

- 1 PP22/111 Apologies
Chris Stockport - Sue Green to deputise as Executive Lead
Angela Wood - Chris Lynes to deputise
Dylan Roberts - Andrea Williams to deputise
- 2 PP22/112 Declaration of Interest
- 3 PP22/113 Draft minute of the previous meeting held on 13.9.22 for approval
PP22.113 DRAFT PPPHC Minutes 13.9.22 v.03.doc
- 4 09:15 - PP22/114 Matters arising and table of action
PP22.114 PPPHC Table of actions v3.doc
- 5 PP22/115 Report of the Chair - verbal
Linda Tomos
- 6 PP22/116 Report of the Lead Executive - verbal
Sue Green deputising
- 7 09:30 - PP22/117 Digital Health Care Wales CEO update
Helen Thomas, CEO DHCW in attendance
Presentation
PP22.117 Presentation_DHCW update to BCU PPPH_OCT 2022 - v1.pdf
- 8 09:45 - PP22/118 Integrated Digital Data and Technology Report
Andrea Williams in attendance for Dylan Roberts
Recommendation
The purpose of this report is to provide the Partnerships, People & Population Health Committee (PPPH) with assurance, on behalf of the Health Board, with regard to that which is being delivered by the Digital Data and Technology (DDaT) Service.
An overview of the projects outlined within the Digital Strategy Reporting Dashboard.
A mechanism for the PPPH Committee to gain assurance on the operational performance of DdaT.
Following on from recent presentations to Board it is recommended that the format and content of this report is updated and discussed with John Cunliffe and the Chair, Linda Tomos.
PP22.118a DDaT Integrated Reports 8th November 2022 V2.docx
PP22.118b Appendix 1 - Digital Delivery Plan Updates v2.docx
PP22.118c Appendix 2 - DDaT Project Pipeline (1).docx
PP22.118d Appendix 3 - IMTP Submissions for 2023 v2.docx
PP22.118e Appendix 4 - DSCN and IA compliance Summary Q2 2022-23 (1).docx
PP22.118f Appendix 5 Digital Roadmap 2022-2028 Oct 22 (1).pdf
- 9 STRATEGIC ITEMS - THE FUTURE
- 10 09:55 - PP22/119 Living Healthier, Staying Well Strategy report
Sally Baxter in attendance for Chris Stockport
Recommendation
The Committee is asked to receive the report.
PP22.119 LHSW strategy update November 2022.docx
- 11 10:05 - PP22/120 Integrated Medium Term Plan (IMTP) update
Sally Baxter in attendance for Chris Stockport
Recommendation
The Committee is asked to receive the update and provide any comments to inform the process.
PP22.120 IMTP development report November 2022.docx
- 12 10:15 - PP22/121 Clinical Services Strategy update
Nick Lyons
Recommendation
The Committee is asked to:
Receive the update report
Note the proposed next steps
Offer comments on the content to help shape the ongoing implementation
PP22.121 Clinical Services Strategy update Nov 2022 v2.docx
- 13 PP22/122 no item
- 14 10:25 - PP22/123 Research and Development annual report 2021/22

Nick Lyons

Recommendation

The Committee is asked to note:

- Our reset research activity post pandemic, in line with the UK Clinical Research Strategy
- The development of our Clinical Research Facility (CRF), and the appointment of Dr Orod Osanlou as CRF Director
- The many collaborations and successs we have achieved in the last 12 months.
- Our future plans moving forward.

PP22.123a RandD annual report to PPPH Nov 2022.docx

PP22.123a RandD App i.docx

PP22.123a RandD App ii.docx

PP22.123a RandD App iii.docx

15 10:40 - PP22/124 Clinical Coding Policy - for approval

Nick Lyons

Recommendation

The Committee is asked to ratify and approve the Policy for Clinical Coding

PP22.124a Clinical Coding policy.docx

PP22.124b Coding Policy June 2022.docx

PP22.124c clinical Coding Policy EQIA V2.docx

16 10:45 - Comfort break

17 10:55 - PP22/125 Mental Health Strategy update

Teresa Owen

Recommendation

The Committee is asked to note the update

PP22.125 Mental Health Strategy - Update Paper - Final Version.docx

18 PP22/126 no item

19 11:10 - PP22/127 Winter Resilience Plan 2022/23

Gill Harris

To follow

PP22.127 -20221104 Winter plan_Draft v0.10.docx

PP22.127 - 20221104 Winter plan - Appendix 1.pdf

20 11:25 - PP22/128 Seasonal Influenza & COVID-19 Plan 2022-23

Teresa Owen / Gill Harris

Recommendation

The Committee is asked to approve the plan.

PP22.128a BCUHB Flu COVID-19 Plan 2022-23.docx

PP22.128b_pdf BCUHB Flu COVID-19 Plan 2022-23 v0.6.pdf

22 THE PRESENT for assurance

23 11:35 - PP22/129 Nurse Staffing levels assurance report

Chris Lynes - Alison Griffiths in attendance

The Committee is asked to receive this report to gain assurance in relation to the following:

Betsi Cadwaladr University Health Board (BCUHB) is meeting its statutory "duty to calculate and take steps to maintain nurse staffing levels" in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.

BCUHB is meeting its statutory duty to provide an Annual Presentation to the Board detailing calculated nurse staffing levels (Appendix 1).

The Committee is asked to note that a financial assessment arising from the organisations statutory duty to calculate nurse staffing levels has been submitted via the IMTP scheme for consideration within the financial planning cycle for 2023/24.

PP22.129a Nurse Staffing Levels Autumn 2022 (V6).docx

PP22.129b Nurse Staffing Levels Assurance Paper (V6).docx

PP22.129c Nurse Staffing Appendix 1 - Annual Presentation of Nurse Staffing Levels Autumn 2022 (V6).docx

PP22.129d Nurse Staffing Appendix 2 - Summary of Nurse Staffing levels for 25B wards (V2).docx

24 PP22/130 no item

25 11:50 - PP22/131 Operational Plan Monitoring Report (OPMR) 2022-23

Amanda Lonsdale in attendance

Recommendation

The Partnerships, People and Population Health Committee is asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.

PP22.131a OPMR Q2 2022_23v2.docx

- 26 12:00 - Comfort break
- 27 12:30 - PP22/132 2022/23 Board Assurance Framework
Molly Marcu in attendance
Recommendation
The Committee is asked to:
• *Note and review the BAF risks that fall within the remit of the Partnerships, People & Population Health Committee*
PP22.132a BAF November 2022.docx
PP22.132b November PPPH BAF appendix 1.PDF
- 28 12:40 - PP22/133 Corporate Risk Register
Phil Meakin in attendance
Recommendation
The Committee is asked to:
Review and discuss the report.
PP22.133a CRR Corporate Risk Register v1.0 Public.docx
PP22.133b CRR Appendix 1 - Partnership People and Population Health Committee Corporate Risks.pdf
PP22.133c CRR Appendix 2 - Newly Escalated Risks.pdf
PP22.133d CRR Appendix 3 - Full List of Corporate Risks.pdf
PP22.133e CRR Appendix 4 - Risk Key Field Guidance.pdf
- 29 12:50 - PP22/134 Good Mental Wellbeing – It's Everyone's Business"; Annual Report of the Executive Director of Public Health 2022
Teresa Owen
Recommendation
The Partnerships, People & Population Health Committee is asked to note the Annual Report topic for 2022.
PP22.134 Development of PH draft annual report Good Mental Wellbeing - 31.10.2022 v.02.pdf
- 30 13:05 - PP22/135 Update on Test, Trace and Protect (TTP) in North Wales
Teresa Owen
Recommendation
The Committee is asked to:
Note the changes to testing in light of the Welsh Government's recently published "Our Public Health Approach to Respiratory Viruses Autumn/Winter 22/23".
PP22.135 TTP Report for PPPH Committee Nov 22.docx
- 31 13:10 - PP22/136 Recruitment Process Rapid Deep-Dive Feedback
Sue Green
Recommendation
The Committee is asked to NOTE the output from the session and progress against the actions agreed.
PP22.136 Recruitment Review Deep Dive.docx
- 32 13:30 - PP22/137 Implementation of Anti-racist Wales Action Plan
Sue Green
Recommendation
The Committee is asked to: approve the Anti-racist Action Plan for Betsi Cadwaladr University Health Board:
Plan A –Service Provision
Plan B –Workforce
PP22.137a AntiRacist Action Plan 2022.11.08 v1.1 (003).docx
PP22.137b Draft Anti-racist Plans A and B for PPPH - v0.3 (003).docx
- 33 13:40 - PP22/138 NW RPB Annual report 2021/22
Catrin Roberts NWRPB's Head of Regional Collaboration in attendance
Sally Baxter in attendance
Recommendation
The Committee is asked to receive the Annual Report and note the key issues arising from the most recent meetings.
PP22.138a RPB update November 2022.docx
PP22.138b App1 NWRPB 2021-22 Annual Report FINAL Approved RPB.docx
PP22.138c App 2 Draft notes of NWRPB meeting 14.10.2022.docx
- 34 13:55 - PP22/139 North Wales Substance Misuse Area Planning Board (APB) Update
For information
Recommendation
It is recommended that the Committee:
• *receive this report and note the positive examples of partnership working and resulting outcomes for service users, highlighted within the appendices*

- 35 13:55 - LEARNING FROM THE PAST
- 36 PP22/140 Positives From the Pandemic Health innovation and new ways of working in north Wales
For information
The Committee is asked to note the report
PP22.140a_Royal College of Physicians Report.docx
PP22.140b App 1 RCP report_Positives from the pandemic.pdf
- 37 PP22/141 Chair assurance reports
For information
Partnership Boards:
Together to Mental Health Partnership Board - Lucy Reid Vice Chair BCUHB
PP22.141a Chairs assurance report T4MHPB October 2022.docx
- 38 13:55 - CLOSING BUSINESS
- 39 PP22/142 no item
- 40 PP22/143 Items discussed previously in private to be reported in public session
A Corporate Risk was noted to have been discussed in private session
- 41 PP22/144 Agree items for Board/Other Committees
- 42 PP22/145 Review of Risks highlighted in the meeting for referral to risk management group
Phil Meakin in attendance
- 43 PP22/146 Agree items for Chair's Assurance report
- 44 PP22/147 Review of meeting effectiveness
- 45 PP22/148 Date of next meeting 17.1.23
- 46 14:09 - Exclusion of the Press and Public



Betsi Cadwaladr University Health Board

DRAFT

Partnerships, People and Population Health (PPPH) Committee

Minutes of the meeting held in public on 13.9.22, held virtually via Teams

Present:	
Linda Tomos	Independent Member / Committee Chair
Nicola Callow	Independent Member / Committee Vice Chair
John Cunliffe	Independent Member
John Gallanders	Independent Member
In Attendance:	
Sally Baxter	Assistant Director ~ Health Strategy (<i>Item PP22/103</i>)
Neil Bradshaw	Assistant Director Strategy – Capital (<i>Item PP22.88.2</i>)
Sue Green	Executive Director of Workforce & Organisational Development
Emma Hosking	Associate Medical Director for Professional Development – (Item PP22/105)
Phil Meakin	Associate Director of Governance
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning
Teresa Owen	Executive Director of Public Health
Catrin Roberts	North Wales Regional Partnership Board (NWRPB) Head of Regional Collaboration. (<i>Item PP22/103</i>)
Dylan Roberts	Chief Digital and Information Officer
Helen Stevens-Jones	Director of Partnerships, Communications and Engagement
Chris Stockport	Executive Director Transformation, Strategic Planning, & Commissioning
Rod Taylor	Director Estates & Facilities (<i>Item PP22/94</i>)
Angela Wood	Executive Director of Nursing & Midwifery
Jane Hindle	Interim Assistant Director Corporate Governance – minutes
Diane Davies	Corporate Governance Manager – Committee secretariat
Observing	
Dave Harris	Head of Internal Audit

Agenda Item	Action
PP22/85 Chair's welcome and apologies	
Apologies were received from Nick Lyons, Gareth Evans, Gill Harris and Molly Marcu.	
PP22/86 Declarations of Interest	
There were no declarations of interest in the items on the agenda.	
PP22/87 Draft minutes of the Partnerships, People and Population Health Committee held on 12.7.22	

<p>The minutes were approved subject to the following amendments</p> <ul style="list-style-type: none"> • P3 PP22/67.4 amend NHS application to read NHS App • P8 PP22/72.8 amend sentence to read Tracking method against the schemes • P5 Amend item, and references within, from TTTP to Test, Track and Protect (TTP) Programme 	
<p>PP22/88 Summary table of actions</p> <p>PP22/88.1 The table of actions was updated, including acceptance of items to be closed.</p> <p>PP22/88.2 In regard to SP20/10 Estates Strategy, the Assistant Director Capital Strategy joined the meeting to supplement the update provided in the table of actions at the request of the Committee Chair. The Committee was satisfied with the assurance provided on the work outlined in preparation for the latest review of the Estates Strategy (previously approved by the Board on 28.3.19). It was agreed that:</p> <ul style="list-style-type: none"> • The final draft would be submitted to the Committee on 17.1.23, following discussion at a Board workshop/development session to be scheduled. • A look back at the scheduling of the Estates/ Asset Management strategy would be explored to understand the correct timing of submission to the Committee and whether there were lessons to be learned • The Assistant Director Capital Strategy would explore inclusion of university personnel in the programme group to strengthen partnership work on the new North Wales Medical School and reflect its role in moving BCU forward to the status of Targeted Intervention. <p>It was noted that a robust Estate Strategy required an approved and effective Clinical Strategy in place to be effective.</p>	<p>RN (NB)</p> <p>PM/MM</p> <p>RN (NB)</p>
<p>PP22/89 Report of the Chair</p> <p>The Committee Chair congratulated the Workforce & OD team, who had developed the recent Recruitment deep dive event. The Committee Vice Chair was pleased to note greater focus on action centred minutes as opposed to descriptive.</p>	
<p>PP22/90 Report of the Lead Executive</p> <p>The Executive Director Transformation, Strategic Planning, & Commissioning reported that BCU's Winter Resilience Plan (WRP) paper to the Committee had been delayed given the Welsh Government (WG) late provision of guidance, although WG expectation was to receive a WRP submission before month end. It was agreed that the Committee would determine how the Committee would consider the plan prior to submission to the Board in the private Committee session which followed.</p>	<p>CS</p>

STRATEGY	
<p>PP22/91 Draft Partnerships, Engagement and Communications Strategy</p> <p>PP22/91.1 The Director of Partnerships, Communications and Engagement presented the item highlighting it as an ‘enabling’ strategy:and that there was a more balanced reflection of positive and negative opinion in regard to the organisation than previously. She advised that the draft would be presented to other BCU groups, following which an updated version would be presented to the Committee at a date to be determined.</p> <p>PP22/91.2 An Independent Member commented that the proposal regarding consultation fails to describe the mechanism for feedback and it would be helpful to include how this would work. In addition, it would be good to understand how effective current engagement work has been and how this is measured. A question was raised regarding the resource that supports Targeted Intervention (TI) and whether this will remain once the TI has been lifted.</p> <p>PP22/91.3 The Director of Partnerships, Communications and Engagement advised members that the team routinely survey patients and the public and therefore have a baseline of the effectiveness of current engagement. This work incorporates the use of social media and close links with communities. This work will be incorporated into the next draft of the strategy together with further information on the on-going work around the Targeted Intervention.</p> <p>PP22/91.5 An Independent Member observed that there is an opportunity to provide improved clarity regarding the objectives contained within page 8 of the strategy and how this would be measured. It was agreed that members should email their feedback to the Director of Partnerships, Communications and Engagement</p> <p>PP22/91.6 The Executive Director of Public Health commenting on the stakeholder analysis queried if there needs to be more specific reference to external partners eg the Police and Area Planning Boards given the close working with the Health Board. The Committee Chair also suggested that the draft required more explicit reference to bilingual delivery.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the draft Partnerships, Engagement and Communications Strategy</p>	<p>HS-J</p> <p>All / H S-J</p> <p>HS-J</p>
<p>PP22/92 Update on Digital, Data and Technology Board Assurance Framework (BAF) risks and proposed transformation of Informatics operating model</p> <p>PP22/92.1 The Chief Digital and Information Officer introduced the report which was provided to deliver a level of assurance on the key risks and work undertaken to move towards a Digital, Data and Technology (DDAT) model in line with good practice.</p>	

PP22/92.2 Work has been underway since the Chief Digital and Information Officer came into post to understand the current state and operating model including understanding skills and capabilities and outline work to move to a good practice DDAT model in order to be fit for future requirements. Despite the report highlighting some areas of concern the attitude and behaviours of the informatics team were commended and it was noted that they were welcoming of the review.

PP22/92.3 In terms of assessing the strategic risks, work had been undertaken to provide a clear assessment and discussion had taken place with the Chair of the Performance, Finance and Information Governance Committee to ensure that risks, mitigations and gaps were adequately captured. Two key areas of risk were identified; 1 – the existing environment and inadequate arrangements for DDAT enabled change, 2 – Inadequate digital applications and infrastructure and resources.

PP22/92.4 Referring to the diagram on page 6 of the report the Chief Digital and Information Officer highlighted the assessment of the current state which demonstrated an overall proficient function (amber) with areas of concern (red) including specific service applications approaching obsolescence and multiple data silos. It was noted that whilst the information governance and cyber security controls were assessed as green the implementation of these carried associated costs.

PP22/92.5 It was highlighted that there is a lack of clarity regarding the financial model for IT related projects with some 450 pieces of work currently underway and the alignment with the digital strategy not tested. Work has commenced with the transformation team to review these projects and understand the priorities.

PP22/92.6 In order to identify gaps in the current provision and to enable progress to be measured a digital standard maturity matrix (Gartner Group IT Score) had been utilised and had the assessment gave a maturity level just below 1(functional) on a scale of 1-5 with a plan to achieve level 2 in the next 12 to 18 months. This assessment has received peer review from colleagues across Wales which confirmed the score. To ensure that all Board members have an understanding of the review and the work required and the necessary financial investment a Board workshop was taking place in October.

PP22/92.7 The Committee Chair noted the honest assessment of the existing function and concurred with the observations of the current team, recognising their commitment and support throughout the Covid response.

PP22/92.8 A discussion took place regarding the maturity assessment, how the Health Board compared to others across Wales and what could be done to address any deficit and mitigate risks. The Chief Digital and Information Officer advised

<p>members that the data shows that Swansea Bay Health Board are the leading organisation in terms of digital maturity and this was largely due to their investment which was closer to the National Audit Office recommendation of 4.5 - 5%. The approach to mitigate key risks will involve introducing mandatory cyber security training underpinned by a robust communications plan and this approach has been agreed by the executive team. In addition to this the most relevant action is to ensure that system upgrades are maintained and the team are currently in the process of reviewing this however there is a need to balance the risk with the cost implications.</p> <p>PP22/92.9 An Independent Member queried if the utilisation of a number of national systems was a disadvantage to the Health Board and whether this could be seen through the performance of other health boards. The Chief Digital and Information Officer responded that it was not clear if Swansea Bay Health Board were in relation to the use of national products.</p> <p>PP22/92.10 A discussion took place regarding the required investment and the opportunity to create efficiencies through the future operating model. It was suggested that the opportunity to ringfence any efficiencies created for re-investment should be considered.</p> <p>The Committee RESOLVED to.</p> <ul style="list-style-type: none"> (i) Receive and agree the BAF risks (ii) Note the high-level plan for transition to a DDAT service 	
<p>PP22/93 North Wales Market Stability report</p> <p>PP22/93.1 The Executive Director Transformation, Strategic Planning and Commissioning presented the report which is a legislative requirement it is important that the findings are acted on, noting that in terms of provision and need a further report will be provided to the Committee.</p> <p>PP22/93.2 The evidence shows that every Local Authority is reporting challenges in recruiting and funding and similar challenges are reported for domiciliary care across Wales. In addition, children's residential services both from a social care and health perspective are equally pressured.</p> <p>PP22/93.3 Noting the market overview within the report and the provision of adult nursing care provision an Independent Member queried if comparative data for the provision in England was available as if that capacity is part of the patient pathway it would need to be understood. The Executive Director Transformation, Strategic Planning and Commissioning commented that he had not seen information in relation to adult placements however in terms of children there does not seem to be the same volume of children's specialist provision. It is recognised that partners are having</p>	<p>CS</p>

<p>similar difficulties in terms of provision.</p> <p>PP22/93.4 An Independent Member commented on the role of unpaid carers and the need to acknowledge their role and the degree of investment available to support them within the report. The Executive Director Transformation, Strategic Planning and Commissioning agreed that the comments would be incorporated into the final version of the report. He also undertook to discuss children with complex needs further with the Director of Social Services, Denbighshire County Council and report back to a future meeting.</p> <p>PP22/93.5 A discussion took place on the challenges around recruitment for domiciliary care providers following a query regarding entry level salaries across social, health and domiciliary care. The Director of Workforce & Organisational Development (WOD) reminded members of the commitment given to the social care sector that the Health Board would not inflate their salaries in order to avoid unintended consequences. This was underpinned by a memorandum of understanding however it is a live issue and occasionally happens. This topic and more broadly the pay strategy for Wales will be discussed with colleagues on 16th September. It was noted that all staff should understand their value and pay should be reflective of this.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the report</p>	<p>CS</p>
<p>PP22/94 BCUHB Decarbonisation action plan 2022- 2027</p> <p>PP22/94.1 The Director Estates & Facilities attended to present the plan, developed in partnership with the Carbon Trust in response to the NHS Wales Decarbonisation Strategic Delivery Plan. The plan sets out the strategic direction for the next five years and summarises the key deliverables and has been shared with local government.</p> <p>PP22/94.2 The Director Estates & Facilities advised that the action plan had been shared with WG and received positive feedback, he highlighted that BCU was the largest property owner in Wales and there would be many opportunities ahead with changes to service configurations and transport. He acknowledged the estate risks of the condition and age of the existing estate and advised this was captured within the Board Assurance Framework (BAF).</p> <p>PP22/94.3 Referring to page 8 of the report an Independent Member queried whether the £10m capital funding was a cost pressure. The Director of Estates and Facilities responded that this was covered within the Integrated Medium Term Plan (IMTP) and noted the opportunities for spend 2 save. . The plan is aligned to the Estates Strategy and has been shared with consultants in order to provide input from a clinical</p>	

<p>perspective.</p> <p>PP22/94.5 In response to the Committee Chair, the Director Estates & Facilities advised that as there was no defined Transport Policy, this would be included within the action plan.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> consider and support the Decarbonisation Action Plan - 2022-2027 which meets the requirements of Welsh Government's request to all Health Boards in Wales to develop five-year decarbonisation action plans. note the planned governance arrangements to ensure engagement and delivery of actions contained within the action plan. recommend to the Health Board that the action plan is approved and submit to Welsh Government. 	
<p>PP22/95 Item deferred</p>	
<p>PP22/96 Welsh language monitoring report 2021/22</p> <p>PP22/96.1 The Executive Director of Public Health presented the report, which provided an account of the activities during 2021/22.</p> <p>PP22/96.2 Highlights from the year include:</p> <p>Continuation of new ways of working that had been developed as part of the Covid response.</p> <p>Standard 37 – which had received significant focus at Board level during the past year and a self-assessment was undertaken of the agenda and papers of 3 Board meetings to determine which papers would have required translation and an agreement to review the long-term sustainability of continuing to translate the number of documents within the papers.</p> <p>Standard 50 – 53 have received focus via the provision of Welsh Language Training offer and the work of the Welsh Language Training Support Officer. Following feedback Welsh language training is now available to all staff and courses have proven to be very popular with staff. Congratulations were extended to Manuela Niemetscheck, Art Psychotherapist, who was awarded the title of Welsh Learner of the year in recognition of her achievements and the difference that this has made to patients.</p> <p>There have been 4.9m words translated during the year compared to 3.0m in the previous year. This increase in demand was putting pressure on the team.</p> <p>In terms of recruitment the number and percentage of new and vacant posts advertised with the requirement that Welsh language skills are desirable had increased from 92.6% in 2020/21 to 92.8% in 2021/22.</p>	

<p>PP22/96.3 The Health Board received seven complaints during the year in relation to compliance with the Welsh Language Standards, a number had been received in relation to temporary signage and correspondence within the vaccination centres and it was recognised that action needed to be taken to ensure that patient information produced is bi-lingual.</p> <p>PP22/96.4 The Committee Chair commented that as a member of the Welsh Language Forum she recognised the huge amount of work that had been taken place throughout the year to promote patient choice.</p> <p>PP22/96.5 An Independent Member commented that there was no patient representative in the membership of the Welsh Language Forum and if included this could provide an opportunity to reduce complaints. The Executive Director of Public Health advised members that the Patient Advisory Service (PALS) team are in attendance however this was something that could be explored and reported back to the Committee.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the report</p>	<p>TO</p>
<p>PP22/97 Population Health -: Travel Well</p> <p>PP22/97.1 The Executive Director of Public Health presented the report which provided an overview of the work being undertaken across north Wales in relation to active and sustainable travel. This work complements the work around the Carbon Reduction action plan.</p> <p>PP22/97.2 The benefits of physical activity were highlighted and include not only benefits to a number of physical conditions but also improvements in mental health. The work is organised within a number of projects including work with Sports North Wales to develop a long-term strategy to support the population to become more active in their everyday lives. The Executive Director of Public Health agreed to feedback to the author how travel by motorcycle might be considered within this work.</p> <p>PP22/97.3 Following review by the Committee the report will also be presented to the Health Board.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the report</p>	<p>TO</p>
<p>PP22/98 Test, Trace, Protect (TTP) programme update</p> <p>PP22/98.1 The Executive Director of Public Health presented the report to provide an update on the Test, Trace Protect programme and the future changes to the service.</p> <p>PP22/98.2 Recent changes to the configuration of the service were highlighted and including a revised approach to testing of staff in line with the guidance published in June 2022. In addition, the approach to contact tracing had been revised and subsequently the service had been downsized. The capacity of the team had also been</p>	

<p>reduced due to their support to the Ukraine response which was a government approved initiative.</p> <p>PP22/98.3 Plans are in place for the Covid modules used for hubs to move into new space as testing has become business as usual.</p> <p>PP22/98.4 A discussion took place regarding the displacement of staff through the reconfiguration. The Executive Director of Public Health responded that all affected staff have been supported to find appropriate roles and this work includes identifying opportunities and working and providing support with applications and C.V. writing.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the changes to the TTP Programme in line with the Welsh government's guidance and the associated reducing funding arrangements</p>	
<p>PP22/99 The TUPE transfer of Local Public Health Team (LPHT) to the Health Board</p> <p>PP22/99.1 The Executive Director of Public Health presented the report which demonstrated that progress towards the transfer of staff from Public Health Wales (PHW) to the Health Board is on track for the 1st October.</p> <p>PP22/99.2 At the point of transfer the staff will receive line management from the Executive Director of Public Health however the decision to transfer them is reserved to the Health Board. In preparation a Project Group has been established providing oversight of operational matters including significant work regarding the replacement of laptops due to the different IT infrastructure.</p> <p>PP22/99.3 There is a requirement for the Chief Executive to explicitly confirm agreement to the transfer of staff in response to a letter from PHW. The Memorandum of Understanding would be reported to the next meeting.</p> <p>PP22/99.4 An Independent Member expressed concern in relation to the transfer of financial resources and the need for this to be agreed in advance of the transfer of staff. The Executive Director of Public Health agreed to take this point back to discuss with colleagues covering in the absence of Executive Director of Finance and to raise this with the national team.</p> <p>PP22/99.5 On behalf of the Committee the Chair extended best wishes and a speedy recovery to the Executive Director of Finance.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the proposed transfer date of 1st October 2022</p>	<p>TO</p> <p>TO</p>
<p>PP22/100 People (Workforce) Performance Report</p>	

<p>PP22/100.1 The Executive Director of Workforce & Organisational Development highlighted the key elements of the report</p> <p>PP22/100.2 People Strategy Delivery Plan 22/23 Following discussions an agreement had been reached in relation to the transfer of some Senior Responsible Officers (SRO) across the five delivery programmes as follows: How we improve and transform – SRO Chief Digital Officer Our Way of Working – SRO Executive Director Nursing and Midwifery</p> <p>A workshop had taken place to firm up the key deliverables for each programme which would enable smarter reporting and whilst it had been agreed to keep the existing format of the report in place for three full cycles the aim was for this to become more focussed.</p> <p>Currently there is no workforce data for the schemes within the IMTP but a meeting is planned to work through this to support reporting to PFIGC and this will include the risks to the plan together with the financial data.</p> <p>PP22/100.3 The Executive Director of Workforce and OD reported that following the rapid deep dive event on recruitment there had been a delay in requesting feedback. BCU had been actively involved in dialogue with NHS Shared Service regarding risk to delivery. Work is underway to finalise the dates for a Board workshop at the end of November.</p> <p>PP22/100.4 The Committee Vice Chair agreed to co-ordinate comments on the performance report and meet with the Executive Director of Workforce & Organisational Development to discuss and agree the future content of the report and added that there is a need to describe what will happen, when and who is responsible for delivery.</p> <p>PP22/100.5 A discussion took place regarding the need to ensure that all Independent Members were informed of the outcome of the rapid deep dive into recruitment and whether the Chair's Assurance Report from the Committee served to provide sufficient assurance or whether additional detail should be shared with other members. Opportunities for a focussed Board workshop were discussed and due the planned absence of the Executive Director of Workforce and Organisational Development it was agreed to explore whether the Board Development sessions scheduled for November could be utilised. This would also provide opportunity to see the initial outcomes as a result of actions taken. It was noted that the Committee sought assurance that the commitment to feedback to the staff involved would be honoured.</p> <p>PP22/100.6 The Committee Chair queried if the methodology should be adopted for other workstreams. The Executive Director of Workforce & Organisational Development stated that other executive colleagues had welcomed the opportunity to utilise the methodology rather than focus it on one portfolio.</p> <p>The Committee RESOLVED to:</p>	<p>NC/SG</p> <p>SG/MM</p>
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<p>(i) Note the current performance</p> <p>(ii) Agreed to the format of future reports subject to comments from members</p>	
<p>PP22/101 Corporate Health Standard report</p> <p>PP22/101.1 The Executive Director of Workforce & Organisational Development presented the report in order to provide an update on the current position of the Corporate Health Standards.</p> <p>PP22/101.2 Since achieving gold and platinum awards for three years with effect from June 2018 the Health Board has been updating its Corporate Health Standard action plan. Due to the Covid response the re-validation process scheduled for June 2021 was deferred and a six-month extension was provided. Following a further status check a 12 month extension for both gold and platinum awards, with re-validation now due to take place on 10th December 2022.</p> <p>PP22/101.3 Due to the delays in the re-design of the corporate health standards assessment criteria it is unlikely that BCUHB will be able to re-validate their awards in December 2022 and this has been escalated to Public Health Wales. The plan is to submit for re-validation at both gold and platinum awards in 2023.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the contents of the report</p>	
<p>GOVERNANCE</p> <p>PP22/102 Chair assurance reports PP22/102.1 – 102.4</p> <p>The Committee received reports for information and assurance from the following groups and partnership board:</p> <ul style="list-style-type: none"> • Population Health Executive Delivery Group • Together for Mental Health Partnership Board • Transformation Executive Delivery Group • People Executive Delivery Group <p>The Committee RESOLVED to:</p> <p>(i) Note the reports from the executive delivery groups and partnership board provided for information and assurance.</p>	

<p>PP22/103 North Wales Regional Partnership Board</p> <p>PP22/103.1 The Assistant Director Health Strategy reported the key highlights of the recent Regional Partnership Board including a brief update on the Regional Integration Fund.</p> <p>PP22/103.2 Key issues discussed at the meeting included the following:</p> <p>The draft Programme of Schemes for the Regional Integration Fund have been through the Leadership Group and the Regional Partnership Board in July. The final version will be presented to the Regional Partnership Board in September.</p> <p>There has been a great deal of work involved with partners and appreciation was given for their input.</p> <p>The two main capital funds managed by the Regional Collaboration Team are</p> <p>Housing with Care Fund (HCF) - intended to support innovative housing development to meet care needs.</p> <p>Integration and Rebalancing Capital Fund (IRCF) - is intended to support the development of integrated health and social care hubs and centres and to support rebalancing of the social care market.</p> <p>The team are currently working with Partners to identify suitable schemes that can be submitted to Welsh Government for consideration under both funds.</p> <p>PP22/104.3 It was noted that the NWRPB annual report 2021/22 would be presented to the next meeting by NWRPB's Head of Regional Collaboration.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the update provided</p>	<p>CS (SB)</p>
<p>PP22/104 Items previously discussed in private session and reported in public</p> <p>The Committee was asked to note the following had been discussed in private session on 12th July 2022:</p> <ul style="list-style-type: none"> • Agreement in principle to develop an outline business case • and Corporate Risk CRR21/11 <p>The Committee RESOLVED to:</p> <p>(i) Note the items</p>	
<p>PP22/105 Corporate Risk Register (CRR)</p> <p>PP22/105.1 The Associate Medical Director for Professional Development presented the report which had been recently reviewed by the Quality, Safety and Experience</p>	

<p>Committee.</p> <p>PP22/105.2 Two areas of emerging risks have been identified 1. Risks associated with the provision of the vascular service, 2. Loss of organisational memory. These risks have been agreed by the executive and will be developed further, scrutinised by the Risk Management Group and presented in the next report.</p> <p>PP22/105.3 A discussion took place regarding risk id CRR22-20 relating to healthy weight and the inherent and current risk scores of 20 although there are multiple controls in place. It was noted that the controls would take time to gain traction and would not necessarily impact on the score in the short to medium term recognising that services are not at sufficient scale.</p> <p>PP22/105.4 It was agreed that the Executive Director of Public Health would review the risk with input from the Associate Director of Governance and the PFIGC Chair.</p> <p>The Committee RESOLVED to:</p> <p>(i) Review and discuss the report</p>	<p>TO/PM</p>
<p>PP22/106 Board Assurance Framework (BAF)</p> <p>PP22/106.1 The Associate Director of Governance presented the report which provided the updated Board Assurance Framework following its adoption at the August Board meeting.</p> <p>PP22/106.2 Further work is required to strengthen the controls, assurances and action plans and progress will be shown in the next iteration.</p> <p>PP22/106.3 An Independent Member commented that the narrative of the risks was not consistent with the previous approach and that this could result in a lack of clarity regarding the risk, cause and effect. It was agreed that this would be discussed with the Board Secretary outside of the meeting.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the BAF risk within the remit of the Committee</p>	<p>MM</p>
<p>CLOSING BUSINESS</p>	
<p>PP22/107 Review of risks highlighted within the Committee</p> <p>Risks highlighted throughout the meeting included:</p> <ul style="list-style-type: none"> a) Digital, Data and Technology (DDAT) – systems and cyber security b) The impact of poorly timed communication and engagement on staff and partner confidence c) Failure to identify capital funding/efficiencies to support the delivery of the 	

<p>Carbon Deliver Plan</p> <ul style="list-style-type: none"> d) Potential failure to comply with the statutory duties in relation to Welsh Language e) National supply of flu and PCR testing swabs f) Staffing risk re Covid response g) Financial risk of TUPE transfer and underfunded areas h) Staffing risks – nurse staffing, CAMHS, IPC Capacity and unscheduled care i) Failure to comply with the requirements of the SSWB Act 	
<p>PP22/108 Date of Next Meeting 8.11.22</p>	
<p>The Committee Chair closed the meeting to the public and representatives of the press.</p>	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
Actions agreed at meeting held on 20.5.22						
1	Exec Director Integrated Service Delivery > Executive Director Finance	PP22/42 Response to the Review of Emergency Preparedness Resilience and Response (EPRR) PP22/42.5 The Committee received assurance that the Operating Model was not going to cause a hiatus to this work although it noted that there was no provision in the budget for elements of supporting this work. The EPRR Lead agreed to seek guidance from the Executive Director of Finance in this regard, to see how this can be progressed.	30.6.22	<p>Update received as at 4/7/22 – Finance unable to meet with DL at present. Issue to be escalated to Executive Finance Director for meeting to be arranged.</p> <p>Item ongoing.</p> <p>Update received 12/7/22 – MM to clarify when the meeting is taking place.</p> <p>Update 6.9.22 Acting Executive Director of Finance advises that a provision of £186,000 is set aside within our financial planning assumptions, however the recruitment timeline needs to be further understood to ascertain whether in year funding or full year. A meeting is being arranged with DL to discuss and reach a conclusion.</p> <p>13.9.22 – Acting Executive Director of Finance to circulate outcome to members outside the meeting</p> <p>1.11.22 - update</p> <p>Meeting held with Debbie Lewis on the 27th September, the main EPRR Budget requirements agreed as:</p>	Suggest action to close	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
				<ul style="list-style-type: none"> recruit 3 x 8b Senior EPRR Managers on an interim basis from November onwards for each of the IHCs produce the job descriptions within the next week/10 days recruit into these posts substantively by 01.04.23 roll out Emergo Training both internally and with external partners and stakeholders for each of the IHCs and the initial set costs for this are in the region of £40k <p>Funding agreed for 22-23 based on £40k for training and cost of Snr EPRR Managers once recruited and to be advised to finance, and the FYE of £186k in 23-24.</p>		
Actions agreed at meeting held on 12.7.22						
1	Dylan Roberts	PP22/67 - The Digital Strategy Review PP22/67.7 An offline discussion was agreed between the IM and the Head of Informatics regarding social prescribing.	1.9.22	<p>AW will arrange a meeting with IM to discuss social prescribing, focusing on and intervention and demand from a digital perspective. Update to be provided at the November Committee meeting</p> <p>AW met with JG to discuss Social Prescribing on the 21/9/22. It was agreed that AW would meet with the new Programme Manager for Well North Wales</p>	Suggest action is closed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
				once they have been recruited and in post and assess digital and the role of the proposed North Wales DDaT Transformation Board in relation to this. AW sent the Digital Service Standards to JG.		
2	Dylan Roberts	PP22.68 Integrated Digital Informatics Assurance Review PP22.68.3 Review WCCIS key issues	1.9.22	The Chief Digital and Information Officer will review the key agenda elements with the Board Secretary. A report on WCCIS will come back to Committee after the pilot roll out and evaluation is done providing an update on future. 13.9.22 Following the pilot rollout and testing on Anglesey, an update will be provided to the Committee 17.10.22 – WCCIS update included in November report. The evaluation has not yet been finalised therefore this will be provided to the next PPPHC meeting. The usual project update will be provided in the assurance report provided to the Board.	5.1.23	
3	NL/DR	PP22.68.5 Review the clinical risk exposure associated with the delivery of the digital priorities.	1.9.22	This meeting took place 1 st September 2022. For clarity it was assumed the action meant clinical risk exposure associated with not delivering digital priorities. The Executive Medical Director and Chief	5.1.23	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
				<p>Digital and Information Officer would say that, in the 21st century, the lack an integrated digital care record, that combines all patient record information, observations, medications, diagnostics, results, order comms and other functionality that is available in the majority of other care settings across the World is a concern and would reduce the clinical risk exposure. There are no plans in place in Wales to address this.</p> <p>However, the Digital, Data and Technology Service is working with DHCW and hopefully through a procurement exercise recognised third parties to benchmark the maturity of Electronic Medical Records capabilities against good practice to provide for the first time a clear baseline as to where the Health Board is in this regard and possibly where it needs to be. Importantly it is hoped that this can be a benchmark applied across the whole of Wales and therefore, may help make the case to close the gap.</p> <p>13.9.22 The Committee requested the action remain open to clarify whether the clinical risk is documented</p> <p>The Chief Digital & Information Officer and</p>		

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
				<p>the Head of Patient Records have re-drafted the patient records risks which the lead Independent Member for DDAT (JC) and Medical Director is reviewing before it goes to Risk Management Group for Review before coming back to the next available PPPH meeting.</p> <p><i>DRAFT here >> There is a risk that Patient Information is not available when and where required, this is due to a lack of access to a single clinical data repository for patient records, unconnected separate clinical systems and local data repositories.</i></p> <p><i>This could result in substandard care, patient/staff harm and inability to meet our legislative and Health and Safety responsibilities along with reputational damage and fiscal penalties.</i></p>		
4	TO	<p>PP22/69 TTT Programme</p> <p>PP22/69.5 The Chair referred to potential flu pandemic situations in future, in response the importance of immunisation was highlighted by the Executive Director of Public Health. It was understood that the Annual Flu Plan was on the Cycle of Business and was to be brought to a future meeting</p>		<p>Annual Flu plan to be provided to November meeting</p> <p>13.9.22 – Provide detail of patient choice options in regard to Flu/Covid vaccination delivery in paper to be presented to Committee in November</p> <p>Agenda Item November</p>	Suggest action to be closed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
		for update.				
Actions agreed at meeting held on 13.9.22						
1	RN/MM	PP22/88 Summary table of actions Estates Strategy update The final draft of BCU's Estate Strategy would be submitted to the Committee on 17.1.23, following discussion at a Board workshop/development session to be scheduled.	5.1.23			
2	MM/DWD	PP22/88 Summary table of actions Estates Strategy update A look back at the scheduling of the Estates/ Asset Management strategy would be explored to understand the correct timing of submission to the Committee and whether there were lessons to be learned		OBS advised that BCU's existing Estates Strategy had been approved by the Board subject to annual review in March 2019. 5.10.22. The CEO advised that the Estates Strategy and Asset Management Strategy were the same product and should be referred to as the Estates Strategy going forward for clarity.	Suggest action to be closed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
3	RN (NB)	PP22/88 Summary table of actions Estates Strategy update The Assistant Director Capital Strategy would explore inclusion of university personnel in the programme group to strengthen partnership work on the new North Wales Medical School and reflect its role in moving BCU forward to the status of Targeted Intervention.	30.9.22	1.11.22 NB advised that a Capital and Estates workstream has been established to take forward the capital implications of the new North Wales Medical School. This group comprises university and BCU staff to ensure a partnership approach. We have also engaged with university colleagues in developing the Estate Strategy.	Suggest action to be closed	P Complete
4	CS	PP22/90 Report of the Lead Executive Determine how the Committee would consider the Winter Resilience Plan prior to submission to the Board in the private Committee session which followed.	13.9.22	3.10.22 CS advised WRP to be itemised for November agenda November agenda item	Suggest action to be closed	P Complete
5	HS-J	PP22/91 Draft Partnerships, Engagement and Communications Strategy PP22/91.1 Advise when an updated version will be	30.9.22	4.10.22 PP22/91 - April 2023	Suggest actions to be closed	P Complete

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
		presented to the Committee PP22/91.6 Incorporate references to external partners eg the Police and Area Planning Boards and more explicit reference to bilingual delivery.		PP22/91.6 Confirmation received that the partners were being included in the version that went to Board. The strategy was approved by the Board with an ask that the implementation plan was brought back to PPPH every six months.		
6	Committee members / HS-J	PP22/91 Draft Partnerships, Engagement and Communications Strategy PP22/91.5 Committee members to forward email feedback to the Director of Partnerships, Communications and Engagement	30.9.22	PEC Strategy approved at Board meeting	Suggest action to be closed	
7	CS	PP22/93 North Wales Market Stability report PP22/93.1 Advise when a further report will be provided to the Committee.	30.9.22	Market Stability plan update added to January 2023 meeting in Committee Workplan – paper required by 6.1.23	Suggest action to be closed	
8	CS	PP22/93 North Wales Market Stability report PP22/93.4 Discuss children with complex needs further with the Director of Social	7.10.22	Update 17.10.22 – CS has discussed this and the work will be picked up through the Regional Partnership Board.	Suggest action to be closed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
<div> <div>P</div> Complete <div>G</div> On track <div>A</div> Slippage on delivery <div>R</div> Delivery not on track </div>						
Partnerships, People and Public Health Committee						
		Services, Denbighshire County Council and report back to a future meeting.				
9	TO	PP22/96 Welsh language monitoring report 2021/22 PP22/96.5 An Independent Member commented that there was no patient representative in the membership of the Welsh Language Forum and if included this could provide an opportunity to reduce complaints. The Executive Director of Public Health advised members that the Patient Advisory Service (PALS) team are in attendance however this was something that could be explored and reported back to the Committee.	15.10.22	As the Forum operates on a strategic level and is mainly focused on policy development and internal operating arrangements, the Forum may not be the most appropriate platform to gain patient insight and involvement. However, the team are eager to engage with service users, and there may be other, more suitable approaches, that could be considered to get the same result. The Welsh Language Team will work with the Service User Experience Team to consider how best to take this forward, i.e. discussion already held around holding focus groups with service users to gain feedback. Both teams will work together to pilot this approach, and if the outcome is successful, the Forum would agree whether to adopt this format as a regular feedback tool.	Suggest action to be closed	
10	TO	PP22/97 Population Health - Travel Well PP22/97.2 The Executive Director of Public Health agreed to feedback to the author how travel by motorcycle might be considered within this work.	30.9.22	Member briefing circulated 1.11.22	Suggest action to be closed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
11	TO	PP22/99 The TUPE transfer of Local Public Health Team (LPHT) to the Health Board				
	TO	PP22/99.3 There is a requirement for the Chief Executive to explicitly confirm agreement to the transfer of staff in response to a letter from PHW. The Memorandum of Understanding would be reported to the next meeting.	15.10.22	1.11.22 PP22/99 - The public health team have now transferred fully to the Health Board and since the 1 st October are fully employed by the Health Board. The Chief Executive of the Health Board has been in correspondence with PHW to confirm the transfer arrangements. Memorandum of Understanding will be sent to all Board members for information.	Suggest action to be closed	
		PP22/99.4 An Independent Member expressed concern in relation to the transfer of financial resources and the need for this to be agreed in advance of the transfer of staff. The Executive Director of Public Health agreed to take this point back to discuss with colleagues covering in the absence of Executive Director of Finance and to raise this with the national team.	15.9.22	1.11.22 PP22/99.4 - As part of the learning exercise following the transfer, this point in relation to the finance resource transfer has been shared.		
12	SG/NC	PP22/100 People (Workforce) Performance Report PP22/100.4 The Committee Vice Chair agreed to co-	30.9.22	Update 1.11.22: The Committee Vice Chair and Executive Director of Workforce & Organisational Development met on 3 rd October to agree the required content of the	Suggest action to be closed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
		ordinate comments on the performance report and meet with the Executive Director of Workforce & Organisational Development to discuss and agree the future content of the report and added that there is a need to describe what will happen, when and who is responsible for delivery.		report for the November Meeting.		
13	SG/MM	PP22/100 People (Workforce) Performance Report PP22/100.5 Opportunities for a focused Board workshop were discussed and due the planned absence of the Executive Director of Workforce and Organisational Development it was agreed to explore whether the Board Development sessions scheduled for November could be utilised.	30.9.22	Update 1.11.22: It has been agreed that the December Board Workshop will focus on Recruitment and Retention for which a planning meeting is scheduled to take place on 8 th November.	Suggest action to be closed	
14	CS (SB)	PP22/104 NWRPB PP22/104.3 Arrange for NWRPB annual report to be presented by NWRPB's Head of Regional Collaboration at next meeting	15.10.22	Agenda item November meeting	Suggest action to be closed	
15	TO/ (PM)	PP22/105 Corporate Risk Register (CRR)	30.9.22	PP22/105 - A meeting is being arranged for the three individuals listed.		

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
		PP22/105.4 Executive Director of Public Health to review the risk CRR22-20 relating to healthy weight with input from the Associate Director of Governance and PFIGC Chair.				
16	MM	PP22/106 Board Assurance Framework (BAF) PP22/106.3 An Independent Member commented that the narrative of the risks was not consistent with the previous approach and that this could result in a lack of clarity regarding the risk, cause and effect. It was agreed that this would be discussed with the Board Secretary outside of the meeting.	30.9.22	Discuss for further clarity at 8.11.22 meeting : BAF item		



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Digital Health and Care Wales

DHCW update to BCU PPPH Committee

November 2022

Helen Thomas
Chief Executive

Betsi Cadwaladr Update

Organisational Update

Integrated Medium Term Plan

Key priorities and Joint National Plan

Meet the DHCW Executive Team



HELEN THOMAS
Chief Executive Officer



CLAIRE OSMUNDSEN-LITTLE
Executive Director of Finance



RHIDIAN HURLE
Executive Medical Director



IFAN EVANS
Executive Director of Strategy



SAM HALL
Director of Primary, Community and Mental Health Digital Services



CARWYN LLOYD-JONES (INTERIM)
Executive Director of Operations



SARAH-JANE TAYLOR
Director of People and Organisational Development



CHRIS DARLING
Board Secretary

OUR VISION....

To provide world leading digital services, empowering people to live healthier lives

OUR PURPOSE.... To transform health and care for everyone in Wales

OUR MISSIONS....



Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation.... SUPPORTING OUR WORKFORCE AND STAKEHOLDERS



Driving value and innovation.... FOR BETTER OUTCOMES AND VALUE BASED CARE



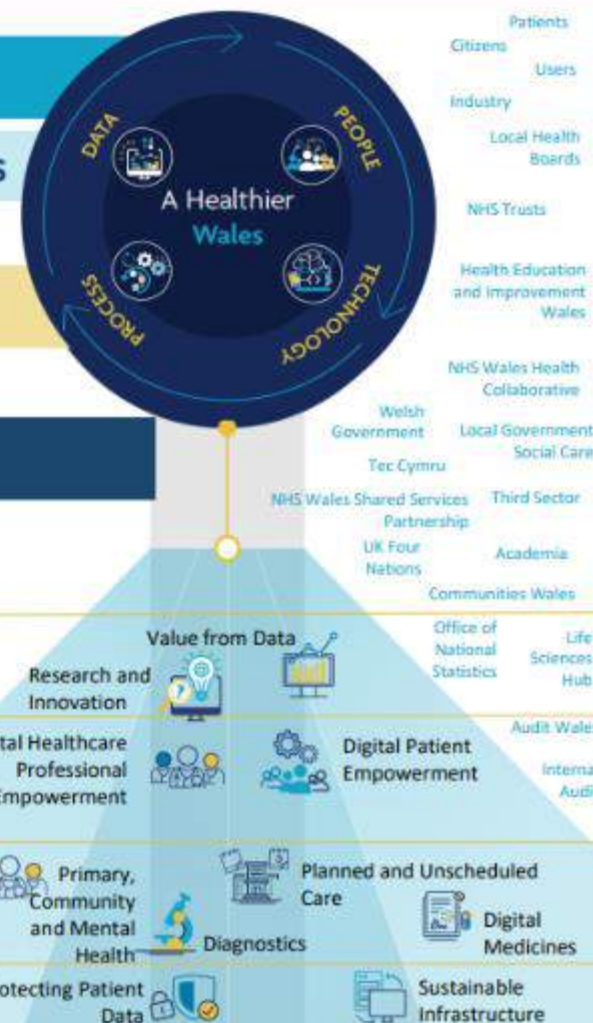
Expanding the content, availability and functionality of the digital health and care record.... SO THAT CARE AND TREATMENT QUALITY IS IMPROVED



Delivering high quality technology, data products and services....
TO SUPPORT EFFICIENCIES AND IMPROVEMENTS IN CARE PROCESSES



Enabling Digital Transformation.... SUPPORTING JOINED UP CONSISTENT CARE



PORTFOLIO OBJECTIVES - NATIONAL

Our 4 overarching national objectives are divided into 12 enablers and portfolios

Strategic Objective

ENABLING Digital Transformation

1

Enabler

Information Availability and Flow:

Develop an 'open platform' approach to digital innovation, by responding to national standards for how data, software and technologies work together, and how external partners can work with the national digital platform and national data resource

2

Enabler

Protecting Patient Data:

Develop an Information Governance and Cyber Security framework, standards and mechanisms that prioritise patient and service user safety and confidentiality, and protect data from external and internal threats, resulting in data remaining secure and NHS Wales being trusted to host patient and service user personal information

3

Enabler

Sustainable Infrastructure:

Develop and maintain a high quality national infrastructure, transitioning to the Cloud for better availability, reliability, safety, security, speed and agility

4

Portfolio

Digital Healthcare Professional Empowerment:

Improving and expanding the content, availability and functionality of the Digital Health and Care Record, agnostic of health board and geographical boundaries and supporting evidence based decision making and connectivity using NHS Wales e-library and the Microsoft 365 suite

5

Portfolio

Digital Patient Empowerment:

Provide digital services for patients and the public to enable seamless interaction with health and care services supporting patients to fully participate in their own health and well being

Strategic Objective

DELIVERING HIGH QUALITY technology, data products and services

6

Portfolio

Public Health:

Develop, operate and maintain a set of high quality national digital services to support Public Health prevention and early intervention Programmes

7

Portfolio

Primary, Community and Mental Health:

Building digital infrastructure across primary and community care by developing, operating and maintaining a set of high quality national digital services reflecting new models of local care, closer to home

8

Portfolio

Planned and Unscheduled Care:

Develop, operate and maintain a set of high quality national digital services to enable new models of planned and unscheduled patient care and management

9

Portfolio

Diagnostics:

Develop, operate and maintain a set of high quality national digital services to enable the modernisation of diagnostics

10

Portfolio

Digital Medicines:

Develop, operate and maintain a set of high quality national digital services to enable modernisation of medicines management

11

Portfolio

Research and Innovation:

Delivering research insights and innovation for service improvement

12

Portfolio

Value from data:

Driving value from data for better patient outcomes and service planning

NEW 2022

Strategic Objective

DRIVING VALUE AND INNOVATION for better outcomes and value based care

Digital Maturity BCU and DHCW

- **What is digital maturity?** A measure of the functionality provided and effectiveness of our digital health products in enabling the delivery of care to our patients. This will include how can we deliver modern digital health and care services including what improvements might be required in the foundations that underpin these.

BCU are leading the way trialling a model to assess **digital maturity**. Joint initiative with DHCW and health board Directors of Digital



HIMSS (Healthcare Information and Management Systems Society)

EMRAM (Electronic Medical Record Adoption Model)

7 levels of maturity re data capture, patient engagement, analytics, resilience and clinical user adoption

DHCW funding the assessment nationally. Helping co-ordinate lessons and ensure consistency

BCU also looking with DHCW and Directors of Digital at **user satisfaction** models and impact of digital.

Welsh PAS in BCU

WPAS records details of patients' hospital visit, including list management, medical records, inpatient treatment, outpatient appointments, and emergency visits

BCU Single Instance Phase 1 (West and Central) went live in **May 2022**
This successfully migrated **BCU West** from the legacy PAS system, to join the **BCU Central** Welsh PAS implementation.

- **Delivered successfully on schedule** with planned downtime only
- **Excellent BCU and DHCW teamwork for the implementation** based on strong approach to joint working
- **Pivotal leadership role** by Hospital Director

BCU East currently use a separate Welsh PAS instance

Migrate BCU East to create a **single Welsh PAS implementation** for the whole health board - **May 2023**

Data migration will be simpler as both instances **have same underlying system**. Business process standardisation required between **East, Central & West teams**

Welsh Community Care Information System



Strategic Review :

Recommendations shared with **BCU WCCIS Board** and walked through by National programme Team

Programme **Team** have co-created project briefs to implement recommendations

Implementation of recommendations to commence from Q3

WCCIS **platform stable since 29/1/22** following upgrades. Work continues with supplier **to improve performance and usability**

BCU went live on **26th September 2022** with **20 users** in **Ynys Môn region** and in subsequent weeks are going live with 20 users for a further 2 weeks. 60 users in total by middle of October.

Welsh Nursing Care Record

Throughout implementation feedback from BCU Nursing Staff, has been very positive, some quotes below:

"The support of the WNCR team leading up to the launch of the WNCR system on Gladstone ward was pivotal to its seamless introduction with staff. A few of my staff had concerns over going over to a digitalised system, but due to the presence of the WNCR team, along with one to one sessions held with staff, a very supportive transition was created."

I can honestly say that the WNCR interface has transformed the ward and allowed trained staff to engage more effectively with their patient documentation, improving their time management as well as releasing more time for them to spend with their patients."



Transforming nursing documentation by **standardising forms and making them digital**

WNCR first went live in BCU on **March 8th 2022**

Now live in, **four Community Hospitals in East (BCU), 41 wards across Wrexham Maelor Hospital and Ysbyty Glan Clwyd.**

Between March 2022 and September 2022:
digitally assessed **3,458 inpatients**
completed **109,017 risk assessments**
completed **93,087 inpatient notes**
Total of **3,146 users**

A further four Central Community Hospitals to be live before Christmas. With a plan to commence in West BCU early 2023.

Welsh Patient Referral Service

The Welsh Patient Referral Service (WPRS) provides a paperless GP e-referral to secondary care prioritisation via an electronic process which is being delivered in a staged approach:

- Phase 1 enables electronic referrals sent by the GP to be added to WPAS electronically and then prioritised by the Consultant on paper.
- Phase 2 is full end to end electronic prioritisation.

Since go live:

51,208 referrals have been managed by the WPRS Service. Broken down as follows:

Referral for Advice only	5384
Referral for Investigation	27949
Referrals sent for Treatment	17875

3,945 were managed via the full electronic prioritisation process.

The Welsh Patient Referral Service (WPRS) **went live in BCUHB on the 26th July 2022.** With a collaborative approach, significant time

savings were made from process mapping right through to deployment of phase 1 functionality with some specialities prioritising referrals electronically end to end.

This reduced what is normally a 12-18 month process down to just 7 months.

BCU have achieved this with support from DHCW, which is a great example of where both organisations are working in a truly collaborative way to achieve a common delivery goal.

DHCW are working with BCU now to onboard as many services as we can for full end to end electronic prioritisation.

East will be able to utilise WPRS, once the WPAS Migration takes place next year. At this point BCU will be able to gain the full benefits of electronic referral management across the whole of BCUHB.

The fastest referral to be processed so far in BCUHB from GP practice, to Consultant prioritisation and addition to a waiting list (CMATS) **took 47 minutes.**



The move from Blaenavon data centre is complete.

During 2021 all of the scheduled devices were moved to the new data centre and transitioned successfully. Test and Development service has moved to cloud.

The final supplier-provided service moved in February 2022, completing the transition.

Increased **infrastructure capacity** to support the hosted systems and increasing data demand from end-users in NHS Wales

In 21/22 DHCW achieved **availability of 99.94%** across all services

54 Cloud migrations completed and operating from an Microsoft Azure platform

87 applications and services transitioned to the new data centre.

The Data Centre 2 Transition Project has commenced to look at transitioning Data Centre 2 to a replacement datacentre location prior to the expiration of our current contract.

The quality statement for cancer (2021)

‘The cancer patient record is delivered on a modern and resilient IT platform that enables greater integration of care and provides the relevant data to guide service development.’

‘Cancer services are measured and held accountable using metrics that reflect the quality of patient care and its outcomes.’

‘Close cooperation with national diagnostic programmes and networks enables improved access to diagnostic investigation



Replacing **CANISC** and putting cancer informatics onto a safer and more technologically resilient footing for the future

Improving **access** to cancer information and new ways of delivering cancer services and care

Developing Cancer information as part of the **single patient record** is enhanced by existing components of the single patient record

Upgrades to **WCP & WPAS** after the **West WPAS migration**, to introduce MDT functionality previously within CANISC.

BCU working with **NHS Wales Technical Implementation Group** to effectively introduce new components

Development of **national patient data sets** for cancer

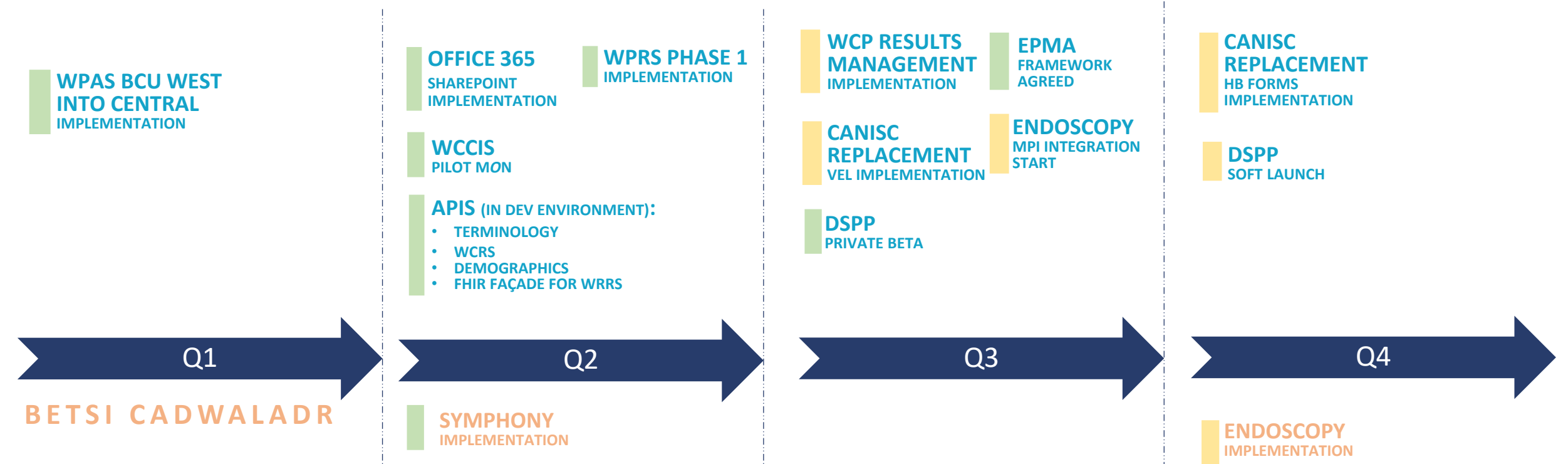
Palliative Care and Colposcopy: Roadmap for implementation will follow Velindre go live

Exploiting opportunities for ‘**Big Data**’ and further development of an infrastructure to support intelligence through the National Data Resource

SEPTEMBER 2022: CANCER CASE NOTE SUMMARIES → 5.5K CREATED - 36K VIEWED : OUTPATIENT CONTINUATION SHEET → 253 CREATED - 747 VIEWED : MDT → 3 CREATED – 12 VIEWED

ACCESS TO CLINICAL INFORMATION – NATIONAL – 24/7 : ALERTS & NOTIFICATIONS : REFERRAL TRACKING: SINGLE SIGN-ON : LINKED IDENTITY RECORDS: IMPROVED AUDIT : IMPROVED CODING

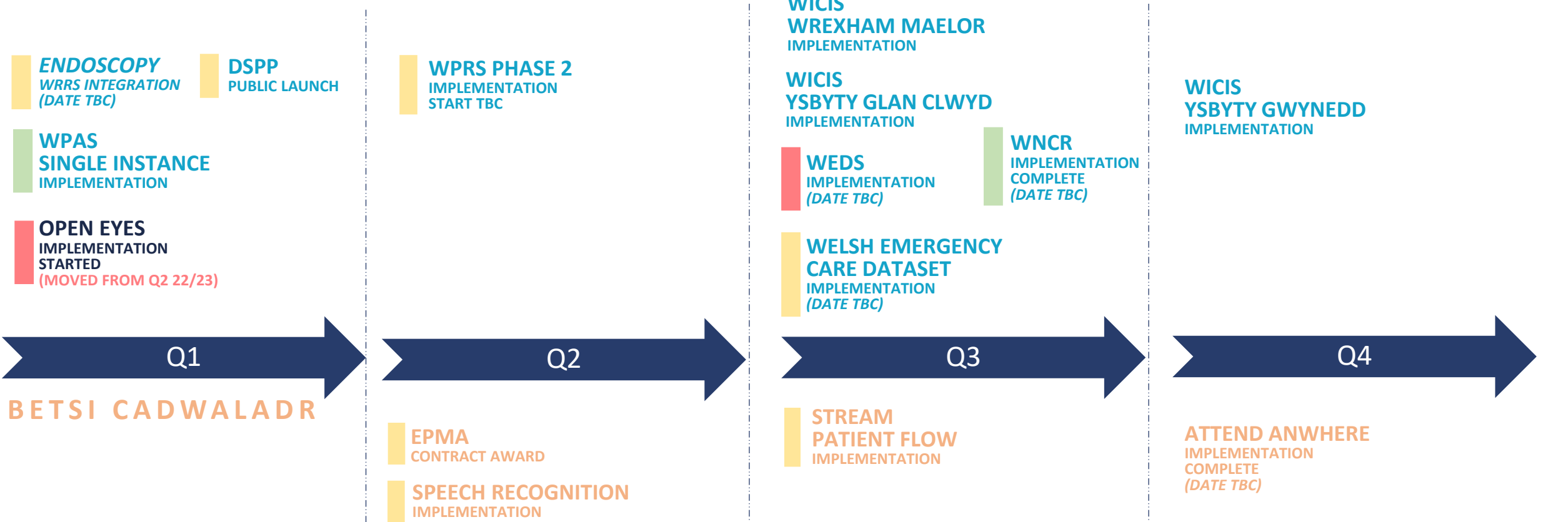
DIGITAL HEALTH AND CARE WALES



KEY	
DHCW	COMPLETE / ON TRACK
OTHER NATIONAL	MEDIUM CONFIDENCE
LOCAL	LOW CONFIDENCE



DIGITAL HEALTH AND CARE WALES



KEY

DHCW

OTHER NATIONAL

LOCAL

COMPLETE / ON TRACK

MEDIUM CONFIDENCE

LOW CONFIDENCE

Other National and Joint Initiatives

INTEROPERABILITY

- Focussed on our approach to enabling **Open Architecture and delivering the APIs is priority** for DHCW.
- **API management tool** is in place and the first **4 APIs are available in the development environment**:
 - Demographics
 - Reference Data
 - Diagnostics
 - Documents
- Need a **“rule book” for the Open Architecture**:
 - Processes and rules of engagement to engage with the open architecture in a **safe, controlled and governed** way, while remaining constructive, navigable & user friendly.
- API operational support team being set up and **additional APIs will need to be developed and go live dates agreed.**

NATIONAL DATA RESOURCE

- The NDR Programme supports a Healthier Wales by delivering **All-Wales health and social care data capabilities** in a **governed, secure and ethical manner**
- It is significant in scope and complexity involving **re-platforming the underpinning data architectures** of our health and care system
- **Enablers** delivered by the Programme **must be adopted to realise value**
- Continued **collaboration across all organisations is crucial** to the seamless sharing and linkage of data to enable a **data driven health and care system**
- Adopting **modern data and analytics tooling** and capabilities – gives us **scalable infrastructure, automation, and accelerators to deliver value from our data**

DIAGNOSTICS

- Both **LINC and RISP** will transfer to DHCW from the 1st January 23. Current status for both programmes of work:
 - **LINC is in the design stage**
 - **RISPP is in procurement**

Other National and Joint Initiatives

DIGITAL MEDICINES TRANSFORMATION PROGRAMME

DMTP covers four main areas as follows:

1. Secondary Care Electronic Prescribing and Medicines Administration (ePMA) programme:

- **EPMA framework will be published on 1st November 2022**, following approval by the DHCW SHA Board. From this point, health boards and trusts can commence their local procurement activities
- **BCUHB's pre-implementation team funding request has been approved** by Welsh Government. Key roles being recruited in BCUHB include:
 - Programme Manager, Project Manager, Assistant Project Manager and a Pharmacists.
 - Advert published for a Business Analyst
- BCUHB are holding their first local project board on 27th October 2022.

2. Primary Care Electronic Prescription Service (EPS) Programme:

- Department of Health and Social Care endorsed the request to **expand the use of EPS across Wales on 5th October 2022**
- Section 255, requesting provision of EPS in Wales, formally issued to NHS Digital. Document is being reviewed by NHS Digital's executive management team.
- **Meetings ongoing with GP system suppliers and detailed planning underway.**

3. Patient Access:

- Requirements shared with Digital Services for Patient and Public programme to enable **patients to nominate their community pharmacy** and **track the status of their primary care prescriptions** in the NHS Wales App. Discovery work to commence shortly.

4. Shared Medicines Record (SMR):

- **Inaugural project board meeting held in July** followed by a **workshop to capture reporting requirements.**
- **Clinical user requirements workshop held** in October and **drafting of Software Requirements Specification is underway.**

Other National and Joint Initiatives

RESEARCH & INNOVATION

- The DHCW R&I Strategy was approved on 29th September 2022 at SHA Board.
- In addition, the Head of R&I was appointed in October and will be joining the team on 1st January 2023.

TEST TRACE PROTECT

- Digital updates to support the autumn booster campaign have been deployed with further updates to be scheduled.
- The DHCW TTP team is being stood down and focus now is on operational support.

EYE CARE

- WG have requested a **gateway review** prior to possible transfer to DHCW from CAV.

CYBER

- DHCW provided the **incident response for NHS Wales** for the **cyber attack on OneAdvanced**.
 - **All connections** from Advanced into NHS Wales **were identified and disabled**
 - **Scans run against national Defender for Endpoint (DFE)** and alarms configured.
- Lessons learnt were we had the **secure, invested in tools**, the **right skills** and the **right leadership**.
- Providing **national cyber leadership and monitoring**:
 - Cyber risk assessments
 - SIEM replacement

REGIONAL TREATMENT CENTRES

- Need to understand **digital requirements** to be able to support this work

Report title:	Integrated Digital Data and Technology Report
Report to:	Partnerships, People & Population Health Committee (PPPH)
Date of Meeting:	Tuesday, 08 November 2022
Executive Summary:	<p>Key points to highlight are:</p> <p>Secondary Care - Multi Disciplinary – Welsh Emergency Department System (WEDS)/Symphony. (Symphony is the market leading clinical system for urgent and emergency care, supporting patient management, tracking and clinical workflow).</p> <p>Since September 6th 2022, all BCU Acute Emergency Departments and all open Minor Injury Units are now Live with Symphony. This completes Phase 3 of the Symphony implementation. Both Central MIU's have embraced the transition from paper to Symphony extremely well, despite initial challenges facing the units in relation to staffing numbers.</p> <p>The Symphony Benefits Realisation session took place in September and the outputs will be shared with stakeholders and presented at the next Programme Board meeting along with the Project Closure Report. Symphony will then be formally handed over to Business as Usual.</p> <p>There has been a request for implementation into Same Day Emergency Care (SDEC) which would be subject to a new project mandate/project variation.</p> <p>Secondary Care - Multi Disciplinary - WCCIS: (WCCIS is a shared system between Health and Social Care to support people in the community).</p> <p>The national project prototype go live implementation commenced on 26th September 2022 with both the Holyhead and Llangefni District Nurse teams. The project team have been onsite adding the current caseload to the system, checking user access and providing system navigation support and further training to users where required. Referrals and dashboard for District Nurses have gone live.</p> <p>The go live continues with the remaining Ynys Mon District Nurse teams throughout October.</p> <p>A formal evaluation of the implemented functionality is currently being undertaken and progress on this will be reported at the next Committee.</p> <p>Secondary Care - Multi Disciplinary – Welsh Patient Administration System (WPAS) Phase 4: (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).</p> <p>The funding letter to support staffing for 2022/23 has now been received from WG. DHCW will not be formally engaged with the BCU project, due to a commitment to deliver Velindre WPAS; this will mean a freeze period for DHCW engagement from 17/10/22 until 12/12/22. BCU activities will continue with decisions through the Operational Steering Group (OSG) and data migration activities. To maximise progression over the DHCW freeze</p>

period, BCU have requested three Data Migration Data loads to be provided by DHCW during the 2 month period which have been confirmed.

A key aspect of this project is the standardisation of ways of working across the Health Board.

Secondary Care - Multi Disciplinary – Welsh Patient Referral System (WPRS): (This system allows GPs to send electronic referrals to Consultants in secondary care, who can then manage the referral and communicate with the GP electronically)

BCUHB and DHCW have worked collaboratively on the implementation of Phase 1 of the WPRS project this has delivered the following WAP (Welsh Administration Portal) functionality:

- BCU Central will receive WAP Lite (Creates PAS referral)
- BCU West will receive WAP Lite (No PAS referral)
- BCU East will receive WAP Lite (No PAS referral)

Phase 2 – WAP Full - referral is logged automatically on WPAS as a valid waiter allowing clinical prioritisation.

The plan for Phase 2 implementation is post WPAS single instance go-live (in line with the DHCW Joint Plan and as published in the Digital Strategy). Phase 2 implementation is dependent on recurrent staffing and an application has been made for the IMTP.

The benefits of WAP Full across the organisation is a key priority as it brings significant benefits to the referral process between primary and secondary care.

Ophthalmology - Eye care Digitisation Programme: (A clinical digital system, to allow patient information to be shared between primary care and secondary care)

User Acceptance Testing is due to start on the 27th October 2022. There are concerns there will be insufficient resources to fully test in the time allocated. Work is ongoing engaging with primary care high street opticians. Due to no interface to NIIAS the all Wales IG group will need to score the risk of this and Health Boards will need to review prior to any go-live decision. In the meantime this does invalidate the DPIA which has further implications on delay.

Pathology- Laboratory Information Network Cymru Programme (LINC): (LINC is a transformational programme to support delivery of a modern, sustainable and safe pathology service as part of the Pathology Statement of Intent).

A number of significant project risks have been raised, including that the supplier may fail to deliver at all, or in a sufficient time to avoid the current LIMS losing supplier support. These risks are rated by the national program board as 20 & 25 respectively. The assurance action plan review rating remains at Amber / Red. The LINC Programme Board met on the 11th October 22 to review risks and progress. No changes in the risk score took place and it was agreed that the LINC critical friend review needed to be allowed to run.

	<p>This project is in the process of being moved from NHS Wales Health Collaborative (National organisation who work on behalf of NHS Wales for service transformations and improvement) to DHCW.</p> <p>Details for all live projects are included in the Digital Delivery plan for September 2022 shown in Appendix 1.</p> <p>Details for all projects that are currently listed within the DDaT project pipeline can be found in Appendix 2.</p> <p>In addition to the above live projects, we have submitted 8 DDaT bids and supported 14 services to identify and scope Integrated Medium Term Plan (IMTP) bids for 23-24 as shown in Appendix 3</p> <p>The Data Standards Change Notifications (DSCN) and Impact Assessments (IA) can be found in Appendix 4.</p> <p>Due to the changes within DDaT it is timely to undertake a review of the report as to ensure the following are covered:</p> <ul style="list-style-type: none"> • Transformation of DDaT • Delivery of key programmes and projects • Operational assurance 		
Recommendations:	<p>The purpose of this report is to provide the Partnerships, People & Population Health Committee (PPPH) with assurance, on behalf of the Health Board, with regard to that which is being delivered by the Digital Data and Technology (DDaT) Service.</p> <ol style="list-style-type: none"> 1. An overview of the projects outlined within the Digital Strategy Reporting Dashboard. 2. A mechanism for the PPPH Committee to gain assurance on the operational performance of DdaT. 3. Following on from recent presentations to Board it is recommended that the format and content of this report is updated and discussed with John Cunliffe and the Chair, Linda Tomos. 		
Executive Lead:	Dylan Roberts, Chief Digital and Information Officer		
Report Author:	Liam D. Allsup, Business Planning and Improvement Manager		
Purpose of report:	For Noting <input type="checkbox"/>	For Decision <input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>
Assurance level:	Significant <input checked="" type="checkbox"/> High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable <input type="checkbox"/> General confidence/evidence in delivery of existing mechanisms / objectives	Partial <input type="checkbox"/> Some confidence/evidence in delivery of existing mechanisms / objectives
			No Assurance <input type="checkbox"/> No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Link to Strategic Objective(s):	The Digital Strategy focuses on our vision "transforming the patient experience, safety and outcomes through digital ways of working"
Regulatory and legal implications	A number of projects support a variety of improvement plans and regulatory requirements.
In accordance with WP7 has an EqlA been identified as necessary and undertaken?	No – An EqlA was undertaken on the Digital Strategy prior to approval.
In accordance with WP68 has an SEIA identified as necessary been undertaken?	No - An SEIA was undertaken on the Digital Strategy prior to approval.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	<p>BAF2.5 -There is a risk that we won't achieve our strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change.</p> <p>This will lead to an inability to deliver new models of care in line with National and Local Strategies which could result in a significant future degradation in patient safety, quality of care, public confidence, financial controls and reputation.</p> <p>Proposed new BAF risk subject to approvals: There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber attack.</p> <p>This will lead to compromised – safety and quality of care, reduced public confidence, reputational damage and finance and regulatory non-compliance.</p>
Financial implications as a result of implementing the recommendations	Not all revenue and capital have been identified and will be subject to business cases and prioritisation. Some projects are being nationally led and funded.
Workforce implications as a result of implementing the recommendations	N/A
Feedback, response, and follow up summary following consultation	This paper provides an update for assurance purposes and has been reviewed formally prior to submission to the Committee through DDaT SLT and the Chief Digital Information Officer.
Links to BAF risks: (or links to the Corporate Risk Register)	Risks are reported to RMG in detail.

Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: Approval that the report provides sufficient assurance to the Committee that DDaT are implementing the Digital Strategy across BCUHB where possible and plans are in place for future implementation.	
List of Appendices: Appendix 1 – Digital Delivery Plans Appendix 2 – Project Pipeline Appendix 3 – IMTP Applications 23/24 Appendix 4 - Data Standards Change Notice (DSCN) and Impact Assessments (IA) Appendix 5 - Road maps for 2022/23 and 2023 – 2026	

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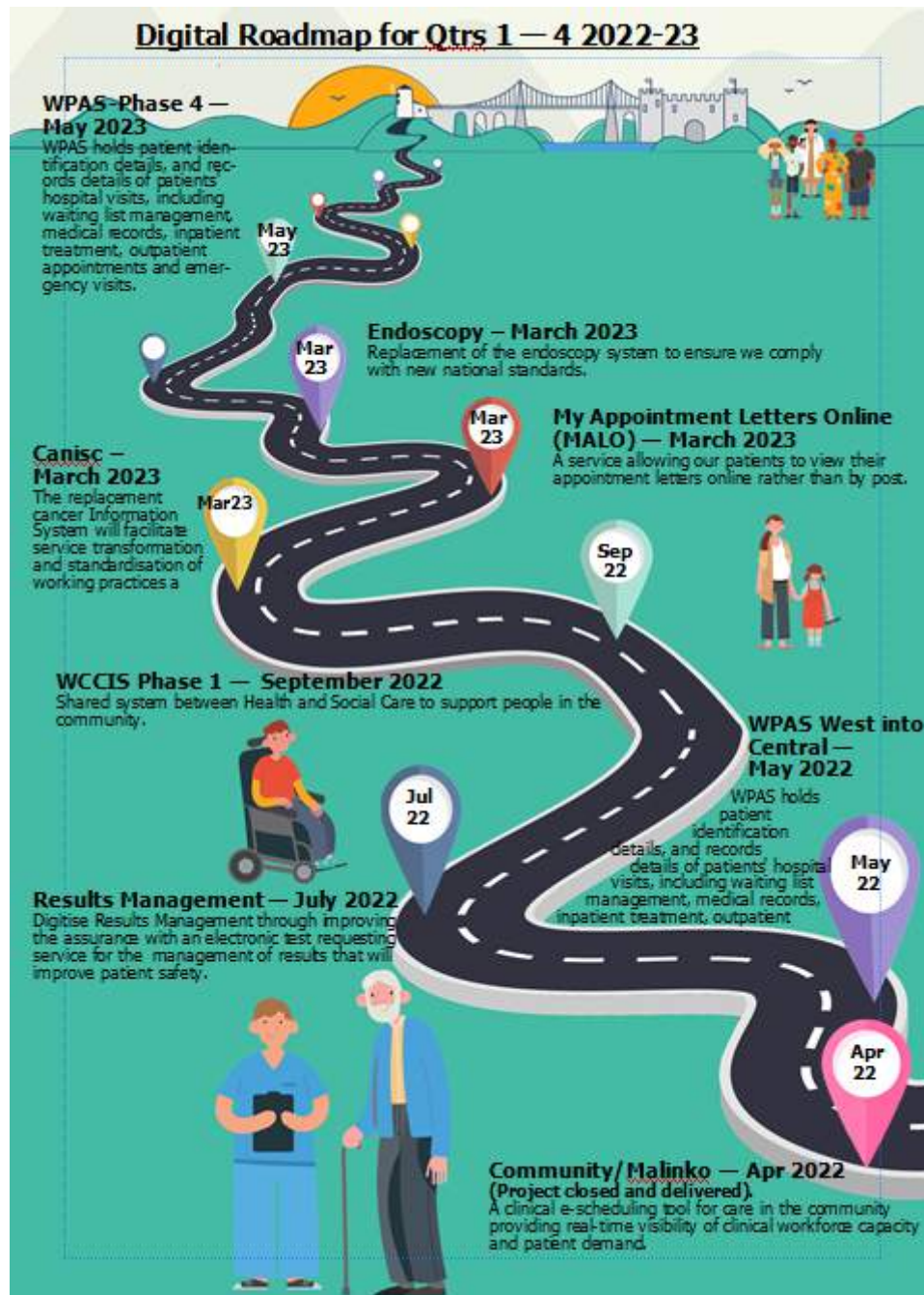
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

1. Digital Delivery Plan Progress

- 1.1 The roadmap below (Figure 1) gives the implementation dates for projects that went live during quarter 4 2021-2022 & quarter 1 2022/2023. Appendix 5 sets out the maps during quarters 1, 2, 3 and 4 2022/23 and quarters 1, 2, 3 and 4 2023/26

Figure 1. Digital Roadmap for Qtr4 21-22 & Q1 2022/2023



2. Internal Audit Reports

2.1 There has been no further Internal Audit requests for 2022-2023 to date.

3. Coding Compliance

3.1 National Coding Targets exist for clinical coding completeness and clinical coding accuracy. The coding completeness in BCUHB for July 2022 was 94.5% against the National target of 95%. (This target measures the percentage of clinically coded episodes within one month of episode end date). See Figure 2 for the Boards compliance since March 2017.

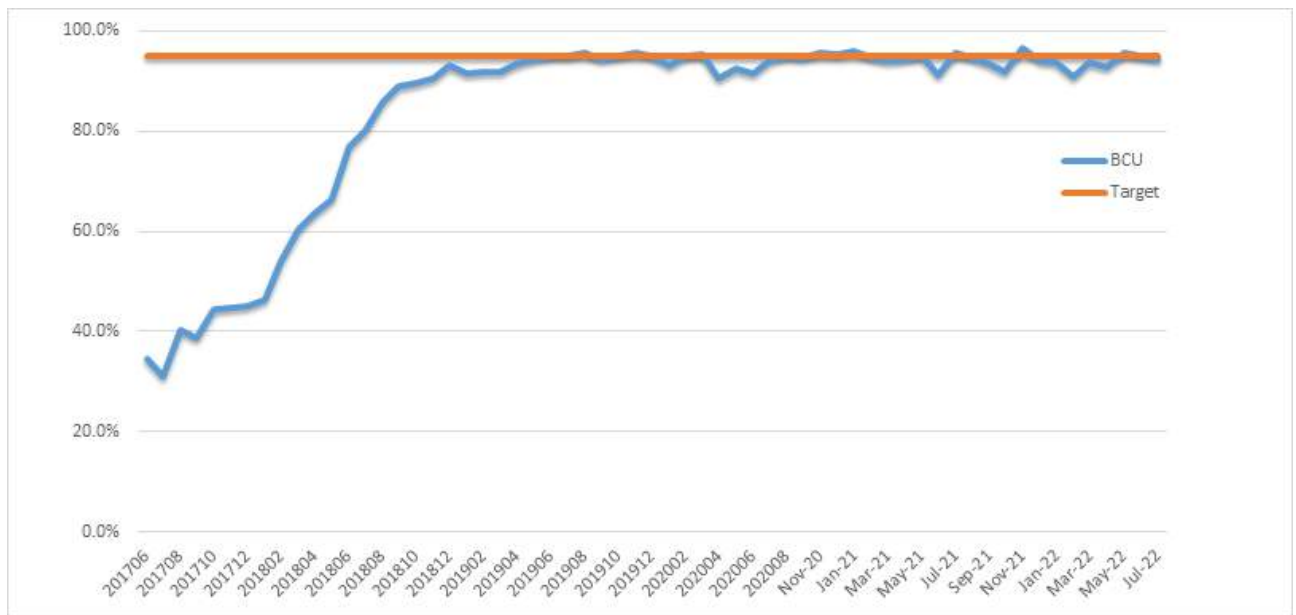


Figure 2

4. Operational Assurance

4.1 ICT Service Desk

4.2 31,133 Support Calls logged (web and phone) were recorded during Quarter 2, an increase of 22% on the previous time period for 2021 (25,490). It is considered that some of the call demand during this period relates to the Adastra outage (GP out of hours service) and the need for initial additional support for Service Users as a result. See Figure 3.

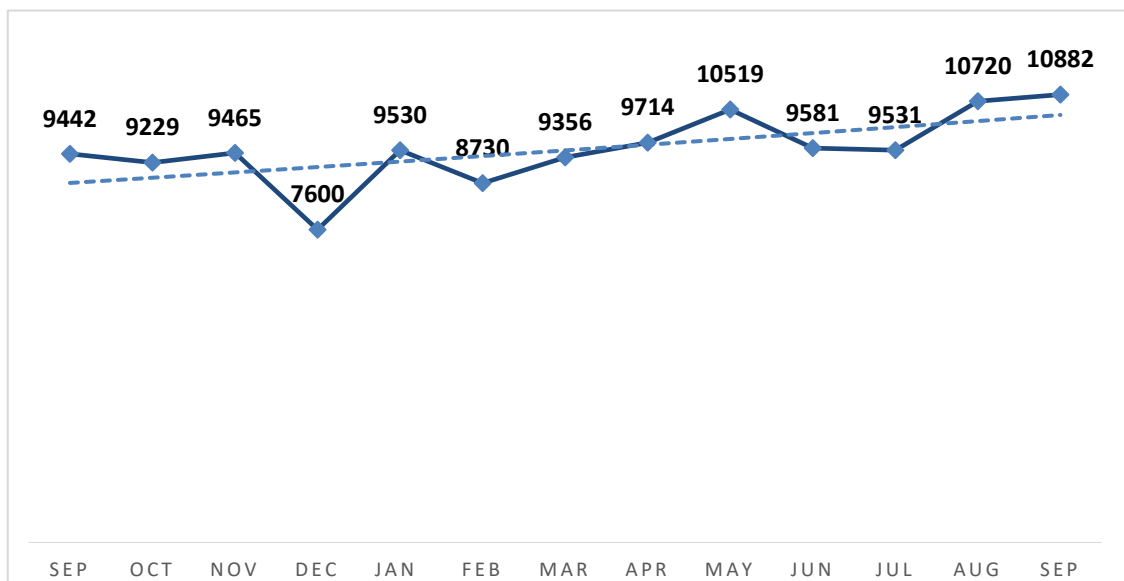


Figure 3

4.3 Top 5 Support Calls.

The top 5 support calls remain unchanged for Quarter 2. Software Deployment is the number one request for August replacing WPAS, with Shared Drive, Laptop and VPN requests in 3rd, 4th and 5th Place. See Figure 4.

SUPPORT CALLS

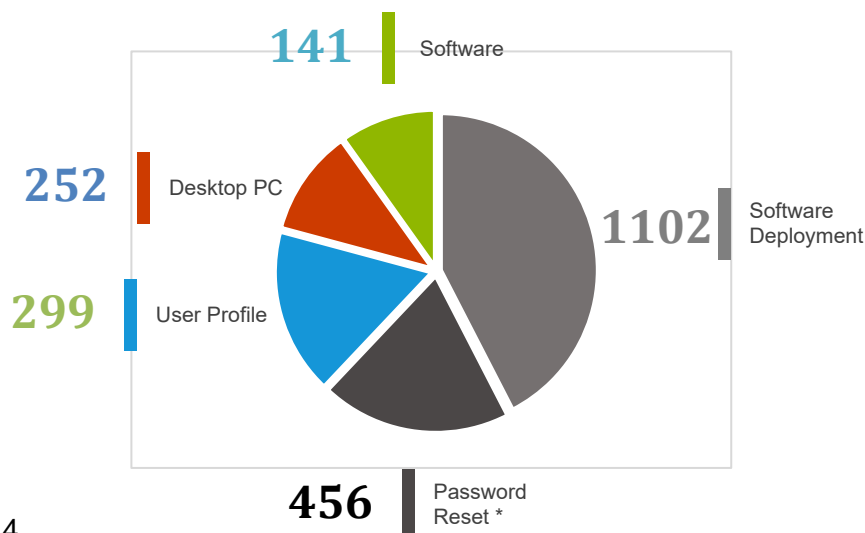


Figure 4

4.4 Support Call Management

Quarter 2 has seen first time fix rates remain above the KPI target of 50%. The average number of calls closed each month by ICT (1st & 2nd Line) for this time period is reported at **6488** compared to an average of **5843** for the previous quarter, an **11%** increase see Figure 5.

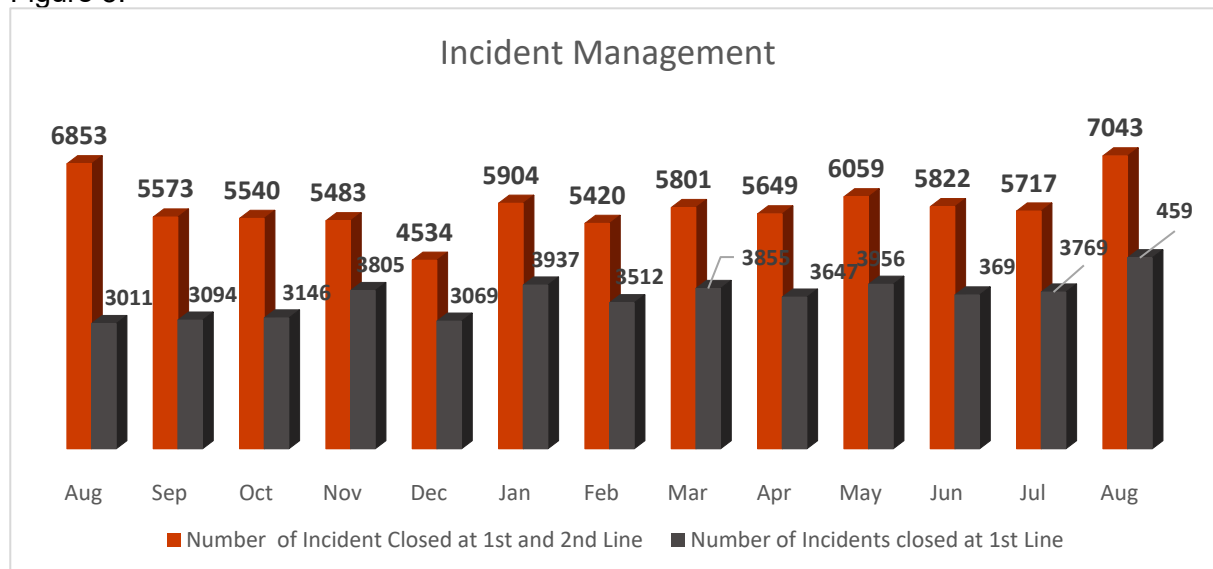


Figure 5

5. National and Local System Availability

5.1 National System

There was one incident of national system down time from 1st September 2022 until 20th October 2022.

Unplanned Downtime – 2 Hours 29 Minutes

This was down to the Symphony system; following an upgrade the system went progressively slow and unusable for staff to enter patient information into records.

We continue to develop our data collection and intelligence regarding system downtime. Following national system downtime, a Major Incident review is normally held with the national team. This covers what happened, why it happened and what they have done to stop it happening again.

5.2 Local Systems

During this time period, there was 2 incidents of system downtime.

Unplanned Downtime – 6 Hours 2 Minutes

Both were down to issues in Ysbyty Glan Clwyd with local SAN failing. All systems (including clinical and business systems) that are hosted in YGC could not be accessed. A major incident (MI) review has taken place for both incidents.

Appendix 3 - Digital Delivery Plan Updates

1.1 The September 2022 update for live projects is shown in Table 1, using the following RAG status:

RAG	Every month end	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	Not Reported	These Actions weren't reported in Quarter One but are included from Quarter Two 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.		

	Specialty	Project / System	Description	Project Type	Go live	End Date	RAG
2	Health Intelligence	Lightfoot	Health Intelligence system to measure patient outcomes across the whole pathway.	Local	01/12/2021	12/02/24	
	UPDATE –The project is progressing well in terms of identifying areas of opportunity. Currently there is no dedicated resource capacity to work on the Lightfoot product within the analysis team. The work is currently being carried out by agency staff and Lightfoot consultancy. The permanent resource to support this work is being requested in a IMTP bid for 23-24. This will mitigate the risk for non delivery.						
4	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	01/06/2022	TBC	
	UPDATE - The project has been on hold for 4 months as priorities have been focused on WPA activities. Additional funds are required to complete remaining activities ready for go-live. Information Management are looking at solutions to bridge the financial gap. The Interim Head of Information Management has been tasked with reviewing the contract status and obligations before a final decision on whether to proceed or not.						
7	Endoscopy	Endoscopy System	Replacement of the endoscopy system to ensure we comply with new national standards	National Collaborative	01/09/22	31/03/23	

	<p>UPDATE - The first Project Board took place 12/09/2022 where it was agreed to halt the Unisoft upgrade and wait for the implementation of the Medilogik system. The contract has been approved, signed and submitted to Procurement. Medilogik will be in contact with the operational plan as soon as they receive the PO. The Project Team has been approached by Urology who are using the same Unisoft software. It was agreed at project board that Urology could be brought into the scope of the project as long as this will not delay the implementation for Endoscopy. Timescales are still amber due to the previous delays with IG & Medilogik approval of DPIA & SIRO risk assessment.</p>						
8	Secondary Care - Multi Disciplinary	Stream	A clinical discharge planning tool that supports patient flow in an acute setting.	Local	27/05/22	25/08/23	
	<p>UPDATE – Early adopter ward at Wrexham Maelor (WMH) - Surgical Assessment Unit went live on 22nd September and early adopter wards at Ysbyty Gwynedd (YG) (Gogarth and Glaslyn) expected to go live on 24th October. Hospital Management at WMH and YG have been tasked with establishing which wards are "board round ready". This will inform the rollout order. The project team are finding it difficult to recruit into the vacant posts.</p>						
9	Secondary Care - Multi Disciplinary	DDSR	Key to moving from paper to digital patient records, this project involves digital dictation and speech recognition	Local	30/06/22	30/06/23	
	<p>UPDATE – DPIA has been approved by Information Governance in early September. Speech Recognition pilot commenced in Central on the 14th September and is due to complete on the 28th September. Following the pilot a period of evaluation will take place with findings presented to the Project Board on the 11th October. The Project Board members will be asked to approve the decision to continue the pilot at both West and East sites depending on the Central pilot findings.</p>						
10	Oncology	CaNISC Replacement	The replacement Cancer Information System will facilitate service transformation and standardisation of working practices across all of cancer care	National DHCW	28/08/21	TBC	
	<p>UPDATE – The overall programme has been delayed with little progress made this month at the national project level that has had an impact on BCU. National focus has been Velindre Cancer Centre (VCC) go-live. CU have UAT tested the Cancer dataset form and current tumour site forms and have fed back on flow and usability. Currently BCU as well as other Health Board will not be adopting these forms until after January 2023 (potentially March) so that DHCW can focus on the VCC Go live in October.</p>						
12	Secondary Care - Multi Disciplinary	Results Management	To improve the assurance for the management of results and deliver a fit for purpose solution that will improve patient safety and stop printed results.		01/07/22	TBC	

17	Secondary Care - Multi Disciplinary	Medicines Transcribing and E-Discharge (MTeD)	MTeD system supports patients from admission to discharge; addressing poor quality discharge communication prescriptions, and enables efficient and accurate exchange of discharge information between Secondary and Primary Care.	National	30/07/22	01/12/24	
	UPDATE –Project delivery has seen substantial progress over the past month with MTeD rollout being completed at 6 West Community Hospitals. The project team are currently developing plans for the rollout of MTeD to the following services across BCU, namely Emergency Gynaecology Assessment Unit (EGAU) and Mental Health, dates are to be confirmed within the next month. One of the challenges presented is to coordinate a pan-BCU rollout to these services, Mental Health particularly are the subject to several ICT projects currently such as WCCIS and STREAM.						
18	Secondary Care - Multi Disciplinary	CITO - Electronic document and records management system	A single digital view of the patient record supporting integration with local and national systems in Wales and beyond	Local	16/07/25	31/05/28	
	UPDATE –The new revised PID has received approval. Benefits are to be reviewed by the Cito Programme Board together with Phase Plans in November. Scanning has achieved successful automation from a new supplier into Cito, DPIA and Data Processing Contracts have been signed off. Engagement commenced with Junior Doctors, Wrexham Digital Forum, Casenote Review. Recommended implementation planning with Paediatrics.						
20	Secondary Care - Multi Disciplinary	Single Sign on	Single sign-on is an authentication scheme that allows a user to log in with a single ID to any of several related, yet independent, software systems.	Local	TBC	TBC	
	UPDATE – The suggested rollout strategy is to deploy to Bangor, Wrexham then Glan Clwyd. Local representatives are on the Project Board and actively participating. A list of users' needs to be identified on who will participate and their NADEX IDs in order to provide them access. User training will be provided followed by user acceptance testing. Plan and prepare for the Go-Live launch in November 2022.						
20	Secondary Care - Multi Disciplinary	Attend Anywhere	Attend Anywhere is a secure web-based video platform that allows you to have a consultation from your home or own private space.	National	TBC	TBC	
	UPDATE –The project manager posts remains unfilled due to recruitment issues. Oncology has signed up to for Attend Anywhere roll out. Funding request for recruitment to positions for BCU continued roll out to be completed by end of October 2022. Funding of this is approximately £100k for 2022-25. A baseline report has been completed to demonstrate total Attend Anywhere activity across BCU. Once the dashboard is developed/validated - total "virtual" OPD activity can be measured .						

DDaT Project Pipeline

	No of Projects
1. Feasibility Projects	13
2. Pre-project Pipeline	3
3. Project Pipeline	2
Total	18

1. Feasibility Projects – Project Mandate Received/Actively working with the service – Total = 13

	Digital Strategy/Service Transformation (13)
1	Scan4Safety
2	Substance Mis-use prescribing
3	EMIS E-prescribing
4	WECDS - Welsh emergency care data set
5	Traceability
6	Lilie (Sexual Health)
7	NHS App
8	Electronic Holistic Needs Assessment (Ehna)
9	Audiology System Replacement
10	Stroke Service Transformation
11	WEDS - single instance
12	WPRS - Phase 2
13	Therapy Services System Replacement

2. Pre-Project Pipeline – Further requirements developed/Business Case (3)

	Digital Strategy/Service Transformation (3)
1	Welsh Intensive Care Information System (WICIS)
2	EPMA - Electronic Prescribing & Medicines administration
3	Maternity Information System

3. Project Pipeline – Project Initiation (2)

	Digital Strategy/Service Transformation (2)
1	RPA Project V1
2	Radis Upgrade

IMTP Submissions for 2023-24

DDaT service development IMTP submissions

Project	Aim
Zero Baselining Current Digital, Data and Technology (DDAT) Budget	To correct the significant deficit position and realign the DDAT budget to costs being incurred so that service can be maintained to the current level or cut the service
DDAT Essential Services Programme	The aim of this on-going programme of work is to ensure the ICT infrastructure is afforded the essential levels of investment and capability to mitigate major unplanned disruption to Health Boards clinical and business activity through a Cyber Attack or unsupported obsolete infrastructure components
Transformation of Informatics into a modern Digital, Data and Technology	To deliver a good practice DDaT function and operation model to transform the way in which digital delivers future Health Board projects and underpins operational delivery.
Developing Intelligence and Insight using Lightfoot Solutions	To convert data into intelligence and insight, working with Lightfoot Solutions and their tools, to identify areas of opportunity, drive decisions and develop appropriate interventions to drive improvement areas across the Health Board.
Information Asset Register Replacement	The key aim of the project is for the Health Board to have in place an Information Asset Register that fully meets the current and future requirements of the organisations to safely and effectively manage its Information Assets.
Subject Access, Health Records and Freedom of Information Request Management System	The key aim and need for this funding is to implement a single SAR and FOI Management system, which will ensure the maintaining of existing services with improved processes and functionality. Minimising impact and any disruption in the provision of information to the general public in line with UK GDPR / DPA and FOI and EIR Acts. It will also provide the necessary support for operational and business change, and meets the organisations vision by supporting patients, healthcare professionals, managers and staff.
Patient Record Management Programme	Our ultimate goal should be that complete and correct information should be readily recorded and available to the person who requires it at the time at which it is required, and in a manner that is intuitive. This will make life easier for Clinicians and Subject Access Request staff, reduce risks and improve patient care.

Single Sign On (SSO)	To Deliver faster application loading times and secure access to clinical workstations.
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Other Projects supported or led by Informatics

Project	Aim
Replacement Patient Handover Clinical System	To source a replacement patient clinical handover system that is fit for purpose and one that can be fully supported by DDT across all three areas in BCUHB.
Digitisation of Nursing Documentation using the Welsh Nursing Care Record	To improve quality and standards of care through the implementation of the Welsh Nursing Care Record System to all secondary care adult wards and community hospitals across BCU. Business case approved 2022 with revenue funding up to October 2023
Welsh Patient Administration System (WPAS - Single Instance)	Continue the phased implementation of the Welsh Patient Administration System (WPAS) across the Health Board.
Welsh Patient Referral Service (WPRS) Phase 2	To allow GPs to send electronic referrals to Consultants in secondary care, who can then manage the referral and communicate with the GP electronically when necessary, resulting in faster referrals and reduced waiting time for patients.
Implement additional functionality within the Welsh Clinical Portal	<ol style="list-style-type: none"> 1.Support Cancer services to improve communications with primary care using new functionality 2. Support Cardiology to implement results uploader to enable results to be viewed by HCPs 3. Implement medical photography uploader
Welsh Intensive Care Information System (WICIS) Pan BCUHB	Implement a commercially provided All-Wales Critical Care Clinical Information Solution, which would provide clinical functionality such as prescribing, observations and trend analysis and would also integrate with the NHS Wales Architecture to allow the sharing of data to and from the Critical Care Clinical Information Solution.
Secondary Care Electronic Prescribing and Medicines Administration (ePMA): Pre-Implementation Phase	The vision for the ePrescribing programme is for a fully digitalised ePrescribing environment across all care settings in BCUHB.
Informatics Support for Pharmacy Service	Pharmacy The aim of appointing a dedicated Informatics Programme Manager to support

	<p>the Pharmacy team is to ensure that there is relevant knowledge, skills and capacity to support the Pharmacy service through a period of significant change.</p> <p>Co-ordinate post implementation tasks associated with the WellSky product.</p> <p>Deliver MTeD functionality to remaining wards in the East.</p> <p>Programme Manage the procurement and implementation of an ePMA solution.</p> <p>Programme Manage the projects and programmes which will be created via the National Digital Medicines Transformation Portfolio.</p>
Cancer Digital Transformation Initiatives	<ol style="list-style-type: none"> 1.To have the right information in the right place in a timely manner to support accurate and efficient clinical decision making 2.To retain key diagnosis/investigation data and present the data for decision making and review. 3.To address inefficient processes (for example paper) that cause delay in diagnosis, planning and treatment of cancer and the flow of patient between cancer services 4.To meet statutory and local mandatory reporting requirements and to have a rich dataset that can be used to track patient flow and identify blockers and opportunities 5.To provide primary and wider cancer care providers with relevant information for the continued care of patients 6.To provide primary care providers with a link to support early diagnosis and triage
Establishment of a National Dashboard and Maternity Information System (MIS)	Establishment of a National Dashboard and Maternity Information System (MIS) in BCUHB to comply with HIW recommendation, to provide electronic maternity records for all pregnant women in Wales, enhancing effective communication between health care professionals across health board boundaries and sectors.
Fetal Medicine Unit – Implementation of the ViewPoint System	Implement electronic Fetal Medicine reporting to ensure safe and effective monitoring of foetal growth and wellbeing
Gynaecology Single Point Of Access (SPOA)	To ensure equity for waiting times for Women accessing Gynaecology service across North Wales.
Scan4Safety	<p>The ability to identify and locate products that are subject to a product recall or safety notice</p> <p>The capability to ensure you have the right patient, right product, right place, and right process</p>

	The ability to record an episode of patient care including information on product, place, and process.
Stroke Services	To support the safe delivery of services to stroke patients in the newly established Stroke Specialist Inpatient Rehabilitation (SSIR) units, specifically in relation to staffing models for nursing and medicines management.

DCSN New Releases

There were no new DSCN issued in quarter 2 2022-23.

Impact Assessments (IA)

There were 9 new IAs issued during quarter 2 2022-23, the details are shown in the table below:-

Issue Date	Impact Assessment Description	Deadline	Actual Submission Date	Update	Status
06-Jul-22	Outpatient Dataset Frequency	13-Jul-22	12-Jul-22	The purpose of this impact assessment is to understand if HB's would be able to increase the frequency of their submission of the Outpatient data set from monthly to every Wednesday (Unvalidated) and the 3rd Wednesday being the Validated submission each month. This is to help get a much better understanding of services in more of a real time. The data won't be used for official stats, apart from the 3rd Wednesday of the month where this will be the validated version.	Compliant
19-Jul-22	NHS Number for Adopted Children	02-Aug-22	02-Aug-22	When a child is adopted in England and Wales, the current process is to issue the child with a new NHS number. This policy has been in place for many years, and was originally intended to break the link between the child's former life with their birth family and their new life with their adopted family. However the Department for Education (DfE) and Department of Health and Social Care (DHSC) officials have informed Welsh Government officials that they have been progressing with work to change the policy surrounding the NHS numbers for adopted children. The current process is viewed to be no longer necessary, with the proposed change meaning that post-adoption, a child will retain the same NHS number. This approach will align with Scotland's policy, and is actively being progressed in England.	Compliant
03-Aug-22	Welsh Emergency Care Data Set (WECDS)	09-Sep-22	09-Sep-22	The WECDS proposes the introduction of a number of new data items and supporting code sets, changes to data items currently collected in EDDS (e.g. code set changes and/r format changes) and the retirement of some EDDS data items.	Compliant
11-Aug-22	Medicine and Allergy/Intolerance Interoperability	23-Aug-22		The purpose of the proposal is to introduce a new interoperability standard for medicines and allergy/intolerance information with the aim of supporting the sharing of that information across systems and health board boundaries. This supports the Digital Medicines Transformation Portfolio (DMTP) vision of making the prescribing, transcribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient, and effective, through digital.	Pending - overdue

11-Aug-22	Planned Care Dashboard	09-Sep-22	09-Sep-22	<p>The Planned Care Platform proposes to share the following information on the 111 website with patients across Wales:</p> <ul style="list-style-type: none"> - Median wait time to first outpatient appointment - Median wait time to treatment - Material and resources to promote self-management in between appointments <p>At the last My Planned Care Workshop on Thursday 21st July, WG shared the current methodology used to calculate median wait for the RTT StatsWales reports. It was noted within this meeting that this would be the suggested calculation to use for the platform, however it was recommended that all HBs review this prior to go live.</p>	Compliant
19-Aug-22	Admission Method	02-Sep-22	12-Sep-22	<p>There have been proposed changes for the Admission Method data item as a result of operational changes and a new value to be added 'Other - Hospital transfer to GP Care'.</p> <p>Advice received by the WCP team that there is a need for an additional Admission Method to cater for limitations in functionality when patients are transferred to the care of a GP in the community hospital.</p>	Compliant but late - submit 12/09/2022
25-Aug-22	Rapid Diagnosis Clinic (RDC) Core Data Set	12-Sep-22	06-Sep-22	<p>The RDC programme has defined a data set which is currently being used by the Health Boards offering an RDC service, however further commitment will be required from the National Data Resource (NDR) to develop the systems to collate this information systematically for all services. Currently, the operational teams within the Health Boards are using non-specific RDC speciality codes to capture RDC referrals. Following approval of the RDC data standard there is a requirement from the WPAS team to create and implement a specific RDC speciality code across Wales. There is also an additional requirement, for an RDC report to be developed and data views to be made accessible through the SQL server. This requirement is to enable the linkage of data to a National All Wales RDC Power BI dashboard, being developed in collaboration with the NHS collaborative, Health Intelligence Team.</p>	Compliant
02-Sep-22	Looked After Children National Data Set	17-Oct-22		<p>There is a need to develop a national process to capture data for Looked After Children (LAC) Services delivered by both health and social care. This involves developing national data standards to be captured at an appropriate time in the pathway to enable sharing between practitioners, clinicians, and organisations. These data standards will be used to provide data insight at a local, regional and national level around LAC services. All health and social care organisations who deliver looked after children services through integrated working.</p>	Pending
30-Sep-22	Document Metadata	14-Oct-22		<p>A Digital Health and Social Care Strategy for Wales, published in 2015, set out the vision for a single integrated electronic health and care record. With this strategic directive, and an increasingly open architecture in which records can be shared between systems and across health and care organisations, has come a requirement for repositories, both local and national, capable of storing clinical documents, to share those in a format that can be easily retrieved directly through the health and care record.</p>	Pending

Digital Roadmap for Qtrs 1 — 4 2022-23

WPAS-Phase 4 — May 2023

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.

May 23

Endoscopy — March 2023

Replacement of the endoscopy system to ensure we comply with new national standards.

Mar 23

Mar 23

My Appointment Letters Online (MALO) — March 2023

A service allowing our patients to view their appointment letters online rather than by post.

Canisc — March 2023

The replacement cancer Information System will facilitate service transformation and standardisation of working practices a

Mar23

Sep 22

WCCIS Phase 1 — September 2022

Shared system between Health and Social Care to support people in the community.

WPAS West into Central — May 2022

WPAS holds patient identification details, and records details of patients' hospital visits, including waiting list management, medical records, inpatient treatment, outpatient

May 22

Results Management — July 2022

Digitise Results Management through improving the assurance with an electronic test requesting service for the management of results that will improve patient safety.

Jul 22

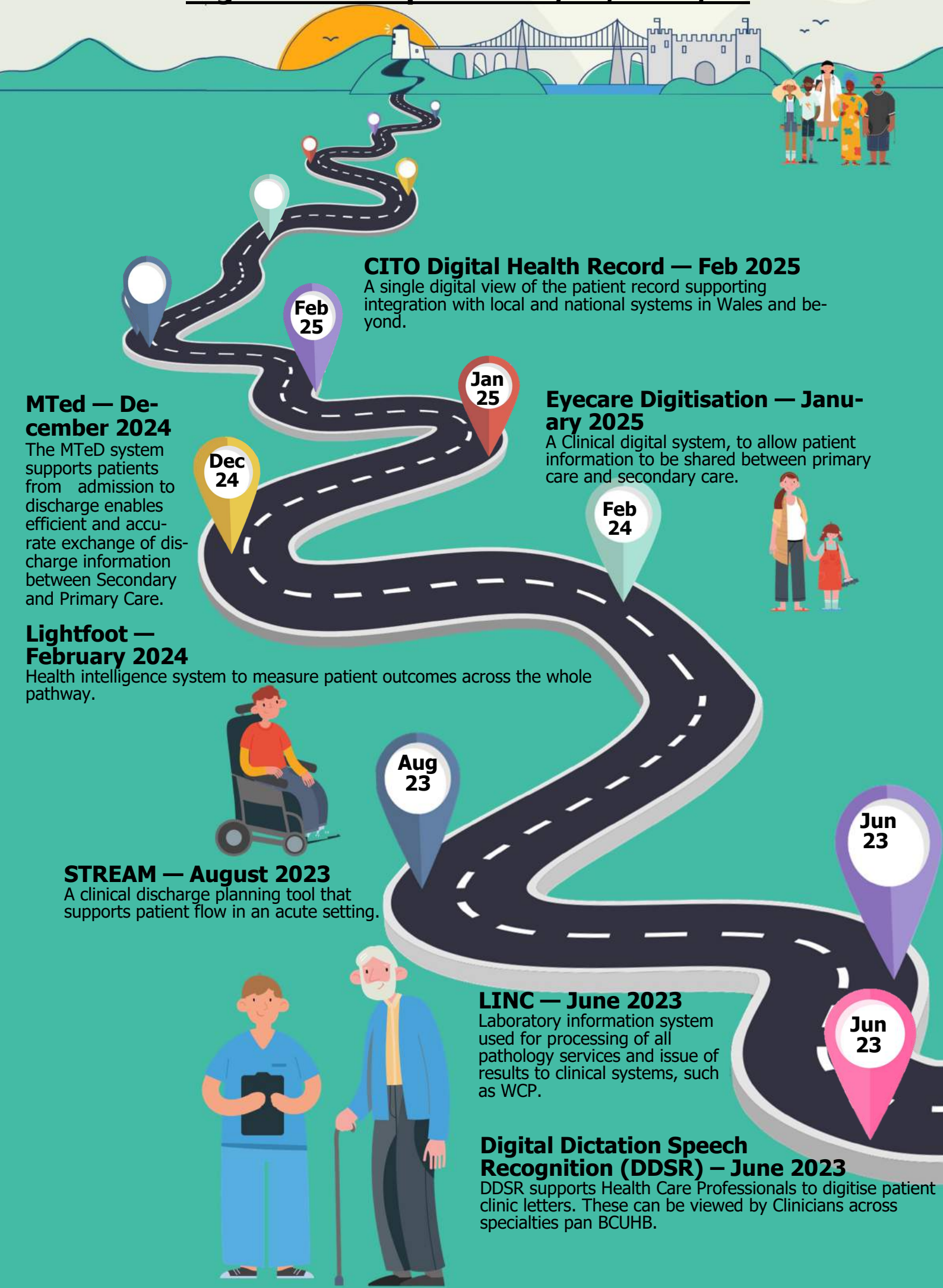
Apr 22

Community/Malinko — Apr 2022 (Project closed and delivered).

A clinical e-scheduling tool for care in the community providing real-time visibility of clinical workforce capacity and patient demand.



Digital Roadmap for 2023/24, 2025/26



Report title:	Living Healthier, Staying Well strategy update		
Report to:	Partnerships, People and Population Health Committee		
Date of Meeting:	Tuesday, 08 November 2022		
Executive Summary:	The purpose of this paper is to present a brief update on the Health Board's long term strategy, Living Healthier, Staying Well		
Recommendations:	The Committee is asked to receive the report.		
Executive Lead:	Dr Chris Stockport, Executive Director of Transformation, Strategic Planning And Commissioning		
Report Author:	Sally Baxter, Assistant Director – Health Strategy		
Purpose of report:	For Noting <input checked="" type="checkbox"/>	For Decision <input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>
Assurance level:	Significant <input type="checkbox"/> High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable <input checked="" type="checkbox"/> General confidence/evidence in delivery of existing mechanisms / objectives	Partial <input type="checkbox"/> Some confidence/evidence in delivery of existing mechanisms / objectives
No Assurance <input type="checkbox"/> No confidence/evidence in delivery			
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:			
N/A			
Link to Strategic Objective(s):	LHSW reflects the strategic direction for health and care set by A Healthier Wales . The strategy sets out the Health Board's long-term health and well-being goals as required under the Well-being of Future Generations (Wales) 2015 Act (WFG Act.) The strategy fed into the Clinical Services Strategy, the development of which is a key action within the Targeted Improvement Framework. The goals will now inform the development of the Integrated Medium Term Plan for 2023-2026		
Regulatory and legal implications	The refresh addressed legal requirements in relation to ongoing engagement and consultation, the equality and human rights specific duties on engagement and the expectation under the WFG Act that the organisational goals are shaped by engagement.		
In accordance with WP7 has an EqlA been identified as necessary and undertaken?	An EqlA was produced to support the review and refresh of LHSW, and has also linked into impact assessments for the current Annual Plan. There was a strong focus on equality and human rights considerations in the development of the initial strategy and we will continue to test with stakeholders that we are ensuring this is sufficiently embedded. The adoption of the planning principle of Fairness will support this.		

In accordance with WP68 has an SEIA identified as necessary been undertaken?	A SEIA was undertaken to support the refresh of LHSW.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	There is a risk that there continue to be challenges in delivery against the long-term goals set out within the strategy. The linking of the goals with Executive Delivery Group programmes will support closer connection between goals and delivery.
Financial implications as a result of implementing the recommendations	No specific financial requirements arising from this paper. The developing IMTP will set out the financial implications of the proposed developments to support the implementation of the strategy
Workforce implications as a result of implementing the recommendations	No specific workforce implications arising from this paper. The IMTP will set out the workforce implications within the initiatives prioritised for implementation.
Feedback, response, and follow up summary following consultation	An engagement exercise was undertaken to support the refresh of LHSW and details reported to the Committee and the Health Board.
Links to BAF risks: (or links to the Corporate Risk Register)	N/A
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: Implementation of recommendations <ul style="list-style-type: none"> - Ensure monitoring and review of the strategic goals annually linked to the IMTP process 	
List of Appendices:	

MEETING IN PUBLIC **Tuesday 8th November**

Living Healthier, Staying Well strategy update

1. Introduction/Background

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.

The **Living Healthier, Staying Well** strategy (LHSW) was approved by the Board in March 2018. During 2021 a review and refresh of the strategic goals was undertaken, as three years had passed since publication. The refresh confirmed the long term goals were still relevant, highlighted a number of areas of interest and concern to our population, and emphasised the importance of delivery. The confirmation of the goals was formally supported at the Health Board meeting in August 2022.

2. Body of report

The long term goals set out in LHSW provide the framework within which our services are planned and delivered:

- Improve physical, emotional and mental health and well-being for all
- Target our resources to people who have the greatest needs and reduce inequalities
- Support children to have the best start in life
- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being
- Improve the safety and quality of all services
- Respect people and their dignity
- Listen to people and learn from their experiences

It has been agreed that the Executive Delivery Groups will support the delivery of these strategic objectives, and the development and delivery of all supporting strategies. Further work has been undertaken to align the strategic objectives in Living Healthier Staying Well to the Executive Delivery Groups. As part of that work current, planned and potential strategies have also been mapped to the Executive Delivery Groups. The EDGs will consider the appropriateness of the alignment and develop proposals to ensure action plans will contribute to achievement of the goals.

The goals are also informing the development of further supporting strategies, including the Quality Improvement Strategy, currently draft in development, and will inform the refresh of the Asset Management (estates) strategy. There are proposals to refresh the strategies for Mental Health and Learning Disabilities which will further strengthen plans for delivery in these areas.

The Health Board is currently working towards the third goal, supporting children to have the best start in life, through partnership strategies. There is a Children's sub-group of the Regional Partnership Board. Further consideration will be given to this to ensure that there is sufficient emphasis within the Health Board's own corporate strategies.

The goals will be reviewed as part of the development of the IMTP submission for 2023-2026, taking into account in particular the revised Ministerial priorities for the three year period. It is

expected that these will be confirmed through the NHS Wales Planning Framework (publication anticipated within the next few weeks.)

There is, in addition, work underway at national level to develop an Outcomes Framework for Health and Social Care. This was a recommendation of A Healthier Wales and will be linked into the NHS Wales Planning Framework. The Outcomes Framework is intended to provide all partners with a Framework that enables them to review and prioritise their programmes and activities so that they are progressing the things that matter. It will measure whole system progress so that we understand the effectiveness of everyone's actions. It is expected there will be some consistency between our LHSW goals and the Outcomes Framework, but this will be assessed and any amendments necessary will be proposed through the IMTP development process.

3. Budgetary / Financial Implications

There are no immediate budgetary implications associated with this paper. The implementation of the strategic goals will influence the allocation of resources within the Health Board, realised through the IMTP or annual plan.

4. Risk Management

There remain risks associated with delivery against the strategic goals. The connection of the Executive Delivery Groups with the goals and the linking of supporting strategies will facilitate more robust monitoring and management of risks arising.

5. Equality and Diversity Implications

Equality Impact Assessment and SocioEconomic Duty Impact Assessment were undertaken to support the LHSW refresh. These will be kept under review, alongside the review of strategic goals associated with the IMTP refresh process for 2023 - 2026.

Report title:	Integrated Medium Term Plan update report		
Report to:	Partnerships, People and Population Health Committee		
Date of Meeting:	Tuesday, 08 November 2022		
Executive Summary:	This report presents a brief update on the development process for the IMTP submission for 2023 – 2026.		
Recommendations:	The Committee is asked to receive the update and provide any comments to inform the process.		
Executive Lead:	Dr Chris Stockport, Executive Director of Transformation, Strategic Planning And Commissioning		
Report Author:	Sally Baxter, Assistant Director – Health Strategy		
Purpose of report:	For Noting <input checked="" type="checkbox"/>	For Decision <input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>
Assurance level:	Significant <input type="checkbox"/> High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable <input checked="" type="checkbox"/> General confidence/evidence in delivery of existing mechanisms / objectives	Partial <input type="checkbox"/> Some confidence/evidence in delivery of existing mechanisms / objectives
No Assurance <input type="checkbox"/> No confidence/evidence in delivery			
Justification for the above assurance rating. Where ‘Partial’ or ‘No’ assurance has been indicated above, please indicate steps to achieve ‘Acceptable’ assurance or above, and the timeframe for achieving this:			
N/A			
Link to Strategic Objective(s):	The IMTP will set out the Heath Baord’s response to the national strategic objectives including A Healthier Wales and Ministerial Priorities, as well as addressing local needs and addressing our strategic goals as described in Living Healthier, Staying Well		
Regulatory and legal implications	The organisation has currently failed to meet its statutory duties to deliver an approvable IMTP in line with the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The process proposed for the development of the plan for 2023 – 2026 is intended to facilitate the development an Integrated Medium Term Plan in accordance with statutory duties.		
In accordance with WP7 has an EqlA been identified as necessary and undertaken?	No. An EqlA was produced for the 2022 - 2025 Plan. An updated EqlA will be produced alongside the development of the 2023 – 2026 Plan.		
In accordance with WP68 has an SEIA identified as necessary been undertaken?	No. A SEIA was produced for the 2022 - 2025 Integrated Medium Term Plan. An updated SEIA will be produced alongside the development of the 2023 – 2026 Plan.		
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	There is a risk that there continue to be challenges in delivery arising from current pressures, including potential further waves of Covid-19, which may constrain the level of engagement in the refresh process. There is a		

	risk that the transition to the new operating model may not facilitate fully integrated health community planning.
Financial implications as a result of implementing the recommendations	No specific financial requirements arising from this paper. The financial strategy and plan to support the IMTP will be developed concurrently with the plan itself.
Workforce implications as a result of implementing the recommendations	No specific workforce implications arising from this paper. Workforce planning and assessment will be developed alongside the plan.
Feedback, response, and follow up summary following consultation	Not applicable currently. There will be engagement over the development of the IMTP as the process progresses
Links to BAF risks: (or links to the Corporate Risk Register)	Not applicable
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: Implementation of recommendations <ul style="list-style-type: none"> - Review and refresh of approach following publication of the NHS Wales Planning Framework - Prioritisation of development proposals submitted - Drafting of the IMTP submission in line with the Planning Framework 	
List of Appendices:	

MEETING IN PUBLIC Tuesday 8th November

Integrated Medium Term Plan update report

1. Introduction/Background

The Health Board is required to develop an Integrated Medium Term Plan, financially balanced, under the requirements of the NHS Finance (Wales) Act 2014. The duty requires each health board to produce a three year IMTP that:

- Improves the health of the population
- Improves the provision of health care
- Is balanced over a three year period and
- Is approvable by Welsh Ministers.

The development of a three year IMTP aligned with national and Health Board strategies is also a key element within the Targeted Improvement framework.

The proposed approach to development of the IMTP submission for 2023-2026 has been discussed previously at the Performance, Finance and Information Governance Committee and the Health Board. This paper gives a brief update report on progress.

2. Body of report

The NHS Wales Planning Framework is updated each year and sets out revised requirements for IMTP submissions, refreshed Ministerial priorities, and guidance on the development and format of plans. Publication of the Framework for 2023 – 2026 was anticipated in October 2022; however at the time of writing this paper at the end of October the framework had not yet been published. It is understood that the Framework and IMTP submission timescale is being reviewed in light of the current challenging planning context, including operational pressures and the financial position. Indications are that a common template will be required to be completed for priority areas, which will be streamlined, again reflecting the current environment. WG Planning Leads have been invited to present to Board workshop in December to discuss the Planning Framework requirements.

Whilst awaiting the publication of the Planning Framework, work has continued towards development of an IMTP for 2023 – 2026 in line with the outline process presented to PFIG previously.

- The Integrated Health Communities have been developing business plans in accordance with requirements of the revised governance and accountability framework and from these have prioritised proposals for development within the IMTP. Proposals have also been submitted by pan North Wales services and programmes.
- The long list of proposals submitted is currently being reviewed by the Planning Oversight Group, and planning leads from the IHCs, pan-North Wales services and programmes. An initial shortlisting will take place following this review which will lead to a set of proposals for the more formal prioritisation. Shortlisting will consider strategic fit, value and deliverability. Proposals are also being reviewed to assess whether they are more appropriately addressed

through means other than new investment, given the financial context.

- The template for submissions requires identification of opportunities for efficiencies and transformation. Whilst some proposals have identified opportunities, there will be further work required to address the level of efficiencies and transformation that will be required to support a balanced plan.
- Following further discussion at Executive Team regarding engagement with the operational teams, the BCU service communities have been invited to support the prioritisation through submission of their assessment of the shortlisted proposals.
- A prioritisation panel of executive leads will be held in mid-November to receive feedback from this assessment of the shortlisted proposals and to produce recommendations for inclusion in the IMTP.

The financial position is however creating further challenge. The Health Board financial plan will not be finalised until December, subsequent to confirmation of the financial allocation. The impact of underachieved savings in 22-23 together with the likely financial outlook is likely to constrain opportunities for development. Transformation and consolidation will be required to fulfil local and national priorities for the IMTP.

Further issues informing the development of the IMTP

- The unscheduled care programme and IHCs are developing proposals for winter pressures response which will need to be consistent with planning principles and link into the developing IMTP. A letter of guidance has been received from WG, and plans are being developed in response. There is no expectation of a joint health and social care plan this year. However, the Regional Partnership Board will discuss potential response should escalation be required. Winter response plans are the subject of a separate agenda item.
- Revised planning guidance for primary care clusters has been produced, and cluster plans will be required by December 2022. The planning cycle to produce the RPB Area Plans, IMTPs, Pan Cluster Planning Group strategic plans and cluster delivery plans has not been fully aligned this year. It is expected that the cluster plans will inform the IMTP submissions this year, with closer alignment from April 2024.
- A workshop session was held at the October meeting of the Regional Partnership Board which reviewed the RPB priorities to feed into the revised Area Plan.
- PSBs are developing well-being plan priorities which will be taken into account as these are approved. The timescale for approval of PSBs' plans runs subsequent to the IMTP submission date, with plans to be approved between March and May 2023, and therefore will need to be addressed alongside development and delivery of the IMTP.
- Joint development priorities with WHSSC are being reviewed for inclusion in the plan where prioritised.
- In addition to the developments described above, the Health Board has been working to respond to the accountability conditions set out in the letter of August 2022 which were included in presentation to the previous PFIG meeting. Progress was referenced in the IQPD meeting with Welsh Government in September 2022.

The Committee are asked to receive the report and offer feedback on the process.

3. Budgetary / Financial Implications

There are no immediate budgetary implications associated with this paper. The refreshed IMTP will set out the financial plan for 2023 – 2026 together with detailed financial implications of the prioritised initiatives within the Plan.

4. Risk Management

There are risks arising from the organisational pressures, which may constrain the capacity of operational and corporate leads to support the development of the refreshed plan, including the potential impact of further waves of Covid-19. There are also risks arising from the transition to the integrated health communities under the proposed new operating model.

Ongoing planning forums have been put in place with the shadow integrated health community team and the pan-North Wales services to mitigate against these risks.

The delayed publication of the NHS Wales Planning Framework presents a risk to timely completion of the IMTP submission, noting however that timescales are under review.

There remains a risk that the HB may be unable to deliver an overall balanced plan in view of current performance and financial and sustainability pressures. The Committee will be updated on progress during the development of the plan.

5. Equality and Diversity Implications

Equality Impact Assessment and SocioEconomic Impact Assessment were undertaken to support the 2022 – 2025 IMTP prior to submission to the PPPH Committee and subsequently the Board for approval. These assessments will be updated alongside the development of the 2023 – 2026 plan. Further consideration will be given to the Anti-Racist Action plan, the foundational economy approach and the impact of the cost of living crisis.



Teitl adroddiad: <i>Report title:</i>	Clinical Services Strategy update			
Adrodd i: <i>Report to:</i>	People, Partnerships and Population Health Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 08 November 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to provide an update on the implementation of the Clinical Services Strategy and highlight next steps in the development of clinical services plans.			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> - Receive the update report - Note the proposed next steps - Offer comments on the content to help shape the ongoing implementation 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Nick Lyons, Executive Medical Director			
Awdur yr Adroddiad: <i>Report Author:</i>	Sally Baxter, Assistant Director – Health Strategy			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		<p>The Clinical Services Strategy is aligned to and consistent with other relevant national and local strategies and plans.</p>		

	The development and implementation of the Clinical Services Strategy (approved in July 2022) is a requirement of the Targeted Improvement framework.
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	N/A
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Naddo N EqlA was undertaken on the Clinical Services Strategy prior to approval. Further impact assessment will be undertaken as the specific proposals within Clinical Services Plans are taken forward.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Naddo N SEIA was undertaken on the Clinical Services Strategy prior to approval. This progress update does not require any significant strategic decision. SEIA will be undertaken on specific proposals arising from the clinical services plans as appropriate.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Risks arising from specific service areas to be taken forward within the Plan have been entered onto Datix and escalated as required. There is a risk arising from potential lack of clarity on the overall clinical services model for the future. This has been partially addressed through approval of the overarching clinical services strategy. Development of further detail will further reduce the level of risk.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	No specific financial implications arising from this paper. Financial implications of potential changes to service models will be assessed within options appraisals and addressed within the annual planning cycle for inclusion within the IMTP submission.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	No specific workforce implications arising from this paper. The workforce implications of potential changes to service models will be assessed within options appraisals and addressed within the annual planning cycle for inclusion within the IMTP submission.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	The engagement report on the Clinical Services Strategy was presented to the Board in support of submission for approval. Further development of specific proposals will be developed through co-design with key stakeholders and broader engagement.
Cysylltiadau â risgiau BAF:	Not applicable

(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: <i>Implementation of recommendations</i>	
Rhestr o Atodiadau: Dim List of Appendices: None	

PPPH COMMITTEE MEETING IN PUBLIC
Tuesday 8 November
Clinical Services Strategy update

1. Introduction/Background

The paper provides an update on the implementation of the Clinical Strategy, which was approved by the Health Board in August 2022 following prior scrutiny through the PPPH Committee. The Clinical Services Strategy provides a framework to help shape future direction and agree the strategic clinical intentions and priorities of the Board by providing a 'blue print' for large-scale service redesign.

This report presents a brief update on the steps taken to progress the implementation of the Clinical Services Strategy since approval in August.

2. Body of report

The Clinical Services Strategy was developed through a process of engagement to define a set of guiding principles and design factors, a checklist for service redesign, and describe the Betsi pathways approach that will underpin specific developments.

Since the completion of the overall Strategy and approval by the Health Board, work has continued to support the implementation across a number of areas.

- **Development of the prioritisation framework**

The Transformation and Improvement team have led the development of a prioritisation toolkit for use across BCU HB. Since August, the toolkit has been shared for testing across a range of areas within the Health Board. The toolkit is focusing on assessment of Value and Deliverability and is consistent with the principle of Value Based Health Care

Value

Is this the right approach and direction? What outcomes will be realised? What is the impact on patients?

Deliverability

What is the level of risk involved? Are the required resources available? What is our level of confidence?

Beneath the high level criteria sits a series of sub-criteria, which can be amended for specific prioritisation exercises, and a scoring matrix. The prioritisation toolkit is currently being reviewed based on the outcome of the testing and will be refined and launched subsequently.

- **Further strengthening of the Clinical Senate**

The role of the Senate in supporting the implementation of the strategy is vital, providing the opportunity for clinical leadership across the whole spectrum of disciplines and professions. The Terms of Reference and membership have been strengthened and the Senate is continuing to meet to contribute to ongoing development. The Senate has also responded to recent consultations on the development of the National Clinical Framework, within the context of which the BCU HB Strategy was developed.

- **Developing our approach to clinical services plans**

The guiding principles and design criteria set out within the strategy will be used to inform the ongoing development of clinical services plans. It is important that the end to end, person centred pathway approach described is used to inform clinical service plans. A number of developments are underway which will help bring together the overall service model for the Health Board. Some of the key elements which will contribute are briefly set out below.

Prevention

The Population Health Executive Delivery Group continues to provide leadership for the delivery of evidence based interventions to improve health and address inequalities. A number of initiatives are being delivered which will contribute towards improved outcomes for people experiencing inequalities.

Health Board leads are currently working with partners on the Public Services Boards to develop well-being plans, following production of the refreshed well-being assessments during 2022.

Support and early intervention

The Regional Partnership Board is working to develop priorities for the refreshed Area Plan, responding to the findings of the Population Needs Assessment and Market Stability Report.

The further development of clusters through the Accelerated Cluster Development Plan will facilitate closer working at place in local communities, building on community assets and developing a stronger role for clusters in the overall planning and commissioning of health and care.

Refreshed strategies to support people with mental health needs, and people with learning difficulties, are to be developed in close collaboration through the relevant partnership boards.

Sustainability and improvement of health care services

There are a number of sustainability and improvement plans underway or in development, responding to quality and delivery constraints and opportunities for improvements. These include:

- Vascular Services improvement plan
- Orthopaedics recovery and sustainability plans
- Oncology sustainability review to address workforce constraints
- Stroke Services, responding to the national stroke services improvement programme and considering the establishment of regional specialist centres
- Urology services, for which an invited review by the Royal College of Surgeons is underway

The development of proposals for Regional Treatment Centres in North Wales offers opportunities for significant improvement in outcomes from ambulatory care. The programme also offers opportunity to utilise space that may be vacated within existing

acute hospitals for development of additional capacity, centres of excellence and consolidation of resources. This will be taken forward as a major element within clinical services plans for the medium term.

There are further areas where sustainability, quality and opportunity for improvement of outcomes will lead to requirement for service review and redesign. The National Clinical Framework sets out suggested criteria for service reconfiguration and there are proposals to establish a number of national strategic and implementation networks to coordinate national pathways and service models, to which BCU will need to respond. The proposals will be fed into the Clinical Senate for review and contribution.

Proposals will be further developed alongside the Integrated Medium Term Plan submission for 23-26 and there will be ongoing engagement with staff, service users and carers, key stakeholders and the wider public to support this.

More detailed proposals will be developed during the course of the next months and brought to the Committee for scrutiny and approval.

3. Budgetary / Financial Implications

There are no budgetary implications associated with this paper. The development of specific proposals for service change and improvement will include assessment of financial and workforce implications within the development of service models and appraisal of options.

4. Risk Management

Risks arising from specific service areas to be taken forward within the Plan have been entered onto Datix and escalated as required.

There is a risk arising from potential lack of clarity on the overall clinical services model for the future. This has been partially addressed through approval of the overarching clinical services strategy. Development of further detail will further reduce the level of risk.

5. Equality and Diversity Implications

Equality Impact Assessment and Socio-Economic Impact Assessment were undertaken in support of the development of the Clinical Services Strategy prior to submission to Board in August 2022. The EqlA and SEIA will be reviewed annually to update for any significant changes. Specific proposals for service change and improvement will be supported by EqlA and SEIA as necessary to ensure due regard for equality and human rights considerations.

Teitl adroddiad: <i>Report title:</i>	Research and Development Report October 2022			
Adrodd i: <i>Report to:</i>	People, Partnerships and Population Health Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 08 November 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper is to update the Committee on our research activity, successes, collaborations and future ambitions, covering the period November 2021 to October 2022.			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to note:</p> <ul style="list-style-type: none"> • Our reset research activity post pandemic, in line with the UK Clinical Research Strategy • The development of our Clinical Research Facility (CRF), and the appointment of Dr Orod Osanlou as CRF Director • The many collaborations and successs we have achived in the last 12 months. • Our future plans moving forward. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Nick Lyons, Executive Medical Director			
Awdur yr Adroddiad: <i>Report Author:</i>	Lynne Grundy, Associate Director Research and Development			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth

	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<i>/ amcanion presennol</i> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>BCUHB Values – Put patients first, Work together, Value and respect each other, Learn and innovate</p> <p>Research and Innovation Strategy 2020-2025 strategic objectives:</p> <ul style="list-style-type: none"> (i) Build a strong community (ii) Maximise the potential of research and innovation (iii) Realise the benefits for the region (iv) Innovation readiness 			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>UK Policy for Health and Social Care Research</p> <p>Medicines and Healthcare Products Regulatory Agency</p>			
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>N – not required at this time</p>			
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>N - not required at this time</p>			
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Committee asked to note report, no risks in report</p>			
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>None at this time</p>			

Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	None at this time
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Reviewed by R&D Team, CRF Director, Executive Director
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	Corporate risk register 4570 Risk of not recording clinical risks and organisational risks relating to research studies individually on the DATIX system. Corporate risk register 4344 Under review - National Institute Health Research (NIHR) current research delivery challenges in the NHS.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol Not applicable
Camau Nesaf: <i>Next Steps:</i> The Committee is requested to note the report.	
Rhestr o Atodiadau: <i>List of Appendices:</i> Appendix i Research and Development Report October 2022 Appendix ii Active portfolio studies Appendix iii Active non-portfolio studies	

People, Partnerships and Population Health Committee

8 November 2022

Research and Development Report October 2022

Introduction

There is a growing body of evidence demonstrating that research active organisations provide better care and have better patient outcomes than those NHS organisations that conduct less research.

The last 12 months have been challenging for everyone, including the Research and Development (R&D) Department, as we recover from the impact of the COVID-19 pandemic. Despite the challenges, the R&D team have continued to work hard to ensure our patients and the local population have the opportunity to participate in research, to generate the evidence patients and the health system needs to enable us to provide high quality care and improve outcomes.

During the pandemic, most non-COVID-19 clinical research was suspended, with the exception of treating and following up a small proportion of patients where the study provided their ongoing essential treatment or care. As clinical services have resumed, the non-COVID studies have also re-started, and we are currently recruiting to a range of non-COVID-19 research studies.

Current situation

BCUHB R&D currently have 305 research studies open to recruitment or in follow up, and in the last 12 months we have recruited 2487 participant to research studies.

We are currently collaborating on numerous research studies, and are working with many groups and organisations. These include the Wales Cancer Research Centre, the National Centre for Mental Health, Moondance, AgorIP, The Centre for Mental Health and Society, PRIME Centre Wales, the Research Innovation and Improvement Coordination Hub, North Wales Organisation for Randomised Trials in Health, the Bevan Commission, and the Lifesciences Hub Wales.

In October 2021 we launched the North Wales Clinical Research Facility (NW CRF) to run clinical trials using experimental medicines. A subsequent business case approved at the end of 2021 will see us move to bespoke premises in 2023, where we can expand our delivery early phase clinical trials.

Alongside this, we have contributed to the University Designation status review, and have worked closely with colleagues from Bangor University, contributing to the research element of the North Wales Medical and Health Science School development.

We will continue to support our researchers to increase capacity and capability in the region, offering increased opportunities for our population to take part in research.

Financial Implications

There are no budgetary implications associated with this paper. Funding for research support and delivery is provided by Welsh Government Research Division.

The CRF plan is to generate a sustainable CRF by generating revenue from commercial trials.

Risk Management

There are two corporate research risks:

4570 Risk of not recording clinical risks and organisational risks relating to research studies individually on the DATIX system.

4344 Under review - National Institute Health Research (NIHR) current research delivery challenges in the NHS.

Research and Development Report

October 2022



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Introduction

The last 12 months have been challenging for everyone, including the research and Development (R&D) Department, as we recover from the impact of the COVID-19 pandemic.

Despite the challenges, the R&D team have continued to work hard to ensure our patients and the local population have the opportunity to participate in research, to generate the evidence patients and the health system needs to enable us to provide high quality care and improve outcomes.

During the pandemic, most non-COVID-19 clinical research was suspended, with the exception of treating and following up a small proportion of patients where the study provides their ongoing essential treatment or care. As clinical services have started to resume, the non-COVID studies have also re-started, and we are currently recruiting to a range of non-COVID-19 research studies.

In October 2021 we launched the North Wales Clinical Research Facility (NW CRF) to run clinical trials using experimental medicines. A subsequent business case approved at the end of 2021 will see us move to bespoke premises, where we can expand our delivery early phase clinical trials.

We continue to work closely with colleagues from Bangor University, contributing to the research element of the North Wales Medical and Health Science School business case.

Research is one of the three pillars within University Designation, and R&D contributes to BCUHB's continued designation.

We will continue to increase our collaborations and research activity. This will support the offer from BCUHB, contributing to the recruitment and retention of high calibre staff, and ensure our local population has increased opportunities to take part in clinical research, both in secondary and primary care settings.

Strategic overview

There is a growing body of evidence demonstrating that research active organisations provide better care and have better patient outcomes than those NHS organisations that conduct less research. A research active organisation is a distinguishing character of University Health Boards and a key enabler for NHS Wales to deliver 'A Healthier Wales.'

Research is also prominent in many Welsh Government Frameworks including the NHS Planning Framework 2022-2025, the NHS Delivery Framework, and Healthcare standards.

Opportunities for greater development through research provides an enhanced job role which in turn develops leaders and critical thinkers who contribute positively to the environment that they are working in. As we have seen through the pandemic, research is a key driver in providing evidence based improved treatment and care options for patients.

In March 2021, an ambitious ten year vision for the recovery, resilience and growth of clinical research [Saving and Improving Lives: The Future of UK Clinical Research Delivery](#) was published and the cross-sector [UK Clinical Research Recovery, Resilience and Growth \(RRG\) Programme](#) was also launched. The Associate R&D Director attends the UK Clinical Research Recovery, Resilience and Growth Advisory Group meetings on behalf of R&D Directors in Wales.

Patients are taking a more active role in research. There have been a number of research studies conducted across BCUHB that encourage patients to participate in their own health journey by recording information in real-time on their smart phones and watches or by accessing online platforms. These projects have a strong focus on patient-centred care to provide the best health care for each individual patient, taking his or her goals, preferences, and values into account.

Representatives from BCUHB attended the Showcase University Designation event in June 2022, and we presented the NW CRF as one of our elevator pitches. We are currently preparing for our mid-year review of university designation.

We continue to work towards the aims and objectives of our R&I Strategy 2020 – 2025.

Purpose: We exist to add value to population health and wellbeing through research, improvement and innovation.

Vision: To create new knowledge for the benefit of the population, nurture innovation and improve health care delivery so that our people are happier, healthier and can prosper in this region.

Values:	Put patients first	Work together	Value and respect each other	Learn and innovate	Communicate openly & honestly
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Guiding principles	Strategic objectives			
	Work as one			
	Appreciate difference	#1 Build a strong community	#2 Maximize potential of research & innovation	
	Learn together			
	Engage and co-produce	#3 Realise the benefits for the region	#4 Innovation Readiness	
	Lead with generosity			

Research Activity

Over the last 12 months, our research activity has focussed on research recovery, following a pause of most non-COVID-19 research during the pandemic. We currently have 305 research studies open to recruitment or in follow up. Of these 233 are portfolio studies, and 72 are non-portfolio studies (see appendix ii and iii). Each study has a named Principal Investigator (PI) from the Health Board and a Health Board Chief Investigator (CI) leads 41 of these.

The table below gives some examples of the wide range of studies currently open in BCUHB.

Study	Total recruitment to date
Novel technologies for diagnosing and monitoring pulmonary disease	703
Eucharis- European treatment patterns and outcomes associated with first line CDK and Hormonal therapies assessed in a Real-world non-interventional study	50
Rossini 2 – reduction of surgical site infection using several novel interventions	12
Oscar – Omics approaches to urological cancer diagnosis	613
Fitness Trial – frailty adjusted therapy in Transplant non-eligible patients with newly diagnosed multiple myeloma.	23
Orion 4- a double blind randomised placebo controlled trial assessing the effects of inclisiran on clinical outcomes among people with atherosclerotic cardiovascular disease.	37
PQIP- Improving perioperative care through the use of quality data : patient study of the Perioperative Quality Improvement Programme	263
TrueNTH – TrueNTH Global Registry – Prostate Cancer Outcomes	333
The DAPA-MI Study- A registry based, randomised, double blind, placebo controlled Cardiovascular Outcomes Trial to evaluate the effect of Dapagliflozin.	24
UK-ROX – Evaluating the clinical cost effectiveness of a conservative approach to Oxygen therapy for invasively ventilated adults in intensive care.	28
The Big Baby Trial- Induction of labour for predicted macrosomia	48
Cov Boost - Comparing Covid 19 Booster Vaccinations	207
Young Adults Fractional Dosing Sub Study - A study aimed at young adults aged 18-30 to evaluate different vaccines and different doses of vaccines against Covid-19	40
Omicron Variant Sub Study – A study to evaluate the effects of different COVID-19 vaccines against the Omicron variant when given as a fourth dose booster	42

North Wales Clinical Research Facility

The past year has seen major changes in the development of the North Wales Clinical Research Facility (NW CRF). Dr Orod Osanlou has been appointed as Director of the facility and continues to benefit from a team of specialist study doctors from a wide range of clinical backgrounds including GP, clinical pharmacology and therapeutics, neuropharmacology, anaesthetics, cardiology, infectious diseases and orthopaedics.

The CRF has also welcomed new members to the research team, including two academic trial fellows, a clinical trials manager/lead nurse, two specialist clinical research practitioners, two research administrators, a lab technician and research pharmacist. The expansion of new clinical staff has brought a wealth of experience and knowledge to support in the continued development of the CRF, and in the safe and effective delivery of future research projects.

The CRF have developed new Standard Operating Procedures to ensure safety in early phase experimental medicine research. The CRF now has a level 3 resuscitation trolley, with all doctors trained to advanced life support level and all nursing staff to intermediate life support level. A link with the critical care team also ensures that the CRF works to the highest level of safety.

The CRF continues to work in close collaboration with the Wrexham Maelor research team. Their continued support, skills and experience have been critical to the development of the CRF to enable the facility to move forward independently.

The CRF team have attended numerous engagement events to promote research activity and opportunities within the facility and to learn from the knowledge and experience of others in the field of clinical trials. The research team attended the Health and Care Research Wales (HCRW) public engagement event “Where would we be without research” at Xplore! Wrexham, the Why involvement matters – Creating a research community event and also the UK Clinical Research Facility (UKCRF) Network conference in Bournemouth to further develop a working relationship with the Network and other clinical research facilities. In addition, the CRF attended the MediWales conference to promote the facility and raise awareness of research activity and opportunities within the CRF.

In collaboration with the wider research teams at BCUHB, the CRF has continued to deliver predominately COVID-19 vaccination studies in response to the COVID-19 public health emergency. The CRF will continue to deliver COVID-19 studies, however, the focus will shift more towards non-COVID-19 studies now the urgent public need has diminished.

The CRF has been recently approved as a site for a high risk Phase I study of a COVID-19 vaccine. Being selected as a site for this study is a major milestone for the health board and in the continued development of the facility.

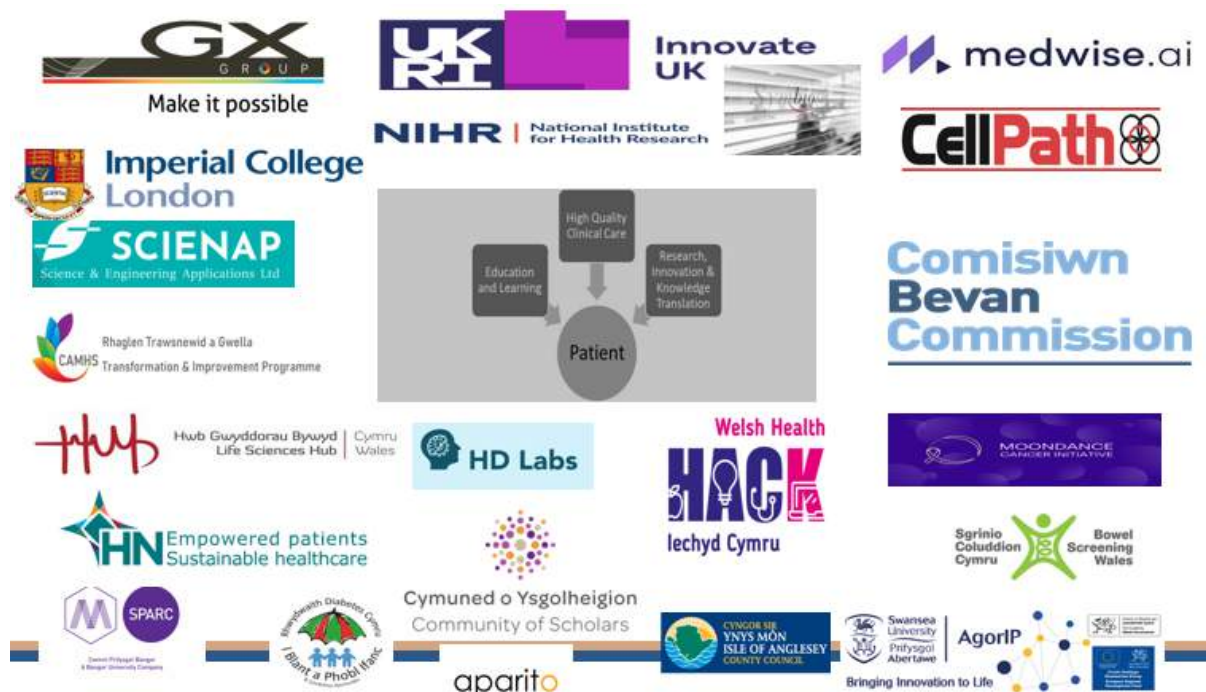


The approved business case will see the CRF move to a bespoke six bed unit with individual participant rooms with telemetry monitoring in 2023. The vision for the CRF is to allow participants to stay overnight in the near future. This fits in with the long-term goal to achieve Medicines and Healthcare Products Regulatory Agency (MHRA) accreditation in First in Human trials.

The CRF works in collaboration with numerous partners including Bangor University, Glyndwr University, The Maelor Academic Unit of Medical & Surgical Sciences, The UK CRF network, The Royal Liverpool and Broadgreen CRU, as well as industrial partners to offer educational and research opportunities. With regards to Bangor University, the CRF has a close relationship with the North Wales Medical School. This includes setting up a new Masters by Research (MScRes) in Clinical Pharmacology and Experimental Therapeutics at Bangor University, medical student Special Study Component placements on the CRF, and a vision for joint appointments. A link has also been established with North Wales Organisation for Randomised Trials in Health (NORTH) unit and local research groups with the aim of facilitating a long term aim to develop translational medicine research.

Through the growth of the trials portfolio, the CRF will generate numerous research opportunities to enable healthy volunteers and patients to participate in studies that will lead to better treatment options, improved health outcomes and reducing the inequity in access to clinical trials in rural areas such as North Wales. The CRF will also help with recruitment and retention of specialised staff to North Wales. Through research activity, the CRF will continue to generate revenue that will be re-invested in research development across North Wales.

Collaborations and successes



We continue to collaborate with academic, commercial, and third sector organisations, and the last 12 months has seen an increasing number of clinical researchers and teams developing partnerships. Some examples can be seen below.

The Community of Scholars

The Community of Scholars, an initiative funded by Welsh Government Research and Development Division, is a collaboration between BCUHB and Bangor University, as well as working with other partners in North Wales. The CoS has continued to develop, and a network event is planned for December 2022.



Moondance

It was identified that within BCUHB, the upper GI and gastroenterology portfolios were fairly dormant. With the support of Moondance, we have put resource in place to enable and increase research within this area.

The huge amount of groundwork is beginning to pay off and presently we have five gastroenterology studies in set up, with a further three potential studies in the pipeline. This means an increase in the opportunity for our patients needing gastroenterology care to take part in ground breaking research.

Rebecca Pope, who is the Moondance coordinator for BCU, has excellent links with Moondance leads Nicky Heady and Dean Harris. Rebecca's efforts to develop the portfolio have already been recognised by Moondance

She recently won a place in Atlanta, to go to the International Association of Clinical Research Nurses Conference in October 2022.

NIHR i4i Award

We have been working with a team from Imperial College to submit a collaborative bid to NIHR I4I to trial a handheld device testing an AI tool to help GPs diagnose heart failure. The bid was successful, and the Imperial College team were awarded a substantial NIHR i4i Challenge Award to fund TRICORDER – a 3-year project centred around a cluster randomised controlled trial of the Eko DUO in primary care in North West London and North Wales for the detection of low EF (primary outcome), AF and valve disease.

The Eko DUO device is a 'smart' stethoscope that records an electrocardiogram as well as heart sounds, and is used like a standard stethoscope. It can provide an immediate diagnosis of heart failure using an AI algorithm. This will be evaluated in 500 patients in primary and secondary care, comparing results to current NHS heart failure care pathways

Medwise

We have collaborated with Medwise AI Ltd, who have been awarded a £311,000 Innovate UK Smart Grant to expand their artificial intelligence-powered clinical question-answering search platform into secondary care settings.

The 18-month project has recently started, and will drive the evolution of the Medwise platform to support the health care workforce in acute medicine, enable NHSx Digital Technology Assessment Criteria (DTAC) certification and review the technology within an academic research study. Medwise is partnering with 8fold

governance on DTAC and will work together with Ysbyty Gwynedd on a time-motion study to generate clinical evidence of the benefits of the search platform.



Wales Health Hack winners in 2022

The Welsh Health Hack is managed by Life Sciences Hub Wales, supporting innovation to create healthcare systems, process, practices, methods fit for the future supported by technology. It offers a great opportunity for NHS Wales staff, universities, and industry to collaborate and network to develop early-stage ideas that might solve operational health challenges proposed by real clinicians and health workers in Wales.

This year's Hack produced four winners across BCUHB with each project awarded £20,000.

- Show Me Where It Hurts: Developing an interactive visual 'body map' to help patients identify concerns to support communication issues from non-English or Welsh speakers or arising from the move to remote medicine.
- Remote Monitoring of Arthroplasty Patients: Developing a smartphone for remote monitoring of knee replacement patient.
- Measuring the Vagina: Creating a single device and pessary design to support pessary fitting for those with pelvic organ prolapse.
- Rare Diseases, a Health Passport for Success: Adding a Patient Passport to an app (CHAI) to ensure that doctors can quickly and securely be given access by a patient to trustworthy, safety critical, information about their complicated or rare condition - working across home and international borders

Our Research Midwife, Sarah Davies, has recently been appointed as a Reproductive Health and Childbirth National Research Champion Group

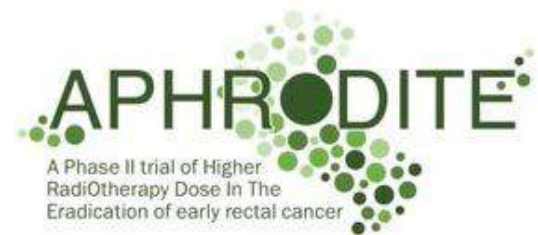




North Wales Cardiac Centre is participating in the DAPA MI commercial clinical trial. A treatment trial hoping to evaluate the effect of dapagliflozin versus placebo for the prevention of hospitalisation for heart failure or cardiovascular death in post myocardial infarction patients. The study is conducted in Sweden and the UK with an aim to recruit 6400 patients. Currently there are 64 sites in the UK and there have been over 2000 patients recruited nationwide.

Research Nurse - Rachel Manley and Interventional Cardiologist and research lead Dr Satheesh Balakrishnan-Nair.

The Aphrodite trial is being led by a BCUHB clinician, and YGC are the top recruiters.



Robert Bonwick-Saisbury is a senior specialist biomedical scientist. He has designed an as yet unnamed device to greatly improve fixation of surgical resection samples while retaining anatomical features, orientation and surgical margins. He is working with a commercial company to develop a prototype, and Robert says *“Additionally with this, working with theatre teams we can reduce cold ischemia time to a minimum with the potential of having tumour morphology exceedingly close to that of the diagnostic biopsy, thus giving us more material for NGS testing, future proofing as best we can for the 'what's next' in cancer diagnostics”.*

There are different versions of the tank to accommodate different samples, breast resections are the main aim currently with colorectal also having its own version. The device will enable the lab teams to slice and fix samples in much shorter order and improve turnaround times. The applications for this device are vast and will improve diagnostic reporting greatly. They have not only been designed

in Wales but also funded by a Welsh University and it will be manufactured here in Wales."

Ble fyddden ni
heb ymchwil?

Where would we be
without research?

research changes lives and saves lives.

Earlier this year, our research radiographer, Jenna Tugwell-Allsup, took part in a podcast which is available on the HCRW website, as part of the campaign.

The 'Where would we be without research' campaign is led by HCRW, and tells the story of how



A day of public engagement in health and social care research was held at Xplore!, Wrexham, and our R&D team were there to raise research awareness.



