Risk / Risk Analysis</b> The key risks to the implementation of the Annual Operating Plan is the funding and resources required to deliver.
<b>Cyfreithiol a Chydymffurfiaeth / Legal and Compliance</b> None.
<b>Asesiad Effaith / Impact Assessment</b>

## Informatics Digital Reporting Dashboard Quarter 1 Report, 2021-22.

### CONTENTS

1. Digital Delivery Plan Progress
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4. Compliance
  - 4.1 Clinical Coding
  - 4.2 ICT Service Desk
  - 4.3 National and Local System Availability
    - 4.3.1 National Systems
    - 4.3.2 Local Systems
    - 4.3.3 Cyber Security
  - 4.4 Data Standards Change Notice (DSCN) and Impact Assessments (IA)
    - 4.4.1 DSCN New Releases
    - 4.4.2 Impact Assessments (IA)

## 1. Digital Delivery Plan Progress

	21/22				22/23			
Digital Delivery Plan	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Community /Malinko								
Office 365								
Attend Anywhere								
Digital Health Record								
Digital Clinic Letters								
Wellsky								
Endoscopy System								
WEDS / Symphony								
My Appointment Letters Online (MALO)								
Canisc National Cancer System Replacement								
Welsh Patient Administration System								
Health Intelligence / Lightfoot								

In progress	Issues being resolved	Suspended
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Specialty	Project / System	Description	Project Type	Start Date	End Date	RAG
Primary Care & Community	Community / Malinko	A clinical e-scheduling tool for care in the community providing real-time visibility of clinical workforce capacity and patient demand.	Local	01/06/21	01/04/22	
Primary Care & Community	Office 365	Access to online Office applications and Microsoft Teams,	National/ Local	01/01/20	01/09/22	

		enabling users to access work documents and emails remotely with access to better communication tools, new Business and Task Management tools.				
	<b>UPDATE:</b> - Phase 1 Outlook migrations and Teams implementation complete. The Phase 2 One Drive Proof of Concept has been undertaken successfully and wider migrations are now being planned. The Phase 2 SharePoint migration pilot was delayed due to technical issues and requires re-planning. It is proposed to pause further migration work until the approach to SharePoint Online ownership and administration is agreed by the BCU365 Programme Board.					
Outpatients	Attend Anywhere Virtual Consultations	A secure web-based communication platform that enables clinicians to hold video consultations with their patients.	Local	01/02/20	01/12/21	
Secondary Care - Multi Disciplinary	Digital Health Record	A single digital view of the patient record supporting integration with local and national systems in Wales and beyond.	Local	01/11/20	Ongoing clinical forums	
Secondary Care - Multi Disciplinary	Digital Clinic Letters	Key to moving from paper to digital patient records, this project involves digital dictation and speech recognition	Local	01/07/19	01/06/22	



Pharmacy	Wellsky	Pharmacy stock management, dispensing and ordering system replacement (Amazon for drugs)	National Collaborative	01/11/20	01/11/21	
		<b>UPDATE</b> - Good progress is being made, with go-live 1/11/21. Resourcing risks have been somewhat mitigated.				
Endoscopy	Endoscopy System	Replacement of the endoscopy system to ensure we comply with new national standards	Nat Collaborative	01/04/21	20/05/23	
		<b>UPDATE</b> – A new Network lead and recruitment delays for the project manager has resulted in delays				
Unscheduled Care	WEDS / Symphony	A stand-alone version of the Emergency Care system Symphony	National	01/05/21	01/10/21	
Secondary Care - Multi Disciplinary	My Appointment Letters Online (MALO)	A service allowing our patients to view their appointment letters online as an alternative to receiving them by post and is an extension to the centralised printing solution	Local	11/11/20	01/08/21	
		<b>UPDATE</b> – funding available for system, issues with funding for resources to implement the project reviewing internally				
Oncology	Canisc Replacement	The replacement Cancer Information System will facilitate service transformation and standardisation of working practices across all of cancer care	National	Jul-21	May 22	
		<b>UPDATE</b> – change in emphasis from a system replacement to a service transformation. Positive service engagement, with workshops undertaken to identify the current processes and opportunities for standardisation. The Executive lead is to be established.				

Secondary Care - Multi Disciplinary	Welsh Patient Admin System	WPAS holds patient identification details, and records details of patients' hospital visits, including waiting list management, medical records, inpatient treatment, outpatient appointments and emergency visits.	National	02/04/15	20/05/23	
		<b>UPDATE</b> - Currently on track for go live in May 2022. Delays with WG Business Case means that BCUHB are responsible for funding project staffing costs from September 2021 onwards until the WG Business Case is approved.				
Health Intelligence	Lightfoot	Health Intelligence system to measure patient outcomes across the whole pathway	National	12/07/21	12/02/22	
		<b>UPDATE</b> – Delays caused by the creation and preparation of new datasets from existing systems to support the external provider’s analysis.				

In addition, we also currently working with partners and services to prepare for the following projects, including engaging, scoping, developing business cases and recruiting:

Service	Project title	Notes
Ophthalmology	Eye care Digitisation Programme	
Pharmacy	MTeD – discharge functionality in Welsh Clinical Portal to support discharge	Recruitment underway. Project Board re-established and due to meet in October.
Primary Care & Community	ICT Capital Projects	Agreeing Scope
Secondary Care - Multi Disciplinary	Patient flow and bed management	Agreeing Scope
Secondary Care - Multi Disciplinary	Welsh Nursing Care Record	The system is now live in 5 Welsh Health Boards. We are awaiting business case approval for implementation
Primary Care & Community	Welsh Community Care Information System	The updated business case was approved. Now working with the supplier and National Team to agree the Change Control
Secondary Care - Multi Disciplinary	Results Management	Upgrade of the WCP / clinical portal now provides functionality to reduce risk of non-actioned results.
Secondary Care - Multi Disciplinary	Single Sign-on	Agreeing Scope and resources for Clinical use across BCU
Secondary Care - Multi Disciplinary	WPRS - Electronic Referrals	The scope requirements for the project have been captured.

Pharmacy	Medicine Management & E-Prescribing	Work is progressing at a National Level to establish a project team, and we are engaging nationally.
Oncology	Cancer - My Medical Record	Working with Supplier to agree implementation plan
Information Team	Robotic Process Automation	Reviewing capability and use cases
Radiology	Radis Upgrade	Working with diagnostics service to ensure imaging
Intensive Care	Welsh Intensive Care Information System	Development of a national ICU system

## 2. National Audit Office Reports

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### Wales Audit Office 2014 & 2018 Clinical Coding Audit

13 recommendations were specified as part of the Wales Audit Office 2014 & 2018 Clinical Coding Audit. Whilst one has been superseded, 10 have been implemented, leaving two recommendations outstanding.

**Recommendations which are overdue** are to:

1. Introduce a single coding policy and procedure across the Health Board which brings together all practices and processes to ensure consistency. The policy and procedure should include ensuring coding practices are well described.

This recommendation had an initial deadline of 18.11.2019 (2018 rec 2a) and unfortunately, the COVID crisis prevented timely action. However, the policy has been reviewed by the Informatics Senior Management Team on the 9<sup>th</sup> June 2021, and the Executive Management Group 3<sup>rd</sup> August.

2. Introduce a single coding policy and procedure across the Health Board which brings together all practices and processes to ensure consistency. These should address variations in practices across the three sites.

## 3. Internal Audit Reports

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### Business Continuity BCU 2020/21 Audit

The majority of recommendations that were specified as part of the **Business Continuity BCU 2020/21 Audit** are in progress and due to be completed on schedule. Table 1 details the total number of recommendations provided and classifies their current position.

**Table 1: Status of Business Continuity Audit recommendations.**

Summary of status	Total Number of Recommendations	Implemented	In Progress	Overdue
Qtr1	4	1	3	0

## 4. Compliance

### 4.1 Clinical Coding

National Coding Targets exist for clinical coding completeness and clinical coding accuracy. The coding completeness in BCU for July 2021 was 95% against the National target of 95%. (This target measures the percentage of clinically coded episodes within 1 month of episode end date). See figure 1 for the Board's compliance since March 2017.

**Figure 1: BCU's Coding Compliance.**



### 4.2 ICT Service Desk

Calls logged with the Informatics Service Desk have increased by 9% from 25,901 in quarter 4 of 2021/21 to 28,383 in quarter 1 of 2021/22. This is a 10% increase compared to the same period the previous year.

The ongoing increase in demand relates to the continued support for the management of Coronavirus response and the need to support more staff working from home.

### 4.3 National and Local System Availability

#### 4.3.1 National Systems:

During the 3 months April to June 2021 there were 4 incidents of national system failure that affected the BCU Operational and Informatics teams. One issue related to known incidents or harm.

The incidents were:

- 2 Welsh Clinical Portal (WCP) failures (total unavailability time – 11hrs 10min)
- 1 Unisoft Endoscopy Software Issue - Clinical Incident
- 1 integration failure – not a system failure itself but caused WCP to fail

The Clinical Incident caused by Unisoft Endoscopy Software related to the system crashing resulting in the loss of the (only) clinical photo of the reported colorectal cancer which was important clinical evidence.

Work is underway to identify metrics and create processes that will capture the impact of National and local system downtime in a more meaningful way.

#### **4.3.2 Local Systems**

During the last quarter there were 19 user affecting unplanned outages broken down into the categories below:

- Network: 17
- Server: 2
- External Incidents: 0

#### **4.3.3 Cyber Security**

The creation of a dedicated Cyber Security Lead and support officer will further improve our focus on cyber security and the team will work to mitigate the cyber security risk and organisational response.

A Health Board Cyber Security Action plan is being reviewed in line with any specific cyber protection investment to support new monitoring and protection systems. A further update and the Cyber Security Action plan will be available at the end of October.

### **4.4 Data Standards Change Notice (DSCN) and Impact Assessments (IA)**

#### **4.4.1 DSCN New Releases**

There were 13 new DSCN's issued in quarter 1 2021-22. Of these:

- We are compliant with 3, 9 are not applicable
- 1 is outstanding

The one outstanding relates to the Diagnostic & Therapy Services and Referral to Treatment Waiting Times Returns - Age Group and was issued 22/06/2021. Work is in progress and is expected to be complete by the due date at the end of October.

#### **4.4.2 Impact Assessments (IA)**

There were nine new IA's issued during quarter 1 2021/22. Of these

- We are compliant with 8, We are late submitting 1

The late submission relates to existing Outpatient and Outpatient Referral Data Sets. Data Standards are currently reviewing these with a view to creating a single Outpatient Minimum Data Set (OMDs) which is fit for purpose and reflects current models of service delivery.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Partnerships, People and Population Health Committee 14.10.21</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>North Wales Regional Partnership Board update</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Chris Stockport, Executive Director of Primary Care and Community Services						
<b>Awdur yr Adroddiad Report Author:</b>	Sally Baxter, Assistant Director - Health Strategy						
<b>Craffu blaenorol: Prior Scrutiny:</b>	This update is being brought for information						
<b>Atodiadau Appendices:</b>	Notes of 9 <sup>th</sup> July 2021 Regional Partnership Board meeting attached						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to note the updates received at the North Wales Regional Partnership Board and to receive the notes of the meeting held on 9 <sup>th</sup> July 2021.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	<b>X</b>
<b>Sefyllfa / Situation:</b>							
The notes of the Regional Partnership Board meeting provide the Committee with an update on progress within the RPB partnership work programme. The notes of the 9 <sup>th</sup> July 2021 meeting are attached.							
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
SED will be considered by each of the programmes as appropriate.							
<b>Cefndir / Background:</b>							
<p>Items discussed at the 9<sup>th</sup> July 2021 RPB meeting include:</p> <ul style="list-style-type: none"> <li>• Presentation by the Children's Commissioner for Wales in relation to the No Wrong Door report</li> <li>• North Wales Economic Ambition Board update</li> <li>• North Wales Population Needs Assessment and Market Stability Report</li> <li>• North Wales Research, innovation and Improvement Coordination Hub 2020-2021 Annual Report</li> <li>• BCU HB recovery work update</li> </ul> <p>At the Committee meeting a further verbal update will be given on key issues being addressed by the RPB and the HB. There are a number of critical points requiring alignment of HB and RPB response over the forthcoming months including needs assessment work; engagement feedback and response; strategic direction; and transformation initiatives. The Head of Regional Collaboration, Catrin Roberts, will be in attendance to discuss key issues and challenges.</p>							

## Asesu a Dadansoddi / Assessment & Analysis

### Strategy implications

There is increasing emphasis on the role of the RPB and partnership working in the national strategic direction set out in **A Healthier Wales** and in subsequent strategies and plans. The Health Board's long-term strategy, **Living Healthier, Staying Well**, although published prior to A Healthier Wales, recognises as one of the main strategic goals that we will work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being.

### Options considered

This report is brought for information and therefore no options appraisal is required.

### Financial implications

Financial Implications are identified within each specific workstream.

There is a financial / service risk from the non-recurrent nature of ICF and transformation funding. The Leadership Group and RPB are working through the implications of the non-recurrent risk and exit strategies where needed. Further updates will be provided on this in the near future.

### Risk analysis

This paper is bought for information. Risk analysis, mitigation and management are undertaken by each of the programmes within the RPB portfolio.

### Legal and compliance

The Health Board has a statutory duty to work in partnership through the NWRPB under the Social Services and Well-being (Wales) Act 2014.

### Impact Assessment

Each of the programmes within the RPB portfolio is responsible for ensuring impact assessment is undertaken and statutory duties are fulfilled. The Health Board Equality Team has been working in partnership with others on the North Wales Public Sector Equality Network to support partner organisations in ensuring appropriate impact assessment is carried out.





## Minutes of the North Wales Regional Partnership Board Meeting

**9<sup>th</sup> July 2021**

**9:00 am – 12:00 pm**

**Via Zoom**

Present:	Mary Wimbury (Chair), Alwyn Jones, Barry Argent, Bethan E Jones, Catrin Roberts, Cllr Bobby Feeley, Cllr Cheryl Carlisle, Cllr Christine Jones (attended until 10:30 am), Cllr Llinos Medi Huws (attended until 10:40 am), Delyth Lloyd-Williams, Estelle Hitchon, Fôn Roberts, Jenny Williams, John Gallanders, John Gladston, Lucy Reid, Mark Wilkinson, Meinir Williams-Jones, Neil Ayling (attended until 10:30 am), Nicola Stubbins, Rob Smith (attended until 11:15 am), Roma Hooper, Shan Lloyd Williams
Apologies:	Chris Stockport, Cllr Dafydd Meurig, Ffion Johnstone, Helen Corcoran, Jo Whitehead, Morwena Edwards, Paul Scott, Sam Parry, Steve Gadd, Teresa Owen, Dr Lowri Brown
In Attendance:	<p>For agenda item 2:</p> <p>Sally Holland, Children's Commissioner for Wales (CCfW) Rachel Thomas, Head of Policy &amp; Public Affairs (CCfW) Kirrin Davidson, Policy Officer (CCfW) Craig Macleod, Head of Children Services, Flintshire County Council Marian Parry Hughes, Head of Children Services, Gwynedd Council Rhian Morrille, Head of Children Services, Denbighshire County Council Mark Parry, Head of Children Services, Wrexham County Borough Council Anne Flanagan, Service Manager Family Support &amp; Intervention, Conwy County Borough Council Sharon Hinchcliffe, Regional Business Manager, Improving Outcomes for Children, Regional Collaboration Team Marilyn Wells, Regional CAMHS Clinical Lead, Head of Nursing – East Area for CAMHS, Neuro-developmental &amp; Learning Disability Services Angela Wilson, Programme Manager, North Wales Together: Seamless Services for People with Learning Disabilities, Flintshire County Council Louise Bell, Interim Assistant Area Director Childers Services, Central Area, BCUHB Sara Hammond-Rowley, Consultant Clinical Psychologist, North Wales Head of Child Psychology and Psychological Therapies, BCUHB</p> <p>For agenda item 3:</p> <p>Alwen Williams, Director of North Wales Economic Ambition Board</p>

Item		Actions
1.	<p><u>Welcome, Introductions &amp; Apologies</u></p> <p>The chair extended a warm welcome to everyone. Introductions were made and apologies noted as above.</p>	

2.	<p><u>Children's Commissioner for Wales</u></p> <p>Sally Holland, Children's Commissioner for Wales attended to discuss how the NWRPB are implementing the recommendations within the No Wrong Door report and to discuss any ongoing challenges the region may be facing. The NWRPB had already provided written response to each of the recommendation in advance of the meeting.</p>	
3.	<p><u>North Wales Economic Ambition Board (NWEAB) update</u></p> <p>The board received an update from AW on the progress of the NWEAB Growth Deal for North Wales.</p> <p>The Growth Deal has been developed through close collaboration and commitment from partners across all sectors, including the UK and Welsh Governments, to deliver long-lasting positive investment and change that will enable economic and employment growth for the long-term.</p> <p>The Growth Deal, with an investment of £240M over the next 10/15 years aims:</p> <ul style="list-style-type: none"> <li>• To build a more vibrant, sustainable and resilient economy in North Wales</li> <li>• To build on our strengths, to boost productivity while tackling long-term challenges and economic barriers to deliver inclusive growth.</li> <li>• The approach is to promote growth in a scalable, inclusive and sustainable way, in line with the Wellbeing of Future Generations (Wales) Act 2015.</li> <li>• To create between 3,400 - 4,200 net additional jobs</li> <li>• Generate £2.0 - £2.5 billion net additional GVA</li> </ul> <p>AW detailed how the Growth Deal will be delivered across 5 programmes:</p> <p><u>Digital Programme</u> – aims to address the areas difficult to invest in commercially and unlock growth for priority areas and key sites in North Wales</p> <p><u>Land and Property Programme</u> – aims to address the shortage of land and property for key growth, preparing key sites to the market for investors and developers</p> <p><u>Low Carbon Energy Programme</u> – aims to unlock the economic benefits of transformational low carbon energy through various projects in North Wales.</p> <p><u>Innovation in High Value Manufacturing</u> - aims to consolidate North Wales position as a powerful and innovative high value manufacturing sector by building on existing specialisms and expertise in the region through targeted investment in research and development supporting long-standing and emerging business needs.</p> <p><u>Agri-food and Tourism Programme</u> – aims to build a more sustainable, vibrant and resilient foundation economy within the region, optimising opportunities for employment and prosperity through the environment and landscape.</p> <p>Members were interested to understand how the Growth Deal proposes to promote the foundation economy within Health and Social Care.</p>	

	<p>North Wales continues to have significant workforce issues, failing to attract to BCU high paid posts and challenged the NWEAB to question the impact of the initiatives on public sector services.</p> <p>The board were asked to note the need to be realistic what can be achieved under the Growth Deal with the £240M financial offer not sufficient to deliver on all issues in the region and to transform the economy. The NWEAB will continue to voice concern, as a region, on the additional investment required in the health and social care sector, and promote all opportunities in all fields of work.</p> <p>It is also important to note the £240M is earmarked for capital investment only. Revenue funding would be required to drive the impact within the skills and employment arena. The NWEAB are working closely to the North Wales Skills Board to link skills and future demand into capital investment. Quality and impact assessment are completed at every level of the portfolio, supporting diversity into the workplace. The impact of Brexit and Covid has also been considered on all individual projects, and the situation continues to be fluid with continuous revaluation of the investments being made.</p> <p>The chair thanked AW for the update on the NWEAB Growth Deal.</p>	
4.	<p><u>North Wales Population Needs Assessment (PNA)/Market Stability Report (MSR)</u></p> <p>The board received a progress report from CR on the preparation of the Population Needs Assessment (PNA) and Market Stability Report (MSR) documents.</p> <p>Welsh Government have requested local authorities and health boards to assess the demand of care and support needs of their local populations via a Population Needs Assessment, by April 2022; and for local authorities and health boards to consider the sufficiency and stability of supply in meeting that demand through the Market Stability Report by June 2022; via the Regional Partnership Board.</p> <p>The Regional Collaboration Team is providing project management support for the regional elements of the project, developing templates, organising regional groups to provide peer support to local leads, reviewing and identifying data which can be used for the local reports and pulling together the overarching population needs assessment and regional market stability report for the Regional Partnership Board footprint. Each local authority will prepare a local population needs assessment and market stability report.</p> <p>Work completed March to May 2021 include:</p> <ul style="list-style-type: none"> <li>• Established steering group with membership from the 6 local authorities, BCUHB and Public Health Wales with the first meeting held on 11<sup>th</sup> May.</li> <li>• Established local project teams including local authority staff and BCUHB representatives.</li> <li>• Developed templates for the local Population Needs Assessment and Market Stability Reports for use by the local project teams.</li> <li>• Set up regional file sharing system using SharePoint and begun to collate a library of information and data which can be use by the</li> </ul>	