We have strong links with the Centre for Mental Health and Society (CMHS) in Bangor University. CMHS has built a programme of research investigating the problems that result from the long-term use of high-dose opioids, with the work focussing on individual patients. The collaboration between Bangor University researchers and BCUHB clinical staff includes a health scientist, a pain nurse specialist, a pharmacist, a psychiatrist and a psychologist. Recent publications include:

- to identify long-term high-dose users of opioid medication in primary care;
- to investigate how long-term high-dose use develops in primary care;
- describing an intervention to reduce dysfunctional high-dose use and its rationale; and
- a qualitative study of GPs' experiences of prescribing opioids.

Research is ongoing into various aspects of opioid prescribing and use in the community, with a long-term aim of providing resources and interventions to control and reduce opioid prescribing (CROPP), mainly in primary care.

CMHS is developing work with BCUHB palliative care on similar themes, and has formed a relationship with an academic in pain medicine at the University of Cambridge. The team's work has been presented at local and national meetings, and the team have made two invited contributions to the prestigious Mental Elf blog

Increasing capacity and capability

Key to developing a positive research culture in BCUHB is recognising the need to increase research capacity and capability. We continue to develop collaborations with academic partners, building on recent successful work with both local and national partners.

We have been able to offer small development funding to a number of BCUHB teams, to enable them to develop their research interests.

The diabetes dietetic team in East area BCUHB have been awarded a Community of Scholars grant, funded by the R&D Department, to collaborate with the Research



Faculty at Glyndwr University.

The team have developed an on-line group programme for newly diagnosed Type 2 diabetes "Toward patient Empowerment in Type 2 diabetes through a Patient-Centred Design Approach".

Working together with primary care East colleagues, through workshops, the team is evaluating the whole process of engagement,

referral and uptake to the programme.

One of our Advanced Nurse Practitioners working in primary care made a successful bid for funding to develop research activity. She said:

"The CoS grant has provided an excellent opportunity to take time out of my clinical role to focus on research. My main aim of the grant is to further develop my own research. I have developed links with academic partners and am currently writing a research proposal around increasing engagement with young people in primary care. I plan to carry out focus groups with young people which will generate data for a large grant application. The other element to the CoS grant funding is to develop a research active primary care practice. I have collected baseline data which I will review and we already have portfolio research active in the practice. Engagement with staff and patients is key. I am facilitating research related training and a monthly update for the whole team".

We have awarded small 'Pathway to Portfolio' funding to a number of colleagues, who are aiming to develop their research ideas and bid for more substantial funding in the future.

Study title	Funding awarded
Vitamin D Status in Gastrostomy/jejunostomy fed compared with orally fed children with cerebral palsy (GMFCS 2-5) Dr Braham Sathyamoorthy, Consultant Community Paediatrician	£2,947.20
Safe investment – Impact of electronic health records on quality and safety of care delivered by the NHS – Dr Christian Subbe, Consultant Physician	£10,000
Improvement and innovation in public mental health services care delivery and outcome using a new digital platform (DIALOG+) a feasibility study – Dr John Carden, Clinical Nurse Specialist	£9,940

BCUHB Libraries

The BCUHB Library Service has a role in research within the Health Board particularly with regard to research discoverability.

One of the main challenges the organisation has is how to collaborate to ensure the research that is increasingly being conducted within BCUHB is deposited in an institutional repository and discoverable to staff.

Library staff are working on a published papers SharePoint site that will provide a record of our research output, which can then be preserved, re-purposed and showcased effectively. Most of the work has been completed. It is hoped the site will be shown in the January pan BCU Research and Innovation meeting.

Over the last year (Oct 2021 – Oct 2022) 60 papers were published/affiliated to the Health Board. There are potentially more given only the Ovid Medline bibliographic database is searched at present to draw in content.

Summary



Looking Forward

We are aware of the challenging times ahead. The pandemic continues to affect the capacity of health services with the backlogs in clinical care putting pressure on space, support services and clinical time.

One key task highlighted in the Health and Care Research Wales Annual Report is to:

'work with our UK partners and with stakeholders in Wales to reset the NHS research portfolio, and to address the challenges of supporting and resourcing the high number of research studies underway in the NHS, many of which were paused during the pandemic. The Welsh Government has provided £1.7 million to support additional capacity for the recovery of non-COVID-19 research and our aim is for 80% of all open studies on our research directory to be delivering to time and target by June 2023. We will also be working with our partners to deliver the next phase of the UK Clinical Research Strategy which will involve a set of reforms to improve effectiveness and efficiency in research delivery so that innovative research can be carried out more quickly, helping patients access cutting-edge treatments sooner.'

The R&D teams across BCUHB are committed to the reset in the NHS research portfolio, and to deliver 80% of our studies to time and target by June 2023.

We will work with colleagues across Wales and the UK to deliver the UK Clinical Research Strategy. We are committed to increasing our research activity and our CRF activity across all three integrated health communities.

We continue to work closely with Bangor University to ensure that the research contribution to the North Wales Medical and Health Sciences School is fully realised, and our partnership working and collaborations increase. We are progressing the joint appointment of BCU/BU Director of Research.

We will continue to support our researchers to increase capacity and capability in the region, offering increased opportunities for our population to take part in research.

We will continue to work closely with the Life Sciences Hub for Wales who's aim is to help the people of Wales benefit from improved healthcare and economic wellbeing. We do this by working with innovative partners introduced to us via the Hub to find solutions for the NHS, taking the form of collaborative research that attracts funding from the United Kingdom Research and Innovation (UKRI) funding service.

We will work with BCUHB Libraries to launch the published papers SharePoint site

Appendix ii - NIHR/HCRW Portfolio studies currently active* in BCUHB as at 21 September 2022

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Study Title	Short Title	Managing Specialty
UK Genetic Prostate Cancer Study (formerly the Familial Prostate Cancer Study)	UK Genetic Prostate Cancer Study	Cancer
United Kingdom Adult Idiopathic Thrombocytopenic Purpura (ITP) Registry: An Investigation of Disease Progression, Treatment Effectiveness, and Co-morbid Conditions	UKAITPR	Haematology
National Cancer Research Institute Acute Myeloid Leukaemia and High Risk Myelodysplastic Syndrome Trial 16	AML 16	Cancer
Duration of Trastuzumab with chemotherapy in women with early stage breast cancer: six months versus twelve	Persephone	Cancer
Multicentre randomised trial of high dose versus low dose radioiodine, with or without recombinant human thyroid stimulating hormone, for remnant ablation following surgery for differentiated thyroid cancer	'HiLo'	Cancer
Selective use of postmastectomy radiotherapy after mastectomy	SUPREMO	Cancer
Trial of Perioperative Endocrine Therapy - Individualising Care	POETIC	Cancer
Conventional or Hypofractionated High Dose Intensity Modulated Radiotherapy for Prostate Cancer	CHHIP	Cancer
A Randomised Phase II/III trial of Peri-operative Chemotherapy with or without Bevacizumab in Operable Oesophagogastric Adenocarcinoma and A Feasibility Study Evaluating Lapatinib in HER-2 Positive Oesophagogastric Adenocarcinomas and (in selected centres) MRI and PET/CT Sub-studies	ST03	Cancer
A randomised phase III trial to assess response adapted therapy using FDG-PET imaging in patients with newly diagnosed, advanced hodgkin lymphoma	RATHL	Cancer
Randomised comparisons in myeloma patients of all ages of thalidomide, lenalidomide and bortezomib combinations and maintenance lenalidomide	MYELOMA XI	Cancer
Avastin Randomised Trial with neo-adjuvant chemotherapy for patients with early HER 2 negative breast cancer.	ARTemis	Cancer
Effect of Perioperative AntiHER-2 therapy on Early Breast Cancer Study – Biological phase	EPHOS-B	Cancer
A randomised, phase IIB trial in previously untreated patients with chronic lymphocytic leukaemia (CLL) to compare fludarabine, cyclophosphamide and rituximab (FCR) with FC, mitoxantrone and low dose rituximab (FCM-miniR)	ARCTIC	Cancer
Working parties on leukaemia in adults and children trial in acute myeloid leukaemia or high risk myelodysplastic syndrome 17	AML 17	Cancer
Early detection of lung cancer: metabolic biomarkers for high risk screening	MEDLUNG	Cancer
Adjuvant Lapatinib and/or Trastuzumab Treatment Optimisation study: A randomised, multi-centre, open-label, phase III study of adjuvant trastuzumab, their sequence and their combination in patients with HER2/ErbB2 positive primary breast cancer	ALTTO - Adjuvant Lapatinib and/or Trastuzumab	Cancer
Prospective study of Outcomes of treatment in Hereditary versus Sporadic breast cancer	POSH	Cancer
An intergroup randomised trial of rituximab vs a watch and wait strategy in patients with advanced stage, asymptomatic non-bulky follicular lymphoma (grades 1, 2 and 3)	Watch and Wait	Cancer
A 2-arm randomised controlled trial of concurrent chemo-radiotherapy comparing twice-daily and once-daily radiotherapy schedules in patients with limited stage small cell lung cancer (SCLC) and good performance status	CONVERT	Cancer
A Randomised Trial to compare Aspirin versus Hydroxyurea/ Aspirin in 'Intermediate Risk' Primary Thrombocythaemia and Aspirin only with Observation In 'Low Risk' Primary Thrombocythaemia	PT1	Cancer
Deciphering Developmental Disorders (The DDD study)	Deciphering Developmental Disorders v.1	Genetics
A randomized trial for adults with newly diagnosed acute lymphoblastic leukaemia	UKALL 14	Cancer
A randomised evaluation of molecular guided therapy for diffuse large B-cell lymphoma with Bortezomib	REMoDLB	Cancer
A phase III trial comparing standard versus novel CRT as pre-operative treatment for MRI defined locally advanced rectal cancer	Aristotle	Cancer
A single arm multi-centre study evaluating a single cycle of BEP as adjuvant chemotherapy in high risk, stage 1 non-seminomatous germ cell tumours	111 Trial (formerly BEP 111)	Cancer
A Randomised Multicentre Accelerated Radiotherapy Study of Dose Escalated Intensity Modulated Radiotherapy vs Standard Dose Intensity Modulated Radiotherapy in Patients Receiving Treatment for Locally Advanced Laryngeal and Hypopharyngeal Cancers.	ART DECO	Cancer

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FAST-Forward: a randomised clinical trial testing a 1 week course of curative whole breast radiotherapy against a standard 3 week schedule in terms of local cancer control and late adverse effects in women with early breast cancer	FAST-Forward	Cancer
Phase II trial of ofatumumab, dexamethasone and lenalidomide followed by randomisation to lenalidomide maintenance versus no further treatment for high-risk CLL (NCRI CLL210)	CLL210	Cancer
Leukaemia Lymphoma Research and NCRI Working Group Pick a Winner Programme (LI1) Trial	LI-1	Cancer
A Phase III randomised trial of PeriOperative chemotherapy versus sUrveillance in upper Tract urothelial cancer	POUT	Cancer
Narratives of health and illness for www.healthtalkonline.org (formerly DIPEX) and www.youthhealthtalk.org	Narratives of health and illness for Healthtalkonline 2012	Health Services Research
PD MED: A large randomised assessment of the relative cost-effectiveness of different classes of drugs for Parkinson's Disease	PD MED	Dementias and neurodegeneration
British Association of Dermatologists Biologic Interventions Register	BADBIR	Dermatology
Randomised trial of genetic testing and targeted zoledronic acid therapy to prevent SQSTM1 mediated Paget's disease.	ZiPP (Zoledronate in Prevention of Paget's disease)	Musculoskeletal disorders
Barrett's Oesophagus two yearly Surveillance versus no Surveillance: a randomised controlled trial to estimate effectiveness and cost-effectiveness	BOSS	Gastroenterology
PRoBaND: Parkinson's Repository of Biosamples and Network Datasets: Prospective observational study of Parkinson's disease with repeat clinical assessment and biobanking of blood samples.	PRoBaND: Parkinson's Repository of Biosamples and Network Datasets	Dementias and neurodegeneration
Goal-oriented cognitive rehabilitation in early-stage dementia: multi-centre single-blind randomised controlled trial	GREAT	Dementias and neurodegeneration
Evaluating Temporal Aspects of Communication in Autistic Spectrum Disorders with and without Music Interaction Therapy Support	Temporal Aspects of Communication in Autism in/out of Music Therapy	Mental health
Long term Experience With Abatacept SC in Routine Clinical Practice Study	CCRN 2208 (Abatacept SC)	Musculoskeletal disorders
A multicentre, prospective, cohort study to establish clinically relevant pharmacogenetic markers of systemic treatment outcomes in patients with severe psoriasis	Bio-markers of systemic treatment outcomes in Psoriasis	Dermatology
Does smoking status after being diagnosed with lung cancer influence outcome? An observational cohort study.	LungCAST	Respiratory disorders
Evaluation of centralisation in head and neck cancer	HeadandNeck5000	Cancer
A randomised Phase II study of two preoperative chemoradiotherapy regimes (oxaliplatin and capecitabine followed by radiotherapy with either oxaliplatin and capecitabine or paclitaxel and carboplatin) for resectable oesophageal cancer.	NeoSCOPE: Neoadjuvant - Study of Chemoradiotherapy in OesoPhagEal Cancer	Cancer
A randomised phase II trial of Olaparib maintenance versus placebo monotherapy in patients with non-small cell lung cancer	PIN - Olaparib maintenance vs. placebo monotherapy in NSCLC	Cancer
Helicobacter Eradication Aspirin Trial (HEAT)	Helicobacter Eradication Aspirin Trial (HEAT)	Primary Care
Helicobacter eradication to prevent ulcer bleeding in aspirin users: a large simple randomised controlled trial	Feeding and Autoimmunity in Down's syndrome Evaluation Study (FADES)	Children
Feeding and Autoimmunity in Down's syndrome Evaluation Study (FADES)		

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Adopting a comprehensive health assessment in the management of older patients with early surgical operable breast cancer	FABIO - Functional Assessment in early Breast cancer in Older patients	Cancer
Comparative effectiveness of 1 month of ticagrelor plus aspirin followed by ticagrelor monotherapy versus a current-day intensive dual antiplatelet therapy in all-comers patients undergoing percutaneous coronary intervention with bivalirudin and biomatrix family drug-eluting stent use	CCRN 2137 (Coronary Intervention)	Cardiovascular Disease
Genetics of EGFR Mutation Study (GEM): a Translational Study of the EORTC Lung Group	GEM (EORTC 08114)	Cancer
Improving the experience of dementia and enhancing active life: the IDEAL study	IDEAL study	Dementias and neurodegeneration
Patients with axial spondyloarthritis: multicountry registry of clinical characteristics, including radiographic progression, and burden of disease over 5 years in real-life setting	CCRN 3119 (Spondyloarthritis)	Musculoskeletal disorders
The role of routine and novel biomarkers and their correlation with clinical outcome measures in patients undergoing surgical interventions for benign and malignant disorders of the prostate and bladder	Biomarkers associated with post-treatment complications in cancer	Cancer
De-ESCALaTE HPV: Determination of Epidermal growth factor receptor-inhibitor (cetuximab) versus Standard Chemotherapy (cisplatin) early And Late Toxicity Events in Human Papillomavirus-positive oropharyngeal squamous cell carcinoma	De-ESCALaTE HPV	Cancer
Global Anticoagulant Register in the Field	GARFIELD	Primary Care
FLAIR: Front-Line therapy in CLL: Assessment of Ibrutinib + Rituximab	FLAIR	Cancer
CANcer Diagnosis Decision rules	CANDID	Primary Care
UK Full Randomised Controlled Trial of Arthroscopic Surgery for Hip Impingement versus best conventional care (UK FASHIoN)	UK FASHIoN - Main Trial	Musculoskeletal disorders
Evaluation of a multi-level intervention to prevent alcohol-related harm in people aged 50 and over	Alcohol Use in People Aged 50 and Over - Version 1	Primary Care
A Trial for Older Patients with Acute Myeloid Leukaemia and High Risk Myelodysplastic Syndrome	AML18	Cancer
Cognitive Function and Ageing Study (CFAS) brain donation cohort bioresource and fieldwork activity	CFAS brain donation cohort bioresource and fieldwork activity	Dementias and neurodegeneration
UK A disease registry study to prospectively observe treatment patterns and outcomes in patients with HER2-Positive unresectable locally advanced or metastatic breast cancer	CANC - 3831 MBC - disease registry study	Cancer
TIME - Treatment in Morning Versus Evening	TIME - Treatment in Morning Versus Evening	Primary Care
A randomised double blind dose non-inferiority trial of a daily dose of 600mg versus 300mg versus 100mg of enteric coated aspirin as a cancer preventive in carriers of a germline pathological mismatch repair gene defect, Lynch Syndrome. Project 3 in the Cancer Prevention Programme (CaPP3).	CaPP3	Genetics
POSNOc - POSitive Sentinel NOde: adjuvant therapy alone versus adjuvant therapy plus Clearance or axillary radiotherapy. A randomised controlled trial of axillary treatment in women with early stage breast cancer who have metastases in one or two sentinel nodes.	POSNOc	Cancer
Stratified Care for Patients with Sciatica and Suspected Sciatica in Primary Care: A randomised trial (the SCOPiC trial - SCiatica Outcomes in Primary Care)	The SCOPiC trial - SCiatica Outcomes in Primary Care	Primary Care
A phase III double-blind placebo-controlled randomised trial assessing the effects of aspirin on disease recurrence and survival after primary therapy in common non-metastatic solid tumours.	Add-Aspirin	Cancer
The SOCQER2 study: Surgery in ovarian cancer quality of life evaluation research	SOCQER2: Surgery in ovarian cancer	Cancer
Molecular profiling for lymphoma	MaPLe: Molecular profiling for lymphoma	Cancer

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The clinical and cost effectiveness of a steroid injection versus a night splint for Carpal Tunnel Syndrome: a pragmatic randomised trial in primary care	INjection versus SplinTin in Carpal Tunnel Syndrome (INSTinCTS)	Primary Care
GALACTIC: GA101 (obinutuzumab) monoclonal Antibody as Consolidation Therapy In CLL	GALACTIC	Cancer
Male synthetic sling versus Artificial urinary Sphincter Trial for men with urodynamic stress incontinence after prostate surgery: Evaluation by Randomised controlled trial (MASTER)	MASTER	Surgery
Optimal Personalised Treatment of early breast cancer using Multiparameter Analysis	OPTIMA	Cancer
A Randomized, Open-label Study of Ponatinib Versus Nilotinib in Patients with Chronic Myeloid Leukemia in Chronic Phase Following Resistance to Imatinib	CANC - 4914	Cancer
Revascularisation for Ischaemic Ventricular Dysfunction (REVIVED)	REVIVED-BCIS2	Cardiovascular Disease
Hartmann's type procedure versus intersphincteric APE in patients undergoing resection of rectal cancer in whom restoration of gastrointestinal continuity is not appropriate: a multi centre, prospective observational study	Hartmann's procedure versus intersphincteric APE: a prospective study	Surgery
A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study of PEGylated Recombinant Human Hyaluronidase (PEGPH20) in Combination With nab Paclitaxel Plus Gemcitabine Compared With Placebo Plus nab Paclitaxel and Gemcitabine in Subjects with Hyaluronan-High Stage IV Previously Untreated Pancreatic Cancer	CANC - 4997	Cancer
An online randomised controlled trial to evaluate the clinical and cost effectiveness of a peer supported self-management intervention for relatives of people with psychosis or bipolar disorder: Relatives Education And Coping Toolkit (REACT)	REACT Trial	Mental health
Autism Conditions in Adulthood - Learning about the lives of adults on the autism spectrum and their relatives	The Adult Autism Spectrum Cohort - UK	Mental health
Adults with acute myeloid leukaemia or high-risk myelodysplastic syndrome	AML19	Cancer
Pragmatic Randomised 104 Week Multicentre Trial to Evaluate the Comparative Effectiveness of dapagliflozin and Standard of Care in Type 2 Diabetes. The DECIDE Study	PRIM 5039	Primary Care
Parkinson's Families Project (PFP)	Parkinson's Families Project (PFP)	Dementias and neurodegeneration
At-Risk Registers Integrated into primary care to Stop Asthma crises in the UK (ARRISA-UK): A pragmatic cluster randomised trial with nested economic and process evaluations examining the effects of integrating at-risk asthma registers into primary care with internet-based training and support.	ARRISA-UK	Primary Care
The clinical and cost effectiveness of surgical interventions for stones in the lower kidney: The PUrE RCT Percutaneous Nephrolithotomy (PNL), Flexible Ureterorenoscopy (FURS) and Extracorporeal Lithotripsy (ESWL) for lower pole Kidney stones	PUrE	Renal Disorders
The Second UK Sprint National Anaesthesia Project: Epidemiology of Critical Care provision after Surgery	Epidemiology of Critical Care provision after Surgery (EpiCCS)	Anaesthesia, Perioperative Medicine and Pain Management
Establishing a Biobank and Database as a National Resource for Characterising Indolent and Aggressive forms of Mantle Cell Lymphoma, an Observational Study.	MCL Biobank Observational Study	Cancer
HORIZONS: a cohort study to explore recovery of health and well-being in adults diagnosed with cancer	HORIZONS: Understanding the impact of cancer diagnosis and treatment	Cancer
One-year prospective, observational study of the journey of patients with plaque psoriasis prescribed calcipotriol/betamethasone aerosol foam or other standard care topical therapy	DERM 5560	Dermatology
The application of novel technologies to identify new biomarkers for diagnosing and monitoring pulmonary diseases.	Novel technologies for diagnosing and monitoring pulmonary diseases	Respiratory disorders
National Breast Cancer Study of Epirubicin plus CMF versus Classical CMF Adjuvant Therapy (NEAT)	NEAT	Cancer
Prospective observational study of the long term hazards of biologic therapy in rheumatoid arthritis	Toxicity from biologic therapy (BSRBR)	Musculoskeletal disorders

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A Multinational, Single Arm, Observational Study to Evaluate the Real-world Effectiveness and Pattern of Use of mepolizumab in Patients with Severe Eosinophilic Asthma (204710).	A study to observe the normal use and effectiveness of Nucala®.	Respiratory disorders
An incident and high risk type 1 diabetes research cohort - After Diagnosis Diabetes REsearch Support System-2 (ADDRESS-2)	DRN 552 (Incident and high risk type 1 diabetes cohort – ADDRESS-2)	Diabetes
A Double-blind, Randomized, Placebo-controlled, Multicenter Study Assessing the Impact of Additional LDL-Cholesterol Reduction on Major Cardiovascular Events When Evolocumab (AMG 145) is Used in Combination With Statin Therapy In Patients With Clinically Evident Cardiovascular Disease	CCRN 837 (hypercholesterolemia)(FOURIER)	Cardiovascular Disease
Enroll-HD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Enroll-HD	Dementias and neurodegeneration
Real time refinement and validation of criteria and tools used in primary care to aid hospital referral decisions for patients of all ages in the event of surge during an influenza pandemic.	FLU-CATs : Evaluation and refinement of pandemic influenza community assessment tools	Primary Care
A Phase III Trial of Surgery versus Active Monitoring for Low Risk Ductal Carcinoma in Situ (DCIS)	LORIS	Cancer
Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced renal disease; The STOP-ACEi Trial	STOP-ACEi	Renal Disorders
A randomised Phase II/III trial to study radiotherapy dose escalation in patients with oesophageal cancer treated with definitive chemoradiation with an embedded Phase II trial for patients with a poor early response using positron emission tomography (PET)	SCOPE 2	Cancer
Post-authorisation Safety (PAS) Observational Cohort Study to Quantify the Incidence and Comparative Safety of Selected Cardiovascular and Cerebrovascular Events in COPD Patients Using Inhaled UMEC/VI Combination or Inhaled UMEC versus Tiotropium (Study 201038).	PRIM 4852	Primary Care
The SCOTTY Study - whole genome sequencing study of young colon cancer patients and their parents	The SCOTTY Study	Cancer
A SERIES OF RANDOMISED CONTROLLED N-of 1 TRIALS IN PATIENTS WHO HAVE DISCONTINUED OR WISH TO DISCONTINUE STATIN USE DUE TO MUSCLE-RELATED SYMPTOMS TO ASSESS IF ATORVASTATIN TREATMENT CAUSES MORE MUSCLE SYMPTOMS THAN PLACEBO	StatinWISE	Primary Care
FLO-ELA: FLuid Optimisation in Emergency LAParotomy. Open, multi-centre, randomised controlled trial of cardiac output - guided haemodynamic therapy compared to usual care in patients undergoing emergency bowel surgery.	FLO-ELA	Anaesthesia, Perioperative Medicine and Pain Management
National Studies of Rare Kidney Diseases	RADAR	Renal Disorders
International randomised study of laparoscopic prostatectomy vs stereotactic body radiotherapy (SBRT) and conventionally fractionated radiotherapy vs SBRT for early stage organ-confined prostate cancer	The PACE Study	Cancer
Post-operative avoidance of radiotherapy: biomarker selection of women categorised to be in a very low risk group by IHC4+C	PRIMETIME	Cancer
Antibiotics for lower Respiratory Tract Infection in Children presenting in Primary Care	ARTIC PC	Primary Care
A Randomised Controlled Trial Evaluating the Efficacy of Indwelling Pleural Catheters in Persistent Non-Malignant Symptomatic Pleural Effusions	REDUCE Trial	Respiratory disorders
TrueNTH Global Registry- Prostate Cancer Outcomes	TrueNTH Global Registry	Cancer
SPECTA: Screening Cancer Patients for Efficient Clinical Trial Access	SPECTA (EORTC 1553)	Cancer
HERO: A Multinational Phase 3 Randomized, Open-label, Parallel Group Study to Evaluate the Safety and Efficacy of Relugolix in Men with Advanced Prostate Cancer	Open Label Study of Relugolix in Men with Advanced Prostate Cancer	Cancer

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A Phase 2a, Randomized, Double-blind, Placebo-controlled, Parallel-group, Proof of Concept Study to Investigate Efficacy, Safety, Pharmacodynamics and Pharmacokinetics of ASP6294 in the Treatment of Female Subjects with Bladder Pain Syndrome/Interstitial Cystitis	(ISN) 6294-CL-0101_The SERENITY study	Reproductive health and childbirth
PETReA: Phase 3 evaluation of PET-guided, Response-Adapted therapy in patients with previously untreated, high tumour burden follicular lymphoma	PETReA	Cancer
The impact of postoperative Packing of Perianal Abscess Cavities: a multicentre randomised controlled trial	PPAC2: Packing of Perianal Abscess Cavities 2	Surgery
Long-term observational, prospective study to collect in a real life setting data on the retention, effectiveness, safety, treatment pattern, quality of life, and efficiency of secukinumab in adult patients with moderate to severe plaque psoriasis, psoriatic arthritis and ankylosing spondylitis	SERENA	Musculoskeletal disorders
Evaluation of a Non-Endoscopic Immunocytological Device (Cytosponge) for post chemo-radiotherapy surveillance in patients with oesophageal cancer – a feasibility study	Cytosponge for post-chemoradiation surveillance of oesophageal cancer	Cancer
Renal Adjuvant MultiPle Arm Randomised Trial (RAMPART): An international investigator-led phase III multi-arm multi-stage randomised controlled platform trial of adjuvant therapy in patients with resected primary renal cell carcinoma (RCC) at high or intermediate risk of relapse	Renal Adjuvant MultiPle Arm Randomised Trial (RAMPART)	Cancer
The cystic fibrosis (CF) anti-staphylococcal antibiotic prophylaxis trial (CF START); a randomised registry trial to assess the safety and efficacy of flucloxacillin as a longterm prophylaxis agent for infants with CF.	CF START	Children
Choice of Intermittent vs Continual Androgen Deprivation in Prostate Cancer Acronym: A CHOICE-PC: Androgens - CHOice of Intermittent vs Continual– Prostate Cancer	Androgens-CHOice of Intermittent vs Continual in Prostate Cancer	Cancer
Improving perioperative care through the use of quality data: Patient Study of the Perioperative Quality Improvement Programme	Perioperative Quality Improvement Programme: Patient Study	Anaesthesia, Perioperative Medicine and Pain Management
Evaluation of a 12-session group programme developed to promote stabilization, processing and integration for women presenting with complex trauma arising from child sexual abuse.	Evaluation of a Group Programme for Women with Complex Trauma	Mental health
BILAG Biologics Prospective Cohort: The Use of Novel Biological Therapies in the Treatment of Systemic Lupus Erythematosus (SLE)	BILAG Biologics Prospective Cohort	Musculoskeletal disorders
Induction of labour for predicted macrosomia	The 'Big Baby Trial'	Reproductive health and childbirth
Sub-acromial spacer for Tears Affecting Rotator cuff Tendons: a Randomised, Efficient, Adaptive Clinical Trial in Surgery	START:REACTS	Musculoskeletal disorders
A Randomised Phase II study of Accelerated, Dose escalated, Sequential Chemo-radiotherapy in Non-small Cell Lung Cancer.	ADSCaN.	Cancer
Clinical Characterisation Protocol for Severe Emerging Infection	Clinical Characterisation Protocol for Severe Emerging Infection	Infection
Preventing Ovarian Cancer through early Excision of Tubes and late Ovarian Removal	PROTECTOR	Cancer
The Clinical Effectiveness of Fluticasone Furoate/UmeclidiniumBromide/Vilanterol in a Single Inhaler (TRELEGY ELLIPTA) when Compared with Non-ELLIPTA Multiple Inhaler Triple Therapies in COPD Patients within a Usual Care Setting.	INTREPID: INvestigation of TRELEGY Effectiveness: Usual Practlce	Primary Care
Randomized, Embedded, Multifactorial, Adaptive Platform trial for Community-Acquired Pneumonia	REMAP-CAP	Critical Care
HPS-4/TIMI 65/ORION-4: A double-blind randomized placebo-controlled trial assessing the effects of inclisiran on clinical outcomes among people with atherosclerotic cardiovascular disease	ORION-4	Cardiovascular Disease
Prospective Evaluation of Thin-strut Biodegradable Polymer-coated Supraflex Sirolimus-Eluting Stents in an All-comers Patient Population (S-FLEX UK-II)	S-FLEX UK-II, Rev 1	Cardiovascular Disease
A randomised, placebo controlled trial of azithromycin for the prevention of chronic lung disease of prematurity in preterm infants	Azithromycin Therapy for Chronic Lung Disease of Prematurity	Children

Appendix ii - NIHR/HCRW Portfolio studies currently active* in BCUHB as at 21 September 2022

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KeepYouSafe: a bilingual Cancer Care Checklist application	KeepYouSafe	Haematology
Identification and characterization of the clinical toxicology of novel psychoactive substances (NPS) by laboratory analysis of biological samples from recreational drug users.	Identification of Novel Psychoactive Substances (IONA)	Trauma and Emergency Care
The British Society for Rheumatology Psoriatic Arthritis Register (BSR-PsA)	BSR-PsA	Musculoskeletal disorders
The Impact of Multiparametric MRI on the Staging and Management of Patients with Suspected or Confirmed Ovarian Cancer.	MROC: MR in Ovarian Cancer	Cancer
A definitive randomised controlled trial and economic evaluation of a community-based Rehabilitation package following hip fracture.	FEMuR III	Primary Care
Detecting susceptibility genes for dementia with Lewy bodies	DLB Genetics	Dementias and neurodegeneration
SELECT - Semaglutide effects on cardiovascular outcomes in people with overweight or obesity	EX9536-4388 SELECT semaglutide cardiovascular outcome trial	Metabolic and endocrine disorders
ATLANTA - Additional Treatments to the Local tumour for metastatic prostate cancer: Assessment of Novel Treatment Algorithms	IP2 - ATLANTA	Cancer
Airway Intervention Registry (AIR) extension: Recurrent Respiratory Papillomatosis	AIR: RRP	Ear, nose and throat
Take home naloxone Intervention Multicentre Emergency setting feasibility trial (TIME)	TIME	Trauma and Emergency Care
A Multicenter, Open-Label, Single-Arm, Phase 2 Study of Zandelisib (ME-401) in Subjects with Follicular Lymphoma or Marginal Zone Lymphoma After Failure of Two or More Prior Systemic Therapies – The TIDAL Study	Phase 2 Study of ME-401 in Subjects with FL and MZL	Cancer
Atrial Fibrillation III Registry: An international prospective, longitudinal, multi-centre observational study of atrial fibrillation in European and Mediterranean countries.	Atrial Fibrillation III (AF III) Registry	Cardiovascular Disease
CHIEF-PD (CHolinesterase Inhibitor to prEvent Falls in Parkinson's Disease): A phase 3 randomised double-blind placebo-controlled trial of rivastigmine to prevent falls in Parkinson's disease	CHIEF-PD STUDY	Dementias and neurodegeneration
Exercise Training and Progression of Chronic Kidney Disease: A Randomised Controlled Feasibility Study. The GFR-Exercise Feasibility Study.	The GFR-Exercise Feasibility Study – GFR-Ex	Renal Disorders
Planned vs. Actual Acetabular Cup Position in Total Hip Arthroplasty with Standard Instrumentation and Technique	Cup Position in Total Hip Arthroplasty with Standard Instruments	Musculoskeletal disorders
ROSSINI 2: A Phase III, multi-arm, multi-stage (MAMS) pragmatic, blinded (patient and outcome assessor) multicentre, randomised controlled trial (RCT) with an internal pilot, to evaluate the use of three in-theatre interventions, alone or in combination, to reduce SSI rates in patients undergoing abdominal surgery.	Reduction Of Surgical Site Infection using several Novel Interventions	Surgery
Development of an intervention to Optimise use of pre-exposure prophylaxis (PrEP) to prevent HIV-acquisition in at-risk individuals living in Wales [DO-PrEP]	DO-PrEP	Public health
Patient-reported outcome measures for monitoring primary care patients with depression: PROMDEP randomised controlled trial.	PROMDEP Randomised controlled trial	Primary Care
Frailty-adjusted therapy in Transplant Non-Eligible patients with newly diagnosed Multiple Myeloma: A phase III trial to compare standard and frailty-adjusted induction therapy with ixazomib, lenalidomide and dexamethasone (IRD) and maintenance lenalidomide (R) to lenalidomide plus ixazomib (R+I).	Myeloma XIV (FITNEss)	Cancer

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How do patients make decisions about rectal cancer treatment?	How do patients make decisions about rectal cancer treatment?	Cancer
CRAFT: Cerclage after full dilatation caesarean section; an investigation into the role of previous in labour caesarean section in future preterm birth risk and potential management strategies	Cerclage after full dilatation caesarean section	Reproductive health and childbirth
Children's Acute Surgical Abdomen Programme: CASAP	Children's Acute Surgical Abdomen Programme: CASAP v1.0	Anaesthesia, Perioperative Medicine and Pain Management
Reviewing long term anti-DEpressant Use by Careful monitoring in Everyday practice (REDUCE) programme. Workstream 5 (WS5):Randomised Controlled Trial	REDUCE Work Stream 5 (WS5) Randomised Control Trial	Primary Care
Neurological Assessment Practices after Stroke Part of: Standardised Neurological OBServation Schedule for Stroke (SSNOBS)	Neurological Assessment Practices after Stroke	Health Services Research
A Phase II trial of Higher Radiotherapy Dose In The Eradication of early rectal cancer.	APHRODITE	Cancer
In younger adults with unstable ankle fractures treated with close contact casting, is ankle function not worse than those treated with surgical intervention? The Fractured Ankle Management Evaluation (FAME) Trial.	FAME: The Fractured Ankle Management Evaluation Trial	Trauma and Emergency Care
Genetics of susceptibility and mortality in critical care (GenOMICC)	GenOMICC	Critical Care
The ThinkCancer! Intervention: Protocol for a Feasibility study incorporating a Randomised Pilot Trial with an Embedded Process and Economic Evaluation	ThinkCancer!	Primary Care
Prospective data collection on clinical, radiological and patient reported outcomes after pleural intervention	PROSPECT	Respiratory disorders
Oncological Outcomes after Clinical Complete Response in Patients with Rectal Cancer	OnCoRe	Cancer
BACKonLINE: Internet based personalised self-management support system for people with back pain	BACKonLINE	Musculoskeletal disorders
Establishing the Safety and Efficacy of Reloxaliase (Oxalate Decarboxylase) in Patients with Enteric Hyperoxaluria: A Phase III Randomized, Double-blind, Placebo-Controlled Study (URIROX-2)	URIROX-2: Establishing the Safety and Efficacy of Reloxaliase	Renal Disorders
Impact of visual impairment after stroke II: Measuring and exploring vision-related quality of life.	Impact of Visual Impairment after Stroke II	Stroke
Active Brains Study	Active Brains Study	Primary Care
Trial of Ondansetron as a Parkinson's HALLucinations Treatment	TOP HAT Version 1_19.11.19	Dementias and neurodegeneration
Prognostic factors for outcomes of idiopathic Sudden onset Sensorineural Hearing Loss: the SeaSHeL national prospective cohort study	The SeaSHeL national prospective cohort study	Ear, nose and throat
Treatment of High and Very high riSk dyslipidemic pAtients for the PreveNTion of CardiOvasculaR Events in Europe – a MultinatioNal Observational Study(SANTORINI)	SANTORINI	Cardiovascular Disease
PreOperative Endocrine Therapy for Individualised Care with Abemaciclib	POETIC-A	Cancer
TriOptimize: A prospective non-interventional Trial on COPD patients' health related quality of life under a fixed LAMA/LABA/ICS triple therapy and characterization of determinants of treatment adherence	TriOptimize	Respiratory disorders
Risk-Adapted therapy Directed According to Response comparing treatment escalation and de-escalation strategies in newly diagnosed patients with multiple myeloma (NDMM) suitable for stem cell transplant (TE).	RADAR (UK-MRA Myeloma XV)	Cancer

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Placental growth factor Repeat sampling for Reduction of adverse perinatal Outcomes in women with suspected pre-eclampsia	The PARROT-2 Trial	Reproductive health and childbirth
Heart Failure III registry	HFIII	Cardiovascular Disease
Randomised Evaluation of COVID-19 Therapy (RECOVERY)	RECOVERY trial	Infection
Compression Hosiery to Avoid Post-Thrombotic Syndrome	CHAPS; version 1.0	Cardiovascular Disease
Engaging and supporting women with Chronic Kidney Disease with pre-conception decision-making (including their experiences of COVID 19): A mixed-methods study (CKD-ENGAGE)	Pregnancy choices with kidney disease	Renal Disorders
Suture fixation versus tension band wiring for simple olecranon fracture fixation: a multi-centre randomised controlled trial (Simple Olecranon Fracture Fixation Trial – SOFFT)	SOFFT: Simple Olecranon Fracture Fixation Trial	Trauma and Emergency Care
Multicentre European study of Major Infectious Disease Syndromes (MERMAIDS): Acute Respiratory Infections in Adults	MERMAIDS ARI	Respiratory disorders
The Humeral Shaft fracture trial: A multi-centre prospective randomised superiority trial of surgical versus non-surgical interventions for humeral shaft fractures in patients aged 18 years or older	HUSH - The Humeral Shaft Fracture Trial	Trauma and Emergency Care
IMPACT OF BIOLOGIC AND IMMUNOMODULATORY THERAPY ON SARS-COV-2 INFECTION AND IMMUNITY IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE.	CLARITY: impact of biologic therapy on SARS-cov-2 Infection & immunity	Gastroenterology
Patients' preferences in the treatment of hormone-sensitive metastatic prostate cancer: a discrete choice experiment	IP5-MATTER	Cancer
COVIP: COVID-19 in very old intensive care patients	COVIP: COVID-19 in very old intensive care patients	Infection
A randomized double-blind, placebo-controlled, multicenter trial assessing the impact of lipoprotein (a) lowering with TQJ230 on major cardiovascular events in patients with established cardiovascular disease (CVD).	A possible new treatment for elevated Lp(a) in CVD - HORIZON	Cardiovascular Disease
A Registry-based, Randomised, Double-blind, Placebo-Controlled Cardiovascular Outcomes Trial to Evaluate the Effect of Dapagliflozin on the Incidence of Heart Failure or Cardiovascular Death in Patients without Diabetes with Acute Myocardial Infarction at Increased Risk for Subsequent Development of Heart Failure	The DAPA-MI Study	Cardiovascular Disease
Post-hospitalisation COVID-19 study: a national consortium to understand and improve long-term health outcomes	PHOSP-COVID	Respiratory disorders
COVIDTrach; a UK national cohort study of mechanically ventilated COVID-19 patients undergoing tracheostomy	COVIDTrach; A UK cohort study of tracheostomy in COVID-19 patients	Ear, nose and throat
Development and feasibility of a parent intervention to prevent disordered eating in children and young people with type 1 diabetes	PRIORITY Trial	Children
SIREN - SARS-COV2 immunity and reinfection evaluation; The impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers	SARS-COV2 immunity and reinfection evaluation (SIREN)	Infection
Venetoclax or Intensive Chemotherapy for Treatment Of Favourable Risk Acute Myeloid Leukaemia: A Molecularly Guided Phase 2 Study	VICTOR	Cancer
Translational Renal Adjuvant Multiple Arm Randomised Trial (TransRAMPART)	TransRAMPART	Cancer
A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study Comparing Niraparib Plus Pembrolizumab Versus Placebo Plus Pembrolizumab as Maintenance Therapy in Participants Whose Disease has Remained Stable or Responded to First-Line Platinum-Based Chemotherapy with Pembrolizumab for Stage IIIB or IV Non-Small Cell Lung Cancer	213400 Niraparib in Stage IIIB/IV NSCLC	Cancer
A Phase 3, Multicenter, Randomized, Double-Blinded, Placebo-Controlled Trial to Evaluate the Efficacy and Safety of Efgartigimod (ARGX-113) 10 mg/kg Intravenous in Adult Patients with Primary Immune Thrombocytopenia	Safety and Efficacy of Efgartigimod 10mg/kg IV in adults with ITP	Haematology

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A prospective non-interventional post-authorization safety study (PASS) of lenalidomide in previously untreated adult multiple myeloma patients who are not eligible for transplant ("transplant noneligible" [TNE]) ("Revlimid® TNE NDMM PASS")	CC-5013-MM-034_A non-interventional study of lenalidomide	Cancer
PROphylaxis for paTiEnts at risk of COVID-19 infecTion	PROTECT V	Renal Disorders
A realist-informed investigation of the organisation and delivery of health and social care services for people with Fibromyalgia living in the UK	Understanding health services delivery for fibromyalgia	Musculoskeletal disorders
Evaluating the clinical and cost-effectiveness of a conservative approach to oxygen therapy for invasively ventilated adults in intensive care.	UK-ROX	Critical Care
PRIMROSE TISSUE STUDY: A COLLECTION AND ANALYSIS OF TISSUE AND CSF SAMPLES FROM PATIENTS WITH CNS DISEASE SECONDARY TO BREAST CANCER	PRIMROSE Tissue: Collection and Analysis of samples in breast cancer	Cancer
What is the clinical and cost effectiveness of using a goal-directed allopurinol-based treat-to-target protocol in people with recurrent gout flares? Protocol for a randomised controlled trial and internal pilot study	Treat to Target in gout (T2T)	Primary Care
Finding My Way UK: Adaptation and Replication Testing of the Benefits of Online Psychological Support for Cancer Survivors	Finding My Way UK v1	Cancer
A randomised controlled trial of scanning eye training as a rehabilitation choice for hemianopia after stroke (SEARCH)	Visual scanning training for hemianopia	Ophthalmology
World Hip Trauma Evaluation – FRUITI: Fix or Replace Undisplaced Intracapsular fractures Trial of Interventions	WHITE 11- FRUITI	Trauma and Emergency Care
HElping Alleviate the Longer-term consequences of COVID-19(HEAL-COVID): a national platform trial	HEAL-COVID trial	Infection
A Phase 3, Randomized, Open-Label, Controlled, Multicenter Study of Zandelisib (ME-401) in Combination with Rituximab Versus Standard Immunochemotherapy in Patients with Relapsed Indolent Non-Hodgkin's Lymphoma (iNHL) – The COASTAL Study	COASTAL	Cancer
A randomised, phase II UK multi-centre study to determine reactogenicity and immunogenicity of booster vaccination against ancestral and novel variants of SARS-CoV-2	Evaluating COVID-19 Vaccine Boosters (Cov-Boost)	Infection
Statins in Organ Donor Management An evaluation of the benefits of a single dose of Simvastatin given to potential organ donors declared dead by neurological criteria on outcomes in organ recipients	Statins for Improving Organ Outcome in Transplantation (SIGNET)	Critical Care
Pre-hospital RANdomised trial of MEDICation route in out-of-hospital cardiac arrest (PARAMEDIC3)	PARAMEDIC-3	Trauma and Emergency Care
Evaluating Palin Stammering Therapy for School Children (Palin STSC 8-14) versus Treatment as Usual: a feasibility trial	Palin STSC (8-14)	Children
SYMPLYFY - Observational study to assess a multi-cancer early detection test in individuals referred with signs and symptoms of cancer.	SYMPLYFY	Cancer
T-DM1 + Atezolizumab in high-risk HER2+ patients with residual disease after neoadjuvant taxane-based and HER2-targeted therapy	ASTEFANIA	Cancer
Programme on Adherence to Medication (PAM): A very brief face to face intervention, followed by a text message and/or app intervention to support medication adherence in people prescribed treatment for hypertension in primary care. A randomised controlled trial	PAM trial	Primary Care
The MARECA study- National study of management of breast cancer locoregional recurrence and oncological outcome	The MARECA study	Cancer
The Randomised Thoracoscopic Talc Poudrage and Indwelling Pleural Catheters versus Thoracoscopic Talc Poudrage only in Malignant Pleural Effusion trial.	TACTIC	Respiratory disorders
Sprint National Anaesthesia Project 3: an observational study of frailty, multimorbidity and delirium in older people in the perioperative period	SNAP3: Frailty & delirium	Anaesthesia, Perioperative Medicine and

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		Pain Management
Health care practitioner survey to inform health service configuration for abortion provision	Provider survey to inform health service configuration for abortion	Reproductive health and childbirth
Evaluating the clinical and cost-effectiveness of Sodium Bicarbonate administration for critically ill patients with Acute Kidney Injury and metabolic acidosis	MOSAICC	Critical Care
SUPERSTAR: systems that support hearing parents with deaf children	SUPERSTAR: systems that support hearing parents with deaf children	Ear, nose and throat
Cardiac rehabilitation for people with chronic stable angina: a randomised controlled trial	ACTIVATE	Primary Care
		Anaesthesia, Perioperative Medicine and Pain Management
Quality of Recovery from Obstetric Anaesthesia- a multicentre study.	ObsQoR	
Omics Approaches to Urological Cancer Diagnosis	OSCAR	Cancer
Brolucizumab Treatment Experience Study of Patients with Neovascular Age-related Macular Degeneration (nAMD) in UK routine clinical practice (BESRA)	Brolucizumab Treatment in Patients with nAMD in the UK	Ophthalmology
Deep Learning for Identification of Abnormalities on Head MRI	MIDI (MR Imaging abnormality Deep learning Identification)	Neurological disorders
EarLy Exercise in blunt Chest wall Trauma: a mixed methods, multi-centre, randomised controlled trial: ELECT2 Trial	Early exercise following blunt chest trauma: ELECT2 Trial	Trauma and Emergency Care
Liverpool-Heart and bRain Project	Liverpool-Heart And bRain Project (L-HARP)	Stroke
Omics Approaches to improve the diagnosis, management and treatment of breast cancer	BECA	Cancer
Determining Best Preventative Social Care Practice in the Contexts of Older People Receiving Care and Support at Home and Those Living with Dementia	Determining Best Preventative Social Care Practice	Ageing
European treatment patterns and outcomes associated with first line CDK and Hormonal therapies Assessed in a Real-world non-Interventional Study	EUCHARIS	Cancer
SHOCKwave lithotripsy for Calcified plaques in patients with peripheral arterial disease: a pragmatic registry with in-depth automated plaque analysis – the SHOCC study.	SHOCC study	Cardiovascular Disease
Utilising an innovative MCM5 Urine TEST for the diagnosis of endometrial cancer (MCM5-UTERINE study)	Evaluation of MCM5 in postmenopausal bleeding patients	Cancer
A registry of Spontaneous coronary artery dissection	SCAD	Cardiovascular Disease
A PHASE III, 2 ARM, RANDOMIZED, OPEN-LABEL, MULTICENTER, REGISTRATIONAL STUDY EVALUATING THE EFFICACY AND SAFETY OF GIREDESTRANT IN COMBINATION WITH PHESGO VERSUS PHESGO (+/- ENDOCRINE THERAPY) AFTER INDUCTION CHEMOTHERAPY (PHESGO+TAXANE) IN PATIENTS WITH PREVIOUSLY UNTREATED HER2-POSITIVE, ESTROGEN RECEPTOR POSITIVE LOCALLY ADVANCED OR METASTATIC BREAST CANCER	heredERA	Cancer
Why do people say “no” to a kidney transplant? Understanding patient decision making and choice. A constructivist grounded theory study.	Kidney transplant patient decision making Version 1	Renal Disorders

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Study Title	Short Title	Managing Specialty
A Phase III Prospective, Two-cohort, Non-randomized, Multi-centre, Multi-national, Open Label Study to Assess the Safety of Assisted- and Self-administered Subcutaneous Trastuzumab as Adjuvant Therapy in Patients with Operable HER2-positive Early Breast Cancer	SafeHer: Safety study with subcutaneous trastuzumab in breast cancer	Cancer
Variants of Uncertain Significance in Familial Hypercholesterolaemia. Can family cosegregation analysis help determine pathogenicity?	Family studies of patients with Familial Hypercholesterolaemia (FH)	Cardiovascular Disease
Setup of a Cardiovascular Syndrome X patient panel for multidisciplinary research projects within the School of Medical Sciences	Syndrome X Patient Panel	Cardiovascular Disease
Patterns of cross-linguistic treatment generalisation in acquired language disorders: A window into the organisation of the bilingual language system	Treatment generalisation in acquired language disorders	Health services and delivery research
The Effect of Lesion Site on Visual Task Performance	The Effect of Lesion Site on Visual Task Performance	Neurological disorders
A longitudinal study of individuals with autism: from early childhood to adulthood.	A longitudinal study of individuals with autism v1	Neurological disorders
INGEVITY™ Active Fixation and Passive Fixation Pace/ Sense Lead Clinical Study	INGEVITY Active and Passive Fixation Pace/Sense Lead study	Cardiovascular Disease
Neuropsychology of executive function and attention: The mechanisms underlying 'motivated forgetting' in patients with focal lesions	Neuropsychology of executive function and attention	Neurological disorders
Evaluation of Live Voice Auditory Training in a Randomised Controlled Trial of Existing Hearing Aid Users	Live Voice Auditory Training RCT 1.1	Ear, nose and throat
Grasping and digit-position sense in patients with Carpal Tunnel Syndrome.	Grasping and digit-position sense in Carpal Tunnel Syndrome	Musculoskeletal disorders
Facilitating the implementation of cancer services: co-designing an implementation intervention for subsequent testing	Co-producing cancer services (Version 1)	Cancer
A Pre and Post Intervention study to assess the impact of a programme of education on nurses' confidence in assisting with intubation in Intensive Care	Pre and Post Intervention study assessing confidence	Critical Care
Admissions to Psychiatric Units In North Wales	Admissions to Psychiatric Units in North Wales	Mental health
Crisis Checklist Collaborative - Behavioural Analysis of Simulated Implementation of Crisis Checklists	3C-BASIC	Injuries and emergencies
The Trans-diagnostic Emotional Dysregulation Device (TED-D) Project: Development and evaluation of a therapy enhancing device based on wearable biosensor technology and App for use in AMH settings in the NHS. Pilot Study.	Trans-diagnostic Emotional Dysregulation Device (TED-D)	Mental health
A prospective population-based registry for chronic myeloid leukaemia (CML) in the North of England and Wales. The United Kingdom prospective registry contribution to the European Treatment and Outcome Study (EUTOS) for CML.	CML Registry - Prospective CML registry in Northern England & Wales for EUTOS	Cancer
What is the patient journey for post traumatic stress disorder and medically unexplained physical symptoms?	Post Traumatic Stress Disorder and Medically Unexplained Symptoms	Mental health
The Impact of Advanced Paramedic Practitioners in Rural Communities.	The Impact of Advanced Paramedic Practitioners in Rural Communities.	Primary Care
An Interpretative Phenomenological Analysis of Healthcare Provision in Rural Areas of Wales.	Perceptual response to loading in Obstructive Sleep Apnoea version 1	Respiratory disorders
Perception of effort and patterns of muscle recruitment during fatiguing inspiratory and limb muscle exercise in patients with Obstructive Sleep Apnoea (OSA).	Factors influencing prescribing of proton pump inhibitors by doctors	Health services and delivery research
What factors influence the doses and duration's of proton pump inhibitors (PPIs) prescribed by junior doctors in secondary care?	An investigation of Emergency Department Pharmacist Practitioners V1	Injuries and emergencies
An investigation of Emergency Department Pharmacist Practitioners in the United Kingdom		

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The impact of psychological trauma within the psychology profession	The impact of psychological trauma within the psychology profession	Health services and delivery research
Cognitive Assessment in First Language Welsh Speakers – should they be performed in Welsh? A Pilot Study	Cognitive Assessment in First Language Welsh Speakers - A Pilot Study	Dementias and neurodegeneration
Lesbian, gay, bisexual and transgender employee networks within the NHS	LGBT+ Networks	Health services and delivery research
Examining renal psychosocial provision in the United Kingdom	Examining renal psychosocial provision in the United Kingdom	Renal Disorders
A study of the clinical efficacy of an occupational therapy pathway in the treatment of Dupuytren's disease with Xiapex injection: evaluating functional improvement post manipulation and activities of daily living	Clinical efficacy of an OT pathway in the treatment of DCX injection	Musculoskeletal disorders
The relationship between body composition, tumour activity, functional activity and survival in patients with advanced cancer	IPAC Study Database in Advanced Cancer : Retrospective CT analysis	Cancer
A qualitative study of the misuse and diversion of opioid substitution therapy	A qualitative study of the misuse of opioid substitution therapy	Health services and delivery research
An Exploration of the potential benefits of an IBD Helpline: Version 1	An Exploration of the potential benefits of an IBD Helpline: Version 1	Health services and delivery research
Altered tropomyosin expression in bladder cancer: a novel biomarker for diagnosis and prognosis.	Altered Tropomyosin Expression in Bladder Cancer	Cancer
An IPA Inquiry into the Lifeworld of Psychotherapists Working Within NHS Services	IPA Inquiry into Lifeworld of Psychotherapists Working NHS Services	Health services and delivery research
'Sense of belonging' in service users with psychosis living in North Wales	'Sense of belonging' in service users with psychosis living in North Wales	Mental health
A longitudinal study of an embodied self-concept and its potential impact upon adjustment and acceptance in chronic non-specific lower back pain in adults.	Self-concept & adjustment in adult non-specific lower back pain V1	Musculoskeletal disorders
Experience and views of attending an IBD nurse led clinic	Experience and views of attending an IBD nurse led clinic	Health services and delivery research
Alcohol Use in Over 65's: Is Mental Health a Contributory Factor?	Alcohol Use in Over 65's: Is Mental Health a Contributory Factor?	Mental health
A qualitative study of the experience of moving on from a non-residential Democratic Therapeutic Community	The experience of moving on from a democratic therapeutic community	Mental health
An investigation of the service user's experience of implementing hip precautions following total hip replacement surgery.	Service user experience of implementing hip precautions following THR	Surgery
Exploring patients motivations and the perceived barriers to participating in clinical research in a primary care setting.	Exploring patients motivations to participate in health research	Health services and delivery research
An exploration of the views of school nurses on their role in assessing for child sexual exploitation in schools	School Nurse Assessment Process: Identifying Child Sexual Exploitation	Primary Care
Exploring the physical health and wellbeing of Emergency Medical Staff: Is there a fitness to practice issue?	Physical health and wellbeing of Emergency Medical Staff	Health services and delivery research
Exploring the impacts of Welsh medium, Community Mental Health Team practice, in providing support to individuals living with dementia and their carers: an ethnographic study.	Exploring the impacts of Welsh medium CMHT in dementia support	Dementias and neurodegeneration
Understanding process of change during an attachment based parenting intervention (Video Interaction Guidance; VIG) with parents with intellectual disabilities (ID)	Process of change: Video Interaction Guidance with parents with ID	Health services and delivery research

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A feasibility study on the inclusion of a remote behavioural weight-loss intervention to the treatment pathway of patients with obstructive sleep apnoea	A weight-loss intervention for patients with obstructive sleep apnoea	Cardiovascular Disease
Beliefs about Voices in Psychosis: The Role of Schema Functioning.	Beliefs about Voices in Psychosis: The Role of Schema Functioning.	Mental health
Assessing Nurses' Knowledge, Perceived Role and Comfort Level in the Nutritional Management of Type 2 Diabetes.	Assess Nurses' Knowledge of Nutritional Management of T2 Diabetes V1	Health services and delivery research
Clinical Supervision for Advanced Clinical Practitioners working within primary care: does it exist and where does it come from?	Clinical Supervision	Health services and delivery research
Use of digital technology in Parkinson's disease clinics: A qualitative study of the staff perceptions.	Staff use of e-PROMs in Parkinson's clinic	Health services and delivery research
What is an Advanced Clinical Practice Physiotherapist? What are the barriers and facilitators to the development of the role based on the experiences and perceptions of physiotherapists in the role	What is an Advanced Clinical Practice Physiotherapist?	Musculoskeletal disorders
Neuropsychological correlates of Social Isolation following ABI	Neuropsychological correlates of Social Isolation following ABI	Mental health
Serum biomarkers for the early detection of well differentiated thyroid cancer	Serum biomarkers for the early detection of thyroid cancer	Cancer
The role of primary care in reducing the decline in physical function and physical activity in people with long-term conditions; what works, for whom and in what circumstances? A realist synthesis of evidence.	Physical function in primary care - realist evidence synthesis	Cancer
GPS@Acute: Giving Patients a Say for directions of acute care Flashmob	GPS@Acute	Health services and delivery research
Persuading People to access first-point contact Advanced Practice Physiotherapists over their GP to deal with musculoskeletal pain – using an example from primary care: Would service users change their health behaviours because of an educational intervention?	Persuading People to access first-point contact Physiotherapists	Musculoskeletal disorders
An exploration of clinical mental health staff's perceptions of working under Special Measures within adult Mental Health inpatient services in the NHS in Wales.	Mental Health Staff's perceptions of working under Special Measures	Mental health
People who hear voices: How do their relationships with their voices change over time?	People who hear voices: how relationships with their voices change	Mental health
Experiences of Engaging with an Outdoor Therapy Group in an Early Intervention Psychosis Service	Experiences of Engaging with an Outdoor Therapy Group	Mental health
Identifying barriers and attitudes towards sepsis screening and the delivery of the sepsis six bundle among ward based nurses	Identifying barriers and attitudes towards sepsis screening Version 1	Health services and delivery research
Does increasing physical activity increase cognitive function in patients with chronic kidney disease (CKD)? A feasibility pilot study.	Effect of exercise on cognitive function in CKD patients	Renal Disorders
Understanding the Relationship between work productivity and environment in Axial Spondyloarthritis: a qualitative study	RE-WORK AS	Musculoskeletal disorders
The lived experience of Takotsubo Syndrome, and the impact of diagnosis on patients.	The lived experience of Takotsubo Syndrome. Version 1.	Cardiovascular Disease
Mild Cognitive Impairment (MCI) and onwards clinical presentation: The predictive utility of the Repeatable Battery of the Assessment of Neuropsychological Status (RBANS) & Delis-Kaplan Executive Functioning System (DKEFS)	Mild Cognitive Impairment (MCI) and onwards progression	Neurological disorders
What influences the decision making process of senior medical doctors when prescribing antibiotics for acute lower respiratory tract infections.	Prescribing antibiotics	Health services and delivery research
Developing self-compassion within teams: a feasibility study of a compassion-focused group programme for staffworking in NHS inpatient mental health services.	Developing self-compassion in NHS -1	Mental health

Appendix iii - Non-portfolio studies currently active* in BCUHB as at 21 September 2022

*active indicates studies which are either recruiting, in set-up awaiting greenlight to open from Sponsor, or in follow-up in BCUHB

The Impact of Involving Young People with Chronic Health Conditions as 'Experts by Experience': An Exploration	Expert by experience activity by people with chronic health conditions	Diabetes
Inpatient perinatal mental health care in a rural setting: Women's journeys through services and the impact on family.	Perinatal mental health care and family relationships	Mental health
Modelling partnerships for change in care placements: mapping opportunities for innovation by discharge to housing support schemes as an alternative to transfer from acute to community hospital settings	Modelling partnerships for change in care placements	Health Services Research
Far from home: Women's experiences of being in secure forensic inpatient services.	Women's experiences of being in secure forensic inpatient services.	Mental health
The experiences of kidney transplant recipients one year post-transplantation	Experiences of kidney transplant recipients one year post-transplant	Renal Disorders
Exploring the experiences of people with psychosis during the Covid-19 pandemic	PECovid	Mental health
Postoperative vasopressor usage: a prospective observational study. Relation to Perioperative Atrial Fibrillation (AF)	SQUEEZE UK: Postoperative vasopressor usage: Relation to AF	Cardiovascular Disease
Alternative method to measure postural/orthostatic hypotension. A new method for patients who can not stand.	Investigating an Alternative Method to Detect Orthostatic Hypotension	Health Services Research
The SuPPORT Project - Supporting Parents and Professionals through NeOnatal Resuscitation in Theatre	The SuPPORT Project	Reproductive health and childbirth



Teitl adroddiad:	Policy for Clinical Coding		
Report title:			
Adrodd i:	Partnerships, People and Population Health Committee		
Report to:			
Dyddiad y Cyfarfod:	Tuesday, 08 November 2022		
Date of Meeting:			
Crynodeb Gweithredol:	<p>Pwrpas y polisi hwn yw mandadu ymarfer codio clinigol sy'n sicrhau bod penderfyniadau strategol lleol a chenedlaethol a wneir gan BIPBC yn seiliedig ar ddata cywir ac amserol.</p> <p>Executive Summary: Nod y Polisi yw darparu staff perthnasol â safonau, canllawiau ac arfer gorau ar gyfer codio clinigol a fydd yn darparu gwybodaeth gywir, gyson ac amserol i gefnogi llywodraethu clinigol a phrosesau eraill yn ôl yr angen.</p> <p>Argymhelliad 1 o adolygiad Swyddfa Archwilio Cymru 2018 o Wasanaethau Codio Clinigol oedd bod y Bwrdd Iechyd yn cyflwyno Polisi Codio Clinigol ar gyfer y Bwrdd Iechyd cyfan i ddwyn ynghyd yr holl arferion a phrosesau i sicrhau cysondeb.</p> <p>The purpose of this policy is to mandate clinical coding practice that ensures local and national strategic decisions made by BCULHB are based on accurate and timely data.</p> <p>The Policy aims to provide relevant staff with standards, guidelines and best practice for clinical coding that will deliver accurate, consistent and timely information to support clinical governance and other process as required.</p> <p>Recommendation 1 from the 2018 Welsh Audit Office review of Clinical Coding Services was for the Health Board to introduce a Health Board Wide Clinical Coding Policy to bring together all practices and processes to ensure consistency.</p>		
Argymhellion:	Gofynnir i'r Pwyllgor gadarnhau a chymeradwyo'r Polisi ar gyfer Codio Clinigol		
Recommendations:	The Committee is asked to ratify and approve the Policy for Clinical Coding		
Arweinydd Gweithredol:	Dylan Roberts, Chief Digital and Information Officer		
Executive Lead:			
Awdur yr Adroddiad:	Dafydd Ap Gwyn, Pennaeth Codio Clinigol - Head of Clinical Coding		
Report Author:			
Pwrpas yr adroddiad:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Purpose of report:			
Lefel sicrwydd:	Arwyddocaol	Derbyniol	Rhannol
			Dim Sicrwydd

Assurance level:	Significant <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		Yn ogystal â manteision codio amserol a amlygwyd gan Lywodraeth Cymru, mae'r gwelliant mewn cyflawnrwydd codio yn galluogi'r Bwrdd Iechyd i weithio gyda data amserol i gefnogi ceisiadau Rhyddid Gwybodaeth, Costau, data Marwolaethau ac Archwilio Mewnol. In addition to the benefits of timely coding highlighted by the Welsh Government, the improvement in coding completeness enables the Health Board to work with timely data to support Freedom of Information requests, Costings, Mortality data and Internal Audit.		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		Cydydffurfio ag Argymhelliad 1 o adolygiad 2018 Swyddfa Archwilio Cymru o Godio Clinigol "Cyflwyno un polisi a gweithdrefn codio ar draws y bwrdd iechyd sy'n dod â'r holl arferion a phrosesau ynghyd i sicrhau cysondeb. Dylai'r polisi a'r weithdrefn gynnwys sicrhau bod arferion codio yn cael eu disgrifio'n dda" Compliance with Recommendation 1 of the 2018 Wales Audit Office review of Clinical Coding "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 ensure coding practices are well described".		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>		Gweler Asesiad Effaith Cydraddoldeb fel atodiadau		

	Please find Equality Impact Assessment (EqIA) as an appendices
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Ni chynhaliwyd SEIA gan nad yw'r Polisi Codio yn ddogfen strategol. Mae'r Polisi Codio yn seiliedig ar bolisi codio sefydledig sy'n diffinio rolau a chyfrifoldebau Codio Clinigol gyda'r Bwrdd Iechyd, mae'r polisi hefyd yn seiliedig ar ganllawiau cenedlaethol ac arferion gwaith.</p> <p>An SEIA was not undertaken as the Coding Policy is not a strategic document. The Coding Policy is based on an established coding policy that defines the roles and responsibilities of Clinical Coding with the Health Board, the policy is also based upon National guidance and working practises.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Bydd cymeradwyo'r Polisi Codio yn lleihau risg trwy safoni prosesau gweithredol.</p> <p>Approval of the Coding Policy will reduce risk by standardising operational processes.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Gall methu â chadarnhau'r polisi arfaethedig arwain at ddefnyddio data codio clinigol anghywir i wneud penderfyniadau ariannol.</p> <p>Non-ratification of the proposed policy may lead inaccurate clinical coding data being used to make financial decisions.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Dim goblygiadau gweithlu wedi'u nodi</p> <p>No workforce implications identified</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Informatics Senior Management Team (SMT) - 23rd June 2021</p> <p>Executive Management Group (EMG) – 4th August 2021</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>BAF2.5</p> <p>Mae risg na fyddwn yn cyflawni ein hamcanion strategol a gweithredol a achosir gan fod gennym drefniadau annigonol ar gyfer nodi, comisiynu a chyflawni newid a alluogir gan Ddigidol, Data a Thechnoleg.</p> <p>Bydd hyn yn arwain at anallu i ddarparu modelau gofal newydd yn unol â Strategaethau Cenedlaethol a Lleol sy'n</p>

	<p>arwain at ddiraddiad sylweddol yn y dyfodol mewn diogelwch cleifion, ansawdd gofal, hyder y cyhoedd, rheolaethau ariannol ac enw da.</p> <p>BAF – Risg Newydd Mae risg na allwn gynnal y lefel ofynnol o wasanaeth i'n cleifion a'n poblogaeth a achosir gan fod gennym gymwysiadau digidol, seilwaith, diogelwch ac adnoddau annigonol a allai arwain at fethiannau TGCh mawr neu ymosodiadau seibr. Bydd hyn yn arwain at beryglu – diogelwch ac ansawdd gofal, llai o hyder ymhlith y cyhoedd, niwed i enw da a chyllid a diffyg cydymffurfio â rheoliadau.</p> <p>CRR20-06 - Cofnodion Cleifion ar draws BIPBC. Mae y risg hon dal yn cael ei gofrestri er mwyn rhoi sicrwydd ynghylch rheoli cofnodion papur. Bydd yr ail risg yn cael ei chreu i gofnodi gofal cleifion amserol a chyson. Bydd y drydedd risg yn cael ei chreu i gwmpasu digideiddio cofnodion cleifion.</p> <p>BAF2.5 There is a risk that we won't achieve our strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change.</p> <p>This will lead to an inability to deliver new models of care in line with National and Local Strategies which results in a significant future degradation in patient safety, quality of care, public confidence, financial controls and reputation.</p> <p>BAF – New Risk There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber attack. This will lead to compromised – safety and quality of care, reduced public confidence, reputational damage and, finance and regulatory non-compliance.</p> <p>CRR20-06 - Patient Records pan BCUHB. This risk will remain to provide assurance on the management of paper records. The</p>
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	second risk will be created to record timely and consistent patient care. The third risk will be created to cover digitisation of patient records.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: Asesiad Effaith Cydraddoldeb List of Appendices: Equality Impact Assessment (EqIA)	



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Betsi Cadwaladr
University Health Board

Version 0.9
Reference INF06

Policy for Clinical Coding

Author & Title	Head of Clinical Coding				
Responsible dept / director:	Informatics				
Approved by:	Digital and Information Governance Committee				
Date approved:					
Date activated (live):					
Documents to be read alongside this document:	HR1 Health Records Management Procedure. IG13 Confidentiality Code of Conduct Confidentiality: Code of Practice for Health and Social Care in Wales IG01 Records Management Policy WP24 Appraisal and Development Review Policy for Agenda for Change Staff. All Wales Information Governance Policy				
Date of next review:					
Date EqIA completed:	<u>June 2022</u>				
First operational:					
Previously reviewed:					
Changes made yes/no:					

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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1. Introduction and Policy Statement

- 1.1. Clinical Coding is “the translation of medical terminology as written by the clinician to describe a patient’s complaint, problem, diagnosis, treatment or reason for seeking medical attention, into codes that can be easily tabulated, aggregated and sorted for statistical analysis in an efficient and meaningful manner”.
- 1.2. The process of capturing medical terminology in coded format is undertaken in both Primary and Secondary care settings. This Policy outlines expected standards across settings whilst making clear where elements are explicitly for Secondary Care Informatics Clinical Coding.
- 1.3. There is wide recognition in the NHS of the fundamental role that good quality coded clinical data plays in the management of hospitals. A lack of guidance for clinical coding practices presents significant risk and the Betsi Cadwaladr University Health Board (BCUHB) acknowledges that it is dependent upon accurate, complete and timely coded clinical information to support the delivery of patient care, efficient operations and to ensure accountability for its actions.
- 1.3. This policy is intended to minimise risk by defining a structure for BCUHB to ensure clinical coding conforms to nationally and locally defined Standards. This will support the accuracy, “integrity” and availability of clinically coded data.
- 1.5. This policy is aligned to local and national policies relating to confidentiality and security of personal data together with both NHS Digital and Digital Health and Care Wales (DHCW) National Coding Standards.
- 1.6. An effective clinical coding policy is critical to provide a robust service and structured and efficient processes are essential to ensure accurate, complete and timely coded information with the highest possible level of quality, safety and accountability.

2. Purpose

The purpose of this policy is to;

- Mandate appropriate clinical coding practice that ensures local and national strategic decisions made by BCUHB are based on accurate and timely data.
- To adhere to and to provide relevant employee’s/workers with National Standards for clinical coding, guidelines and best practice for clinical coding.
- Raising awareness amongst BCUHB staff of the importance of accuracy and timeliness of clinical documentation in both paper and electronic patient health records.
- Support an electronic first method of data extraction for clinical coding wherever possible
- To ensure continual improvement of clinical coded information within BCUHB through systematic validation and quality assurance procedures.
- To ensure all staff involved in the clinical coding process receive regular and relevant training to maintain and develop their clinical coding skills.

3. Objectives

The objective of this policy is to ensure that coding is completed in line with mandatory timeframes and is mandated to quality assurance levels.

4. Policy Requirements

Clinical coding staff and all other staff that are responsible for clinical coding within BCUHB:

- 4.1. Clinical data must be accurately and consistently recorded to well defined standards as outlined in HR1 Health Records Management Procedure, to enable it to be used for statistical analysis.
- 4.2. Coded formats which are Nationally and Internationally recognised must be used when translating medical terminology into a clinically coded format these include:-
 - ICD-10 volumes I to III which are International statistical classification of diseases and related health problems used for diagnostic coding.
 - OPCS-4 volumes I and II which are Classification of Interventions and Procedures used for procedural coding.
 - SNOMED which is a structured clinical vocabulary for use in an electronic health record.
 - ICD-O-3 - is a domain-specific extension of the International Statistical Classification of Diseases and Related Health Problems for tumor diseases. This classification is widely used by cancer services.
- 4.3. Where National coding formats are not available and local codes are used these must be agreed by a relevant clinician and by Digital Health and Care Wales (DHCW). These must then be clearly documented in local coding procedures.
- 4.4. Health Board staff must ensure that patient health records are updated and forwarded to the relevant Clinical Coding department as soon as possible following attendance and in all cases within any agreed timeframe.
- 4.5. Accurate and complete coded information must be input into BCUHB's Patient Administration Systems within designated timescales to support service requirements as outlined in local procedures.
- 4.6. Ensure that clinical coded data is regularly audited and validated to ensure quality and accuracy as set out in the Coding Audit Procedure.
- 4.7. Ensure that all staff responsible for clinical coding receive appropriate and regular coding training alongside BCUHB mandatory training on confidentiality and security as outlined in Section 9 of this policy document.

5. Scope

- 5.1. This policy provides a framework which must be adhered to. It applies to all BCUHB staff involved in creation of records that will be subject to clinical coding, those who will code episodes of care, design code or manage staff who undertake these tasks
- 5.2. This policy and any supporting Informatics procedures or written control documents will be the responsibility of the Head of Clinical Coding. Any supporting procedures or written control documents developed locally will be the responsibility of the relevant Directorate / Division.

6. Roles and Responsibilities

6.1. Chief Executive

The Chief Executive takes overall responsibility for the management of the organisation and ensuring that appropriate mechanisms are in place to support service delivery and business continuity. Clinical coding is key to this to ensure that local and national strategic decisions made by BCUHB are based on accurate and timely data.

6.2. Executive Medical Director

The Executive Medical Director has overall responsibility for ensuring that medical staff are documenting accurate and timely data which enables the clinical coding department to adhere to the national coding standards of timeliness and to ensure data quality.

6.3. Chief Information Officer

The Chief Information Officer acts as an advocate for clinical coding. They are responsible for ensuring that robust services and processes are in place across BCUHB Informatics to support the management of robust clinical coding practices. The Chief Information Officer is chair of the Informatics Senior Management Team, the group will seek assurance that the Clinical Coding Service is achieving Welsh Government targets of timely and accurate Clinical Coding.

6.4. Clinical Information Team

The Clinical Information Team consist of Medical and Surgical Consultants, Pharmacy and Nursing representatives that act as a facilitator between the clinical coding department and BCUHB clinical staff. Their role is to help improve clinical engagement with the clinical coding department and provide advice and guidance where required.

6.5. Head of Information

The Head of Information has overall responsibility for ensuring data quality within Patient Information Systems. Informatics Clinical Coding sits within the portfolio of the Head of Information.

6.6. Head of Clinical Coding

The Head of Clinical Coding will ensure that all policy decisions detailed in this policy and associated informatics procedures are created as a result of collaboration and understanding of the clinical coding department and the persons involved in the creation or use of information for coding purposes.

The Head of Clinical Coding will also ensure that all staff within the Informatics Clinical Coding department are compliant with this policy. For staff who undertake clinical coding outside of the informatics clinical coding department, responsibility for compliance will be the responsibility of the relevant Line Manager.

6.7. Staff Responsible for Clinical Coding

All staff with a responsibility for clinical coding will ensure that **this clinical coding** is carried out in a timely and accurate manner in accordance with this policy and any associated procedures.

6.8. Clinical Staff

Clinical staff will be responsible for ensuring that clinical information contained in patient health records and all associated documentation is written clearly and legibly and as soon as possible after the event as per requirements outlined in HR1 Health Records Management Procedure. Clinical Staff are responsible for following the GMC, Good Medical Practice, recording work clearly, accurately and legibly.

6.9. Hospital Administration Staff

Hospital administration staff will be responsible for ensuring patient health records and all associated documentation are filed correctly as per requirements outlined in HR1 Health Records Management Procedure, and that patient health records are available for clinical coding as soon as possible after discharge.

7. Training

All staff undertaking clinical coding must ensure they have received the relevant training to ensure the provision of accurate, complete, timely coded clinical information to support clinical governance.

All staff undertaking clinical coding must ensure that they receive regular training to maintain and develop their Clinical Coding skills, regardless of experience and length of service.

All staff within BCUHB who have a responsibility for the management of patient health records must ensure they have received appropriate training such as;

- Good Record Keeping which is provided the BCUHB Health Records department
- Training on the relevant Patient Administration System which is provided by the BCUHB Informatics Department
- Training on any other clinical systems as identified by the relevant Line Manager
- Completed Information Governance mandatory training

7.1. Annual Personal Development Reviews

Annual Personal Development Reviews (PDR's) must be undertaken by the relevant Line Manager, as per BCUHB policy WP24 Appraisal and Development Review Policy for Agenda for Change Staff.

7.2. Training Records

Details of training courses attended, with dates, for each member of staff are recorded on the individuals Electronic Staff Record (ESR). Staff are advised to keep all paper certificates as a second form of confirmation of attendance.

7.3. Training of Non-coding Staff

The informatics coding department participates in the junior doctor's induction day at all sites to strengthen engagement with medical staff to ensure that the positive role that doctors have within the coding process is recognised thereby embedding a consistent approach to clinical coding training for medical staff across BCUHB.

8. Audit

8.1. To maximise the coverage of coded data that is validated, BCUHB will use a combination of traditional paper patient health record based audit and electronic validation. BCUHB recognises the benefit of electronic validation as it validates all of the organisations coded data efficiently whilst a traditional paper patient health record based audit is time consuming and examines only a limited sample of our coded data. Traditional paper audits will be used in areas where electronic validation is unable to identify possible coding errors and issues.

8.2. BCUHB Informatics Clinical Coding department will participate and facilitate the annual Digital Health and Care Wales (DHCW) national clinical coding audit programme. The programme has the overall aim of assessing and supporting the improvement in clinical coding accuracy across NHS Wales. Welsh Coding departments are required to satisfy Welsh Government standards on completeness, timeliness, and accuracy of coded data as outlined in the NHS Wales Delivery Framework. The audit programme aims to assess the accuracy of the clinically coded data produced by individual Health Boards by comparing the codes assigned by the clinical coding department against national clinical coding standards.

8.3. Outside of Informatics, the responsibility for external audit and validation is devolved to the relevant members of BCUHB staff who will ensure that their coding is managed in a way that meets national requirements and the requirements of this policy.

8.4. Implementation of Changes in Coding Practice as a result of an Audit Outcome

- Any changes in coding practice, which must be implemented following an audit, are reported back to all concerned members of BCUHB staff. It is their responsibility to implement these changes.
- When necessary, the clinical staff are also informed of any change in practice should it have an impact on their data.

9. Security and Confidentiality

9.1. All staff involved in the coding process are familiar with and adhere to the following confidentiality and security documentation:

- Data Protection Act 2018
- General Data Protection Regulation (EU)
- Confidentiality: Code of Practice for Health & Social Care in Wales
- IG01 Records Management Policy
- GMC – Confidentiality: good practice in handling patient information

9.2. All staff will remain compliant with BCUHB Information Governance Mandatory training.

9.3. All staff are aware of escalation routes within BCUHB should issues arise with security and confidentiality of patient identifiable information such as the Caldicott Guardian and the Data Protection Officer.

10. Equality and other Relevant Impact Assessments

An Equality Impact Assessment has been undertaken in line with WP7, Procedure for Equality Impact Assessment. Whilst no significant negative impacts were identified, the following points and considerations were noted:

- Where an impairment that meets the requirements of a 'disability' as defined by the Equality Act 2010, affects the ability of an employee/worker to undertake clinical coding work, reasonable adjustments must be considered in accordance with relevant workforce policy. This should be managed locally by the relevant line manager and may include additional support with understanding this policy, accessing this policy in a different format (such as large print), or support with accessing training.
- Clinical coding may involve the lifting, carrying and transportation of patient notes. Additional consideration must be given to pregnant employees/workers with appropriate risk assessments being undertaken.
- Patient case notes and associated documentation are written in English and certain clinical information may not translate accurately. Informatics and the Clinical Coding Department are committed to promoting the use of Welsh language as well as supporting Welsh language requirements of individual employee/workers. The department will ensure that the direct team are offered communications via their chosen language and endeavor to provide documentation in the medium of Welsh where required. Outside of the Clinical Coding department, this should be managed locally by the relevant manager in accordance with Welsh Language Standards.

Whilst this policy places particular emphasis on the importance of employee/worker training, which will assist individuals with career progression and therefore potentially help to alleviate any socio-economic disadvantage associated with a lower household income, it is not considered to relate to a 'strategic decision' or engage the socio-economic duty. The purpose of this policy is to mandate appropriate clinical coding practice that ensures accurate and timely data. Therefore, an SEIA has not been undertaken.

11. Review

This policy will be reviewed every three years. Review may be invoked earlier if new legislation, standards or codes of practice are introduced.

12. References

- NHS Classifications Service, National Clinical Coding Standards ICD-10 5th Edition
- Isle of Wight NHS Trust (2017), Clinical Coding Policy. Accessed 13.01.2020 <https://www.iow.nhs.uk/Downloads/Policies/Clinical%20Coding%20Policy%20.pdf>.
- Blackpool Teaching Hospitals NHS Foundation Trust (2017), "The Importance of Clinical Coding". Accessed. <https://www.blackpoolclinicalcoding.nhs.uk/index.php/the-importance-of-clinical-coding/>
- 07015 Clinical Coding Mid Essex Hospital Services NHS Trust
- Data Protection Act 2018
- General Data Protection Regulation (EU)



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IT FORMS

PARTS A (Screening – Forms 1-4) and
B (Key Findings and Actions – Form 5)

<u>For:</u>	Policy for Clinical Coding
<u>Date form completed:</u>	7 th June 2022



PARTS A: SCREENING and B:

KEY FINDINGS AND ACTIONS

Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

Remember, the term 'policy' is used in a very broad sense to include "...all the ways in which an organisation carries out its business" so can include any or all of the above.

Assessing Impact

As part of the preparation for your assessment of impact, consideration should be given to the questions below.

You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue.

It is increasingly recognised that discrimination can occur on the basis of more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and / or an impairment as well. The experience of black women, and the barriers they face, will be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about:-

- ✓ How does your policy or proposal promote equality for people with protected characteristics (Please see the General Equality Duties)?
- ✓ What are the possible negative impacts on people in protected groups and those living in low-income households and how will you put things in place to reduce or remove these?
- ✓ What barriers, if any, do people who share protected characteristics face as a result of your policy or proposal? Can these barriers be reduced or removed?
- ✓ Consider sharing your EqIA wider within BCUHB (and beyond), e.g. ask colleagues to consider unintended impacts.
- ✓ How have you/will you use the information you have obtained from any research or other sources to identify potential (positive or negative) impacts?

Part A

Form 1: Preparation

Please answer all questions

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	Policy for Clinical Coding
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>The purpose of this policy is to;</p> <p>Mandate appropriate clinical coding practice that ensures local and national strategic decisions made by BCUHB are based on accurate and timely data.</p> <p>Provide relevant employee/worker with standards, guidelines and best practice for clinical coding.</p> <p>Provide accurate, consistent and timely information to support clinical governance and other process as required.</p> <p>To ensure continual improvement of clinical coded information within BCUHB through systematic validation and quality assurance procedures.</p> <p>To ensure all staff involved in the clinical coding process receive the relevant training to maintain and develop their clinical coding skills.</p>
3.	Who is responsible for whatever you are assessing – i.e. who has the authority to agree or approve any changes you identify are necessary?	Partnerships, People & Population Health Committee (PPPH)
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	<ul style="list-style-type: none"> • HR1 Health Records Management Procedure. • IG13 Confidentiality Code of Conduct • Confidentiality: Code of Practice for Health and Social Care in Wales • IG01 Records Management Policy • Data Protection Act 2018 • General Data Protection Regulation (EU) • WP24 Appraisal and Development Review Policy for Agenda for Change Staff.

Part A

Form 1: Preparation

Please answer all questions

5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	<p>All staff who enter information into patient case notes All staff who undertake clinical coding All staff who have access to patient case notes.</p> <p>This new policy is designed to formalise current practice and will be communicated to all staff concerned via Things you Need to Know and Team Meetings.</p>
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	<p>To support the proposed procedure:</p> <ul style="list-style-type: none"> - Clear communication of INF06 Policy - Engagement from all BCUHB employees to implement support of the procedure - Adequate training on supporting individuals involved in clinical coding <p>Potential barriers:</p> <ul style="list-style-type: none"> - Confidence to manage the policy - Poor communication or lack of engagement with staff - Lack of understanding around the policy - Unwillingness from employees to seek support
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	<p>This policy ensures that all staff have a clear standard to work towards and allows for issues to be addressed in a formal manner where necessary. This policy also ensures that all staff have regular development reviews.</p>

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Please complete the next section to show how this policy / proposal could have an impact (positive or negative) on the protected groups listed in the Equality Act 2010. It is important to note any opportunities you have identified that could advance or promote equality of opportunity. This includes identifying what we can do to remove barriers and improve participation for people who are under-represented or suffer disproportionate disadvantage.

Lack of evidence is not a reason for *not assessing equality impacts*. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

Remember to ask yourself this: If we do what we are proposing to do, in the way we are proposing to do it, will people who belong to one or more of each of the following groups be affected differently, compared to people who don't belong to those groups? For example, will they experience different outcomes, simply by reason of belonging to that/those group(s). And if so, will any different outcome put them at a disadvantage?

The sort of information/evidence that may help you decide whether particular groups are affected, and if so whether it is likely to be a positive or negative impact, could include (but is not limited to) the following:-

- population data
- information from EqIAs completed in other organisations
- staff and service users data, as applicable
- needs assessments
- engagement and involvement findings and how stakeholders have engaged in the development stages
- research and other reports e.g. Equality & Human Rights Commission, Office for National Statistics
- concerns and incidents
- patient experience feedback
- good practice guidelines
- participant (you and your colleagues) knowledge

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Protected characteristic or group	<p>Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)</p> <p><i>for further direction on how to complete this section please click here training vid p13-18</i></p>	<p>Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: "Is Wales Fairer (2018)?"</p> <p>You can also visit their website here</p>	<p>How will you reduce or remove any negative Impacts that you have identified?</p>
<p>Guidance for Completion</p> <p><i>In the columns to the left – and for each characteristic and each section here and below – make an assessment of how you believe people in this protected group may be affected by your policy or proposal, using information available to you and the views and expertise of those taking part in the assessment. This is your judgement based upon information available to you, including relevance and proportionality. If you answered ‘Yes’, you need to indicate if the potential impact will be positive or negative. Please note it can be both e.g. a service moving to virtual clinics: disability (in the section below) re mobility issues could be positive, but for sensory issues a potential negative impact. Both would need to be considered and recorded.</i></p> <p><i>The information that helps to inform the assessment should be listed in this column. Please provide evidence for all answers.</i></p> <p>Hint/tip: do not say: “not applicable”, “no impact” or “regardless of...”. If you have identified ‘no impact’ please explain clearly how you came to this decision.</p>			

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect. For the definitions of each characteristic please click here						
	Yes	No	(+ve)	(-ve)		
Age		X			This policy standardises processes to ensure that local, national and legislative requirements are met. Therefore, there will be no negative impact on any age group.	
Disability	X		X		Any disabilities affecting staff carrying out clinical coding will be taken into account and mitigated via risk assessments and adjustments as required. It will be the responsibility of the line manager to ensure any employee or worker with a disability is managed in accordance with Health Board policies.	An Equality section will be included in the Policy to highlight the requirement to undertake reasonable adjustments.
Gender Reassignment		X			This Policy documents the procedures to follow when carrying out clinical coding. It can be undertaken by any suitably qualified member of staff regardless of Gender Reassignment	
Pregnancy and maternity	X		X		As clinical coding requires the lifting, carrying and transportation of patient case notes, risk assessments will	An Equality section will be included in the Policy to highlight this to ensure those

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					be required for any pregnant member of staff and changes made accordingly to mitigate any identified risks.	who are pregnant are supported.
Race		X			This Policy documents the procedures to follow when carrying out clinical coding. It can be undertaken by any suitably qualified member of staff regardless of Race / Ethnicity	
Religion, belief and non-belief		X			This Policy documents the procedures to follow when carrying out clinical coding. It can be undertaken by any suitably qualified member of staff regardless of Religion or belief	
Sex		X			This Policy documents the procedures to follow when carrying out clinical coding. It can be undertaken by any suitably qualified member of staff regardless of sex.	
Sexual orientation		X			This Policy documents the procedures to follow when carrying out clinical coding. It can be undertaken by any suitably qualified member of staff regardless of sexual orientation.	
Marriage and civil Partnership (Marital status)		X			This Policy documents the procedures to follow when carrying out clinical coding. It can be undertaken by any suitably qualified member of staff regardless of marital status.	

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Socio Economic Disadvantage	X		X		All employees or workers involved in clinical coding will have regular training and development reviews which will assist staff with career progression.	The policy will make explicit reference to the importance of employee/worker training.
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Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: <http://howis.wales.nhs.uk/sitesplus/861/page/42166> and for additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker <https://humanrightstracker.com>.

The Articles (Rights) that may be particularly relevant to consider are:-

- *Article 2* *Right to life*
- *Article 3* *Prohibition of inhuman or degrading treatment*
- *Article 5* *Right to liberty and security*
- *Article 8* *Right to respect for family & private life*
- *Article 9* *Freedom of thought, conscience & religion*

Please also consider these United Nations Conventions:

[UN Convention on the Rights of the Child](#)

[UN Convention on the rights of people with disabilities.](#)

[UN Convention on the Elimination of All Forms of Discrimination against Women](#)

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
	X				There is no Human Rights impact as this policy is to standardise processes across the organisation. Therefore, this Policy does not breach any Article under the European Convention of Human Rights. Information Governance and Work Force policies will provide a right to privacy of any confidential information that coding employees or workers are subject to access. As Clinical coding involves the processing of personal data, the policy clarifies security of personal data and confidentiality in Section 9.	

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Welsh Language:

There are 2 key considerations to be made during the development of a policy, project, programme or service to ensure there are no adverse effects and / or a positive or increased positive effect on:

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language		X			BCUHB operates a business language of English and therefore all patient case notes and associated documentation are written in English and certain clinical information may not translate accurately.	Access to translation tools such as Google Translate will be made available for workers or employees that wish to work through the Welsh Medium. Validation arrangements will be introduced in this instance to ensure that by translating medical terminology is not compromising the accuracy of the code assignment.
Treating the Welsh		X			BCUHB and the Informatics department are committed to promoting the use of Welsh language as well as supporting	

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

language no less favourably than the English language					Welsh language requirements of individual staff. The Informatics department ensures that staff are offered communications via their chosen language and endeavour to provide documentation in the medium of Welsh when required.	
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Part A Form 4: Record of Engagement and Consultation

Please answer all questions

Please record here details of any engagement and consultation you have undertaken. This may be with workplace colleagues or trade union representatives, or it may be with stakeholders and other members of the community including groups representing people with protected characteristics. They may have helped to develop your policy / proposal, or helped to identify ways of reducing or removing any negative impacts identified.

We have a legal duty to engage with people with protected characteristics under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could impact upon vulnerable and/or disadvantaged people.

What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods. <i>for further direction on how to complete this section please click here training vid p13-18</i>	The Policy was circulated to all Informatics employee's during a consultation process period.
Have any themes emerged? Describe them here.	No
If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?	

For further information and help, please contact the Corporate Engagement Team – see their intranet page at:- <http://howis.wales.nhs.uk/sitesplus/861/page/44085>

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

1. What has been assessed? (Copy from Form 1) <i>for further direction on how to complete this section please click here training vid p13-18</i>	Policy for Clinical Coding
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2. Brief Aims and Objectives: (Copy from Form 1)	<p>The purpose of this policy is to;</p> <ul style="list-style-type: none"> • Mandate appropriate clinical coding practice that ensures local and national strategic decisions made by BCUHB are based on accurate and timely data. • Provide relevant staff with standards, guidelines and best practice for clinical coding. • Provide accurate, consistent and timely information to support clinical governance and other process as required. • To ensure continual improvement of clinical coded information within BCUHB through systematic validation and quality assurance procedures. <p>To ensure all staff involved in the clinical coding process receive the relevant training to maintain and develop their clinical coding skills.</p>
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From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal? Guidance: This is as indicated on form 2 and 3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

<p>3b. Could the impact of your policy or proposal be discriminatory under equality legislation? Guidance: If you have completed this form correctly and reduced or mitigated any obstacles, you should be able to answer 'No' to this question.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>3c. Is your policy or proposal of high significance? For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?</p> <p>High significance may mean:</p> <ul style="list-style-type: none"> - The policy requires approval by the Health Board or subcommittee of - The policy involves using additional resources or removing resources. - Is it about a new service or closing of a service? - Are jobs potentially affected? - Does the decision cover the whole of North Wales - Decisions of a strategic nature: In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions. <p>GUIDANCE: If you have identified that your policy is of high significance and you have not fully removed all identified negative impacts, you may wish to consider sending your EqIA to the Equality Impact Assessment Scrutiny Group via the Equalities Team/</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

4. Did your assessment findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	<p>Record here the reason(s) for your decision i.e. what did Forms 2 & 3 indicate in terms of positive and negative impact for each characteristic, Human Rights and Welsh Language?</p> <p>There will be a positive impact for each characteristic as the policy documents processes that can be carried out by any suitably qualified individual regardless of protected characteristic.</p>		
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	<p><i>Record Details: This will be a summary of any actions identified in the far right-hand column of forms 2 and 3.</i></p>		
6. Are monitoring arrangements in place so that you can measure what actually happens after you	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	How is it being monitored?	Annual Policy Review	

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

implement your policy or proposal?	Who is responsible?	Head of Clinical Coding
	What information is being used?	<p>To maximise the coverage of coded data that is validated, BCUHB will use a combination of traditional case note based audit and electronic validation. BCUHB recognises the benefit of electronic validation as it validates all of the organisations coded data efficiently whilst traditional case notes based audit is time consuming and only looks a tiny sample of our coded data. Traditional case note audit will be used in areas where electronic validation is unable to identify possible coding errors and issues.</p> <p>Outside of Informatics, the responsibility for external audit and validation is devolved to the relevant members of BCUHB staff who will ensure that their coding is managed in a way that meets national requirements and the requirements of this policy.</p>
	When will the EqIA be reviewed?	The EqIA will be reviewed three yearly in line with the policy.

7. Where will your policy or proposal be forwarded for approval?	PPPH
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Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

8. Names of all parties involved in undertaking this Equality Impact Assessment – please note EqIA should be undertaken as a group activity Senior sign off prior to committee approval:	Name	Title/Role
	Dafydd Ap Gwyn	Head Of Clinical Coding, Informatics
	<i>Name of senior sign off prior to committee approval</i>	
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	Not Required		
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	Not Required		
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	Not Required		
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	Not Required		

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions	Who is responsible for this action?	When will this be done by?
	Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	Not Required		

Teitl adroddiad:				
Report title:	Mental Health Strategy Update			
Adrodd i:	Partnerships, People and Population Health (PPPH) Committee			
Report to:				
Dyddiad y Cyfarfod:	Tuesday, 08 November 2022			
Date of Meeting:				
Crynodeb Gweithredol:	<p>The purpose of this paper is to provide an update on the work being carried out in relation to the Mental Health Strategy.</p> <p>The committee members are asked to note the content of the paper and the progress made to date.</p> <p>Mental health is one of the major challenges facing healthcare today. The recent pandemic and the associated restrictions have also had a huge impact on the mental health and wellbeing of the population.</p>			
Argymhellion:	The PPPH Committee members are asked to note the update.			
Recommendations:				
Arweinydd Gweithredol:	Teresa Owen, Executive Director of Public Health.			
Executive Lead:				
Awdur yr Adroddiad:	Iain Wilkie, Director of Mental Health and Learning Disabilities.			
Report Author:				
Pwrpas yr adroddiad:	Purpose of report: I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>				



<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<ul style="list-style-type: none"> • Priorities within “A Healthier Wales: long term plan for health and social care” • Together for Mental Health North Wales Strategy • North Wales Learning Disabilities Strategy • Alignment with the BCUHB Integrated Medium Long-term Plan • Supports delivery against Targeted Intervention requirements • Aligned with the Divisional Clinical Strategy/Clinical Effectiveness • Supports integration agenda and aligns with BCUHB Operating Model • Linkages with delivery of the Digital Strategy • Covid-19 response and recovery • Strengthen our wellbeing focus • Recovering access to timely planned care pathways • Improved unscheduled care pathways • Integration and targeted improvement of mental health services • BCU Estates Strategy • People Stronger Together Strategy • Mental Health Measure Standards
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>As per the mandate of the Health Board.</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>No</p> <p>This paper is an update on the overall strategic direction of the Health Board.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	<p>No</p> <p>This paper is an update on the overall strategic direction of the Health Board.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>BAF 21-05: Effective Stakeholder Relationship BAF 21-06: Safe and Effective Mental Health Service Delivery. There is a risk to the safe and effective delivery of Mental Health and Learning Disability Services.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p>	<ul style="list-style-type: none"> • This paper is for information and update. • Financial implications in relation to the Mental Health Strategy are discussed



Financial implications as a result of implementing the recommendations	through the Divisional Senior Leadership Team Meetings.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	<p>No specific workforce implications are noted.</p> <p>Workforce discussions in relation to the Mental Health Strategy are discussed through the Divisional Senior Leadership Team Meeting.</p>
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	This paper has been prepared specifically for the PPPH Committee.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	<ul style="list-style-type: none"> • BAF 21-05: Effective Stakeholder Relationship • BAF 21-06: Safe and Effective Mental Health Service Delivery. There is a risk to the safe and effective delivery of Mental Health and Learning Disability Services
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	As requested by PPPH.
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations – This paper is an update for PPPH. The strategic activity continues, and the Together for Mental Health Partnership Board meetings are enabling key partnership and stakeholder engagement.	
Rhestr o Atodiadau: Dim List of Appendices: 1. Update Report	

Appendix 1 – Update Report – Mental Health Strategy.

Partnerships, People and Population Health (PPPH) Committee

1. Introduction

The following update information is provided for members of the PPPH Committee. The update covers the key current strategic activity, which includes developing the Divisional Clinical Strategy and the refreshed North Wales Together for Mental Health Strategy.

2. Key Updates on Strategy Development

- 2.1 Clinical Strategy
- 2.2 Together for Mental Health Strategy
- 2.3 Targeted Intervention (TI) Progress
- 2.4 North Wales Suicide and Self-harm Strategy

2.1 Clinical Strategy

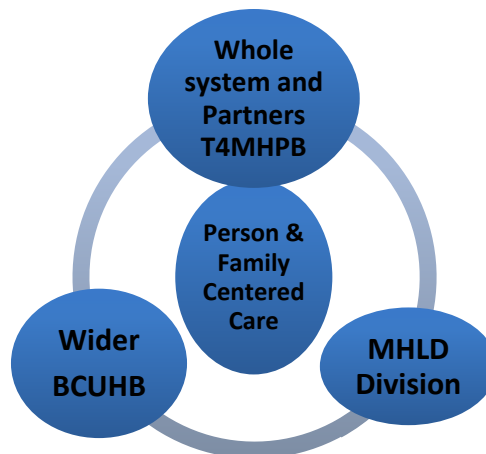
Positive progress is being made with the Mental Health & Learning Disability Clinical Strategy for 2022-23. Following the publication of the first document in 2017, further governed strategic work started in 2018. Despite the pandemic, the MHLD Division has continued with the delivery of all mainstream services, with minimal disruption resulting in a small backlog that has now been recovered.

Furthermore, improvement and transformation activities have continued, and we currently have a range of newly created/improved services such as Perinatal Mental Health; Early Intervention in Psychosis; Eating Disorders; Liaison Psychiatry; Substance Misuse Services; Prison Mental Health. The pandemic has offered the opportunity to work differently and some remote working has been introduced.

A Clinical Strategy document has been developed and describes the priorities and future direction of clinical services in MHLD. The first chapter defines the mission statement that has been agreed in co-production with patients and carers, who remain at the heart of the strategy along with improved engagement with other crucial statutory stakeholders, our partners, the voluntary sector, the wider health board and the community we serve. The clinical vision can be simply summarised as in Figure 1.

The Clinical Strategy Group and Divisional Senior Leadership Team (DSLTLT) have agreed the content, however, our partner Organisations need to provide their reflections and input to strengthen the final documentation and clinical strategy.

Figure 1 – Clinical Vision



2.2 Together for Mental Health (T4MH) Strategy

The North Wales T4MH Partnership Board is facilitated and chaired by BCUHB and has supported the development and delivery of the first iteration of the T4MH Strategy and Action Plan (2017-22). In line with the National (Wales) North Wales T4MHPB Strategy, the North Wales Strategy is due for review. The North Wales Together for Mental Health Strategy is now being reviewed, taking a transformational approach to improving population mental health and wellbeing. This phase of the review process presents an opportunity to:

- Reflect on what has been achieved to date, both in terms of progress against key objectives and outcomes, and also in building an effective partnership
- Consider ‘what would better look like’, given the current policy context, population needs, service developments, evidence base, and broader determinants of mental health and wellbeing - including the COVID pandemic

The objective of the review is to support the North Wales T4MHPB to work towards a whole systems approach in the development, implementation and ongoing review of its new Strategy to address population mental health and wellbeing.

In order for the North Wales T4MHPB to move towards this way of working, it was proposed that a series of facilitated workshops were required, hosted by an external provider. This would seek to achieve three key priorities:

1. Support the Board to understand their current ‘ways of working’ and the opportunities to move closer to whole system approaches and behaviours. Part of this will include a benchmarking exercise to ascertain progress against key indicators of whole systems working and the co-production of a maturity matrix to facilitate the identification of priorities for development and monitoring progress over time.

2. Develop the foundations of a high-level blueprint for the Strategy building on the previous version. This could include agreeing the foundations of a logic model, which would outline system level inputs and outputs to achieve population mental health and wellbeing outcomes.
3. Set the direction for the development of an action plan that would be reviewed and revised on an annual basis. These actions will relate to the way the Partnership Board functions, as well as the work it will oversee.

Three workshops have been arranged for the Autumn period. The anecdotal feedback has been positive thus far. The final workshop is being held on 1st November 2022. An update was provided to the T4MHPB Meeting on the 7th October 2022 by Lisa Goodier, Strategy and Partnerships. The workshops have/are following the format outlined below:

Workshop One – Who are my people and the importance of relationships?

The aim of this workshop was to identify the people within the system and spend some time building relationships. One of the maxims we follow is that “systems move at the speed of trust” and that we need to understand each other’s values and motivations to work successfully together. The outline of the day was as follows:

- Explore why improving population mental health and wellbeing matters to us;
- Power – building an understanding of where the power lies within the system and where we need to apply our efforts to shift it to bring about change;
- The importance of building intentional relationships and identifying actions we can take to create a nurture them;
- Structuring teams. What kind of teams do we need within this system?;
- Reflections and next steps.

Workshop two – what is the problem we are trying to solve?

Having spent time exploring and building relationships at the first workshop the next step was to consider the problem we are facing. Spending time on the problem itself is fundamental to systems leadership work. There is often the temptation to jump to solutions fitting existing programs to the situation. However, this often leads to inappropriate solutions and wasted effort. It is believed that we need to really try and understand problem before we can create the strategy to address it. A North Wales Systems Thinking model was developed by colleagues from across the system. The focus was on starting with the problem and relationship building is cornerstone to this model.

Workshop three – creating the strategy and action to solve the problem.

Having gained an understanding of the problem, the third workshop will focus on solutions and building the strategy that will solve this. Our approach will be to facilitate the creation of an organising statement which develops a theory of change which articulates *how what we do will result in the change we want*.

Alongside the workshops, work is underway to examine the existing strategies across Wales that have an impact or relate to Mental Health, to ensure these are referred to in the refreshed Together for Mental Health Strategy with a view to creating a delivery plan that has shared outcomes.

2.3 Targeted Intervention (TI) Progress/Maturity Matrix.

The focus continues within the Division on the maturity matrix and the TI approach. The MHL Division continues to work closely with the CAMHS team to ensure appropriate evidence is collated to demonstrate progress in the maturity matrix. This work is fully aligned to the strategic improvements given the Welsh Government objectives for Mental Health services in BCUHB. The focus of evidence remains aligned to the Divisional key priorities, namely:

- Review of capacity and capability;
- Stronger and aligned management and governance;
- Engagement with staff, users and stakeholders;
- Delivery of safe and effective services and partnership

2.4 North Wales Suicide and Self-harm Strategy Update.

Following the appointment of the New Chair for the North Wales Suicide and Self-Harm Prevention Forum (NWSSHP) in 2022, work has commenced on refreshing the terms of reference for the forum, given the need for a full partnership engagement. The forum oversees the strategic work, this will also ensure that the lines of accountability and escalation are clear for all agencies involved. The existing strategy finished in 2021, and the refresh work has been ongoing with a range of partners during 2022. A workshop was held in March 2022 to identify key priority areas. The three key areas identified are as follows:

- Resilience (prevention) – this involves community and population resilience, early-stage support, and accessible service for people in need;
- Response (intervention) – this relates to the support available for people in crisis or in need. There is also a clear focus on improved training for key teams;
- Relationships (integrated approach) – in this area, the focus is on improving the network of support available across the region and ensuring people are not being bounced between services without meaningful interventions.

The forum have continued to build upon the assets already in place across North Wales. These include the community hub provision (ICAN), the Papyrus Community Ambassadors, SOBS Peer Support Groups and the self-harm services.

In terms of next steps for the strategy refresh, the focus is on:

- alignment to the three key “R headings” with key leads identified and measurable outcomes confirmed;
- supporting the national work-streams on suicide and self-harm prevention;
- exploring an in-house training facility for suicide and self-harm prevention;
- supporting a rapid response initiative on bereavement support after suicide, based on a South Wales Police work-stream;
- continue to identify and share good practice and learning across North Wales.

3. Financial Implications

There are no budgetary implications arising from this update paper. The resource elements are considered through the normal meeting structure.

4. Risk Management

As identified in cover section.

5. Equality and Diversity implications.

There are no new strategic decisions described within this update report. The division takes an inclusive approach to its strategic approach, and impact assessments are undertaken as required.

Betsi Cadwaladr University Health Board Winter & Resilience Plan 2022-23

Draft v 0.10

Review 01/12/2022

Reporting Arrangements

BCUHB Executive Team

BCUHB Performance, Finance & Information Governance Committee

BCUHB Health Board public meeting

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1. Executive Summary

Whilst winter typically results in increased demand from seasonally affected conditions, increased risk connected to infection prevention and control outbreaks and the potential risk of influenza. Learning from our pandemic experience it is necessary for the Health Board to have a strong resilience plan allowing us to surge to respond to pressures, which can occur at any time, alongside managing our elective capacity. We have been experiencing health services challenges caused by the ongoing impact of Covid-19 and are now in the phase of recovering from the Covid -19 impact and returning to business as usual over the coming months.

We have developed the Betsi Cadwaladr University Health Board (BCUHB) Resilience Plan (the Plan) built on work developed through the Urgent and Emergency Care improvement programme. The Plan is in line with the Unscheduled Care Improvement Plan and is aligned to the six goals for urgent and emergency care. It also responds to the Six priorities in the Urgent and Emergency Care: Increasing system operational resilience for winter 2022-2023, which also has a clear focus on prevention against the five main areas of harm from Covid-19.

Further initiatives are also being developed through the Regional Partnership Board (RPB) with partners in Local Authorities, the third sector and other public services to address the broader winter resilience issues for our population in conjunction with the Emergency Preparedness Resilience and response (EPRR)

The purpose of the Winter Resilience Plan is to ensure the overall effectiveness of winter planning, alongside the additional challenges of Covid-19 and the whole system ability to meet forecast activity during the winter period whilst maintaining patient safety at all times. This plan will be reviewed on a regular basis in line with the Welsh Government instigation of the Menai Suspension Bridge closure alongside awaiting full guidance in relation to the Health and Social Care Winter plan 2022-2023

The Plan includes critical operational triggers (OPEL) that will be reported through the daily Tactical Control Centre (TCC) to the System Lead or Silver On-Call out of hours, along with normal metrics such as SITREP levels, risk and Emergency department risk scores for the Health Board. The triggers will identify local system pressures. Along with what local actions have been undertaken in line with the health board de-escalation plan. The process would inform other sites within the health board and external services of additional surge / contingency plans that would need to be considered to reduce harm and maintain operational effectiveness, this will be done in conjunction with the Welsh Ambulance Service Operational Delivery Unit (ODU) at regular intervals.

The triggers compliment local winter contingency plans developed by each service. They include delivery of SAFER (patient flow) and SORT (Attendances to the Emergency departments) actions (methodologies which ensure the mitigation of risk and maximisation of a positive clinical outcome and experience) in acute and community hospital settings. The aim is to maximise operational discharge planning to mitigate winter unscheduled care pressures, Covid-19 demands and support the delivery of surge options for critical care, inpatient beds or the redeployment of resources to mitigate system pressures, alongside maintaining elective activity.

Command and Control will be co-ordinated through existing operational structures within the TCC, On Call Rotas and with additional operational resilience from Operational Control Centres and Senior Manager of the Day (SMOD) rotas that will report to the Gold-Silver Command Operational Resilience structure. The TCC includes reports from acute, community, mental health, primary care and women's services.

2. Introduction

Winter pressure is a well-recognised issue for the NHS and presents significant challenge for the health and social care system typically with an increase in unplanned presentations to primary care, Emergency Departments (EDs) and admissions to hospital, which subsequently affects system capacity and flow. There are significant pressures on the social care and independent sector, alongside this as needs increase and capacity to respond is challenged.

When flow across a hospital slows EDs become overcrowded, ambulances are delayed, delays occur with the potential for poorer patient outcomes and experience along with increasing lengths of stay within the emergency departments.

Patients may not receive the most appropriate care resulting in longer lengths of stay, loss of packages of care and the need to open escalation beds.

The increase in ambulance delays, which adversely affect response times to emergencies in our local communities and wider health economy.

We know that overcrowding in EDs is unsafe and affects quality of care and patient experience which was highlighted by the Royal College of Emergency Medicine (RCEM Statement 2020 – Overcrowding in Emergency departments); it is a gauge of whole-system failure that impacts on capacity and resilience and as such, whole-system planning and action is required to mitigate the impact.

ED capacity continues to be limited from the implementation of Covid-19 safety measures including social distancing, screening, and co-horting of patients.

This Resilience Plan describes the arrangements to manage the anticipated increased demand across Health Board services. The Plan builds upon the Unscheduled Care Improvement Plan (Six Goals for Urgent and Emergency Care) as well as further learning from the Covid-19 pandemic and supports future forecasting, that will inform system changes to ensure resilience across the health and social care system over the winter months. This includes new ways of working within the Health Board and with partners to avoid admissions where possible and reduce the number of prolonged admissions. The Plan is aligned with the six NHS Wales goals of urgent and emergency care, see fig 1 below as well as the eight key priorities in the WG Health and Social Care Winter Plan 2021/22, see section 3.

Fig 1: 6 Goals for Urgent and Emergency care



The Plan is our response to the escalated levels of need for patient care during the winter period. The proposals in the plan are representing a stepping up of the scale and pace of the initiatives already in place to address ongoing challenges on the urgent and emergency care system with a focus to supporting patients closer to home and hospital avoidance.

Throughout 2022/23, we have continued to work in partnership with Welsh Ambulance Service Trust (WAST), Local Authorities and third sector organisations, and our Plan should be read in conjunction with the winter plans developed by our partner organisations.

The Unscheduled care plan will be monitored on a regular basis in line with the on-going change in demand and forecasting.

3. Principles and Priorities

In line with the WG Health and Social Care Winter Plan 2021/22, this plan also seeks to support the six priorities in the WG Urgent and Emergency care: Increasing system operational resilience for winter 2022/2023 (letter dated September 2022) whilst awaiting the Health and Social Care Plan 2022-2023:

1. NHS Wales Ambulance Delivery Plan.
2. Fit to Sit Implementation,
3. Maintaining Critical care services,
4. Maintaining Children and young people's services,
5. Maintaining Elective care,
6. Maintaining Cancer services,

4. Protecting us from COVID

Together with our partners in the RPB, we have been working to manage Covid-19 since the onset of the pandemic. In addition to ongoing work through the RPB and supporting programmes, we currently are working formally through a Strategic Winter Pressures Group that is managed by the North Wales Emergency Preparedness Resilience and Response (EPRR) forum, which was established to share awareness of and respond to pressures in the whole system, particularly affecting health and social care. The Group is intended to provide a route for the RPB's leadership group to be able to seek swift senior action to presenting issues. The purpose of the group is to:

- Create shared situational analysis;
- Prioritise issues and appropriate escalation; and
- Agree and deliver the actions, which will address blockages in the system and provide solutions, which can often be across organisations.
- Support early escalation to prevent the need to firefight (Proactive approach v Re-active approach)

A regular data pack updating on key metrics is presented including on system pressures in health, social care and independent sector alongside the development of an electronic escalation system in line with the All Wales Site Escalation Plan to support national reporting

The need to address the balance of harms is clearly identified and decisions taken through this group will be informed by assessment of risk, taking into account the potential impact in terms of the wider harms associated with measures to respond to Covid-19 as well as the direct harm of Covid.

The Group also receives input from the Prevention & Surveillance Groups / incident Management Teams across North Wales, where partners are working at county level to identify hotspots, trends and respond to significant issues, working closely with the local and regional contact tracing teams. The Prevention & Surveillance Group chairs' forum are responsible for reviewing and updating the Prevention and Response Plan actions for the region, which respond to the Coronavirus Control Plan. Regional responses include working with education, the care sector, and other risk settings to respond to incidents and outbreaks.

Our BCUHB plans are consistent with the guidance in the WG 'Coronavirus Control Plan' and the Public Health 'Response to Respiratory Illness Winter 2021.' New guidance will be addressed and implemented as it is updated and received from WG.

4.1 Monitoring and Modelling

The Health Board informatics service undertakes a weekly refresh of the demand and capacity modelling in USC, based on the current trends. The output shows that the demand for emergency admission beds outstrips capacity at many points in the winter period.

Covid-19 modelling is well established in the Health Board and reported on a regular basis to the Executive Team and Board. The BCUHB Business Intelligence Unit has

also constructed its own predictive model for influenza, based on available data alongside Welsh government all Wales modelling

At the time of updating of this Plan there is a noticeable increase in COVID (September 2022) demand across the Health community, that will result in regular updates of plan in relation to demand and capacity.

4.2 COVID-19 Vaccination Programme

Vaccination/booster vaccinations are key in mitigation for this winter in the ongoing response to protect against the harms of Covid-19 and emerging other infectious conditions. BCUHB has operated an extremely successful vaccination campaign with high vaccination rates, across all age groups, and stands up to comparison with achievements across Wales.

Monitoring of the current Covid-19 vaccination position is weekly through the Executive Team.

Complementary to the Covid-19 vaccination programme, influenza vaccination for staff has commenced in September 2022

4.3 Test Trace and Protect (TTP)

Elements of TTP remain in place to support surge demand across North Wales. If required Testing Units would be recommissioned in the event of peak and be deployed to support identified need across North Wales.

4.4 Infection Prevention and Control

The Health Board is working to ensure consistency with the Public Health 'Response to Respiratory Illness Winter 2021.' New guidance will be addressed and implemented as it is updated and received from WG over the coming months.

Safe Clean Care – Zero Harm continues to work on a large-scale programme of activity aimed at changing behaviours to prevent healthcare acquired infections. Three work streams are in operation: Safe Place; Safe Space and Safe Action. Under the programme, more than 100 staff have been trained as Infection Prevention and Control champions, and positive action is being taken to prevent nosocomial infection, this is evident through the reduction in events.

All visitors to inpatient continue to be verbally screened on arrival to the respective areas with screening of patients if they become symptomatic. We continue to screen patients in the emergency departments that require admission with visual display to prompt patients and staff. These are for COVID/Influenza and amended recently for Monkey pox and Ebola in line with forecasting planning.

5. Keeping people well

The Health Board continues to work in partnership with Local Authorities, third sector and other colleagues to enable and support people to stay well, to manage their own conditions and adopt a healthy lifestyle. There are many initiatives already in place

across North Wales, which facilitate this approach including work with Public Services Boards, the Regional Partnership Board and the Health Board's work on Building a Healthier Wales. The Health Improvement and Reducing Inequalities Group has been managing a programme of evidence-based initiatives designed to promote healthier lifestyles for three years and is still building on successful outcomes achieved to date.

There are some specific initiatives now in place, which will augment these and help people stay well over the winter period and in the current environment with rapidly spreading Covid-19. The Protect programme, as referenced above, has established six Community Support Hubs to support people to stay well and access a wide range of support.

Our winter proposals include enhancing the capacity of community connectors who can signpost and support people to resources and services that will help them stay well and prevent deterioration in conjunction with the Six goals for Urgent and Emergency Care along with the 1000 bed campaign to reduce those patients that are medically optimised that are stranded in Hospital beds across North Wales, and ensuring future planning for their care.

5.1 Self-care

Our existing Expert Patient Programme has been supporting self-care and the approach is now being enhanced to support people who are experiencing symptoms of long-Covid.

The Multi-Disciplinary Team approach for the long Covid programme utilises a biopsychosocial model to undertake a comprehensive assessment and collaborative development of a formulation of needs. The teams will also provide guided self-management support and case management to follow up the progress of secondary care referrals and/or contact with community support. An Expert Patient Programme for people with long-Covid symptoms has been running successfully.

A business case is in development to extend the long-Covid service and bring ongoing sustainable improvements and benefits into existing therapies for long-term conditions and persistent post-viral conditions resulting from a wider range of conditions.

5.2 Seasonal influenza

The 2022/23 flu vaccination programme to combat seasonal influenza is underway. As in previous years, the Health Board is working with primary care – GPs and pharmacists – to deliver the flu vaccination programme across North Wales in a timely fashion.

A Flu Campaign Hub has been established for BCUHB staff to make information and resources available to promote the campaign. BCUHB have developed staff to become "Flu Champions" that can vaccinate staff in their working areas to support staff demand. Staff can receive their flu jab at work from a local roaming flu vaccinator; at a drop-in session in their department or workplace; or by booking a place at a nearby staff clinic.

The potential impact of a spike in seasonal flu has been taken into account in the forward modelling work being undertaken by the informatics team. Currently flu is not circulating at significant levels, but the situation is being monitored through Public Health surveillance alongside monitoring of and response to other seasonal pressures.

5.3 Respiratory and long-term conditions

It is recognised that there are capacity challenges within respiratory teams across BCUHB as they are involved in running the Non invasive ventilation (NIV) services for Covid-19 patients. With regards to community respiratory services, there are some services for supported discharge and pulmonary rehabilitation in the community.

The BCUHB community pharmacy / acute conditions scheme has been identified as a winter scheme again this year, where independent prescribers support acute conditions for a range of issues including respiratory disorders, including COPD and asthma exacerbations, suspected upper respiratory tract infections and sore throats. Similarly, patients can be supported by the Choose Pharmacy, common ailments scheme.

6. Maintaining safe health services

6.1 Health inequalities and vulnerable groups

It is well recognised that health inequalities have been exacerbated as a result of the Covid-19 pandemic and the impact of the Covid-related harms has been greater on specific groups, that now alongside the social economic struggles the patient population of North Wales will now face.

As a result, the Community Support Hubs are established to provide direct access to support and advice for people from specific groups. Details are included earlier in this document. In addition, equality impact assessment (and where required, socio-economic duty impact assessment) is being undertaken on key service response areas to ensure support to address inequalities in access for specific groups. This is further enhanced by the local winter planning schemes that have been requested to support care closer to home, and increased care into Community, residential homes.

The Covid vaccination programme has established an equity group which is supporting the identification of specific needs, making connections with seldom heard groups and gathering feedback through stakeholder groups on any areas of concern in order that the operational response is geared towards promoting uptake amongst the underserved groups.

6.2 Mental health and wellbeing

In keeping with WG guidance our response to the mental health impact of the pandemic continue to be focused on three key areas:

- Maintaining mental health services as 'essential' services and responding to immediate mental health needs, joint communication through WEDFAN to support those high attendance service users and support them with care closer to home.
- Strengthening protective factors and reducing the socioeconomic impacts of the pandemic on mental health and wellbeing, recognising that many of the levers for mental health protection and prevention sit outside of the health system.
- Supporting the NHS to meet the changing mental health needs in their areas and ensuring mental health services can stabilise and recover for the long term.

Action taken via the USC Improvement Programme includes establishment of a Crisis Care Steering Group with system-wide representation, to oversee all elements of the crisis care programme, including 111 Mental Health practitioner service, Mental Health Assessment Unit, Sanctuary, I-Can, and Older Person's Crisis Care.

WEDFAN (Wales Emergency Department Frequent Attenders Network) is in its third year with a pro-active approach to support those service users that have a high rate of ED attendances/999 calls by managing their complaints and ensure clear action plans to support their care closer to home, with clear escalation plans to support them in crisis.

The national 111 programme is recruiting into the Mental Health Practitioner service to support the patients at initial contact.

6.3 Primary and community services

Primary Care

Primary care services continue to face a range of challenges including catching up with a large backlog of routine work suspended to support the Covid-19 response, unprecedented new demands for care, national recruitment difficulties, continued Covid-19 restrictions and the ongoing vaccination programme.

Despite these challenges, the pandemic has presented opportunities to fast track a number of developments, which will help to address winter pressures these include:

- Enhanced remote triage and access using virtual platforms.
- Consultant Connect
- Cluster business continuity planning
- End of Life medicines hubs
- Access questionnaire: to seek assurance from GP Practices regarding their access arrangements and current demand, as well as identify solutions.
- Encouraging GP practices and community pharmacies to report their escalation levels, with Area teams taking action to provide support where necessary
- Review of online platforms
- Enhancement or replacement of telephone systems in managed practices
- Enhancement of websites for managed practices
- Support to address Planned Care backlog
- Continued expansion of Urgent Primary Care Centres across North Wales.

Working with the GP practices, clusters and the Local Medical Committee (LMC), a number of further actions are being taken to address the current challenges facing GP practices over winter months when demand is expected to be even greater, and in the longer term. These include:

- Further development of the urgent primary care centres (UPCC), contributing to a whole system model of unscheduled care, as well as working closely with the national Strategic Programme for primary care, sharing learning and evaluation post PEER review.
- Relaunch of the escalation framework, encouraging all practices to record their levels to inform local intelligence and response, as well as the all Wales reporting for escalation that is reported on nationally on a daily basis.
- Introduction of the High-Level Primary and Community Care Escalation Framework to support general practice to consistently report and monitor pressures within the system and mitigating actions to address the risks has been implemented and reported daily.
- Through the autumn and winter period maintain a range of contractual relaxations intended to alleviate the increased demand on community pharmacies that were introduced during the Covid-19 pandemic.

Whilst awaiting confirmation of any additional financial support for winter planning from WG, BCUHB has commenced the programme of additional planning to support should any additional funding become available.

6.4 Post-COVID syndrome (Long COVID)

The Health Board has developed an extensive on line resource to support individuals who suffer ongoing post COVID symptoms.

<https://bcuhb.nhs.wales/covid-19/long-covid/long-covid-rehabilitation/>

6.5 Children and young people's services

Children's services leads are working in close collaboration with colleagues in Local Authorities and third sector to ensure sustainability of essential children's services during the winter period.

BCUHB have been proactively involved in the All Wales preparedness for the possible respiratory surge, by joining daily SitRep calls developing the electronic paediatric SitRep and implementing the use of Opal levels, which are shared daily pan BCUHB.

We also participate in the task group for the care of critically ill children/ Trauma Care for Children.

There is close collaboration with the North West paediatric network as well and information regarding SitReps are shared through this route on a regular basis as per appendices

6.6 Essential services

BCUHB is maintaining essential and urgent services in line with local and national priorities.

The three acute sites will operate as a network to prioritise available capacity for patients as required, as was undertaken during previous waves, along with managing current elective demand on each site

Additional diagnostic centres are being developed to address demand and identify potential urgent cancer.

Radiology and endoscopy services are being maintained to support all services with insourcing to support the backlog of demand that are running out of hours and during weekends.

The System Resilience reporting through the Local Options Framework is completed weekly following review at the Gold Command Operational Resilience meeting.

6.7 Planned care

BCUHB has a significant number of patients waiting for a planned intervention/treatment, many of whom are waiting in excess of 52 weeks. This situation is not unique to BCUHB and mirrors experience across Wales and the wider NHS, however, the number and length of time patients are required to wait for treatment is of concern.

While the pandemic has effectively led to the relinquishment of the 26-week referral to treatment (RTT) target, an increasing number of elective patients are requiring urgent elective treatment and need to be assessed, diagnosed and treated as soon as possible after referral and as close to the 26-week target as possible.

The Board has developed a six point Planned Care Recovery Plan to address the elective waiting list backlog, further work is ongoing to finalise the action plans, which will underpin the plan for the remainder of 2022/23 and 2023/24. The aspiration to achieve 80% of the 2019/20 i.e. pre-Covid activity levels is unlikely to be achieved this financial year and it is recognised that the recovery timetable will last for up to five years in the current climate.

Unscheduled care pressures have a direct impact on planned care and represent a risk to maintaining the capacity required to meet the needs of planned care patients. Conversely, lengthening elective waiting times also mean that patients are increasingly likely to require treatment via an unscheduled care pathway emphasising the need to have effective urgent and emergency care plans in place for winter 2022/23 and forthcoming years.

A forum for escalating USC demand that may affect planned care is being developed to ensure a combined approach for Elective work and unscheduled care work to ensure a visual display of a rising tide event.

6.8 Urgent and emergency care

The Health Board has an established a 6 Goals Programme Board for Urgent and Emergency Care, the structure for which is set out in the diagram below:



The Programme will oversee all 6 goals with a primary focus to support the below elements that will assist with the overarching flow within the health economy.

The programme is continuing with the work streams from 2021-2022 but will now be matched against Goals 1, 2, 5 and 6, and management is through the Senior Responsible Officer (SRO) and the Executive Team.

There is a structure in place to support the Urgent and Emergency care (Six Goals programme) that comprises of a Senior Clinician, Senior Operational Manager and a programme manager, this structure will support the day to day management of the Urgent and Emergency care programme across North Wales along with allowing the capacity to manage the strategic oversight going into the following years.

Operational teams have started to develop proposals to mitigate the anticipated Winter Pressures, see section 12 – Schemes to support delivery over winter whilst awaiting confirmation of funding to support.

In addition, the Health Board has been working on joint proposals regarding social care with the six local authorities in North Wales see section 11 – Working together across Wales.

The Health Board has a System Resilience and Contingency Planning Meeting with teams across North Wales Health and Social care along with members of the emergency services which took place on 27th October 2022 and has subsequent weekly planning meetings.

The challenge was set to the Board to undertake actions that would solve the issue of congestion and poor patient flow with support from external partners as part of the six

goals for urgent and emergency care to identify lessons learnt from other health providers across Wales and share good practice.

Community Services

Integrated Health Community (IHC) Area Teams continue to work closely with colleagues in Social Care and Acute Hospitals to increase capacity and capability within the community to respond to population need and deliver care closer to home alongside supporting with Surge capacity when the Health Economies are in crisis.

Priority for the Community Services during winter months are:

- Expansion and enhancement of Community resource Teams that provide both planned and urgent care. This is to ensure:
 - CRTs can work closely with Primary Care colleagues to for patients with long-term conditions and people who require immediate assessment, including routine reviews for patients with long-term health conditions.
 - CRTs have appropriate range and number of allied health professionals embedded that have varied skills/experience to support managing the patient closer to home.
- Expansion of D2RA:
 - Increased therapy input into Home First
 - Increase step down bed capacity to support winter
 - Increase HCSWs to undertake a dual role in supporting patient discharges and ensure further support is in place for patients who need it to prevent 'revolving door' admissions
 - Utilise "Ready for home beds"
 - Implement Choice Policy
 - Work with Local Authority colleagues to have joint recruitment
 - Additional nursing home beds staffed by NHS staff.
- Better utilisation of MIUs
 - Upskilling MIU workforce
 - A robust and updated directory of services at Health board level.
- Expansion of UPPC across North Wales, with some services located close to the emergency departments.
- Falls response and management in community to achieve a safe reduction in conveyance of people who had a fall by ambulance to Emergency Departments in conjunction with the Welsh Ambulance Service Trust.

Acute Services

Acute Hospitals continue to work closely with colleagues in Area Team and Social Care to increase capacity and capability within the acute sites to respond to population need and deliver optimal hospital care.

Priority for the Acute Services during winter months are:

- Working closely with WAST to focus on safe and timely ambulance patient handover and the triage of patients in ED's.

- Working closely with WAST to focus on alternative pathways (Primary care/MIU/SDEC)
- Clinical criteria for managing patients waiting in an ambulance with clear actions for escalation.
- Utilising single integrated clinical assessment and triage (SICAT) to review of 999 patients to triage, advice, discharge or stream to alternative services if clinically appropriate
- Expansion of SDEC so that patients are assessed, receive diagnosis and start treatment on the same day, resulting in improved patient experience and outcomes and reducing unplanned hospital admissions and where possible with the intent to safely reduce transport to hospital or to bypass the Emergency Department.
- Development and instigation of Hospital Full Protocol pan BCU with local variances with clear actions to support de-escalation.
- Outcome focused Board Rounds with senior decision makers involved with patient discharge from day of admission (SAFER)
- Adoption and expansion of Criteria Led Discharge to all wards.
- Implementation of electronic OPEL reporting to support early escalation and a clear visual display to support the rising tide of demand.

In addition to the winter, schemes described in section 12 below, other developments arising from the Urgent Care Improvement programme include:

- **Additional physical capacity:**
BCUHB has brought forwards works to support opening additional beds early in the winter season with works ongoing in Wrexham Maelor and Ysbyty Glan Clwyd to create additional capacity on the acute sites that would of remained closed over the winter periods.

Due to the reduction in need for social distancing a further review is ongoing to ensure maximised bed capacity within the health economy.

- **Surge Capacity**
All acute and community hospital sites have reviewed the inpatient surge capacity in their existing hospital locations. This includes a range of options that will allow additional acute and community bed spaces to be opened in response to increasing demand. Potential Surge capacity is reviewed regularly in light of surge planning and Infection planning, current agreed surge capacity is as per appendix 1 reflects the current increased capacity should an initial surge be identified. This will require regular reviews in light of variation in infectious conditions potentially faced over the winter periods (monkey pox, ebola, twin-demic).
- **Escalation plans**
Escalation plans are in place for RSV (children's services), adult Critical Care and general acute capacity in community and acute hospitals.

Developments are ongoing in relation to sharing of Social care plans for escalation along with utilising the available beds dashboard with BCUHB stakeholders to ensure maximum occupancy for those appropriate patients.

The all Wales escalation plan is in the process of being implemented that will emphasis on the actions for managing the peak periods and ensure ability to de-escalate on set actions being completed.

- **1000 beds (across Wales) campaign**

The Health and social care system across Wales continues to face unprecedented pressures, exacerbated by workforce challenges, inflation, the pandemic and recovery.

On May 23rd, 2022 the Minister for Health and Social Services wrote to the Chairs of the Regional Partnership Boards, Health Board Chief Executives and the Directors of Social Services in response to concerns about the sufficiency and commissioning of older people's residential care across Wales, including residential and nursing home provision for older people who are assessed as needing EMI beds.

In addition there is a requirement to commission an additional 1000 care home or care places across all Wales - with the additional capacity ideally being available by October in preparation for winter pressures. The requirement for North Wales is 243 additional care placements which can be an additional bedded capacity or community support packages of care.

Recognising that prolonged in-patient care when a person is medically fit for discharge is not in the individual's best interest and presents a number of risks and actual harm. In addition we do not have the capacity to respond in a timely way to urgent, emergency or planned care for the population of North Wales. In order to provide safe alternatives to hospital care for those who are assessed as Medically Fit for Discharge (MFFD) / Medically Optimised (MO), there is a clear requirement to immediately scale up the North Wales response.

It is essential that this work is a 'Joint Endeavour' with our statutory partners and stakeholders to develop and refine our operational processes so not to destabilise the current fragile service across both Health and Social Care.

The requirement to commission an additional 243 care placements fall into 5 themes which have been agreed nationally and are in line with the 6 Goals for Urgent and Emergency Care. We in North Wales have agreed to focus on prevention / admission avoidance initiatives.

1. Optimizing Hospital Discharge
2. Step down to recover
3. Maximizing Care Home Capacity
4. Workforce
5. Expanding 3rd Sector

With regards to the 243 placements across North Wales, each IHC has identified a range of schemes across Health & Social Care for additional bedded capacity or community support packages of care, As at November 2022 there are 203 placements identified across 15 schemes, (98 step down beds, 72 packages of care and 33 efficiencies within length of stay). Fortnightly progress review meetings are held with the Delivery Unit against agreed trajectories for these

schemes between October 2022 and March 2023. Local IHC monitoring meetings are also in place fortnightly to review progress and monitor risks. Additional schemes, including support to care homes, accessing underutilised residential care beds and are being worked through to further increase the number of placements and bring them on line as soon as possible.

Work has commenced to block purchase step down beds in line with the above schemes with a view to evaluate expressions of interest received by end November and award contracts immediately.

Work is also underway with Care Inspectorate Wales (CIW) to enable Community teams to progress recruitment of additional staff to provide some social care and extend community / home first teams to bridge the gap in domiciliary care.

The expectation is that there are no / minimal delays for patients deemed ready for discharge across all Health in-patient services assessed as MFFD / MO.

Menai Suspension Bridge Closure

Following on from the Welsh Government notification of the above Bridge closure on Friday the 21st October 2022, the health board has instigated a Business continuity plan (BCP) to support health provision and maintain service provision should there be an issue with access and egress from Mon.

The Business continuity plan is being developed to ensure full stakeholder engagement and planning to support the health and social care needs of the population on Mon, this is inclusive of developing a reception and resuscitation area should we lose the ability to convey patients to hospital.

7. Maintaining our social care services

The Health Board and Local Authorities continue to work in collaboration and regional meetings are regularly held through the NW Regional Partnership Board and NW Leadership Group. Locally, Area Integrated Service Boards are established comprising membership from health and social care representatives.

Any correspondence in relation to any additional support over the winter period 2022/2023 is still to be received.

8. Supporting unpaid carers

Welsh Government is continuing to fund national carers' organisations through the Third Sector Social Services Grant Scheme 2020-23, to provide a range of support and information services. WG has released funding to local health boards and their carer partnerships to target and adapt projects supporting carers of all.

9. Keeping everyone informed

The WG 'Keep Wales Safe' campaign, which commenced in Winter 2020/21, is due to continue throughout the autumn / winter of 2022/2023 and is aimed at encouraging the behaviours required to stop further spread and harm from Covid-19 and other respiratory infections.

These include promotion of the vaccine programme, testing and self-isolation, and the personal behaviours required of people, as outlined in the Covid Code.

In addition, the WG 'Help Us Help You' campaign, which covers access to the NHS in Wales, self-care, and wellbeing, will also increase activity during autumn / winter.

The Health Board recognises the importance of public messaging to enable individuals to know which service is the right one to meet their needs, particularly in the case of urgent need. We are working in collaboration with partner organisations to ensure consistent messaging and a shared position on current issues.

A co-ordinated communications approach is in place to raise awareness locally across communities in North Wales. It will complement the national advertising campaigns and includes:

- Routine updates to the website, including details of booster vaccination availability, local service information etc
- A series of targeted reach adverts on Facebook and Instagram promoting minor injury units, pharmacies, NHS 111 Wales and other relevant services as and when they are available over the winter
- Targeted display ads on websites that include advertising space. Remarketing these based on custom affinity audiences
- Non-paid for posts that rely on Facebook's algorithm and social media followers to engage and share content. Including posting in local community groups
- Non-paid for posts that rely on Twitter's algorithm and followers to engage and share content. Targeted messages to partners encouraging them to share our message. Examples of partners includes Welsh Ambulance and local authorities.
- Podcast with subject matter experts on the challenges behind winter pressures and delayed discharges (getting behind the headlines to raise awareness of the complexities of emergency care)
- Daily Post column from the Chairman on the challenges of winter pressures
- Advertising on bus stops, train stations and retail along the North Wales coast

The communications team is also supporting the Gold and Silver command structure and messaging will continually evolve in line with feedback and local service developments.

There is additional communication planning on going in relation to the risk that has been identified with the Menai Suspension Bridge closure to support patients in managing their health concerns and ensuring minimal disturbance for their care.

10. Working together across North Wales

As has been described throughout this plan, we are working closely with partners through a variety of mechanisms to ensure that we have a consistent approach and utilise our shared resources to best effect.

The 2021/22 WG Health and Social Care Winter plan tasked Regional Partnership Boards (RPBs) to collate a single high-level plan for the integrated health and social care response to seasonal pressures which considered the wider partnership working necessary to support longer-term transformation and address system pressures this will be developed in line with the 2022/2023 WG Health and Social Care winter along with ongoing BCP.

11. Schemes to support delivery over winter

Schemes were developed in line with guidance from WG, which confirmed the importance of working in partnership with WAST, primary care, local authorities and third sector and housing partners and specified the requirement for 'winter schemes' to align to the HB's USC improvement programme.

Potential schemes have been reviewed and assessed using the below narrative:

1. Do the proposals align directly with the ambition of the USC plan/Six Goals for Urgent and Emergency care?
2. Have we implemented the scheme before and if so, what metric demonstrated that it was successful?
3. Is there a realistic chance to recruit the staff against the timeline?
Monitoring of successful scheme is via the USC dashboard.

Schemes to support delivery over winter

	Goals	Outcome	Projects	Proposed Key Deliverables 2022-2023	Quantify Impact
1.	Co-ordination, planning and support for populations at greater risk of needing urgent and emergency care	Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care	<ul style="list-style-type: none"> • Multi Agency Discharge Event (MADE) across BCUHB • Falls prevention and management in community • Improved Advanced Care Planning 	<ul style="list-style-type: none"> • IMTP bid for Enhanced Falls response service utilising an Occupational Therapist with WAST to manage patient falls in situ completed and OT secondment • Increasing falls team capacity develop phase 1 of the Hospital at Home model • Community frailty services 	<ul style="list-style-type: none"> • Reduce the number of patients requiring treatment in ED following a fall • Increased number of patients being treated closer to home or at scene following a fall • Avoiding unnecessary hospital admissions
2.	Signposting, information and assistance for all	Information, advice or assistance to signpost people who want – or need - urgent support or treatment to the right place, first time.	<ul style="list-style-type: none"> • 111 First / SICAT / healthcare professionals' line – clinical assessment to signpost patients to most appropriate pathway of care • MIU/UPCC Review to ensure maximum utilisation of MIUs/UPCCs to address the shift in flow to EDs and challenges in capability and capacity 	<ul style="list-style-type: none"> • Extend service to care homes with the airdale model. • Discuss options for reviewing 111 calls with ED or 999 disposition for alternative reassigning where possible • Enhance ENP skill set to support Urgent treatment centre criteria. • Review and update Directory of Services to accurately reflect MIU service provision 	<ul style="list-style-type: none"> • Reduced ED attendances through signposting to alternative services • Better patient experience and shorter patient journey

	Goals	Outcome	Projects	Proposed Key Deliverables 2022-2023	Quantify Impact
3.	Access to clinically safe alternatives to hospital admission	Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.	<ul style="list-style-type: none"> • Development of UPCCs in each health community • Enhanced care at home (Hospital at Home) • WAST pathways • Further develop SDEC models on each acute site • Community frailty pathway 	<ul style="list-style-type: none"> • Expand existing UPCC models with WAST access • Review WAST APP to support UPCC • Recruit to additional SDEC workforce • Develop and implement process driven SDEC model 	<ul style="list-style-type: none"> • Support for acute admission avoidance, rapid response in the community and discharge pull. • Increased proportion of patients who can be treated in their own home / community
4.	Rapid response in a physical or mental health Crisis	The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.	Crisis response – mental health	<ul style="list-style-type: none"> • Develop an all age community-based 24/7 mental health crisis care pathway directly accessible to all professionals, service users and carers. • Substantial improvement in ambulance handover times 	<p>Reduction in WEDFAN cases.</p> <p>Improvement on WAST response times.</p>
5.	Optimal Hospital Care following admission	Optimal hospital-based care for people who need short term, or ongoing, assessment/treatment	<ul style="list-style-type: none"> • Flow programme • Acute medical and surgical specialty models including in reach to EQ 	<ul style="list-style-type: none"> • Embed internal professional standards (IPS) to reduce delays in patient care. • Implement effective board rounds across acute and 	<ul style="list-style-type: none"> • Efficient internal hospital processes • Improved journey of patients from admission to discharge

	Goals	Outcome	Projects	Proposed Key Deliverables 2022-2023	Quantify Impact
		for as long as it adds benefit	<ul style="list-style-type: none"> • D2RA home first hub to link flow work with LA / 3rd sector relationships 	<ul style="list-style-type: none"> community hospital wards as well • Implement Criteria Led Discharge • New acute site management model Review and revise D2RA documentation 	<ul style="list-style-type: none"> • Optimal Hospital Care following admission • Timely discharges where patient returns home when MfD and avoiding unnecessary stay in hospital • Reduced waits for treatment / diagnostics
6.	Home First approach and reduce risk of readmission	A home from hospital when ready approach, with proactive support to reduce chance of readmission	<ul style="list-style-type: none"> • Deliver effective Community IV therapy services at / as close to home as possible • Community Frailty 	<ul style="list-style-type: none"> • Review and redefine role of community hospital • Develop SOP for MFD • Expand HFB following approval of business case • Develop MDT response for patients identified as frail to assess and support appropriate decision for patient to be treated in most appropriate place 	<ul style="list-style-type: none"> • Facilitate timely discharge where assessment is done in the right place to ensure patient in right place at the right time. • Support for patients to stay at home • Reduced length of stay • Avoid unnecessary stay in hospital

12. Triggers to Determine Mitigation and Surge Plans

The critical service areas have had surge plans in place throughout the Covid-19 pandemic and ever since in readiness to respond should the situation escalate and to ensure general resilience. These have been informed by the weekly tracking of capacity and demand, which assists in identifying growing pressures in the system.

The surge plans are currently being updated which will cover:

- Health communities – acute and area teams
- Critical care
- Mental health
- Children's services / RSV

The plans are being reviewed through the Gold and Silver command structure and will be stepped up as required on approval from Gold Command.

Additional surge plans for the acute and community bed base include opening of surge areas that will add further inpatient bed capacity subject to staffing – Current modelling is in Appendix 1

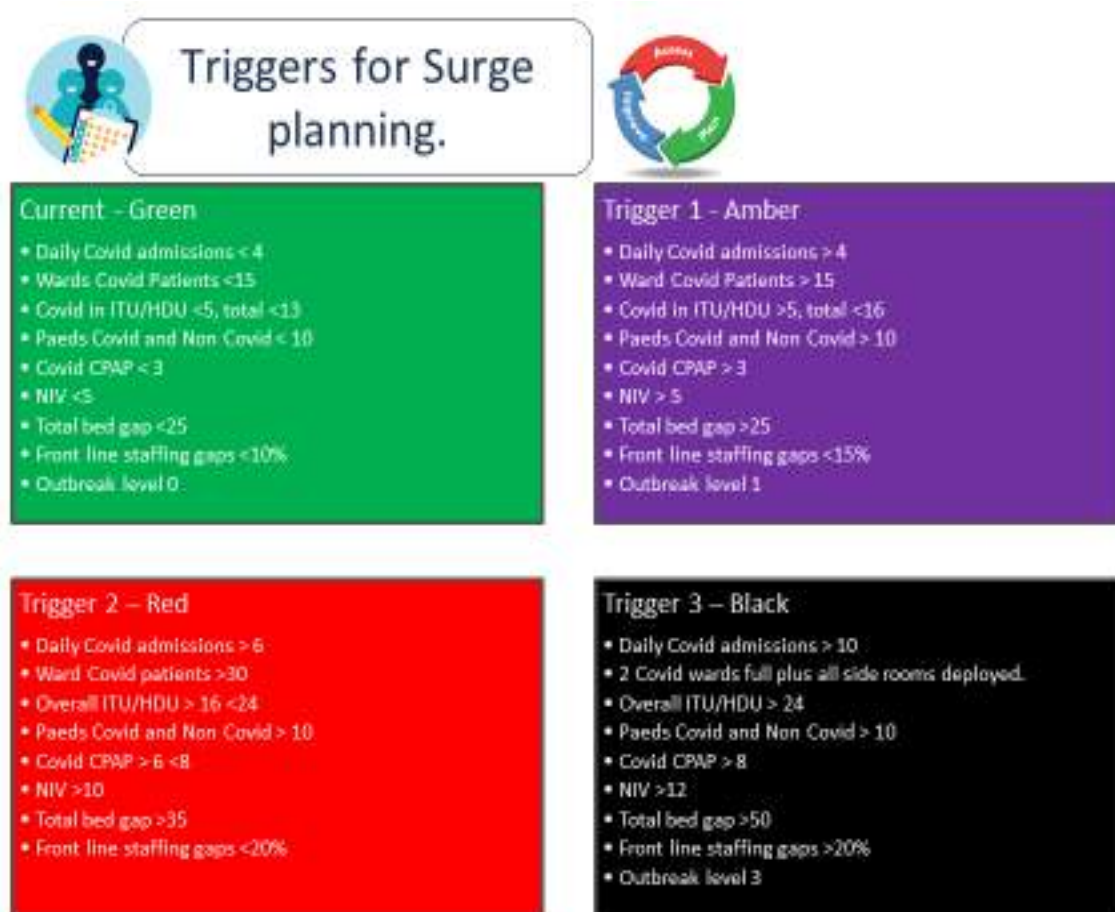
The Health Community Plans include operational triggers to support local decision making in order to meet winter and Covid-19 surge capacity and inform the Silver and Gold Command structures of operational trends that might require further internal and external support.

There are also specific Divisional Plans for Womens' Cancer services, Renal services, Paediatrics and Mental Health.

The triggers below will be reported by each Health Community at the daily Tactical Control Centre meetings in order to determine if further pan-secondary care / community support is required to address any critical shortfall in core service provision. At all times aiming to reduce risk and harm within the wider health community and with critical partners.

Local plans in acute and community hospital settings to maintain operational effectiveness with admission avoidance and discharge planning will have already taken place following SAFER and SORT principles.

Each Health Community will report the following additional triggers, and further develop linked mitigating actions. The triggers are linked to an escalation status colour 'Green' through to 'Black' for Covid. These are run in conjunction with the all Wales escalation model.



BCUHB is currently at a Green status in relation to escalation, with system resilience back to pre covid status in that:

- 1) Covid Patients are being managed at local level through isolation initially and co-horting when required.
- 2) Visitors are allowed back onto the wards with a verbal screening prior to arrival.
- 3) Elective work is on-going.
- 4) Outpatient clinics are functioning

As triggers fluctuate from Green to black and vice versa the Integrated Health Economies resilience plans will support the stopping of specific elements with advice and guidance from Infection prevention alongside the resilience teams. This would function as a rising tide system in line with JESIP requirements.

In addition, each Health Community and the system is developing additional triggers and associated actions in relation to the following indicators:

1. OMFD (patients who are optimised and medically fit for discharge)
2. Total numbers waiting in the ED departments (by category)
3. Total number of Covid inpatients (admission due to Covid and admission due to other physical health need with Covid)
4. Ambulances waiting (and length of wait)
5. Additional beds in operation as a result of the instigation of the surge plans
6. Capacity in primary care reduction in GP appointments based on baseline 2019/20
7. Availability of next day GP surgery slots by area
8. Overall bed availability in community, acute, mental health and women's and children's services

Each Integrated Health Community and Acute Winter and Covid-19 Surge Capacity Plan includes actions that will be undertaken to mitigate operational pressures locally subject to the local assessment by Senior Management Teams and as a result of the escalation states as defined above with clear actions to de-escalate. See Appendices.

The impact of winter pressures and Covid-19 /Infections conditions effects on Primary Care and Community Services is captured in the daily Primary and Community Escalation Framework. Through the Gold and Silver Command Operational Resilience, structure Level 4 Extreme Pressure (very high risk) triggers will be monitored daily to provide system alerts to operational risks that require Health Board support and mitigation and also to track operational consequence on other services, so that they can prepare for any impacts.

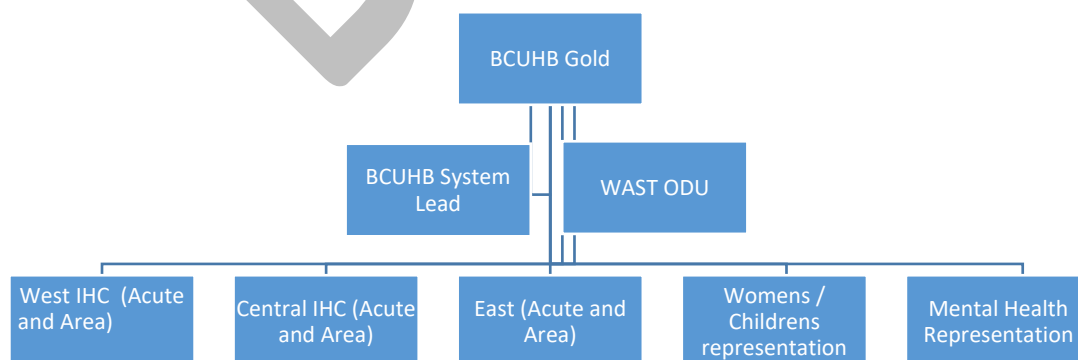
13. Command and control

The Senior system lead manager Command and Control framework continues in the current format of a senior operational manager supporting pan BCUHB Monday to Friday. This operates 12 hours per day, five days per week and will provide the operational decision making to enact local plans within acute hospitals and community hospitals and act as the communication and decision making framework to enable Integrated Health Community decision that support patient flow, decompression of services and integrated planning of resources to enable plans to be delivered on a daily basis which is then managed out of hours/weekends by the silver on call.

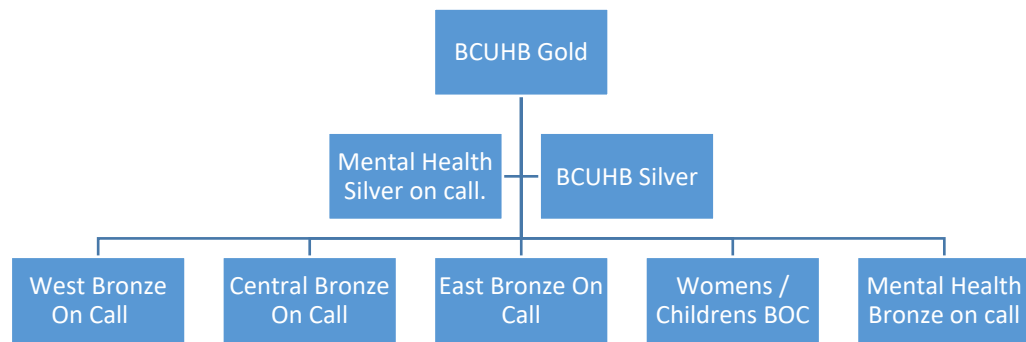
The Senior System lead manager is the singular point of contact for the ODU in relation to national reporting and escalation. Senior operational directors within the health board manage this rota.

If triggers for escalation are identified within BCUHB then the health economy can re-institute the Tactical Control Cell (TCC) alongside this each Intergrated Health Economy setting up of the Hospital Control Cell (HCC) that is managed by a senior operational manager 7 days a week. This is at the discession of Executives with guidance from Infection prevention and Emergency planning readiness and resilience.

The current modelling for on call is:

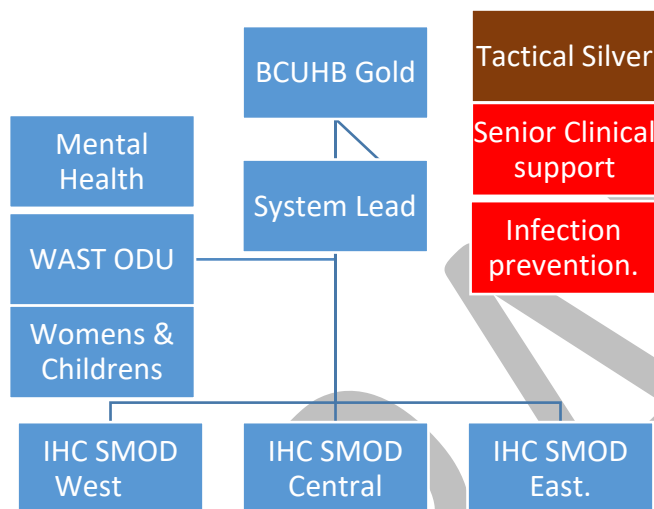


In Hours System Resilience, currently has excess of 10+ participants.



Out of Hours and Weekends.- Currently has 10+ per call.

Potential changes due to escalation due to winter pressures:



Potentially (In hours) would have 7 on call with each IHC managing their own risks and escalating to the system lead in hours and Silver on call out of hours. The additional element to support resilience and planning would be:

- Tactical Silver that would be there to support rising tide events and subject matter expert on Resilience and planning ie: Monkey Pox/ Bridge closure etc to allow system lead / silver on call to manage day to day aspects.
- Senior Clinician to be available to support any difficult conversations when requesting additional elements of work ie: recalling of Consultants, escalating of any delays in communications regarding referrals.
- Senior representation of a Subject matter expert in relation to Covid/Respiratory conditions to allow early planning.

Any decisions / discussions would then require an action log to be completed in line with JESIP to support risk assessments being completed.

14. Potential ideas for further consideration

As part of the ongoing resilience planning the following ideas are currently being considered as a potential assistance to those plans already in place, particularly in view of the potential pressures the system will face in 2022/2023, any which are taken forward will be evaluated and/or included in the Health Board's Resilience Plan 2023/2024:

- 1) 24 hour discharge where it is safe to do so and patients can be provided with a volunteer house sitter or similar i.e.: Night owls (Mon)
- 2) Separate facility to take all minor injuries/illness from ED, established permanently or separately in an ED department similar to the Urgent treatment centre model.
- 3) 24/7 in-house transport to complete transfers and discharges
- 4) 24/7 Medicine Registrar based in EDs
- 5) General introduction of annualised contracts to provide workforce flexibility and attract those who may not otherwise work for the Health Board
- 6) Everyone waiting a test where clinically appropriate to be discharged but with monitoring (volunteer or access to the ward via phone)
- 7) Boosting admin staff into all clinical areas remaining open to free up clinical staff from non-clinical tasks
- 8) Zero tolerance of Optimising Medically Fit for Discharge (OMFFD) and reduction to 10% of current level
- 9) Bringing community staff in to review patients known to them in ED and take them out (D2A)
- 10) All psychiatric patients without a physical medical health need to be transferred immediately to reduce risk.
- 11) One single bed management/capacity function as part of escalation pan BCUHB
- 12) Consultant only admission from ED 24/7
- 13) Ambulance handover area and zero tolerance of waits
- 14) Right of admission only as a last resort, not as a standard option, consultant admission should assist with this
- 15) Discharge facility to be used 24/7
- 16) Two ward rounds a day, attended by a senior manager as well as clinical team members to ensure non clinical issues are unblocked
- 17) Senior presence director level/senior manager supporting the front door (ED/SDEC) along with similar presence for back door (MFFD/Transfers)
- 18) AHP satellite clinics in primary care seeing those patients specific to them e.g. back pain/physio, bowel patients/nurse specialists
- 19) Nurse specialist and all other clinical staff returned to wards where appropriate, including all staff with registration who work in non-clinical facing roles

Winter additional planning and staffing requirements are included in appendix 2

15. Risks

The Winter Resilience Plan risks fall into the following categories:

- Increase in Covid-19 transmission, infection, and other seasonal illnesses.
- Workforce capacity and recruitment of additional resource required to deliver winter schemes
- Environment - existing infrastructure and social distancing.

- Bed spacing restrictions
- Unscheduled Care attendances
- Optimised Medically Fit for Discharge (OMFD) patients
- Planned Care – Essential and Elective Services
- Local Infrastructure failure.

Covid-19 continues to be a factor, albeit at a lower level than Waves 2 and 3. In addition, there is the potential for increased prevalence of RSV (Respiratory Syncytial Virus) in children and a high risk of influenza across the whole population resulting from increased social interaction and the relaxation of Covid measures in the community and most recently Monkey pox and Ebola.