	<p>local teams.</p> <ul style="list-style-type: none"> <li>Started regional work to support the assessments including updating regional data and collating findings from engagement activity.</li> <li>Made links with teams developing the PSB Well-being Assessments, including working together on collating engagement findings and use of data, sourcing reports and other key information.</li> </ul> <p>Priorities for June – August 2021 include:</p> <ul style="list-style-type: none"> <li>Continue to support local teams in gathering data, reports and information</li> <li>Facilitate information sharing between the local teams as they develop their reports and facilitate peer-to-peer support</li> <li>Co-ordinate the engagement work with citizens, service users and providers to identify regional engagement opportunities and engagement that will take place sub-regionally and locally</li> <li>Continue to co-ordinate the links between the PNA &amp; MSR work and the work of the PSB teams preparing the Wellbeing Assessments</li> </ul> <p>CR informed the scoping work, understanding the provisions already in place and drawing on the requirements across the region is a significant piece of work, and regional colleagues will be readily available to provide support for the whole process. The intention is to complete local reports by November 2021, to allow sufficient time for partners to take the report through their governance process.</p> <p>Once documents are finalised, there will be a programme in place to ensure regular review of data and factor in any omitted information not taken into consideration during the first scoping stage.</p> <p>The Chair thanked CR on the progress report of the PNA/MSR.</p>	
5.	<p><u>North Wales Research, Innovation and Improvement Coordination Hub (RIIC) 2020-21 Annual Report</u></p> <p>CR presented the board with the first RIIC Hub Annual Report, covering the first full year in service.</p> <p>The RIIC Hub Team launched in May 2020 at the start of the pandemic and as a result the team were deployed to directly support Covid-19. The team have achieved considerable amount of work in the last 12 months and the highlights include:</p> <ul style="list-style-type: none"> <li>Rapid review of the impact of COVID 19 on people who need care and support, including innovation in services</li> <li>Supporting transformation projects and Integrated Care Fund (ICF) projects to use evidence by carrying out literature searches, provided advice and support with setting up on line surveys, data analysis and story-telling research methods</li> <li>Working with Social Care Wales to look at evidence use within social care</li> <li>Organising a Social Care Innovation Lab with Bangor University with a focus on digital technology and Living Labs with the Innovation Agency</li> <li>Promoted events, funding opportunities and the work of the team through the website, Twitter account and regular email newsletters. This include live tweeting key regional events</li> </ul>	

	<p>Work planned for 2021-2022 include:</p> <ul style="list-style-type: none"> <li>• Support the work on the Population Needs Assessment and Market Stability Report.</li> <li>• Continue to map research, innovation and improvement activity across north Wales and assess how well it aligns with regional and national priorities.</li> <li>• Develop a research, innovation and improvement strategy</li> <li>• Continue to support the transformation programme and other partners to develop their research, innovation and improvement activity.</li> <li>• Continue with the development of the website to ensure all resources are accessible to the wider community</li> <li>• Develop a report considering the long term and sustainability of the RIIC Hub service.</li> </ul> <p>The chair thanked CR for the comprehensive update on the RIIC Hub Annual Report.</p>	
6.	<p><u>BCUHB recovery work update</u></p> <p>MWil provided a brief update on BCUHB recovery work. BCU colleagues noted the complexity in focusing on recovery whilst also dealing with the increase in Covid, seen within community settings.</p> <p>MWil focused the update on the 4 Harms of Covid:</p> <p>Harm from Covid itself – the recent increase of Covid in the community remains a concern for the Health &amp; Social Care system, impacting on staff absences and primary care. Although a relatively small number, this will have a bigger impact on the ability to deliver other services within the system. Concern also noted involving the significant influx of visitors expected into North Wales during the next few months and how this will place undue pressure on the system.</p> <p>Harm from overwhelmed NHS and Social Care system – in relation to the anticipated flu/virus over winter 21/22. Whilst Enfys Bangor and Llandudno are in the process of being decommissioned, Enfys Deeside will be retained until March 2022, and utilised to administer the booster vaccination over the coming months and as a contingency venue for a potential surge over the winter period.</p> <p>Harm from reduction in non-Covid activity – waiting lists have increased significantly over the last 18 months, and whilst waiting times are broadly static, the current limiting factor is recruiting to the workforce.</p> <p>Harm from wider non-societal activity/lockdown – early planning stage for MH funding, with increase seen in adult mental health referrals combined with capacity constraints, is having an impact on timely assessments. CAMHS and neuro development is prioritised, performance is a challenge within the 28 days of assessment</p> <p>LR noted concern with the expected influx of visitors expected into the region from areas who will have already relaxed their restrictions, visitors will need to understand restrictions are still in place within North Wales. The major of patients in hospital with Covid currently are predominantly individuals who have not been vaccinated, reinforcing the value of the vaccination programme, with BCU continuing to reinforce</p>	

	<p>the message to the wider hard to reach communities, everyone required to be vaccinated for a successful recovery.</p> <p>Cllr BF noted concern in relation to the 3 issues:</p> <ol style="list-style-type: none"> <li>1. The backlog of referrals within CAMHS, in relation to the recent increase in children and young people presenting with behavioral and mental health issues as a result of lockdown and the pandemic. BEJ provided assurance re CAMHS referral backlog, and confirmed all urgent referrals are seen immediately. The list waiting over 28 days continues to increase, with plans in place to commission an external contract to support this work-stream and achieve the MH measure. North Wales have seen a significant increase in referrals since children returned to school, particularly over the last 2 months, with an increase presenting in ED with self-harm as a result of placement breakdown. In addition, the procurement of the workforce, with a shortage of specialist individuals is also having an adverse effect on the service. BCU are working with LA to source staff who have made significant progress on working with children and young people and to develop and support the improvement journey.</li> <li>2. It has been noted that 25% of the population became infected with Covid during hospital stay and enquired how NHS sector would strive to make every effort to prevent future infection. MWil acknowledged, some patients unfortunately did become infected with Covid while in the hospital setting, MWil could not comment on a BCUB figure, and believed the 25% figure to be for the whole of Wales. Whilst the outbreak within each of the 3 main hospital sites is concerning, with lessons learned, additional infection control and prevention measures have been taken across all sites to mitigate and restrict the spread of Covid.</li> <li>3. What are BCUHB proposals for communicating with the public to reassure BCUHB services are resuming and to ease anxieties of presenting with health issues. MWil informed BCUHB are proactive in communicating to patients, validating waiting lists and working through primary care, being aware further work requires to be done around communication.</li> </ol> <p>EH informed the board of WG 'Help Us Help You' campaign. The pandemic has provided significant opportunities to streamline NHS services and the 'Help Us Help You' campaign will start the behavioral change required in relation to future NHS services.</p>	
7.	<p><u>Notes and actions of last meeting – June 2021</u></p> <p>The minutes of meeting 11.6.2021 were agreed as a correct record with all actions completed.</p> <p>The chair took the opportunity to formally thank Cllr Joan Lowe, who has recently stepped down from WCBC, for giving time to be a long-standing member of the NWRPB. The chair also thanked JGI for his contributing to the board for the last 2 years.</p> <p>JGI wished the board well in the work taking place across North Wales.</p>	

8.	Any other business – nothing to report	
9.	<p>The following document was included for information:</p> <ul style="list-style-type: none"> <li>• NWRPB June Newsletter</li> </ul>	
	<p><b>Date of next meeting:</b>  Friday 10<sup>th</sup> September 2021, 9:00 – 12:00</p>	



CYDWEITHREDFA GWELLA GWASANAETHAU

GOFAL A LLESIANT **GOGLEDD CYMRU**

**NORTH WALES** SOCIAL CARE AND WELL-BEING

SERVICES IMPROVEMENT COLLABORATIVE

## Cofnodion Cyfarfod Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru

**9 Gorffennaf 2021**

**9:00 am – 12:00 yp**

**Dros Zoom**

Yn bresennol:	Mary Wimbury (Cadeirydd), Alwyn Jones, Barry Argent, Bethan E Jones, Catrin Roberts, Cyng Bobby Feeley, Cyng Cheryl Carlisle, Cyng Christine Jones (yn bresennol tan 10:30am), Cyng Llinos Medi Huws (yn bresennol tan 10:40am), Delyth Lloyd-Williams, Estelle Hitchon, Fôn Roberts, Jenny Williams, John Gallanders, John Gladston, Lucy Reid, Mark Wilkinson, Meinir Williams-Jones, Neil Ayling (yn bresennol tan 10:30am), Nicola Stubbins, Rob Smith (yn bresennol 11:15am), Roma Hooper, Shan Lloyd Williams
Ymddiheuriadau:	Chris Stockport, Cyng Dafydd Meurig, Ffion Johnstone, Helen Corcoran, Jo Whitehead, Morwena Edwards, Paul Scott, Sam Parry, Steve Gadd, Teresa Owen, Dr Lowri Brown
Hefyd yn bresennol:	<p>Ar gyfer eitem 2 ar y rhaglen:</p> <p>Sally Holland, Comisiynydd Plant Cymru</p> <p>Rachel Thomas, Pennaeth Polisi a Materion Cyhoeddus (Comisiynydd Plant Cymru)</p> <p>Kirrin Davidson, Swyddog Polisi (Comisiynydd Plant Cymru)</p> <p>Craig Macleod, Pennaeth Gwasanaethau Plant, Cyngor Sir y Fflint</p> <p>Marian Parry Hughes, Pennaeth Gwasanaethau Plant, Cyngor Gwynedd</p> <p>Rhiain Morrille, Pennaeth Gwasanaethau Plant, Cyngor Sir Ddinbych</p> <p>Mark Parry, Pennaeth Gwasanaethau Plant, Cyngor Bwrdeistref Sirol Wreccsam</p> <p>Anne Flanagan, Rheolwr Gwasanaeth Cefnogi Teuluoedd ac Ymyrraeth, Cyngor Bwrdeistref Sirol Conwy</p> <p>Sharon Hinchcliffe, Rheolwr Busnes Rhanbarthol, Gwella Deilliannau i Blant, Tîm Cydweithio Rhanbarthol</p> <p>Marilyn Wells, Arweinydd Clinigol Rhanbarthol Gwasanaethau Iechyd Meddwl Plant a Phobl Ifanc, Pennaeth Nyrsio – Ardal y Dwyrain CAMHS, Gwasanaethau Newro-ddatblygiadol ac Anabledd Dysgu</p> <p>Angela Wilson, Rheolwr Rhaglen, Gogledd Cymru Gyda'n Gilydd: Gwasanaethau Di-dor i Bobl ag Anableddau Dysgu, Cyngor Sir y Fflint</p> <p>Louise Bell, Cyfarwyddwr Rhanbarth Cynorthwyol Gwasanaethau Plant, Canol, BIPBC</p> <p>Sara Hammond-Rowley, Seicolegydd Clinigol Ymgynghorol, Pennaeth Seicoleg Plant a Therapiau Seicolegol Gogledd Cymru, BIPBC</p> <p>Ar gyfer eitem 3 ar y rhaglen:</p> <p>Alwen Williams, Cyfarwyddwr Bwrdd Uchelgais Economaidd Gogledd Cymru</p>



Eitem		Camau Gweithredu
1.	<p><u>Croeso, Cyflwyniadau ac Ymddiheuriadau</u> Estynnodd y cadeirydd groeso cynnes i bawb. Gwnaed cyflwyniadau a nodwyd yr ymddiheuriadau fel uchod.</p>	
2.	<p><u>Comisiynydd Plant Cymru</u> Roedd Sally Holland, Comisiynydd Plant Cymru yn bresennol i drafod sut mae BPRhGC yn gweithredu'r argymhellion o fewn yr adroddiad Dim Drws Anghywir ac i drafod unrhyw heriau parhaus sy'n wynebu'r rhanbarth. Roedd BPRhGC eisoes wedi darparu ymateb ysgrifenedig i bob un o'r argymhellion cyn y cyfarfod.</p>	
3.	<p><u>Y wybodaeth ddiweddaraf am Fwrdd Uchelgais Economaidd Gogledd Cymru (BUEGC)</u> Derbyniodd y Bwrdd ddiweddariad gan AW ar gynnydd Bargen Dwf BUEGC ar gyfer Gogledd Cymru.</p> <p>Mae'r Fargen Dwf wedi'i datblygu drwy gydweithio agos ac ymrwymiad gan bartneriaid ar draws holl sectorau, gan gynnwys y DU a Llywodraeth Cymru i ddarparu buddsoddiad positif cryf a newid fydd yn galluogi twf economaidd a chyflogaeth yn yr hirdymor.</p> <p>Mae'r Fargen Dwf gyda buddsoddiad o £240miliwn dros y 10/15 mlynedd nesaf yn anelu i:</p> <ul style="list-style-type: none"> <li>• Ddatblygu economi mwy bywiog, cynaliadwy a chadarn yng Ngogledd Cymru</li> <li>• I adeiladu ar ein cryfderau, i hybu cynhyrchiant tra'n mynd i'r afael â heriau hirdymor a rhwystrau economaidd i ddarparu twf cynhwysol.</li> <li>• Y dull yw hybu twf mewn ffordd raddol, gynhwysol a chynaliadwy, yn unol â Deddf Lles Cenedlaethau'r Dyfodol (Cymru) 2015</li> <li>• Creu rhwng 3,400 – 4,200 net o swyddi ychwanegol</li> <li>• Cynhyrchu £2.0 - £2.5 biliwn net o werth ychwanegol gros</li> </ul> <p>Eglurodd AW sut byddai'r Fargen Dwf yn cael ei darparu ar draws 5 rhaglen:</p> <p><u>Rhaglen Ddigidol</u> - anelu i fynd i'r afael â'r meysydd anodd i fuddsoddi ynddynt yn fasnachol a datgloi twf ar gyfer meysydd blaenoriaeth a safleoedd allweddol yng Ngogledd Cymru</p> <p><u>Rhaglen Tir ac Eiddo</u> - anelu i fynd i'r afael â'r prinder tir ac eiddo ar gyfer twf allweddol, darparu safleoedd allweddol i'r farchnad ar gyfer buddsoddwyr a datblygwyr</p> <p><u>Rhaglen Ynni Carbon Isel</u> – anelu i ddatgloi buddion economaidd ynni carbon isel trawsnewidiol drwy amrywiol brosiectau yng Ngogledd Cymru.</p> <p><u>Arloesi o fewn Gweithgynhyrchu Gwerth Uchel</u> – anelu i gydgrynhoi sefyllfa Gogledd Cymru fel sector gweithgynhyrchu pwerus ac arloesol drwy adeiladu ar arbenigedd presennol yn y rhanbarth drwy dargedu buddsoddiad mewn ymchwil a datblygu yn cefnogi anghenion hir sefydlog cefnogol.</p> <p><u>Rhaglen Bwyd-amaeth a Thwristiaeth</u> – anelu i adeiladu ar economi mwy cynaliadwy, bywiog a chryf o fewn y rhanbarth, datblygu cyfleoedd ar gyfer cyflogaeth a ffyniant drwy'r amgylchedd a thirwedd.</p>	

	<p>Roedd gan aelodau ddiddordeb mewn deall sut mae'r Fargen Dwf yn bwriadu hybu'r economi sylfaenol o fewn lechyd a Gofal Cymdeithasol. Mae Gogledd Cymru yn parhau i wynebu materion sylweddol yn y gweithlu, gan fethu denu i swyddi cyflog uchel gyda BIPBC ac mae wedi herio BUEGC i gwestiynu effaith y mentrau ar wasanaethau sector cyhoeddus.</p> <p>Gofynnwyd i'r Bwrdd nodi'r angen i fod yn realistig o ran beth ellir ei gyflawni o dan y Fargen Dwf gyda £240miliwn o gynnig ariannol ddim digon i gyflawni holl faterion yn y rhanbarth ac i drawsnewid yr economi. Bydd BUEGC yn parhau i leisio pryder fel rhanbarth ar y buddsoddiad ychwanegol sy'n ofynnol yn y sector iechyd a gofal cymdeithasol a hybu holl gyfleoedd ym mhob maes gwaith.</p> <p>Mae hefyd yn bwysig nodi bod y £240miliwn wedi'i glustnodi ar gyfer buddsoddiad cyfalaf yn unig. Byddai angen arian refeniw i gymell effaith o fewn yr arena sgiliau a chyflogaeth. Mae BUEGC yn gweithio'n agos gyda Bwrdd Sgiliau Gogledd Cymru i gysylltu sgiliau a galw yn y dyfodol i fuddsoddiad cyfalaf. Mae asesiad ansawdd ac effaith yn cael ei gwblhau ar bob lefel o'r portffolio, gan gefnogi amrywiaeth yn y gweithle. Mae effaith Brexit a Covid hefyd wedi'i ystyried ar bob prosiect unigol, ac mae'r sefyllfa yn parhau i fod yn addasadwy gydag ailbrisio parhaus y buddsoddiadau a wneir.</p> <p>Diolchodd y cadeirydd i AW am y wybodaeth ddiweddaraf ar Fargen Dwf BUEGC.</p>	
4.	<p><u>Asesiad o Anghenion y Boblogaeth (AAB) yng Ngogledd Cymru/Adroddiad ar Sefydlogrwydd y Farchnad (ASF) - Catrin Roberts</u> Derbyniodd y Bwrdd adroddiad cynnydd gan CR ar baratoi dogfennau'r Asesiad o Anghenion y Boblogaeth a'r Adroddiad ar Sefydlogrwydd y Farchnad.</p> <p>Mae Llywodraeth Cymru wedi gofyn i awdurdodau lleol a byrddau iechyd asesu'r galw am anghenion gofal a chefnogaeth eu poblogaeth leol drwy Asesiad o Anghenion y Boblogaeth, erbyn Ebrill 2022 ac i awdurdodau lleol a byrddau iechyd ystyried digonolrwydd a sefydlogrwydd cyflenwad wrth fodloni'r galw hwnnw drwy Adroddiad Sefydlogrwydd y Farchnad erbyn Mehefin 2022; drwy'r Bwrdd Partneriaeth Rhanbarthol.</p> <p>Mae'r Tîm Cydweithio Rhanbarthol yn darparu cymorth rheoli prosiect ar gyfer yr elfennau rhanbarthol, wrth ddatblygu templedi, trefnu grwpiau rhanbarthol i ddarparu cefnogaeth gan gymheiriaid i swyddogion arweiniol lleol, adolygu a chlustnodi data y gellid eu defnyddio ar gyfer yr adroddiadau lleol, a dod â phopeth ynghyd ar ffurf asesiad o anghenion y boblogaeth yn gyffredinol ac adroddiad o sefydlogrwydd y farchnad ar gyfer ardal gyfan y Bwrdd Partneriaeth Rhanbarthol. Bydd pob awdurdod lleol yn gwneud asesiad o anghenion y boblogaeth a llunio adroddiad ar sefydlogrwydd y farchnad ar gyfer eu hardaloedd hwy.</p> <p>Mae gwaith a gwblhawyd rhwng Mawrth a Mai 2021 yn cynnwys:</p> <ul style="list-style-type: none"> <li>• Ffurio grŵp llywio gan gynnwys aelodau o'r chwe awdurdod lleol, Bwrdd Iechyd Prifysgol Betsi Cadwaladr ac Iechyd Cyhoeddus Cymru; cynhaliwyd y cyfarfod cyntaf ar 11 Mai.</li> </ul>	

	<ul style="list-style-type: none"> <li>Sefydlu timau prosiect lleol gan gynnwys gweithwyr yr awdurdodau lleol a chynrychiolwyr o Fwrdd Iechyd Prifysgol Betsi Cadwaladr.</li> <li>Datblygu templedi i'r timau prosiect lleol eu defnyddio wrth wneud eu hasesiadau lleol o anghenion y boblogaeth a llunio'u hadroddiadau ar sefydlogrwydd y farchnad.</li> <li>Sefydlu system ranbarthol ar gyfer rhannu ffeiliau drwy SharePoint a dechrau creu llyfrgell o wybodaeth a data at ddefnydd y timau lleol.</li> <li>Dechrau gweithio'n ranbarthol wrth gefnogi'r asesiadau, gan gynnwys diweddarau data ranbarthol a chasglu canfyddiadau yn deillio o weithgarwch ymgysylltu.</li> <li>Creu cysylltiadau â'r timau hynny sy'n datblygu Asesiadau Llesiant y Bwrdd Gwasanaethau Cyhoeddus, gan gynnwys cydweithio wrth gasglu canfyddiadau'n deillio o waith ymgysylltu a defnyddio data, cyrchu adroddiadau a rhannu gwybodaeth allweddol.</li> </ul> <p>Blaenoriaethau ar gyfer Mehefin – Awst 2021 yn cynnwys:</p> <ul style="list-style-type: none"> <li>Dal i gefnogi'r timau lleol wrth gasglu data, adroddiadau a gwybodaeth</li> <li>Hwyluso'r drefn o rannu gwybodaeth rhwng y timau lleol wrth iddynt lunio eu hadroddiadau, a hwyluso cefnogaeth gan gymheiriaid</li> <li>Cydlynu'r gwaith ymgysylltu â dinasyddion, defnyddwyr gwasanaethau a darparwyr er mwyn adnabod cyfleoedd ar gyfer ymgysylltu ranbarthol, isranbarthol a lleol</li> <li>Dal i gydlynu'r cysylltiadau rhwng yr Asesiadau o Anghenion y Boblogaeth a'r Adroddiadau ar Sefydlogrwydd y Farchnad a'r gwaith y mae timau'r Bwrdd Gwasanaethau Cyhoeddus yn ei wneud ar yr Asesiadau Llesiant</li> </ul> <p>Hysbysodd CR am y gwaith cwmpasu, deall y ddarpariaeth eisoes ar waith a'r gofynion ar draws y rhanbarth sy'n ddarn o waith sylweddol, a bydd cydweithwyr ranbarthol ar gael i ddarparu cefnogaeth ar gyfer y broses gyfan. Y bwriad yw cwblhau adroddiadau lleol erbyn Tachwedd 2021, i ganiatau digon o amser i bartneriaid fynd â'r adroddiad drwy eu proses lywodraethu.</p> <p>Unwaith y bydd dogfennau wedi eu cwblhau, bydd yna raglen ar waith i sicrhau adolygiad rheolaidd o ddata ac ystyried unrhyw wybodaeth na ystyriwyd yn ystod y cam cwmpasu cyntaf.</p> <p>Diolchodd y Cadeirydd i CR am yr adroddiad cynnydd AAB/ASF.</p>	
5.	<p><u>Adroddiad Blyneddol Canolbwynt Cydlynu Ymchwil, Arloesi a Gwelliant Gogledd Cymru 2020-21</u></p> <p>Cyflwynodd CR Adroddiad Blyneddol cyntaf Canolbwynt Cydlynu Ymchwil, Arloesi a Gwelliant, oedd yn cynnwys y flwyddyn lawn gyntaf yn y gwasanaeth.</p> <p>Cafodd y Tîm Canolbwynt RIIC ei lansio ym mis Mai 2020 ar ddechrau'r pandemig ac o ganlyniad cafodd y tîm ei adleoli yn uniongyrchol i gefnogi Covid-19. Mae'r tîm wedi cyflawni llawer yn ystod y 12 mis diwethaf ac mae'r uchafbwyntiau yn cynnwys:</p> <ul style="list-style-type: none"> <li>Adolygiad cyflym o effaith Covid-19 ar bobl sydd arnynt angen gofal a chymorth, gan gynnwys arloesi mewn gwasanaethau.</li> <li>Cefnogi prosiectau trawsnewid a phrosiectau Cronfa Gofal Integredig</li> </ul>	