The workforce capacity and availability risks relate to potential Covid-19 pressures, surge requirements and increased workload in both acute and community settings, compounded by the need for some staff to self-isolate and increased levels of staff sickness.

Although ED and MIU attendances have returned back to pre COVID demand, there are risks in relation to the Health Board's ability to deal with an increase in attendances due to sub optimal patient flow.

Modelling indicates increases are likely due to influenza and other seasonal illnesses, Covid-19 patients, as well as those who present with life-threatening conditions both medical and surgical conditions. Without improvements to flow this will result in longer lengths of stay within the ED, putting patients at risk of harm and more likely to have a poor experience of care.

Due to pressures elsewhere in the Health and Social Care system, particularly in social care, the Health Board has seen an increase in the number of patients who are medically fit for discharge who remain in hospital whilst arrangements for their post discharge care are finalised. For example, at the end of September 2022 the Health Board's acute and community hospitals were hosting over 350 patients designated as Medically Fit for Discharge. Around half of these patients were awaiting further care, of which the largest group were those awaiting a package of care in their own homes.

The risks associated with planned care relate to restricted capacity arising from the Covid measures still in place, limited opportunities to secure additional internal or external non-recurrent capacity and the challenge of protecting elective capacity in the face of increasing pressure from unscheduled and emergency care and capacity constraints in the social care system.

	Risk Title	Overview	Likelihood	Impact	Mitigation
1	Increase in Covid-19	Surge in Covid-19 numbers Threat of new variant of concern resulting in a surge of cases Threat of new vaccine-evading variant			Vaccinations Robust vaccination strategy/programme Winter resilience & Surge Plans for additional capacity. Review of triggers for implementation of COVID ward and elective reviews.
2	Emergence of other serious communicable diseases/Viruses	Seasonal influenza RSV, Ebola, Monkey pox			Vaccinations Robust vaccination strategy/programme Respiratory guidance published Use of respiratory pathways. Co-hort ability due to pressured isolation facilities. Pressure supported Isolation. Capacity with Tropical medicine.
3	Increased waiting times/delayed handover times.	Pressures on the NHS and social care, which typically increase during the winter months including delayed ambulance transfers and delayed discharges from care.			Seasonal planning embedded Winter resilience plans updated Daily risk huddles and outcomes for de-escalation. Utilisation of SDEC/111/UPCCS to reduce attendances.
	Risk Title	Overview	Likelihood	Impact	Mitigation
4	Workforce pressures in health and social care due to high vacancy rates, staff sickness and social economic pressures..	Winter normally provides its own series of challenges for the sector this is now further expanded in light of financial instability of the economy			WOD working through contingency plans. Review of recruitment strategies to reduce the internal competing for staff. Revised Local Options Framework and impact assessment
5	Increased unscheduled care demand due to delay in chronic conditions reviews by all specialities (Surgery/Mental Health etc) Increased acuity of patients due to the delays resulting in increased LoS and high acuity areas (ITU/CCU) and prolonged recovery periods.	Backlogs in all specialities continue. Patients inability to care at "Right place" resulting in inappropriate attendances to Emergency departments either self presenting or via WAST > demand.			All Wales Escalation framework Review of GP sessions to support demand. Guidance for dental check-ups updated Increased access to 111/SICAT/UPCCS / I Can to support those that can be managed closer to home safely. Consultant connect access. Redirection of Minors work streams. Increased capacity with MIU's Educational development to support the choose wisely approach.
	Risk Title	Overview	Likelihood	Impact	Mitigation
6	Power and gas outages	Risks around energy supply Some medical equipment that relies on electricity . Risk of harm to individuals due to stopping of supplies due to costs.			Resilience plans ongoing. Medical equipment support provision to increase. Pathways in development to prevent conveyances due to "Social factors"
7	Stock holding levels and demand & supply of PPE etc	If there is a surge in covid or other aligned virus's the need for PPE and vaccines may increase.			Robust stock management, Early planning for surge. Capital process to ensure isolation facilities within each health economy.
8	Extreme low temperatures and adverse weather	Extreme temperatures can put additional demand services. Risk of increased illness and excess deaths Increased demand for Trauma Services and rehabilitation.			Civil Contingencies/emergency planning and resilience response plans. Weekly BCUHB & Social care meetings to review weekend planning and issues for escalating.




	Risk Title	Overview	Likelihood	Impact	Mitigation
9	Community care home capacity	Due to ongoing rises in costs, ability for care homes to remain sustainable.			1000 beds campaign on going. Review of recruitment strategies across H&SC Ability to provide care closer to home. Six goals for Urgent and Emergency care implementation.
10	Industrial action	A number of health unions are balloting for NHS staff to go on strike in relation to elements above - No date has been confirmed as yet.			Discussions ongoing with Unions. NHS Employers are updating their Industrial Action Guidelines Civil contingencies act will reduce the risk for Emergency service staff and ensure availability
11	Menai suspension bridge closure.	Singular bridge access on and off the island has increased commuting times and cost for staff and Patients, along with limited access/egress for the ambulance service to respond.			Review of Business continuity planning for full closure. Allowing staff the opportunity to work closer to home when feasible. Ensuring real time communication to staff and patients. Reive of BCPs for Renal / Cardiac/ Oncology and maternity services.
12	Home births ability due to risks identified	Current home births are suspended due to demand and capacity			Review of system capacity and escalation of concerns nationally. On going work with service providers review risks and identify solutions.

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16. Glossary

ADT	Assessment, Diagnostic and Treatment
APP	Advanced Paramedic Practitioner
BCUHB	Betsi Cadwaladr University Health Board
CCC	Clinical Contact Centre
CRT	Community Resource Team
CPAP	Continuous Positive Airway Pressure
CTU	Community Testing Units
CYP	Children and Young People
ED	Emergency Department
FICM	Faculty of Intensive Care Medicine
GP	General Practitioner
HECC	Health Emergency Control Centre
HTK	Home Testing Kits
IPC(T)	Infection, Prevention and Control (Team)
ITU	Intensive Treatment Unit
ICU	Intensive Care Unit
LMC	Local Medical Committee
LTU	Local Testing Units
MTC	Mass Testing Centres
MTU	Mobile Testing Units
NIV	Non-Invasive Ventilation
NWCTC	Welsh Critical Care and Trauma Network
ODU	Operational Delivery Unit
OPMD	Optimised Patient Medically fit for Discharge
PPE	Personal Protective Equipment
RWC(S)	Reasonable Worst-Case Scenario
SDEC	Same Day Emergency Care
SiCAT	Single Integrated Clinical Assessment and Triage
TTP	Test, Trace, Protect
UPCC	Urgent Primary Care Centre
WAST	Welsh Ambulance Services Trust
WG	Welsh Government

Appendices

Appendix:	Document:
1. Surge capacity IHCs.	 Summary inpatient bed surge plans acu
2. Winter bids and staffing mitigation	 BCUHB Winter resilience Bids 2022
3. Site actions on escalation	 BCUHB Escalation and Action cards V1

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Provider	Location / critical outputs	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Totals
East Health Community									
Acute beds		Samaritan - currently Crit Care surge option - not currently utilised. Potential for 11 spaces. Depending on crit care demand - 4 to be used immediately	Surgical SDEC - Physical space for 6 beds SDEC would relocate to SAU	Morris - was 19. Now on 20. Physical space for 7 more beds however all currently closed due to IP&C guidance/social distancing regulations	Arrivals - 16 beds - all elective and day case activity would need to cease.	Pasteur - currently 11 trolleys. Potential for 8 beds - impact to cancer pathway. Cancer work would entirely cease. Aim to protect as per earlier Covid waves	Cunliffe - on 23. Potential to surge to 25 but impact on red dialysis	Boarding on wards Potential for further 10 beds by boarding additional 2 pts on each designated acute ward. High risk, staffing risk and would not be enacted except with decision of Gold command and initiation of internal major incident	
	Wrexham Maelor Hospital	Possible beds that could be opened (staffing risks apply to all red risks)	11 beds	6 beds	7 beds	16 beds	8 beds	2 beds	10 beds
		RAG rating to open / commission							60 additional surge beds WMH
		Possible timescales	1 day	1 day	3 days (IPCC advice)	7 days	7 days	14 days	7 days
Community Beds									
	East Area	Deeside and Mold: day rooms	Evington ward - MDT room	Deeside and Mold: reduce social distancing to pre-Covid levels	Chirk: reduce social distancing to pre-CoVid levels	Chirk, Deeside and Mold: altered use of therapy areas at community hospitals	Independent Sector: additional nursing/residential beds commissioned from care home		
	Comments	currently in use	need to locate additional bed	requires IPC advice and risk assessment. Review staffing	need to hire an additional 2 beds. requires IPC advice and risk assessment. Staffing challenges	requires OP activity to cease and therapy areas to be reorganised. Additional beds.	agreement from care home management team (meeting 22/12)		
	Possible beds that could be opened	2 beds on each ward - 8 in total	1 additional bed	Deeside and Mold: 12 beds - 4 deeside and 8 Mold	Chirk: 5 beds - Chirk (transparent screens are in situ)	12 beds - 4 beds chirk, 4 beds Mold, 4 beds deeside	up to 12 beds		50 additional surge beds East Comm Hosp
	RAG rating to open / commission								
	Possible timescales	immediate effect	immediate effect	3 days	3 days	14 days	15 days		
Centre Health Community									
Acute beds									
	YGC	Ward 19. Was 24 bed ward. Ventilation and IPT issues. Now 10 beds escalation. Re-open to 24 beds - relocate TVN, DLNs and delay colposcopy plan	Ward 14. Was 26 beds. Now 22. Reopen remaining 4 beds. Note IPT/H&S issues to resolve. Review for further 4 beds as was a 30 bedded ward. Space used for stroage.	Ward 6. Void converted for CPAP wave 1. Now used as DOSA. IPT, H&S and infrastructure issues. Review and correct with operational estates. Could be suitable X beds tbc. Note impact on daycase staging area.	Ward 19a. Used as green gynaecology ward. Check occupancy. Consider consolidating into maternity wards till post wave 4?	Therapy Investigations Unit (TIU). Review inpatient use. Low level acuity step-down MFFD?	Urology Day Unit. Possible in extremis solution. Mitigation for cancer UDU work required.	Abergele Hospital. Primary use for elective orthopaedics. Already used for swab negative post trauma care.	
	Possible beds that could be opened	10 beds	4 beds	10+ beds	12 beds	4+	TBC beds	20 beds (elective ortho)	58 additional surge beds YGC (inc elective to emergency use)
	RAG rating to open / commission								
	Possible timescales	10 beds with step down of Discharge Lounge. More beds would require 3+ days to increase by further 4 beds	Requires IPT sign off for space and ventilation	Daycase surgery would need to be stopped. Risk assessment for infrasture required and suitable patients for overnight care	Gynaecology to move to Maternity. Risk assess red areas for gyane and mat pts	Relocate therapy staff, secure suitable equipment. Oxygen and suction available	Currently used for daycase procedures. Risk assessment of UDU for possible overnight use required prior to considering.	Suspend elective orthopaedics. Existing ward. Patient selection similar to Community Hospitals tbc	
Community Beds									
	Central	Llandudno Hospital: Aberconwy ward to increase from 11 to 19. Agree model of care.	Colwyn Bay. Nil surge options	Ruthin Community Hospital: Menlil ward, reduce bed spaces	Denbigh Infirmary. Nil surge options	Llandudno Hospital: Llewelyn ward, reduce bed spacing	Llandudno Hospital: Morfa, reduce bed spacing		
	Possible beds that could be opened	8 beds	0 beds	Max 4 beds	0 beds	Max 4 beds	Max 4 beds		20 additional surge beds East Comm Hosp
	RAG rating to open / commission								
	Possible timescales	24-72 hours		24-72 hours		24-72 hours	24-72 hours		
West Health Community									
Acute beds									
		Two voids between Moelwyn and Hebog ward with capacity for 5 beds in each bay. Now used as respiratory physiology and office.	Conwy ward to increase from 30 bedded to 35 bedded footprint	Glaslyn ward to increase from 26 bedded to 30 bedded ward following removal fixtures and fittings	Enlli currently critical care surge (with 4 patients) but could be utilised for surge capacity if critical care de-escalates	Maesdu ward Llandudno Hospital			
	Possible beds that could be opened	10 beds	5 beds	4 beds	15	8			42 additional surge beds WMH
	RAG rating to open / commission								
	Possible timescales	24-72 hrs	24hrs	24-48hrs	Subject to covid crit care surge	10 days			
Community Beds									
	West	YPS. Use dayroom	Eryi. Uses lymoedema room. Subject to staffing	Bryn Beryl. Uses treatment room and physio area.	Altwen. Uses treatment room, visitor room and staff room. Also at max OPD capacity	Dolgellau. Uses RJP room	Tywyn. Within ward foot print		
	Possible beds that could be opened	4	6	4	13	4	9		40 additional surge beds East Comm Hosp
	RAG rating to open / commission								
	Possible timescales	<24 hours	24-72 hours	24-72 hours	24-72 hours	24-72 hours	<24 hours		
									270 additional surge beds

Scheme Outline	Description of additional resource required	WTE Required
WEST IHC		
SDEC	1 x Band 3 HCW 7 days 8-6	2.25
NEPTS	Additional WAST crew, above core WAST contract	
Security	Additional Security over Christmas and New Year	
GP at front Door	<i>Awaiting info for costing purposes</i>	
EC Transfer Team	Band 2 HCA Proposed 10:00 – 00:00, 7 days a week (2 on each shift)	6.40
Additional ED Reception Team	2.17 WTE Band 3 - to provide additional reception cover	2.17
Point of Contact Hub – admin staff to support incoming calls for ED/SDEC/Gogarth/Aran	Band 2 A&C Proposed 08:00 - 20:00, 7 days per week	0.00
Additional Primary care support/specilaity support at the front door for the Emergency Care Directorate	8a budget for 1.5 WTE - be able to offer evening OT shifts to ANPs currently working elsewhere	1.50
EC Portering Staff	Band 2 Porter Proposed 08:00 - 00:00, 7 days per week	0.00
Intentional Rounding Teams - YG	1 x HCA per Ward 08:00-20:00 x 7 days x 14 wards	7-12
Rapid Response bed cleaning	2 x HCA (for site) 08:00 - 22:00 x 7 days	0.00
Increased Ortho-Geriatrician (plus SHO support) cover	Dr Singla - plus SHO support (both Agency) - additional hours - 4 hours each per day x 5 days per week Oct to March	0.00
Echo support for wards	1 WTE band 2, 1 WTE Band 4	2.00
Respiratory Specialist Nurse Support	Band 3 2 WTE for TB screening/spec nurse pressures	2.00
Sleep Apnoea	1 WTE Band 2	1.00
Nursing Vascular Access Service	Combined costing	4.00
2 WTE off Framework Agency (Kayani and Singla)		2.00
SHOs - 6/8 see Fawad Mohammed's email re: Medicine and winter	6 SHOs (specialties to cover covid rota) plus Fatima and Aqib	8.00
Ward Clerk Provision	Request for 2wte Band 2 ward clerks to act as relief clerks.	2.00
1 WTE off Framework Agency - Respiratory		1.00
TOTAL		34.32

Scheme Outline	Description of additional resource required	WTE Required
Central IHC		
GIM Consultant Locum	To support with management of medical outliers and thus reducing burden on speciality teams of 'safari' ward rounds. Locum consultants x 2 for ward 10. Reduce internal outliers. Suppprt to ward 9 for General Medicine	3.00
Additional junior doctor out of hours support	2nd Medical SpR on nights. Re-appoint winter x 6 SHOs	8.00
Locum Respiratory Medicine Consultant	Suppprt respiratory medicine in EQ over winter: specilaity in-reach	1.00
Weekend Discharge Registrar	Increased SHO / PA cover to support with weekend discharges and intake of patients in Medicine	3.00
Support respiratory ward	Increase resp ward physiotherapy x 1 WTE	1.00
Night Sisters	B7 Night Sisters for Medicine to help with overnight selection and preparation of patients for early discharge / escalation re MFFD delays	4.80
WEDFAN +	Re-establish a 'WEDFAN' team with clinical psychology suppprt to reduce admissions in high risk patients	3.00
Post Take Ward Round support	Efficient PTWR with prompt follow up and delivery	4.80
Manage complex respiratory patients: ILD and biologics	B8a Pharmacist to suppprt biological asthma and ILD to release consultant respiratory medicine time for USC / UEC	1.00
Pharmacy extended hours (plus weekend) pilot	B8A Pharmacist and 7 Technician.	2.00

TOTAL		31.60
Scheme Outline	Description of additional resource required	WTE Required
East IHC		
Admin & Clerical Support	Additional admin support for the out of hours period to trial keeping WPAS updated so that the patients lists and ward accuracy are real time to support effective discharges and efficiencies for junior doctors. Working Hours = 5pm-2am, 7 days per week. (Based on period from 1st November to 31st March)	9.60
Winter Surgical Registrar	Middle grade doctor to work with surgical manager of the day, SAU and A&E to focus on the timely management of surgical assessments and admissions. Based on period from 1st October. Focus on discharging and creating capacity.	1.00
Golden Bed for # NOF and enhancement of orthogeriatric input. Additional locum orthogeriatrician for 4 months	This is aimed at ensuring x 1 ring fenced T&O bed at any given time. This capacity can be created with prompt daily discharge profile reviews. When T&O patient from ED needs to be accommodated when ward is full, then the ward can temporarily go up to go down.	0.00
Strengthening of ambulatory trauma model	To enhance the ambulatory trauma model introduced during COVID escalation to manage day case trauma outside of the inpatient ward footprint - One RN and one HCA for 4 months	2.00
Increase to 16 critical care beds (currently funded for 12)	Based on Period from 1st October to end of March	0.00
Hot clinic nursing support	Band 5 Nurse and Band 3 HCA to support hot clinic - Based on the period from 1st October to 31st March	2.00
Deteriorating Patient Matron	Provision of a Sepsis/Deteriorating Matron that will work in conjunction with Critical Care, AIT team and wider directorates in totality so all patients have access to this clinical expertise and standardised clinical approach. Band 8a for 4 months	1.00
GIM Consultant Locum	To support with management of medical outliers and thus reducing burden on speciality teams of 'safari' ward rounds. B7 OT appointed at risk to link between wards and HFB for complex discharges	1.00
Band 2 Medical relief	Band 2 medical relief x4 per shift (early late and night). To support wards, escalation, additional demand	19.20
Additional junior doctor out of hours support	x1 additional night doctor per night x1 additional junior doctor to support AMU per night x1 additional on call junior support on weekend 0900-2130	3.00
Band 3 Medical Assistants	To support cannulation/venopuncture/bloods etc on wards.	11.00
Weekend Discharge Registrar	Increased cover to support with weekend discharges and intake of patients in Medicine	1.00
Support for Lung Cancer patients	Nurse time to support with patients who present to ED or admitted to hospital with lung cancer. - 4 months	1.00
Specialist resp practitioner	Support acute NIV for patients in acute setting - 4 months	1.00
CRT at the front door	Increasing capacity into CRT at the front door to support more crisis patients with the aim of avoiding admission	2.80
2 x Pharmacy Technician and 2 x Pharmacy Assistant to support timely discharges	Appointment of permanent (or locum) Pharmacy Technicians and permanent Pharmacy Assistants to ensure TTO are provided to patients in a timely manner to facilitate earlier in the day discharges. Suggested ward cover - Panto, POW, Bonney & Bromfield.	4.00
Discharge Lounge Extended Opening	Increase discharge lounge opening to facilitate 7 day opening through winter period Proposal/suggestion - 10:00am - 9pm weekdays- use of bank hours) weekends - change opening times 12-7pm (no additional staff required)	0.00
Additional junior doctor support on inpatient wards	Increase junior doctor input to inpatient wards to support with TTO's and EPOCS	12.00
Increased therapy for wards	Increased therapy input into Wards	7.00
Pharmacy Technician input into Community Hospitals	To directly support and facilitate earlier in the day discharge from Community Hospitals	4.80

Physio & OT Support in ED Minors	Physio/OT in triage to enable patients to receive assessment and treatment earlier in their pathway. Both physio and OT are Band 7 Mon - Sun 9am - 5pm for 6 months	2.00
Extra Nurse and HCSW to support ambulance arrivals	To ensure that patients held in ambulances are provided with appropriate and safe levels of care including observations and intentional rounding checks. To support patients in the ambulance assessment room - 1 Band 6 and 1 Band 2 on shift 24/7 Monday to Sunday - 6 months	19.20
Extra ED Receptionist 24/7	ED requires an extra shift to be added to their reception roster to ensure the reception has two people on at all times to mitigate risk of last minute sickness - Additional Band 3 24/7 - 6 months	4.8
EC Floor Co-ordinator	Band 7 floor coordinator with a focus on management of ambulances and flow between the ED and AMU working in collaboration with the NIC. Monday - Friday 8.30 - 17.00 - 6 months	1
Prescribing Pharmacist	To provide pharmacist support to the ED to ensure early reconciliation of medication. Should be a non-medical prescriber this will enable support for the admitting team with in-patient drug prescribing Band 8A Monday to Friday 9am to 5pm - 4 months	1
Nursing/Clinical support for Frequent patient attenders	To provide nursing/clinical support in the management of frequent patient attenders with the aim to reduce the number of times individuals attend Band 7 37.5 hours per week, plus 1 session of a consultant	1.4
Administration support for Frequent patient attenders	To provide administration support in the management of frequent patient attenders with the aim to reduce the number of times individuals attend. Band 3 7.5 hours per week	1
Mode of transport for transfer of ED patients	Ensuring regular transfer of patients in a timely manner	0
Additional discharge crew	Additional Discharge crew 1400 - 2200 5 working days per working week. Circa £54 per hour	0
SDEC extension	Currently open 08.00 to 17.00 M-F	0
Sustain orthopaedic and elective recovery through winter period due to existence of super green protected area	WG funding expected to substantiate the plan from April 2023	0
PACU	Increase PACU functionality to a 7 day 24/7 service. This will require additional medical cover (x3 middle grades- these will also cover the increase in crit care beds) and x2 additional nurses bands 5 and additional support the ability to treat elective patients appropriate for PACU and will bolster the unit during the winter months.	5
Medicines Mangement support for CRT and Home First	x1 Band 5 technician	1
ED Admissions Medicines Housekeeper'	Band 3 ATO - information provided in an email from paul carter 12.08.22	3
Care Home Outreach	2 x Band 2 HCA and 2 x Band 7 ANP (1 of each for Flintshire and Wrexham) to provide weekday 9-5 support to Care Home residents preventing the need for a number of GP Home visits, allowing them to see more practice based patients.	2
TOTAL		123.20

Scheme Outline	Description of additional resource required	WTE Required
Pan BCUB		
Community IV services pan BCUHB	Ability to manage IV services within the community setting to reduce escalation into hospital along with improving discharge profile of those having IV services but are clinically safe. 1 8A, 6 Band 7's and 3 Band 3's to support all IHC's	10
	Total staff	199.2

DRAFT



BCUHB

This framework identifies the key escalation triggers and actions for the hospital site as a whole as well as each of the directorates to provide a coordinated approach to managing escalation and the subsequent actions required to de-escalate.



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Triggers – Escalation Plan Level 1

Steady State

HEALTHBOARD – 4 CORE TRIGGERS APPLICABLE:

- Emergency admissions are within predicted levels match available capacity
- Emergency Access performance 95% being maintained
- Available resuscitation and trolley capacity in A&E
- Ambulance patients – transfers of care within 15 minutes
- Beds available in assessment units
- Predicted and known capacity to accommodate emergency and elective admissions (including community beds)
- Available CCU & ITU capacity
- No additional beds opened
- Elective lists proceeding as scheduled
- No assistance being provided to other sites/health boards
- No known external factors to impact upon capacity
- Consider 24 and 48 hour weather forecasts (hot and cold)

Triggers – Escalation Plan Level 3

Amber High: Severe Pressure

HEALTHBOARD – 4 CORE TRIGGERS APPLICABLE:

- Emergency admissions are exceeding predicted levels and available capacity
- >8 hours breaches have occurred
- Unable to provide resuscitation facility
- Ambulance patients – transfers of care > 30 minutes but less than 60 minutes
- Patients waiting more than 2 hour for first contact with assessing clinician (majors minors)
- Limited ability to create CCU and ITU capacity (refer to Critical Care Escalation protocol)
- Discharges and transfers less than predicted and will impact significantly on capacity
- All available staffed adult staffed capacity in use, including ring fenced beds
- Planned commissioned additional activity in use
- Routine electives cancelled
- Divert within the Health Board in place

Triggers – Escalation Plan Level 2

Amber Low: Moderate Pressure

HEALTHBOARD – 4 CORE TRIGGERS APPLICABLE:

- Emergency admissions are likely to exceed predicted levels and available capacity
- >4 hours breaches have occurred (excluding clinical exception)
- Ability to provide resuscitation capacity
- Ambulance patients – transfers of care > 15 minutes but less than 30 minutes
- Patients waiting more than 1 hour for first contact with assessing clinician (majors minors)
- No acute beds available within the next 30 minutes
- CCU & ITU delayed transfers of care identified
- Patients being admitted or transferred to an outlying specialty
- Unplanned bed closures i.e. infection outbreak
- Routine electives under review
- Midday status remains at Yellow

Triggers – Escalation Plan Level 4

Red: Extreme Pressure

HEALTHBOARD – 4 CORE TRIGGERS APPLICABLE:

- Emergency admissions have significantly exceeded predicted levels and available capacity
- >12 hours breaches have occurred
- A&E capacity unable to meet further demand
- Ambulance patients – transfers of care > 60 minutes
- Patients waiting more than 4 hour for first contact with assessing clinician (majors minors)
- No transfers or discharges taking place
- No CCU or ITU capacity available
- All planned admissions have been cancelled
- Unplanned uncommissioned additional capacity in use
- No divert to neighbouring Health Boards in place

Core Values

Trolley bay to not have beds

AMU to have 4 empty beds by lunchtime

Board Rounds to occur every morning

Ward Handover to be in SBAR format

Team sign-out every afternoon to identify a number of operational problems i.e. identification of morning discharge, medication etc.

20 discharges before 11 am each day

Identification of 'Golden Patient' for following day

SDEC / Discharge lounges to accept first patients by 0900HRS

Level 1			
Overall Lead - Clinical Site Manager			
Time		Lead	Attendance
07:45	Handover across site/professions		
08:30	Site Safety Huddle	Huddle Chair	
09:00	Area Safety Huddle		Senior Nurse on call for the day
10:00	BCUHB Conference call - with rep from Acute and Area	DGM/HoN	Operational Manager or Nurse Manager of the day
11:00	WG Conference Call	Tactical Manager (on call rotation)	
11:00	MFD Review Meeting	Matron	CSM Manager or delegate/Therapies
12:30	Operational Review Meeting (Mini huddle)	CSM	CSM/Flow Manager/Patient Flow Admin
15:00	Operational Review Meeting (Mini huddle) with additions confirm tomorrows discharges, Golden Patient, outliers and escalation plan for overnight	CSM	CSM/Flow Manager/Patient Flow Admin/Com Hosp update from Area MoD
15:30	Update consultant physician on call of status and plans	CSM	
16:30	BCUHB Conference call - with reps from Acute and Area	CSM	CSM, Operational Manager or Nurse Manager of the day, Bronze on Call
17:00	Handover and agreement of evening/night plan for the site	CSM	CSM, Bronze on Call, Operational Manager and Nurse Manager of the day
19:30	BCUHB Conference call	CSM	CSM, Bronze on Call (may be from home)
19:45	Handover across site/professions		
20:00	Update consultant physician on call of status and plans	CSM	
Level 2			
Overall Lead - CSM			
Time		Lead	Attendance
07:45	Handover across site/professions		
08:30	Site Safety Huddle	Huddle Chair	
09:00	Area Safety Huddle		Senior Nurse on call for the day
10:00	BCUHB Conference call - with rep from Acute and Area	DGM/HoN	Operational Manager or Nurse Manager of the day
11:00	WG Conference Call	Tactical Manager (on call rotation)	
11:00	MFD Review Meeting	Matron	CSM Manager or delegate/Therapies
12:30	Operational Review Meeting (Mini huddle)	CSM	CSM/Flow Manager/Site Admin/Operational Manager and Nurse Manager of the day
15:00	Operational Review Meeting (Mini huddle) with additions confirm tomorrows discharges, Golden Patient, outliers and escalation plan for overnight	CSM	CSM/Flow Manager/Patient Flow Admin/Operational Manager and Nurse Manager of the day/Com Hosp update from Area MoD
15:30	Update consultant physician on call of status and plans	CSM	
16:30	BCUHB Conference call - with reps from Acute and Area	CSM	CSM, Operational Manager or Nurse Manager of the day, Bronze on Call
17:00	Handover and agreement of evening/night plan for the site	CSM	CSM, Bronze on Call, Operational Manager and Nurse Manager of the day
19:30	BCUHB Conference call	CSM	CSM, Bronze on Call (may be from home)
19:45	Handover across site/professions		
20:00	Update consultant physician on call of status and plans	CSM	
Level 3			
Overall Lead - Site Director (008) / BoC (after hours)			
Time		Lead	Attendance
Time		Lead	Attendance
07:45	Handover across site/professions		
08:30	Site Safety Huddle	Huddle Chair	
09:00	Area Safety Huddle		Senior Nurse on call for the day
10:00	BCUHB Conference call - with rep from Acute and Area	DGM/HoN	Operational Manager or Nurse Manager of the day
10:30	Additional mini huddle may be called is site position deteriorates		
11:00	WG Conference Call	Tactical Manager (on call rotation)	
11:00	MFD Review Meeting	Matron	CSM Manager or delegate/Therapies
12:30	Operational Review Meeting (Mini huddle)	CSM	CSM/Flow Manager/Site Admin/Operational Manager and Nurse Manager of the day/Site Director
15:00	Operational Review Meeting (Mini huddle) with additions confirm tomorrows discharges, Golden Patient, outliers and escalation plan for overnight	CSM	CSM/Flow Manager/Patient Flow Admin/Lead Ops and Lead Nurse Manager/Com Hosp update from Area MoD/Site Director
15:30	Update consultant physician on call of status and plans	CSM	
16:30	BCUHB Conference call - with reps from Acute and Area	CSM	CSM, Operational Manager or Nurse Manager of the day, Bronze on Call
17:00	Handover and agreement of evening/night plan for the site	CSM	CSM, Bronze on Call, Operational Manager and Nurse Manager of the day
19:30	BCUHB Conference call	CSM	CSM, Bronze on Call (may be from home)
19:45	Handover across site/professions		
20:00	Update consultant physician on call of status and plans	CSM	
20:00	Update consultant physician on call of status and plans	CSM	
21:00	BCUHB Conference call	CSM	CSM, Bronze on Call (may be from home)
Level 4			
Overall Lead - Managing Director (Bronze after hours)			
Time		Lead	Attendance
07:45	Handover across site/professions		
08:30	Site Safety Huddle	Huddle Chair	
09:00	Area Safety Huddle		Senior Nurse on call for the day
09:30	MFD Review Meeting	Lorraine Hughes (CHC Matron)	CSM Manager or delegate/Therapies
10:00	BCUHB Conference call - with rep from Acute and Area	DGM/HoN	Operational Manager or Nurse Manager of the day
11:00	WG Conference Call	Tactical Manager (on call rotation)	
11:00	MFD Review Meeting	Matron	CSM Manager or delegate/Therapies
12:30	Operational Review Meeting (Mini huddle)	CSM	CSM/Flow Manager/Site Admin/Operational Manager and Nurse Manager of the day/Site Director
15:00	Operational Review Meeting (Mini huddle) with additions confirm tomorrows discharges, Golden Patient, outliers and escalation plan for overnight	CSM	CSM/Flow Manager/Patient Flow Admin/Lead Ops and Lead Nurse Manager/Com Hosp update from Area MoD/Site Director
15:30	Update consultant physician on call of status and plans	CSM	
16:30	BCUHB Conference call - with reps from Acute and Area	CSM	CSM, Operational Manager or Nurse Manager of the day, Bronze on Call
17:00	Handover and agreement of evening/night plan for the site	CSM	CSM, Bronze on Call, Operational Manager and Nurse Manager of the day
19:30	BCUHB Conference call	CSM	CSM, Bronze on Call (may be from home)
19:45	Handover across site/professions		
20:00	Update consultant physician on call of status and plans	CSM	
21:00	BCUHB Conference call	CSM	CSM, Bronze on Call (may be from home)
If the site escalates to level 4 in working hours the Managing Director may call an immediate senior team briefing and planning			Other staff may be requested to attend in accordance with site needs

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	Conditions needed to trigger intervention	Operation Intervention	Intervention Owner	Intervention undertaken yes/no	Condition met	If no - escalated through agreed process to whom	Desired outcome	Condition met	Notes
No.	Command and Communication structure								
CC2/1	Site is deemed to be a Level 2	CSM/Patient Flow Admin to advise site of change in escalation level according to agreed meeting command structure	CSM				De-escalation to Level 1		
CC2/2	Escalation to Level 2	Nurse Manager and Ops Manager of the day to attend mini huddle to facilitate solution generation	HoN/DGM				Senior presence to support site flow		
CC2/3	Inability to admit to identified specialty beds by clinical need	CSM to receive list of outliers from Ward Managers to consider appropriate outlying moves to ensure capacity particularly for out of hours	CSM				Admission to appropriate specialty bed in accordance with clinical need		
	Front Door - ED								
ED2/1	Emergency admissions are likely to exceed predicted activity	Nurse in charge to notify ED Lead Doctor to allow for plan to be formulated	NIC ED/EPIC				Emergency admissions are accommodated		
ED2/2	Patients arriving at ED via ambulance suitable for treatment at MIU or other alternative care pathways.	a) Triage patient (consider ambulance triage if potential to turn round). B) Offload and treat. C) Record MUST report for discussion with WAST.	NIC/Matron	move to ED			No patients arriving at ED via ambulance suitable for treatment at MIU/alternative care pathways during previous 1 hour.		
ED2/3	Ambulances being held for more than 15 minutes*	Nurse in charge to establish reason for delay (capacity/staffing) Mitigate where possible if not able to facilitate off load, triage to be conducted on board within 30 minutes.	NIC ED				Ambulance transfer of care <15 minutes		
ED2/4	There are patients waiting more than 15 minutes for triage	Escalate to Matron/HoN and EPIC. Consider options for reducing triage wait i.e. Additional staff to perform triage for defined period of time e.g. 10 -15 minutes. Once triaged, patients to wait in the waiting room if clinically appropriate	NIC ED				Time to triage <15 minutes		
ED2/5	There are patients waiting more than 1 hour for first contact with assessing clinician	NIC to notify 'shop floor' EPIC to review options to reduce first contact length of wait i.e. Moving clinician resource from one area to another. If unable to mitigate risk inform CSM	NIC AMAU/EPIC				All patients are seen by in ED doctor within an hour of arriving		
ED2/6	Capacity available only in Resus	Notify 'shop floor' EPIC. Review of patients within clinical space to identify most suitable patient to move out of minors/majors. This may involve contacting the on call consultants for Medicine/Surgery. If unable to mitigate escalate situation to WAST to review stack and look for potential alternative pathways	NIC/EPIC				Capacity for non resus patients to facilitate ambulance transfer and offload		
ED2/7	Time for patient to receive specialty review following referral exceeding 30 minutes.	NIC/EPIC to escalate to appropriate specialty Middle Grade/Consultant on call to agree plan to manage demand	NIC/EPIC/Specialty Teams				No patients in ED breaching IPS.		
ED2/8	Patients requiring admission with total wait exceeding 3 ½ hours	NIC to liaise with Patient Flow Managers/CSM to expedite/facilitate early transfers to AMAU/specialty beds	NIC ED				ED waits for specialty transfers less than 4 hours		
	Front Door - AMAU								
AMU2/1	Corridor waits and/or Ambulance crew being held for more than 15 minutes	Nurse in charge to establish reason for delay (capacity/staffing) Mitigate where possible if not able to facilitate crew release off load, triage to be conducted and confirm plan to create capacity within next 15 minutes	NIC AMAU				Ambulance crew handover not exceeding 15 minutes		
AMU2/2	No capacity in trolley bay to assess patients	NIC AMAU to review patients to sit out. If no internal options inform Flow Manager (CSM out of hours) of list of patients, by specialty, requiring bed.	NIC AMAU				Empty trolley bay at 09:00.		
AMU2/3	Patients waiting more than 1 hour for first contact with assessing clinician	NIC to notify AMU Lead Doctor to review options to reduce first contact length of wait i.e. Moving clinician resource from one area to another. If unable to mitigate risk inform CSM.	NIC AMAU/AMAU Lead Doctor				Patients have specialty review within 30 minutes of referral		
AMU2/4	If limited/no capacity on AMAU and no planned transfers or discharges within 30 minutes	Ensure Senior Medical review on AMAU has occurred. Additional Board Round to be undertaken to identify potential discharges. If unable to mitigate internally, inform CSM.	NIC AMAU/AMAU Lead Doctor				Sufficient capacity created on AMAU		
AMU2/5	Inability to transfer out due to AMAU staffing capacity within 30 minutes	Escalate to flow manager/CSM to seek additional staff required to facilitate timely move	NIC/Flow Manager/CSM				Moves undertaken within 30 minutes of bed becoming available		
AMU2/6	Patients exceeding 23 hour length of stay	NIC to liaise with CSM with a view to accommodating patients in appropriate inpatient bed i.e. Short stay, specialty bed/reverse boarding	NIC/CSM				No patients exceeding AMAU length of stay of 24 hours		

	Critical Care								
CC2/1	Critical Care at capacity but holding DTOCs	NIC to liaise with Flow Managers/CSM to expedite facilitate early day time transfers out to specialty beds	NIC/Flow Manager				DTOC discharged to create capacity		
CC2/2	Bed closures or potential bed closures due to staffing constraints	1) Confirm all internal actions for staffing shortfall have been undertaken. 2) If unable to mitigate escalate to Unit Matron/MoD or CSM out of hours.	Unit Manager/Matron/MoD				Plan to create capacity if required		
	Specialty Beds								
SB2/1	CCU/Stroke/Renal at capacity but holding DTOCs	NIC to undertake internal review to identify potential discharges (Board Round). NIC/Flow Manager to expedite transfer of DTOC to create capacity. If unable to mitigate internally to escalate to Flow Manager/CSM.	NIC/Senior decision maker				Capacity for specialty bed when required		
	Medical/Surgical Wards								
WA2/1	Board rounds not occurred on all wards by 10:30	Identify wards that have not have board rounds. Senior doctors contacted as appropriate.	Matron/Senior decision maker	Medical & Surgical					
WA2/2	Capacity may not be able to meet planned levels of elective admission (medical and surgical)	Review of elective activity planned with prioritisation undertaken prior to any formal decision making by Directorate around postponement or cancellation. Inform CSM of review outcome.	Matrons/Ops Lead	C&C					
WA2/3	Inability to admit to identified specialty beds by clinical need	NIC/Senior decision maker to undertake internal review (board round) to identify potential discharges. If unable to do so identify least risky outlier(s) and outlie the patient. Inform CSM when decision is taken to discharge/outlie.	NIC/Senior decision maker						Specialty Wards to identify patients for early discharge, transfer lounge, sitting out or reverse board until bed becomes available to facilitate 4 moves before 10am.
WA2/4	<20 predicted early moves (pre 11 am) identified in the safety huddle or poor overall discharge profile	Ensure senior decision maker board round has been undertaken on every ward before 10:30 am. Confirmation to be given at 10:30 mini huddle by Nurse Manager of the day	NIC/ Senior decision maker/Mod	Medical & Surgical					
WA2/5	Unplanned bed closures i.e. Infection outbreak	Review of all IP patients and undertake a risk assessment of cubicle usage to ensure prioritised patients are isolated.	NIC/IP Matron				Cubicle use in accordance with agreed priority		
WA2/6	Limited or no (funded) inpatient capacity remaining	a) NIC/Senior decision maker to undertake internal review (board round) to identify potential discharges. B) If unable to discharge to create capacity consider plans for opening and staffing escalation areas as per agreed phasing.	a) NIC/Senior decision maker b) Matron				Clear plan for staffing any escalation capacity or additional capacity not required or		
WA2/7	MFD patients identified on wards	Ensure comprehensive appropriate discharge planning is progressing	Ward Managers/NIC				All MFD patients have a definite plan for discharge		
WA2/8	Patients suitable for repatriation out	Organise the repatriation of patients from specialty beds to hospital of local residence.	Matron/HoN	C&C					
WA2/9	Wards not staffed to template	1) Confirm all internal actions for staffing shortfall have been undertaken. 2) If unable to mitigate escalate to Unit Matron/MoD or CSM out of hours.	Ward Managers/NIC				Contingency plan in place for the management/mitigation of any shortfall in accordance with risk assessment		
WA2/10	Doctor staffing issues identified	1) Confirm all internal actions for medical staffing shortfall have been undertaken. 2) If unable to mitigate escalate to Ops Lead and Clinical Leads for specialty or CSM and appropriate on call consultant out of hours.	NIC or equivalent				Contingency plan in place for the management/mitigation of any shortfall in accordance with risk assessment		
WA2/11	Not all wards have identified a Golden Patients for early discharge the next day at 15:00 huddle.	Appropriate Flow Manager to facilitate late Board Round with NIC and senior decision maker to confirm the following mornings Golden Patient	NIC/ Senior decision maker/flow manager	Medical & Surgical					
WA2/12	Patients suitable for repatriation in	Organise the repatriation of patients from outside hospital to in hospital bed	Matron/HoN	C&C					
	Community Hospitals								
CH1/2	Patients on the waiting list for community hospitals	Community Sites in reach to support transfer of patients from acute beds to community hospital.	Discharge Coordinators						
CH2/2	Additional action under construction awaiting information from Area teams								

	Conditions needed to trigger intervention	Operation Intervention	Intervention Owner	Intervention undertaken yes/no	Condition met	If no - escalated through agreed process to whom	Desired outcome	Condition met	Notes
No.	Command and Communication structure								
CC3/1	Site is deemed to be a Level 3	CSM/Patient Flow Admin to advise site of change in escalation level according to agreed meeting command structure	CSM				De-escalation to Level 2		
CC3/2	Escalation to Level 3	Nurse Manager and Ops Manager of Day and Director to attend mini huddle to facilitate solution generation	HoN/DGM				De-escalation to Level 2		
CC3/3	Inability to admit to identified specialty beds by clinical need	CSM to receive list of outliers from Ward Managers to ensure appropriate outlying moves are undertaken to create capacity particularly for out of hours	CSM						
CC3/4	No capacity in trolley bay to assess patients	Having received the list of patients to move from AMAU consider reverse boarding on specialty ward/open additional escalation capacity	CSM				Capacity to review patients in trolley bay/assessment bay		Specialty Wards to identify patients for early discharge, transfer lounge, sitting out or reverse board until bed becomes available to facilitate 4 moves before 10am.
Front Door - ED									
ED3/1	Emergency admissions are exceeding predicted levels and available capacity	Nurse in charge/EPIC to escalate through EC directorate and notify Flow Manager/ CSM of plan	NIC ED/EPIC						
ED3/2	Patients arriving at ED via ambulance suitable for treatment at MIU or other alternative care pathways.	a) Triage patient (consider ambulance triage if potential to turn round). B) Offload and treat. C) Record MUST report for discussion with WAST .	NIC/Matron				No patients arriving at ED via ambulance suitable for treatment at MIU/alternative care pathways during previous 1 hour.		
ED3/3	Ambulances being held for more than 30 minutes*	Nurse in charge to establish reason for delay (capacity/staffing) Mitigate where possible if not able to facilitate off load, triage to be conducted on board within 30 minutes. Inform CSM	NIC ED				Ambulance transfer of care <15 minutes		
ED3/4	There are patients waiting more than 15 minutes for triage	Escalate to Matron/HoN and EPIC. Move senior staff to facilitate triage until triage waits below 15 minutes.	NIC ED/EPIC				Time to triage <15 minutes		
ED3/5	There are patients waiting more than 2 hours for first contact with assessing clinician	NIC to notify ED EPIC. EPIC to prioritise review on clinical need. EPIC/NIC to assess is any patients appropriate for direct referral. EPIC to consider streaming.	NIC ED/EPIC						
ED3/6	Unable to provide Resus capacity in ED	Notify EPIC. Review of patients within resus to identify most suitable patient to move out. Liaise with CSM if transfer to a Level 2/3 bed is required.	NIC/EPIC				Capacity for resus patients to facilitate ambulance transfer and offload		
ED3/7	Time for patient to receive specialty review following referral exceeding 30 minutes.	NIC/EPIC to escalate to appropriate specialty Middle Grade/Consultant on call to agree plan to manage demand. Consider escalating to ED and GIM consultants	NIC/EPIC/ Specialty Teams				No patients in ED breaching IPS.		
ED3/8	Patients requiring admission with total wait exceeding 3 ½ hours	NIC to liaise with Patient Flow Managers/CSM to expedite/facilitate early transfers to AMAU/specialty beds. Consider additional PTWR to see if any patient suitable for discharge	NIC ED/EPIC				ED waits for specialty transfers less than 4 hours		
Front Door - AMAU									
AMU3/1	Corridor waits and/or Ambulance crew being held for more than 30 minutes	Nurse in charge to establish reason for delay (capacity/staffing) Mitigate where possible if not able to facilitate crew release off load, triage to be conducted and confirm plan to create capacity within next 15 minutes . Inform CSM	NIC AMAU				Ambulance crew handover not exceeding 15 minutes		
AMU3/2	No capacity in trolley bay to assess patients	Board round on AMAU to identify discharges by senior decision maker. NIC AMAU to review patients to sit out. If no internal options inform Flow Manager (CSM out of hours) of list of patients, by specialty, requiring bed. Flow manager to assess wards/departments readiness for reverse boarding	NIC AMAU /Flow Manager				Empty trolley bay at 09:00.		
AMU3/3	Patients waiting more than 2 hour for first contact with assessing clinician	NIC to notify AMU Lead Doctor to review options to reduce first contact length of wait i.e. Moving clinician resource from one area to another. If unable to mitigate to escalate through EC directorate and Ops Team (in hours) and inform CSM and consider informing Consultant on call	NIC AMAU/AMAU Lead Doctor				Patients have specialty review within 30 minutes of referral		
AMU3/4	If limited/no capacity on AMAU and no planned transfers or discharges within 30 minutes	Ensure Senior Medical review on AMAU has occurred to consider alternatives to admission via additional Board Round. If unable to mitigate internally, inform to CSM	NIC AMAU/AMAU Lead Doctor						
AMU3/5	Inability to transfer out due to AMAU staffing capacity within 30 minutes	Escalate to flow manager/CSM to seek additional staff required to facilitate timely move	NIC/Flow Manager/CSM				Moves undertaken within 30 minutes of bed becoming available		
AMU3/6	Patients exceeding 23 hour length of stay	NIC to liaise with CSM with a view to accommodating patients in appropriate inpatient bed i.e. Short stay, specialty bed/reverse boarding	NIC/CSM				No patients exceeding AMAU length of stay of 24 hours		
Critical Care									
CC3/1	Limited ability to create Critical Care capacity	NIC to liaise with Flow Managers/CSM to expedite facilitate early day time transfers out to specialty beds. Consider escalation into 4/5th HDU bed to mitigate pressure of need. Identification of lowest risk patient. Consideration of out of hospital transfer	NIC/Flow Manager				Capacity to accommodate imminent admission is created		
CC3/2	Bed closures or potential bed closures due to staffing constraints	1) Confirm all internal actions for staffing shortfall have been undertaken. 2) If unable to mitigate escalate to Unit Matron or CSM out of hours.	Unit Manager/Matron/ Nurse Manager						
Specialty Beds									
SB3/1	CCU/Stroke/Renal at capacity but holding no specialty patients	NIC to undertake internal review to identify potential discharges (Board Round). If unable to mitigate internally to escalate to Flow Manager/CSM.	NIC/Senior decision maker						
Medical/Surgical Wards									
WA3/1	Board rounds not occurred on all wards by 10:30	Identify wards that have not have board rounds. Senior doctors contacted as appropriate.	Nurse Manager/Senior decision maker						
WA3/2	Capacity may not be able to meet planned levels of elective admission (medical and surgical)	Review of elective activity planned with prioritisation undertaken prior to any formal decision making by Directorate around postponement or cancellation. Inform CSM of review outcome.	Matrons/Ops Lead						
WA3/3	Inability to admit to identified specialty beds by clinical need	NIC/Senior decision maker to undertake internal review (board round) to identify potential discharges. If unable to do so identify least risky outlier(s) and outlie the patient. Inform CSM when decision is taken to discharge/outlie.	NIC/Senior decision maker						
WA3/4	<20 predicted early moves (pre 11 am) identified in the safety huddle or poor overall discharge profile	Ensure senior decision maker board round has been undertaken on every ward before 10:30 am. Confirmation to be given at 10:30 mini huddle by Nurse Manager	NIC/ Senior decision maker Nurse Manager						
WA3/5	Unplanned bed closures i.e. Infection outbreak	Review of all IP patients and undertake a risk assessment of cubicle usage to ensure prioritised patients are isolated.	NIC/IP Matron						
WA3/6	Limited or no (funded) inpatient capacity remaining	a) NIC/Senior decision maker to undertake internal review (board round) to identify potential discharges. B) If unable to discharge to create capacity consider plans for opening and staffing escalation areas as per agreed phasing.	a) NIC/Senior decision maker b) Matron				Clear plan for staffing any escalation capacity or additional capacity not required or		
WA3/7	MFD patients identified on wards	Ensure comprehensive appropriate discharge planning is progressing	Ward Managers/NIC				All MFD patients have a definite plan for discharge		
WA3/8	Patients suitable for repatriation out	Organise the repatriation of patients from specialty beds to hospital of local residence.	Matron/HoN						
WA3/9	Wards not staffed to template	1) Confirm all internal actions for staffing shortfall have been undertaken. 2) If unable to mitigate escalate to Unit Matron/MoD or CSM out of hours.	Ward Managers/NIC						
WA3/10	Doctor staffing issues identified	1) Confirm all internal actions for medical staffing shortfall have been undertaken. 2) If unable to mitigate escalate to Ops Lead and Clinical Leads for specialty or CSM and appropriate on call consultant out of hours.	NIC or equivalent						
WA3/11	Not all wards have identified a Golden Patients for early discharge the next day at 15:00 huddle.	Appropriate Flow Manager to facilitate late Board Round with NIC and senior decision maker to confirm the following mornings Golden Patient	NIC/ Senior decision maker/flow manager						
WA3/12	Patients suitable for repatriation in	Organise the repatriation of patients from outside hospital to in hospital bed. Failure to repatriate should be escalated by Matron/HoN to CSM/Director	Matron/HoN/ CSM/Site Director						
Activity against predicted (admissions and discharges)									
Community Hospitals									
CH3/1	Patients on the waiting list for community hospitals	Community Sites in reach to support transfer of patients from acute beds to community hospital.	Discharge Coordinators						
CH3/2	Additional action under construction awaiting information from Area teams								

	Conditions needed to trigger intervention	Operation intervention	Intervention Owner	Intervention undertaken yes/no	Condition met	If no - escalated through agreed process to whom	Desired outcome	Condition met	Notes
	Command and Communication structure								
No.									
CCA/1	Site is deemed to be a Level 4	CSM/Patient Flow Admin to advise site of change in escalation level according to agreed meeting command structure	CSM				De-escalation to Level 3		
CCA/2	Escalation to Level 4	Nurse Manager and Ops Manager of the Day, Director and Managing Director to attend mini huddle to facilitate solution generation	Director				De-escalation to Level 3		
CCA/3	Inability to admit to identified specialty beds by clinical need	CSM to receive list of outliers from Ward Managers to ensure appropriate outlying moves are undertaken to create capacity particularly for out of hours. Discuss with specialty consultant to manager risk.	CSM						
CCA/4	No capacity in trolley bay to assess patients	Having received the list of patients to move from AMAU consider reverse boarding on specialty ward/open additional escalation capacity. Look at alternatives for providing assessment capacity e.g. Use of therapies, discuss with AMAU, on call consultant or acute med consultant	CSM				Capacity to review patients in trolley bay/assessment bay		
CCA/5	Site is deemed to be a Level 4 and there are patients on site who do not to be in acute bed.	Conversations to be had with area colleagues re opening additional beds in community hospitals and conversations with social workers re. expediting packages of care.	CSM/Site Director						
	Front Door - ED								
ED4/1	Emergency admissions have significantly exceeded predicted levels and available capacity	Nurse in charge/EPIC to escalate through EC directorate and notify Flow Manager/ CSM of plan. Escalate to CSM and Site Director	NIC ED/EPIC						
ED4/2	Patients arriving at ED via ambulance suitable for treatment at MIU or other alternative care pathways.	a) Triage patient (consider ambulance triage if potential to turn round). B) Offload and treat. C) Record MUST report for discussion with WAST.	NIC/Matron				No patients arriving at ED via ambulance suitable for treatment at MIU/alternative care pathways during previous 1 hour.		
ED4/3	Ambulances being held for more than 60 minutes*	Nurse in charge to establish reason for delay (capacity/staffing) Mitigate where possible if not able to facilitate off load, triage to be conducted on board within 30 minutes. Inform CSM to escalate as appropriate	NIC ED				Ambulance transfer of care <15 minutes		
ED4/4	There are patients waiting more than 15 minutes for triage	Escalate to Matron/HoN and ED Lead Doctor. Move senior staff to facilitate triage until triage waits below 15 minutes.	NIC ED/EPIC				Time to triage <15 minutes		
ED4/5	There are patients waiting more than 4 hours for first contact with assessing clinician	NIC to notify ED EPIC. EPIC to prioritise review on clinical need. EPIC/NIC to assess if any patients appropriate for direct referral. EPIC to consider streaming. EPIC to consider contacting Consultant out of hours if department felt unsafe	NIC ED/EPIC				Patients have specialty review within 30 minutes of referral		
ED4/6	No ED capacity to accommodate further demand	EPIC to discuss challenge with the relevant specialty on call team* to agree a plan of action. Expedite transfers out. Escalate to CSM and Director on call (BoC out of hours)	NIC/EPIC				Capacity for resus patients to facilitate ambulance transfer and offload		*expectation is that the discussion will be at the level of the requester
ED4/6	Time for patient to receive specialty review following referral exceeding 60 minutes.	NIC/EPIC to escalate to appropriate specialty Consultant on call to agree plan to manage demand.	NIC/EPIC/Specialty Teams				No patients in ED breaching IPS.		
ED4/6	Patients requiring admission with total wait exceeding 11 ½ hours	NIC to liaise with Patient Flow Managers/CSM to expedite/facilitate early transfers to AMAU/specialty beds. Undertake additional PTWR to see if any patient suitable for discharge	NIC ED/EPIC				ED waits for specialty transfers less than 4 hours		
	Front Door - AMAU								
AMU4/1	Corridor waits and/or Ambulance crew being held for more than 60 minutes	Nurse in charge to establish reason for delay (capacity/staffing). If unable to mitigate escalate to senior doctor for AMAU or Consultant on call to confirm plan to create capacity within next 15 minutes. Inform CSM and site director	NIC AMAU				Ambulance crew handover not exceeding 15 minutes		
AMU4/2	No capacity in trolley bay to assess patients	Board round on AMAU to identify discharges by senior decision maker. NIC AMAU to review patients to sit out. If no internal options inform Flow Manager (CSM out of hours) Instigate reverse boarding on specialty ward/open additional escalation capacity. Look at alternatives for providing assessment capacity e.g. Use of therapies, discuss with AMAU, on call consultant or acute med consultant.	NIC AMAU				Empty trolley bay at 09.00.		
AMU4/3	Patients waiting more than 4 hour for first contact with assessing clinician	NIC to notify AMU Lead Doctor to review options to reduce first contact length of wait i.e. Moving clinician resource from one area to another. If unable to mitigate escalate through EC directorate and Ops Team (in hours) to request additional QIM support. Escalate to CSM and Site Director.	NIC AMAU/AMAU Lead Doctor				Patients have specialty review within 30 minutes of referral		
AMU4/4	No capacity on AMAU and no planned transfers or discharges within 30 minutes	Ensure Senior Medical review on AMAU has occurred to consider alternatives to admission via additional Board Round. Consider specialty in-reach. If unable to mitigate internally, inform to CSM and Site Director	NIC AMAU/AMAU Lead Doctor						
AMU4/5	Inability to transfer out due to AMAU staffing capacity within 30 minutes	Escalate to flow manager/CSM to seek additional staff required to facilitate timely move	NIC/Flow Manager/CSM				Moves undertaken within 30 minutes of bed becoming available		
AMU4/6	Patients exceeding 23 hour length of stay	NIC to liaise with CSM with a view to accommodating patients in appropriate inpatient bed i.e. Short stay, specialty bed/reverse boarding. Consider additional escalation capacity. Escalate to CSM and Site Director	NIC/CSM				No patients exceeding AMAU length of stay of 24 hours		
	Critical Care								
CCA/1	No ability to create Critical Care capacity	NIC to liaise with Flow Managers/CSM to expedite facilitate early day time transfers out to specialty beds. Escalate to appropriate people (CSM, Hospital Director, ED and AMAU consultant. Refer to critical care escalation plan. Inform anaesthetic consultant of potential need for critical care transfer.	NIC/Flow Manager/ Anaesthetic Consultant						
CCA/1	Bed closures or potential bed closures due to staffing constraints	1) Confirm all internal actions for staffing shortfall have been undertaken. 2) If unable to mitigate escalate to Unit Manager/Matron/ Nurse Manager	Unit Manager/Matron/ Nurse Manager						
	Specialty Beds								
SB4/1	CCU/Stroke/Renal at capacity and unable to make specialty beds	NIC to undertake internal review to identify potential discharges (Board Round). If unable to mitigate internally to escalate to Flow Manager/CSM. Consider alternatives for patients i.e. Dialysis in ITU, and/or transfer to sister hospitals	NIC/Senior decision maker						
	Medical/Surgical Wards								
WA4/1	Board rounds not occurred on all wards by 10:30	Identify wards that have not have board rounds. Consultants to be contacted as appropriate.	Matron/DGM/Site Director						
WA4/2	Capacity is unable to meet planned levels of elective admission (medical and surgical)	Cancelling/postponing elective activity based on clinical priority in agreement with appropriate HoN/DGM. Inform CSM and Site Director.	Matrons/Ops Lead						
WA4/3	Inability to admit to identified specialty beds by clinical need	NIC/Senior decision maker to undertake internal review (board round) to identify potential discharges. If unable to do so identify least risky outlier(s) and outlie the patient. Inform CSM when decision is taken to discharge/outlie.	NIC/Senior decision maker						
WA4/4	<20 predicted early moves (pre 11 am) identified in the safety huddle or poor overall discharge profile	Ensure Consultant led board round has been undertaken on every ward before 10:30 am. Confirmation to be given at 10:30 mini huddle by MoD	NIC/ Consultant/ Nurse Manager						
WA4/5	Unplanned bed closures i.e. Infection outbreak	Review of all IP patients and undertake a risk assessment of ubicle usage to ensure prioritised patients are isolated.	NIC/IP Matron						
WA4/6	Inability to provide further unfunded escalation capacity.	a) NIC/Senior decision maker to undertake internal review (board round) to identify potential discharges. B) If unable to discharge to create capacity consider plans for opening and staffing escalation areas as per agreed phasing. C) discussion with managing director / silver on call to explore further actions - discuss potential for divert	a) NIC/Senior decision maker b) Nurse Manager c) Managing Director / Silver On Call				Clear plan for staffing any escalation capacity & additional capacity not required or		
WA4/7	MFD patients identified on wards	Ensure comprehensive appropriate discharge planning is progressing	Ward Managers/NIC				All MFD patients have a definite plan for discharge		
WA4/8	Patients suitable for repatriation out	Organise the repatriation of patients from specialty beds to hospital of local residence. If problematic escalate to CSM and Site Director	Matron/HoN/Site Director						
WA4/9	Wards not staffed to template	1) Confirm all internal actions for staffing shortfall have been undertaken. 2) If unable to mitigate escalate to Unit Matron/MoD or CSM out of hours.	Ward Managers/NIC						
WA4/10	Doctor staffing issues identified	1) Confirm all internal actions for medical staffing shortfall have been undertaken. 2) If unable to mitigate escalate to Ops Lead and Clinical Leads for specialty or CSM and appropriate on call consultant out of hours.	NIC or equivalent						
WA4/11	Not all wards have identified a Golden Patient for early discharge the next day at 15:00 huddle.	Appropriate Flow Manager to facilitate late Board Round with NIC and Consultant to confirm the following mornings Golden Patient	NIC/ Consultant/flow manager						
WA4/11	Patients suitable for repatriation in	Consider postponing of the repatriation of patients from outside hospital to in hospital bed. Consider senior to senior discussion between sites.	CSM/Site Director						
	Community Hospitals								
CH4/1	Patients on the waiting list for community hospitals	Community Sites in reach to support transfer of patients from acute beds to community hospital.	Discharge Coordinators						
CH4/2	Additional action under construction awaiting information from area teams								

Operational Team Actions

- DGM to ensure there is senior decision maker capacity to undertake board round on every ward
- To ensure/monitor the management of inpatients adheres to Patient Flow Bundle SAFER to include senior decision board round on every ward before 10 am (medical) and 11 am (surgical).
- Ensure daily print out of ward cover is circulated to appropriate personnel

- **Actions as above and additionally:**

- Review of elective cases - prioritise admissions for the day/following day
- Ops Lead to ensure appropriate junior medical resource to support the on call take
- Ops lead to ensure a Senior Medical decision maker is available to support admission units on request
- Appropriate senior decision maker to confirm patients from ambulance queue or ED suitable for other pathways i.e. ACU, hot clinic etc.
- Ensure Senior Decision maker supports identification of patients suitable for direct admission
- HON or DGM joins daily mini huddle meetings to support solution generation

- **Actions as above and additionally:**

- Ensure Consultant led SAFER board rounds are undertaken on each ward (by 10 am or 11 am as above)
- Consider cancellation of elective procedures in accordance with clinical priority - decision to cancel must be authorised by DGM/Director
- Review of any planned activity and consideration for alternatives to admission
- Wards to facilitate direct admission of patients identified as potential /or least risky patient to be moved to create specialty capacity
- DGM/CD to ensure medical teams engaged with additional afternoon board/ward rounds
- DGM/CD to deploy clinical senior decision maker to ED on request
- DGM/CD to consider reallocation of medical staff to support site flow /discharge
- Site Director joins daily mini huddle meetings to support solution generation

- **Actions as above and additionally:**

- DGM to ensure inpatients prioritised for investigations/treatments over outpatient activity
- DGM reviews all job plans and rosters, with a view to cancelling and redeploying specific clinical staff to support the site on request, including clinics, SPA time, MDTs, ward rounds.
- DGM to review non clinical staff schedules with a view to cancelling non-essential activities to support wards with escalation requests
- Director to cancel all non essential meetings
- Consider provision of 'hot' clinics dependent on specialty needs e.g. reduced booked capacity to accommodate primary care urgent requests as alternatives to admission
- Managing Director joins daily mini huddle meetings to support solution generation

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Area Com Hosp actions

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	Ysbyty Gwynedd	Ysbyty Glan Clwyd	Wrexham Maelor
Were all of your associates minor injury units and community services open for the respective commissioner hours?			
Did you request primary care by 1pm to take any action to reduce pressure?			
Were there any general communications requested to the communities to relieve pressure?			
Did community staff attend site and take part in reviewing patients in ED and the assessment areas?			
Will your MIUs and associated community services be opened to commissioned levels this weekend?			

	Ysbyty Gwynedd	Ysbyty Glan Clwyd	Wrexham Maelor
A & E performance from midnight yesterday to now?			
A & E performance up until midnight?			
Did community staff attend site and take part in reviewing patients in ED and the assessment areas?			
Did you reverse board in the last 24hours in ED?			
Do you plan to have an HMT presence in ED for today?			
Have you requested a divert in the last 24hours? If so how many?			
Was an additional medical registrar booked and on duty in ED till midnight?			
Was any additional ED Consultant cover requested or in place? Until when?			
Was there a additional trained nurse in triage?			
Was there a trained nurse supervising your waiting room?			
Was there an HMT presence in ED for most of the day yesterday?			

	Ysbyty Gwynedd	Ysbyty Glan Clwyd	Wrexham Maelor
Was there basic ED Consultant cover in ED until 11pm?			
Was your ED fully staffed with qualified nursing staff?			
Was your SDEC bedded down last night?			
Were all speciality reviews undertaken for ED in the agreed timeframe yesterday, for those that were not patients transferred directly to the respective ward?			
Were minor illness and minor injury patients decanted from the ED and streamed to reduce pressure?			
Were you START or RAT or similar models operating in ED?			

	Ysbyty Gwynedd	Ysbyty Glan Clwyd	Wrexham Maelor
Did you board onto wards?			
Did you have medical outliers into surgical beds yesterday? If so how many?			
Did your hospital medical director take personal responsibility for driving discharges?			
Have all TTOs for discharges today (which were known yesterday) been completed and sent to pharmacy yesterday?			
Were any patients waiting investigations, and in bed, sent home with booked appointments?			
Were appropriate non emergency patient transfers conducted up until 9pm, using private provision if necessary yesterday?			
Is your discharge lounge currently open? How many patients are in it?			
Did you have PTS provision running until 9pm yesterday?			
Did you use any voluntary sector, night sitting etc. over the last 24hours?			
Is your discharge lounge currently open? How many patients are in it?			

	Ysbyty Gwynedd	Ysbyty Glan Clwyd	Wrexham Maelor
What is your escalation level now?			
What was your escalation level at 5pm?			
What was your longest bed wait yesterday?			
Who will sign off your weekend plans for this weekend?			
Have you done a mini MADE event in the last 3 days?			
Was there a robust plan in place last night from 5pm that you and your team had confidence would see you through the night?			
Was there a senior management presence on site till 9pm yesterday, (excluding CSMs)?			
Were there any flow concerns escalated to the Deputy CEO or Regional Director of Delivery during the last 24hours?			
When will your weekend plan be complete?			

	Ysbyty Gwynedd	Ysbyty Glan Clwyd	Wrexham Maelor
Did your acute director lead the plan for yesterday?			
Do you have a robust plan which everyone has confidence in to deescalate?			
Do you have closed acute beds this morning? If so how many?			
Do you have closed community beds this morning? If so how many?			
Do you have empty staffed acute beds this morning? If so how many?			
Do you have empty staffed community beds this morning? If so how many?			
Do you have medical outliers into surgical beds this morning? If so how many?			



GIG
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Teitl adroddiad: <i>Report title:</i>	Seasonal Influenza & COVID-19 Plan 2022-23			
Adrodd i: <i>Report to:</i>	Partnership People Population Health Committee (PPPHC)			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 08 November 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The aim of this high level plan is to outline how the Health Board and primary care providers will protect and improve the health of the population through maximising the uptake of the flu and COVID-19 vaccines.</p> <p>For the Board to be assured that plans are in place to deliver both vaccination programmes.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <p>approve the plan.</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	<p>Teresa Owen Executive Director of Public Health, BCUHB</p> <p>Gill Harris Executive Director of Clinical and Integrated Services</p>			
Awdur yr Adroddiad: <i>Report Author:</i>	<p>Chris Lynes - Deputy Nurse Director chair – Flu Group</p> <p>Leigh Pusey - Immunisation Co-ordinator</p> <p>Katie Spruce - COVID-19 Business Manager</p>			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		This links to the Strategic Immunisation Plan 2022-25.		

<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>On 29th March and 1st June 2023 the Welsh Government set out the instructions to deliver the Annual Influenza Programme Reimbursable vaccines and eligible cohorts for the 2022 to 2023 NHS seasonal influenza (flu) vaccination programme (WHC/2022/010) GOV.WALES</p> <p>The national influenza immunisation programme 2022 to 2023 (WHC/2022/16) GOV.WALES</p> <p>All Health Boards in Wales are required to develop flu and COVID vaccination plans. Achieving a high uptake is vital to reduce morbidity and mortality associated with influenza, and to reduce hospitalisations during a time when the NHS and social care may also be managing winter outbreaks of COVID-19.</p> <p>The Health Board's Strategic Immunisation Plan has Influenza and COVID as priority topics.</p> <p>A list of actions to ensure that the Board has a robust and deliverable action plan are in place.</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Do/Naddo: Yes as part of the overall EqlA for the Strategic Immunisation Plan.</p> <p>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</p> <p>WP7 Procedure for Equality Impact Assessments</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>As this is an operational plan as per WP68 Procedure it is not subject to the socio economic duty</p> <p>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</p> <p>WP68 Procedure for Socio-economic Impact Assessment.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Datix risk 1633 relates to Influenza.</p> <p>There is a risk that influenza outbreaks will continue to occur within our local population. This may be caused by poor influenza vaccination rates in at risk groups and staff who are eligible for preventative intervention, and driven by anti-vaccine contingent leading to misinformation circulating amongst the population and health and social care staff. This could lead to increase the risk of avoidable</p>


	<p>illness and preventable excess deaths particularly amongst those most vulnerable.</p> <p>It could also lead to increased avoidable demand on health care and other public services. Given ongoing COVID situation the risk this winter 2022 is of note.</p> <p>Risk 4337 relates to the COVID-19 Vaccination programme in relation to standing down services in order to surge, if this was required by Welsh Government.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Funding from the Welsh Government has been provided to implement both vaccination schemes.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Recruitment as taken place for staff to deliver the schools programme with the allocated funding.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>This paper has been approved at the Flu Immunisation Group following contributions from colleagues who organise and deliver the campaign having learned lessons from last years campaign.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>4337 & 1633 Corporate Risk Register live on Datix.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable.</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p> <p>Submit to the PPPHC for approval at 1.11.22 meeting.</p>	
<p>Rhestr o Atodiadau: List of Appendices: <i>Influenza and COVID vaccination plan</i></p>	



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University Health Board

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Seasonal Influenza & COVID-19 Plan
2022-23

Date to be reviewed	October 2022	No of pages	32
Author(s):	Chris Lynes Leigh Pusey Katie Spruce	Deputy Nurse Director chair – Flu Group Immunisation Co-ordinator COVID-19 Project Manager	
Responsible dept/director:	Teresa Owen, Executive Director of Public Health, BCUHB Gill Harris, Executive Director of Clinical and Integrated Services		
Approved by:	Strategic Immunisation Group		
Date approved:			
Endorsement by:	Flu Immunisation Group		
Date endorsed:			
Date activated (live):			
Documents to be read alongside this document:	<p>Ordering Influenza vaccines for the 2022-23 season WHC (2022)010 WHC 2022 (010) Reimbursable vaccines and eligible cohorts Influenza programme</p> <p>The National Influenza Vaccination Programme 2022-23 WHC(2020) 016 National Influenza vaccination programme 2022-23 (016)</p> <div><p>Letter from Claire Rowlands 07.03.22.pd</p></div>		
Review	<p>Purpose of Issue/Description of current changes:</p> <p>This review now includes data and analysis of the COVID-19 Immunisation Programme.</p> <p>As part of annual review of Seasonal Influenza vaccination arrangements during 2022-23.</p>		
First operational:	2013		
Previously reviewed:	Yes		
Changes made yes/no:	Yes		
The information set out in this document is subject to change should the need arise due to vaccine supply issues or external factors such as an outbreak			

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1 Aim and scope of the plan

The aim of this high level plan is to outline how the Health Board and primary care providers will protect and improve the health of the population through maximising the uptake of the flu and COVID-19 vaccines. This will be achieved by making every contact count and taking every opportunity to immunise our public, patients, and staff.

The Health Board has a workforce of around 17,000 staff, who alongside an extensive network of primary care staff, provide healthcare services to a population of around 678,000 people, of which approximately 500,000 are eligible to receive an influenza and 390,000 a COVID-19 vaccine due to their age, medical condition or occupation.

This document is complemented by detailed action and delivery plans for the individual strands of the flu and COVID-19 campaigns, namely the BCUHB Flu Communications Plan, Staff Flu Action Plan, BCUHB Action Plan for the Vaccination of the Public (Children, Clinical Risk Groups and 50 years and over).

1.1 Flu Planning Assumptions

The Flu Plan is also aligned with the pan-BCUHB Winter planning processes. Due to COVID -19 the forthcoming flu vaccination programme will be more challenging to deliver but for planning purposes the following assumptions should be considered.

1. The flu vaccination campaign may take longer to deliver due to social distancing measures and the possible restrictions on the movements of vulnerable groups.
2. All those involved with planning and delivering the campaign will need to increase their staffing capacity to deliver the campaign in a timely manner.
3. There may be more demand for the Flu vaccine from members of the public, therefore it will be essential to ensure practices, pharmacies and the health board have secured sufficient vaccine.

An Equality Impact Assessment has been completed for the Strategic Immunisation Plan which incorporates the Flu Plan. This includes a description of mitigating actions identified in order to ensure that the way we plan and deliver our flu immunisation programme takes account of the needs of all groups within the population.

1.2 COVID-19 Planning Assumptions

Coronavirus is still very much with us and as such BCUHBs plans are fully aligned with that of Welsh Government and the JCVI.

BCUHB assume that priority groups (cohorts) 0.1 – 9 will be offered the Autumn Booster COVID-19 vaccination and in some circumstances, a flu vaccination could be offered at the same appointment, where operationally possible to do so.

Primary Care partners will be offered the choice to participate in the Autumn Booster Programme and will need to register their interest and submit their delivery plans to BCUHB, as well as adhering to the PCCIS contract. BCUHB will be offering support to all Primary Care providers who register to participate in the Autumn Booster Programme.

BCUHB will aim to have the first Autumn Booster COVID vaccination in arms on 1st September 2022, with the main programme running to 31st December 2022. From January 1st 2023, the programme will then convert into a 'Leave no one behind' programme.

The Welsh Immunisation System (WIS) will be the single point of recording for the COVID-19 vaccinations, in which Primary Care partners will be required to utilise as done previously.

A particular focus on patient choice will be emphasised for the COVID-19 Programme, including the option to be co-administered with a flu vaccination if operationally able. Particular focus on co-administration will be in the COPD cohort.

2 Seasonal Immunisations in Wales Annual Report (2021/22)

This report is due to be published during the autumn months and will provide a detailed overview of the number of flu and COVID-19 cases in Wales during 2021-22, the uptake of flu and COVID-19 vaccinations, and their effectiveness.

2.1 Flu vaccination in North Wales

- **290,974** individuals were vaccinated in the 2021-22 campaign in north Wales.
- BCUHB compared favourably to other Health Boards in Wales with regards to vaccination uptake in the following eligible groups: 65 years and over, six months to 64 years in clinical risk groups, and pregnant women using the Point of Delivery (POD) survey). This was in spite of challenges posed by the delayed delivery of the quadrivalent and intranasal vaccines in the season.
- Three disease groups in BCUHB exceeded the required 55% target, namely patients with chronic kidney disease, diabetes and immunosuppression.
- Uptake of the vaccine in pregnant women, was 82.1%, a slight decrease from the previous year's uptake of 86.4% and was the 4th highest in Wales.
- Chart one shows the uptake in individual eligible groups.