	<p>i ddefnyddio tystiolaeth drwy gynnal chwiliadau o ddeunydd darllen, darparu cyngor a chefnogaeth gyda chreu arolygon ar-lein, dadansoddi data a dulliau ymchwil ar gyfer adrodd hanes.</p> <ul style="list-style-type: none"> <li>• Gweithio gyda Gofal Cymdeithasol Cymru i edrych ar y defnydd o dystiolaeth o fewn gofal cymdeithasol</li> <li>• Trefnu Labordy Arloesi Gofal Cymdeithasol gyda Phrifysgol Bangor a oedd yn canolbwyntio ar dechnoleg ddigidol a Labordai Byw gyda'r Asiantaeth Arloesi.</li> <li>• Hyrwyddo digwyddiadau, cyfleoedd ariannu a gwaith y tîm ar ein gwefan, ein cyfrif Twitter a thrwy newyddlenni rheolaidd dros e-bost. Mae hynny'n cynnwys trydar yn fyw yn ystod digwyddiadau allweddol yn y rhanbarth</li> </ul> <p>Mae gwaith a drefnwyd ar gyfer 2021-2022 yn cynnwys:</p> <ul style="list-style-type: none"> <li>• Cefnogi gwaith o ran asesiad o anghenion y boblogaeth ac adroddiadau sefydlogrwydd y farchnad.</li> <li>• Parhau i fapio gweithgareddau ymchwil, arloesi a gwelliant ar draws gogledd Cymru ac asesu i ba raddau y maen nhw'n cyd-fynd â blaenoriaethau rhanbarthol a chenedlaethol.</li> <li>• Datblygu strategaeth ymchwil, arloesi a gwella</li> <li>• Parhau i gefnogi'r rhaglen drawsnewid a chynorthwyo partneriaid eraill i ddatblygu eu gweithgareddau ymchwil, arloesi a gwelliant.</li> <li>• Parhau i ddatblygu'r wefan i sicrhau bod holl adnoddau yn hygyrch i'r gymuned ehangach.</li> <li>• Datblygu adroddiad yn ystyried cynaliadwyedd hirdymor y gwasanaeth Canolbwynt RIIC</li> </ul> <p>Diolchodd y cadeirydd i CR am y diweddariad cynhwysfawr ar Adroddiad Blyneddol Canolbwynt RIIC.</p>	
6.	<p><u>Diweddariad ar waith adfer BIPBC</u></p> <p>Rhoddodd MWil ddiweddariad byr ar waith adfer BIPBC. Roedd cydweithwyr BIPBC yn nodi cymhlethdod wrth ganolbwyntio ar adferiad tra hefyd yn delio gyda'r cynnydd mewn achosion Covid a welir o fewn lleoliadau yn y gymuned.</p> <p>Roedd MWil yn canolbwyntio'r diweddariad ar 4 Niwed Covid: Niwed o Covid ei hun – mae'r cynnydd diweddar o Covid yn y gymuned yn parhau'n bryder i'r system lechyd a Gofal Cymdeithasol, gan effeithio ar absenoldeb staff a gofal sylfaenol. Er yn nifer gymharol fach, bydd hyn yn cael mwy o effaith ar y gallu i ddarparu gwasanaethau eraill o fewn y system. Nodwyd pryder hefyd yn ymwneud â'r nifer sylweddol o ymwelwyr a ddisgwylir yng Ngogledd Cymru yn ystod y misoedd nesaf ac fel sut y bydd hyn yn rhoi pwysau gormodol ar y system.</p> <p>Niwed o system GIG a Gofal Cymdeithasol wedi'i lethu – mewn perthynas â'r fflw/feirws a ragwelir yn ystod y gaeaf 21/22. Er bod Enfys Bangor a Llandudno yn y broses o gael eu datgomisiynu, bydd Enfys Glannau Dyfrdwy yn parhau tan fis Mawrth 2022, ac yn cael ei ddefnyddio i weinyddu'r pigiad atgyfnerthu dros y misoedd nesaf ac fel lleoliad wrth gefn ar gyfer cynnydd posibl dros gyfnod y gaeaf.</p> <p>Niwed o ostyngiad mewn gweithgaredd arall – mae rhestrau aros wedi cynyddu'n sylweddol dros y 18 mis diwethaf ac er bod amseroedd aros yn statig yn gyffredinol, y ffactor cyfyngus presennol yw recriwtio'r gweithlu.</p>	

Niwed o weithgaredd anghymdeithasol ehangach/cyfnod clo – cam cynllunio cynnar ar gyfer cyllid lechyd Meddwl, gyda chynnydd i'w weld mewn atgyfeiriadau iechyd meddwl oedolion wedi'i gyfuno gyda chyfyngiadau cymhwyster, yn cael effaith ar asesiadau amserol. Mae Gwasanaeth Iechyd Meddwl Plant ac Oedolion (GIMPO) a newro ddatblygiad yn derbyn blaenoriaeth, mae perfformiad yn her o fewn y 28 diwrnod o asesiad.

Roedd LR yn nodi pryder gyda'r cynnydd disgwylidig mewn ymwelwyr yn y rhanbarth o ardaloedd sydd eisoes wedi ymlacio eu cyfyngiadau, bydd ymwelwyr angen deall bod cyfyngiadau yn parhau ar waith yng Ngogledd Cymru. Mae'r mwyafrif o gleifion yn yr ysbyty gyda Covid ar hyn o bryd yn bennaf yn unigolion sydd heb dderbyn brechlyn, gan atgyfnerthu gwerth y rhaglen frechu, gyda BIPBC yn parhau i atgyfnerthu'r neges i'r cymunedau ehangach sy'n anodd eu cyrraedd, bod pawb angen eu brechu ar gyfer adferiad llwyddiannus.

Roedd Cyng BF yn nodi pryder mewn perthynas â'r 3 mater:

1. Yr ôl-groniad o atgyfeiriadau o fewn GIMPO, mewn perthynas â'r cynnydd diweddar mewn plant a phobl ifanc yn dangos materion ymddygiad ac iechyd meddwl o ganlyniad i'r cyfnod clo a'r pandemig. Roedd BEJ yn rhoi sicrwydd ynglŷn ag ôl-groniad atgyfeiriadau GIMPO a chadarnhaodd bod holl atgyfeiriadau brys yn cael eu gweld ar unwaith. Roedd y rhestr aros dros 28 diwrnod yn parhau i dyfu, gyda chynlluniau ar waith i gomisiynu contract allanol i gefnogi'r ffrwd waith a chyflawni'r mesur lechyd Meddwl. Mae Gogledd Cymru wedi gweld cynnydd sylweddol mewn atgyfeiriadau ers i blant ddychwelyd i'r ysgol, yn arbennig yn ystod y 2 fis diwethaf, gyda chynnydd o fewn yr adran achosion brys gyda hunan-niwed o ganlyniad i fethiant lleoliad. Yn ogystal, mae caffael y gweithlu, gyda phrinder unigolion arbenigol hefyd yn cael effaith niweidiol ar y gwasanaeth. Mae BIPBC yn gweithio gyda ALI i gyflenwi staff sydd wedi gwneud cynnydd sylweddol ar weithio gyda phlant a phobl ifanc a datblygu a chefnogi'r daith tuag at welliant.
2. Nodwyd bod 25% o'r boblogaeth wedi'u heintio gyda Covid tra'n aros yn yr ysbyty a gofynnwyd sut byddai'r sector GIG yn ymdrechu i wneud pob ymdrech i atal haint yn y dyfodol. Roedd MWil yn cydnabod bod rhai cleifion yn anffodus wedi'u heintio gyda Covid tra yn yr ysbyty, ni fyddai MWil yn gwneud sylw ar ffigwr BIPBC ac roedd yn credu bod y ffigwr 25% ar gyfer Cymru gyfan. Er bod yr haint o fewn pob un o'r 3 phrif ysbyty yn achosi pryder, gyda gwersi a ddysgwyd, mae mesurau rheoli ac atal haint ychwanegol wedi eu cymryd ar draws pob safle i liniaru a chyfyngu lledaeniad Covid.
3. Beth yw cynigion BIPBC ar gyfer cyfathrebu gyda'r cyhoedd i sicrhau bod gwasanaethau BIPBC yn ailddechrau ac i leddfu pryderon sy'n ymwneud â materion iechyd. Dywedodd MWil fod BIPBC yn rhagweithiol o ran cyfathrebu gyda chleifion, dilysu rhestrau aros a gweithio drwy ofal cychwynnol, gan fod yn ymwybodol bod angen gwneud mwy o waith ynglŷn â chyfathrebu.

	Hysbysodd EH y bwrdd am ymgyrch Llywodraeth Cymru 'Ein Helpu Ni i'ch Helpu Chi'. Mae'r pandemig wedi darparu cyfleoedd sylweddol i symleiddio gwasanaethau GIG a bydd yr ymgyrch 'Ein Helpu Ni i'ch Helpu Chi' yn dechrau newid ymddygiad sy'n ofynnol mewn perthynas â gwasanaethau GIG yn y dyfodol.	
7.	<p><u>Nodiadau a chymau gweithredu'r cyfarfod diwethaf - Mehefin 2021</u></p> <p>Cytunwyd bod cofnodion cyfarfod 11.6.2021 yn gywir a bod yr holl gamau gweithredu wedi'u cymryd.</p> <p>Manteisiodd y cadeirydd ar y cyfle i ddiolch yn ffurfiol i'r Cyng Joan Lowe, sydd wedi camu i lawr o CBSW yn ddiweddar am fod yn aelod hir sefydlog o'r BPRhGC. Hefyd, diolchodd y cadeirydd i JGI am ei gyfraniad i'r bwrdd yn y 2 flynedd ddiwethaf.</p> <p>Roedd JGI yn dymuno'n dda i'r bwrdd am y gwaith a wnaed ar draws Gogledd Cymru.</p>	
8.	Unrhyw fusnes arall – dim byd i'w adrodd	
9.	<p>Cafodd y ddogfen ganlynol ei chynnwys er gwybodaeth:</p> <ul style="list-style-type: none"> <li>Newyddlen Mehefin BPRhGC</li> </ul>	
	<p><b>Dyddiad y cyfarfod nesaf:</b></p> <p>Dydd Gwener, 10 Medi 2021 9:00 – 12:00</p>	



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Partnerships, People and Population Health Committee 14.10.21</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Public Service Board – Conwy and Denbighshire and Area Integrated Service Board</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Chris Stockport Executive Director Primary and Community Services						
<b>Awdur yr Adroddiad Report Author:</b>	Bethan Jones, Area Director - Central						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Central Area Strategic Leadership Team 12 <sup>th</sup> October 2021						
<b>Atodiadau Appendices:</b>	<a href="http://conwyanddenbighshirelsb.org.uk">Conwy and Denbighshire Public Services Board – Building better communities (conwyanddenbighshirelsb.org.uk)</a>  Appendix 1 – Conwy and Denbighshire PSB Annual Report 2020-21 Appendix 2 - Bwthyn Y Ddol artists impression						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to note the contents of this report and to provide its support to the direction of travel of the Conwy & Denbighshire Public Services Board and the Central Area Transformation Agenda.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	<b>X</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
This report is not requesting a strategic decision it is for information.							
<b>Sefyllfa / Situation:</b>							
This report has been prepared to update the Committee on the work of the Conwy and Denbighshire Public Services Board and the Central Area Integrated Service Board.							

## Cefndir / Background:

### 1. Conwy & Denbighshire Public Service Board (PSB)

In April 2016, the Wellbeing of Future Generations (Wales) Act 2015 established a statutory board, known as a Public Services Board (PSB), in each local authority area in Wales. Conwy and Denbighshire have used the power within the Act to merge both of their separate PSBs into a single PSB for the Conwy and Denbighshire region.

The PSB is a collection of public bodies working together to improve the well-being of their county. This means that as a group the Conwy and Denbighshire PSB must improve the economic, social, environmental and cultural well-being of the Conwy and Denbighshire area by working to achieve the 7 Well-being goals:

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

Initially the PSB had four main tasks:

1. To prepare and publish an assessment of the state of economic, social, environmental and cultural well-being of Conwy and Denbighshire.
2. To prepare and publish a Local Well-being Plan for the counties of Conwy and Denbighshire setting out local objectives and the steps it proposes to take to meet them.
3. To take all reasonable steps to meet the local objectives.
4. To prepare and publish an annual report that sets out the Board's progress in meeting the local objective

### 2. Central Area Integrated Service Board (AISB)

The purpose of the group is to provide strategic leadership to the development of the model for Health and Wellbeing Services within the Area.

To develop and oversee the delivery of integrated services in the counties of Conwy & Denbighshire in line with the agreed objectives of the Health Board and partner agencies, including Wales Ambulance Service Trust (WAST), Conwy County Council and Denbighshire County Council; and the local delivery of the Part 9 Regional Partnership Board priorities. The group's specific responsibilities include:

- Strategic shaping of local priorities, services and service delivery models for the local population
- Allocation and redeployment of "resources" (in the broadest sense) and oversight and agreement of areas for pooled budgets
- Agree the allocation and co-ordination of Grant monies relevant to the ISB
- Raising awareness of broader grants and the impact of these within the ISB organisations
- To act as the Programme Board for Integrated Care Fund (ICF) and Primary Care monies; assessing the effectiveness of delivery and evaluation reports



- To agree a joint performance dashboard for Health and Wellbeing within the Area and to receive regular performance and quality reports
- Integrated workforce design, capacity and development
- Area level delivery of the unscheduled care Agenda
- Review of asset management/co-ordination and joint utilisation
- Integrated ICT Strategy
- Integrated engagement and communication strategy

## **Asesu a Dadansoddi / Assessment & Analysis**

### **1. Conwy & Denbighshire PSB**

2020/2021 Annual Report is included as Appendix 1

As a consequence of the pandemic a number of Board Meetings were cancelled and much of our project work put on hold as the strategic and operational focus shifted to emergency planning and business continuity. All PSB Member organisations have spent this period of time responding to the pandemic - supporting communities and businesses, as well as adapting and creating new services to continue delivering public services.

The annual report looks back on a most extraordinary year, however as a Board we have also looked forward to consider what aspects of service change we want to retain as we move into a 'new normal'. We have been working in partnership with Wrexham Glyndwr University to review our purpose and how we can work as a Board going forward.

Additionally work is underway to prepare for a new well-being plan. All this year there has been a multi-agency team working on updating the statutory Well-being Assessment – the key evidence base that will inform our Wellbeing plan. Preparing for this new plan will be a key focus and a significant commitment for the next 12 months.

As stated above this year we started a review of our Well-being Assessment. A Well-being Assessment seeks to capture the strengths and assets of its people and communities. It also seeks to describe the challenges and opportunities faced both now and in the future. The review of the Well-being Assessment will be informed by new data, updated national and local research and most importantly feedback provided to us from residents, visitors and businesses across Conwy and Denbighshire. It will give us insight into what the new pressures are and whilst it is too early to fully comprehend, it will give some insight into the impact of Covid19 and Brexit. A first draft will be available by October 2021.

We will need to ensure a link between the work currently ongoing within the Health Board to refresh its Staying Healthier, Living Well Strategy and the regional needs assessment which is being carried out by the Regional Partnership Board.

### **2. Central Area Integrated Service Board**

Much of the partnership work on the ground over the past year has been our joint response to Covid19 with regular daily, three times a week or weekly meetings dependant on the level of Covid19 escalation.

## 2.1 Transformation Funds

The Transformation Fund was targeted at priority projects and new models of health and social care, with the aim of speeding up their development and demonstrating their value.

The **Community Services** Transformation Programme was established to deliver on the ambition for sustainable and integrated community health & social care. Its vision being for an integrated model of placed-based health and social care to provide seamless services to the people of all ages in Conwy & Denbighshire

It reports to the Area ISB and is governed by a partnership forum made of Health, Primary care/Cluster, Social Care & Voluntary Services Council, chaired by the Area Director.



To achieve this vision, the agreed objectives of the programme (set out below) are being delivered through a systematic and controlled delivery of projects and task and finish activities that are concentrated across 5 work streams:

- i. Establish 4 x Integrated Health and Social Care Locality bodies that will support a paradigm shift away from an acute medical inpatient care model towards a whole system social model of care, where maintaining health and well-being are prioritised.
- ii. Build on the work to date of the existing 9 x Community Resource Teams to refine and develop new ways of working that support the integration of service delivery.
- iii. Undertake a detailed analysis across the whole breadth of the health and social care economy to determine the extent to which current and future demand is and can be met.
- iv. Develop a skilled and sustainable workforce to meet the community transformation agenda. Identify a model for digitally-enabled care, support and well-being.
- v. Develop community networks, working with the third sector to support well-being services, promoting inclusion and participation and co-ordinating social prescription.

As with all large scale and dynamic change programmes, it has been necessary to flex and adapt within a changing and challenging operating environment to ensure that the programme can continue to meet its stated objectives

The impact of Covid19 led to some projects experiencing a significant delay and in response outputs from the original work packages were reviewed and revised as necessary to take account of these impacts.

Although there was slippage many of the larger projects within the work streams – Skills for Health, Workforce Development, Conwy West Pacesetter Governance Options and Grant Thornton, Whole System Analysis - have been completed or are nearing final completion.

We are currently reviewing the outcome of this work to develop our plan moving forward.

## **2.2 Integrated Care Fund (ICF) Funded Projects**

Moving forward a key priority for the AISB is a thorough evaluation of the ICF Projects to agree the use of the revised WG Grant Funding scheme which will be in place from next year.

### **Opsiynau a ystyriwyd / Options considered**

1. The PSB will be undertaking the work to translate the Well-being Assessment into a new Well-being Plan.
2. In relation to the AISB it will be considering the Project Evaluations in order to agree the partnership priorities going forward for Conwy & Denbighshire and the use of the Welsh Government Grants that it receives under the governance of the Regional Partnership Board.

### **Goblygiadau Ariannol / Financial Implications**

There are no immediate budget implications from the work of the PSB however the work of the AISB will have a financial impact for BCU. This will either be from the removal of funding for a Project as it has not been deemed to be effective or through additional funding for new projects to support Transformation.

As way of illustration the Central Area receives for the current year 2021/22 in the region of £7million through ICF funding and £1.7 million from Transformation. It should be noted that this is **not** just for BCU but is spent across BCU and partners in particular Conwy CBC, Denbighshire CC and the Voluntary Sector.

### **Dadansoddiad Risk / Risk Analysis**

The risks associated with Partnership working are that we are unable to agree to a joint set of priorities and that organisational interests outweigh the focus on citizen wellbeing.

There are also risks associated with short term funding with the need to embed successful projects into core service delivery and the consequential financial plan that will be required to do this.

### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

The PSB is a statutory board set up under Part 4 of the Wellbeing of Future Generations Wales Act 2015.

The Area Integrated Services Board is a partnership group which works at local level under the framework of the North Wales Regional Partnership Board established under the Social Services and Well-being (Wales) Act 2014'

### **Asesiad Effaith / Impact Assessment**

Impact assessments are undertaken for individual projects.



## Conwy and Denbighshire Public Services Board

### Annual Report 2020/2021 - A Self-reflection on the year.

**Welcome to our third Annual Report.** This report is our self-reflection about the difference we have made in the third year of our 5 year [well-being plan](#). An annual report is essential to make sure that as a Board, we are accountable to the public and can self-assess what we have achieved, challenge ourselves as to whether we are making a difference and consider what we can learn to improve for the future. All our work is aligned with the Wellbeing of Future Generations (Wales) Act 2015 and the [5 ways of working](#).

You can visit our website to find out more [about us as a Board](#) and to learn more about our progress in the [first](#) and [second](#) year of our plan.

### Achievements this year

The last year has been dominated by the global coronavirus pandemic. The outbreak has been described as the biggest challenge for the world since World War Two. COVID 19 has for most people, been the most difficult and emotional circumstances they have ever experienced. Never before have the lives of so many people around the world been affected at this scale or speed. As a result, we cancelled some of our Board meetings and project work as strategic and operational focus shifted to emergency planning and business continuity. All PSB Member organisations have spent this period of time responding to the pandemic - supporting communities and businesses, as well as adapting and creating new services to continue delivering public services.

Through these extremely challenging times, we have continued to collaborate and work closely together, however in line with the Civil Contingencies Act 2004, collaboration and delivery of emergency response took place via the North Wales Local Resilience forum. We all played an integral part in the response to the pandemic and underpinning Strategic Coordination Group and Tactical Coordination Group structures. As such, a number of PSB Well-being Plan actions were put on hold whilst services dealt with frontline response and staff from other services were redeployed to assist with service and pandemic related pressures. This included:

- Caring for people hospitalised by COVID
- Ensuring fire safety considerations / fire risk assessments were included to help keep patients safe in the new field hospital sites
- Rolling out the COVID vaccine programme
- Supporting vulnerable people in care homes and at home
- Providing keyworker childcare and online education
- Providing local communities with key information about COVID rules
- Providing a community support service delivering food and prescriptions
- Issuing business grants on behalf of Welsh Government
- Implementing Trace and Trace locally

- Monitoring and educating about compliance with COVID Rules and issuing fines where necessary
- Seconding our staff across services and organisations as needed

The Conwy and Denbighshire PSB are committed, and stand ready, to playing a key role in the regions recovery from the pandemic as the Strategic Coordination Group idles and hands primacy to the Recovery Coordination Group.

Our meetings did recommence online when the response to the pandemic permitted. As soon as we were able to provide simultaneous translation the meetings were made open to the public and we have continued to publish minutes online. Going forward, we will continue to hold some meetings virtually. This is a better use of senior manager's time, makes meetings more accessible for the public to observe and reduces our carbon footprint – contributing to our environmental resilience priority.

## **Our priorities**

As the first lockdown eased, we held a workshop to review our priorities to ensure they were still relevant to the local community and the seismic shift in people's day to day needs. We concluded that our priorities still hold true, with elements of the current priorities being even more important and relevant in the current climate. We have also added some new focus areas that we think will help communities recover from the pandemic. Below is an overview of our current position.

### **1. People – Supporting Good Mental Well-being**

#### **What difference have we made?**

The PSB work on this priority has been paused owing to the pandemic. However this does not mean that there is no support in this area. There are a number of groups and charities that are working in this field such as:

- DPJ Foundation
- Tir Dewi
- Mind Cymru
- ICAN
- Bwrdd Iechyd Betsi Cadwaladr
- Farm and Community Network
- RABI

Both farming unions and young farmers also have been doing great work in this field over the years to raise awareness on the topic. Projects include:

- [Ffit I Ffermio](#) – A 40 page booklet has been developed by a team with experience of farming and men's health - in Welsh and English. Originally written by Dr Ian Banks, himself a farmer, it has been revised and redesigned in partnership with several farming and rural organisations and has been distributed to all farm holdings in Conwy.

- It's Good to Talk – a night to raise awareness of Mental Health
- Mental health first aid – which was run by DPJ with around 25 individuals attending. This was to showcase the symptoms so they could acknowledge any problem / issues / concerns
- Mart Llanrwst – Nurses from BETSI and ICAN officers planned to visit and test cholesterol and blood pressures of the farmers and to support their mental wellbeing – however due to COVID this project was postponed.
- Yr Eisteddfod – A session was held at the Conwy Eisteddfod to raise awareness and Alun Elidiyr shared his experience of dealing with Mental Health.
- ICAN Centres – Two drop-in ICAN community hubs opened in Rhyl and Prestatyn in February and March 2020, which can be accessed on a drop-in basis, without a referral or appointment. The community space offers people a chance to talk through their problems and to be listened to without judgement, and access the services and support.

### **Are we making a difference and what can we learn to progress in the future?**

There are some excellent good practice examples for this priority but there is more we can do collaboratively. Owing to the pandemic the PSB area of work has not progressed and as COVID pressures ease, we plan to establish a sub group with the aim of bringing multiple work strands together to maximise the effect in addressing the two focus areas below (which were agreed by the Board in November 2020) -

- **Farming / rural community**
  - Build upon good practice to raise awareness around Mental wellbeing and support targeted to the farming / rural communities in Conwy and Denbighshire counties.
  - Increase mental health literacy amongst support agencies.
  - Partnership working in the area to integrate mental wellbeing across farm agencies and develop further outreach programmes.
  - Invite Samaritans (Cymru) to do one of their 'rural workshops' in the area, which delivers the 'working with compassion' toolkit. The workshop places a focus on mental health.
- **Mental well-being of children (in educational setting)**
  - Building upon Adverse Childhood Experiences (ACE) work and use as a platform for training and development for school staff in supporting children's mental wellbeing
  - Work with local partners to support educational settings to access specialist mental health and wellbeing support as required –early help hubs, single points of access for children's mental wellbeing, adopt 'no wrong door' model.
  - Support Welsh Government in embedding a whole-school approach to mental health and emotional wellbeing.
  - Link with libraries and their provision of Emotional Literacy Support.

## 2. Communities – Supporting Community Empowerment

### What difference have we made?

- **Dementia support** – Denbighshire Voluntary Services Council are leading on this through their Dementia Aware community led programme. The programme delivery has been repurposed to consider the COVID-19 landscape, such as online networking events and e-learning training.

DVSC has continued to deliver its services online with the Network meetings and online training. They have also been working closely with the local Action Groups and community to re-develop or provide alternative delivery of existing programmes, services, and activities so they can continue to support the local communities, along with delivering regular Dementia Friends awareness sessions across Denbighshire.

- **Social prescribing** – looking at a whole-system support pathway for residents on clinical weight management programmes, so that they are also offered support to engage with community activities that should improve overall physical and mental health, therefore making the interventions more sustainable.
- **Digital connectivity** – this is a new topic area that was identified by the PSB as a priority area in light of the impact of COVID-19 on increased home working and schooling. The situation has highlighted the importance of good digital infrastructure both for enabling community resilience during the pandemic and also for the new world that will develop post-pandemic (in anticipation of increased levels of home working in the future. A report on the situation in Conwy & Denbighshire was brought to PSB in November, and further discussions are to take place with the Lead for the North Wales Economic Ambition Board.

### Are we making a difference and what can we learn to progress in the future?

The Dementia Aware Denbighshire Network has grown in strength and attendance offering a safe space for people to share concerns or information, get advice and learn more about Dementia and services available in Denbighshire. The Network allowed for opportunity to meet with people from other local organisations working with the same aims which has been valuable - especially in lockdown when they continued on Zoom. The Dementia Aware Denbighshire Grant Programme has been an enormously successful opportunity for the whole community, where it has inspired and will continue to inspire everyone across Denbighshire to become involved and spread the news. The programme in Denbighshire has influenced and inspired local communities to work together and explores ways of creating Dementia Friendly Groups across the county, by sharing information through meetings and stimulating initiatives in the county's towns. The next steps are to continue to work with local communities to influence and support them to become Dementia Friendly groups and to continue to support local Dementia projects and activities to become sustainable.

There is great scope for cross-sector collaboration within the projects above. With the social prescribing/weight management initiative in particular, good working



relationships were established between partners and there was much enthusiasm pre-pandemic. However, the work was paused during the pandemic due to a shift in priorities and limitations in terms of the social prescribing opportunities on offer during lockdown. It has potential to be effective again, if resource to facilitate and coordinate collaboration can be identified by PSB.

In terms of digital connectivity, Denbighshire and Conwy's strategies for improving infrastructure differ, though there is likely to be useful good practise learning to be shared. In-depth understanding of the strategies, challenges and opportunities could help PSB to progress this agenda across the region's footprint.

### 3. Place – Supporting Environment Resilience

#### What difference have we made?

- [Community Green Pledges](#) – We launched this scheme in January 2020 and we had started to gain momentum, celebrating 4 green pledges with a few weeks of launching the scheme. The scheme aims to encourage communities to reduce their environment impact and celebrate their success when they do so. Owing to COVID, the scheme was paused during 2020 but is now being relaunched in 2021 and at the time of writing we had received our 5<sup>th</sup> green pledge.

#### Case Study



We are delighted to announce that in 2020 Community Green Pledges were achieved by

1. **Llanfairfechan Town Hall** ( Silver Status)
2. **Denbigh in Bloom** (Platinum Status)
3. **Friends of Kinmel Bay Library** ( Bronze Status)
4. **Rhyl Community Fire Station** (Bronze Status)



Between them, these community groups have pledged to make a difference by upgrading their lighting to LED, swapping energy supply to renewable energy, insulating buildings, swapping to reusable party crockery, growing local food, planting drought tolerant & native wildlife friendly plants (so they don't need much watering in the summer), composting, recycling, providing a terracycle scheme, reducing paper use, and using a skills swap scheme to repair items.

#### Llanfairfechan Town Hall Committee said -

*"We're so pleased to receive our Silver pledge status. The changes we have made have helped our budget as well as the environment. We've seen a reduction in our bills and the hall is more attractive now it's warmer and sound proofed, so we're seeing an increase in bookings".*



Their top tips for making a pledge are:

- Make sure you have a place where people can drop items off easily
- Network – learn from others
- Make sure you have a team who are keen to help you
- Educate people on what you have on offer – use social media



- **Common organisational environment framework** – developing common steps/goals all PSB organisations can work towards to address the carbon reduction agenda. The framework has been revised to expand biodiversity and include the benefits from home working, the regional energy strategy and environmental certifications.
- **Green & Blues Spaces** – this is a new identified focus area looking at building on communities' re-connection and enthusiasm for their local environment during the 2020 and 2021 lockdowns and the role green and blue spaces have in our recovery from the pandemic, and in developing healthy communities.
- **Local Wellbeing Projects** – we are delighted that owing to a £25,000 Natural Resources Wales (NRW) Public Services Board grant to support delivery of the well-being objectives, we have supported two projects to promote sustainable travel via E-bikes in Colwyn Bay and community access to green spaces via a community woodland in Rhyl.

➤ **Coastal electric bike empowerment programme (E-bikes)**

We have funded £10,000 to purchase additional E bikes for the Coastal electric bike empowerment programme in Conwy.

The Rural Leisure Development team has used this money to expand their existing programme. Prior to lockdown, the team had been providing outreach sessions (within targeted areas) to support communities to engage more with the outdoors. They have been running specific electric bike activities to support people with mental health challenges, obese or weight management challenges and people who have been made homeless. To most people in this demographic riding a traditional bike may be difficult and they may have many barriers to overcome such as the cost of the equipment and the lack of confidence or experience in cycling. There is a great deal of evidence to demonstrate that electric bikes along with the support of qualified and experienced instructors, can help people become more active, healthy and have a better sense of wellbeing. This project brings together communities in the outdoors and encourages physical activity, and so supports all three of the PSB's priority areas.

The additional bikes will support the expansion of the project to the coastal area (based from Colwyn Bay/Porth Eirias area) utilising the paths from Conwy – Mostyn to encourage people from many communities to use cycling as a tool for both health, wellbeing and as a mode of transport. The team have supported many individuals to change their lifestyle. Some have changed their mode of transport from car to ebike after having a number of supported sessions. Others have joined local cycling clubs and some have gained qualifications in the sector and contributed back to the sport. In all cases participants have experienced a better sense of wellbeing.

When permitted, the project will deliver weekly sessions along the coastal path. The team are currently working with The National Trust and other partners on a similar project in the heart of Rural Conwy. As part of the project the instructors will teach road safety elements to help riders understand the Highway Code and best practice. Cycling has been shown to be a very positive and safe activity during these times. The need to socially distance and being outdoors in a well ventilated area both reducing the risk of infection compared to most other sports and activities. There is also no sharing of equipment making this activity one of the safest.

Work is developing with NRW to offer stopping points along the coastal bike routes that will raise environmental awareness. The Scheme is also hoping to develop other routes such as using Llyn Brenig and Lon Las Cefni. The team are also collaborating with Cartrefi Conwy to promote the project.

#### ➤ **Glan Morfa Community Woodland**

Glan Morfa is a former landfill of 85 acres. Historically, the site has always been used by local people but not in sufficient numbers because they were deterred by its derelict appearance and issues with illegal motorbike access and extensive fly tipping. When Denbighshire Countryside Service were asked to take over the management of the site it was important that we had a vision that eclipsed the obvious environmental quality issues. We quickly picked up on its strategic location immediately adjacent to some of the more disadvantaged wards in Wales and the opportunity to address the shortage of good quality public open space in this part of Rhyl. It is an area to take in fresh air and exercise and to learn about the environment – essentially to connect communities with nature. The challenge is to encourage positive use of the site and to change people's perceptions. This will only be possible by working with a variety of partners.

The funding made available via the PSB grant has allowed us to reconfigure the numerous access points and install signage. This will allow 'access for all' whilst making it difficult for "off road" motorbikes to gain access to the site. The output will result in increased usage by young families with prams, wheelchairs/disabled buggies and cyclists who once at the site are safe in the knowledge that they can

enjoy the flat and surfaced paths without the danger and annoyance of off - road motorbikes. North Wales Police receive many complaints relating to illegal/unauthorised access at Glan Morfa and fully support the proposal.

Additional benefits are that the 13,000 trees that have been planted to date as part of the PLANT project will be given additional protection. Other funding spent at the site in 2020/21 is £18,000 via DCC Commuted Sums and £33,000 via the PLANT project.

The project contributes to the following 3 themes and as set out in the Area Statement for NE Wales:

- Develop and improve urban/rural Green Infrastructure
- Increase woodland cover for social, environmental, and economic benefits
- Promote the resilience of ecosystems in maintaining and enhancing biodiversity

### **Are we making a difference and what can we learn to progress in the future?**

At a national and local scale, the Climate Emergency and Nature emergencies are recognised by many members of the PSB. The last twelve months have reminded us all how valuable the local environment and communities have been in lockdown and how important they will be in taking us forward.

We cannot work towards healthy places for people without resilient ecosystems and cannot make our ecosystems resilient without safeguarding stocks of natural resources. The regenerative economy safeguards and restores those stocks and is the route to the transformational change needed to achieve wellbeing.

Although COVID put our projects on hold, as we return to a new normal we must build upon the positive behavioural changes which COVID lockdowns have brought about (such as less commutes resulting in a reduction in air pollution and our carbon footprint). Looking ahead we will develop opportunities with communities to link climate and nature action with local wellbeing.

### **Other Areas of Work**

We're still working collaboratively with other partnerships and national bodies, to avoid duplication and to share ideas. This year we have -

- reviewed key risks in the area and discussed what we can all do to help each other. We've developed a risk register to help us monitor our local risks.
- reviewed our website to ensure that is accessible to people with sensory loss.
- developed and implemented an action plan to address the recommendations from Wales Audit Office's review into PSBs.
- contributed to the Welsh Parliament Public Accounts Committee review into the [Barriers to the successful Implementation of the Well-Being of Future Generations \(Wales\) Act 2015](#).

- participated in Welsh Government's working groups to discuss support for developing well-being assessments.
- reported our progress to the Joint Conwy and Denbighshire PSB scrutiny committee, who after a resumed meeting virtually in January 2020.

## Reflecting on this year

Whilst this report looks back on a most extraordinary year, we must also look forward and consider what aspects of service change we want to retain as we move into a 'new normal'. We have been working in partnership with Wrexham Glyndwr University to review our purpose and how we can work as a Board going forward.

The PSB sits amongst a number of collaborations across North Wales and we have used workshops with Glyndwr University to consider how we can continue to make a meaningful contribution to the partnership landscape without duplicating the work of other partnerships. We will continue to work on our future purpose and relationships and to ensure we learn and build upon the findings of the Public Accounts Committee Report.

## Looking Forward

This year we started a review of our [Well-being Assessment](#). A Well-being Assessment seeks to capture the strengths and assets of its people and communities. It also seeks to describe the challenges and opportunities faced both now and in the future. The review of the Well-being Assessment will be informed by new data, updated national and local research and most importantly feedback provided to us from residents, visitors and businesses across Conwy and Denbighshire. It will give us insight into what the new pressures are and whilst it is too early to fully comprehend, it will give some insight into the impact of COVID and Brexit. A first draft will be available by October 2021.

The feedback we receive from communities is vitally important. Those communities of interest who have lived experience are best placed to inform what are the challenges and opportunities, and what are the best ways to address them. Trying to engage during lockdown is a challenge in itself, but we also want to review our approach to engagement to ensure that we hear and listen to the voices of the seldom heard and that we feedback to people about what we have changed as a result of their contribution. To this end we are also reviewing our approach to engagement and developing a North Wales engagement network so that we can share community feedback and listen to new ideas whilst avoiding repeatedly asking communities the same questions. We will use the Wellbeing Assessment and community feedback to inform the development of a new PSB Wellbeing Plan which will be drafted by 2023.

## Get Involved

We want you to stay in touch & get involved in our work. You can:

- Come to one of our meetings, all the [dates and agendas](#) are published on our website
- Follow us on social media through [Facebook](#) and [Twitter](#)
- Stay involved and share your views through our [website](#)
- Email us at [countyconveration@conwy.gov.uk](mailto:countyconveration@conwy.gov.uk)
- Write to us at C/O Corporate Improvement and Development Team, Conwy County Borough Council, PO Box 1, Conwy, LL30 9GN
- Call us on 01492 574059 (BT Relay Service Customers with hearing or speech impairments can contact any Council service by dialling **18001** before the number they require).
- British Sign Language users can contact Conwy County Borough Council using a Sign Language interpreter, through the InterpretersLive! service, provided by Sign Solutions – visit [www.conwy.gov.uk/Contact-Us/sign](http://www.conwy.gov.uk/Contact-Us/sign)

We are happy to provide this document in large print, audio and braille.

**This document is also available in Welsh.**



Partnerships, People and Population Health Committee, 14<sup>th</sup> October 2021

Bwthyn y Ddôl – Appendix 2

Sub-Regional Children's Residential Assessment Unit





<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Partnerships, People and Population Health (PPPH) Committee 14.10.21</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Board Assurance Framework (BAF)</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Louise Brereton, Board Secretary						
<b>Awdur yr Adroddiad Report Author:</b>	Liz Jones, Assistant Director, Corporate Governance						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Executive Team						
<b>Atodiadau Appendices:</b>	Appendix 1 – Updated BAF principal risk sheets Appendix 2 – Key field guidance Appendix 3 – List of all current BAF risks, for information						
<b>Argymhelliad / Recommendation:</b>							
That the Committee approves the amendments to the BAF risks as set out below, including the consolidation of the previous Annual Plan and Budget risks.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
<p>The BAF incorporates the principal risks that the Board believes could adversely affect the achievement of its strategic priorities. The latest round of updates to the BAF has incorporated re-alignment in accordance with the establishment of new committees and terms of reference as a result of the recent Governance Review, the revised Board risk appetite following approval of the refreshed Risk Management Strategy &amp; Policy in July 2021, adjusted Executive portfolios and a consolidation of the previous Annual Plan and Budget risks to reflect Integrated Medium Term Plan requirements. This merger has reduced the number of BAF risks from 22 to 21. Each has a risk sheet setting out risk scores, controls, mitigation and gaps for action. The risk sheets are live documents that are proactively re-assessed on a monthly basis and adjusted as necessary in response to the changing risk environment.</p> <p>Each risk is allocated to a designated committee for scrutiny and monitoring purposes; the PPPH Committee has oversight of 8 principal risks, namely Sustainable Key Health Services, Primary Care</p>							



Sustainable Health Services, Mental Health Leadership Model, Effective Stakeholder Relationships in Mental Health, Culture-Staff Engagement, Digital Estate and Assets, Workforce Optimisation, and Development of the Integrated Medium Term Plan 2022/25. Each of these has been reviewed by the nominated Risk Lead, supported by the Office of the Board Secretary, and the latest iterations of the risk sheets are presented at Appendix 1.

### **Cefndir / Background:**

The current BAF design and monitoring arrangements were approved by the Board in January 2021. The BAF works in conjunction with the Corporate Risk Register, which is concerned with risks to the organisation's operational objectives as opposed to the BAF's focus on strategic level priorities.

Ownership of the BAF rests with the Board. Day to day responsibility for its co-ordination sits with the Board Secretary, whose team works closely with Risk Leads and other Risk Management colleagues to ensure that it remains a robust, responsive and visible tool. As well as scrutiny by nominated committees, the BAF's principal risks are subject to ongoing monitoring by the Executive Team, Risk Management Group and ultimately the Board itself.

The principal risks have been mapped across to the Board's strategic priorities; a wholesale review of the BAF will be required in the coming months, to ensure that it remains relevant to the priorities as the Board refreshes its overarching *Living Healthier, Staying Well* strategy. The services of the Good Governance Institute have been secured to provide expert support to this process in due course.

The updated position on the BAF risks assigned to the PPPH Committee is summarised below (this information is also reflected within the relevant BAF risk sheet at Appendix 1):-

- **BAF21-02 – Sustainable Key Health Services**

In respect of the first control relating to health inequalities, the smoking cessation service is now considered fully integrated, and therefore moves from the gap column into the mitigation column. Also in relation to the first control, in terms of the Tier 3 children's obesity service gap, the service is now in situ but does not as yet become a mitigation due to some outstanding recruitment activity, planned to be concluded by 31.10.21. In terms of the third control (Welsh Government oversight of work programmes), clarification has been added to the gap column to note that mid-year reports are due in October, and the date column reflects this 6 month effect. An additional mitigation has been added to the fourth control (a consistent regional strategic approach), to reflect the fact that recently appointed Consultants in Public Health have increased the expertise and support across the region. Given that its findings inform the strategic approach, completion of the next Population Needs Assessment has been added to the gap column, with a completion date of 31.5.22. The Risk Lead notes that:

- the population health risk increased due to lockdown, as a result of delays in services, forecast and unknown effects of COVID-19, and resource limitations affecting areas such as smoking cessation and obesity monitoring (many of the operational staff for lifestyle services were redeployed to support the COVID-19 response and vaccination programme)
- population Health is dependent upon system-wide commitment and actions through the Health Board's joint working with a range of partners including local authorities, the Third Sector, Education, Housing - all of which have been impacted by the need to respond to COVID-19, thus it is documented that health inequalities have worsened due to the pandemic e.g smoking and obesity.