2.2 BCUHB 2021-22 summary of Flu vaccine uptake

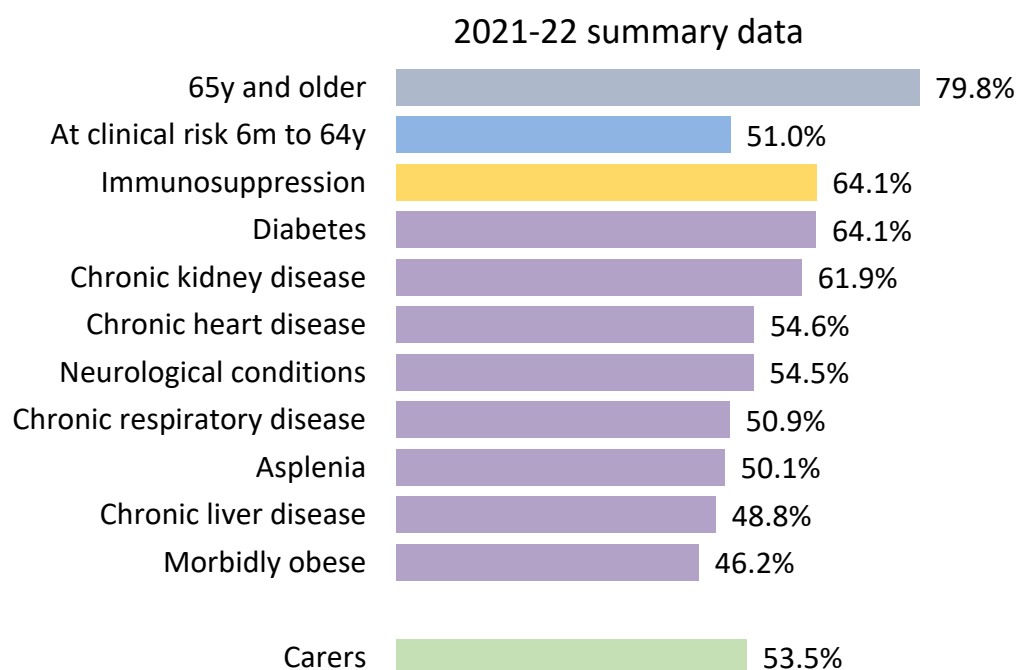
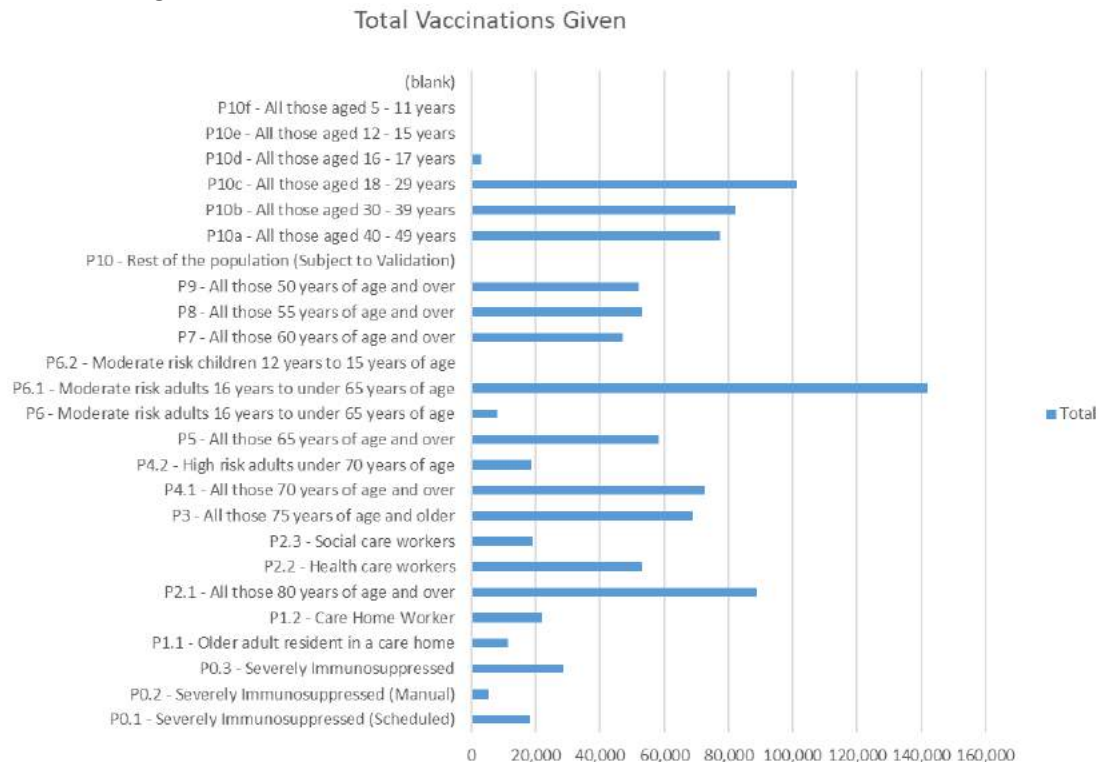


Figure 1 - Report accessed 12.5.2022, Public Health Wales unpublished data

2.3 COVID-19 Vaccination in North Wales 2021-22

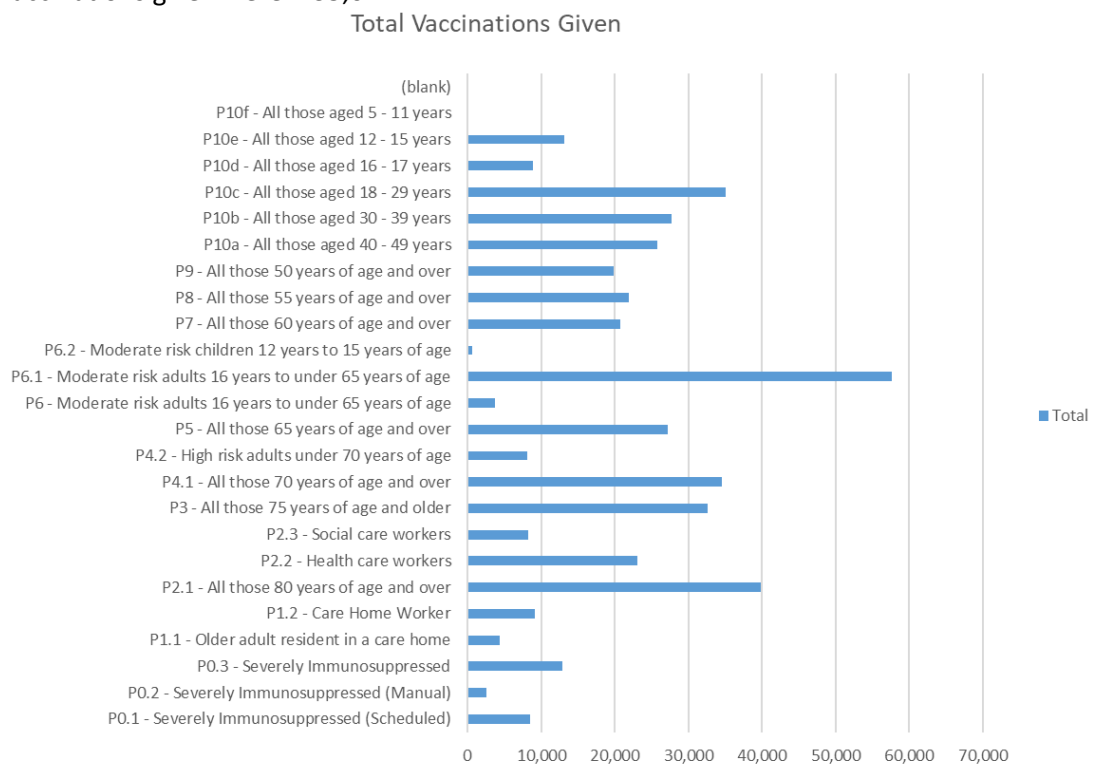
2.3.1 Main Programme 7th December 2020 – 31st August 2021 (1st and 2nd doses)

Total Vaccinations given were: 1,030,548.



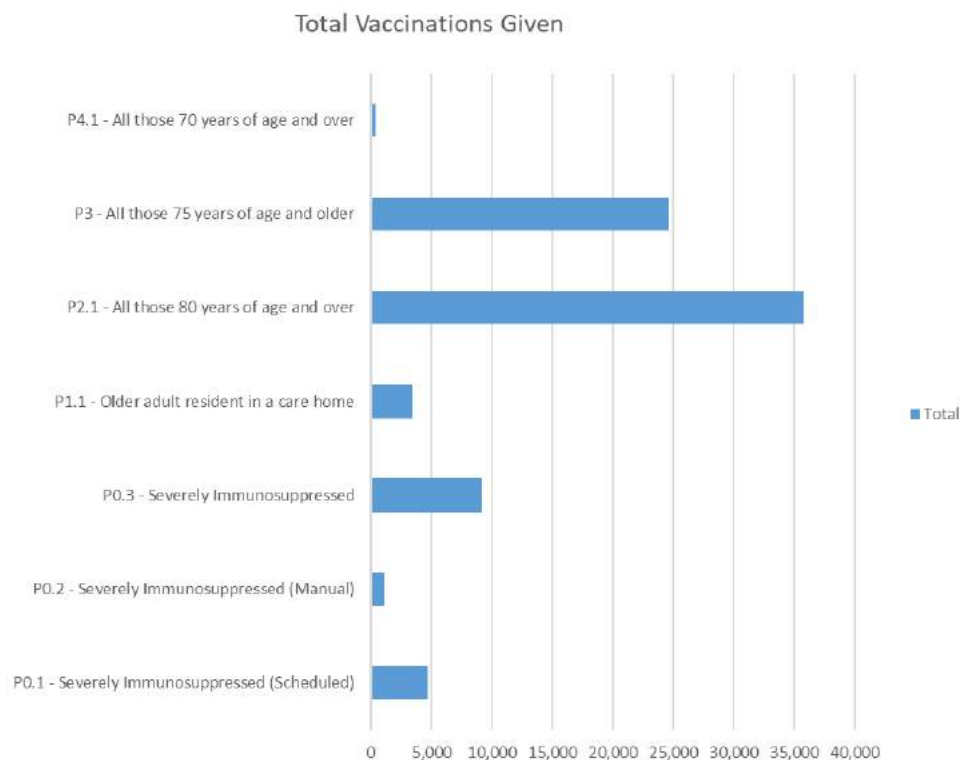
2.3.2 Autumn Booster Programme 17th September 2021 – 31st December 2021

Total Vaccinations given were: 435,077.



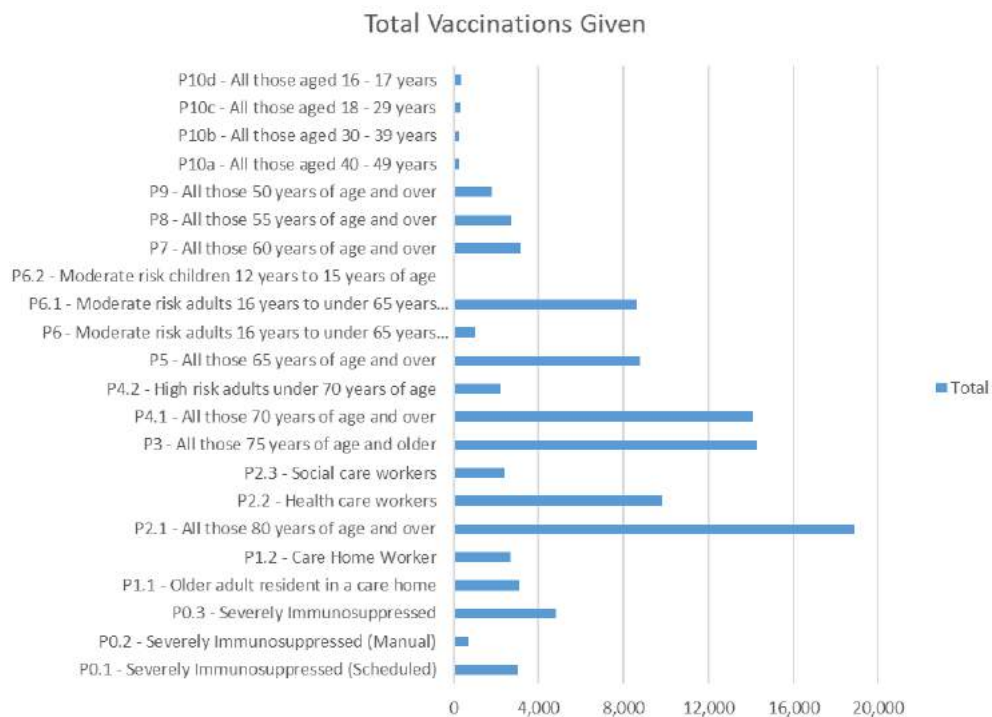
2.3.3 Spring Booster Programme 13th March 2022 – 28th July 2022

Total Vaccinations given were: 654,818.



2.3.4 Autumn Booster Programme 1st September 2022 – 13th October 2022 (as at 15:21)

Total Vaccinations given were: 103,233.



3 Influenza vaccine uptake targets

Flu vaccine uptake expectation for 2022-23 differ from last season as specific targets have been set at 75% uptake for all eligible groups, apart from those with Chronic Obstructive Pulmonary Disease (COPD) where the target is 80%. There is an expectation that GP practices and school based providers will actively invite 100% of eligible individuals by letter, email, phone call or text to ensure uptake is as high as possible.

There remains considerable variability in uptake between Health Boards and Trusts, particularly in pre-school children. The expectation is that uptake across this programme will improve on last season in every health board area.

Appendix 1 provides an outline of the eligible groups included in the national flu immunisation programme 2022-23.

The list of eligible groups is not exhaustive, and practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in one of the groups specified above.

Individuals recommended to receive flu vaccine who are long term in-patients during the flu season should be vaccinated in hospital. Health boards/trusts are expected to make suitable arrangements to identify and vaccinate these individuals, and notify their general practice in a timely way.

Clinicians are encouraged to consider the needs of individuals waiting for a transplant. The current recommendations for flu vaccine cover a wide range of chronic diseases and therefore most transplant-list patients are likely to be in a recognised clinical risk group and eligible for immunisation. Practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying condition a patient may have.

4 COVID-19 vaccination milestones for September 2022 – March 2023

- To offer an appointment for the COVID-19 vaccine to all those that are eligible by the end of November 2022.
- The Welsh Government ambition is to achieve 75% take up across North Wales for the COVID-19 Vaccination.
- To provide equity of access to the COVID-19 vaccine to all eligible citizens across North Wales.

5 Changes to the national influenza programme for 2022-23

There are no significant changes from the national 2021-22 programme.

The Chief Medical Officer's key messages for the 2022-23 flu season, as outlined within Welsh Health Circular (2022) 010 and (2022)016, are:

- The flu programme is a strategic priority. In addition to protecting those at risk from flu in the coming season, we must ensure that the opportunity for co-circulation of flu and COVID-19 is kept to a minimum.
- Aspire to exceed last year's uptake and reach 75% in all at risk groups apart from people with Chronic Obstructive Pulmonary Disease where 80% should be achieved.
- GP practices and schools programme to demonstrate a 100% invitation rate to patients

- Plan to deliver the programme as usual as far as possible but recognise that arrangements may need to change as the COVID-19 situation develops. Opportunities may exist to co-administer with the COVID vaccine
- Aim to increase uptake across all risk groups with particular focus on those who are aged 65 and over or with at risk medical conditions cardiovascular disease, respiratory disease, diabetes and those who are morbidly obese.
- Maintain the high level of flu vaccine uptake in primary school children and improve uptake rates in secondary schools and for 2 and 3 year olds.
- Maximise uptake in health care staff with direct patient contact.
- Aim to significantly increase uptake in care home staff and those providing domiciliary care.
- Review vaccine orders to ensure sufficient supplies will be available, including any potential increase in demand.

6 Changes to the national COVID-19 programme for 2022-23

Following on from the initial, first autumn and Spring Booster programmes, Welsh Government and the JCVI have made some changes for the Autumn Booster Programme September 2022.

The first change is that priority group 10 will not be eligible for the Autumn Booster COVID-19 vaccination, as they have been eligible in previous phases of the programme.

The second change is that co-administration with the flu vaccination has been approved and can be utilised where operational able to do so, with the main focus in the COPD cohort.

The third change is the use of Bivalent vaccines. A Bivalent Vaccine is designed to evoke an immune response against two different antigen variants, such as the novel bivalent Covid-19 vaccinations. Vaccines which focus on a specific variant are instead considered monovalent. Multivalent vaccines include Influenza vaccinations, found to be quadrivalent, targeting four different strains of Influenza.

7 Vaccines for 2022-23 and treatment

7.1 Influenza Reimbursable vaccines

Welsh Health Circular WHC (2022) 010 dated 29.3.2022, gave advice and guidance on the use of influenza vaccines in the UK for the 2022-23 influenza season.

Those aged 65 years and over	Those aged 18 years and over to less than 65 years (including pregnant women)	Children's aged less than two to less than 18 years who are contraindicated or decline the LAIV
<ul style="list-style-type: none"> • aQIV • QIVr • QIVc where aQIV and QIVr is not available 	<ul style="list-style-type: none"> • QIVc • QIVr • QIVe (where QIVc or QIVr is not available) 	<ul style="list-style-type: none"> • QIVc • QIVe

Key:

- aQIV - adjuvanted quadrivalent influenza vaccine
- QIVc - quadrivalent cell culture influenza vaccine
- QIVr - quadrivalent recombinant influenza vaccine

- QIVe - quadrivalent influenza egg-culture vaccine

It is important to note that the new vaccines not listed above TIV-HD is **not recommended in preference** to those currently available See Appendix 3.

7.2 COVID-19 Vaccines and their use for Autumn 2022-2023

Covid-19 Vaccinations

Covid-19 Vaccine Name	Eligible Cohort	Dosing Schedule
Novavax (Nuvaxovid)	Those which have previously had AZ.	Those which cannot have mRNA type vaccinations.
Pfizer (Comirnaty) Wild Type	Citizens on or above 12 years of age.	Evergreen offer
Moderna (Spikevax) Wild Type	Citizens on or above 18 years of age.	Evergreen offer
Pfizer (Comirnaty) (5-11 years old)	Citizens between 5 years and 11 years old.	1 st and 2 nd Doses
Moderna (Spikevax) Bivalent	Citizens on or above 18 years of age.	Boosters Only
Pfizer (Comirnaty) Bivalent	Citizens on or above 12 years of age	Boosters Only

8 Treatment and Management of Flu

8.1 Antiviral medicines for Influenza

Once the levels of circulating flu reach a certain threshold, the Chief Medical Officer (CMO) for Wales will announce that antivirals can be prescribed for patients in at risk groups. The Assistant Director for Medicines Management for each Integrated Health Community will:

- Monitor and ensure that there are sufficient amounts of antiviral medication available within each District General Hospital (DGH) Pharmacy Department and report any issues with availability.
- Ensure that antiviral medicines are available for patients in at-risk groups when Influenza A or B are circulating and there is a substantial likelihood that people presenting with an influenza-like illness are infected with influenza virus.

8.2 Clinical management and infection control of Influenza and COVID-19

- In order to minimise the risk to patients, staff, and service delivery, the Health Board has a protocol for the main hospital sites to manage individual cases, large outbreaks, and the potential for a pandemic that are associated with influenza: <http://howis.wales.nhs.uk/sitesplus/documents/861/IPC04%20%20-%20Influenza%20Management.pdf>

- COVID-19 guidance can be found here:
https://nhs.wales365.sharepoint.com/sites/BCU_Intranet_COV19/SitePages/Changes-to-guidance-on-COVID-19-infection-prevention-and-visiting.aspx
- The Health Board will ensure that all relevant staff have training in infection control, including fit testing of FFP3 respirators.
- The Health Board will ensure an adequate supply of equipment, such as FFP3 masks and availability of critical care beds during epidemic periods.

9 Delivering the Influenza & COVID-19 Plan

9.1 Influenza Key elements

A Flu Debrief was conducted via email which emphasised the importance of Flu Immunisation being an organisation and also a system-wide issue in which all primary, community, secondary services, and corporate departments have a part to play. The following four priority eligible groups were identified due to the potential for improvement in uptake and health impact at population level:

- ✓ Children aged 2 – 3 years
- ✓ People aged 6 months – 64 years with chronic conditions
- ✓ People aged 65 years and over
- ✓ NHS Workforce

A summary of the key actions for the 2022-23 season is found within the one-page plan (Appendix 2). High-level action plans for Communication and Staff campaign are included within Section 7.2 of this document.

9.2 COVID-19 Key elements and eligibility criteria

- Residents in a care home for older adults and staff working in care homes for older adults.
- Frontline Health and Social Care workers.
- All adults aged 50 years and over
- Persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book, Chapter 14a, tables 3 & 4.
- Persons aged 5 to 49 years who are household contacts of people with immunosuppression.
- Persons aged 16 to 49 years who are carers, as set out in the Green Book, Chapter 14a, table 3.

9.3 BCUHB seasonal influenza high level action plan 2022-23

COMMUNICATIONS AND ENGAGEMENT: Lead Communications Officer: Corporate Communications Specialist		
What will we do?	What are the benefits?	How will we deliver this?
<p>Implement a comprehensive Flu Campaign Strategy to:</p> <ul style="list-style-type: none"> • enhance awareness of key messages relating to flu vaccination amongst all target groups, supporting uptake across the health board area • support colleagues in primary care to deliver the offer of flu vaccination to all members of priority groups • support health board colleagues to deliver the offer of flu vaccination to members of health board staff. <p>Our strategy will be informed by and complement national flu campaign planning, led by colleagues at Public Health Wales.</p> <p>Our strategy will also be informed by and complement planning for a COVID-19 autumn booster – including the potential for co administration.</p>	<p>Enhanced awareness of the benefits of flu vaccination and eligibility for the seasonal flu vaccine</p> <p>Increased uptake of flu vaccination amongst priority groups</p> <p>Minimise the impact of seasonal flu on the people of North Wales</p>	<ul style="list-style-type: none"> • Share a suite of resources for use by colleagues in primary care to support 100% offer to members of priority groups. Undertake consultation with clusters to inform requirements. • Review approaches to targeted advertising for priority groups. • Gather and promote patient stories and case studies to enhance media coverage and support take-up. • Make effective use of real-time information and intelligence to act promptly on any issues and opportunities as they arise, revising our action plans as necessary. • Work with colleagues across the health board (including colleagues from our partners, public engagement team, and Integrated Health Community Operational Immunisation Groups) to support the delivery of key messages to

BCUHB STAFF PROGRAMME: Lead: Health Intervention Coordinator		
What will we do?	What are the benefits?	How will we deliver this?
In collaboration with BCUHB service flu leads, we will design and implement a staff flu delivery programme supporting a local peer led vaccination model.	<ul style="list-style-type: none"> Managers and flu leads taking accountability and responsibility for their local flu delivery plans Improved local management of flu up-take data and reporting Timely access to flu vaccinations during the first 6 weeks of the programme Improved up-take via local peer led model Targeted flu vaccination delivery to support low up-take areas Support vaccination of high risk areas Ambition of 100% flu vaccine offer rate Bookable appointments via 365 electronic system 	<ul style="list-style-type: none"> Managers monthly planning meetings with leads to discuss key actions of local flu plans Identify local flu leads and nominated site leads to manage operational flu plans Support training of vaccinators into the flu model Support delivery of local flu plans within first six weeks of the programme Enrol motivated and passionate flu vaccinators onto each local flu model Flu leads to review 2021/22 uptake data and highlight areas of significance for improved targeted support Set up online booking system to support targeted staff group
Work in partnership with the COVID-19 vaccination centres to support extended roll out of staff flu vaccinations, by offering 9000 staff flu appointment slots within the LVCs, which could see co-administration of the COVID-19 vaccination.	<ul style="list-style-type: none"> Offer improved access to flu vaccination for staff Supporting the co-administration model as outlined by the WHC Mass centre approach to vaccination to support increased footfall 	<ul style="list-style-type: none"> Regular meetings to discuss programme involvement as part of flu planning and delivery Identify vaccination centres suitable to support flu vaccine delivery Include as part of the local framework for flu vaccine delivery Identify vaccination centre flu lead to attend weekly leads meetings during the campaign Design timeframe and delivery structure to support the 6 week delivery plan

Monitor vaccine supply and use in collaboration with Pharmacy to ensure efficient supply and accessibility of flu vaccines	<ul style="list-style-type: none"> • Accurate reporting of vaccine doses and location • Controlled use of vaccine supply • Targeted vaccine delivery to services based on numbers employed • Support reporting of vaccines held in the organisation during the campaign to improve access and use • Improve data reporting • Reduce data loss • Audit trail of electronic staff flu forms • Timely data recording to support weekly situational up-date reports 	<ul style="list-style-type: none"> • Controlled flu orders out to flu vaccinators • Distribute percentage of vaccines to departments based on percentage up-takes • Weekly flu vaccine audits completed on orders • Design electronic staff flu form for use with BCUHB staff • Electronic forms sent to Occupational Health for data input • Review manual procedures for areas unable to use electronic systems • Design robust system to collate data through external partners (Pharmacy / Primary care)
Childrens Flu Programme: Lead: Immunisation Coordinator		
What will we do?	What are the benefits?	How will we deliver this?
<ul style="list-style-type: none"> • Plan and deliver a comprehensive flu vaccination programme in schools. • With Primary care / Cluster leads plan and deliver a comprehensive vaccination programme for children aged 2 – 3 years. • These will involve supporting and increasing local responsibility to maximise uptake in both cohorts of children with the aim of exceeding last year's uptake. 	<ul style="list-style-type: none"> • More children will be immunised through increased accessibility to the flu vaccine. • The whole population will be protected from flu as more children will be immunised. 	<p>Schools programme</p> <ul style="list-style-type: none"> • Increasing the return rate of parental consent forms to the school nurse by improving both the liaison with the school and the instructions for returning the consent form. • Sending a letter to parents offering a catch up session at school or clinic by school nurses. • Weekly meetings to oversee implementation <p>2 & 3 year olds</p> <ul style="list-style-type: none"> • Raising awareness about the importance of vaccinating large numbers of young children to Primary Care.

		<ul style="list-style-type: none"> • Raising awareness of, and supporting the delivery of, robust appointment and recall systems in Primary Care settings, disseminating good practice and experience gathered from across Wales. • Encouraging GP practices to identify a lead for children's flu in order to proactively target and coordinate vaccinations for 2 & 3 year olds. • Encourage weekly vaccine ordering up to the cap limit and vaccination of 2&3 year olds
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FLU VACCINATION OF THE PUBLIC – THOSE AGE 50 YEARS AND OVER; AT RISK CONDITIONS, PREGNANT WOMEN: Leads: Nurse Immunisation Coordinator; Women's Services Community Matron		
What will we do?	What are the benefits?	How will we deliver this?
<ul style="list-style-type: none"> • Plan and deliver a comprehensive and effective vaccination programme to protect older people from flu. • Develop a system approach to improve the accessibility of flu vaccination to at risk groups including pregnant women. 	<ul style="list-style-type: none"> • Reduced flu-related morbidity and complications amongst the population. • Reduced risk of flu outbreaks occurring in all settings and reduce impact of flu on health and social care services. • Increase resilience to an outbreak occurring in a care home by vaccinating staff, to reduce the risk to the residents 	<ul style="list-style-type: none"> • Where possible promote co administration opportunities with the COVID vaccine and the use of vaccination centres. • GP practices to review clinical system and Audit+ data to identify and respond to lower uptake and to update read code entries. • Disseminate and share NICE guidance and experience from individual practices within and between clusters. • Raise awareness amongst secondary care staff of the eligibility of all the 'at risk' groups, including carers. • Hospital Pharmacists to review hospital admissions and discharges to include flu vaccination status.

FLU VACCINATION OF THE PUBLIC – THOSE AGE 50 YEARS AND OVER; AT RISK CONDITIONS, PREGNANT WOMEN: Leads:

Nurse Immunisation Coordinator; Women's Services Community Matron

What will we do?	What are the benefits?	How will we deliver this?
		<ul style="list-style-type: none"> • Improve the accuracy of data collation on vaccinations given to inpatients in secondary care and community hospitals, and ensure timely notification with GP practices. • Midwives delivering antenatal care in community settings to ensure that every contact encourages pregnant women to book a flu vaccination with their GP practice and raise awareness they can have the vaccine at the community pharmacy. • Work with Clusters and individual practices to identify support needed to ensure GP practices understand the uptake data extracted by Audit+. • Share best practice on maximising GP clinical system coding, reporting and searching techniques to identify patients eligible to receive the flu vaccine. • Liaise with BCUHB Care of the Elderly, Orthopaedics and Mental Health Departments to promote the flu vaccine to older patients, including vaccinating whilst an inpatient. • Community pharmacies to offer flu vaccination to staff employed in the adult care sector including domiciliary agencies. • Flu vaccine contingency stock has been obtained to support local implementation if required to reach the uptake targets

9.4 BCUHB COVID-19 High level action plan 2022-23

<u>COMMUNICATIONS AND ENGAGEMENT:</u> Lead Communications Officer, Corporate Communications		
What will we do?	What are the benefits?	How will we deliver this?
<p>Our strategy will be informed by and complemented by national COVID planning, led by colleagues at the NHS Delivery Unit, supported by Welsh Government.</p> <p>Our strategy will also be informed by and complement planning for a flu vaccination – including the potential for co administration, prioritising the COPD cohort.</p> <p>Implement a comprehensive COVID-19 Campaign Strategy to:</p> <ul style="list-style-type: none"> • enhance awareness of key messages relating to COVID-19 vaccination amongst all priority groups, supporting uptake across the health board area. • support those colleagues in primary care that have opted to support to deliver the offer of COVID-19 vaccination to all members of priority groups. 	<p>Increased uptake of COVID vaccination amongst priority groups, Care Homes, House bound and those who are most vulnerable.</p> <p>Minimise the impact of COVID-19 on the citizens of North Wales</p>	<p>Share a suite of resources for use by colleagues in primary care to support the offer.</p> <p>Review approaches to targeted advertising.</p> <p>Gather and promote patient stories and case studies to enhance media coverage and support take-up.</p> <p>Work with colleagues across the health board (including colleagues from our partners, public engagement team, and Integrated Health Community Operational Immunisation Groups) to support the delivery of key messages. All messages will include clear calls to action.</p> <p>Ensure key messages and activity are integrated with national campaigns to reduce duplication efforts and to enhance consistency.</p>

BCUHB STAFF COVID-19 PROGRAMME: Area Operational Leads East/Centre/West

What will we do?	What are the benefits?	How will we deliver this?
In collaboration with BCUHB Hospital Management, COVID Area leads will design and implement a staff COVID-19 delivery programme supporting BCUHBs Acute Hospital Sites.	<p>Bookable appointments via 365 electronic system</p> <p>During the first two weeks of October 2022, there will be an opportunity for staff to be co-administered through the LVCs.</p> <p>Managers and COVID Operational leads taking accountability and responsibility for their local delivery plans.</p> <p>Improved local management of staff up-take data and reporting.</p> <p>Timely access to COVID-19 vaccinations during the first two weeks of the programme.</p>	<p>COVID Operational leads to review 2021/22 uptake data and highlight areas of significance for improved targeted support.</p> <p>Set up online booking system to support targeted staff groups.</p> <p>Monthly planning meetings with COVID-19 leads to discuss key actions of local plans.</p> <p>Support delivery of local plans within first two weeks of the programme.</p>

PREGNANT LADIES COVID PROGRAMME: Area Operational Leads East/Centre/West and Area Maternity Leads

What will we do?	What are the benefits?	How will we deliver this?
In collaboration with BCUHB Maternity service Area leads, we will design and implement a COVID-19 delivery programme supporting Pregnant Ladies.	<p>Supported COVID-19 vaccination of a high risk cohort.</p> <p>Quick identification through Maternity services to offer the COVID-19 vaccination.</p> <p>Maternity leads and Area COVID leads taking accountability and responsibility for their local delivery plans.</p> <p>Improved local management of up-take data and reporting in Pregnant Ladies.</p> <p>Timely access to COVID-19 vaccinations during their pregnancy.</p>	<p>Area COVID Leads to hold monthly planning meetings with Maternity leads to discuss key actions.</p> <p>Support training of vaccinators within Maternity services.</p> <p>COVID Operational leads to review 2021/22 uptake data in Pregnant Ladies and highlight areas of significance for improved targeted support.</p>

COVID-19 VACCINATION OF THE PUBLIC – THOSE AGE 50 YEARS AND OVER & AT RISK CONDITIONS: AREA OPERATIONAL LEADS

What will we do?	What are the benefits?	How will we deliver this?
<p>Plan and deliver a comprehensive and effective vaccination programme to protect vulnerable people from COVID-19.</p> <p>Develop a system approach to improve the accessibility of COVID-19 vaccinations to at risk groups.</p>	<p>Reduced complications of COVID-19 amongst the population.</p> <p>Reduced the risk of outbreaks occurring in all settings and reduce impact of COVID-19 on health and social care services.</p> <p>Increase resilience to an outbreak occurring in a care home by vaccinating staff, to reduce the risk to the residents.</p>	<p>Ensure timely notification with GP practices on aspects of training, booking, PCCIS adherence and vaccine ordering.</p> <p>Operational leads to work with Clusters and individual practices to identify support needed to ensure GP practices understand the process and remain within the PCCIS.</p> <p>Where possible promote co administration opportunities with the Flu vaccine.</p> <p>GP practices to review, audit their data, to identify and respond to lower uptake and to update data quality aspects.</p> <p>Raise awareness amongst secondary care staff of the eligibility of all the 'at risk' groups, including carers.</p> <p>Improve the accuracy of data collation on vaccinations given to inpatients.</p>

10 Draft Governance, Delivery and Reporting Mechanisms

10.1 How will we oversee and monitor progress of the 2022-23 BCUHB influenza & COVID-19 campaigns?

The Health Board lead will be the Executive Director of Public Health and the Deputy Chief Executive/Executive Director of Integrated Clinical Services.

Overall co-ordination of the local health system planning and delivery lies with the Strategic Immunisation Group, for both Flu and COVID-19.

The Operational Immunisation Groups (OIG) for Flu and 4-2-1 COVID Planning Group/ Tactical Vaccination Group for COVID-19, have been established to oversee all planning and operational delivery activities relating to the vaccination campaign in their Integrated Health Community for both staff and public campaigns.

The OIGs and Tactical COVID-19 Vaccination Group report directly to the Strategic Immunisation Group on activities in their community. In relation to the influenza vaccination campaign there are two work streams, one for the community vaccination campaign and one for the NHS staff vaccination campaign. Any documentation will be developed by the pan BCUHB Immunisation Group and disseminated to the OIG.

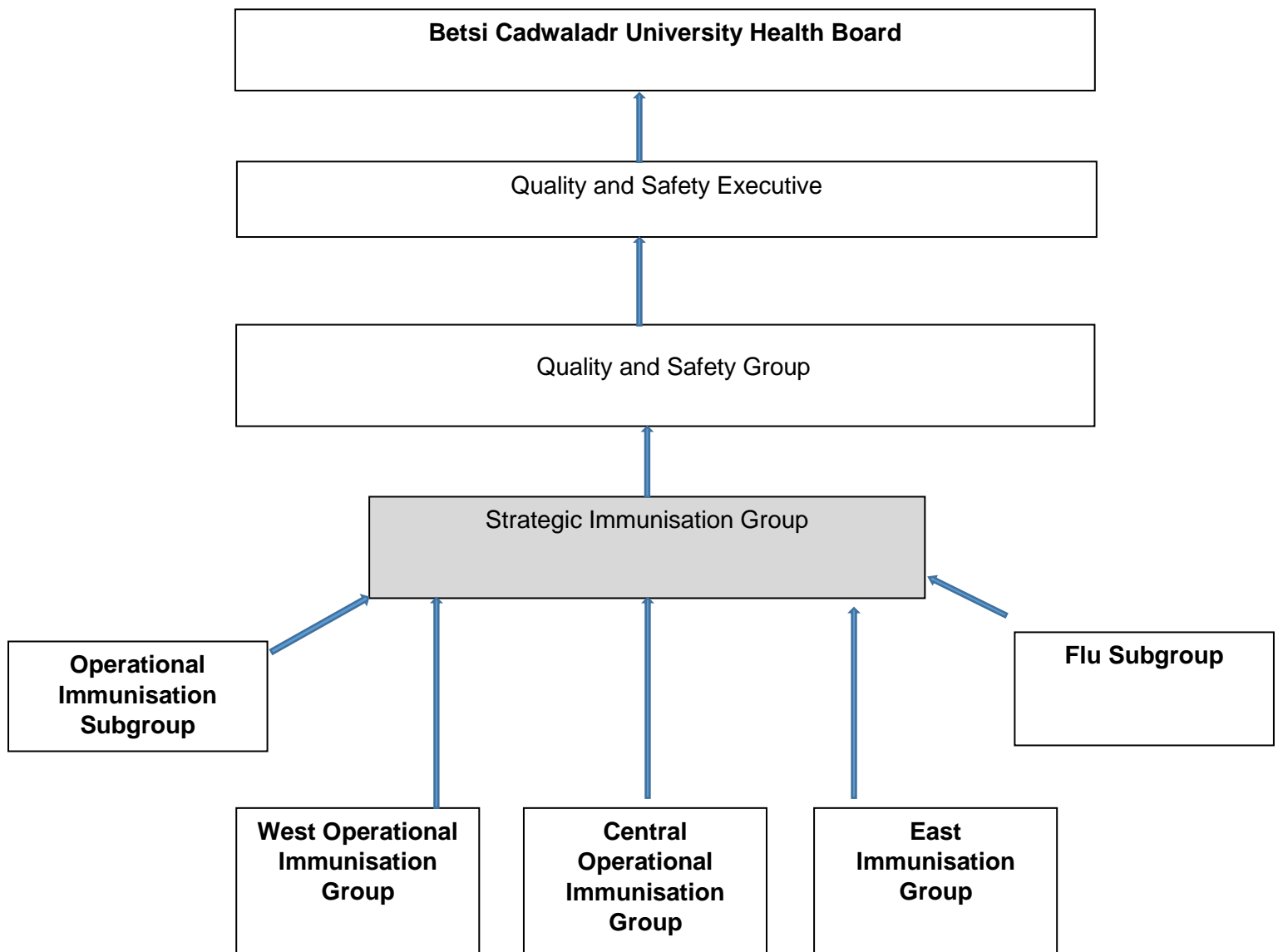
A Flu Planning Task and Finish Group has been established, in order to oversee the development of the Seasonal Influenza Plan. The Group, which is accountable to the Strategic Immunisation Group, focuses on setting out a co-ordinated and evidence based approach to planning and responding to the demands of flu across North Wales, taking into account lessons learnt during previous flu seasons. Once the plan has been ratified by the Strategic Immunisation Group and is operational, the Flu Group (also accountable to the Strategic Immunisation Group), will reconvene until the end of the flu season.

An Autumn COVID-19 Planning Group has been established to oversee all planning aspects in relation to the COVID-19 Programme. This then directly reports into the Tactical COVID Vaccination Group, weekly SRO and Strategic Immunisation Group.

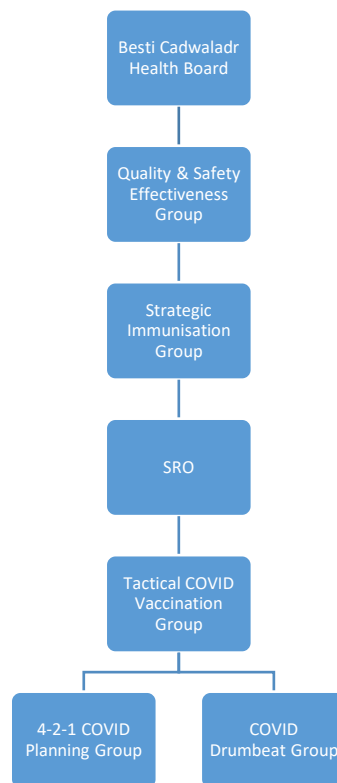
The Strategic Immunisation Group reports to the Quality and Safety Group which is accountable to the Quality and Safety Executive Group (see section 8.2: Draft Immunisation Governance Structure)

Any exception issues that arise during the planning or delivery stages of the programmes will be reported to the Strategic Immunisation Group through the Chair of the Flu Group and Chair of the Tactical COVID Vaccination Group, who are responsible for taking action. Examples include calling an extraordinary meeting if required, and reporting issues to the Quality and Safety Group (QSG), Public Health Wales, NHS Delivery Unit and / or Welsh Government, as appropriate.

10.2 Influenza Immunisation Governance Structure



10.3 COVID-19 Immunisation Governance Structure



11 Influenza Risk Log

The Executive Director of Public Health Level 2 Risk Register assesses the current level of risk in relation to influenza outbreaks as High (Score 12). This recognises that the potential impact of Influenza outbreaks remains significant until levels of immunisation are sufficient to reduce the spread of disease circulating within the population. This Risk will be reviewed on a monthly basis throughout the Planning and Delivery phases.

Work is currently ongoing to develop the mechanisms for ensuring appropriate identification and assessment of more detailed operational risks (Level 3 and 4) in relation to flu.

There is a risk that:	Controls in place:	Further actions to reduce the risk:
<p>Influenza outbreaks could occur within our local population. This may be caused by sub-optimal influenza vaccination rates in at risk groups and staff who are eligible for preventative intervention. It may also be made worse by lack of awareness or misinformation amongst the population and our staff. In addition, delayed and staggered supply of some vaccines in 2022-23 may exacerbate the risk as it will make planning and coordination of the vaccination programme more complex.</p> <p>This could lead to increasing the risk of avoidable illness and preventable excess deaths.</p>	<ol style="list-style-type: none"> 1. Flu Planning Group established with membership from across the Health Board. Group meets on a monthly basis from April to the commencement of delivery in October 2022, with the potential to review and meet more regularly if necessary. 2. Strategic Implementation and monitoring mechanisms in place. 3. Responsibility for operational delivery confirmed under lead of Deputy Director for Integrated Health Care, with local Operational Groups in place in each Integrated Health Community. 4. Weekly WHO report received via Public Health Wales and distributed during the season, along with weekly coverage data for Wales to inform local actions. 5. Immunisation coordinator in post, and Senior Nurse for Immunisation now confirmed. 6. Improving flu uptake in children identified as a priority within flu planning process for 2022-23. 	<ol style="list-style-type: none"> 1. Circulate and disseminate 2022-23 Flu Plan widely to all Departments and Divisions when approved and endorsed 2. Engage systematically with GP clusters in relation to promoting vaccination uptake and highlighting variation. 3. Confirm funding for required staffing levels within School Nursing Services to ensure Schools programme can be delivered within agreed timescales 4. Identify funding source to support delivery of comprehensive Flu Communications plan incorporating social media and radio advertising 5. Facilitate and encourage early discussions between GP practices and their neighbouring Community Pharmacies about opportunities to provide complementary flu immunisation services. 6. Integrated Health Community Immunisation groups to analyse uptake information - highlighting

It could also lead to increased avoidable demand on health care and other public services.	7. Revised staff flu plan drafted incorporating learning from previous implementation	targeted action where flu vaccine uptake falls below the required trajectory to achieve targets. 7. Implement revised staff flu campaign
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12 COVID-19 Risk Log

The Deputy Chief Executive Level 2 Risk Register assesses the current level of risk in relation to COVID-19 outbreaks as High (Score 12+). This recognises that the potential impact of COVID-19 outbreaks remains significant until levels of immunisation are sufficient to reduce the spread of disease circulating within the population. This Risk will be reviewed on a weekly basis throughout the programme.

Work is currently ongoing to develop the mechanisms for ensuring appropriate identification and assessment of more detailed operational risks (Level 3 and 4) in relation to COVID-19.

There is a risk that:	Controls in place:	Assurance Sources:
<p>There is a risk that the programme may not be able to deliver as the wider HB may not be able to step down and support due to the need of additional staff to be redeployed immediately to the COVID Vaccination Programme, in the event of a 'Ramp Up.'</p> <p>This will result on patient impact and patients being delayed treatment for the period.</p> <p>This is caused by a new 'Variant of Concern' should one arise.</p> <p>There is a risk that the vaccination programme could fall short of workforce depending on how many and the type of workforce which is needed on the Acute sites.</p> <p>This is due to the need for certain services to continue and the requirement for acute sites to staff the wards.</p> <p>This could impact on the programme's need to surge at pace at short notice, as per Welsh Government's request and JCVI updated guidance when published.</p>	<ol style="list-style-type: none"> 1. Emergency Responders list will have all departments of staff identified, the impact on each department if called upon to surge and all adequate training completed. Therefore, ready to redeploy as soon as possible. 2. All training to be undertaken and the upskilling of staff on the Emergency Responders List including periodical refresher training. 3. Welsh Government to make the decision on what services to close down to enable Equity of services across Wales. 4. Existing daily planning meetings will support the ability to manage any requirement for an acceleration. 5. Teams to remain linked in with Planned Care colleagues. 	<p>Tactical Vaccination Group</p> <p>SRO - Senior Reporting Officers for the Programme</p> <p>RCG - Regional Covid Group (External)</p> <p>PPPH - People Personal Public Health</p> <p>QSE - Quality Safety Experience</p> <p>Strategic Immunisation Group</p> <p>Executive Team</p> <p>Operational Welsh Government Meetings</p>

13 References

Chief Medical Officer for Wales. Reimbursable vaccines and eligible groups.2022-2023 season. WHC (2022)010. Welsh Government. 2022. [Accessed 20th April 2022]. Available from: [Microsoft Word - WHC 2022_010 - Reimbursable vaccines and eligible cohorts - for the 2022_23 NHS Wales Seasonal Influenza \(flu\) programme](#)

Chief Medical Officer for Wales. The National Influenza Vaccination Programme 2022-2023. WHC (2022)016. Welsh Government. 2022. [Accessed 6.6.2022] Available from: [WHC 2022\(16\) The-national influenza immunisation programme-2022-23](#)

NICE 2018. Flu vaccination: increasing uptake. Nice guideline 103. 22 August 2018, updated August 2022. National Institute for Health and Care Excellence and Public Health England. ISBN: 978-1-4731-2864-4 www.nice.org.uk/guidance/ng103

Public Health Wales guidance and policies on influenza [Flu Vaccination - Public Health Wales \(nhs.wales\)](#)

The Green Book, “*Immunisation Against infectious Diseases*” provides guidance to healthcare workers on the flu vaccine. Updated 2 September 2022.
<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

Guidance on Infection Prevention for COVID-19:
https://nhswales365.sharepoint.com/sites/BCU_Intranet_COV19/SitePages/Changes-to-guidance-on-COVID-19-infection-prevention-and-visiting.aspx

The Green Book, “*Immunisation Against infectious Diseases*” provides guidance to healthcare workers on the COVID vaccine. Updated 2 September 2022.
<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

13.1 Version history

Version	Date Amended	Reason for Amendment	Amended by:
V0.01	26.04.22	Amend and update 2019-20 plan – 1 st draft 2022-2023	LP
V0.02	17.6.2022	Add Welsh Health Circular details	LP
V0.03	7.7.2022	Communications and staff action plans added	LP
V0.04	8.8.2022	Added new operating model detail	LP
V0.05	2.9.2022	Updated Green Book chapter	LP
V1.0	20.9.2022	Minor editorial changes	LP
V0.1	05.10.2022	Renamed document and the incorporation of COVID-19	KS
V0.05	13.10.2022	Minor editorial changes	LP

Appendix 1: Eligible groups included in the national flu immunisation programme 2022-23

The following provides a summary of the groups recommended to be offered flu vaccinations in 2022-23. For full details, healthcare practitioners should refer to the influenza chapter of the Green Book “Immunisation against infectious disease” at: <http://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

<ul style="list-style-type: none">• Children - Children aged two and three years on 31 August 2022 i.e. date of birth on or after 1 September 2018 and on or before 31 August 2020. Vaccination will be offered through general practice.• All children in primary school reception class and school years 1 to 11, to be offered vaccination through the school nursing service.• For practical reasons, all children attending school in the eligible school years 1 to 11 should be offered vaccination, irrespective of their Date of Birth.• Children in the above age ranges who do not attend school, are to be offered vaccination through general practice. There is no requirement to invite.• Children not in the age groups mentioned above should be offered vaccination in line with the clinical risk group eligibility below.
All patients aged 50 years and over - Includes those becoming aged 50 years by 31 March 2023 (i.e. born before 1 st April 1973).
People aged 6 months to less than 65 years with a serious medical condition including: <ul style="list-style-type: none">• Chronic respiratory disease such as asthma requiring regular inhaled steroids, chronic obstructive pulmonary disease (COPD)• Chronic heart disease• Chronic kidney disease at stage 3, 4 or 5• Chronic liver disease• Chronic neurological disease such as Parkinson’s disease, motor neurone disease or learning disability• Diabetes• Immunosuppression due to disease such as HIV/AIDS or treatment such as cancer treatment (and household contacts of at risk individuals)• Asplenia or dysfunction of the spleen• Morbidly obese adults and young people aged 16 years +(class III obesity) defined as a Body Mass Index (BMI) of 40 or above
Pregnant women - All pregnant women at any stage of pregnancy (first, second or third trimesters)
People living in care homes or other long-stay care facilities - Vaccination is recommended for people living in care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include prisons (except those aged 55 years as stated above), young offender institutions, or university halls of residence.

Carers - Those who are the unpaid carer, including young carers, of a person whose health or welfare may be at risk if the carer falls ill, including those who receive a carer's allowance. The carer need not reside with, or be related to, the person being cared for. People in paid occupational roles are not eligible as carers by consequence of their employment e.g. teachers, nursery, and social workers.

Third sector carers - Individuals who work on a voluntary basis (are not paid for their time and effort) providing care on a frequent basis to one or more elderly, disabled or otherwise vulnerable people whose welfare would be at risk if the individual became ill. Individuals should be identified by a letter from their parent organisation naming the person and confirming their membership of, and role in the organisation.

Members of voluntary organisations providing planned emergency first aid - Individuals who work on a voluntary basis (are not paid for their time and effort) in organisations which provide planned emergency first aid at organised public events. These should be identified by a letter from their parent organisation naming the person, and confirming their membership of, and role in, the organisation. This category does not include individuals who are qualified to provide first aid in other circumstances.

Community First Responders - Active members of a Welsh Ambulance Service Trust (WAST) Community First Responder scheme providing first aid directly to the public. These should be identified by a letter from their parent organisation naming the person and confirming their membership of, and role in, the organisation.

Healthcare workers - Healthcare workers who are in direct contact with patients should be vaccinated by their employer as part of their occupational health care.

Staff working in nursing or residential care homes - All staff employed in adult residential and care homes, nursing care homes and children's hospices who are in regular contact with residents are eligible through the community pharmacy NHS seasonal influenza vaccination service or their GP if in an eligible clinical risk group.

Social Care Staff – All staff employed in adult residential care homes, nursing care homes and children's hospices or providing domiciliary care who are in regular contact with residents, are eligible through the community pharmacy NHS seasonal influenza vaccination service or their GP if in an eligible clinical risk group. Social care staff, apart from those referred to above, should be offered/facilitated vaccination by their employer.

Locum GPs - Locum GPs may be vaccinated at the practice where they are registered.

Appendix 2: BCUHB Seasonal Influenza Plan 2022-23 - One Page Summary

BCUHB Flu plan 2022-23 Improvement priorities to improve health and deliver excellent care

BCUHB values: • Put patients first • Communicate openly and honestly • Work together • Learn and innovate • Value and respect each other

50 years and over

- Publicise flu as a good preventative measure, another benefit of reaching an age milestone
- Increase number of staff accessing E learning Flu/COVID One to improve knowledge on severity of Flu
- Check on admission to hospital(Oct to March), if eligible person vaccinated, if not promote vaccine
- Partnership working to promote Flu vaccination to Social Care and 3rd Sector organisations

At risk 6m to 64y

- Secondary care specialist Drs and Nurses to normalise flu vaccination as part of care pathway
- Develop prompt cards for therapy services to reinforce positive messages along care pathway
- Utilise engagement teams to connect with disease specific support groups in 3rd sector

NHS staff

- BCU Engagement: focus on staff/manager engagement - facilitated workshops and enrolling flu leads
- Targeted approaches: target occupational groups, local vaccinators, areas or teams with low up-take
- High risk areas: identify areas of high risk and implement delivery plan to increase uptake
- Data monitoring: review weekly and monthly data to support targeted initiatives, personal invites to at risk groups and prioritise key areas of low up take

2 and 3 year olds

- Provide evidence based best practice guidance to GPs, includes a personal invitation from GP, nominate a Childrens Flu lead in each GP practice
- Health Visitors to adhere to the Action Card which includes specific DOB and names of children
- Engagement with childcare providers and issue information pack
- Target towns with lower uptake, Health Visitors to visit playgroups

Appendix 3 Summary of the Flu vaccines routinely recommended in NHS Wales for the 2022-23 season:

2022- 2023 Influenza Vaccine choice by age – Vaccine Preventable Disease Programme (VPDP)					
Age of eligible individual	Quadrivalent Influenza Vaccine (egg based) (QIVe). Numerous brand names	Live Attenuated Influenza Vaccine (LAIV) Brand name: Fluenz®Tetra	Quadrivalent Influenza Vaccine (cell based) QIVc) Brand name: Flucelvax Tetra®	Quadrivalent Influenza Vaccine QIVr (recombinant) Brand name: Supemtek®	Adjuvanted Trivalent Influenza Vaccine (aTIV) Brand name: Fluad®
Under 2 years	1 st	No	No	No	No
2-17 years	3 rd only if contraindicated to LAIV	1 st	2 nd only if contraindicated to LAIV	No	No
18-64 years	No	3 rd only if QIVc or QIVr are not available	1 st	1 st	No
65 years and over	No	No	3 rd Only if aQIV or QIVr are not available	1 st	1 st

Teitl adroddiad:	Nurse Staffing Levels Assurance Paper		
Report title:			
Adrodd i:	Partnerships, People and Population Health Committee		
Report to:			
Dyddiad y Cyfarfod:	Tuesday, 08 November 2022		
Date of Meeting:			
Crynodeb Gweithredol:	In line with the Nurse Staffing Levels (Wales) Act 2016 a formal annual presentation to the Board is required detailing the respective nurse staffing levels for each individual ward pertaining to sections 25B to 25E of the Act.		
Executive Summary:	<p>As the organisation transitions to a new governance and reporting framework, the Board will receive the formal presentation of Nurse Staffing Levels, for the reporting period October 2021 to September 2022, via the Partnerships, People and Population Health Committee on 08 November 2022.</p> <p>This report and accompanying appendices aims to assure the Board that the legislative requirements associated with Section 25B of the Act and “<i>duty to calculate and take steps to maintain nurse staffing levels</i>” are being maintained.</p>		
Argymhellion:	The Committee is asked to receive this report to gain assurance in relation to the following:		
Recommendations:	<ol style="list-style-type: none"> 1. Betsi Cadwaladr University Health Board (BCUHB) is meeting its statutory “<i>duty to calculate and take steps to maintain nurse staffing levels</i>” in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016. 2. BCUHB is meeting its statutory duty to provide an Annual Presentation to the Board detailing calculated nurse staffing levels (Appendix 1). <p>The Committee is asked to note that a financial assessment arising from the organisations statutory duty to calculate nurse staffing levels has been submitted via the IMTP scheme for consideration within the financial planning cycle for 2023/24.</p>		
Arweinydd Gweithredol:	Mrs Angela Wood, Executive Director of Nursing & Midwifery		
Executive Lead:			
Awdur yr Adroddiad:	Mrs Alison Griffiths, Associate Director of Nursing for Workforce, Staffing and Professional Standards		
Report Author:	Miss Joanna Brown, Nurse Staffing Programme Lead		
Pwmpas yr adroddiad:	I'w Nodi <i>For Noting</i>	I Benderfynu arno <i>For Decision</i>	Am sicrwydd <i>For Assurance</i>

Purpose of report:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>			
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:			
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:			
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		<p><i>Nurse Staffing Levels (Wales) Act 2016¹</i></p> <p>Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatient wards, adult acute surgical inpatient wards, and paediatric inpatient wards.</p> <p><i><u>A Healthier Wales: Our Plan for Health and Social Care</u>² identifies a requirement to “drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales”</i></p> <p>Recruitment and retention are key themes within these plans, and notes that while health and social care services have capability to attract the best talent in the world, there is evidence of fragility in specific services that have affected the delivery of quality care to patients.</p> <p><i><u>A Healthier Wales: Our Workforce Strategy for Health and Social Care</u>³ draws a direct link between vacancy rates and high agency expenditure.</i></p> <p><i><u>The priorities of the Chief Nursing Officer</u> includes an ambition to <i>attract, recruit, train, educate and retain the nursing and midwifery workforce so that the nursing</i></i></p>	

¹ <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

² <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

³ https://socialcare.wales/cms_assets/file-uploads/Workforce-strategy-ENG-March-2021.pdf

	<i>and midwifery vacancy factor is reduced, working towards no vacancies over 3-5 years</i>
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Statutory reporting requirements aligned to the Nurse Staffing Act (Wales) 2016 “ <i>duty to calculate and take steps to maintain nurse staffing levels</i> ”
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	<i>Not applicable</i>
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	<i>Not applicable</i>

<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>CRR2113 - Nurse Staffing (Continuity of service may be compromised due to a diminishing nurse workforce). There is a risk to the provision of high quality safe and effective nursing care due to the number of nursing vacancies across the Health Board.</p> <p>Inability to provide appropriate nurse staffing levels to ensure time to care for patients sensitively can compromise the Health Boards ability to deliver health care effectively, and compromise the reputation of Health Board nursing services.</p> <p>This could be further exacerbated by the impact on the resilience of the workforce due to;</p> <ol style="list-style-type: none"> 1) the ongoing Covid 19 pandemic 2) the increasing age profile within the workforce 3) retention rate of nursing staff across the Health Board. <p>CRR15 Recruitment & Retention (this applies to all staff across the Health Board but the nursing workforce is a significant element of the risk).</p> <p>There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes, low morale and well-being and attendance of staff</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are financial and workforce risks associated with the outcome of the work described in this paper and they remain to be addressed within the financial planning cycle of the Health Board. The risks relate to the ability to both finance and recruit a sufficient workforce of both registered nurses and healthcare assistants.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p>	<p>See above – <i>Financial implications</i></p>

Workforce implications as a result of implementing the recommendations	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	As detailed above - Risk ID1976
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: List of Appendices: 1. Annual Presentation of Nurse Staffing Levels to the Board 2. A summary of Nurse Staffing Levels for wards where Section 25B applies	

Nurse Staffing Levels Assurance Paper

1. Introduction/Background

The statutory guidance issued in support of the Nurse Staffing Levels (Wales) Act 2016 requires that there is an annual presentation to the Board of the nurse staffing levels for all wards that to which Section 25B of the 2016 Act pertains.

There are two key reporting requirements that the statutory guidance states should be undertaken within a Health Board:

1. There should be a formal annual presentation to the Board by the designated person¹ of the calculated nurse staffing levels for each individual ward to which sections 25B of the 2016 Act pertains – to take place in November of each year.
2. There should be an annual assurance report received by the Board which is structured in a way to provide the basis of the statutory nurse staffing levels triennial report required by Welsh Government² - to be received by the Board in May of each year.

2. Overview

In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, the triangulated methodology for calculating the nurse staffing levels for all areas pertaining to section 25B has been applied.

The narrative detailed within the Annual Presentation and the Summary of Nurse Staffing Levels (Appendix 2) has attempted to demonstrate the rationale for any proposed changes to the nurse staffing levels, for example changes to care quality outcomes, or sustained change in the pattern of patient acuity and ward activity.

The pressures of Covid-19 have made it difficult at times to distinguish within areas the bed base that would ordinarily form part of the Section 25B requirements, and those that would ordinarily be excluded. As the organisation resumes business as usual, services have had the opportunity to review and reconsider their clinical environments. This report will reflect any changes that are known, such as the restarting of elective and planned care activity. The autumn nurse staffing level calculations have identified that Abergele Ward 6 will specifically be impacted by service changes and as such, Appendix 2 has been configured to identify within this ward area the staffing levels that are required to support the beds that meet the definition under Section 25B of the 2016 Act; in addition to the beds/ward activity that does not currently meet the definition pertaining to Section 25B.

Amidst an ongoing pandemic, unscheduled care services continue to experience unprecedented pressures. Emergency departments are struggling to cope, with patients facing long and often uncomfortable waits before they can be seen, treated or admitted to a ward. The issue is further compounded by workforce challenges associated with higher-than-normal levels of sickness

¹ The designated person must act within the HB's governance framework authorising that person to undertake this calculation on behalf of the Chief Executive Officer. The designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment, such as the Executive Director of Nursing.

² BCUHB Nurse Staffing Levels Triennial report was submitted to Welsh Government September 2021

absence, and delays in discharging medically fit patients from the hospital sites. The autumn reviews again identified the regular (and in some areas sustained) use of “escalation beds” in response to system pressures and as such funding for these beds will be sought via IMTP / Winter pressures schemes. Seasonal and temporal pressures historically experienced during winter months, have been building throughout the year. It is evident that this pressure is placing significant stress on staff and creating significant risks for patients.

Key points to note:

- A total of 43 wards met the requirements pertaining to Section 25B of the 2016 Act during this reporting period. These comprise of 22 adult medical inpatient wards, 15 adult surgical inpatient wards, 3 paediatric inpatient wards, 1 Womens gynaecological inpatient ward and 2 oncology & haematology inpatient wards.
- Staffing is reflective of nursing staff required to staff funded beds only, with separate IMPT / Winter pressures schemes being submitted to sufficiently fund and resource escalation beds.
- There are existing, known variances in the length of unpaid breaks across the Section 25B wards with Ysbyty Gwynedd & Ysbyty Maelor Wrexham traditionally having a 30 minute unpaid break in long day & night shifts, and Ysbyty Glan Clwyd having an hour unpaid. These differences are reflected in the establishment requirements within Appendix 2.
- This reporting period has seen the inclusion of a further four wards meeting the Nurse Staffing Levels (Wales) Act 2016 Section 25B requirements. These are Glyndwr in YWM, Enfys & Ward 19a in YGC and Alaw in YG.

Following the autumn 2022 nurse staffing levels reviews a number of wards have required a change to their establishments with the overall FTE changes summarised in the table below and full details are included in Appendix 2, Summary of Nurse Staffing Levels for wards where Section 25B applies.

	Required Establishment at the start of the reporting period (October 2021)		Funded* Establishment (as at October 2022)		Required Establishment at the end of the reporting period (September 2022) <small>Inclusive of 5 additional wards meeting the definition pertaining to Section 25B</small>		FTE Variance between current funded (October 2022) and required (September 2022) <small>Inclusive of 5 additional wards meeting the definition pertaining to Section 25B</small>	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA
YWM Total	268.83	208.52	272.68	178.8	277.14	219.90	4.46	41.10
YG Total	209.54	172.80	196.46	138.62	207.51	195.71	11.05	57.09
YGC Total ³	276.53	238.53	254.13	176.72	261.51	253.56	7.38	76.84
Paediatric Total	83.46	31.27	79.47	30.37	83.46	31.27	3.99	0.9
Oncology & Haematology Total	0	0	33.61	26.74	33.3	31.27	-0.31	4.53
Womens Gynaecological Total	0	0	11.93	6.32	11.37	5.69	-0.56	-0.63
BCUHB Total	838.36	651.12	848.28	557.57	874.29	737.40	26.01	179.83

* **Funded** establishment sourced from Finance Ledger

Note: The required and funded establishment figures exclude supernumerary ward sister/charge nurse and ward support staff i.e. housekeepers, dementia support workers etc.

³ Figures include a reduction of 4.13 FTE RN following review of Abergele Ward 6 with these FTEs redistributed to Abergele DOSA & Day Case establishment

Adult Inpatient Nurse Staffing Levels - Ysbyty Wrexham Maelor (YWM)

The triangulation of the data and applied professional judgment have meant that a number of wards have required a change to establishment. Due to the harms profile Cunliffe and Glyndwr/SAU have received the addition of further HCAs. Fleming, Pantomime and Samaritan have all seen changes in staffing following decreases in beds. Acton and Erddig received increases in HCAs following the spring review with these increases demonstrating evidence for them to continue following the autumn review.

Adult Inpatient Nurse Staffing Levels - Ysbyty Glan Clywd (YGC)

The triangulation of the data and applied professional judgment have meant that a number of wards have required a change to establishment. Due to increased patient acuity care needs Wards 1 & 7 have received additional HCA staffing. Wards 8 & 10 have reconfigured their staffing during the spring review following service changes and ward relocation respectively, with these changes demonstrating evidence for them to continue following the autumn review. Ward 11 has seen changes to their RN staffing following a skill mix review in autumn. Abergele Ward 6 have reconfigured their staffing following a significant change in ward activity resulting in a requirement to staff both ABH Ward 6, ABH day unit and 3 beds in DOSA YGC unit.

Adult Inpatient Nurse Staffing Levels - Ysbyty Gwynedd (YG)

The triangulation of the data and applied professional judgment have meant that a number of wards have required a change to establishment. Due to increases patient acuity care needs Moelwyn and Ogwen have received an increase in HCA staffing and Dulas an increase in RN staffing. A review of the harms profile has necessitated increases to HCA staffing in Glaslyn and Hebog wards. During the spring 2022 review Prysor, Enlli and Tryfan saw changes to their staffing following skill mix reviews, with Enlli requiring a further increase in HCA staffing following the autumn 2022 review due to patient care acuity. Tegid during the spring 2022 review adjusted their RN & HCA staffing to reflect a skill mix review and a reduction in beds.

Oncology & Haematology Inpatient Nurse Staffing Levels – Ysbyty Glan Clywd (YGC) & Ysbyty Gwynedd (YG)

Enfys and Alaw completed their inaugural formal review in spring 2022 using the triangulated methodology. During the autumn 2022 review the triangulation of the data and applied professional judgement have demonstrated that there are no changes required to either wards Nurse Staffing levels.

Paediatric Inpatient Nurse Staffing Levels

The triangulation of the data and applied professional judgement have demonstrated that there are no changes required to the paediatric ward Nurse Staffing levels. It was noted that although the planned staffing levels are sufficient to meet the patient care needs, recruitment of staff is an issue which is further impacted by the current student nurse cohort graduation being delayed due to covid. This cohort are now anticipated to graduate in January – April 2023 (instead of September 2022), however full recruitment is anticipated to be achieved when this cohort graduates.

Womens Gynaecological Inpatient Nurse Staffing Levels – Ysbyty Glan Clywd (YGC)

Ward 19a has been stepped back up as an Act ward following the return of elective gynaecological patients after a previous reconfiguration due to covid. The Nurse Staffing levels have been calculated using the triangulated method.

Operational actions to mitigate the risk associated with nurse staffing shortfalls

In this challenging environment Workforce and Organisational Development (WOD) Department continue to work closely with senior nursing and midwifery colleagues to maximise recruitment and retention of nursing and midwifery staff. In support of this work a Health Board wide Nursing Recruitment and Retention group meets monthly and oversees a comprehensive work plan including:

- Continued overseas nurse recruitment programme with a plan to recruit 380 WTE registered nurses over 2 years, of which, 80 WTE will be RMN.
- Bachelor of Nursing FastTrack for Health Care Support Workers to “grow our own”
- Assistant Practitioners (Band 4) integrated well within establishments, and undertaking extended duties on a competency assessed basis
- Corporate led HCA recruitment drives, working closely with the temporary staffing team to directly appoint regular bank workers whilst sustaining an agile temporary workforce.
- Annual establishment reviews for areas exempt from Section 25B
- Monitoring of the SafeCare Allocate system usage to ensure targeted support to areas of poor compliance, and ensure visibility of available nursing resource and workforce utilisation.
- The development of a Workforce Utilisation Dashboard to identify the utilisation of substantive and temporary staff within rosters, measured against funded establishments in ESR. Staff unavailability (i.e. annual leave/sickness/training/parenting) will be included in the dashboard to identify the drivers for low substantive staff utilisation, and high temporary workforce requests above agreed funded establishment.

Workforce

Band 7 Ward Managers are ordinarily supernumerary however they will have been included in care delivery numbers at times of increased capacity needs, and when providing sickness/absence cover.

The ongoing impact of Covid 19, vacancy rates and variability in skill mix continues to be a challenge which cannot be under estimated. The competency, skill and experience of the nurses providing care to patients is a crucial component that has influenced the nurse staffing requirements within the bi annual calculation. The appointment of new graduates via the streamlining process continues to be a success as does the overseas recruitment programme.

Recruitment and retention activity has prioritised areas with significant need/risk. On the balance of risk, and following on from the staffing reviews undertaken in Spring 2022, some of the wards have recruited above funded establishments to ensure timely and sensitive nursing care. Recruitment initiatives have specifically focussed on increasing substantive registrants and non-registrants within the Health Board, via routes such as international recruitment, Health Care Assistants graduate schemes and external supported campaigns. Short /intermediate term mitigation continues to be through temporary staffing of bank and agency staff and deployment of staff internally (clinical and non-clinical).

Quality of care

As wards continue to facilitate the changing demands of the patient population as we move through the stages of the COVID 19 pandemic it is recognised that professional judgments made for some areas may change again at the next bi annual calculation and therefore some are recognised as interim amendments pending further review. An increase in patient acuity, dependency and

reported harms have affected staffing requirements across the services, predominantly for Healthcare Assistants.

The acuity audit supported the professional judgement of the Ward Mangers, Matrons and Heads of Nursing with findings demonstrating a sustained number of patients who meet the Welsh Levels of Care 3 and 4. This may be due to late presentation / deterioration of a chronic illness, breakdown of support at home for cognitively impaired individuals or due to clinical instability. It is not anticipated that the patient needs at Welsh Levels of Care 3 and 4 are likely to reduce. In addition to acuity, there is also noted to be a sustained increase of dependency with patients within our care.

As there were some wards identified during this cycle of nurse staffing calculations where there remain concerns in relation to the care quality indicators, some of which it is judged require adjustments to their staffing levels as part of the improvement action plan, it is clear that there may be a negative impact on care quality if the outcome of the calculation cycle is not responded to operationally. Limiting patient numbers during these challenging times appears beyond the bounds of possibility.

3. Conclusion:

The report provides assurance to the Health Board that in line with statutory guidance the Health Board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for 25B adult inpatient medical and surgical wards; and paediatric inpatient wards.

References:

[Nurse Staffing Levels \(Wales\) Act 2016 \(legislation.gov.uk\)](https://legislation.gov.uk)
[Nurse Staffing Levels \(Wales\) Act 2016: statutory guidance \(version 2\) \[HTML\] | GOV.WALES](#)
[Nurse Staffing Levels \(Wales\) Act 2016: Operational guidance Adults](#)
[Nurse Staffing Levels \(Wales\) Act 2016: Operational Guidance Paediatrics](#)
[Chief Nursing Officer for Wales: priorities 2022 to 2024 | GOV.WALES](#)
[Nursing in numbers 2022 - Royal College of Nursing \(rcn.org.uk\)](https://rcn.org.uk)

Annual Presentation of Nurse Staffing Levels to the Board

Health Board	Betsi Cadwaladr University Health Board																																																				
Date of annual presentation of Nurse Staffing Levels to Board	1st November 2022 (to PPPHC Committee)																																																				
Period Covered	01 October 2021 to 30 September 2022																																																				
Number and identity of section 25B wards during the reporting period. <ul style="list-style-type: none"> • Adult acute <u>medical</u> inpatient wards • Adult acute <u>surgical</u> inpatient wards • Paediatric inpatient wards • Oncology & Haematology inpatient wards • Womens Gynaecological inpatient wards 	<p>The tables below identify the wards that have been included under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 within this reporting period. The accompanying Appendix 2 document provides a summary of Nurse Staffing Levels for the wards detailed below.</p> <p>Adult acute <u>medical</u> inpatient wards: Total x 24</p> <table border="1"> <thead> <tr> <th>Ysbyty Gwynedd x 7</th><th>Ysbyty Glan Clwyd x 9</th><th>Ysbyty Wrexham Maelor x 8</th></tr> </thead> <tbody> <tr><td>Glaslyn</td><td>Ward 1</td><td>Acton</td></tr> <tr><td>Glyder</td><td>Ward 2</td><td>ACU</td></tr> <tr><td>Hebog</td><td>Ward 4</td><td>Bersham</td></tr> <tr><td>Moelwyn</td><td>Ward 9</td><td>Bonney</td></tr> <tr><td>Prysor</td><td>Ward 10</td><td>Cunliffe</td></tr> <tr><td>Tryfan</td><td>Ward 11</td><td>Fleming</td></tr> <tr><td>Alaw (Oncology & Haematology)</td><td>Ward 12</td><td>Morris</td></tr> <tr><td></td><td>Ward 14</td><td>Pantomine</td></tr> <tr><td></td><td>Enfys (Oncology & Haematology)</td><td></td></tr> </tbody> </table> <p>Adult acute <u>surgical</u> inpatient wards: Total x 16</p> <table border="1"> <thead> <tr> <th>Ysbyty Gwynedd x 4</th><th>Ysbyty Glan Clwyd x 6</th><th>Ysbyty Wrexham Maelor x 6</th></tr> </thead> <tbody> <tr><td>Tegid</td><td>Ward 3</td><td>Arrivals</td></tr> <tr><td>Dulas</td><td>Ward 5</td><td>ENT</td></tr> <tr><td>Ogwen</td><td>Ward 6 (ABH)</td><td>Erddig</td></tr> <tr><td>Enlli</td><td>Ward 7</td><td>Mason</td></tr> <tr><td></td><td>Ward 8</td><td>Glyndwr / SAU / SDEC</td></tr> <tr><td></td><td>Ward 19a Glaslyn (Womens)</td><td>Samaritan</td></tr> </tbody> </table>		Ysbyty Gwynedd x 7	Ysbyty Glan Clwyd x 9	Ysbyty Wrexham Maelor x 8	Glaslyn	Ward 1	Acton	Glyder	Ward 2	ACU	Hebog	Ward 4	Bersham	Moelwyn	Ward 9	Bonney	Prysor	Ward 10	Cunliffe	Tryfan	Ward 11	Fleming	Alaw (Oncology & Haematology)	Ward 12	Morris		Ward 14	Pantomine		Enfys (Oncology & Haematology)		Ysbyty Gwynedd x 4	Ysbyty Glan Clwyd x 6	Ysbyty Wrexham Maelor x 6	Tegid	Ward 3	Arrivals	Dulas	Ward 5	ENT	Ogwen	Ward 6 (ABH)	Erddig	Enlli	Ward 7	Mason		Ward 8	Glyndwr / SAU / SDEC		Ward 19a Glaslyn (Womens)	Samaritan
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Paediatric inpatient wards: Total x 3

Ysbyty Gwynedd x 1	Ysbyty Glan Clwyd x 1	Ysbyty Wrexham Maelor x 1
Childrens Unit	Childrens Unit	Childrens Unit

This reporting period has seen the inclusion of a further four wards meeting the Nurse Staffing Levels (Wales) Act 2016 Section 25B requirements. These are Glyndwr in YWM, Enfys & Ward 19a in YGC and Alaw in YG.

Following the Autumn 2022 nurse staffing levels reviews a number of wards have required a change to their establishments with the overall FTE changes summarised in the table below.

	Required Establishment at the start of the reporting period (October 2021)		Funded Establishment (as at October 2022)*		Required Establishment at the end of the reporting period (September 2022) Inclusive of additional wards meeting the definition pertaining to Section 25B		FTE Variance between current funded (October 2022) and required (September 2022) Inclusive of additional wards meeting the definition pertaining to Section 25B	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA
YWM Total	268.83	208.52	272.68	178.8	277.14	219.90	4.46	41.10
YG Total	209.54	172.80	196.46	138.62	207.51	195.71	11.05	57.09
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Paediatric Total	83.46	31.27	79.47	30.37	83.46	31.27	3.99	0.9
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BCUHB Total	838.36	651.12	848.28	557.57	874.29	737.40	26.01	179.83

* **Funded** establishment sourced from Finance Ledger

¹ Figures include a reduction of 4.13 FTE RN following review of Abergele Ward 6 with these FTEs redistributed to Abergele DOSA & Day Case establishment

<p>Using the triangulated approach to calculate the Nurse staffing level on section 25B wards</p>	<p>The triangulated methodology prescribed in the section 25C of the Nursing Staffing Level (Wales) Act 2016 sets out the principles to calculating the nurse staffing levels. There is also a requirement to undertake a minimum of bi-annual calculations for each ward to which Section 25B of the 2016 Act pertains. BCUHB process of calculating the nurse staffing levels has three steps:</p> <p>Step 1: Initial Review</p> <p>Each ward completes the designated proforma available within the ‘Nurse Staffing Levels (Wales) Act 2016’ Operational Guidance as evidence of the review and application of the triangulated methodology. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations. This is presented for review, discussion and supportive challenge.</p> <p>The Integrated Health Community Nurse Director / Associate Director of Nursing - leads the review to calculate Nurse staffing levels in collaboration with the Heads of Nursing, Matrons, Ward Sister/Manager, and senior colleagues from Finance. The review is informed by both qualitative and quantitative information comprising of:</p> <ul style="list-style-type: none"> ➤ Acuity data - acuity is measured by using an evidence-based workforce planning tool Welsh Levels of Care². ➤ Professional judgement – the Integrated Health Community Nurse Director / Associate Director of Nursing in conjunction with the relevant Head of Nursing, Matron and Ward Manager use their knowledge of the clinical area plus the evidence from the acuity audit to make an informed decision regarding the calculation of Nurse staffing levels. ➤ Quality Indicators – the review includes an analysis of quality indicators that are particularly sensitive to care provided only by a Nurse. The quality indicators shown to have an association with low staffing levels and must be reported on are: <ul style="list-style-type: none"> ○ <i>Patient falls</i> - any fall that a patient has experienced whilst on the ward; ○ <i>Pressure ulcers</i> - total number of hospital acquired pressure ulcers considered to have developed while a patient on the ward; ○ <i>Medication errors</i> - any error in the preparation, administration or omission of medication by Nursing staff (this includes medication related never events). ○ <i>Complaints</i> – wholly or partly about care provided to patients by nurses made in accordance with the complaint’s regulations.
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² The Welsh Levels of Care consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.

	<p>For paediatric inpatient wards where sections 25B of the 2016 Act pertains, in addition to care quality indicators identified above, infiltration/extraversion injuries must also be reported on.</p> <p>Additional information provided at the initial review includes, though is not limited to:</p> <ul style="list-style-type: none"> ➤ Current ward bed numbers and speciality, including specific treatments or procedures. ➤ Ward environment, layout and geographical position ➤ Detail of service and patient pathway changes ➤ Ward based initiatives. improvement programmes or action plans ➤ Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, frailty/rehabilitation support workers, ward administrators etc.). ➤ Workforce/Staffing related metric data i.e. Performance & Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave. ➤ Patient flow/activity related data for the previous 12 months. ➤ Finance related data i.e. pay/non pay expenditure/utilisation of permanent/temporary staff. <p>Step 2: HealthBoard Wide Review</p> <p>A Health Board wide (multi-site, service specific) review is undertaken, led by the Director of Nursing for Workforce, Staffing and Professional Standards, taking into account national guidance and best practice evidence, to ensure a consistent Health Board wide approach. The review includes sharing good practice and lessons learnt and assurance of compliance with the Nurse Staffing Levels (Wales) Act 2016 requirements in that all workforce models included have an uplift of 26.9% and a supernumerary Band 7 Ward Sister/Charge nurse has been calculated within the overall workforce plan for each ward.</p> <p>Step 3: Formal Presentation of Nurse Staffing Levels to Executive Director of Nursing & Midwifery</p> <p>Integrated Health Community Nurse Director / Associate Director of Nursing formally present their proposed nurse staffing levels to the Executive Director of Nursing and Midwifery as the confirmed designated person³ and on approval; this is formally presented to the Board.</p>
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³ The designated person must act within the Health Boards governance framework authorising that person to undertake the Nurse staffing calculation on behalf of the Health Boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a Nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.