These risks remain, therefore the risk scoring remains unchanged at the present time. Given the challenges of delivering sustainable key population health services to the wider population of North Wales within the context of increasing demand exceeding capacity, it is felt that achievement of the target risk score is a long term goal, potentially in 5-10 years. It is also acknowledged that this score is currently higher than the risk appetite – this will require further consideration by the Executive Lead and Risk Lead.

- **BAF21-03 – Primary Care Sustainable Health Services**

The primary care workforce plans gap/action under Control 2 (delivery of the All Wales Primary Care Model) has been updated to include a reference to refreshed age profiles, and the target date has been extended from July to December 2021.

In relation to Control 3 (increasing GP capacity) and Urgent Primary Care Centre pathfinders, the gap/actions have been updated to note that a business case has been developed and is currently progressing through the approval process, and will feature as part of Winter Plan. It is also noted that a Transformation Fund was launched in August, which will require a bedding-in period in order to become fully up and running. In addition, it is noted that the Health Board is participating in a 'six goals for urgent and emergency care' Welsh Government learning programme to support pathfinding.

The Academy gap/action relating to Control 4 (Primary and Community Care Academy) has been updated to reflect the business case's presentation to the Executive Team and the requirement to re-submit a revised case within 1 month, demonstrating greater alignment to other workforce strategies and financial plans, thus extending the target date from September to October 2021.

Control 5 regarding the Medical School has updated gaps/actions, noting that a Primary Care Sub-Group is now in place for managing placements and the curriculum, and noting that a Clinical Director Lead is required for medical education in primary care.

Control 6 (delivery of medical degrees) gap/actions have been updated to indicate that the modernised curriculum 'C21' intake of medical students will increase from 20 to 25 in the current year, rising to 40 in September 2022, and that capacity will be required in primary care to accommodate internships.

The gap/action for Control 7 has been updated to reflect progress on establishing a Dental Training Unit in Bangor, in that the tender process has now identified a preferred provider which the F&P Committee has approved pending full Board approval.

The gap/actions relating to Control 8 (cluster working) have been updated to reflect the need to align the Health Board's development of clusters to Welsh Government's accelerated cluster development programme, also noting that a Board development session relating to this topic is planned for December, and pan-cluster planning groups need to be in place by April 2022. The date for achievement of the target risk score is estimated as 5 years hence, being dependent upon the necessary investment. It is acknowledged that the target risk score is higher than the risk appetite. The Lead Executive and Risk Lead will need to give further consideration to this point.

- **BAF21-05 – Effective Stakeholder Relationships in Mental Health**

In respect of Control 1 regarding the Together for Mental Health (T4MH) Strategy, the first gap/action has moved forward, with the July T4MH Partnership Board meeting having taken place as planned, when its revised terms of reference were approved. The review of the Strategy is now in train and an outline plan of the refresh will be considered for approval at the Project Board meeting scheduled for 28.10.21. It is proposed that a one year approach is taken to the strategy, to keep it 'live' and dynamic. The Strategy refresh will involve engagement with partners and workshops. The Population Needs Assessment date has been pushed back to reflect its dependency upon local authority timelines.

In respect of Control 2 - Deputy Director attendance at the Regional Leadership Group - the previous action to ensure appropriate cover for appropriate attendance at Group meetings has been resolved and now forms part of mitigation.

In respect of Control 3 - Divisional Clinical Advisory Group (CAG) meetings - the action to present an updated service model to the CAG and then to the Regional Leadership Group has been updated to note that the timescale links to the MHL D Leadership BAF risk action for review of the Mental Health structure to ensure that it is fit for purpose and reflects new clinical pathways, with a target date of 31.12.21.

Control 5 - regular and concise communication with all staff groups across the Division - has been updated to show the action relating to CAMHS and MHL D Senior Leadership Team meetings is now complete, as regular meetings are taking place as part of Targeted Improvement arrangements..

In respect of Control 6 - service user, care and public involvement - the actions linked to the CANIAD contract being out to tender have been updated to reflect that the terms of reference of the Patient Engagement Group are being revised, a cycle of business drafted, and meetings are planned bi-monthly. Advocacy contract arrangements have been resolved.

In respect of Control 7- closer working with the CHC - the action to agree a process for sharing feedback from events with staff groups and develop an action plan following the Safe Space events facilitated by the CHC has been updated to note that positive feedback has been received from the CHC and Welsh Government Delivery Unit on the transparency of engagement processes and the new energy within the Division. This action is linked to the forthcoming end of the CANIAD contract - a co-design engagement process will take place to decide 'what good looks like', to inform a revised contract specification for the tender process. The completion date has been extended to March 2022 to align with the end of the CANIAD contract.

The Targeted Intervention Framework will be the consistent conduit which will be used to measure the Division's progress moving forward.

Risk scores remain unchanged. The Risk Lead anticipates that the target risk date will be achieved by 31.3.22.

- **BAF21-07 – Mental Health Leadership Model**

In respect of the action relating to the first control (to stabilise Senior Management with substantive posts, with sustainability needing to be reviewed to ensure continuity) - this is in progress, though there are still some senior interims employed due to tenures being extended until the Division's structure is finalised. The target date for this action has been pushed back from 1.9.21 to 31.12.21, to allow more time for discussions on the structure. Other dependent dates have been extended slightly to align with this timescale. The action related to the third control (finalise all 4 service areas draft Business Continuity Plans for implementation) is now complete, and becomes a mitigation. The cycle of business action relating to the fourth control (Divisional governance structure) is also now complete, and becomes a mitigation. It is anticipated that the target risk score will be achieved by 31.3.22, following a bedding-down of the leadership model. The Targeted Intervention Framework will be the consistent conduit which will be used to measure the Division's progress moving forward.

- **BAF21-11 – Culture – Staff Engagement**

Significant progress has been made in respect of the launch of the Work in Confidence platform; the appointment of Speak Out Safely Guardians, and the multi-disciplinary team (MDT) being established to review concerns raised, agree actions and monitor themes for learning purposes. Completion of the overarching Standard Operating Procedure is imminent, the Speak Out Safely internet pages are now live, and previous concerns raised through the Safehaven process have been managed jointly by the Speak Out Safely MDT and Safehaven team to ensure they were not 'lost' during the transition phase.

There has been significant engagement with staff during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together and a Stronger Together community has been created to continue to engage in discussions with staff through the co-design and co-delivery stages. This progress provides a number of key mitigations in terms of the culture/staff engagement risk, however the risk rating has not yet been revised downwards, until there is evidence of positive impact and outcomes. The current risk and target risk will again be reviewed as part of the next update, when consideration will also be given to the date when it is anticipated that the target risk score will be achieved.

- **BAF21-16 – Digital Estate and Assets**

In respect of Control 3 (capital and revenue programmes in place), the action to review current projects being undertaken, which will be presented in due course to the Executive Team, has had its completion date extended from 30.7.21 to 31.10.21. This is to allow the new Director of Digital to lead on the action.

A new action has been added to Control 4 (quarterly review of Digital Strategy), requiring senior leaders' agreement to the digital elements within the IMTP by December 2023. The Risk Lead believes that, without this agreement, the risk score could increase. Also in relation to Control 4, the portfolio management action has been split to differentiate between the development and the implementation of the approach. The meeting with Digital Health Care Wales to discuss the Health Board's priorities, risks and plans has now taken place.

The Executive Team approved the closure of the CRR20-07 Informatics infrastructure capacity, resource and demand risk on the Corporate Risk Register as it duplicated this BAF Risk. There were two outstanding risks that have been added:

- development of a workforce planning strategy
- review of governance arrangements.

The expected target risk score achievement date is 1.4.22, however this will be dependent upon the 2022/23 budget.

- **BAF21-18 – Workforce Optimisation**

In respect of the first control (Workforce policies in place), the target date relating to the action to develop a clear workforce planning process and policy has been extended to October 2021. This is to reflect not simply getting the development underway, but also its completion. The action to draft the scope of the review of recruitment systems and usage has been completed and this will align with the recruitment process review taking place in Quarter 3. The action to widen the scope of the temporary staffing bank has commenced but has been extended to November 21 due to a delay in resourcing the relevant programme support to accelerate the implementation of this work. The Risk Lead is considering the date by which it is anticipated that the target risk score will be achieved.

- **BAF21-20 – Development of an Integrated Medium Term Plan (IMTP) 2022/25**

This is a refreshed risk created by consolidating the previous Annual Plan (BAF21-20) and Annual Budget (BAF21-21) risks. This risk shifts the focus away from annual planning onto a three year planning cycle as required by Welsh Government. The emphasis is upon the integrated nature of the IMTP, delivery of which will necessitate a range of underpinning and enabling plans in addition to financial/savings plans. This increased complexity has led to higher risk scores when compared to the previous Annual Plan risk - inherent risk increases to  $4 \times 4 = 16$  (previously  $3 \times 3 = 9$ ), current risk increases to  $4 \times 3 = 12$  (previously  $3 \times 2 = 6$ ), and target risk is  $3 \times 2 = 6$ , though still remaining within risk appetite (previously  $3 \times 1 = 3$ ). It is anticipated that the target risk score will be achieved by 31.1. 22, following Board sign off of the IMTP. Executive Leads for this risk are aligned to recent changes to

Executive portfolios - the Executive Director of Primary Care and Community Services, Executive Director of Finance and Executive Director of Workforce & OD are joint leads.

Below is a heat map representation of the BAF current risk scores for the PPPH Committee's risks:

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5				BAF21-16	
	Likely - 4				BAF21-11 BAF21-18	BAF 21-03
	Possible - 3			BAF21-05	BAF21-20	BAF 21-02 BAF21-07
	Unlikely - 2					
	Rare - 1					

### Asesu a Dadansoddi / Assessment & Analysis

#### Goblygiadau Strategol /Strategy Implications

The BAF underpins the effective management of risks to the Board's ability to achieve its strategic priorities.

#### Opsiynau a ystyriwyd / Options considered

Not applicable.

#### Goblygiadau Ariannol / Financial Implications

The effective mitigation of risks has the potential to benefit the organisation's financial position, through better integration of risk management into business planning, decision-making and in shaping how care is delivered to patients. This has the potential to lead to better quality care, reduced waste and fewer claims.

#### Dadansoddiad Risk / Risk Analysis

The individual risk sheets contain details of any related risk implications.

#### Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are no legal and compliance issues associated with the delivery of the BAF; the Board has a duty to manage risk to the best of its ability.

#### Asesiad Effaith / Impact Assessment

No specific or separate EqIA has been completed for this report, as a full EqIA has been undertaken for the new Risk Management Strategy and Policy, to which the BAF reports are aligned.

V0.02 DRAFT

## Strategic Priority 2: Strengthen our Wellbeing Focus

Review comments since last report: In respect of the first control, the Smoking Cessation service is now considered fully integrated, and therefore moves from the gap column into the mitigation column. Also in relation to the first control, in terms of the Tier 3 Children's Obesity service gap, the service is now in situ but does not as yet become a mitigation due to some outstanding recruitment, planned to be concluded by 31.10.21. In terms of the third control, clarification has been added to the gap column, to note that mid year reports are due in October, and the date column reflects this full 6 month effect. An additional mitigation has been added to the fourth control, to reflect the fact that recently appointed Consultants in Public Health have increased the expertise and support across the region. Given that its findings inform the strategic approach, completion of the next Population Needs Assessment has been added to the gap column, with a date of 31.5.22. The Risk Lead notes that:

- the population health risk increased due to lockdown, as a result of delays in services, forecast and unknown effects of COVID-19, and resource limitations affecting areas such as smoking cessation and obesity monitoring (many of the operational staff for lifestyle services were redeployed to support the COVID-19 response and vaccination programme)
- population Health is dependent upon system-wide commitment and actions through the Health Board's joint working with a range of partners including local authorities, the Third Sector, Education, Housing - all of which have been impacted by the need to respond to COVID-19 thus it is documented that health inequalities have worsened due to the pandemic e.g smoking cessation and obesity monitoring.

These risks remain, therefore the risk scoring remains unchanged at the present time. Given the challenges of delivering sustainable key population health services to the wider population of North Wales within the context of increasing demand exceeding capacity, it is felt that achievement of the target risk score is a long term goal, potentially in 5-10 years. It is also acknowledged that this score is currently higher than the risk appetite.

<b>Executive Lead:</b> Teresa Owen, Executive Director of Public Health	<b>Board / Committee:</b> PPPH Committee	<b>Review Date:</b> 13 September 2021
<b>Linked to Operational Corporate Risks:</b>		







Board Assurance Framework 2021/22												
Risk Reference: BAF21-05												
Effective Stakeholder Relationships												
There is a risk that our relationships (internal and external) are ineffective. This could be caused by a lack of engagement, poorer communication, a lack of a co-productive approach, lack of direction, shared purpose and culture or insufficient service and organisational development. This could lead to a lack of trust, poor morale, high staff turnover, reduced stakeholder credibility plus reduced staff and public confidence, and an impact on services.												
Inherent Risk												
Current Risk												
Target Risk												
Key Controls												
Assurance level *												
Key mitigations												
Assurance level *												
Gaps (actions to achieve target risk score)												
Date												
1. Together for Mental Health (T4MH) Strategy implemented with key stakeholders which sets out the direction of travel for Mental Health and Learning Disabilities services.												
2												
T4MH Partnership Board (T4MHPB) which oversees implementation of the strategy and includes key partners.												
2												
1) Update 6.10.21 - Revised terms of reference for the T4MHPB were approved by the Partnership Board on 9 July 2021. The review of the Strategy is now in train and an outline plan of the refresh will be considered for approval at the meeting scheduled for 28.10.21. It is proposed that a one year approach is taken to the strategy, to keep it 'live' and dynamic. The refresh will involve engagement with partners and workshops. 2) Population needs assessment to be undertaken across North Wales which will influence the MH Strategy. 3) Delivery of Targeted Intervention Framework outcomes for Mental Health												
28 Oct 2021												
31 March 2022 [may need to be extended depending upon Local Authority timelines]												
31 March 2022												
2. Deputy Director attendance at Regional Leadership group with regular feedback into the MHL D Division to ensure two-way communication and engagement.												
2												
Consistent and regular communication with senior Local Authority partners in relation to service redesign. Feedback to Senior Leadership Team on key issues												
2												
3. Divisional CAG meetings whereby senior clinicians and managers discuss and agree service model across the division.												
2												
Recommendations from meetings presented to BCU Clinical Advisory Group and presented for sign off via Divisional Finance and Performance meeting.												
2												
To present update of service model to BCU CAG and then to Regional Leadership Group [Update 6.10.21 - timescale links to the MHID Leadership BAF risk action for review of the Mental Health structure to ensure that it is fit for purpose and reflects new clinical pathways]												
31 December 2021												
4. In line with Divisional Wellness, Work and Us Strategy, oversight of all vacancies and sickness overseen by Divisional Workforce Group to ensure any identified demand and capacity pressures												
1												
The MHL D division has introduced a workforce group which oversees key actions and identifies and escalates risks to Divisional Directors.												
1												
5. Regular and concise communication with all staff groups across the division.												
1												
Fortnightly divisional staff engagement newsletter which highlights significant issues/service changes and celebrates staff achievements which reduces the risk of breakdown in communication. This is now embedded practice within the Division.												
1												
1. Ensure newly formed meeting with Staff Side to discuss key operational and strategic staffing issues continues. Partnership meeting in place well recieved starting to be embedded - Update 6.10.21 - complete; becomes a mitigation. 2. Continuation of monthly meetings between CAMHS and MH Senior Leadership Teams to ensure effective joint working and system planning being clinically and financially effective. Update 6.10.21 - these meetings are now taking place on a regular basis; also as part of Targeted Improvement. - forms part of mitigation.												
complete												
complete												
6. Service users, carers and the public to have the opportunity to be involved in the development, planning, design and delivery of the services.												
2												
Divisional Patient and Carer Engagement Group re-introduced in order to listen better and use feedback from consultation and engagement to make mental health and learning disability services more relevant to service users and carers' needs. We are reviewing the CANIAD contract to ensure integrated working												
2												
1) To ensure the review of the CANIAD contract is discussed with the North Wales Leadership group for the joint review. Currently out to procurement for independent review of the CANIAD contract. Update 6.10.21 - the terms of reference of the Patient Engagement Group are being revised, and a cycle of business drafted; meetings are planned bi-monthly. 2) Address potential gap in advocacy contract arrangements. Update 6.10.21 - completed; now forms part of mitigation												
31 October 2021												
completed												
7. Closer and regular working with North Wales CHC to ensure the population of North Wales have the opportunity to feedback on their experiences of local services and to contribute to the future design.												
3												
Safe space events started in December 2020 have been set up with CHC to engage with North Wales population to seek views/experiences of MHL D services. Deputy Director & Director of Nursing are attending the CHC AGM.												
3												
MHL D Division to agree process for sharing feedback from events with staff groups. An action plan is being developed following the Safe Space events facilitated by the CHC. Update 6.10.21 - positive feedback has been received from the CHC and Welsh Government Delivery Unit on the transparency of engagement processes and the new energy within the Division. This action is linked to the forthcoming end of the CANIAD contract - a co-design engagement process will take place to decide 'what good looks like', to inform a revised contract specification for the tender process. The completion date has been extended to March 2022 to align with the end of the CANIAD contract												
31 March 2022												

Review comments since last report: In respect of Control 1 regarding the Together for Mental Health (T4MH) Strategy, the first gap/action has moved forward, with the July T4MH Partnership Board meeting having taken place as planned, when its revised terms of reference were approved. The review of the Strategy is now in train and an outline plan of the refresh will be considered for approval at the Project Board meeting scheduled for 28.10.21. It is proposed that a one year approach is taken to the strategy, to keep it 'live' and dynamic. The refresh will involve engagement with partners and workshops. The Population Needs Assessment date has been pushed back to reflect its dependency upon local authority timelines. In respect of Control 2 - Deputy Director attendance at the Regional Leadership Group - the previous action to ensure appropriate cover for appropriate attendance at Group meetings has been resolved and now forms part of mitigation. In respect of Control 3 - Divisional CAG meetings - the action to present an updated service model to the Clinical Advisory Group and then to the Regional Leadership Group has been updated to note that the timescale links to the MHL D Leadership BAF risk action for review of the Mental Health structure to ensure that it is fit for purpose and reflects new clinical pathways, with a target date of 31.12.21. Control 5 - regular and concise communication with all staff groups across the Division - has been updated to show the action relating to CAMHS and MHL D Senior Leadership Team meetings is now complete, as regular meetings are taking place as part of Targeted Improvement arrangements.. In respect of Control 6 - service user, care and public involvement - the actions linked to the CANIAD contract being out to tender has been updated to reflect that the terms of reference of the Patient Engagement Group are being revised, a cycle of business drafted, and meetings are planned bi-monthly. Advocacy contract arrangements have been resolved. In respect of Control 7- closer working with the CHC - the action to agree a process for sharing feedback from events with staff groups and develop an action plan following the Safe Space events facilitated by the CHC has been updated to note that positive feedback has been received from the CHC and Welsh Government Delivery Unit on the transparency of engagement processes and the new energy within the Division. This action is linked to the forthcoming end of the CANIAD contract - a co-design engagement process will take place to decide 'what good looks like', to inform a revised contract specification for the tender process. The completion date has been extended to March 2022 to align with the end of the CANIAD contract.

The Targeted Intervention Framework will be the consistent conduit which will be used to measure the Division's progress moving forward.

Risk scores remain unchanged. The Risk Lead anticipates that the target risk date will be achieved by 31.3.22.

<b>Executive Lead:</b> Teresa Owen, Executive Director of Public Health	<b>Board / Committee:</b> Partnerships, People and Population Health Committee	<b>Review Date:</b> <b>6 October 2021</b>
<b>Linked to Operational Corporate Risks:</b>		





Board Assurance Framework 2021/22										
Strategic Priority 2: Strengthen our Wellbeing Focus										
Risk Reference: BAF21-11				Risk Rating		Impact	Likelihood		Score	Appetite
Culture - Staff Engagement										
There is a risk that the Health Board loses the engagement and empowerment of its workforce as a result of staff not feeling that it is safe and/or worthwhile highlighting concerns due to: Lack of clear mechanisms for raising concerns at any and every level, lack of a clear, effective and transparent mechanism for listening, reviewing, addressing, sharing learning and feedback, lack of trust and confidence regarding the reception of and impact of raising concerns, lack of support and guidance for all parties involved. This could lead to an impact on the organisation being able to learn from experience or improve services, which could result in poor staff morale, leading to poor outcomes impacting on the delivery of safe and sustainable services and the reputation of the Health Board.				Inherent Risk		4		5	20	Moderate 9 - 12
				Current Risk		4	↔	4	16	
				Target Risk		4		3	12	
Key Controls		level *	Key mitigations		ce level	Gaps ( <i>actions to achieve target risk score</i> )				Date
Key Policies: 1.Raising Concerns Policy 2.Safehaven Guidance		2	Revised new Speak Out Safely process agreed by Remuneration and Terms of Service Committee 1st February 2021. Key elements: 1. External platform for Work in Confidence now operational since July 2021 (replaced Safehaven) - this enables staff to engage in, dependent on preference, anonymous and/or two way dialogue with Speak Out Safely Guardians and/or members of wider Multi-disciplinary Team. 2. Four Speak Out Safely Guardians appointed - to commence on 1st October, each undertaking this role for the equivalent of one day a week. One of these Guardians is Welsh speaker. Guardians report directly to CEO, with an independent board member to support and scrutinise Guardians' role and the new Multi-Disciplinary Team is established and meets fortnightly - the role is to review concerns raised, agree actions required; and, monitor themes to identify learning; 3. Role outline for Speak Out Safely Champions has been finalised in collaboration with Trade Union partners and Champion network meetings commenced 4. Speak Out Safely internet pages, as required by the Communication and Promotion Plan are in situ; 5. WP4a policy (Raising Concerns) has been revised to reflect the transition to the new process 6. Previous concerns raised through Safehaven process have now been collaboratively managed between Safehaven team and SOS MDT to ensure they were not 'lost' during transition phase. All cases either resolved or picked up by SOS MDT; Safehaven now being closed down - awaiting summary report of final activity as part of closedown process		1	1. Work in Confidence platform launched in early July now in operation [becomes a mitigation] .2. Four Speak Out Safely Guardians were appointed and will commence on 1st October, each undertaking this role for the equivalent of one day a week. One of these Guardians is Welsh speaker [will become a mitigation] 3. MDT now meeting fortnightly from end of June [now becomes a mitigation] 4. SOP has been written and will be finalised following completion of process mapping. SOP includes agreed role outlines for Guardians, Speak out Safely Champions and independent member and terms of reference for MDT. The process mapping is nearing completion and includes all routes through which staff may raise concerns in addition to accessing the Work in Confidence platform. To date, this process mapping has included concerns that may be raised through HR, Health and Safety, Patient Safety and Experience, the Office of the Board secretary (including anonymous concerns), and Corporate Communications with Safeguarding also to be included prior to completion of the process mapping. This process mapping will ensure that the Speak out Safely process is inclusive of all routes to raise concerns and that a co-ordinated approach is taken to responding to and managing concerns. The completed process map will then be included within the SOP to enable the SOP to be signed off through the Task and Finish Group (and will then become a mitigation). 5 Internet pages for Speak Out Safely have been developed and are live, as required by the Communications Plan [becomes a mitigation] 6. Evaluation metrics to monitor impact of new process under development. 7. Ongoing concerns raised through Safehaven process have been managed via liaison between SOS MDT and Safehaven team to ensure they were not 'lost' during transition phase ; all cases in Safehaven now transferred and Safehaven has now being closed down [becomes a mitigation]. 8. The engagement with staff from across the Health Board through the Discovery phase of Mewn Undod Mae Nerth/Stronger Together and the creation of an active on-going Stronger Together community which will ensure on-going engagement with staff during the co-design and co-delivery phases of Stronger Together will support the creation of a learning culture in which staff to feel more confident in and supported to raise concerns.				30 September 2021[process mapping completed] 31 October [ SOP amended to include evaluation metrics]
3. Dignity at Work Policy - Now Respect and Resolution Policy 4. Grievance Policy		2	Assessment of cases upon submission to determine most appropriate process undertaken.  Case management review takes place monthly.  Thematic review in place at operational level.		1	1. Respect and Resolution Policy under review at All Wales level. 2. Triangulation of themes to be included within the reporting outlined in Raising concerns review. 3. Simplified Guidance to be developed for managers and staff to follow to promote early resolution. 4. Current training to be reviewed to align to revised approach.				30 September 2021
5.Performance & Development Review Policy		2	Monthly analysis and reporting at operational level undertaken (as well as strategic level) to enable managers to identify areas with low compliance with PADR.  Staff Engagement, Organisational Development and HR Teams work with challenged areas to support and improve in terms of engagement/feedback/recognition/development.		2	1. Identify improvements to the process and documentation to support specific areas/teams. 2. Develop a programme for "Dip testing" of quality of PADRS against key metrics/feedback. 3. Utilise the survey function of the system implemented for Speak out safely to support identification of examples of outstanding/good and requires improvement. 4. Build "role contribution" into Strategic OD programme specification. 5. Review feedback from NHS Staff Survey and update divisional improvement plans.				30 September 2021
Review comments since last report on Speak out Safely: Significant progress has been made in respect of: the launch of the Work in Confidence platform; the appointment of Speak Out Safely Guardians, the Multi-disciplinary team being set up to review concerns raised, agree actions required; and, monitor themes to identify learning; the imminent completion of the overarching SOP; Speak Out Safely internet pages now live; previous concerns raised through the Safehaven process have been managed jointly by SOS MDT and Safehaven team to ensure they were not 'lost' during transition phase; and, the engagement with staff during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together and creation of an ongoing Stronger Together community to continue to engage in discussions with staff through the co-design and co-delivery stages of Stronger Together. This progress provides a number of key mitigations in terms of the culture/staff engagement risk, but the risk rating has not yet been changed before there is evidence of positive impact and outcomes. The current risk and target risk will again be reviewed at the next update when consideration will also be given to when the target risk score will be achieved.{Further updates due following the 30th September deadline dates above]										
Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development Linked to Operational Corporate Risks:					Board / Committee: PPPH Committee				Review Date: 21st September 2021	

**Aligned to Key enabler - Transformation for Improvement**

**Review comments since last report (May 21):**

**Expected target risk score achievement date:** 1st April 2022 (Dependent on 2022/23 budget)

A review of the current projects being undertaken which will be presented in due course to the Executive Team, date changed from 30th July 2021 to 31st October 2021 as to enable the new Director of Digital to lead on the action.

New action added - Senior Leadership agreement of the Digital elements within the IMTP by December 2023. If these have not been agreed the risk score could increase.

Portfolio Management action has been split to differentiate the development and the implementation of the approach.

Meeting with Digital Health Care Wales has taken place to discuss the BCUHB Priorities and Risks and plan currently in development to take account of the challenges – Action now marked as complete.

The Executive Team have approved the closure of CRR20-07 – Informatics infrastructure capacity, resource and demand risk as it duplicated this BAF Risk. There were two outstanding risks that have been added. These are:

- Development of the Workforce Planning Strategy (Note: this action has been re-worded due to the digital strategy terminology being used).

- Review of governance arrangements.

**Note:** Risk CRR20-07 has not been formally closed so will remain a linked operational corporate risk

### Linked to Operational Corporate Risks:

CRR20-06 - Informatics - Patient Records pan BCUHB  
CRR20-07 - Informatics infrastructure capacity, resource and demand  
CRR21-11 - Cyber Security  
CRR21-12 - National Infrastructure and Products

## Aligned to Key enabler - Effective alignment of our people

Risk Reference: BAF21-18

Risk Rating

Impact

Likelihood

Score

Appetite

### Workforce Optimisation

There is a risk that the Health Board cannot attract or retain sufficient staff (core and flexible) to resource delivery of the strategic priorities due to a lack of integrated workforce planning, safe deployment systems and insufficient support for recruitment and on boarding. This could impact on the Board's ability to deliver safe and sustainable services.

Inherent Risk

4

5

20

Moderate

Current Risk

4

4

16

9 - 12

Target Risk

4

3

12

### Key Controls

Assurance level \*

### Key mitigations

Assurance level \*

Gaps (*actions to achieve target risk score*)  
G=Gap;  
A=Action

Date

Establishment Control Policy and system in place.  
Pipeline reports produced monthly for review and action by managers across the organisation.  
Roster management Policy.  
Recruitment Policy.  
Safe Employment Policy.

2

1. Review of Vacancy control process underway to establish a system for proleptic/proactive recruitment against key staff groups/roles.  
2. Review of delivery group structure underway to ensure regional over view and leadership of planning, recruitment and retention.  
3.. Workforce Service Review programme commissioned and commenced.

2

G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach.  
G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness.  
A. Development of a clear Wokforce Planning Process and Policy including vacancy control and active recruitment pipeline management in place.  
G. Previous structure for planning and recruitment dispersed across secondary care sites, area teams, MHLD. Once for North Wales approach required.  
A. Revised delivery group structure developed subject to further refinement and approval.  
G.Use of technology requires review and improvement  
A.Scope for review of systems and usage to be drafted.

31/10/2021

31/10/2021

completed

Workforce plans for each of the core priority programmes:  
1. Existing USC delivery.  
2. Existing Planned Care Delivery.  
3. Existing TTP delivery.  
4. USC Surge Plan.  
5. Planned Care Recivery Plan.  
6. TTP resilience plan.  
7. COVID Vaccination Plan.

1

1. Review and development of a clear Workforce planning process.  
2. Workforce Service Review programme commissioned and commenced.

1

G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach.  
G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness.  
A. Development of a clear Wokforce Planning Process and Policy underway *and completed*.

30/10/21

Temporary Staffing Policy.  
Medical Bank Protocol.

1

1. Temporary Staffing Solutions Plan under development.  
2.Medical Bank established with contract with MEDACs in place for 2020/22.

1

G. Temporary bank primarily established to support Nursing and Health Care Support.  
A. Plan to establish BCU Temporary Staffing Solutions under development. Service to cover all staff groups and include "ready to work" pipeline.

31/11/2021

Review comments since last report: Actions and timelines have been reviewed and updated accordingly. The date relating to the action to develop a clear workforce planning process and policy has been extended to October 2021, to reflect not just getting the development underway, but also its completion. The action to draft the scope of the review of recruitment systems and usage has been completed and this will align with the recruitment process review taking place through Q3. The action to widen the scope of the temporary staffing bank has commenced but has been extended to November 21 due to a delay in resourcing the relevant programme support to accelerate the implementation of this work. The Risk Lead is considering the date by which it is anticipated that the target risk score will be achieved.

### Executive Lead:

Sue Green, Executive Director of Workforce and Organisational Development

### Board / Committee:

PPPH Committee

### Review Date:

22 September 2021

### Linked to Operational Corporate Risks:



**Aligned to Key enabler - Making effective and sustainable use of resources**

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps <i>(actions to achieve target risk score)</i>	Date
Executive Team led planning process in place responsible for meeting the Welsh Government requirements for the development / implementation of an IMTP for 2022/25	2	1) Strong corporate, clinical, managerial and partnership engagement / collaboration with established and coordinated communication links including Welsh Government, Public Health Wales, and key internal and external stakeholders, e.g.: Executive Team, Planning Oversight Group, Stakeholder Reference Group, Regional Partnership Board. 2) Clear accountability across the organisation with health community led planning 3) agreed programmes with designated Executive lead, programme lead 4) Focus on consolidation of new schemes identified/introduced in	2	Development of a 2022-25 plan by December 2021 comprising - Prioritised Health Community Schemes - Financial Plan - Savings Plan - Workforce Plan - Capital and Estates - Digital - WG minimum dataset incorporating performance trajectories	31 December 2021
Planning cycle established with outline BCUHB Planning schedule/overall approach for 2022/2025 - plan led by Assistant Director, Corporate Planning and reporting into the Executive Team and the Partnerships, People & Population Health Committee.	2	1) All new schemes for 22/25 in place with the required Cluster Leads support. 2) Planning arrangements established to support development of a high level plan with identified support from Corporate Teams. 3) Development of commissioning intentions led by Programme Groups/ designated programme leads with input from Divisional Teams with direct reporting to the Executive Team. 3) Planning and Performance, workforce, financial and informatics functions supporting oversight of plan development	2	Management capacity for substantive Senior Programme Leads	<i>Workforce to advise</i>
Planning cycle in place that responds to national NHS Wales planning timetable and requirements.	2	Welsh Government planning framework issued. Communications/Engagement Team support to the plan to improve the engagement.	2		

<b>Executive Lead:</b> Chris Stockport, Executive Director of Primary Care & Community Services/Sue Hill, Executive Director of Finance/Sue Green, Executive Director of Workforce & OD	<b>Board / Committee:</b> Partnerships, People and Population Health Committee	<b>Review Date: 16 September 2021</b>
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<b>BAF Template Item</b>		<b>Please refer to the Risk Management Strategy and Policy for further detailed explanations</b>
<b>Risk Reference</b>		Board Assurance Framework reference number, allocated by the Board Secretary.
<b>Risk Description</b>		An uncertainty that something could or may happen that will have an impact on the achievement of the Health Board's Priority. There are 3 main components to include when articulating the risk description (cause, event and effect):
		- There is a risk of / if ....
		- This may be caused by ....
		- Which could lead to an impact / effect on .....
<b>Risk Ratings</b>	Inherent	Without taking into consideration any controls which may be in place to manage this risk, what is the likelihood that this risk will be realised, and if it did, what would be the consequence.
	Current	Having considered the key controls and key mitigation measures in place, indicate what the current risk grading is. Note – this should reduce as action is taken to address the risk.
	Target	This is the level of risk one would expect to reach once all controls and key mitigation measures are in place and actions have been completed.
<b>Risk Impact</b>		The consequence (or how bad) if the risk was to be realised, in line with the NPSA Grading Matrix an impact of 1 is a Negligible (very low), with a 5 as Catastrophic (very high).
<b>Risk Likelihood</b>		The probability were this to happen if the risk was to be realised. In line with the NPSA Grading Matrix a likelihood of 1 is this will probably never happen / recur, with a 5 being that it will undoubtedly happen, recur, possibly frequently.
<b>Score</b>		Impact x Likelihood of the risk happening.
<b>Appetite</b>	Definition	Is defined as the amount and level of risk that the Health Board is willing to tolerate or accept in order to achieve its priorities.
	Low	Cautious with a preference for safe delivery options.
	Moderate	Prepared to take on, pursue or retain some risks as a result of the Health Board taking opportunities to improve quality and safety of services.
	High	Open or willing to take on, pursue or retain risks associated with innovation, research and development consistent with the Health Board's Priorities.

<b>Control</b>	Definition	<p>These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the magnitude/severity of its potential impact were it to be realised.</p> <p>A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise and ensure that care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - <a href="http://www.wales.nhs.uk/governance-emanual/risk-management">http://www.wales.nhs.uk/governance-emanual/risk-management</a>]</p> <p>A measure that maintains and/or modifies risk (ISO 31000:2018(en)).</p>
	Examples include, but are not limited to:	<ul style="list-style-type: none"> <li>- People, for example, a person who may have a specific role in delivery of an objective</li> <li>- Strategy, policies, procedures, SOP, checklist in place and being implemented which ensures the delivery of an objective</li> <li>- Training in place, monitored and assurance reported</li> <li>- Compliance audits</li> <li>- Business Continuity plans in place, up to date, tested and effectively monitored</li> <li>- Contract Management in place, up to date and regularly monitored.</li> </ul>
<b>Mitigation</b>	Definition	<p>This refers to the process of reducing risk exposure and minimising its likelihood and/or lessening or making less severe its impact were it to materialise. Types of risk mitigations include the 5Ts (treat, tolerate, terminate, transfer or take opportunity).</p>
	Examples include, but are not limited to:	<ul style="list-style-type: none"> <li>- A redesigned and implemented service or redesigned and implemented pathway</li> <li>- Business Case agreed and implemented</li> <li>- Trained staff</li> <li>- Risk Assessment</li> <li>- Evidential data sets</li> <li>- Insurance procured.</li> </ul>
<b>Assurance Levels</b>	1	The first level of assurance comes from the department that performs the day to day activity, for example the data is available.
	2	The second level of assurance comes from other functions in the Health Board who have internally verified the data, for example quality, finance and H/R assurance.
	3	The third level of assurance comes from assurance provided from outside the Health Board, for example WG, HIW, HSE and Internal/External Audits, etc.



### Appendix 3 – Full list of BAF risks with nominated Committee, Executive Lead and Risk Lead

BAF ref	BAF Risk	Exec Owner/ Risk Lead	Assurance Committee	Risk Score	Target Risk Score
BAF21-01	Emergency Care	Gill Harris, Meinir Williams	QSE,	16	12
BAF21-02	Sustainable key health services	Teresa Owen Gwyneth Page	PPPH	15	10
BAF21-03	Primary Care sustainable health services	Chris Stockport, Clare Darlington	PPPH	20	12
BAF21-04	Timely access to planned care	Gill Harris Andrew Kent	PFIG & QSE	20	12
BAF21-05	Mental Health-effective stakeholder relationships	Teresa Owen, Amanda Lonsdale	PPPH	9	4
BAF21-06	Safe and effective Mental Health delivery	Teresa Owen, Mike Smith	QSE	20	9
BAF21-07	Mental Health leadership model	Teresa Owen, Carole Evanson	PPPH	15	8
BAF21-08	Mental Health service delivery during pandemic	Teresa Owen, Carole Evanson	QSE	9	6
BAF21-09	Infection Prevention and Control	Gill Harris, Sally Batley	QSE	20	15
BAF21-10	Listening and Learning	Gill Harris, Matt Joyes	QSE,	20	10

BAF21-11	Culture	Sue Green, Ellen Greer	PPPH	16	12
BAF21-12	Security Services	Sue Green, Peter Bohan	QSE	20	10
BAF21-13	Health & Safety	Sue Green, Peter Bohan	QSE	20	10
BAF21-14	Pandemic exposure	Gill Harris, Sally Batley	QSE	20	15
BAF21-15	Value Based Improvement Programme	Sue Hill, Geoff Lang	PFIG	12	8
BAF21-16	Digital estates and assets	Chris Stockport, Dylan Williams	PPPH	20	12
BAF21-17	Estates and assets development	Sue Hill, Rod Taylor	PFIG	9	6
BAF21-18	Workforce optimisation	Sue Green, Nick Graham	PPPH	16	12
BAF21-19	Impact of Covid-19	Gill Harris, Sally Baxter	QSE	12	8
BAF21-20	Development of an Integrated Medium Term Plan (IMTP) 2022/25	Chris Stockport, John Darlington	PPPH	12	6
BAF21-21	Not currently allocated				
BAF21-22	Estates and assets	Sue Hill, Neil Bradshaw.	PFIG	15	10

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Partnerships, People and Population Health Committee 14.10.21</b>
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public
<b>Teitl yr Adroddiad Report Title:</b>	<b>Corporate Risk Register Report</b>
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Simon Evans-Evans, Interim Director of Governance
<b>Awdur yr Adroddiad Report Author:</b>	Justine Parry, Assistant Director: Information Governance and Risk
<b>Craffu blaenorol: Prior Scrutiny:</b>	Risk Management Group on the 16 <sup>th</sup> August 2021 Executive Team meeting on the 25 <sup>th</sup> August 2021
<b>Atodiadau Appendices:</b>	Appendix 1 – PPPH Corporate Tier 1 Operational Risk Report Appendix 2 – Corporate Risk Register Key Field Guidance / Definitions of Assurance Levels
<b>Argymhelliad / Recommendation:</b>	
That the Committee:-	
<p><b>1. Review and note</b> the progress on the Corporate Tier 1 Operational Risk Register Report as set out below and in detail at Appendix 1:</p> <p>CRR20-06:</p> <p>a) <b>Note</b> the Risk Management Group (RMG) advised that the evidence to demonstrate the likelihood of this risk be captured within the risk entry. It was also recommended that the risk be shared with clinicians in order to support the quantifying of the score. These further update requirements are being progressed by the Informatics Senior Management Team and will be incorporated into the next iteration of the risk.</p> <p>b) <b>Note</b> the RMG recognise the progress in completing and implementing actions as detailed in Appendix 1.</p> <p>CRR20-07:</p> <p>a) <b>Note</b> the RMG recognise the duplication of this risk with the Board Assurance Framework Risk BAF21-16 – Digital Estate and Assets, with a recommendation to close the CRR risk and transfer any residual actions to the BAF21-16.</p> <p>b) <b>Approve</b> the closure and transfer of the residual actions to the BAF21-16. Both RMG and the Executive Team (ET) at their meetings of the 16<sup>th</sup> and 25<sup>th</sup> August respectively supported and recommended approval for the risk closure.</p> <p>CRR21-12:</p> <p>a) <b>Note</b> the RMG advised that a review of the current risk score be undertaken which is reporting the same as the inherent risk score of 20 (Impact = 4 X Likelihood = 5). This review need to be evidence-based and cognizance of controls in place. These further update requirements are being progressed by the Informatics Senior Management Team and will be incorporated into the next iteration of the risk.</p>	

b) **Note** a review of the due date for action 15286 is underway following DIGC being disbanded and the revised Governance Structure being put in place. This further update will be incorporated into the next iteration of the risk.

**Ticiwch fel bo'n briodol / Please tick as appropriate**

<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	✓	<b>Ar gyfer Trafodaeth For Discussion</b>	✓	<b>Ar gyfer sicrwydd For Assurance</b>	✓	<b>Er gwybodaeth For Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	

**Sefyllfa / Situation:**

The Corporate Risk Register (CRR) demonstrates how the Health Board is robustly mitigating and managing high rated risks to the achievement of its operational objectives.

The design of both the Board Assurance Framework (BAF) and CRR emphasises their distinctive roles in underpinning the effective management of both strategic and operational risks respectively, as well as underlining their symbiotic relationship as both mechanisms have been designed to inform and feed-off each other, the BAF is reported separately.

Each Corporate Risk has been reviewed and updated. The full CRR will next go to the Board in January 2022.

**Cefndir / Background:**

The implementation of the revised Risk Management Strategy underlines the Health Board's commitment to placing effective risk management at the heart of everything it does while embedding a risk-based approach into its core business processes, objective setting, strategy design and better decision making. The CRR reflects the Health Board's continuous drive to foster a culture of constructive challenge, agile, dynamic and proactive management of risks while encouraging staff to regularly horizon scan for emerging risks, assess and appropriately manage them.

Teams reporting to the Lead Director (who is the Senior Responsible Officer for the risk) locally own and manage risks with support from the corporate risk team. The Risk Management Group has oversight of all risks and is scrutinised by the Executive Team who make the proposals for changes to the CRR to Board and Committees.

**Corporate Risk Register:**

The Board ratified the Health Board's updated Risk Management Strategy and Policy on 15<sup>th</sup> July 2021 and the Corporate Risk Management Team continues to implement the Strategy which has been widely populated across the Health Board through global emails, weekly bulletins, local Quality and Safety meetings or governance meetings and training sessions.