Finance and workforce implications	<p>The workforce requirements following the review and recalculation of the WTE nursing establishments required to provide the planned rosters, are summarised in Appendix 2. Financial implications of the review will be considered by the Executive Team and considered within the 2023/24 financial planning cycle.</p> <p>There have been, and continue to be dedicated recruitment campaigns across a range of Nursing specialties as vacancy profiles indicate. A priority is increasing registrants, with initiatives such as international recruitment, Clinical Fellowship Programmes for Nursing and Health Care Assistants graduate schemes. With the upskilling of Healthcare Support worker roles at bands 2 & 3, and the continued use of band 4 assistant practitioner roles. The assistant practitioner roles provide a further route of access to registered Nurse positions as part of the Health Boards career framework. Short-term mitigation remains through temporary staffing of bank and agency staff and deployment of staff internally (clinical and non-clinical).</p> <p>As a Health Board there has been underpinning work to secure and assure plans for maintaining Nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained locally and nationally. There is a range of both short and long term actions being taken by the Health Board to improve the extent to which a sufficient workforce is available to work within the Registered Nurse and Health Care Support Worker establishments across all health settings. Workforce and Organisational Development teams continue to work closely with senior nursing and midwifery colleagues to maximise recruitment and retention of nursing and midwifery staff initiatives which include:</p> <ul style="list-style-type: none"> • Initiatives being led by the Workforce and Organisational Development teams and Corporate Nursing to develop and implement innovative approaches to recruitment of Registered Nurses and Health Care Assistants • Continued overseas Registered Nurse recruitment campaigns • Maintaining educational partnership arrangements with Glyndwr and Bangor Universities, and Llandrillo College in relation to the creation and development of courses to support the further/higher education such as Clinical Nursing Fellowship Programme/Part-time BN/Level 2- 4 NVQ • Continual review and enhancements of BCUHB careers framework
Conclusion & Recommendations	
	<p>Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'. This statutory requirement has ensured that the staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible</p>

maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with [BCUHB Nurse Staffing Levels Policy](#)

It has been challenging to consistently meet the planned roster within wards given the extremity of the current situation. The COVID-19 pandemic is unfinished and the true extent of this remains unseen. Staffing requirements over the last 2 years have increased at a level significantly in excess of previous years. The professional judgement of nurse managers and leaders has been relied on significantly given the dynamic and constantly evolving clinical situation. During this time all staff have displayed resilience and solidarity as the organisation endeavours to:

- Manage the pressures of unscheduled care
- Re-start planned/elective services against the backdrop of consequential and unprecedented waiting list times
- Maintain nurse staffing levels together with vacancies, staff absences, and increased patient care needs
- Manage reduced bed capacity, and maintain patient pathways within a climate that has exacerbated long standing issues within social care
- Deliver a large scale vaccination programme

The Board are asked to note and support the following next steps:

1. A review of the resource requirements to support the Nursing Workforce, Staffing and Professional Standards agenda to ensure the organisation is able to fulfil its statutory duties in relation to the Nurse Staffing Levels (Wales) Act 2016; focus on meeting the nurse staffing establishments through ambitious and successful recruitment campaigns; focus on the retention of committed and skilled staff.
2. The emerging BCUHB People Strategy & Plan will be an essential enabler to the delivery of this key priority, and this will be further supported through the development and implementation of a robust Nursing Workforce Strategy that will place focus on retention and innovation.
3. Corporate finance teams will work with operational finance teams to adjust budgets as part of the annual planning cycle to reflect the revised approved rosters.
4. The E-Rostering team will adjust roster demand templates to reflect the agreed 'planned rosters'
5. Ward Managers will process the recruitment of staff, based on the revised nursing establishment (where applicable)
6. Ward Managers will display any changes to the planned roster on the ward boards displayed at the ward entrance

Appendix 2 Summary of Nurse Staffing Levels for wards where Section 25B applies

Health Board/Trust:	Name: Betsi Cadwalader UHB	
Period being reported on :	Start date: October 1 st 2021 End Date: September 30 th 2022	
Number of wards where section 25B has applied during the period:	Medical wards: YWM 8 YG 7 YGC 9	Paediatric wards: YWM 1 YG 1 YGC 1
	Surgical wards: YWM 6 YG 4 YGC 6	Total Section 25B Wards: YWM 15 YG 12 YGC 16

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented below

YWM Medical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Acton	E	5	4	25.58	15.63	Yes	E	5	4	25.58	19.90	Yes	Yes	Yes	HCA staffing increased during Spring 2022 review due to enhanced observations and ward layout. No further amendments made in Autumn 2022 review.	No		
	L	5	3				L	5	4									
	LD						LD											
	TW						TW											
	N	4	2				N	4	3									
ACU	E	6	3	31.27	14.21	Yes	E	6	3	31.27	14.21	Yes	Yes	No	No change to staffing	No		
	L	6	3				L	6	3									
	LD						LD											
	TW						TW											
	N	5	2				N	5	2									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

Bersham	E	5	3	25.58	14.21	Yes	E	5	3	25.58	14.21	Yes	Yes	No	No change to staffing	No		
	L	5	3				L	5	3									
	LD						LD											
	TW						TW											
Bonney	N	4	2	19.90	19.90	Yes	N	4	2	19.90	19.90	Yes	Yes	No	No change to staffing	No		
	E	4	4				E	4	4									
	L	4	4				L	4	4									
	LD						LD											
Cunliffe	TW			19.90	14.21	Yes	TW			19.90	19.90	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing in response to harm profile	No		
	N	3	3				N	3	3									
	E	4	3				E	4	4									
	L	4	3				L	4	4									
Fleming	LD			19.90	19.90	Yes	LD			11.37	5.69	Yes	Yes	Yes	RN & HCA staffing adjusted during Autumn 2022 review following review of funded beds.	No		
	TW						TW											
	N	3	3				N	2	1									
	E	4	4				E	2	1									
Morris	L	4	4	17.06	21.32	Yes	L	2	1	17.06	21.32	Yes	Yes	No	No change to staffing.	No		
	LD						LD											
	TW						TW											
	N	2	4				N	2	4									
Pantomine	E	5	4	21.32	18.48	Yes	E	4	3	15.63	14.21	Yes	Yes	Yes	RN & HCA staffing adjusted during Autumn 2022 review following review of funded beds.	No		
	L	4	3				L	3	3									
	LD						LD											
	TW						TW											
	N	3	3				N	2	2									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

YWM Surgical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (September 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Arrivals ¹	E	3	2	14.21	11.37	Yes	E	3	2	14.21	11.37	Yes	Yes	No	No change to staffing.	No		
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
ENT	E	3	2	14.21	11.37	Yes	E	3	2	14.21	11.37	Yes	Yes	No	No change to staffing.	No		
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Erddig	E	5	3	25.58	17.06	Yes	E	5	4	25.58	19.90	Yes	Yes	Yes	HCA staffing increased during Spring review due to patient acuity and harm profile. No further amendments made in Autumn 2022 review.	No		
	L	5	3				L	5	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Mason	E	4	6	19.90	24.16	Yes	E	4	6	19.90	24.16	Yes	Yes	No	No change to staffing.	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

¹ Irregularity noted in calculations presented in Autumn 2021 report however this was an administrative error only with the planned roster requirements and associated budget being available. Figures updated for this report.

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Glyndwr	E	0	0			Yes	E	5	3	25.58	17.06	Yes	Yes	Yes	Stepped up as an Act ward in Spring 2022. Autumn 2022 review required an increase in HCA staffing in response to harm profile.	No		
	L	0	0				L	5	3									
	LD						LD											
	TW						TW											
	N	0	0				N	4	3									
Samaritan (was Prince of Wales Mon-Fri)	E	3	2	14.42	6.70	Yes	E	2	2	11.37	6.70	Yes	Yes	Yes	RN staffing adjusted during Autumn 2022 review due to decrease in beds.	No		
	L	4	1				L	2	1									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									
Samaritan (was Prince of Wales Sat-Sun)	E	2	1			Yes	E	2	1			Yes	Yes	No	No change to staffing at weekends	No		
	L	2	1				L	2	1									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									

YG Medical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Glaslyn	E	4	5	19.90	22.74	Yes	E	4	5	19.90	25.58	Yes	Yes	Yes	HCA adjusted during Spring 2022 review due to harm profile. No further amendments made in Autumn 2022 review.	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	4									
Glyder ¹	E	3	2	13.40	12.18	Yes	E	3	2	14.21	11.37	Yes	Yes	No	No change to staffing	No		
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Hebog	E	5	4	22.74	19.90	Yes	E	5	5	22.74	22.74	Yes	Yes	Yes	HCA adjusted during Spring 2022 review due to harm profile. No further amendments made in Autumn 2022 review.	No		
	L	5	4				L	5	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Moelwyn	E	6	4	28.43	19.90	Yes	E	6	4	28.43	22.74	Yes	Yes	Yes	HCA staffing adjusted during Spring 2022 review due to patient care acuity. No further amendments made in Autumn 2022 review.	No		
	L	6	4				L	6	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	4									
Prysor ¹ (Mon – Fri)	E	4	2	15.63	9.95	Yes	E	3	3	14.21	10.95	Yes	Yes	Yes	RN & HCA staffing adjusted during Spring 2022 following skill mix review. No further amendments made in Autumn 2022 review.	No		
	L	3	2				L	3	2									
	LD						LD											
	TW		1				TW		1									
	N	2	1				N	2	1									
Prysor (Sat & Sun)	E	4	2	15.63	9.95	Yes	E	3	2	14.21	10.95	Yes	Yes	Yes	RN & HCA staffing adjusted during Spring 2022 following skill mix review. No further amendments made in Autumn 2022 review.	No		
	L	3	2				L	3	2									
	LD						LD											
	TW		1				TW		1									
	N	2	1				N	2	1									
Tryfan	E	4	4	19.90	19.90	Yes	E	4	5	19.90	22.74	Yes	Yes	Yes	HCA staffing adjusted during Spring 2022 review following a skill mix review and in response to harm profile.	No		
	L	4	4				L	4	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

YG Surgical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Tegid	E	6	3	28.43	17.06	Yes	E	5	4	25.58	19.90	Yes	Yes	Yes	RN & HCA staffing adjusted during Spring 2022 review following reduction in beds and skill mix review. No further amendments made in Autumn 2022 review.	No		
	L	6	3				L	5	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Dulas	E	5	4	25.58	19.90	Yes	E	6	4	28.43	19.90	Yes	Yes	Yes	RN staffing increased during Spring 2022 review due to increased patient care acuity. No further amendments made in Autumn 2022 review.	No		
	L	5	4				L	6	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Ogwen	E	4	5	19.90	22.74	Yes	E	4	5	19.90	25.58	Yes	Yes	Yes	Autumn 2022 review HCA staffing increased due to patient acuity / dependency and harms profile.	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	4									
Enlli ¹	E	4	2	15.63	8.53	Yes	E	3	3	14.21	14.21	Yes	Yes	Yes	RN & HCA staffing adjusted in Spring 2022 review following skill mix review. Autumn 2022 review identified a need for a further increase of HCA on nights due to patient care acuity.	No		
	L	3	2				L	3	3									
	LD						LD											
	TW						TW											
	N	2	1				N	2	2									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

YGC Medical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 1	E	4	4	19.07	20.49	Yes	E	4	5	19.07	23.21	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing due to patient care acuity and harms profile.	No		
	L	4	4				L	4	5									
	LD						LD											
	TW		1				TW		1									
	N	3	3				N	3	3									
Ward 2	E	4	4	19.07	20.49	Yes	E	4	4	19.07	20.49	Yes	Yes	No	No changes to staffing.	No		
	L	4	4				L	4	4									
	LD						LD											
	TW		1				TW		1									
	N	3	3				N	3	3									
Ward 4	E	4	3	19.07	16.34	Yes	E	4	3	19.07	16.34	Yes	Yes	No	No changes to staffing.	No		
	L	4	3				L	4	3									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward 9	E	4	4	19.07	20.49	Yes	E	4	4	19.07	20.49	Yes	Yes	No	No changes to staffing.	No		
	L	4	4				L	4	4									
	LD						LD											
	TW		1				TW		1									
	N	3	3				N	3	3									
Ward 11	E	5	3	27.24	16.34	Yes	E	5	3	24.52	16.34	Yes	Yes	Yes	RN staffing adjusted in Autumn 2022 review following skill mix review.	No		
	L	5	3				L	5	3									
	LD						LD											
	TW						TW											
	N	5	3				N	4	3									
Ward 12	E	5	4	21.79	19.07	Yes	E	5	4	21.79	19.07	Yes	Yes	No	No changes to staffing.	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

Ward 14	E	5	4	21.79	19.07	Yes	E	5	4	21.79	19.07	Yes	Yes	No	No changes to staffing.	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward 10 (was DOSA / Ward 19 / Ward 9 in previous reports)	E	5	4	21.79	19.07	Yes	E	4	4	19.07	20.49	Yes	Yes	Yes	RN & HCA staffing adjusted in Spring 2022 review following ward moves and to support patient care acuity and harms profile. No further amendments made in Autumn 2022 review.	No		
	L	5	4				L	4	4									
	LD						LD											
	TW						TW		1									
	N	3	3				N	3	3									

YGC Surgical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 3	E	4	4	21.79	21.79	Yes	E	4	4	21.79	21.79	Yes	Yes	No	No changes to staffing.	No		
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
	N	4	4				N	4	4									
Ward 5	E	5	4	21.79	19.07	Yes	E	5	4	21.79	19.07	Yes	Yes	No	No changes to staffing.	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

Ward 7	E	5	4	21.79	19.07	Yes	E	5	4	21.79	21.79	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing to support patient care acuity	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	4									
Ward 8	E	5	4	24.52	19.07	Yes	E	4	4	19.07	19.07	Yes	Yes	Yes	RN staffing adjusted in Spring 2022 review as Patients nursed on PACU ward post op. No further amendments made in Autumn 2022 review.	No		
	L	5	4				L	4	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Ward 6 (ABH) Inpatients (Previously reported as Ward Inpatients DOSA & Day Case combined)	E	5	2	17.75	8.17	Yes	E	3	3	13.62	16.34	Yes	Yes	Yes	During the Autumn 2022 review staffing has been reconsidered as part of the elective and planned care recovery model. Abergele Ward 6 is required to staff the inpatient ward, day case unit and DOSA unit with varying staffing requirements during the week. This section is now reporting on the staffing aligned to the beds pertaining to Section 25B on Abergele Ward 6. For transparency Abergele Ward 6 DOSA & Day Case staffing requirements can be located on page 13 of this report.	No		
	L	4	2				L	3	3									
	LD						LD											
	TW						TW											
	N	3	1				N	2	3									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Oncology & Haematology Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Alaw (Mon – Fri)	E	0	0			Yes	E	4	3	16.24	14.21	Yes	Yes	No	Inaugural formal review completed in Spring 2022 using the triangulated methodology. No change to staffing numbers in Autumn 2022 review.	No		
	L	0	0				L	4	3									
	LD						LD											
	TW						TW											
	N	0	0				N	2	2									
Alaw (Sat & Sun)	E	0	0			Yes	E	3	3			Yes	Yes	No	Inaugural formal review completed in Spring 2022 using the triangulated methodology. No change to staffing numbers in Autumn 2022 review.	No		
	L	0	0				L	3	3									
	LD						LD											
	TW						TW											
	N	0	0				N	2	2									
Enfys	E	0	0			Yes	E	4	3	17.06	17.06	Yes	Yes	No	Inaugural formal review completed in Spring 2022 using the triangulated methodology. No change to staffing numbers in Autumn 2022 review.	No		
	L	0	0				L	4	3									
	LD						LD											
	TW						TW											
	N	0	0				N	2	3									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Paediatric Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Wrexham Maelor	E			28.43	8.53	Yes	E			28.43	8.53	Yes	Yes	No	No change to staffing numbers.	No		
	L						L											
	LD	5	2				LD	5	2									
	TW						TW											
	N	5	1				N	5	1									
Glan Clwyd	E			28.43	11.37	Yes	E			28.43	11.37	Yes	Yes	No	No change to staffing numbers.	No		
	L						L											
	LD	5	2				LD	5	2									
	TW						TW											
	N	5	2				N	5	2									
Gwynedd	E			26.60	11.37	Yes	E			26.60	11.37	Yes	Yes	No	No change to staffing numbers.	No		
	L						L											
	LD	5	2				LD	5	2									
	TW	1					TW	1										
	N	4	2				N	4	2									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Womens Gynaecological Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 19a Glaslyn (Not previously an Act ward)	E	0	0				E	2	1	11.37	5.69	Yes	Yes	Yes	Stepped up in Autumn 2022 as an Act ward following return of elective Gynae patients after covid reconfiguration	No		
	L	0	0				L	2	1									
	LD						LD											
	TW						TW											
	N	0	0				N	2	1									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Abergele Ward 6 DOSA & Day Case

Abergele DOSA and Day Case areas do not currently meet Section 25B criteria and therefore will not be reported within subsequent reports. For transparency the below details the planned staffing identified from this reporting cycle.

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 6 (ABH) DOSA Beds YGC Mon – Sat day time Ward 6 (ABH) DOSA Beds YGC Mon, Weds & Fri Nights Ward 6 (ABH) Day Case Beds Tues & Thurs	E					Yes	E	1	1	2.33	2.33	Yes	Yes		No			
	L						L	1	1									
	LD						LD											
	TW						TW											
	N						N											
	E					Yes	E			1.26	1.26	Yes	Yes	Yes	Yes	No		
	L						L											
	LD						LD											
	TW						TW											
	N						N	1	1									
	E					Yes	E	1		0.99	0	Yes	Yes	Yes	Yes	No		
	L						L	1										
	LD						LD											
	TW						TW											
	N						N											

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				



Teitl adroddiad: <i>Report title:</i>	Operational Plan Monitoring Report (OPMR) 2022-23		
Adrodd i: <i>Report to:</i>	Partnerships, People and Population Health Committee		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 08 November 2022		
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This is a high-level report, providing a status update for Q2, on specific programmes outlined in the original Integrated Medium Term Plan (IMTP) for 2022-23.</p> <p>The committee is required to review the Q2 status updates, particularly those programmes that have provided no updates and those who provided narratives because the programme is off track.</p> <p>The committee is asked to approve (or not) the report as providing assurance that the programmes are on track to deliver.</p>		
Argymhellion: <i>Recommendations:</i>	The Partnerships, People and Population Health Committee is asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Sue Hill Executive Director of Finance		
Awdur yr Adroddiad: <i>Report Author:</i>	David Vaughan Head of Performance Assurance		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: There are a number of programmes that weren't able to provide an update and without understanding greater detail and scrutinising all the programmes full assurance cannot be provided by the report author.</p>			

Steps to improve this rating: we are working on devising a framework for connecting the high-level reporting down through to the finer operational reporting to gain greater insights into progress – and thus assurance of delivery and impact.	
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	The programmes monitored in this report are the key strategic programmes aimed at ensuring the health board delivers high quality services and outcomes the the population of North Wales.
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	This report is to be scrutinised at key committee meetings, of which PPPH is one.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	Do/Naddo N The Report has not been Equality Impact Assessed as it is reporting on programme delivery status.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	Do/Naddo N The Report has not been assessed for its Socio-economic Impact as it is reporting on programme delivery status.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	The pandemic has produced a number of risks to the delivery of care across the healthcare system, including how well and quickly programmes can be delivered.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	The delivery of the programmes here will have direct and indirect impact on the financial recovery plan of the Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	The delivery of the programmes here (some more than others) will have direct and indirect impact on the financial recovery plan of the Board.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	This Q2 status updates has been provided by programme leads across the Health Board. And the full report has been reviewed by the report author.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	This report provides a high-level overview of programmes that have potential to improve service delivery and outcomes for patients and service users. Therefore, for those programmes not on track there is a potential risk.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Not applicable

Reason for submission of report to confidential board (where relevant)	
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: <i>Implementation of recommendations: greater scrutiny of those programmes that haven't provided and update, and those that are off track. Including consideration of whether provision of providing a status update of 'on track' is sufficient evidence to be fully assured.</i></p>	
<p>Rhestr o Atodiadau: Dim</p> <p>List of Appendices: None</p>	

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Population Health

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Annual Plan Monitoring Report 2022-23 Quarter 2 Update



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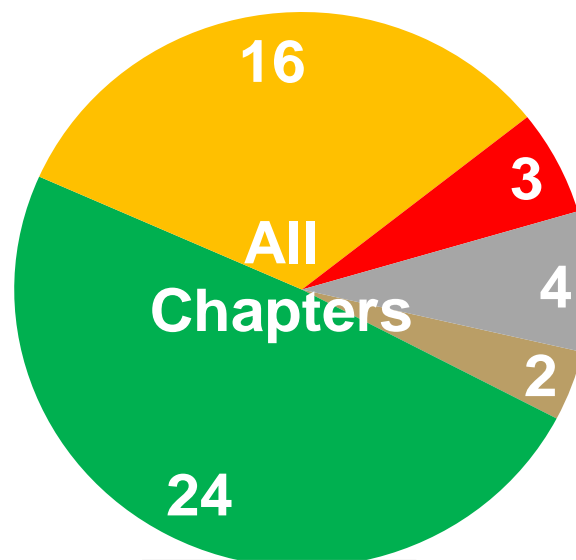
Population Health

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As at 30th September 2022

Key:



Total: 49



Total: 11



Total: 13



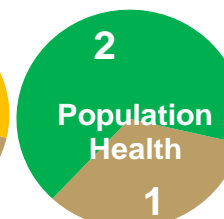
Total: 2



Total: 8



Total: 12



Total: 3

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Planned Care

Status



On
Track

Executive Lead: Gill Harris

Last Updated on:

19th October 2022

Our Outcomes

Implementation of breast, neck, lung and vague symptoms pathways to improve timey access and treatment of patients.

Improved timely access for patients to the right eye care specialist at the right time resulting in improved outcomes for our patients.

Please see Planned care Recovery Page

Successful recruitment against final, agreed, business case

Produced by the Performance Directorate in collaboration with Planned Care Leads

Our Programmes

Legend:

Not Progressing

On Track

Off Track - Mitigated

No Update

On Hold

Ref	Programme	Q1	Q2	Q3	Q4
a.2022.36	Suspected cancer pathway improvement	On Track	On Track		
a.2022.6	Eye Care	On Track	Off Track - Mitigated		
a.2022.30	Radiology sustainable plan	On Track	On Track		
a.2022.31	Regional Treatment Centres	On Track	On Track		
a.2022.38	Urology - Robot Assisted Surgery	On Track	On Track		
a.2022.12	Long Covid	On Track	On Track		
a.2022.13	Lymphoedema	On Track	On Track		
a.2022.10	Implementation of Audiology pathway	Off Track - Mitigated	No Update		
a.2022.39	Vascular	No Update	On Track		
b.2022.8	Diabetic Foot pathway	No Update	On Track		
a.2022.9	Home First Bureaus	On Hold	On Hold		

Narrative

a. 2022. 6 Eye Care: Measure 1: Implement National Intravitreal Treatment (IVT) Pathway. Awaiting clarification from Operational Team re status of Consultant recruitment to achieve full pathway delivery in Q2. Measure 2 Implement Rolling Delivery of Open Eyes All Wales Digital System. Update for Q2: BCU On track/delivered BCU Glaucoma Go Live dependency actions within agreed timescales. National Digital programme delivery of Glaucoma "Go Live" delayed. (Key enabler of sustainable pathways to reduce patient waiting times and waste efficiencies) Mitigation: BCU have expanded health board pre-mobilisation to include Glaucoma and Cataract: to ensure Go Live readiness for both pathways when National Programme functionality confirmed. Measure: Local Planning Group to support implementation of Integrated Eye Pathways arising from National Reform Q2 Update: Monthly Eye Care Collaborative Group (ECCG) re-established in Q4 2021. ECCG oversees Strategic Transformation and improvement in line with National strategic aims, including contract reform. Clinically led, Integrated Eye Care Network Groups, accountable to the ECCG, implement and monitor action plans to embed standard delivery of strategy into everyday practice. This measure has been partially achieved in Q4, with conflicting clinical and Operational demands and Senior Leadership vacancies challenging a. quorate Nursing and Operational Management attendance and b. Site tracking and timely delivery of actions in central area. Mitigation: Central Nursing Matron and Operational recruitment has been progressed: with post holders to commence posts in Q3.

Planned Care Recovery

Status

On Track

Executive Lead: Gill Harris

Last Updated on:19th October 2022

Our Outcomes

Reduction number of patients waiting and lengths of waits due to increased capacity.

Improved timely access for patients to diagnostic tests and oncology services.

Reduction number of patients being added or retained on our waiting lists leading to improved patient satisfaction and outcomes.

Improved patient outcomes

Reduction of 8 week breaches to meet national target of 0.

Increase in number/ ratio of video consultations, increase in service capacity and patient choice

Narrative

Our Programmes

Legend:

Not Progressing

On Track

Off Track - Mitigated

No Update

On Hold

Ref	Programme	Q1	Q2	Q3	Q4
Capacity – core and additional	Outsourcing	<div></div>	<div></div>		
	Insourcing	<div></div>	<div></div>		
	Partnerships	<div></div>	<div></div>		
Lean, value-focused support infrastructure - clinical	Radiology sustainability - scheme a.2022.30	<div></div>	<div></div>		
	Oncology capacity	<div></div>	<div></div>		
	Pathology	<div></div>	<div></div>		
Lean, value-focused support infrastructure - administrative	Validation programme	<div></div>	<div></div>		
	BetsiPathways e.g. Audiology - scheme a.2022.10	<div></div>	<div></div>		
	GIRFT / National Programme in 5 specialities	<div></div>	<div></div>		
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	<div></div>	<div></div>		
	Pre-habilitation	<div></div>	<div></div>		
Modernisation	'Attend Anywhere'	<div></div>	<div></div>		
	Urology Robot	<div></div>	<div></div>		
Building for the future	RTC project - a.2022.31	<div></div>	<div></div>		
Communication	Launch a Communication Strategy	<div></div>	<div></div>		
a.2022.40	Video consultations	<div></div>	<div></div>		

Narrative only required for Programmes rated as - Off Track not Mitigated, which isn't any here. Although awaiting final updates for pre-habilitation, and validation programme (leads have been contacted and responded - they are clarifying)

Unscheduled Care	Status	<div><div></div>On Track</div>	Executive Lead: Gill Harris		Last Updated on:		19th October 2022				
Our Outcomes			Our Programmes		Legend:		<div><div></div>Not Progressing</div>	<div><div></div>On Track</div>	<div><div></div>Off Track - Mitigated</div>	<div><div></div>No Update</div>	<div><div></div>On Hold</div>
<div>Reduction in admissions, & ambulance handover delays and</div> <div>Improved performance against Sentinel Stroke National Audit Programme (SSNAP) Measures translating as improved clinical outcomes for our patients.</div> <div>Produced by the Performance Directorate in collaboration with Unscheduled</div>			Ref	Programme	Q1	Q2	Q3	Q4			
			a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	<div></div>	<div></div>					
			a.2022.35	Stroke services	<div></div>	<div></div>					
Narrative			<div><u>a. 2022. 35 Stroke services:</u> Construction start delayed due to ongoing engagement with CHC Service Planning Committee from May to July. Agreement with CHC on 11th. July to implement Stroke Specialist Inpatient Rehabilitation (SSIR) units in Llandudno General Hospital (LLGH) and Deeside. Commissioned design and construction work for Q3 start.</div>								

Primary & Community Care	Status	Off Track Mitigated	Executive Lead: Gill Harris	Last Updated on:	19th October 2022																																																						
Our Outcomes	Our Programmes	Legend: Not Progressing On Track Off Track - Mitigated No Update On Hold																																																									
<div>Long term Improved recruitment and retention of clinical staff having been educated and trained through the Academy in North Wales</div> <div>Improved access to the right services at the right time, reducing burden on secondary care whilst providing care closer to home resulting in more timely, efficient and better outcomes for our patients and their families.</div> <div>Produced by the Performance Directorate in collaboration with Primary &</div>	<table><thead><tr><th>Ref</th><th>Programme</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr></thead><tbody><tr><td>a.2022.7</td><td>Further development of the Academy</td><td>On Track</td><td>Off Track - Mitigated</td><td></td><td></td></tr><tr><td>a.2022.37</td><td>Urgent Primary Care Centres</td><td>On Track</td><td>Off Track - Mitigated</td><td></td><td></td></tr><tr><td>a.2022.44</td><td>Widening of Primary Care workforce</td><td>On Hold</td><td>On Track</td><td></td><td></td></tr><tr><td>b.2022.14</td><td>Recovery of Primary Care chronic disease monitoring</td><td>No Update</td><td>Off Track - Mitigated</td><td></td><td></td></tr><tr><td>b.2022.2</td><td>Accelerated Cluster Development</td><td>On Track</td><td>Off Track - Mitigated</td><td></td><td></td></tr><tr><td>a.2022.2</td><td>Colwyn Bay Integrated services facility</td><td>No Update</td><td>On Hold</td><td></td><td></td></tr><tr><td>a.2022.1</td><td>Care Home support</td><td>On Track</td><td>On Track</td><td></td><td></td></tr><tr><td>a.2022.3</td><td>Continuing Healthcare infrastructure</td><td>On Track</td><td>On Hold</td><td></td><td></td></tr></tbody></table>	Ref	Programme	Q1	Q2	Q3	Q4	a.2022.7	Further development of the Academy	On Track	Off Track - Mitigated			a.2022.37	Urgent Primary Care Centres	On Track	Off Track - Mitigated			a.2022.44	Widening of Primary Care workforce	On Hold	On Track			b.2022.14	Recovery of Primary Care chronic disease monitoring	No Update	Off Track - Mitigated			b.2022.2	Accelerated Cluster Development	On Track	Off Track - Mitigated			a.2022.2	Colwyn Bay Integrated services facility	No Update	On Hold			a.2022.1	Care Home support	On Track	On Track			a.2022.3	Continuing Healthcare infrastructure	On Track	On Hold						
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Narrative																																																											
<p>a. 2022. 7, Further development of the Academy: Good progress being made, with three project teams established to oversee the development and implementation of each of the Skills, Education and Training Hubs. GPWSI in Education and Learning is currently 'live' on Trac for the two West sites. Timeline for increasing the number of placements is to be adjusted with training places planned to start early in 2023.</p> <p>b. 2022 2, Accelerated Cluster Development: Positive progress is being made with regards the establishment of Professional Collaboratives and Clusters, however, challenges in agreeing footprint for PCPGs and local authority buy-in is slowing progress at this more strategic level. Issue has been escalated to Exec Team to agree position.</p> <p>b. 2022. 14, Recovery of Primary Care Chronic disease monitoring: Some evidence of positive progress being made in some areas, especially in relation to the Long-term conditions hub, which commenced operation in the North Denbighshire Cluster and has now been extended to the second Cluster in Denbighshire. However, difficulties in recruiting additional staff/ offering existing staff increased hours to help reduce the backlog of reviews has meant that work has been slow to progress.</p> <p>To help mitigate the risks, we would like to ask practices to provide us with information now, on their current waiting list size for each Chronic Condition (Baseline) and then again at the end of Q4 (progress made). This will enable us to ensure we have a better grasp of the situation, and the efforts being undertaken to deal with the backlog, and will allow the health board to proactively work with Clusters to help reduce the backlog. The LMC have blocked our request to contact practices for this information, however, we are continuing to push.</p> <p>a. 2022. 37, Urgent Primary Care Centres: Good progress, but review currently being undertaken with a small pilot being launched in October, which will look at ways to increase number of people streamed directly from ED triage (via a UPCC GP/ ANP) to the UPCC for consultation. Deep dive sessions planned to review north Wales model for Urgent Primary Care, which will shape future direction of UPCCs in North Wales.</p>																																																											

a. 2022. 14. AISB Joint Commissioning: Funding allocated via ISBs is supporting a variety of initiatives across the Local Authority areas including services delivered by ICAN hubs - IMTP ref a2022.19 / MHLHD ref MH03_ICAN. A new commissioning lead to strengthen links with AISBs is due to start 17/10/2023. **a. 2022. 16. CAMHS Transition and Joint Working:** Delay in recruitment raised as risk and issue through IT Programme and Transition Work Stream. Monitoring via project team in place with a view to actions being completed by end of Q4. **a. 2022. 17. Early Intervention in Psychosis:** Accommodation has been identified but not yet approved via PFIG process, that will support effective delivery of the service and enable continued recruitment to establishment in the East under Phase 1 of EIP plans. Staffing for roll out of the service across Central and West to ensure equity of service availability and delivery is now costed and forms part of the phase 2 plans submitted through the IMTP process. All staff receiving training as recruitment progresses. Plans for Phase 2 have been assessed and costed and submitted through the IMTP process and awaiting decision. **a. 2022. 18. Eating Disorders Service development:** Partial recruitment is complete. Recruitment to establishment has been significantly limited by lack of suitable accommodation. A business case has been submitted through divisional and corporate governance routes for approval to lease suitable premises. Once approved, recruitment will re-commence. Training plan being progressed in line with Quarter 3 milestone. However, due to delays in recruitment delivery of training cannot be completed until we are at establishment. Milestone revision will be subject to timescales for estates. We are developing a team of staff to visit sites and start to establish a plan to measure outcomes. **a. 2022. 19. ICAN Primary Care:** 90% of iCan Primary Care Occupational Therapists (OT) recruited with two vacancies awaiting interviews. Training plan has been agreed and OTs are being trained. Expectation is that all staffs will be trained by the quarter 3 milestone's. **a. 2022. 20. Medicines Management Support:** All CMHT Lead pharmacists now recruited to. A number of the team posts are in place. Remaining vacancies being progressed and/or discussions taking place on alternative role opportunities. Roll out of EMIS continues. Delays have been experienced due to a national shortage of hardware. Central and East are awaiting deliver and installation of EMIS linked prescription printers with East due to start training staff in October. There are three working groups in place to help evaluate effectively the overall impact for each area; EMIS, Pharmacy Strategy Group and Medicine Management Group. **a. 2022. 21. Neurodevelopment recovery:** Phase 3 (relating to 22/23 IMPT funding) of the external provider contract commenced as planned in July/August 2022, a temporary pause has been put on referrals being sent for October 2022, due to concerns regarding outstanding delivery of completed assessments in phase 1 and 2; for which we are in the process of agreeing a recovery plan for. Further meeting with provider due to be held on 10.10.22. Risks currently being escalated. Finance position also been paused. **a. 2022. 23. Older Persons Crisis Care:** Recruitment to establishment partially complete. Start dates for recently interviewed candidates to be agreed and some posts re-advertised on Trac. The Quality Assurance Framework has been used to establish 11 tools for monitoring information, which is shared with practice development teams. We are working on launching a quality CQMT with providers for integrated working to improve care standards. Training and development is ongoing. **a. 2022. 24. Perinatal MH Services:** Recruitment progressing but incomplete due to lack of accommodation for the service. The team are working with the estates team to resolve this. Once accommodation issues are worked through then recruitment will continue. All staff in post have received or undergoing appropriate training to their role. Once the accommodation issues have been resolved and new staff are recruited then they will also receive the relevant training. Following peer review positive feedback received and recommendations provided on areas of improvement to achieve accreditation. Primary issue raised is lack of appropriate accommodation for patients and staff. **a. 2022. 25. Psychiatric Liaison Services:** Work for psychiatric liaison teams is progressing and forms part of the overarching crisis care work. Recommendations from the Delivery Unit review are being incorporated into the overall plans for future working. 2 Central posts recruited to, 2 East posts recruited to, 1 in West recruited to with the other being interviewed for in late October. Working towards completion to recruitment by within quarter 3.

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Status



Last Updated on:

19th October 2022

Our Programmes

● Not Progressing

● Off Track - Mitigated

● On Hold

Ref	Programme	Q1	Q2	Q3	Q4
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	●	●		
b.2022.5	Building a Healthier Wales (BAHW)	●	●		
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	●	●		

In the longer term improved health and wellbeing of the population .

Produced by the Performance Directorate in collaboration with Population Health Leads

Narrative only required for Programmes rated as Red - Off Track not Mitigated

Report title:	2022/23 Board Assurance Framework		
Report to:	Partnerships, People & Population Health Committee		
Date of Meeting:	Tuesday, 08 November 2022		
Executive Summary:	<p>The purpose of this report is to enable the Committee to review and monitor the updated BAF following its adoption at the August Board meeting.</p> <p>This report incorporates an extract of the BAF for the committee to monitor, which is incorporated in sections 1 and 4 under the strategic aims:</p> <p><i>Strategic Aim 2: Target our resources to people who have the greatest needs and reduce inequalities</i></p> <p><i>Strategic Aim 4: Work in partnership to support people (individuals, families, carers, communities) to achieve their own well-being</i></p> <p>Work continues to refine and update the BAF risks, through meetings with Executive Directors in relation to the document, and further discussions are ongoing with independent member colleagues in relation to the content and scope of the BAF.</p> <p>A new risk has been added by the Chief Digital Information Officer, and has been discussed as part of the October Board workshop.</p> <p>This risk is highlighted in red, for ease of reference as risk ID 2.6</p>		
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> Note and review the BAF risks that fall within the remit of the Partnerships, People & Population Health Committee 		
Executive Lead:	Board Secretary		
Report Author:	Molly Marcu, Interim Board Secretary		
Purpose of report:	For Noting <input type="checkbox"/>	For Decision <input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>
Assurance level:	Significant <input type="checkbox"/> High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable <input type="checkbox"/> General confidence/evidence in delivery of existing mechanisms / objectives	Partial <input checked="" type="checkbox"/> Some confidence/evidence in delivery of existing mechanisms / objectives
No Assurance <input type="checkbox"/> No confidence/evidence in delivery			
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:			
<p>The BAF includes the risks deemed most significant to the delivery of the strategic objectives of the Health Board. Of those risks, some are outside of the risk appetite /and have significant gaps in controls and assurance</p>			
Link to Strategic Objective(s):	ALL		
Regulatory and legal implications	<p>Alignment to regulatory requirements associated with delivery of patient care as well as a safe working environment under the Health and Safety at Work Act</p>		

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable and provide an explanation below	Y
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	(summarise risks here and provide further detail) (crynodeb o'r risgiau a rhagor o fanylion yma)
Financial implications as a result of implementing the recommendations	Risk Management training will be required as part of the process of enhancing the risk maturity of the organisation
Workforce implications as a result of implementing the recommendations	Not applicable
Feedback, response, and follow up summary following consultation	Feedback received from Executive team, Board
Links to BAF risks: (or links to the Corporate Risk Register)	All
Reason for submission of report to confidential board (where relevant)	Not applicable Amherthnasol
Next Steps: <ul style="list-style-type: none"> The BAF continues to be subject to a further in-depth review ahead of the next meeting of the committee, taking into account discussions at this meeting and Board feedback 	
List of Appendices: 2022/23 Board Assurance Framework Appendix 1	

BETSI CADWALADAR UNIVERSITY HEALTH BOARD													
2022/23 BOARD ASSURANCE FRAMEWORK PPPH EXTRACT - NOVEMBER 2022													
Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance i.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score (impact x likelihood)	Current Risk Score (impact x likelihood)	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
2. Strategic Objective: Target our resources to people who have the greatest needs and reduce inequalities													
2.1	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health Committee	Failure to 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 adversely impact on the Board's ability to deliver safe and sustainable services.	Establishment Control Policy and system in place. Implementation of Roster management Policy. Implementation of Recruitment Policy. Review of Vacancy control process underway to establish a system for proactive recruitment against key staff groups/roles. Implementation of People strategy and plan 2. Review of delivery group structure underway to ensure regional over view and leadership of planning, recruitment and retention. Workforce Service Review programme commissioned and commenced. Implementation of Safe Employment Policy.	Partnerships, People and Population Health Committee oversight. Monthly monitoring by People Executive Delivery Group	Pipeline reports produced monthly for review and action by managers across the organisation	National shortages in certain roles	Staff turnover rates	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	
2.5	Chief Digital Information Officer	Partnerships, People and Population Health Committee	There is a risk that we won't achieve our strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change. This will lead to an inability to deliver new models of care in line with National and Local Strategies which results in a significant future degradation in patient safety, quality of care, public confidence, financial controls and reputation.	No controls yet in place subject to actions being delivered by newly appointed CDIO reviewing the current operating model and developing proposals and plans for its transformation into a minimum viable Digital, Data and Technology operation for the Health Board.	Annual Plan delivery assurance report to PPPH Committee	Benchmarking the service against external assessments. e.g. Gartner Group IT Score. NCSC. Cyber Essentials+ IG Toolkit Government Digital Service DDAT roles and possibly SFIA assessments.	Implementation of new DDAT operating model and structure including investment in skills and capabilities.	Plans, finance and resourcing not in place.	16 (4x4)	16 (4x4)	12 (4x3)	Proposals for a new operating model and its associated resource requirements and financial case is being developed for inclusion in the 2023/24 IMTP. This will include new functions for: Intelligence and insight, Digital PMO, Architecture, Software engineering, Service design and clinical change, Governance arrangements	Nov 2022 - Feb 2023
2.6 New Risk	Chief Digital Information Officer	Partnerships, People and Population Health Committee	There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber attack. This will lead to compromised – safety and quality of care, reduced public confidence, reputational damage and, finance and regulatory non-compliance.	Cyber Security controls: Cyber Assessment Framework with Welsh Government. Monitoring tools to flag anomalies. Antivirus/Anti Ransomware software.	Annual Plan delivery assurance report to PPPH Committee	External expert independent review and assessment of the current environment.	Develop costed proposal for three-year Essential Services Programme to address the issues identified.	Plans, finance and resourcing not in place.	25 (5x5)	20 (5x4)	12 (4x3)	Proposals being developed for an Essential Services Programme to address deficits as they become known.	Nov 2022 - Feb 2023
3. Strategic Objective: . Work in partnership to support people (individuals, families, carers, communities) to achieve their own well-being													
3.1	Executive Director of Finance	Partnerships, People and Population Health Committee	Failure to provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.	Annual Capital Programme in place, based on priorities as identified by divisions, Core Areas (Estates, Informatics and medical devices) feeding into the Capital Investment Group and onward to the Finance and Performance Committee. 1.Development for business case for key projects identified in key strategies.	Performance, Finance and Information Governance Committee oversight of capital programme delivery	none identified	Delays in the completion of the new Estates Strategy and its consequent alignment to enabling strategies such as the clinical services strategy and quality improvement strategy Limitations in capital funding restrict the ability of the Health Board to achieve a tolerable level of compliance	None identified	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	
3.2	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health Committee	Failure to implement and embed learning from experience in order to improve services, resulting in poor staff morale and a lack of trust and confidence in senior management, leading to poor outcomes impacting on the delivery of safe and sustainable services and the reputation of the Health Board. This could be caused by a lack of clear mechanisms for raising concerns at any and every level.	Implementation of revised Speak out safely process as agreed by the Health Board in July 2021. Implementation of Speak out Safely Guardians report directly to CEO, with an independent board member to support and scrutinise Guardians' role Implementation of Raising Concerns Policy Implementation of SOP which includes agreed role outlines for Guardians, Speak out Safely Champions and independent member and terms of reference for MDT	Partnerships, People and Population Health Committee oversight.	none identified	Health inspectorate Wales review of YGC ED , highlighting concerns from staff about raising concerns arrangements	None identified	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	

BETSI CADWALADAR UNIVERSITY HEALTH BOARD													
2022/23 BOARD ASSURANCE FRAMEWORK PPPH EXTRACT - NOVEMBER 2022													
Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance i.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score (impact x likelihood)	Current Risk Score (impact x likelihood)	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
3.3	Executive Director of Integrated Health Care	Partnerships, People and Population Health Committee	Risk of significant delays to access to Primary Care Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital, resulting in an deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.	Delivery of All Wales Primary Care Model in place (including innovation and new ways of working), which is monitored by the Strategic Programme for Primary Care. Development of Urgent Primary Care Centre (UPCCs) pathfinders. Delivery of digital solutions (accelerated in response to C-19) Commissioning of community pharmacy enhanced services. Primary Care Transformation Fund in place across the clusters to support local innovation in addressing planned care backlog in primary care	Partnerships, People and Population Health Committee oversight.		Primary care capacity remains a significant area of concern with: 213 GPs anticipated to retire in North Wales in next 5 years Number of practices identified as being 'at risk' of handing back contract Managed Practice costs pressures (circa £2.79m)		16 (4x4)	16 (4x4)	16 (4x4)	currently under review	
3.4	Executive Director of Public Health	Partnerships, People and Population Health Committee	Failure to effectively promote wellbeing and reduce health inequalities across the North Wales population due to service model restrictions, resulting in demand exceeding capacity	Health Improvement & Reducing Inequalities Group (HIRIG) provides strategic direction and monitors delivery of the Population Health Services. Health Board commitment to establishing priority services including: Programme management and recruitment to posts. Contribution to national delivery programmes and the Public Health Outcomes Framework with monitoring of key indicators in place. Fully integrated Smoking Cessation Service Delivery of Immunisation strategy (2018-2022) Delivery of Infant Feeding Strategy (2019-2022)	HIRIG provide reports nationally regarding expenditure and performance. regional evidence based priorities are developed to meet the needs of the population in North Wales and deliver the greatest impact. Recent appointments of Consultants in Public Health have increased expertise and support across the region [3, one part time] Population Needs Assessment	1) Embed Public Health Outcomes approach into local planning through local partners and Health Board. 2) The Recovery Co-ordination Group (RCG) is focussing on Public Health actions as part of the recovery plan for North Wales. 3) Population Needs Assessment will provide local analysis for informing plans			15 (5X3)	15 (5X3)	12 (4x3)	Embed BCUHB North Wales population health priorities within its operational and strategic plans.	Dec-23

Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report			
Adrodd i: <i>Report to:</i>	Partnerships, People and Population Health (PPPH) Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 08 November 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this standing agenda item is to highlight the discussions which took place during the Risk Management Group meeting on the 4 th October 2022 and to note the progress on the management of the Corporate Risk Register and the new escalated risks aligned to the Committee.			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to: Review and discuss the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Nick Lyons, Executive Medical Director			
Awdur yr Adroddiad: <i>Report Author:</i>	Phil Meakin, Associate Director of Governance			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Individual risks detail the related links to Strategic Objectives.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	No			

<i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	
<i>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</i>	No
<i>In accordance with WP68, has an SEIA identified as necessary and undertaken?</i>	
<i>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</i>	Individual risks detail the related links to the Board Assurance Framework.
<i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	
<i>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</i> <i>Financial implications as a result of implementing the recommendations</i>	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.
<i>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</i> <i>Workforce implications as a result of implementing the recommendations</i>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
<i>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</i> <i>Feedback, response, and follow up summary following consultation</i>	The Risk Management Group met on the 4 th October 2022 and scrutinised each risk requiring appropriate updates to be undertaken before future submission to each Committee.
<i>Cysylltiadau â risgiau BAF:</i> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	Individual risks detail the related links to the Board Assurance Framework.
<i>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</i> <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<i>Camau Nesaf:</i> <i>Next Steps:</i> The Risk Management Group will be meeting on the 6 th December 2022, therefore any escalated risk will be presented during the Partnerships, People and Population Health (PPPH) Committee on the 17 th January 2022.	
<i>Rhestr o Atodiadau:</i> <i>List of Appendices:</i>	

Appendix 1 - Partnerships, People and Population Health (PPPH) Committee Corporate Risk Register Report.

Appendix 2 – Newly Escalated Risks.

Appendix 3 - Full List of All Corporate Risk Register Risks, including Executive Lead and Current Risk Score.

Appendix 4 - Corporate Risk Register Key Field Guidance/Definitions of Assurance Levels.

Partnerships, People and Population Health (PPPH) Committee
8th November 2022
Corporate Risk Register Report

1. Introduction/Background

- 1.1 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.

(NB Work is underway to redesign Committee Risk and Board Assurance Framework reports as part of the new, incoming Once for Wales RL Datix Cloud IQ Risk Module developments)

2. Body of report

- 2.1 The Risk Management Group met on the 4th October 2022 to review the Corporate Risk Register which included a "deep dive" into the below risks as a tool for driving learning, sharing best practice and enhancing the Health Board's risk management footprint.
- CRR21-16 – Non compliant with manual handling training resulting in enforcement action and potential injury to staff and patients.
 - CRR22-23 – Inability to deliver safe, timely and effective care
 - CRR22-24 - Potential gap in senior leadership capacity/capability during transition to the new Operating Model. - The risk was presented to the group and commented that the risk continues to be reviewed along with the action plan during continual development, suggested that the risk score isn't changed at this stage as there are still critical posts that need to be appointed to.

Meetings will be arranged with the risk leads to update the risks in line with the next Risk Management Group meeting scheduled for the 6th December 2022.

- 2.2 Following discussion and support at the Risk Management Group during August 2022, risk CRR20-06 is now being split into 3 separate risks. Revised risk for 'Retention and Storage of Patient Records' has been developed, whilst work remains ongoing to develop a further 2 new risks for 'Timely and consistent patient care' and 'Digitisation, Workforce and Transition', which will include the transfer over of open actions from the current CRR20-06 and result in the archiving of the current Corporate Risk CRR20-06 'Management of Patient Records'
- 2.3 The following risks have been incorporated onto the Health Board's risk register and following Executive approval and presentation at the Risk Management Group have been included onto the Corporate Risk Register (Appendix 2).
- CRR22-25 – Risk of failure to provide full vascular services due to lack of available consultant workforce.
 - CRR22-26 – Risk of significant patient harm as a consequence of sustainability of the acute vascular service

- CRR22-27 - Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping – Vascular services.

2.4 The following risks have been incorporated onto the Health Board's risk register and following Executive approval, work continues to further develop the risk descriptors, mitigating factors and action plans to include the risks onto the Corporate Risk Register.

- CRR22-28 – Risk that a significant delay in implementing and embedding the new operating model, resulting in a lack of focus and productivity.
- CRR22-29 - Risk that a loss of corporate memory as a result of the departure of key staff during the transition to the Operating Model,
- CRR22-30 - Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns
- CRR22-31 - Risk of a capacity & capability gap during the transition of staff departing the organisation through the VERS process and the recruitment of people both internally and externally to posts within the new Operating Model.

It is anticipated that CRR22-28 through to CRR22-31 risks will fall under the remit of the Partnerships, People and Population Health Committee.

2.5 The following table highlights the distribution and throughput of risks by Tier currently recorded within Datix, providing a snap shot view across BCUHB. Work continues to support the development of the Once for Wales RL Datix Cloud IQ Risk Module which will include the development of reporting the breadth and categories of risks recorded in a meaningful and consistent way:

Risk Tier (and risk score: NB Consequence x Likelihood = Risk Score)	Total number of live risks on registers	Number of risks held as 'Being Developed' (not yet live)	Number of live risks added in the last 6 months (not via escalation)	Number of risks closed in the last 6 months (not via de- escalation)
Tier 1 (15-25)	27	0	5	1
Tier 2 (9-12)	400	68	54	84
Tier 3 (1-8)	231	33	31	107

3. Budgetary / Financial Implications

3.1 There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by the Risk Management Group.

4. Risk Management

4.1 See the details of individual risks in Appendix 1.

5. Equality and Diversity Implications

5.1 A full Equality Impact Assessment has been completed in relation to the new Risk Management Strategy to which CRR reports are aligned.

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

Appendix 1 – Partnership, People and Population Health Committee Corporate Risk Register

CRR20-06	Director Lead: Chief Digital and Information Officer	Date Opened: 28 March 2019
	Assuring Committee: Partnership, People and Population Health Committee	Date Last Reviewed: 12 July 2022
	Risk: Informatics - Patient Records pan BCUHB	Date of Committee Review: 12 July 2022
		Target Risk Date: 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.		

<p>Legend: Inherent (blue diamond), Current (orange square), Target (grey triangle)</p>	Inherent Risk Rating	4	4	16
	Current Risk Rating	4	4	16
	Target Risk Score	4	3	12
	Risk Appetite	Moderate level		9-12
	Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Informatics Strategy in place, with regular reporting to, Partnership, People and Population Health Committee. 2. Corporate and Health Records Management policies and procedures are in place pan-BCUHB, monitored by the Patient Records Group.	1. Chairs reports from Patient Record Group presented to Information Governance Group. 2. Chairs assurance report from Information Governance Group presented to Performance, Finance

<p>3. iFIT Radio-Frequency Identification (RFID) casenote tracking software and asset register in place at acute sites to govern the management and movement of patient records.</p> <p>4. Key Performance Indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group).</p> <p>5. Centralised Team to manage 'Subject Access Requests' for Patient Records pan-BCUHB established, monitoring compliance with the legislation, monitoring compliance with legislation and supporting the rectification of commingling within patients clinical notes.</p> <p>6. 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.</p> <p>7. 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.</p>	<p>and Information Governance Committee.</p> <p>3. Information Commissioners Office Audit.</p>
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Gaps in Controls/mitigations	
<p>1. Delayed implementation and recruitment, to be able to digitalise all specialties within 4 years. Improved relationship with supplier and recruitment to take place with a phased approach for digital implementation.</p> <p>2. Fit for purpose on site estate to hold physical records with the lack of current plans to scan records. The estate to hold physical records requires upkeep, current off site storage in place.</p> <p>3. Lack of attendance at the Patient Records Group. Not all records custodians in attendance, monitoring and contacting leads within areas to implement change.</p> <p>4. Lack of central oversight of records sent out by other departments. Urgent meeting to support standardisation and consistency of processes. Reporting of compliance to Patient Records Group to be implemented.</p> <p>5. Compliance check for information sent out not robust. Band 4 staff currently quality checking information sent.</p> <p>6. Local site improvement plans being developed in a silo manner without standardised approach across the Health Board. Health Records representation on improvement boards to be established.</p>	

Progress since last submission
<ol style="list-style-type: none"> 1. Controls in place reviewed and updated to ensure relevance with current status of the risk. 2. Gaps in controls reviewed and updated to ensure relevance with current risk position. 3. Action ID 12429 – Action remains on hold until the Mental Health Business Case is progressed with the Welsh Government. 4. Identification of new action ID 23746 to establish a new all encompassing Patient Records Programme that pulls all streams of work under one overall governance arrangement. 5. Identification of new action ID 23747 for the identification of recruitment for a Programme Manager to bring all strands of the patient records programme together. 6. Identification of new action ID 23748 for the Acting Executive Director of Therapies and Health Sciences to become the Senior Responsible Officer for the Clinical Records Standards element and The Chief Digital and Information Officer the Senior Responsible Officer for the Paper Records Management and CITO Electronic Document Record Management System elements. 7. Identification of new action ID 23749 to ensure that the DHR Programme is re-scoped into an Electronic Document Record Management System. 8. Identification of new action ID 23750 for the immediate review of the patient record policies, standard operating procedures and the associated delivery of training and awareness, to improve integrity and quality of information in clinical records as they are now in paper form.

Links to	
Strategic Priorities	Principal Risks
<p>Making effective and sustainable use of resources (key enabler)</p> <p>Transformation for improvement (key enabler)</p>	<p>BAF21-16</p> <p>BAF21-21</p>

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.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	July 2022 progress update – An SBAR will be presented to the Executive Board during August, requesting a re-scope of the project. However the early adopter work is still ongoing with both vascular and rheumatology. Full update and agreed recommendations to be provided after the Executive Board.	On track
	12425	Digitise the clinic letters for outpatients.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	31/12/2022	July 2022 progress update - Action remains delayed due to a delay in the start of the Medical Transcribing Electronic Discharge project, resources now in place.	On track
	12426	Digitise nursing documentation through engaging in the Welsh Nursing Care Record.	Brady, Mrs Jane, Senior Lead Nursing Informatics Specialist	30/09/2024	July 2022 progress update - Business case approved February 2022. Welsh Nursing Care Record now live across East community hospitals and all East medical and surgical wards in secondary care. This concludes the Welsh Nursing Care Record rollout in East. Planning for Central implementation has	On track

					commenced with a proposed go live of mid-September 2022, starting in Ysbyty Glan Clwyd.	
	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	31/01/2023	ON HOLD until the Mental Health Business Case is progressed with the Welsh Government (5 case business cases) – 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 Full Business Case is September 2022.	On Hold
	23746	A new all encompassing Patient Records Programme is established that pulls all streams of work under one overall governance arrangement.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	A programme in place that will support the mitigation of the risk with the central management and oversight of the individual elements.	On track
	23747	The identification or recruitment of a Programme Manager established for the overall programme and management to ensure all three elements are scoped and re-costed.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	The action will provide support in the mitigation of the risk with the central management and oversight of the individual elements.	On track

	23748	The Acting Executive Director of Therapies and Health Science become the Senior Responsible Officer for the Clinical Records Standards element and the Chief Digital and Information Officer the Senior Responsible Officer for the Paper Records Management and CITO Electronic Document Record Management System (EDRMS) elements.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	These programmes require their scopes clearly being defined so that all are clear what they aspire to deliver and how to support the reduction in the risk score and reduce the volume of incidents, complaints and claims regarding inappropriate record keeping.	On track
	23749	The Digital Health Record Programme is re-scoped into an Electronic Document Records Management System.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	To focus on addressing the more immediate patient records management challenges facing the Health Board utilising the proven capabilities of the CITO product.	On track
	23750	Immediate review of the patient record policies, standard operating procedures and the associated delivery of training and awareness and to improve integrity and quality of information in clinical records as they are now in paper form.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	Part of this work is currently underway as part of the Ysbyty Glan Clwyd improvement plan and when fully implemented will support the reduction in the risk score.	On track

CRR20-06 - Proposed Changes (CRR20-06 to be split into 3 separate risks)

	Director Lead: Chief Digital and Information Officer	Date Opened: 08 September 2022
	Assuring Committee: Partnerships, People and Population Health Committee	Date Last Reviewed: 15 September 2022
	Risk : Retention and Storage of Patient Records	Date of Committee Review: Revised Risk
		Target Risk Date: 30 September 2024
There is a risk that patient information is not available when and where required, this may be caused by lack of suitable and adequate storage space, uncertain retention periods (Infected Blood Enquiry/Covid) and logistical challenges of sharing and maintaining standards of paper case records across the organisation.		
This could lead to substandard care, patient/staff harm and inability to meet our legislative and Health and Safety responsibilities along with reputational damage and fiscal penalties.		

To be populated following approval		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	4	2	8
	Risk Appetite	low level		1-8
	Movement in Current Risk Rating Since last presented to the Board in – Revised Risk not presented to Board	Revised Risk		

Controls in place	Assurances
<ol style="list-style-type: none"> 1. Informatics Strategy in place, with regular reporting to, Partnership, People and Population Health Committee. 2. Corporate and Health Records Management policies and procedures are in place pan-BCUHB, monitored by the Patient records group. 3. iFIT Radio-Frequency Identification (RFID) casenote tracking software and asset register in place at acute sites to govern the management and movement of patient records. 4. Key Performance Indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group) 5. 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. 	<ol style="list-style-type: none"> 1. Chairs reports from Patient Record Group presented to Information Governance Group. 2. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee. 3. Information Commissioners Office Audit.

Gaps in Controls/mitigations
<ol style="list-style-type: none"> 1. Lack of fit for purpose on site estate to hold physical records with no plans to scan records. Health and Safety review ongoing to establish safe storage options, including off site storage. 2. Lack of central oversight of records sent out by other departments. Urgent meeting to support standardisation and consistency of processes. Reporting of compliance to patient records group to be implemented. 3. Local site improvement plans being developed in a silo manner with without standardised approach across the Health Board, health records representation on improvement boards. 4. Lack of digital systems in place, CITO programme underway to implement an electronic document patient record.

Progress since last submission
<p>This risk was formally part of CRR20-06 which is now being split into 3 separate risks, following discussion and support at the Risk Management Group during August 2022.</p> <ol style="list-style-type: none"> 1. Controls in place reviewed and updated to ensure relevance with current status of the risk. 2. Gaps in controls reviewed and updated to ensure relevance with current risk position. 3. It is anticipated that a current score of 12 will be achieved by the 30 September 2023.

3. Action ID 12429 – Action transferred over from CRR20-06, action remains on hold until the Mental Health Business Case is progressed with the Welsh Government.
4. Action ID 23746 - Action transferred over from CRR20-06, to establish a new all-encompassing Patient Records Programme that pulls all streams of work under one overall governance arrangement.
5. Action ID 23747 – Action transferred over from CRR20-06, for identification or recruitment of a Programme Manager (8a) established for the overall programme and ensure all three elements are scoped and re-costed.
6. Identification of new action to review all files and utilise off site storage for files due for destruction
7. Identification of new action to risk assess all file storage locations including racking at main sites - To be undertaken by H&S and Fire safety officers.
8. Identification of new action for a meeting to be set up with estate management to discuss current issues i.e. – Wrexham roof, Ysbyty Glan Clwyd porta cabins and temporary locations.
9. Identification of new action for a project to be set up to look at back record conversion of Patient records via scanning technology.

Work remains ongoing to develop a further 2 new risks for 'Timely and consistent patient care' and 'Digitisation, Workforce and Transition', which will include the transfer over of open actions from the current CRR20-06 and result in the archiving of the current Corporate Risk CRR20-06 'Management of Patient Records'. It is anticipated that the two new risks will be submitted to the next Risk Management Group meeting in December 2022.

Links to	
Strategic Priorities	Principal Risks
Making effective and sustainable use of resources (key enabler)	BAF21-16
Transformation for improvement (key enabler)	BAF21-21

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	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit	Nia Aspinall, Head of Patient Records and	31/01/2023	ON HOLD until the Mental Health Business Case is progressed with the Welsh Government.	On hold

target risk score		for purpose' file libraries for legacy paper records.	Digital Integration			
	23746	A new all-encompassing Patient Records Programme is established that pulls all streams of work under one overall governance arrangement.	Nia Aspinall, Head of Patient Records and Digital Integration	30/09/2024	A programme in place that will support the mitigation of the risk.	On track
	23747	The identification or recruitment of a Programme Manager (8a) established for the overall programme and ensure all three elements are scoped and re-costed.	Nia Aspinall, Head of Patient Records and Digital Integration	30/09/2024	The action will provide support in the mitigation of the risk.	On track
	TBC	Review all files and utilise off site storage for files due for destruction.	Nia Harrison	31/03/2023	Will increase the storage capacity onsite.	On track
	TBC	Risk assess all file storage locations including racking at main sites - To be undertaken by Health and Safety and Fire Safety Officers.	Nia Harrison	30/03/2023	Provide safe and secure location for patient files and staff working environment.	On track
	TBC	Meeting to be set up with estate management to discuss current issues i.e. – Wrexham roof, YGC porta cabins and temporary locations.	Jane Carney	31/12/2022	Work towards providing a safe working environment for staff and the protection of Patient records.	On track
	TBC	Project to be set up to look at back record conversion	Nia Aspinall	30/09/2024	Provide digitalised copies of records and reduce facility	On track

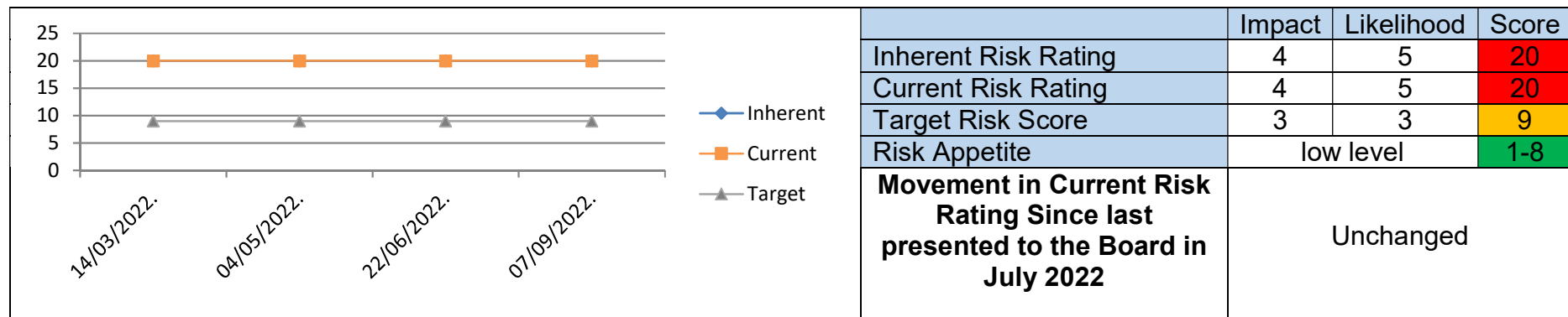
	of Patient records via scanning technology.		requirements of patient records. Ability to meet our legislative and Health and Safety responsibilities along with reputational damage and reduce any fiscal penalties.	
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CRR22-20	Director Lead: Executive Director of Public Health	Date Opened: 26 November 2021
	Assuring Committee: Partnerships, People and Population Health Committee	Date Last Reviewed: 07 September 2022
	Risk: There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants	Date of Committee Review: 13 September 2022
		Target Risk Date: 31 December 2025

There is a risk that residents in North Wales may be unable to achieve a healthy weight and may become overweight and obese.

This may be caused by behaviours involving food intake, current circumstances, lack of physical activities, the living environment, food production and consumption, socio-economic factors and a lack of engagement with health professionals.

This may have an impact on or lead to unhealthy weight and obesity and place them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression.



Controls in place	Assurances
<ol style="list-style-type: none"> 1. Continue to take a life course approach to implementing prevention based healthy weight initiatives which will report progress via a number of routes including the Healthy Weight Healthy Wales National Group, the BCU Population Health Group, and the Regional Partnership Group. 2. The continuation and further targeted development of 'Healthy Start' which provides vouchers for pregnant women and eligible families to buy milk, fruit, vegetables and pulses in local shops. 3. Continuation and further development of Maternity and Healthy Visiting Services supporting breastfeeding and weaning to support the Infant feeding Strategy, monitored via the North Wales Strategic Infant Feeding Group. 4. Community Dietetics Services will work with childcare provision embedding 'Tiny Tums' programme across all Early Years settings to encourage healthy, nutritious eating habits from early years. 5. Further supporting schools to take a 'whole schools' approach to health and wellbeing with a particular focus on diet through initiatives such as Come and Cook with your child and considerations regarding developing healthy eating habits and increased physical activity. 6. Lets Get Moving North Wales - a continuing programme encouraging residents of North Wales to move more often will operate alongside Sport North Wales, physical literacy development in schools and communities. 7. Continue to support the workforce to make healthy choices such as a balanced diet, active travel and moving more often through targeted campaigns and supportive services/infrastructure. Working with catering, dieticians, estates and occupational health colleagues to contribute to planning which considers these factors. 8. Further develop the whole system partnership approach to tackle risk factors through influencing priorities such as environmental planning and design, access to healthy food and active travel. 9. Further develop the links and access to Social Prescribing that encourages physical activity through partnership working with Primary Care, Local Authorities and Third Sector. Developing North Wales planned approaches and accessing intelligence regarding access and uptake via the Elemental software. Progress will be reported via 	<ol style="list-style-type: none"> 1. Risk is regularly reviewed at the Senior Manager's meetings and at their local governance meeting. 2. The Public Health Performance & Risk Management Group meets monthly to consider current risks. 3. Escalation from Public Health Performance & Risk Management Group is to the Public Health Senior Leadership Team, with review by the Population Health Executive Delivery Group also. 4. The risk is linked to Corporate Risk register entry CRR22-20 in respect of wider determinants. 5. Prevention and Early Years National Programme - nationally funded. 6. Reporting progress to National teams (Public Health Wales/Welsh Government/Regional Partnership Board). 7. Work plans are reflected in Health Board Annual Operating Plan, Living Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).

the Population Health Group, Primary Care groups and via the Well North Wales Programme (including Partner organisations).	
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Gaps in Controls/mitigations
<ol style="list-style-type: none"> 1. The risk requires System-wide approach to tackling the wider determinants of health. 2. The current Health Board provision is not operating at scale to meet the current and forecast needs of the population. 3. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years as is well documented through evidence and research. As a Health Board we will work with partners to implement the approaches (many of which are long term approaches) which support the strongest evidence base for success. 4. Part of the existing service provision is via non-recurrent and short term funding. 5. There continues to be some recruitment issues, re-evaluation of posts has taken place.

Progress since last submission
<ol style="list-style-type: none"> 1. Controls in place reviewed to ensure relevance with current risk position. 2. Gaps in controls reviewed and updated to ensure relevance with current risk position. 3. Performance & Risk Management Group meet monthly as part of Public Health's governance and communications structure. 4. Performance and Risk Management Group report to the Population Health Executive delivery group. 5. Action ID 22374 – Action closed as completed with the Public Health team are actively engaged in all planning requests.

Links to	
Strategic Priorities	Principal Risks
Strengthen our wellbeing focus	BAF21-02

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	22372	Whole system approach to healthy weight	Steven Grayston, Acting Clinical Director Of Therapy Services	31/03/2025	<p>Taking a whole system approach to healthy weight will ensure that all partners are prioritising the issue of healthy weight and considering the impact of their decision-making on the population's ability to achieve a healthy weight. Obesity is a complex multi-factorial problem that requires a whole system approach. Key partners that are crucial to this work include spatial planners, transport providers, education providers, food providers, leisure providers etc.</p> <p>August 2022 progress update - Continuation of Full time public health team member working on whole system approach along with funding to support.</p>	On track
	22373	Healthy Choices in the workplace	Steven Grayston, Acting Clinical Director Of Therapy Services	31/05/2023	The working age adult population spend a significant amount of their time in the workplace. As a result it is crucial that we support workplaces to be health promoting. This means	On track

				<p>ensuring staff have access to healthy food choices, equipment to make healthy meals, enough time away from work to prepare and eat a healthy meal. It is also crucial that the workplace supports their staff to remain active while at work as both diet and physical activity are crucial to achieving a healthy weight.</p> <p>August progress - Continuation of the plan approved via Health Weight Health Wales and prevention on early years National funding.</p>	
	22374	Spatial planning and public health	Steven Grayston, Acting Clinical Director Of Therapy Services	<p>01/09/2022</p> <p>The environment that we live in has a significant impact on our health and wellbeing. A range of factors that impact on obesity are within the control of spatial planners including, the number of food outlets in an area, the design of homes we live in, the design of roads to enable active travel (pavements for walkers and cycle paths for cyclists). Having access to green spaces</p>	Completed

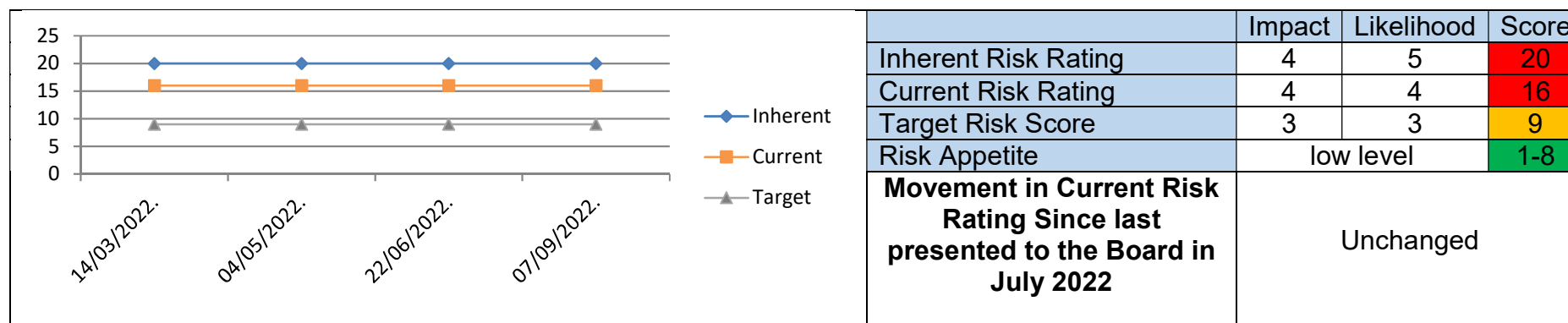
				<p>and play environments are crucial to ensuring people are given opportunities to remain active. Working with spatial planners to understand this and their role in taking a public health perspective across their work is crucial to reducing obesity.</p> <p>August 2022 progress updated - Action Closed as the Public Health team are actively engaged in all planning requests.</p>	
	22375	Social prescribing	Steven Grayston, Acting Clinical Director Of Therapy Services	16/01/2023	<p>Increasing physical activity levels is crucial in supporting people to achieve and maintain a healthy weight. One way that we can support people to do this for free is by promoting access to the natural environment. By doing this will also improve people's mental health as well as their physical health. This approach will also develop people's appreciation for nature and the need to protect it. One way of doing this is to optimise access through social prescribing.</p> <p>On track</p>

					August 2022 progress update - Received proposal from Local Authorities which contribute to delivering the outcomes identified within the project initiation document.	
	22376	Pre-diabetes programme	Steven Grayston, Acting Clinical Director Of Therapy Services	31/03/2025	By identifying patients who are at risk of developing diabetes and supporting them to access specialist weight management services we are taking a teachable moment opportunity and ensuring the patient is supported to improve their health and wellbeing. Primary care brief interventions are crucial in motivating people to change by implementing this programme across North Wales it is hoped more of the population who are overweight or obese will seek support to achieve and maintain a healthy weight.	On track
	22377	Weight management services	Steven Grayston, Acting Clinical Director Of Therapy Services	31/03/2023	By ensuring those residents in North Wales who are overweight or obese can effectively access and engage with specialist weight management services working alongside the remaining whole	On track

				<p>system approach we will start to reduce the overall prevalence of overweight and obesity in North Wales.</p> <p>August 2022 progress update - Continue to offer the services, tier 3 children's obesity service with tier 2 adult's in place and looking expand the service. Range of ongoing projects within tier 1 funded through National funding streams as part of healthy weight, health Wales, and prevention and early years programme, and have contributed to the development of the Public Health communications plan.</p>	
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CRR22-21	Director Lead: Executive Director of Public Health	Date Opened: 26 November 2021
	Assuring Committee: Partnerships, People and Population Health Committee	Date Last Reviewed: 07 September 2022
	Risk: There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors	Date of Committee Review: 13 September 2022
		Target Risk Date: 31 December 2025

There is a risk that adults who are overweight or obese will not achieve a healthy weight. This could be caused by non-engagement with services or demand for services exceeding capacity. This could impact on the health outcomes for these individuals by placing them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression



Controls in place	Assurances
<ol style="list-style-type: none"> 1. Healthy Weight Healthy Wales funding to support with the implementation of the All Wales Adults Weight Management Pathway. 2. Additional investment in Foodwise for life for those residents with a BMI of 25-35. 3. The establishment of Level 2 weight management services through Foodwise for residents with a BMI of 25-35 and Slimming World vouchers for residents with a BMI of 30-35 with certain health conditions. 	<ol style="list-style-type: none"> 1. The risk is linked to Corporate Risk register entry CRR22-20 in respect of wider determinants. 2. Building a Healthier Wales Programme and Healthy Weight

<p>4. The establishment of a Level 3 weight management service KindEating programme for residents with a BMI of between 35-45.</p> <p>5. Investment in dedicated obesity leads within each of the LA National Exercise Referral programmes.</p> <p>6. The establishment of a BCU Healthy Weight Healthy North Wales group to oversee the delivery of specialist weight management services.</p> <p>7. Business cases exploring core and grant funding are under development for level 2 and 3 services.</p>	<p>Healthy Wales Programme (both nationally funded).</p> <p>3. Reporting progress to National team (Public Health Wales/Welsh Government/Regional Partnership Board).</p> <p>4. Progress on mitigating and managing risks reviewed locally via the Public Health Team and Health Improvement and Reducing inequalities Group (chaired by DoPH).</p> <p>5. Work plans are reflected in Health Board Annual Operating Plan, Living Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).</p> <p>6. Confirmation of the Population Health Executive Delivery Group is now in place. The group will meet during July with review of Tier 1 risks in August.</p>
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Gaps in Controls/mitigations

1. The current provision does not meet the scale required to address current or forecast North Wales population requirements.
2. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years based on evidence and research. As a Health Board we will work with partners to implement the approaches which support the strongest evidence base for success.
3. Provision currently through National funding, with funding identified for 2 years, cost pressures for the health board if the national funding were withdrawn.
4. Recruitment pressures - lack of weight management workforce available - both ability to attract and numbers.

Progress since last submission

1. Controls in place reviewed to ensure relevance with current risk position.
2. Gaps in controls updated to reflect current position.
3. Actions reviewed and progress provided against the actions.
4. Business cases have been prioritised by the Population Health Executive Delivery Group.
5. Risk is reviewed and monitored at the Population Health Executive Delivery Group.