Changes captured in updated Strategy include:-

- A simplification of the Health Board's vision and strategic approach to risk management.
- A clarification of the Health Board's risk appetite statement and an inclusion of one for use during extreme circumstances like pandemics.
- Focus on developing staff capacity and capability in risk management while encouraging exemplary leadership in creating an enabling environment for a positive risk-aware culture to flourish.

- Greater emphasis on encouraging an agile, dynamic, comprehensive and a horizontal collaborative approach to risk management.
- Good use of risk intelligence in informing better decision-making, continuous improvement in patient care, outcomes and strengthening organisational learning.

The current tier 1 risks for PPPH Committee oversight and their full details and progress can be found in Appendix 1):

Risk Title	Inherent risk rating	Current risk rating	Target risk rating	Movement*
<b>CURRENT RISKS – Appendix 1</b>				
CRR20-06 – Informatics – Patient Records pan BCU	16	16	12	Unchanged
CRR20-07 – Informatics infrastructure capacity, resource and demand	20	16	12	Unchanged
CRR21-12 – National Infrastructure and Products	20	20	12	Unchanged

\*movement in risk score is measured from the last presentation to Board, and not necessarily reflective of the latest committee decisions.

Below is a heat map representation of the current corporate risk scores for this Committee:

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5				CRR21-12	
	Likely - 4				CRR20-06 CRR20-07	
	Possible - 3					
	Unlikely - 2					
	Rare - 1					

#### Asesu a Dadansoddi / Assessment & Analysis

#### Goblygiadau Strategol / Strategy Implications

The implementation of the Risk Management Strategy and Policy aligns with the Health Board's strategy to embed effective risk management in fostering its culture of safety, learning to prevent recurrence and continuous improvements in patient, quality and enhanced experience.

#### Opsiynau a ystyriwyd / Options considered

Continuing with Corporate Risk Register.

### **Goblygiadau Ariannol / Financial Implications**

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.

### **Dadansoddiad Risk / Risk Analysis**

See the individual risks for details of the related risk implications.

### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

There are no legal and compliance issues associated with the delivery of the Risk Management Strategy and Policy.

### **Asesiad Effaith / Impact Assessment**

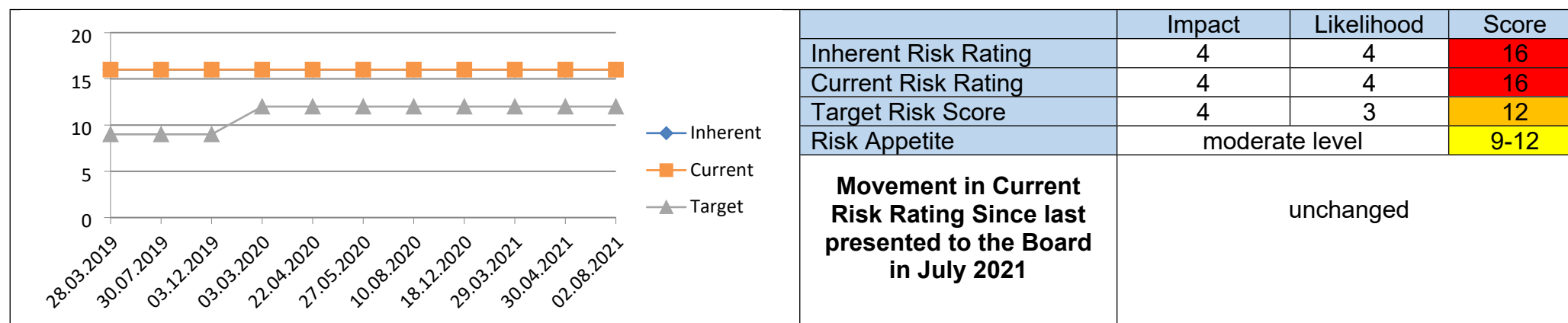
No specific or separate EqlA has been done for this report, as a full EqlA has been completed in relation to the new Risk Management Strategy and Policy to which CRR reports are aligned.

Due regard of any potential equality/quality and data governance issues has been factored into crafting this report.

## Appendix 1: Corporate Risk Register

CRR20-06	<b>Director Lead:</b> Director of Primary and Community Care	<b>Date Opened:</b> 28 March 2019
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee	<b>Date Last Reviewed:</b> 02 August 2021
	<b>Risk:</b> Informatics - Patient Records pan BCU	<b>Date of Committee Review:</b> 18 June 2021
		<b>Target Risk Date:</b> 30 September 2024

There is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.



Controls in place	Assurances
<ol style="list-style-type: none"> <li>1. Corporate and Health Records Management policies and procedures are in place pan-BCUHB.</li> <li>2. iFIT RFID casenote tracking software and asset register in place to govern the management and movement of patient records.</li> <li>3. Escalation via appropriate committee reporting.</li> <li>4. Key performance indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group).</li> <li>5. (New) Centralised Team to manage 'Subject Access Requests' for Patient Records pan-BCUHB established with project complete March 2021, ensuring compliance with legislation and supporting the rectification of commingling within patients clinical notes (Action ID 12422).</li> <li>6. (New) Standard Operating Procedure in place pan-BCUHB and off-site storage secured to manage the increased storage demands in response to the embargo on the destruction of patient records (in line with retention) due to the infected blood inquiry.</li> </ol>	<ol style="list-style-type: none"> <li>1. Chairs reports from Patient Record Group.</li> <li>2. ICO Audit.</li> <li>3. HASCAS Audit.</li> </ol>



7. (New) Medical Examiners Service (MES) support teams established on each site to respond to the new requirements for providing scanned patient records to the MES in line with their standard operating procedures.	
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### Gaps in Controls/mitigations

Funding to deliver digital transformation is competing across many emerging priorities, with many support teams starting from a low baseline with already stretched capacity.

Main issue across our projects is with recruitment, which are exacerbated by the inability to utilise common job descriptions across Welsh NHS organisations under Agenda for Change – escalated to the DHR Project Board, with Finance Executive Director exploring.

### Progress since last submission

Full progress report from the Patient Records & Digital Integration Department, Informatics:

#### \*New Controls Achieved\*

~ Subject Access Requests (SARs) for Patient Records - following ICO recommendations in June 2018, significant progress has been made to meet the DPA2018 and GDPR in respect of the safe and appropriate management of an individual's right of access to their medical records. The project to centralise the team in Llandudno Hospital completed in March 2021; digitising, streamlining and improving the process for the requesters. This team works pan-BCU across requests for all patient record types dealing with circa 400 requests per month, with strict timescales to avoid reportable breaches - since the full go live there was only 2 breaches in Q1 (0.3%). The team members have received specialist training at GDPR Foundation/Practitioner level, that also enables them to respond to and manage specific requests from the Police, Courts and GMC; and addresses requests across record types for rectification. This work responds to the previous HASCAS/Ockenden recommendation to put controls in place for commingled records, with a focus on significant quality checks prior to the release of any record to a requester.

~ Medical Examiners Service (MES) - In the last 6 months, the Department has also responded to a request to support changes brought in by the MES, which required support teams to be established on each site to respond to the new requirements for providing scanned patient records to the MES in line with their standard operating procedures (SOP). The demands of the SOP are specific and exacting - feedback from the MES is very positive on the quality and standard of the scanned records being provided by BCUHB.

#### \*Progress on the Digitisation of Acute Patient Records\*

~ Digital Health Records (DHR) Project - following a robust and commercial tender process, the Full Business Case was approved at the Health Board meeting in July 2020, and subsequently the Welsh Government gave approval in September to award the contract to Civica UK Ltd with their 'Cito' system. This will deliver a single digital place for the 'acute' patient record, supporting integration with local and national systems in Wales and beyond; over a four year project (started) November 2020. The appointed early adopters Vascular Surgery and Paediatrics are due to go into pilot in the Autumn following engagement carried out with a range of staff across the three site Departments. Cito environments are

in place and Data Migration/Integration testing shows data quality and acceptability to be high. Whilst not back scanning our entire libraries, we do carry out scanning across records types in BCUHB; we are preparing to procure a new scanning contract to ingest any scanning of patient records into Cito and where possible bring over scanned records from obsolete and legacy software. Work is also underway following initial negotiations to ensure a copy of all clinic letters are provided to Cito from EPRO (digital dictation system), with seamless access across the two systems; technical specifications are also being prepared to engage with DHCW to ensure seamless access across Cito and the WCP.

~ Digitised Clinic Letters - digital clinic letters are key to achieving the wider move from paper to digital patient records and we are well on our way to deliver one system pan-BCUHB that will support the digital dictation and transcription of clinic letters. Roll out in the West has completed in July - 2 months ahead of schedule, and we will be building on the original pilots Departments in Central with the aim to complete the roll out to this area by end November 2021. Planning for and engagement with East is already underway to drive forward for a full project completion by June 2022. Future plans to pilot speech recognition and use of mobile phones for dictations are being explored.

~Results Management Project - BCU are working in partnership with DHCW to improve the assurance of results management and deliver a fit for purpose solution that will improve patient safety and stop printed results. Whilst this work will support the digital agenda for a patient records, the main focus is to address the serious issues derived from the low assurance for the safe management of results; resulting in examples of harm to patients, due to results not being available or viewed. This project's key workstream is awaiting funding. The Business Case has been reviewed by the HBRT in July 2021 to provide the required funding that will fully digitise the process within the WCP, enabling us to stop printing results. Alongside this key workstream in the project, work is progressing to ensure take up of Electronic Test Requesting and to enable seamless e-requesting and validation of radiology. Future pilots will be considered in the future to view test results on mobile phones.

~ Welsh Nursing Care Record Project (WNCR) - The long term objective of this project is to standardise and develop a full suite of digital nursing. Following a pilot of the national WNCR product undertaken on the Bonney Ward and the Arrivals lounge at Wrexham Maelor Hospital earlier in the year, BCU's Senior Nursing Lead Informatics Specialist has presented a Business Case to the HBRT in July 2021, with work now underway to strengthen the case. A key deliverable of this project is to ensure a copy of the nursing notes are available within the local DHR to deliver resilience for the cohesive record and provide sound business continuity.

#### \*Physical Environments\*

~ Relocation of the YGC File Library – The YGC File Library Programme Board needs to develop a single business case for a new pan-central file library to relocate (as a minimum) the acute records from both the Ablett and the portacabin – taking account of the plans for a DHR, by April 2021 in line with the Mental Health Service Business Case. We are of a delay of approximately 20 weeks with the Mental Health OBC to the Welsh Government; due to this it is expected that the scheme will commence in early 2023 and be completed towards the end of 2024. The plan for YGC Medical Records File Libraries will be to submit a mini business case to try and secure the whole Ablett site, but this will be on hold until the Mental Health plans progress beyond the Full Business Case stage. We are currently fine where we are in the portacabin and the Ablett following significant remedial work a few years ago; but the portacabin is beyond its life span and the most sensible way forward is for us to secure the entire Ablett Mental Health building to move from the portacabin into.

Strategic Priorities	Principal Risks
Effective use of our resources	BAF21-16 BAF21-22

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12423	Development of a local Digital Health Records system.	Mrs Danielle Edwards, Head of Digital Records	30/09/2024	29.03.21 (DE) UPDATE Mar 2021 - Project remains on track with key deliverables for this quarter: Project Board agreed a formal project start of 1st March 2021 with an established Project Team; Phase 2.0 Project Plan has been agreed to deliver a Minimum Viable Product and implement with two early adopters with key targets for 2021 - Infrastructure ready by late Spring, Test Environment by early Summer, Early Adopters Go Live early Autumn; Engagement with a Clinical Task & Finish Group to design and development of the Cito product for BCU delivered the folder structure; risk sub-group is established with register baselined; DPIA in place.	On track
	12424	Improve the assurance of Results Management.	Mrs Danielle Edwards, Head of Digital Records	30/09/2021	29.03.2021 (DE) - UPDATE Mar 2021 - (WS1) - WCP 3.11.4 (moved on version) has been through UAT and whilst all showstoppers for RN have been addressed to a level that can be managed through SOPs, there are some other areas of the release that are still being reviewed. Business Case in process of being submitted to secure the funding required to deliver the project. (WS2) - for the 10 users that have the access (provided directly by NWIS which will in future need to come with the Project Board agreement to ensure readiness to govern and support) plans are being formed to test an 'Acceptable Use statement to ensure safe practice. (WS3) ETR - improved forms that have been developed by NWIS with local SME engagement will be available in WCP 3.12. (WS4) Radis 2.4 upgrade planned for later in Spring.	On track

	12425	Digitise the clinic letters for outpatients.	Mrs Danielle Edwards, Head of Digital Records	30/06/2022	29.03.20 (DE) - UPDATE Mar 2021 - Project remains on track - (West) the recovery activity for the PiMs integration is complete with the integration running well. Cancer Services, Pain Team went live 08/03 followed by the Anaesthetics Team on 15/03. The full roll out is in development with the West Operational leads, with an aim to run on a weekly go live schedule. (Central) Care of the Elderly team went live with EPRO on the 25/01, Gastro team on the 02/02, closely followed by Renal team 03/02 and Community Paediatrics planned 12/04. The Project team will take advantage of any gaps to the West roll out plan by seizing the opportunity to address the soft roll out list for Central if and when possible.	On track
	12426	Digitise nursing documentation through engaging in the WNCR.	Mrs Danielle Edwards, Head of Digital Records	30/09/2024	10.06.21 (DE) - Update Jun 2021 - Pending business case approval by the Board and full implementation within three years.	On track
	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.	Mrs Danielle Edwards, Head of Digital Records	31/01/2023	10.06.21 (DE) - UPDATE Jun 2021 - We are on hold until the Mental Health Business Case is progressed with the WG (5 case business case) – break ground circa 2023, we will not be able to start the work to explore if the Ablett can be retained and redesigned for health records until the business cases are signed off. The date for the Mental Health FBC is Sept 2022.	On track

CRR20-07	<b>Director Lead:</b> Director of Primary and Community Care	<b>Date Opened:</b> 28 March 2019
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee	<b>Date Last Reviewed:</b> 20 July 2021
	<b>Risk:</b> Informatics infrastructure capacity, resource and demand	<b>Date of Committee Review:</b> 18 June 2021
		<b>Target Risk Date:</b> 15 December 2021

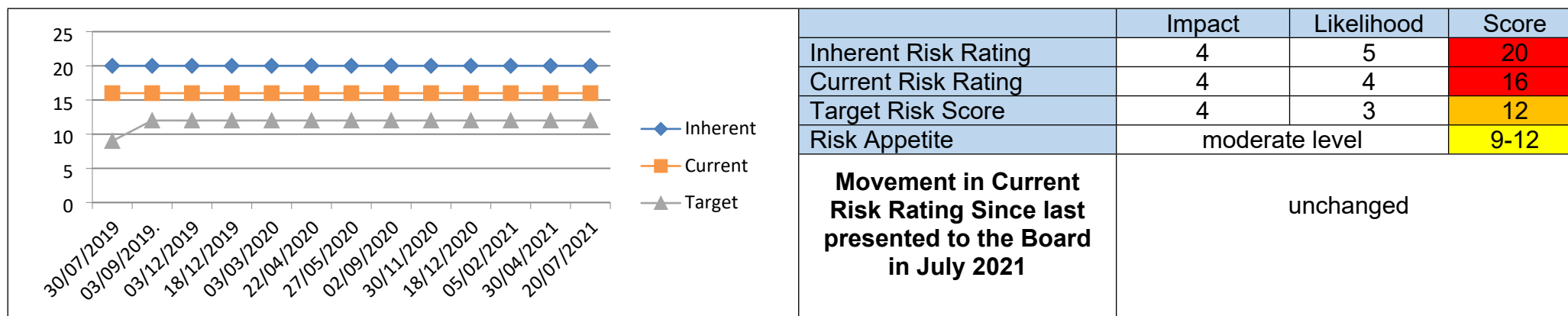
There is a risk that digital services within the Health Board are not fit for purpose. This may be due to:

(a) A lack of capacity and resource to deliver services / guide the organisation.

(b) Increasing demand (internally from users e.g. For devices/ training and externally from the public, government and regulators e.g. Growing need for digital services).

(c) the moving pace of technology.

This could lead to failures in clinical and management systems, and a failure to support the delivery of the Health boards strategy / plans impacting negatively on patient safety/outcomes. It may also pose a greater risk to the Health board of infrastructure failures and cyber attack.



Controls in place	Assurances
<ol style="list-style-type: none"> <li>1. Governance structures in place to approve and monitor plans. Monitoring of approved plans for 2019 2020 (Capital, IMTP and Operational. Approved and established process for reviewing requests for services.</li> <li>2. Integrated planning process and agreed timescales with BCU and third party suppliers.</li> <li>3. Key performance metrics to monitor service delivery and increasing demand.</li> <li>4. Risk based approach to decision making e.g. Local hosting v's National hosting for WPAS etc.</li> <li>5. National Infrastructure Review (Independent Welsh Government Review undertaken by Channel 13).</li> <li>6. Digital Strategy has been developed and approved</li> <li>7. DUO and O365 have enabled staff to work differently</li> </ol>	<ol style="list-style-type: none"> <li>1. Annual Internal Audit Plan.</li> <li>2. WAO reviews and reports e.g. structured assessments and data quality.</li> <li>3. Scrutiny of Clinical Data Quality by CHKS.</li> <li>4. Auditor General Report - Informatics Systems in NHS Wales.</li> <li>5. Regular reporting to DIGC (for Governance).</li> </ol>

#### Gaps in Controls/mitigations

The lack of sustainable funding is a limiting factor to reduce this risk.  
Short term funding results in the recruitment of staff on short fixed term contracts, this results in instability in projects and business as usual.

### Progress since last submission

The Digital Strategy has been approved and implementation has started.

Business cases have been developed for:

- WNCR
- Results Management
- WPAS

The understand phase of the Informatics Workforce Planning Strategy has been completed.

The Governance arrangements are under review and work has started to develop the Informatics Governance and Assurance Framework that will align with the new Corporate Governance Framework.

It is requested that this risk is closed as it duplicates some of the elements within the BAF Risk. A review will be undertaken on where any outstanding actions fit and a new Informatics workforce risk will be developed.

### Links to

#### Strategic Priorities

Effective use of our resources

#### Principal Risks

BAF21-16  
BAF21-17  
BAF21-22

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve	12379	Review workforce plans and establish future proof informatics/digital capability and capacity.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/09/2021	The development of a Workforce Planning Strategy will take into account the service capability and capacity to deliver on the Digital Strategy.	On track

target risk score						
	12380	Review governance arrangements e.g. DTG whose remit includes review of resource conflicts has not been replaced (April 2020).	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/09/2021	This will be undertaken now the Digital Strategy has been approved and will ensure appropriate governance arrangements are in place to monitor implementation of the strategy.	On track

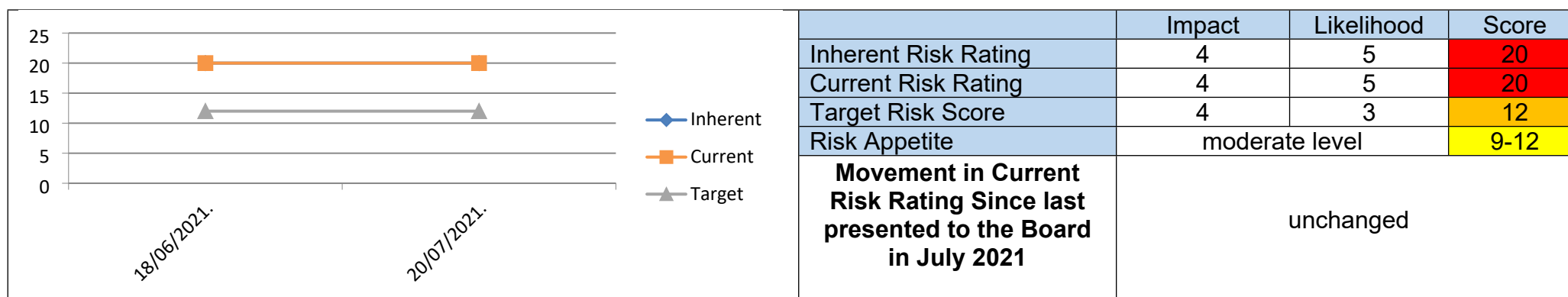


CRR21-12	<b>Director Lead:</b> Director of Primary and Community Care	<b>Date Opened:</b> 23 October 2017 (re-opened
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee	<b>Date Last Reviewed:</b> 20 July 2021
	<b>Risk:</b> National Infrastructure and Products	<b>Date of Committee Review:</b> 18 June 2021
		<b>Target Risk Date:</b> 31 March 2022

There is a risk that the national infrastructure, technical architecture and products are not fit for purpose and do not allow the organisation to deliver benefits when planned. This may be caused by

- A one size fits all approach.
- Products which are not delivered as specified (e.g. time, functionality and quality).
- The approach of the National Programme to mandate/design systems rather than standards.
- Poor resilience and a "lack of focus on routine maintenance".
- Supplier capacity leading to commitment or delivery delays.
- Historic pricing models that are difficult to influence / may not be equitable.
- DHCW Lack of alignment with BCUHB planning cycles and an understanding from a DHCW perspective.

This could result in negative impacts in several key areas including:- Patient outcomes. An inability to support the strategic direction of the Health Board. Delays to delivery of transformational change. Inefficient work flows, poor system usage. Increased costs as we maintain multiple systems / pay inequitable prices. Delays with the delivery of cost saving schemes.



Controls in place	Assurances
<ol style="list-style-type: none"> <li>Scrutiny of DHCW by DIGC who escalate any areas of concern to the Health Board.</li> <li>Project Management Framework with strong governance in place.</li> <li>Technical Oversight Group for WPAS and other National Programme Groups in place.</li> </ol>	<ol style="list-style-type: none"> <li>Public Accounts Committee Review of NWIS.</li> <li>Reports from the Digital Transformation Group to IGIC / EMG.</li> <li>WAO - review.</li> <li>National Architecture and Informatics Governance Reviews.</li> </ol>

### Gaps in Controls/mitigations

One of the key limitations to reduce this risk is that BCUHB does not have any control over the work delivered by Digital Health Care Wales. WPAS implementation which is a national project has not had confirmed funding yet from WG.

### Progress since last submission

DHCW provided a report for the June DIGC with an update on all projects/work.

The joint BCUHB and DHCW plan is nearly finalised and will be ready to be presented to DIGC in September.

The WPAS Technical Oversight Group continues to meet and to monitor implementation progress.

### Links to

#### Strategic Priorities

Effective use of our resources

#### Principal Risks

BAF21-16

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	15284	A joint digital plan to be developed with Digital Health and Care Wales for 2021/22 which will include all projects and upgrades.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/07/2021	Having an agreed plan in place will enable better monitoring of delivery and scrutiny by DIGC.	Delay
	15285	To meet with DHCW on a quarterly basis to review delivery of agreed plan.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	This will enable performance management of the plan and escalations can be made sooner.	On track

	15286	Action Plan to be scrutinised by DIGC quarterly.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/06/2021	Increased performance management of supplier to reduce the likelihood of the risk.  Reconsidering the date for completion under the new committee structure.	Delay
	15287	To strengthen the governance by agreeing escalation levels within existing and new national projects.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	Having agreed escalation levels will result in issues being dealt with quicker.	On track
	15474	CCIO & CIO to influence the National Strategic Direction through National Groups.	Mr Dylan Williams, Assistant Director of Informatics	31/03/2022	Influencing the National Strategy should increase alignment with BCUHB Digital Plans.	On track
	17753	Local business cases to be developed for national projects.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	Having a local business case will ensure the national projects can be delivered.	On track

## Appendix 2: Corporate Risk Register Key field guidance/ definitions of assurance levels

BAF Template Item		Please refer to the Risk Management Strategy and Policy for further detailed explanations
<b>Risk Reference</b>		Board Assurance Framework reference number, allocated by the Board Secretary
<b>Risk Description</b>		An uncertainty that something could or may happen that will have an impact on the achievement of the Health Board's Priority. There are 3 main components to include when articulating the risk description (cause, event and effect):
		- There is a risk of / if ....
		- This may be caused by ....
		- Which could lead to an impact / effect on .....
<b>Risk Ratings</b>	Inherent	Without taking into consideration any controls which may be in place to manage this risk, what is the likelihood that this risk will be realised, and if it did, what would be the consequence
<b>Control</b>	Definition	<p>These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the magnitude/severity of its potential impact were it to be realised.</p> <p>A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise and ensure that care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - <a href="http://www.wales.nhs.uk/governance-emanual/risk-management">http://www.wales.nhs.uk/governance-emanual/risk-management</a>]</p> <p>A measure that maintains and/or modifies risk (ISO 31000:2018(en))</p>
	Examples include, but are not limited to:	<ul style="list-style-type: none"> <li>- People, for example, a person who may have a specific role in delivery of an objective</li> <li>- Strategy, policies, procedures, SOP, checklist in place and being implemented which ensures the delivery of an objective</li> <li>- Training in place, monitored and assurance reported</li> <li>- Compliance audits</li> <li>- Business Continuity plans in place, up to date, tested and effectively monitored</li> <li>- Contract Management in place, up to date and regularly monitored</li> </ul>
<b>Mitigation</b>	Definition	This refers to the process of reducing risk exposure and minimising its likelihood and/or lessening or making less severe its impact were it to materialise. Types of risk mitigations include the 5Ts (treat, tolerate, terminate, transfer or take opportunity).
	Examples include, but are not limited to:	<ul style="list-style-type: none"> <li>- Service or Pathway Redesign</li> <li>- Business Case Development</li> <li>- Staff Training</li> <li>- Risk Assessment</li> <li>- Evidential data sets</li> <li>- Taking out insurance</li> </ul>
<b>Assurance Levels</b>	1	The first level of assurance comes from the department that performs the day to day activity, for example the data

		is available
	2	The second level of assurance comes from other functions in the Health Board who have internally verified the data, for example quality, finance and H/R assurance
	3	The third level of assurance comes from assurance provided from outside the Health Board, for example WG, HIW, HSE etc.

RAG Status		
Red		Delayed
Amber		On Track
Green		Completed Action

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Partnerships, People and Population Health Committee 14.10.21</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Test, Trace and Protect update</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Teresa Owen, Executive Director of Public Health						
<b>Awdur yr Adroddiad Report Author:</b>	Glynne Roberts, Director, TTP						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Presented to PPPHC as the governance route for TTP reporting						
<b>Atodiadau Appendices:</b>	N/A						
<b>Argymhelliad / Recommendation:</b>							
<p>The Committee is asked to approve the paper, and the following recommendations:</p> <ul style="list-style-type: none"> <li>i. That continued recruitment is undertaken to ensure that all aspects of the Test Trace Protect Service are sufficiently robust to meet service demands until the end of the financial year.</li> <li>ii. That the service responds to revised government strategies for TTP, ensuring that North Wales performs on a par with other regions in Wales.</li> <li>iii. That senior members of the Test Trace Protect Team continue to liaise with partner organisations both locally and nationally to work in partnership to address the changing service requirements.</li> </ul>							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
As we are delivering the operational aspect of Welsh and UK Government requirements for Covid19, the strategic decisions having been undertaken at a governmental level.							
<b>Sefyllfa / Situation:</b>							
This paper provides an update on the Test Trace Protect programme, with a specific focus on the sustainability of the services, and their ability to meet the changing demands of the Covid19 response, and the concerns around recruitment and retention to meet service demands.							
<b>Cefndir / Background:</b>							
The Welsh Government <i>Test Trace and Protect</i> (TTP) Strategy was first published on the 13 May 2020 and updated on the 4 June 2020. The TTP Strategy aims to enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so. This will mean asking people to							

report symptoms, testing anyone in the community who is showing symptoms of Covid19, and tracing those with whom they have come into close contact. Contacts have been advised to self-isolate in order to stop further spread among family, friends and the community. The Strategy acknowledged that the approach would bring together and build on the existing contact tracing expertise of local health boards and local authorities to deliver the strategy consistently across the region.

Since the initial announcement, the Health Board, Public Health Wales and Local Authority partners across North Wales have worked collaboratively to establish an integrated and resilient response, and have established a multi-partner, multi-layer tracing service. This has been underpinned by national guidance.

Given the fluctuating nature of Covid19 transmission, TTP services have had to adapt to an ever-changing landscape, to ensure that the services are sufficiently agile to meet the community demands. Quarter 2 has seen new challenges in retaining and recruiting staff due to the short-term nature of contracts.

Current projections suggest that the TTP services will be required at least until the end of the current financial year.

### **Asesu a Dadansoddi / Assessment & Analysis**

#### **Goblygiadau Strategol / Strategy Implications**

The Test Trace Protect Service was set up as part of the Welsh Government's response to Covid19 in May and June 2020. The Health Board, along with local authority partners, have been charged with implementing the strategy at a regional level, and have established the governance and operational arrangements to achieve this goal.

### **Opsiynau a ystyriwyd / Options considered**

The service has been established in partnership with local authorities across North Wales, and working at a national level with Welsh Government and Public Health Wales.

There are three elements to the strategy:

- i. Testing: The Covid Testing Units are managed by the Health Board, supported by a range of testing options funded through UK Government.
- ii. Tracing: the Regional Hub comprises Health Board and Public Health Wales staff, who work in tandem with the county-based tracing teams, managed by local authorities.
- iii. Protect: The Health Board has taken a co-ordinating role to establish a network of Covid Support Hubs, linking in with local authority and third sector partners.

In developing this agile service, the options for future delivery are agreed at a regional level through the Recovery Co-ordinating Group, and reported to PPPHC.



## Goblygiadau Ariannol / Financial Implications

Welsh Government has agreed a budget for TTP, which is allocated to the different partner organisations in accordance with local delivery plans.

The total forecast spend for TTP in 2021-22 is £16.7m, of which £2.7m will be for Antigen Testing and £13.9m for Tracing. "Protect" will be funded via different Welsh Government allocations. Given the current staffing issues, there is a significant underspend on this budget.

## Dadansoddiad Risk / Risk Analysis

Robust governance arrangements are in place for the TTP service, and an internal BCUHB governance group has been established to address issues that specifically affect the Health Board.

This group's work has been designed to ensure that:

- The Health Board delivers and maintains the expected outcomes for the services for which it has a responsibility. This may be working in isolation, or in partnership with others.
- Trends and forecasting are considered to ensure responsiveness of the end-to-end service and that resourcing appropriately matches requirements.
- There is internal clarity in relation to human resources, the financial position, informatics and information governance.
- Risks are actively identified and robustly managed and mitigated.
- A proactive approach is taken, with surveillance to limit the spread of the virus.
- Any BCUHB specific decisions are reviewed and approved.

The current highest ranked risks are:

Summary description	Current score
Summary description	Current score
Rapid response and deployment plan, including swift multi agency response required	12
Staff retention: short term contracts create instability in TTP service due to temporary nature of all contracts	16
Supporting pre-op testing: risk inadequate testing capacity to support. Urgently require site management engagement	12
Regional modelling required to ensure appropriate resource in place (regionally and locally) up until March 2022	9

## Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

N/A.

### **Asesiad Effaith / Impact Assessment**

The TTP services have all been considered alongside the need for impact assessments.

Socio economic duty: A Socio Economic Duty Assessment was completed on the Covid19 Support Hubs that underpin the Protect element of TTP.

Welsh Language: Particularly for the public-facing Tracing services, Welsh language considerations have been made and language preference identified in contacting the general public.

Data governance: Data relating to TTP is stored in the All Wales CRM, which sits outside the direct influence of the Health Board.

## Update on Test, Trace and Protect (TTP) in North Wales

<b>Meeting and date:</b>	PPPHC 14.10.2021
<b>Report Title:</b>	Update on Test, Trace, Protect
<b>Responsible Director:</b>	Teresa Owen, Executive Director of Public Health
<b>Report Author:</b>	Glynne Roberts, (Director, TTP)
<b>Date report produced</b>	01.10.2021

### RATIONALE

This paper provides an update to PPPHC on the TTP programme in North Wales since July 2021.

### HEADLINES

- Services that were stretched during Quarter 1 due to the rapid rise in cases across the region have experienced a further surge in demand during Quarter 2.
- For the last few months, North Wales has consistently seen 500 Covid19 cases per 100,000 population recorded on a daily basis.
- Based on modelling data produced via Swansea University, the BCUHB area is currently running at 82% above the Most Likely Scenario and 98% above the Reasonable Worst Case. Further modelling data is expected, to reflect the revised position.
- The largest number of cases remain in younger people. 47% of all cases are in the under-19 age group. Not surprisingly, the main drivers for the increase in cases are within the education sector.
- The hospital admission rate is lower than during previous waves, indicating that the vaccination programme is having a significant impact.
- Recruitment is being undertaken to match resources to demand. As all TTP staff are on short-term contracts, retention and recruitment will be a major challenge over the winter months, and a prioritisation framework has been agreed with Welsh Government to deal with the demand.
- Further anticipated changes to guidance from Welsh Government will impact on service delivery, and the service will need to remain agile to accommodate any new demands. The expected guidance should alleviate some of the current service pressures.

### SERVICE DELIVERY

#### PCR Testing

- Polymerase chain reaction (PCR) testing capacity across North Wales is at around 35,000 slots per week, a 16% increase on Quarter 1.
- Lateral Flow Device Collect capacity is 29,000 kits per week. This does not take into account the supply at Leisure Centres, pharmacies and the Covid Support Hubs.
- PCR testing is available from the Health Board managed Covid Testing Units (CTUs) located in Ysbyty Alltwen, Parc Menai (Bangor), Ysbyty Glan Clwyd, and Ysbyty Maelor Wrexham. These units predominantly provide tests for pre-operative patients awaiting procedures within BCU. However, recent changes to testing requirements will see key workers also accessing these facilities. Additional staff will be required to accommodate the increased workload.
- Regional drive-through Testing Units (RTUs) for the general public have been funded by UK Government, and are located in Deeside and Llandudno.
- Local walk-in Testing Sites (LTSS) for the general public have been established in Bangor, Rhyl, Shotton and Wrexham.

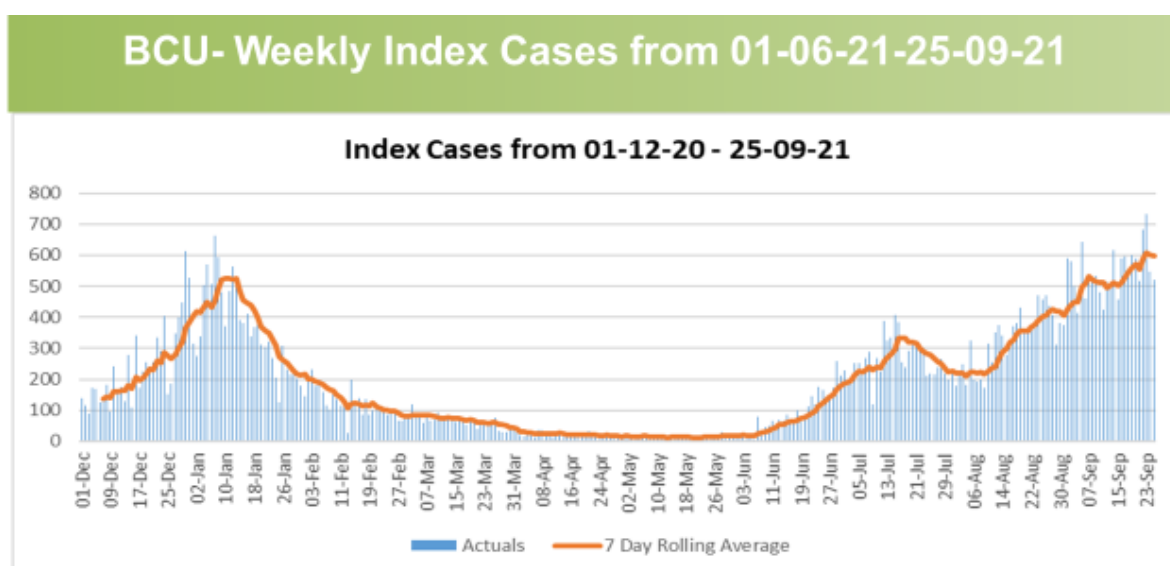
- Mobile Testing Units (MTUs) are deployed for short periods of time in locations furthest away from fixed testing provisions, or in support of localised Covid19 outbreaks.

### Lateral Flow Device (LFD) Testing

- Asymptomatic testing of NHS Wales Staff: Processes are in place for the continued provision of LFD kits to BCU staff.
- LFD Collect: Commenced in April 2021, and is available from a variety of community sites.
- In order to support national strategy around the Test to Find and Test to Maintain approaches, discussions have taken place with Local Authorities regarding the utilisation of the WAST MTU to visit Business Parks and Industrial Estates in North Wales to offer supervised LFD tests to staff. This service has also been used at sporting events to publicise the availability of LFDs.

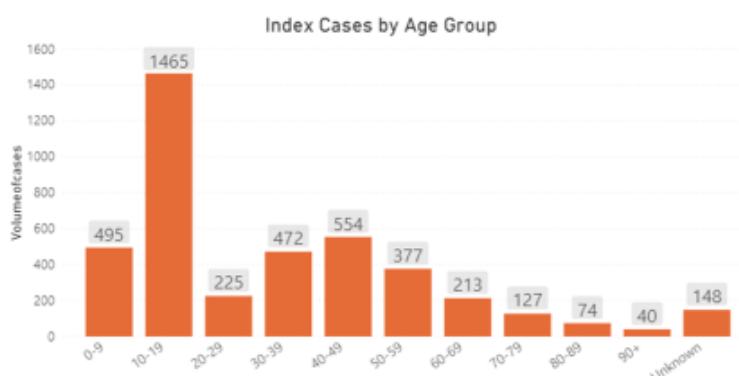
### TRACING

- Index cases have risen week-on-week throughout the period. For contract tracing, the daily queues have been at their highest in mid-September, peaking at over 1,600 cases awaiting a trace.

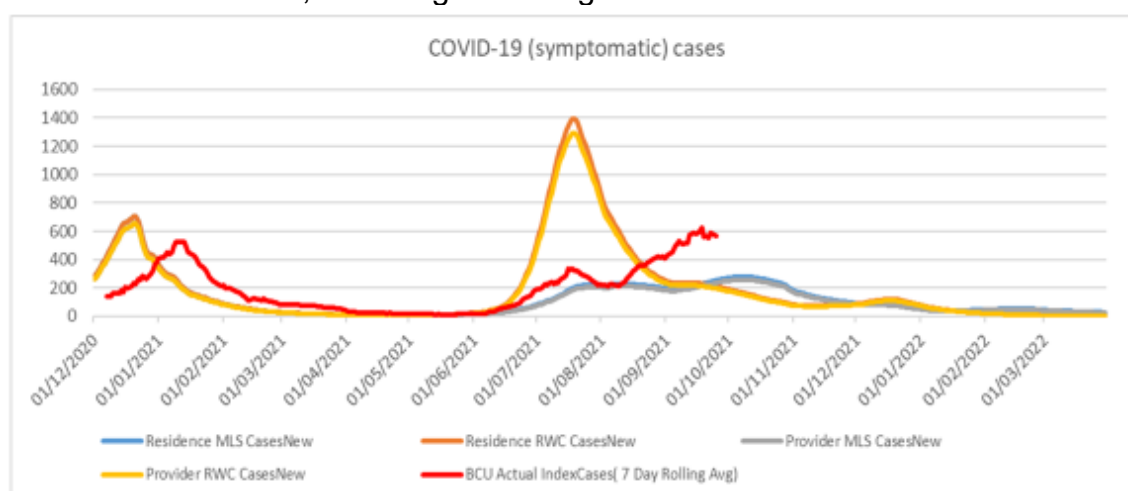


- The largest proportion of cases remains in the 10-19 age group.

### BCU- Index Cases by Age band from 19-09-21- 25-09-21



North Wales Positive case, reflecting modelling data:



- There are significant recruitment issues within Tracing services, with many of the staff initially deployed returning to their substantive positions, and short-term contracts until March 2022 are impeding further recruitment. Working in tandem with local authorities, a concerted recruitment campaign is being undertaken to ensure that the required resources are available to meet service demand, but the service has had to introduce a prioritisation framework to cope with the demand.
- Recent changes to the Public Health Wales Health Protection service will also need to be factored into regional staffing requirements.

## PROTECT

- 5 Covid Support Hubs have been established, working with local authority and Third sector partners. These are located across the region:
  - Holyhead (host organisation: Citizens advice Ynys Môn)
  - Maesgeirchen (Bangor). Host organisation: Maes Ni community group.
  - Denbigh. Host Organisation: Grwp Cynefin housing association.
  - Shotton. Host organisation: Flintshire County Council.
  - Plas Madoc (Wrexham). Host organisation: Splash Leisure Centre and the We Are Plas Madoc community group.

Funding has recently been identified to establish a sixth hub, which will allow for one per local authority area during the pilot phase.

- Each of the hubs offers the same core services:
  - Lateral Flow tests
  - Advice and support on finance, debt and benefits.
  - Energy advice
  - Enhanced food offer
  - Mental health support
  - Digital inclusion.
- Since starting in May 2021, the hubs issued over 60,000 LFDs.
- Evaluation support has been commissioned for qualitative and qualitative approaches.

## ISSUES/RISKS

- Capacity issue for Testing and Tracing services as business-as-usual returns, and demand exceeds capacity. The surge in demand over-and-above the modelling data

has resulted in a prioritisation framework being agreed with Welsh Government for contact tracing services.

- Short-term contracts until the end of March 2022 are a major factor impairing staff retention, and hindering further recruitment.
- Work is ongoing to reach a consensus regarding the provision of TTP services for the education sector.
- Specific outbreaks require multi-agency support, and co-ordination from Implementation Management Teams (IMTs). These can be labour-intensive, and will need to be considered alongside service capacity to meet local demands.
- The Health Board, alongside local authority partners, have agreed a Rapid Response Plan and associated Standard Operating Procedures (SOPs) in the event of new variants of concern. Workforce requirements will need to be addressed to ensure that partner organisations can deploy the workforce numbers required.

## CONCLUSION

- Having been established for 18 months, Testing and Tracing Services have a track-record for meeting ever-changing demands, and in rising to the challenge of the constant changes in Covid19 prevalence across the region. However the recent increase in Covid19 rates, coupled with staffing issues in both Testing and Tracing services, has led to increased challenges.
- The work over the 18 month period has demonstrated the importance of co-ordinated multi-agency responses. In often difficult situations, relationships between health, local authorities and the Third sector have been enhanced throughout this period. New planning and reporting structures have been established and these have been largely successful in ensuring that there is effective and equitable distribution of resources to meet local and regional needs.
- Current trends indicate that although community transmission rates have been extremely high, there has not been a corresponding surge in hospital admissions, suggesting that the vaccination programme has been extremely effective.
- Moving forward, it is anticipated that there will be an additional focus on the Protect element of TTP, ensuring that our most disadvantaged communities are supported through what is likely to be a difficult period socially and economically.
- In addressing current recruitment issues, and ensuring that the services are sufficiently robust to meet the anticipated changes for the remaining months of 2021, TTP services will need to maintain their agility to meet the constant demands.