Links to**Strategic Priorities****Principal Risks**

Strengthen our wellbeing focus

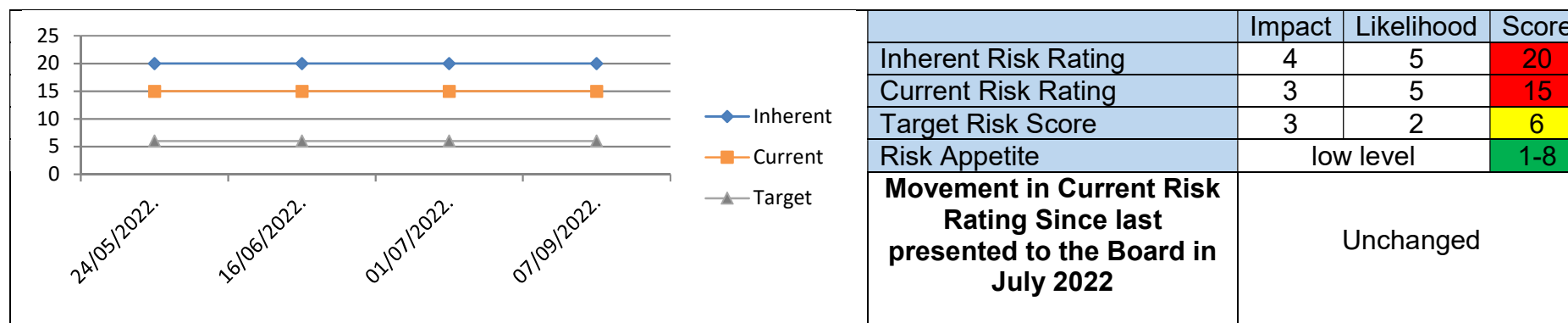
BAF21-02

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	22357	Insight work	Steven Grayston, Acting Clinical Director Of Therapy Services	31/03/2023	Insight work will enable us to improve outcomes for patients who were identified as overweight or obese. Factors that will be considered will include how patients access services, the intervention they receive and the factors that led to then disengaging. This information will allow us to design our weight management services to meet the needs of patients achieve	On track

					<p>better outcomes i.e patients achieving a healthy weight and adopting healthy behaviours</p> <p>August 2022 progress update - There is an approved plan in place for the development of this work.</p>	
	22358	Pregnancy weight management service	Steven Grayston, Acting Clinical Director Of Therapy Services	31/12/2023	<p>Providing a weight management service during pregnancy will ensure that women are able to achieve a healthy weight during and after pregnancy and maintain their healthy behaviour postnatally.</p> <p>August 2022 progress update - In the process of delivering the plan.</p>	On track
	22359	performance management dashboard	Steven Grayston, Acting Clinical Director Of Therapy Services	31/03/2023	<p>Developing a performance management dashboard will ensure that we are able to monitor the uptake of the service by population groups that are at increased risk of adverse outcomes from obesity. The dashboard will enable us to monitor both uptakes and outcomes by ethnicity, gender and deprivation decile</p>	On track

					August 2022 progress update - Development work continues, linking in with the national team at Public Health Wales and local Informatics.	
	22943	Implement Healthy Weight Healthy Wales Programme Plan	Steven Grayston, Acting Clinical Director Of Therapy Services	31/03/2024	Funded activity targeted at improving healthy eating habits and tackling obesity. August 2022 progress update - Approved by Welsh Government and funding identified to support the work, on track.	On track

CRR22-24	Director Lead: Executive Director of Workforce and Organisational Development	Date Opened: 04 April 2022
	Assuring Committee: Partnerships, People and Population Health Committee	Date Last Reviewed: 07 September 2022
	Risk: Potential gap in senior leadership capacity/capability during transition to the new Operating Model.	Date of Committee Review: 13 September 2022
		Target Risk Date: 31 March 2023
<p>There is a risk of senior leadership capacity & capability gaps during the transition to the new Operating Model as people depart the organisation through the VERS process and the challenges recruiting people to new posts (internally and externally) during the transition phase when all key posts have been filled.</p> <p>This has been caused by the delay to the organisational change process resulting in a divergence of parallel actions relating to those individuals leaving the organisation via VERS, the subsequent vacant posts and the recruitment to the new posts. The default position is to use the mechanism of internal backfill. Where a suitable individual cannot be identified then the posts will need to fill by external subject matter experts on an interim basis.</p> <p>This may lead to a slowdown in the decision making processes as decision and action delivery defaults up to the next level in the responsibility and accountability framework.</p>		



Controls in place	Assurances
<p>1. For the small number of posts which will become vacant the default option will be to look internally for people who can step-up on a short-term interim basis. Acting arrangements being agreed with Executives as a mitigation. Where this is not possible will look to use experienced external interims.</p> <p>2. The management oversight of the transition for those and induction of new teams members is a critical role of the programme of work called: How We Organise Ourselves and the project group called the roles and the people. Arrangements have developed for these leaving the Health Board including the Operational Transition Plan and Leaving Well Handover Guide & Repository. These products along with a suite of induction and network products will support new people and emerging teams with knowledge transfer.</p> <p>3. The transition of affected departments will be overseen by Executive Directors between April and March 2023. There will be additional management oversight of the How We Organise Ourselves programme, as well as the 'Roles and People' project team.</p>	<p>1. Risks are reviewed every 4 weeks by the Risk Management Group (Board and Director level).</p>

Gaps in Controls/mitigations
<p>1. Capacity of Executive Directors to respond to rapid decision making requirements. How We Organise Ourselves now has a regular weekly slot on the Executive Team agenda. Weekly Divisional Q&A sessions with Chief Executive Officer, Executive Director of Integrated Services / Deputy CEO and Executive Director of Workforce and Organisational Development provides a route for rapid escalation.</p> <p>2. The management of the East, Central and West Integrated Health Community Operational Transition project plans through weekly status meetings and the connectivity to the Programme Leader Group provides a route for rapid escalation of possible gaps.</p> <p>3. Demand for interim roles across the UK health sector could out-strip supply - therefore we are working closely with our agency partners to ensure we have access to the widest pool of capable individuals.</p> <p>4. An early go-live date could result in vacant new posts where backfill arrangements are not appropriate as those who are acting up into existing posts will have been appointed to their new role and the interim contract period could be too short to attract interested parties - each post will be reviewed and the appropriate mitigation solution put in place.</p>

Progress since last submission

1. Risk description reviewed and updated to reflect current risk position.
2. Controls in place reviewed and updated to ensure relevance with current risk position.
3. Gaps in controls reviewed and updated to ensure relevance with current risk position.
4. Request to extend the Target risk due date from the 31/10/2022 to the 31/03/2023 as an emergent change process, new critical inter-dependencies have/and will continue to be identified which will impact on the implementation of the programme of work. Whilst internal factors are easier to mitigate, it is the external factors such as the recruitment market which are beyond the control of BHCUB and therefore further delays to the recruitment process are probable.
4. Action ID 23333 – Action delayed, recruitment process active – selection process taking place on 22/23 September. Current gap in post of Director of Integrated Health Community East – interim option being progressed. Sub team are leading the Integrated Health Community.
5. Action ID 23334 – Action re-opened from last iteration of the risk, process delayed to enable wider external search. Closing date for applications now scheduled for 18.09.2022. Selection process dates to be confirmed.
6. Action ID 23335 – Action delayed, process delayed as roles and responsibility design (including sub structure) is linked to the review of the Office of the Medical Director and Integrated Health Community Operational design. Design work to re-start end September 2022. Current gap in posts are mitigated by the support of the Sub team who are leading the Integrated Health Community
7. Action ID 23336 – Action delayed, process delayed to enable wider external search. Closing date for applications now scheduled for 18.09.2022. Selection process dates to be confirmed.
8. Action ID 23337 – Action delayed, process delayed as roles and responsibility design (including sub structure) is linked to the review of the Office of the Medical Director and Integrated Health Community Operational design. Design work to re-start end September 2022.
9. Identification of new action ID 24129 to set-up internal selection process for Deputy Director posts – Regional services and Primary Care (format, panel representation).
10. Identification of new action ID 24130 to Set-up external selection process for Deputy Director posts – Regional services and Primary Care posts (format, panel representation) (If required).

Links to	
Strategic Priorities	Principal Risks
Effective alignment of our people (key enabler)	BAF21-18

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	23333	Set-up external selection process for Integrated Health Community Director roles (format, panel representation) (If required).	Lesley Hall, Assistant Director – Employment Strategies & Practices	25/07/2022	<p>No gaps in senior leadership roles</p> <p>September 2022 progress update</p> <p>Recruitment process active – selection process taking place on 22/23 September.</p> <p>Current gap in post of Director of Integrated Health Community East – interim option being progressed. Sub team are leading the Integrated Health Community.</p>	Delay
	23334	Set-up internal selection process for Senior Nursing posts (format, panel representation).	Lesley Hall, Assistant Director – Employment Strategies & Practices	27/06/2022	<p>No gaps in senior leadership roles – interim/acting up arrangement in place</p> <p>September 2022 progress update</p>	Delay

					Process delayed to enable wider external search. Closing date for applications now scheduled for 18.09.2022. Selection process dates TBC.	
	23335	Set-up internal selection process for Senior Medical posts (format, panel representation).	Lesley Hall, Assistant Director – Employment Strategies & Practices	18/07/2022	<p>No gaps in senior leadership roles -</p> <p>June 2022 progress update - Process delayed as the Health Board continue through the Organisational Change Process.</p> <p>September 2022 progress update Process delayed as roles and responsibility design (including sub structure) is linked to the review of the Office of the Medical Director and Integrated Health Community Operational design. Design work to re-start end September 2022.</p> <p>Current gap in posts are mitigated by the support of the Sub team who are leading the Integrated Health Community</p>	Delay

	23336	Set-up external selection process for Senior Nursing posts (format, panel representation) (If required).	Lesley Hall, Assistant Director – Employment Strategies & Practices	01/08/2022	<p>No gaps in senior leadership roles -interim/acting up arrangement in place</p> <p>September 2022 progress update Process delayed to enable wider external search. Closing date for applications now scheduled for 18.09.2022. Selection process dates TBC.</p>	Delay
	23337	Set-up external selection process for Senior Medical posts (format, panel representation) (If required).	Lesley Hall, Assistant Director – Employment Strategies & Practices	22/08/2022	<p>No gaps in senior leadership roles</p> <p>September 2022 progress update Process delayed as roles and responsibility design (including sub structure) is linked to the review of the Office of the Medical Director and Integrated Health Community Operational design. Design work to re-start end September 2022.</p> <p>Current gap in posts are mitigated by the support of the Sub team who are leading the Integrated Health Community.</p>	Delay

	24129	Set-up internal selection process for Deputy Director posts – Regional services and Primary Care (format, panel representation).	Lesley Hall, Assistant Director – Employment Strategies & Practices	31/10/2022	<p>No gaps in senior leadership roles – interim/acting up arrangement in place</p> <p>September 2022 progress update Recruitment process active – selection process taking place on 26/27 September (Primary care) and 10th October (Regional Services)</p>	On track
	24130	Set-up external selection process for Deputy Director posts – Regional services and Primary Care posts (format, panel representation) (If required).	Lesley Hall, Assistant Director – Employment Strategies & Practices	31/10/2022	<p>No gaps in senior leadership roles – interim/acting up arrangement in place</p> <p>September 2022 progress update Recruitment process active – selection process taking place on 26/27 September (Primary care) and 10th October (Regional Services)</p>	On track

Appendix 2 – Newly Escalated Risks

CRR22-25	Director Lead: Executive Medical Director	Date Opened: 20 July 2022
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 26 August 2022
	Risk: Risk of failure to provide full vascular services due to lack of available consultant workforce	Date of Committee Review: New Risk
		Target Risk Date: 31 October 2022
There is a risk that there will be delays in the delivery of emergency, urgent and routine care for vascular patients. This is caused by to lack of consultant workforce which has impacted on services recently and meant only emergency and urgent services can be provided for a short period of time. Business Continuity plans are not adequate to mitigate and patients may need to be transferred NHS England for the the provision of urgent and emergnecy services.		

To be populated following approval		Impact	Likelihood	Score
	Inherent Risk Rating	5	4	20
	Current Risk Rating	5	4	20
	Target Risk Score	3	2	6
	Risk Appetite	low level		1-8
	Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	Assurances
1. There are business continuity meetings occurring (between 3 and 5 times weekly) with all relevant operational teams 2. Action plans and decision logs are being maintained and reported to Exec Team daily.	1. Regular review through the 3-5 times weekly vascular operational planning meetings (which feed directly to the Executive Medical

<p>3. Consultant Workforce Rotas are monitored on a daily basis forecasting risks and mitigations put in place</p> <p>4 records of cancelled procedures are being kept and the risk of patient harm due to those cancellation being monitored.</p> <p>5. External communication to Community and Primary Care outlining management and referral of routine, urgent and emergent patients</p> <p>6. Further contingencies are being planned for potential additional complications which may lead to diversion of services to NHSE, including the number of emergency and urgent patients</p> <p>7 Daily Monitoring of gaps in rota. (Consultant rota as normal from 01/08/2022) from 01/08/2022 Agency Locum commencing to support 1 x long term sickness, restricted practice and dual operating.</p> <p>8. Further contingency to be agreed with Executive Medical Director in relation to diversion of potential aortic emergency to another Organisation.</p>	<p>Director and be reviewed via Quality, Safety and Experience Committee.</p>
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Gaps in Controls/mitigations
<p>1. There is diminished resource across operational, governance, network and clinical teams in order to maintain any traction on day to day service running, planned improvements, action plans, and transformational change in addition to this work.</p>

Progress since last submission
<p>New Risk</p>

Links to	
Strategic Priorities	Principal Risks
<p>Recovering access to timely planned care pathways</p>	<p>BAF21-02</p>

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	23819	Develop local business continuity plans with Hub and Spoke Site Directorate Managers	Mrs Elaine Hodgson, Directorate General Manager	26/07/2022	Provide appropriate escalation and plans to mitigate risks Work is in progress, all three General Managers across each site are currently working on the business continuity plan. August 2022 progress update - Business Continuity Planning Session arranged with Clinical and operational teams for the 15 th September 2022.	Delay
	23998	Identify critical vascular conditions that may present via the ED or GP/ community referrals. Identify co-dependencies such as Renal and Diabetic Foot Services time critical illnesses	Ms Jenny Farley, Vascular Network Director	31/08/2022	Will ensure patients are not at risk as there is a plan to either treat and stabilise before transfer to NHS England	Completed
	23999	Daily review of all overdue patients to ensure urgent patients are recognised and discussed with clinicians to ensure no	Ms Jenny Farley, Vascular Network Director	31/08/2022	Ongoing daily reviews to ensure no harm due to delay in treatment August 2022 progress update - this continues as part of the	Ongoing

		harm due to delay in treatment	Directorate Manager Surgery East, Centre and West. Elaine Hodgson Dafydd Fleming Keely Twigg		Vascular Operational Group Processes in place	
	24000	Chief Medical Officers Meetings with HB Executive Medical Director to discuss where support can be offered from in the event of inability to provide emergency and time critical care.	Dr Nick Lyons, Executive Medical Director	31/08/2022	Agreement with Liverpool (LiVES) Vascular services to support MDT decision making to ensure patients are prioritised Work in progress with Stoke Hospital to receive Urgent and Emergency Patients if required. August 2022 progress update - Discussions on going with Stoke.	Delay
	24001	Identifying all vascular patients on the waiting lists and prioritising in the event of all day-case and outpatient services need to be transferred out to England	Directorate Manager Surgery East, Centre and West.	31/08/2022	3 x weekly meetings Directorates on each site report any urgent or time critical patients that require escalation for clinical intervention	Ongoing

	24071	Identify clinical workforce establishment and vacancies	Ms Jenny Farley, Vascular Network Director	31/08/2022	Will enable appreciation of workforce required to deliver vascular services	Completed

CRR22-26	Director Lead: Executive Medical Director	Date Opened: 29 July 2022
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 26 August 2022
	Risk: Risk of significant patient harm as a consequence of sustainability of the acute vascular service	Date of Committee Review: New Risk
		Target Risk Date: 31 December 2022
This is a risk that the acute vascular service could not be sustained Potentially caused by a reduction in the consultant workforce (sickness/vacancies) and the need for dual operating which requires two consultants to be available on call 24/7. This could impact on the safety of care for time critical patients.		

To be populated following approval		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	5	20
	Target Risk Score	4	2	8
	Risk Appetite	low level		1-8
	Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	Assurances
1.Reintroduction of dual consultant operating (for aortic patients only) 2.Implementation of a focussed recruitment plan 3. Enhanced MDT oversight by a specialist centre. 4.Implementation of the vascular improvement plan (following Royal College of Surgeons review) 5.Contingency planning should the staffing levels fall below acceptable levels (maximising non consultant roles to support patient care and the use of agency)	1. Additional support during the AAA operation to limit risk of complications 2. Reduces the reliance agency locums and doctors without a consultant level qualification 3. Ensures that expert skills are agreeing on the most effective

6. Ongoing risk assessment of the waiting list in line with clinical priority 7. Work in progress to out-source time critical patients including renal.	procedures for patients and timely decision making, and record keeping 4. Evidences the RCS recommendations are being actioned 5. Ensures Operational Team are fully aware of the patients to prioritise for emergency or time critical transfers to other hospitals and which patient conditions can be managed safely by other vascular/renal/diabetic teams internally. 6. Ensures that patients are prioritised on their clinical need and the most urgent patients waiting time deadlines are adhered to for timely treatment 7. Prevents delays to time critical treatments.
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Gaps in Controls/mitigations

1. High sickness and annual leave reduces the ability for dual operating and potentially short notice
2. Poor reputation of service makes recruiting to consultant posts challenging, plus geography of the Health Board
3. Delays in patient decision making when insufficient MDT members attend the MDT
4. 100 + actions, plus actions from the Vascular Quality Panel review, insufficient workforce to support the delivery of the actions in a timely manner
5. May happen at such short notice that immediate transfer of emergency and urgent patient is required with limited notice for NHS England providers
6. Waiting List size significant post Covid, with little capacity to manage anything other than emergency and time critical urgent patients

Progress since last submission
New Risk

Links to Strategic Priorities	Principal Risks
Recovering access to timely planned care pathways	BAF21-02

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	24003	Commencement of dual operating.	Ms Jenny Farley, Vascular Network Director	11/07/2022	Reduces the risk of harm to patients Dual operating commenced 11th July 2022.	Completed
	24004	Additional funding requested to ensure effective medical and therapy workforce model. Recruitment campaign ongoing within current establishments	Ms Jenny Farley, Vascular Network Director	31/12/2022	All consultant vacancies recruited to (with the exception of the CD post interviews August 2022) Ensures consistently safe patient care across all three sites. Reduces the reliance on agency workforce	On track
	24005	Invite extended to Stoke as well as Liverpool to attend and contribute to the MDT	Ms Jenny Farley, Vascular	25/07/2022	Action closed 25/07/2022 Support decision making in the absence of sufficient vascular	Completed

			Network Director		surgeons and support prioritisation of patients for intervention	
	24006	Vascular Improvement Plan lead in post and Vascular Network Director in post for wider transformation	Ms Jenny Farley, Vascular Network Director	31/12/2022	Supports the co-ordination of actions needed to deliver against the recommendations. Ensures regular updating of the improvement plan Longer term transformation of the services for stability	On track
	24007	Business Continuity planning in place	Directorate Managers Elaine Hodgson, Dafydd Pleming,	31/09/2022	Ensures all risks are identified and mitigated to support patient safety, enables immediate response to crisis Away Day agreed for the 16 th September to complete business continuity plan.	On track
	24008	Risk Assessment of Waiting lists	Directorate Managers Elaine Hodgson, Dafydd Pleming,	31/08/2022	Identifies the upcoming risks/ issues as well as patient demand and capacity to manage time critical patient care	Completed
	24009	Working with NHSE to support the potential transfer of time critical patients to other service providers	Ms Jenny Farley, Vascular Network Director, Dr Andrew Foulkes Medical	30/09/2022	Ensures treatment of time critical patients Will help to develop a future service model to include service provision in England. Discussions are ensuing with Royal Stoke Hospital and Shrewsbury Hospital	On Track

		Director, Mrs Sally Baxter Associate Director of Strategy		
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CRR22-27	Director Lead: Executive Medical Director	Date Opened: 31 January 2022
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 26 August 2022
	Risk: Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping - Vascular services.	Date of Committee Review: New Risk
		Target Risk Date: 28 April 2023
<p>There is a risk that following the RCS stage 2 review of 47 sets of case notes, Vascular medical workfroce documenation is non-compliant with regulatory standards for recording keeping.</p> <p>This may be caused by the use of software infrastructure across the three sites which doesn't communicate with each other; the lack of digital health records, human factors and staff being used to working without sufficient resource. This could also be caused by lack of communication, human error and the lack of good processes and adequate resources.</p> <p>This could impact on patient outcomes, patient safety, reputation of the service, poor patient experience and clinical staff fitness to practice.</p>		

To be populated following approval		Impact	Likelihood	Score
	Inherent Risk Rating	3	5	15
	Current Risk Rating	3	5	15
	Target Risk Score	3	2	6
	Risk Appetite	low level		1-8
	Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	Assurances
<ol style="list-style-type: none"> 1. Weekly case note audits in YGC are undertaken to monitor standards of record keeping actions are taken when poor documentation is identified 2. Medical consultant and trainee grade champions have been identified to support improvement in documentation 3. Refresher training on consent has been between March and May 2022 from HIW and the GMC. 4. Introduction of a pilot scheme for "CITO" electronic MDT proforma to be easily viewed by all relevant MDT members due to complete in October 2022. 5. MDT forms process of being filed by MDT co-ordinator in the notes on the same day put in place. 6. IMTP bids for additional administrative and MDT support have been created. 	<ol style="list-style-type: none"> 1. All actions relating to this risk are included on the RCS Vascular improvement plan reviewed monthly at the Vascular Steering Group which feeds into Quality, Safety, and Experience Committee, and then Board

Gaps in Controls/mitigations
<ol style="list-style-type: none"> 1. The infrastructure supporting the vascular service is inadequate. Whilst this doesn't directly affect clinician's documentation, it does prohibit clear and robust processes to support the efforts. Weekly audits identifying areas for improvement on a regular basis showing need for further input are undertaken. Until August 2022, the lack of permanent Clinical Leadership of vascular medical teams to drive and embed improved practice and ensure compliance and sustainability has been a risk 2. In sufficient MDT co-ordinators across all three sites

Progress since last submission
<ol style="list-style-type: none"> 1. Notes audits continue with signs of some improvement and reported into the VSG meeting monthly 2. Advised by Executive Medical Director that a score of 12 was insufficient in light of the RCS stage 2 report - increased to 15.

Links to Strategic Priorities	Principal Risks
Transformation for improvement (key enabler)	BAF21-02

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	22282	Reference to RCS vascular improvement plan	Mr Balasundaram Ramesh, Consultant Orthopaedic and Trauma Surgeon	31/12/2022	<p>The actions aim to further identify issues, complete weekly audit for assurance of improvement, provide standardised documentation such as clerking and ward round documentation to prompt quality, involvement of regulatory bodies for training, 1:1 meetings with clinicians to review audits results and improvement requirements.</p> <p>The RCS action plan is informed by 2 stages of RCS review, NVR report and internally identified issues. There is a large number of actions assigned to improvement for documentation / consent processes which is kept up to date and reported on monthly.</p> <p>This is an ongoing activity. There are objective signs that the Consent process and note keeping standards have gone up.</p>	On track

	24075	Involve regulatory bodies in training medical staffing in record keeping and consent	Mr Balasundaram Ramesh, Consultant Orthopaedic and Trauma Surgeon	31/05/2022	Action closed 31/05/2022 This will ensure that all relevant staff area fully conversant with the need for accurate record keeping and the consequences of failure to do so	Completed
	24076	Pilot CITO as part of MDT	Ms Jenny Farley, Vascular Network Director	31/10/2022	To ensure legible documentation. Enhancing security and patient data storage	On track
	24077	Appoint a Clinical Director to lead the service	Mr Balasundaram Ramesh, Consultant Orthopaedic and Trauma Surgeon	31/08/2022	Action closed 26/08/2022 Will provide strong leadership, delivery of all key recommendations within the vascular improvement plan.	Completed
	24078	Ward Teams working with Patient Experience teams to develop holistic communication processes for documentation and for sharing with patients	Ms Jenny Farley, Vascular Network Director	31/10/2022	Will ensure holistic approach to patient care, will improve communication	On track
	24079	Administrative and governance workforce analysis undertaken, identify gaps to support governance processes	Ms Jenny Farley, Vascular Network Director	31/10/2022	Identify the investment required to support effective documentation governance infrastructure	On track

	24080	Case note filing training to be given to Ward Teams	Ms Jenny Farley, Vascular Network Director	30/11/2022	Will ensure correct filing processes for all patient records reducing the risks associated with poor documentation	On track
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Appendix 3 - Full list of all Corporate Risk Register (CRR) Risks including Current Risk Score

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR20-01	Asbestos Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-02	Contractor Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-03	Legionella Management and Control.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-04	Non-Compliance of Fire Safety Systems.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-05	Timely access to care homes.	Executive Director Transformation, Strategic Planning, And Commissioning	Quality, Safety and Experience	20
CRR20-06	Informatics - Patient Records pan BCU.	Chief Digital and Information Officer	Partnerships, People and Population Health	16
CRR20-07	Informatics infrastructure capacity, resource and demand – Risk entry closed by Partnerships, People and Population Health Committee			
CRR20-08	Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR20-09	Potential harm to patients arising from delays in patient IVT Treatment - Not approved for escalation by QSE Committee, risk being managed at Tier 2			
CRR20-10	GP Out of Hours IT System - De-escalated by DIG Committee, risk being managed at Tier 2			

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-11	Potential Exposure to RansomWare and Zero-day Cyber Risks Attacks.	Chief Digital and Information Officer	Partnerships, People and Population Health	20
CRR21-12	National Infrastructure and Products	De-escalated by Partnerships, People and Population Health Committee, risk being managed at Tier 2		
CRR21-13	Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce).	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR21-14	There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Mental Health and Capacity Compliance	20
CRR21-15	There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Quality, Safety and Experience	16
CRR21-16	Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients.	Executive Director of Workforce and Organisational Development	Quality, Safety and Experience	16
CRR21-17	The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Quality, Safety and Experience	16
CRR21-18	Inability to deliver timely Infection Prevention & Control services due to limited capacity.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	15
CRR21-19	Potential that medical devices are not decontaminated effectively so patients may be harmed.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-20	There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants.	Executive Director of Public Health	Partnerships, People and Population Health	20
CRR21-21	There is a risk that adults who are a overweight or obese will not achieve a healthy weight due to engagement & capacity factors	Executive Director of Public Health	Partnerships, People and Population Health	16
CRR21-22	Delivery of safe & effective resuscitation may be compromised due to training capacity issues.	Executive Medical Director	Quality, Safety and Experience	20
CRR22-23	Inability to deliver safe, timely and effective care.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	20
CRR22-24	Potential gap in senior leadership capacity/capability during transition to the new Operating Model.	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health	15
CRR22-25	Risk of failure to provide full vascular services due to lack of available consultant workforce.	Executive Medical Director	Quality, Safety and Experience	20
CRR22-26	Risk of significant patient harm as a consequence of sustainability of the acute vascular service	Executive Medical Director	Quality, Safety and Experience	20
CRR22-27	Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping – Vascular services.	Executive Medical Director	Quality, Safety and Experience	15

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR22-28	Risk that a significant delay in implementing and embedding the new operating model, resulting in a lack of focus and productivity.	Executive Director of Workforce and Organisational Development		
CRR22-29	Risk that a loss of corporate memory as a result of the departure of key staff during the transition to the Operating Model.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services		
CRR22-30	Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services		
CRR22-31	Risk of a capacity & capability gap during the transition of staff departing the organisation through the VERS process and the recruitment of people both internally and externally to posts within the new Operating Model	Executive Director of Workforce and Organisational Development		

Risk Key Field Guidance / Definitions of Assurance Levels V2

BAF / Risk Template Item	Please refer to the Risk Management Strategy for further detailed explanations	
Risk Reference	Definition	Reference number, allocated by the Board Secretary for the Board Assurance Framework (BAF) or the Corporate Risk Team for the Corporate Risk Register (CRR)
Risk Description	Definition	A summary of what may happen that could have an impact on the achievement of the Health Board's Priorities or an adverse high level effect on the operational activities of the Health Board. There are 3 main components to include when articulating the risk description (event, cause and effect):
		- There is a risk of / if
		- This may be caused by
		- Which could lead to an impact / effect on
Risk Ratings	Inherent	Without taking into consideration any controls that may be in place to manage this risk, what is the likelihood that this risk will happen, 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. This would normally align to the risk appetite, however when new controls / mitigations will take longer than 12 months to achieve, an interim target may be used (see Target Risk Date).
Risk Impact	Definition	The consequence (or how bad it would be) if the risk were to happen; in line with the National Patient Safety Agency (NPSA) Grading Matrix, an impact of 1 is Negligible (very low), and 5 is Catastrophic (very high).
Risk Likelihood	Definition	The chance that the risk will happen. In line with the NPSA Grading Matrix a likelihood of 1 means it will never happen / recur, and a 5 means that it will undoubtedly happen or recur, possibly frequently.
Risk Score	Definition	Impact x Likelihood of the risk happening, using the 5 x 5 Risk Scoring Matrix.
Target Risk Date	Definition	This is the date by which the target score will be achieved. It may indicate a stepping stone to achieve the risk appetite. Where the target risk score is outside the risk appetite, this field should also include the date by which the risk appetite will be achieved.
Risk Appetite	Definition	The amount and level of risk that the Health Board is willing to tolerate or accept in order to achieve its priorities. This could vary depending on the type of risk. The Board will review the risk appetite on a regular basis, and have implemented a Risk Appetite Framework to allow for exceptional circumstances.
	Low	Cautious with a preference for safe delivery options.

Risk Key Field Guidance / Definitions of Assurance Levels V2

	Moderate	Prepared to take on, pursue, or retain some risks for the Health Board to maximise 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.
Controls	Definition	<p>These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the potential magnitude/severity of its impact were it to happen.</p> <p>A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise, and ensure care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - http://www.wales.nhs.uk/governance-emanual/risk-management].</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"> - People, for example, a person who may have a specific role in delivery of an objective - Strategy, policies, procedures, SOP, checklists in place and being implemented which ensure the delivery of an objective - Training in place, monitored, and reported for assurance - Compliance audits - Business Continuity Plans in place, up to date, tested, and effectively monitored - Contracts in place, up to date, managed and regularly and routinely monitored
Mitigation	Definition	This refers to the process of reducing risk exposure and minimising its likelihood, and/or reducing the severity of impact were it to happen. 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"> - A redesigned and implemented service or redesigned and implemented pathway - Business Case agreed and implemented - Using a different product or service - Insurance procured.
Assurance Levels	1	The first level of assurance comes from the department that performs the day to day activity, for example the compliance data that is available
	2	The second level of assurance comes from other functions in the Health Board who have internally verified that data, for example quality, finance, and human resources assurance.
	3	The third level of assurance comes from outside the Health Board, for example the Welsh Government, Health Inspectorate Wales, Health and Safety Executive, and Internal/External Audit, etc.

Teitl adroddiad:	"Good Mental Wellbeing – It's Everyone's Business"; Annual Report of the Executive Director of Public Health 2022
Report title:	
Adrodd i:	Partnerships, People & Population Health Committee
Report to:	
Dyddiad y Cyfarfod:	Tuesday, 08 November 2022
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>Director of Public Health Annual Reports have a historical tradition which date back to 1856, when Medical Officers of Health (established under the 1848 Public Health Act) first started to publish yearly reports "On the State of the Public Health" in an attempt to generate interest and action towards improving the health of the population, and in particular of those with the worst health.</p> <p>This year's 2022 Annual Report of the Executive Director of Public Health focuses on mental wellbeing. This builds on the research about mental wellbeing given the impact of the pandemic over the last couple of years. The report will be presented to the Board (in full) on 24th November 2022.</p> <p>Mental wellbeing belongs to everyone but it may mean different things to different people; Each person will have their own view on what it means to be mentally well. Mental wellbeing affects how people grow and develop; It influences how they cope with the normal stresses of life, how they work and the way in which they participate in family and community life. Mental wellbeing is an important area of Public Health as it determines overall health and happiness (PHW).</p> <p>The report reflects on the North Wales situation, with people living in North Wales report better mental wellbeing compared to the rest of Wales. The National survey for Wales data (2018-19) suggests that the average score in North Wales is 52.4 compared to 51.4 across Wales. Rates vary across the Counties of North Wales.</p> <p>The content of the report includes;</p> <ul style="list-style-type: none"> • Key messages on mental wellbeing. • The definition of mental wellbeing.

- What influences mental wellbeing and happiness and how they are connected.
- Insight from the Covid-19 Pandemic.
- A life course view of wellbeing.
- Actions to protect mental wellbeing.
- Call to action.

The report focuses in on the four themes that give us all contentment, feelings of happiness and good mental wellbeing. These are being in good physical health, being part of and supported by a community/network of family and friends, nature and a safe environment for our family and friends now and in the future. The fourth is being free of financial stress and being financially secure. The report details the four themes and the life course actions that we can all take to protect our wellbeing. The report details how it is never too early or late to start doing so.

- **Being in good physical health** – Being active is the most protective life course action we can take for good mental health and wellbeing.
- **Safe environment for family and friends, now and in the future** – Being part of a safe nurturing neighbourhood is essential for mental wellbeing. Sadly, there are differences in mental wellbeing between affluent, deprived and disadvantaged communities. These are driven by the quality of schools, jobs, housing and neighbourhood.
- **Being part of and supported by a community** – Strong family and community connections and networks are essential for building self-esteem and confidence to build social relationships that help reduce anxiety and stress.
- **Being free of financial stress and being financially secure** – Wealth, or the lack of it, has a profound impact on mental wellbeing across all stages of life. Poverty causes stress, anxiety and poor health, and it reduces happiness, wellbeing and shortens lives.

	<p>The report also includes a number of wellbeing case studies from across the North Wales region. These bring the topic of good mental wellbeing into life and also references the five ways to wellbeing, which have previously been discussed at Board “take notice, connect, be active, keep learning and give”.</p> <p>The report concludes with three simple “call to action” suggestions. These are aimed at everyone across North Wales.</p> <p>The report is addressed primarily to officers and elected/appointed members of the NHS and other Public Sector bodies across North Wales and to other Community Leaders.</p> <p>This year’s report is not being printed in hard copy but will be available as a downloadable document via an online platform. Full details will be made available at the Board meeting in November 2022.</p>			
Argymhellion:	The Partnerships, People & Population Health Committee members are asked to note the Annual Report topic for 2022.			
Recommendations:				
Arweinydd Gweithredol:	Teresa Owen, Executive Director of Public Health			
Executive Lead:				
Awdur yr Adroddiad:	Ms Karen Bryson, Senior Advisor BCUHB Public Health Team			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol:	<ul style="list-style-type: none"> Improving health and reducing inequalities Mental Health and Wellbeing
Link to Strategic Objective(s):	
Goblygiadau rheoleiddio a lleol:	There are no specific implications to note.
Regulatory and legal implications:	
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not Applicable – The DPH Report does not contain specific proposals which could be assessed for impact. However, the Report does include a section as a call to action on improving mental wellbeing.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Not applicable.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	The Report does not generate any explicit financial implications.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	The Report does not generate any explicit workforce implications.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	The Executive Director of Public Health Report has a focus on mental wellbeing and physical health, but is not linked to any specific BAF risk.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Not applicable

Reason for submission of report to confidential board (where relevant)	
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p> <p>The full report will be shared at the November 2022 Board meeting. The report will also be shared with Partners across the Region and it is hoped that the report will raise awareness of the importance of good mental wellbeing. The aim is to support the Healthier North Wales approach being taken across the region.</p> <p>Rhestr o Atodiadau: Dim.</p> <p>List of Appendices: None.</p>	

Teitl adroddiad: <i>Report title:</i>	Update on Test, Trace and Protect (TTP) in North Wales		
Adrodd i: <i>Report to:</i>	Partnerships, People and Population Health Committee		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 08 November 2022		
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to provide an update on the Test Trace Protect programme, with a specific focus on the wider testing for respiratory viruses amongst Health and Social Care staff and residents of closed settings. In addition to note the Antigen Service response of support health screening if Ukrainian citizens displaced by the ongoing conflict. As the governance route for TTP reporting, it is a standing item.</p> <p><i>What is required from the Board as a result of this report?</i></p> <p>Note the changes to testing in light of the Welsh Government's recently published "Our Public Health Approach to Respiratory Viruses Autumn/Winter 22/23".</p>		
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <p>Note the changes to testing in light of the Welsh Government's recently published "Our Public Health Approach to Respiratory Viruses Autumn/Winter 22/23".</p>		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Teresa Owen, Executive Director of Public Health		
Awdur yr Adroddiad: <i>Report Author:</i>	Sue Browne, Assistant Director TTP		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:			

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Covid-19 Response
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Infection Prevention Control
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	<p>Yes</p> <p>Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol</p> <p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><u>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</u></p> <p><u>WP7 Procedure for Equality Impact Assessments</u></p>
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary ben undertaken?	<p>Yes</p> <p>Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol</p> <p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u></p> <p><u>WP68 Procedure for Socio-economic Impact Assessment.</u></p>
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	<p>44470 - Insufficient TTP IPC Officers to support Care Homes. Risk matrix score: 6</p> <p>4472 - Risk of sustainability of TTP Protect Hubs due to funding arrangements. Risk matrix score: 12</p> <p>4473 – Recruit and retain sufficient staff to deliver services, particularly during periods of Covid Urgent due to the nature of funding and the short-term contracts. Risk matrix score:10</p>



Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	None at this stage
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	<p>(crynodedb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth)</p> <p>(summarise where the paper has been reviewed, the response and what changes have made due to feedback)</p> <p>Not applicable</p>
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	BAF 21 04 BAF 21 09 BAF 21 14 BAF 21 18
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Continue to implement Welsh Government's recently published "Our Public Health Approach to Respiratory Viruses Autumn/Winter 22/23" and to respond the demand of wider testing of respiratory viruses.	
Rhestr o Atodiadau: Dim List of Appendices: None	

Partnerships, People and Population Health Committee Update on Test, Trace and Protect (TTP) in North Wales

08/11/2022

1. Cyflwyniad / Cefndir Introduction/Background

This paper provides an update on the Test Trace Protect programme, with a specific focus on the services changes, and the services' ability to continue to meet the changing demands of the Covid response.

The Welsh Government Test Trace and Protect (TTP) Strategy was initially published in May 2020 and updated in June 2020. The TTP Strategy aimed to enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so.

"Together for a Safer Future: Wales' Long-term Covid-19 Transition from Pandemic to Endemic" strategy sets out the Welsh Government's transition plan for TTP from April 2022.

Welsh Government's approach is that COVID-19 is not over, and the transition from pandemic to endemic needs to be determined by the public health conditions at the time.

The options for the future delivery of this comprehensive service are agreed at a regional level through the TTP Oversight Group, and reported to PPPHC.

2. Corff yr adroddiad /Body of report

There have been no significant changes to the structure of the service since the last report.

Service Delivery Update

The service has been aligned under a single operational lead for all three elements of TTP since July 2022.

Testing

COVID

BA.5 remains the dominant strain in the UK. The latest ONS figures (14th October) estimate the number of people testing positive for COVID-19 was 74,900, equating to 2.47% of the population, or around 1 in 40 people, up from 1 in 50 the previous week.

Welsh Government paused the provision of free lateral flow tests to members of the public from the 1st of August 2022.

Welsh Government Covid-19 Testing Guidance, published on the 11th October, has extended Multiplex PCR tests for COVID-19 and other respiratory viruses to symptomatic health and social care staff, due to additional uncertainty in relation to other circulating

respiratory viruses including flu. Multiplex PCR tests diagnose a wider range of respiratory viruses. To protect the more vulnerable this autumn and winter TTP are offering access to these tests for staff and service users in high risk settings including care homes. Staff are no longer required to undertake asymptomatic testing, although this can re-start if there is a public health need during the winter. Staff who are Household Contacts of a positive case can access a Point of Care test at a CTU.

Table 1 below provides a summary of the new Guidance.

Table 1

Setting	Situation	Type of Test
NHS Hospitals	Symptomatic patient facing staff working with high-risk groups	Multiplex
NHS Hospitals	Symptomatic staff not routinely working with high-risk groups	If LFT test is negative, then a PCR/Multiplex test is advised
NHS	Symptomatic Independent Health Providers treating NHS patients in hospitals	If LFT test is negative, then a PCR/Multiplex test is advised
Care Homes	Symptomatic residents - If residents present with an influenza like illness (ILI) three symptomatic residents should be tested in the first instance to understand which respiratory virus is circulating in the care home. Other care home residents who subsequently present with ILI can be assumed to have the circulating respiratory virus. Further testing should only be undertaken if clinically indicated.	Multiplex
Care Homes	Symptomatic staff	Multiplex
Hospices	Symptomatic staff	Multiplex
Social Care	Social Care Symptomatic staff working in supported living	If LFT test is negative, then a PCR/Multiplex test is advised
Prisoners	Symptomatic prisoners - If prisoners in the same block present with ILI three symptomatic residents should be tested in the first instance to understand which respiratory virus is circulating in the prison. Other prisoners in the unit who subsequently present with ILI can be assumed to have the circulating respiratory virus. Further testing should only be undertaken if clinically indicated.	Multiplex
Special Schools (residential)	If residents present with ILI three symptomatic residents should be tested	If LFT test is negative, then a

	in the first instance to understand which respiratory virus is circulating in the care home/prison. Further testing should only be undertaken if clinically indicated.	PCR/Multiplex test is advised.
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Monkeypox

The Antigen Service continues to provide support to the Health Board's response to reports of suspected Monkeypox and the associated requirement to vaccinate contacts of positive cases within 48 hours of identification and exposure. The Testing Results and Referrals Hub receives referrals from Primary Care, PHW and Health Board services, for arranging swabbing appointments, vaccination requests and for receiving notification of results out of hours. TTP Senior Nurses are responsible for notifying those results out of hours and CTUs provide drive through swabbing appropriate cases. CTU staff also provide an outreach weekend clinic for more intimate swabbing when required. Referrals have begun to recede. In an unusual case, CTU staff accompanied Harm Reduction Team (HRT) members over two days to swab 10+service users who had developed unexplained lesions. The HRT minivan was used as a makeshift clinic. Monkeypox was not detected.

Ukraine population - The Welsh Government continues to offer accommodation to people leaving conflict affected areas in Ukraine. The Antigen Service has taken on responsibility for the extensive screening and referrals for the Central area, The CTU provide a resource package to these citizens, which includes a copy of their health screening records, which acts as a transferrable health document. GP registration is arranged along with referrals for TB screening, School Nurse, Health Visitors and Midwifery as well as any potential safeguarding concerns.

Tracing

On the 1st July 2022, a slimmed down Regional Tracing Service was put into place for North Wales with a remit to trace priority cases only (principally health and social care staff and vulnerable patient groups) rather than the general population. The new service experienced a higher number of cases than expected during the month of July 2022 (13,442 cases and 1,881 priority cases) and consequently faced difficulties matching demand to reduced resources, whilst stream-lining pre-existing Health and Local Authority tracing services and form them into an integrated operating model that could effectively trace priority cases.

During the month of August 2022 (3,859 cases and 736 priority cases) overall case numbers started to ease and the team became increasingly skilled at targeting priority cases as part of a move away from total population tracing. Going into September 2022 (3006 cases and 589 priority cases) case numbers continued to reduce with the team actively seeking alternative Health Protection work to ensure value for money and efficient use of resources. However, towards the end of September 2022 and early October the Regional Tracing Service experienced a rise in overall cases, including priority cases. The first full week of data week in October allows for a projection of 5,028 cases and 892 priority cases for the full month of October 2022. This would represent a potential rise of 67.3 percent (cases) and 51.4 percent (priority cases) compared to September 2022 figures.

The Hospital Contact Tracing Team have been under particular pressure over recent weeks with priority cases meeting the hospital team tracing criteria rising from 113 (19th - 25th September) to 270 (3rd October – 9th October) a 139% increase. However, it is noteworthy that hospital team's capacity has been significantly increased due to the development of integrated tracing pathways that have enabled Local Authority tracers to assist with aspects of the hospitals teams work. This work has been facilitated by training, support, supervision and clinical oversight from the hospital team. Hospital Covid related outbreaks have also continued to rise more latterly and according to TTP / Infection Prevention and Control (IPC) figures totalled 9 for the week 3rd – 9th October 2022. The close working relationship between Regional Tracing Service and BCU IPC colleagues continues to be essential to inform and support IPC decision making with regard to local risk assessment and outbreak actions.

Performance data has improved strongly during the months of August and September 2022 after a challenging start in July 2022. Please see Table 2 below for details.

Table 2

Data Period	Overall successful follow up	Successful follow up in 24 hours
July 2022	85.22%	33.23%
August 2022	87.23%	72.83%
September 2022	85.91%	73.51%

Whilst the performance data has improved, the team are seeking to improve performance further and have recently completed a comprehensive priority case audit and a bench marking exercise. The latter took place with colleagues in South Wales and has helped to further inform future action planning in relation to performance improvement.

Care Homes continue to be supported by the Multi Agency Oversight Group (previously known as Care Home MDT). This group meets bi-weekly. Membership includes BCUHB staff from the Regional TTP Hub, PHW and Local Authority contact tracing staff including recently appointed IPC Officers, of which there are now four in post. The six Local Authorities have been allocated to specific IPC Officers to ensure continuity of support to Care Homes.

Since the changes to the Regional TTP service post 30th June 2022, prevalence of Covid-19 has remained manageable with positivity rate-s and requests for testing significantly lower compared to the rates seen earlier in the year.

Protect

Hubs continue to provide valuable services to communities in greatest need, such as food services e.g. Maesgeirchen Hub provided 340 food service support during September 2022, debts and financial advice, fuel poverty and bills advice services and mental health support, for instance this was provided on 120 occasions at the Felin Fach Hub.

All Community Hubs are recognising the importance of Social Prescribing in the health and well-being of their served communities. Some are already playing a great role such as

Hwb Denbigh, Blaenau Ffestinog, Maesgeirchen, and Bethesda, whilst other Hubs are establishing strong links with their GPs and other partners to enable social prescribing for the mental health and wellbeing of their population.

The cost of living crisis and spiralling energy costs are increasingly featuring in requests for assistance. An example of one response is the repurposing of community cafes in anticipation of the increasing need for meal provision and warm Hubs.

BCUHB Public Health involves Community Hubs in communicating specific public health messages. For example, the Smoking Session team approached Hwb Denbigh to target Denbigh communities in coordination with Youth Clubs operating out of the Hwb.

Community Hubs Engagement Meetings took place in September and October 2022. These meetings provide an opportunity to showcase to all Hubs services others are providing and who they signpost their work to. The meetings are also a forum for exchanging ideas and experiences, strengthening links amongst all Hubs.

Almost all Hubs applied for the Welsh Government Transitional Funding Grants by the 8th of September and await the outcome. These grants will fund their planned winter activities such as warm places.

Whilst there are many success stories shared by the Hubs, a case study is included below to illustrate the real difference Hubs are making, either by signposting or direct support, to people's lives.

Barmouth - A man approached the foodbank as he was struggling to provide food for himself and three teenagers. The teenagers had been living elsewhere but circumstances forced them to come to live with their father who had been coping fine up until then. He cannot work but had to buy beds for the children (not knowing that we could have given him some) and his freezer was not working. Food was provided and he was given a chest of drawers and referred to CAB who have applied for a fridge, a freezer, economy heaters and a tumble dryer. One of the teenage daughters sent an email on behalf of her father and rest of the family saying 'We recently used the foodbank and we just wanted to say thank you for everything everyone has done for us. We wouldn't have gotten through otherwise and all the help we received really did mean more than we can put into words. Thank you ever so much'.

Conclusion

- The offer of multiplex testing is likely to drive increased demand for testing, which will also detect a broader range of respiratory viruses.
- The Antigen Service continues to support the Health Board in responding to emerging Health Protection issues such as Monkeypox and Ukraine Health Screening
- Discussions about how Testing will be integrated into Health Board business as usual have commenced, in anticipation of Welsh Government Covid-19 funding ending or being further reduced by April 2023 and the on-going requirements for a Health Protection service.

- 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. The Protect work will need to be absorbed into existing population health priorities to ensure that the needs of the most disadvantaged communities are prioritised.

3. Goblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications

There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by TTP Oversight Group.

Welsh Government has agreed a budget for TTP until the end of March 2023.

During the Covid 19 pandemic, Welsh Government provided financial assistance to support the establishment of six Community Support Hubs (previously known as Covid Support Hubs).

Welsh Government funding for these Hubs officially ended in March 2022. However in light of the new Health and Social Care Hubs capital programme there is an opportunity that Community Hubs could be supported as part of a hub and spoke model in the development of more comprehensive Health and Social Care Hubs. For that reason Ministers have agreed to make £1.5m available, across Wales, as transitional funding, for one year only, to allow, if appropriate, for these Hubs to continue to operate while Regional Partnership Boards (RPBs) develop their wider Hub programme and consider if they might play a future role as Health and Social Care Hubs.

Proposals were submitted prior to the deadline of 09/09/2022 and a decision on funding allocation is still awaited.

4. Rheoli Risg / Risk Management

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 is appropriately allocated to match 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.

There are currently only three risks on Datix linked to TTP:

4470 - There is a risk that we have insufficient TTP IPC Officers in post at a time of transition and increased demand, caused by an inability to recruit appropriate candidates to the role. However, there are no plans to recruit to the remaining 2 vacant posts as the current activity would not support the requirement to do so.

Risk Matrix Score: 6

4472 - Risk of sustainability of TTP Protect Hubs due to uncertain WG funding arrangements, which could lead to access to support services and social prescribing being more difficult for some of the most vulnerable people in our communities. A bid to access £1.5m of Welsh Government funding was submitted on 9th September 2022.

Risk matrix score: 12

4473 – Due to the nature of funding and the short term contracts there is a risk that TTP will struggle to recruit and retain sufficient staff to deliver services particularly, during periods of Covid Urgent. This risk has been partially mitigated by offering all relevant staff permanent contracts with the Health Board at Band 3, 5 or 6.

Risk matrix score:10.

5. Goblygiadau Cydraddoldeb ac Amrywiaeth / Equality and Diversity Implications

5.1 All implications have been considered as part of the Health Board Covid response.

Teitl adroddiad: <i>Report title:</i>	Recruitment Process Rapid Deep-Dive Feedback		
Adrodd i: <i>Report to:</i>	Partnerships, People and Population Health Committee		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 08 November 2022		
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this report is to provide feedback from the Recruitment Process Improvement Deep Dive held on 18th August and to update on progress against the actions agreed following the session.		
Argymhellion: <i>Recommendations:</i>	The Committee is asked to NOTE the output from the session and progress against the actions agreed.		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Sue Green, Executive Director of Workforce & OD		
Awdur yr Adroddiad: <i>Report Author:</i>	Claire Wilkinson, Interim Deputy Director of Operational Workforce		
Pwrpas yr adroddiad <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>			
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	People Strategy & Plan / IMTP employer of Choice		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	No direct implications arising from this report		
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	N/A		

<i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	
<i>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</i> <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
<i>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</i> <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	CRR21-13 Nurse Staffing CRR21-17 CAMHS Out of Hours provision CRR22-18 IPC capacity CRR22-23 Unscheduled Care
<i>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</i> <i>Financial implications as a result of implementing the recommendations</i>	No direct implications arising from this report
<i>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</i> <i>Workforce implications as a result of implementing the recommendations</i>	Smarter processes with agreed responsibilities with an improved recruiting manager and candidate experience.
<i>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</i> <i>Feedback, response, and follow up summary following consultation</i>	First version of this report presented to PPPH in September. Feedback taken into account in the redrafting of this report
<i>Cysylltiadau â risgiau BAF:</i> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	As above
<i>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</i> <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<i>Next Steps:</i> <i>Implementation of recommendations</i> This report, with amendments if required, will form part of the presentation and discussion at the Board Workshop planned for 1 st December. Planning for the 2 nd and 3 rd Deep Dive Sessions to be held in January/February 2023 will continue.	

List of Appendices:

- A – Full breakdown of recruitment review improvement cycles
- B – Bug Board feedback
- C – Parking Board feedback
- D – Six Thinking Hats definition
- E – Collective Six Thinking Hats feedback
- F – Detailed update on current programme delivery
- G – Feedback from Session 5 – What is missing from the four improvement themes?
- H – Overview Summary Communication & Deployment Plan

1. Introduction

The purpose of this report is to provide an update on the outcomes agreed from the Recruitment Process Improvement Deep Dive Session held on 18th August 2022. It sets out the actions agreed at and following the session and the progress to date on delivery against these actions. Finally, it sets out the structure in place to ensure not only delivery of the action but a focus on the improvements demonstrated as a consequence, or course correction when required.

The Committee is asked to note the current priorities and to inform of any areas that require further improvement or scrutiny. The appendices attached provide a deeper level of detail relating to the section that is being highlighted.

This report is scheduled to be presented at the Board Workshop on 1st December, and any refinements suggested from this Committee will be reflected in the final submission of the report.

2. Recruitment Process Improvement Review (RPIW)

In September 2021 Arana was commissioned by the Health Board to conduct an organisational recruitment process improvement review. The focus of the review was to develop a map of the end-to-end recruitment processes along with the identification of immediate actions for delivery. Using process improvement methodology, it was agreed that in the first instance the immediate focus would be on “doing it better” rather than the examination of transformational change.

The recruitment process improvement review identified the need to separate out the detailed improvement work required for Medical and Non-medical recruitment given some of the key differences in requirements. However both review streams followed the same theme design and methodology. Many of the improvement cycles in each of the review streams addressed the same areas and therefore, for the purpose of this report, have been incorporated within the themes described below.

For the recruitment process improvement review four main themes were identified, with each theme representing stages of the recruitment process. Within each of the four themes a number of improvement cycles have been described based on the three-stage improvement methodology. Discovery, Design and Delivery.

Theme 1: Establishment Control – 5 Improvement Cycles

Theme 2: Creation and Verification of Vacancy – 6 Improvement Cycles

Theme 3: Advert to Offer – 7 Improvement Cycles

Theme 4: Offer Stages to On-boarding - 3 Improvement Cycles

See Appendix A - full breakdown of recruitment review improvement cycles.

In support of this process review, in August 2022, the transformation team in collaboration with the current Workforce & OD team hosted a rapid deep-dive workshop into the recruitment process to share recent successes, identify further areas for improvement that

would help alleviate organisational frustrations, and further develop a more streamlined and robust recruitment process.

3. Recruitment Process Rapid Deep-Dive Workshop

On the 18th August 2022 the Recruitment Process Rapid Deep-Dive Workshop was held and focussed on a review of the recruitment process, an overview of the current state and the recruitment improvement review. There were 60 delegates in attendance including some online in a virtual room hosted on Microsoft Teams.

The atmosphere of the day was one of honesty, constructive challenge and feedback with the freedom to redesign processes and to creatively engage with others on new ways of working. It gave the recruiting managers the space to have conversations around the table that were more collaborative, informed and solutions focused. Each of the sessions demonstrated the groups willingness to see a more transformational change with regards to the recruitment process and the recognition that some good work had already been completed by the recruitment teams with a detailed presentation of the road map to follow over the coming months.

The rapid deep-dive workshop consisted of five sessions:

2.1 Session 1: Parking Board and Bug Board

A quick and responsive opportunity for delegates to share their frustrations that they were experiencing at that time that would require a quick resolution (Bug Board). In addition, areas that are important but out of scope of the session (Parking Board) were also discussed and captured.

See Appendix B - comprehensive bug board feedback

See Appendix C – comprehensive parking board feedback

Examples of actions taken from the Bug Board:

- Monthly communication updates have been developed and circulated to stakeholders – to include supporting tools and templates for examples include easy read guidance for recruiting managers on the new internal checks process and on the inclusion of the proposed start date in offer letters.
- Create standardised Job Descriptions – Standardised Job Description are already in place for many roles but have not been used consistently across the Health Board. A focussed work plan linked to Job Evaluation and proper utilisation of the Job Description Library is in place. Delivery against this plan is monitored through the People Culture Executive Delivery Group (EDG).

Example of an immediate action for delivery from the Bug Board:

- Simplify position number reports for managers – this was completed by 10th October.

Examples of actions taken from Parking Board:

- Develop a paper for International Recruitment – Proposal developed and subject to review and decision at the Executive Delivery Group (EDG) for People & Culture November 2022.
- Simplify and streamline our internal appointment process – the new internal employment checks process went live with effect from 1st September 2022. This process reduces the duplication of employment checks for internal transfers.

Example of an immediate action for delivery to be deployed from the Parking Board:

- Design a 'Welcome Letter' for all new employees, signed by Executives and Independent Members to go out with starting letters – Draft template letter to go to next EDG for People & Culture for approval.

All ideas shared are now incorporated in the Improvement delivery plan overseen through the Best of Our Abilities programme up to the People & Culture EDG

Learning from this session: The activities were helpful in drawing out views, concerns and perceptions, with the facility of participants to continue to add things to the Bug and Parking Board.

On reflection, the distinction between the two “boards” became blurred between the more straightforward issues that could immediately be addressed or clarified and those issues that would lend themselves to dedicated deep dives sessions. E.g. an item on the Bug Board re telephone numbers being added to adverts – easily sorted as the facility is already in place and an item on the Parking Board – use of data and analysis to track priorities and improvement impact.

In future session, the proposal is to ask participants to tell us their “bugs” prior to the session and to use the Parking Board in the session as a method for the facilitators to add appropriate issues for future sessions.

2.2 Session 2: Six Thinking Hats

The Six Thinking Hats technique enabled the group to look at a problem scenario (our processes) in six different ways. It took the groups beyond any instinctive positions, so that they could explore a range of perspectives. That way, we were able to explore each one, without having to argue a case or make snap decisions about what is “right” or “wrong”. Through a facilitated session, trying all six hats, gave us a rich collection of insights. It enabled us to step away from our default positions and approaches, and by comparing and combining different perspectives sparked some novel thoughts.

See Appendix D – Six Thinking Hats definition

See Appendix E – Collective Six Thinking Hats feedback

Examples of actions taken from the Six Thinking Hats session:

- To have a named person displayed on every advert – guidance will be provided to recruiting managers in the interim and then enforced by the recruitment team.
- To review delays in Occupational Health and implement mitigations – we have now introduced self-declaration forms completed by appointees and then triaged and

streamed in Occupational Health. This enables the OH team to focus its capacity on the basis of “clinical need” thus reducing the time waiting for appointees not requiring further review or investigations as well as those who do require this before being confirmed as fit to work

- To review whether we have improved the right process that will make a fundamental difference – we have a workshop on 20th October to do just this. Updates will follow.

Examples of immediate actions for delivery to be deployed from the Six Thinking Hats session:

- To circulate Health Board establishment figures – completed, and are now detailed on the Recruitment Improvement pages on Betsi.net.
- Develop and circulate an easy to understand list of Job Evaluation (CAJE) numbers for managers – completed, and are now detailed on the Recruitment Improvement pages on Betsi.net.

Learning from this session: Again this session provided a useful opportunity for participants to express their views, comments, and experiences in different ways from the very rational and practical through to the more visceral, intuitive.

Building the time in to undertake this session properly and then sequencing this to move into solution mode is key and is being built into the planning for the next session.

2.3 Session 3: You Said and Feedback Received thus far

The thematic analysis of the recruitment process improvement review undertaken in October 2021 was shared with the group.

225 responses were received from the survey out of approximately 2500 invites (Stronger Together community). Responses received were based on individual experiences in relation to permanent recruitment.

The opportunity was taken to share further feedback received through engagement sessions for user acceptance testing of recent improvement cycles, taken from the recruitment inbox and recent conversations with managers. The feedback given gave the perfect segway to the next session.

2.4 Session 4: Key Headlines from the Recruitment Improvement

A presentation through a data heavy slide deck took the delegates through the whole recruitment process improvement programme. They highlighted:

- Annual recruitment activity; what is the volume of vacancies, offer letters and employment checks conducted.
- A four-year view; to demonstrate the increase in the number of vacancies over the past four years that the recruitment team action alongside the pre-employment check and offer letters.
- Establishment Control Requests; the volume on a month-by-month basis of EC requests that are actioned.

A summary of the recruitment process improvement was given including the baseline and the target Key Performance Indicators for each of the four underlying themes. These targets were set as part of the Year one delivery of the People Strategy and Plan and as such the baseline is set at 31 March 2022.

Table 1

Process Theme	Baseline Performance	Target KPI (Stretch)
Theme 1: Establishment Control	19 days	7 days
Theme 2: Creation and Verification of Vacancy	14 days	8 days
Theme 3: Advert to Offer	16 days	12 days
Theme 4: Offer Stage to On-boarding	27 days	22 days

Delegates were taken through each theme in more detail with each associated activity as well as where the programme is in terms of the delivery and the impact that the changes were having on the overall KPI's.

See appendix F - update on programme delivery up to 30th September

Learning from this session: There was a lot of information presented that could have been provided in advance to provide more time for improvement activity. This has been built into the planning for the two follow up Deep Dives.

2.5 Session 5: What is missing from the four improvement themes?

A data pack was given to each group containing the baseline and target KPIs for each of the recruitment stages as well as detailed process maps for Medical, A4C, and Consultant recruitment.

The groups were asked to assess the information provided in session 4 alongside the process maps and focus on the following:

- Improvement vs redesign
- Delays/ waste/ touchpoints/handoffs
- Reduction in variability/ exploring standardisation
- End-to-end means that as delegates explore the next theme they may realise that by changing something earlier in the process it improves or minimises delays/errors in another theme
- What improvements will have the most impact on the overall process
- Ignore all of this and start with a blank piece of paper and tell us the process you think will work

See Appendix G - consolidated feedback from this session

Examples of actions taken from this session – what is missing from the four improvement themes?

- Introduction of electronic ID checking – as part of the NWSSP Recruitment Modernisation programme this was introduced at the end of September.
- Mandate provisional start dates – we went live with this from 19th September – communication to managers including supporting guidance have been issued.

Examples of immediate actions for delivery to be deployed from this session – what is missing from the four improvement themes?

- Introduce shortlisting and interview dates on adverts – this is part of the Recruitment Modernisation programme with NWSSP

Learning from this session: This was understandably the most energised and productive of the sessions through the day and as such, making sure that we can build more time into future sessions for these generative discussions and focus on ideas, solutions is essential. The design of future deep dives is being undertaken cognisant of the reflections from each of the sessions. This will be tested with participants from this Deep Dive prior to event.

2.6 Session 6: Workshop Review

An opportunity to summarise and collectively prioritise key improvements from each from the interactive sessions.

Unequivocally, the first priority for change/improvement was identified as being the requirement and process for establishment control as part of the recruitment process. Whilst acknowledging that this isn't the phase of the recruitment process with the highest delay in working days, it is the element that was flagged as being the most complex, with the most waste and/or duplication and the change that would derive greatest benefit in terms of confidence of key recruiters.

As a result, a solutions assessment and options appraisal has been undertaken and a proposal developed for testing with a number of the participants in the session before being submitted to the People & Culture EDG at its meeting in November. In addition to this proposal, a detailed progress report against the actions identified in the improvement plan, together with the first full month of performance data following the implementation of the material changes to the offer to on boarding stages (i.e. internal process change (1st September) and removal of the unconditional offer etc.(19th September) will be reported. This will be built into the presentation at the Board Workshop on 1st December.

As well as the practical outputs from the Deep Dive, participants fed back on the day and in the days following it. Some quotes from this feedback include

- ✓ “Far better than expected, a clear desire for improvement, building on what has already been achieved”
- ✓ “Good content and structure. Great so see so many colleagues come together to bring about improvements.”
- ✓ “Really helpful, nice to have an event where I felt we have been heard”
- ✓ “It was a good session to gain understanding of current volumes of work, issues and areas for improvement”

- ✓ “The session was well facilitated and flowed well. With a healthy honest discussion and realistic solutions
- ✓ The session was designed in a way to enable participants to understand the work undertaken as part of the review and improvement to date and to be part of the work to secure the improvement required now and moving forwards.”

2.7 Summary of Progress to end of September

Assimilating the feedback on existing improvements in the plan together with further improvements identified as a result of the workshop has been balanced against implementing a number of critical improvements in the August and September period.

A full update on the implementation of changes and critically, the impact that these changes have had on the recruitment timescales is being collated ready for the Board Workshop on 1 December.

The impact of improvements made up to 30th September include:

Where the improvements have been deployed in the initial review, we can see in our data the impact on processing times overall. It is important to note that some changes to the process have targeted specific areas or staff groups which has started to reduce overall timeframes, but the impact would be greater when the improvements are deployed further.

Listed below are each of the 4 themes with the overarching impact to HB KPIs and a summary of the individual changes that have contributed to the improvements.

Theme 1: Establishment Control

Having made amendments to the stages in approval in the Establishment Control portal for certain roles we can see a positive impact on processing times. The original baseline approval for all roles across BCU was 19 days. Now, the average approval time is reduced to 12 days. This is impacted by specific improvements in the following areas;

- I. Finance, WOD and Head of Service approval is concurrent, rather than sequential meaning requests are not held up with blockages due to individual approvers
- II. Band 5 nurses and Band 2/3 HCSWs approved in EC within the new target of 7 days.
- III. We have seen a 9 day reduction approval in cases when a head of service inputs their own EC request, the system no longer requires them to re-approve their own request

The changes made to date have been important but not material in terms of the full process. The Workshop identified the need for a fundamental review of establishment control as a key priority.

As an outcome of this work, two options have been proposed that would establish a sustainable process to eliminate the need for duplication and reduce the time it takes to bring new talent into the organisation:-

- Option 1: Direct creation of a vacancy request via Trac. This option would enable managers to input vacancies directly into Trac without the need for completing the establishment control form (EC) through the current portal. Trac already has an approval function that recruiting managers use, and is already a familiar concept.
- Option 2: IHC/Pan Recruitment teams undertake all advertising on behalf of the recruiting manager. This option may require additional resource of Recruitment Officers to support managers by creating shortlisting criteria, advising with interview preparation, contacting successful candidates, advising managers on candidate communications, and supporting through the pre-employment check process and on-boarding. This would provide a more specialised recruitment service that would be more personalised to the ever-changing needs of the organisation, giving the service areas the opportunity and space to think differently about their approach to workforce and to the needs of patient care and population health.

Deploying the options above will result in a much larger change to the whole recruitment system and necessitate dedicated resource from within the workforce team. Furthermore, it is important to ensure there is capacity and capability within the team to deliver a large scale change in conjunction with implementing a new People Operating Model, managing high volumes through the winter period and other critical work such as the vascular recruitment campaign, YGC Targeted Intervention campaign, three overseas recruitment drives and the Q3 safe employment audit.

A facilitated process mapping session is scheduled with the workforce team, Finance and planning colleagues on 10th November, this will provide greater clarity on the implications, benefits and risks for consideration by the People & Culture EDG in November.

Theme 2: Creation and Verification of Vacancy

Having made changes to the verification of vacancies, the BCU baseline processing time for Theme 2 prior to the review was 14 days, whereas now we are reporting 13 days in September. The contributing factors to this have primarily been in efficiencies in the checking within the Establishment Control team;

- I. A 1 day reduction in approving vacancies in the establishment control team. Part of this is supported by adopting standardised JD and person specifications for certain roles.
- II. Increased communication and awareness with managers and the use of standard JDs and Person Specifications
- III. Reduced email traffic with internal teams, such as Job Evaluation, and also the DBS having removed manual inputting where possible.

Theme 3: Advert to Offer

Prior to the deployment of Theme 3 improvement cycles, the baseline timeframe was 16 days. The time taken in September is reported as 19.2 days. It is important to note that a large proportion of the improvement cycles in Theme 3 were deployed from the 19th September onwards so the efficiencies for new individuals in the process will take at least another month to translate into the performance data.

Furthermore, when the changes were introduced a large number of candidates who were already in the process and had been for a number of months, needed to be addressed. This will create an abnormal spike in the processing times whilst the backlog is cleared. Consequently, at the time of writing, there has not yet been a decrease in the overall KPI as the backlog of applicants in the checks stage is processed.

It is also noted that part of this theme was to advocate extending adverts when there are no applicants, as opposed to allowing them to close and re- advertising (in a similar way to “rolling adverts”. This change has had a perverse impact on the performance metrics but is one welcomed by recruiting managers. Work is underway to identify how these cases can be extracted from the data as planned outliers.

In light of the above, it is likely that the real impact of the changes in process time will be will be evidenced going into in Quarter 4 and will be driven primarily as a result of the following;

- I. Removal of the unconditional offer stage and issuing employment offers and contract terms & conditions with a confirmed start date. After our first 6 weeks in operation and as managers become aware of the new process, on average 67.2% of new starters are receiving the new style offer letters with start dates. Further communications and guidance is being provided to managers to increase the uptake of this. Providing applicants feel comfortable handing in their notice then their employment checks can happen concurrently to them serving their notice.
- II. Internal applicants can potentially be cleared to commence work within days following interview, providing there are necessary checks already on their file from any other NHS Wales organisation.

Theme 4: Offer Stages to On-boarding

Prior to the deployment of Theme 4, the baseline processing time was 27 days, the revised processing time in September is reported as 22.7 days. Similar to above in Theme 3, it is important to note that primary improvement cycles was deployed from the 19th September onwards so the full effect of the efficiencies for new individuals in the process are not yet reported. The improvements will be derived primarily from;

- I. More roles are now eligible for a self-declaration Occupational Health form, consequently in these examples there has been a reduction from 21 days in October 2021 to 12.4 days in September 2022
- II. The introduction of the online applicant ID checking software has been well received with users feeding back positive comments so far.

2.8 Longer-term initiatives

There were a number of ideas and improvements that were discussed on the day that have a longer-term scope, but again still important improvements to enhance the scope of this project. Examples include:

- Value based recruitment and diverse panels – all recruiting managers will be required to attend training sessions that will include how we make the hiring process more inclusive. This will be delivered by end of March 2023.
- Review the Job Evaluation process – this review has commenced in partnership
- Increase the number of Welsh Language common phrases for managers to use – current managers training and guidance is being updated, and will be added to the Recruitment Improvement page on Betsi.net. but a more fundamental review is required once the material improvements are in place
- To have standardised Welsh translation for adverts, and to look at what can be produced and reused – frequently used Job Descriptions and Person Specifications will be highlighted on the JD/PS library for managers to use
- Develop plans for organisational succession planning – this work will form part of the Talent Management and Career Development project under the Best of our Abilities programme and is part of the delivery plan for 2022/2023.
- Develop support and learning programme for Welsh Language – this work will form part of the BCU Education Academy project under the Best of our Abilities programme.
- Develop Health Clearance passport for new employees – this work will form part of the all Wales recruitment modernisation plans.

2.9 Communication & Engagement plans

Feedback regarding the communication of changes to the recruitment process and the recruitment programme in general need further improvement. To support this a communication and deployment plan has been developed.

See Appendix H – Communication and deployment plan

2.10 Our plans for delivering and improving service delivery

As more senior leaders in Betsi grow their teams, it is important that they know how their role in the hiring and recruitment process works in tandem with the resourcing teams.

The current Workforce & OD function is in the process of Organisational Change, and part of this is to align ourselves to the new Betsi Operating model of IHCs and Pan/Support functions. Our ambition through the improvements identified in this report is to work in partnership with our service areas, with clear guidelines and expectations for who is responsible for recruitment, interview, co-ordination, communication and other aspects of the hiring process. By building a mutually beneficial relationship between recruiting

managers and the resourcing teams with make the internal process and candidate experience smoother and more effective.

2.11 Next Recruitment Deep Dive Workshops

The success of the recruitment process improvement deep dive has opened up further avenues for exploration, and it was agreed that further workshops should take place for the recruiting managers to collaborate for the resolution and generation of initiatives for key organisational issues within recruitment space.

Hiring has now become all about the candidate experience. Developing a clear employer brand is what will set us apart from other hiring companies and will show candidates why they should work for BCUHB. The branding should reflect our culture and values. To think about such questions as:

- “Why would someone want to work for BCUHB?”
- “Do we support a diverse workforce?”
- “What percentage of our current employees would recommend us as a great place to work?”

Our next Recruitment Deep Dive will be focussing on just this, the first impression the candidate will have of us, and how do we ensure that we present ourselves as organised and professional while still embracing our brand and communicating our recruitment goals.

Our ambition is to facilitate a similar style workshop in early January 2023, with invites to those that attended in August, and also extended to those Recruiting Managers that were previously unable to attend.

Running in parallel to this Deep Dive will be a focus upon the use of data as intelligence to support prioritisation, learning from activity and feedback and being able to quantify the “so what”. i.e. whilst there have been a number of improvements made and more in the plan, how can we demonstrate the impact of this to our services and Board. Ensuring there are baseline measures in place against the process and aligning this to delivery of the workforce plan (and increase in FTE required) is essential.

Checking whether the dashboards in place currently tell us what we need to know, are user friendly and use at key recruiter level as well as centrally, together with improving the understanding of our conversion rates from attraction to appointees to retained colleagues will be the focus of the third deep dive in the series.

4. Budgetary / Financial Implications

There are no budgetary implications associated with this paper. Resources for an improvement with the Establishment Control process has been developed and is in early stages of discussion. This will be considered at the next EDG for People & Culture.

5. Risk Management

There are a number of risks on the risk register and board assurance framework linked to staff availability and capacity.

Risks to delivery of this improvement programme are being updated as part of the internal workshop on the 20th October event where we will be reviewing all actions and will be identifying any associated risks and mitigations.

This project is part of the Best of Our Abilities programme, where risks are monitored through the programme risk logs and are reported directly through to the EDG for People & Culture, and to the Risk Management Group dependant on where the risk lies.

6. Equality and Diversity Implications

The 'golden thread' of Equality and Diversity is an integral part of our improvement journey that does not just relate to the processes that we use, but the candidate and manager experience during the entire end-to-end process.

There are no direct equality and diversity implications associated with this paper.

Appendix A – Full breakdown of recruitment review improvement cycles:

Theme	Improvement Cycle	Owner	Baseline KPI	Stretch KPI	Impact To Date
Theme 1 - Establishment Control (4 improvement cycles)	Remove the need for Divisional Management Team approval from specific vacancies	EC Team	19 Days	7 Days	Stretch KPI 7 Days achieved for Band 5 Nurse, Band 2/3 Healthcare Assistant requests that are approved by Finance as within Budgeted Establishment, therefore bypass DMT approval. In October 183 ECR's bypassed DMT approval stage (B5 Nurse - 95, B2 HCA - 47, B3 HCA - 41).
	Streamlining of the process for Heads of Service (HoS), who initiate an Establishment Control (EC) form	EC Team			Following implementation in April 2022, the average time for a Head of Service to approve a Recruitment request ECR has reduced from an average of 10days 1hr (March 2022) to 1 day 21hrs (Sept 2022).
	HoS inputting check to ensure correct and unblock unnecessary delays	Recruiting Managers			This improvement is in progress as senior leaders are recruited to the new OM.. The expected impact is to further reduce the average approval timeframe at Head of Service stage by ensuring the correct HoS is selected and aligned to the financial budget code.
	Shift Finance, EC Team and HoS to work concurrently rather than consecutively including software updates to unlock fields	EC Team			Immediate reduction in overall KPI has been realised. In Sept 2022, for recruitment request ECRs the overall average time for Finance, Workforce Systems and Head of Service to approve was 7 days 6hrs. Prior to implementation in July 2022, the overall average approval time in June 2022 was 16 days.
Theme 2 - Creation and verification of vacancy (6 improvement cycles)	Eliminate system duplication and EC Team to carry out granting checks	EC & Recruitment Teams	14 Days	8 Days	Average time to approve vacancy requests in the EC team for September 2022 is 4 days from 5.7 days pre-improvement.
	Standardised Job Description and Person Specifications	Recruitment Team & Recruiting Managers			standardised JD/PS are in use for B5 Registered Nurses, Band 2/3 Healthcare assistant and B2 - B4 Administration posts where possible. This reduces the overall average approval time by 20 minutes per advert by reducing the number of checks required by EC.
	Introduce Staff Group/Role Grouping	EC Team			This Process improvement is for the EC Team to manage vacancies – there is no measure on timeframes available.

	Test Staff Group Focus Days	Recruitment team and Recruiting Managers			This Process improvement is for the EC Team to manage vacancies – there is no measure on timeframes available.
	Official Job Evaluation reference numbers will be encouraged and also access to the JE main library will be granted to all recruiting managers	EC Team & Recruiting Managers			The EC Team check a Job Evaluation reference against the Job Evaluation library. The next stage is access for all recruiting managers but this is currently on hold due to the proposed SBAR.
	Removing manual inputs for DBS	Recruitment Team			Reduced email queries are now being received in relation to DBS levels by DBS counter signatories which supports that a positive improvement has been made (no measure available due to all queries email based).
Theme 3 - Advert to offer (7 improvement cycles)	Remove HR approval for approving adverts for (3-6 months) and review all thresholds around re-advertising for permanent posts	NWSSP	16 Days	12 Days	As the approval process was email based, no measure is available to confirm the impact on timeframes, although verbal feedback has been positive due to the removal of this step.
	Extend adverts where appropriate rather than re-advertise them from scratch	NWSSP			NWSSP attempt to make contact with recruiting managers to agree an extension. The impact is currently being assessed based on time spent to make contact in comparison to the number of adverts agreed to extend.
	Streamline pre-employment checks process and removal of certain background checks for internal staff movements	Recruitment Team			Implemented on 19th September 2022. Due to the limited timeframe since the go live date, the level of improvement is not yet evidential.
	AFC: This will result in candidates being given a provisional start date detailed in the offer letter, alongside the offer letter candidates will receive a template of the AFC terms and conditions detailing key HR and employment policies. Medical: Removal of the conditional offer letter with the replacement of an unconditional offer inclusive of provisional start date based on the completion of pre-employment checks attached with a contract of employment.	NWSSP, Recruitment Team			

	Removal of the requirement for references at interview for Medical Recruitment	Recruitment Team			
	Standardised Medical JD's and Person Specifications	Recruitment Team			The new template for the JD has been created and is under review
	Medical Recruitment Application Process; review the development of application questions for candidates	Recruitment Team			The original changes sought for this were not possible in Trac. However, further improvements will be implemented through ongoing discussion with the medical leadership team
Theme 4 – offer stages to on-boarding (3 improvement cycles)	Widen Occupational Health (OH) self-declaration list to remove delays in hiring process	Recruitment Team, OH Team and NWSSP	27 days	22 days	September 2022 conditional offer to Occupational Health Clearance was 12.4days reduced from 22 days in October 2021 prior to the change
	Equivalent qualification vs equivalent experience mapping document developed to allow easier checks against roles	NWSSP			Process implemented. No measure available due to approval requests made via email communications.
	Improve applicant experience and give clear explanation that ID check is needed to progress the DBS check, as well as completed DBS forms –improvement to conditional offer letter	NWSSP			Implemented in September 2022. Due to the limited timeframe since the go live date, the level of improvement is not yet evidenced.

Appendix B – Bug Board Feedback:

Frustration complex process with limited support	Online Application is difficult for some people	Where does EDI fit into our recruitment process?	EC process for posts that are within establishment and budget, do we not trust our managers?
New letters International – bilingual why	Uniform shortages for new staff	Understanding position reports is too difficult, there is too much info	Change the application form – NHS Scotland is much simpler
More rigour to be applied to job valuation – team need to consider wider implications	Preview of job evaluation proposed but JE team does not have the capacity – is not of a sufficient size	Why is CAJE Number ESSENTIAL?	Part Time hours in TRAC mandatory describe work patterns?
Is EC process even required?	Standardised JD'S & PS need to be updated with relevant qualifications	ESR exception forms on the intranet is not working because of the new <u>betsinet</u> site.	Welsh language is important
Pre populated fields in TRAC- more automation	Automation of fields in EC to <u>trac</u> why are we duplicating effort and wasting time	Budget holders sign an accountability agreement but often don't feel the that they have an autonomy to flex the use of the budget to address the changing needs of service	Job evaluation / AFC is not "our" process greater standardization of JD'S is problematic " a nurse is not just a nurse"
Non – recruitment aspects of EC – Why need approval for reduction in hours	Do we need to have an EC process is there not an easier alternative?	Manager Training for TRAC and refreshers	JD library is outdated and needs to be reviewed
EC forms are too lengthy especially if the position is in establishment	Something to aid for bulk recruitment, local support for campaigns	Better recruitment reporting so that I can understand where I am in the recruitment process	Is there not more parts of the process that can be automated ie Shortlisting criteria?
EC process needs to be simpler or cut out all together	Job evaluation and welsh translation take too long?	Better job descriptions, need standard versions and easy to navigate library	More training and communications and better understanding of responsibilities



Appendix C – Parking Board Feedback:

Attraction Retention Branding	Need to start with workforce planning.	Another deep dive on attraction, package & branding	International recruitment – including information for all services in terms of process / policy / approach
We need the be getting more people into the recruitment process in the first place – yes to the branding marketing & attraction	Workforce planning & information	Welsh essential – welsh to be learned. What happens when the candidate cannot achieve?	What happens when a candidate cannot produce a document? Do we have an alternative eg household bill?
This session is rightly about the process, but recruiting people to work here is much bigger than the process.	How do we develop an attractive HB to recruit to?	What do we do to retain our own staff?	JD's need to be standard – adverts to be focused- PADR should facilitate up to date / evolution of JD
Turnover + conversion rate data	Comparison of recruitment – Other sectors not just health	Why ECR'S – Rec vs Other (GAPS) Reduce hours	Breakdown figures – WF performance reports
Comparison –clinical vs non clinical reports	No of people part of ECR process & layers	Has fast track process worked? – Data useful	Standard JD'S, format – Translation – How presented on Trac – e.g Two documents, one document, Welsh first etc.
Better Quality JD'S	Need for a retention programme	Automation wherever possible. Local support for the smaller changes and more autonomy	Talent Management – What do we offer employees?
Career Pathways	More about the people side, how do we attract talent	A letter from the executives and IM's signed welcoming new staff	Moving internal staff faster
Candidate Attraction Campaigns	How do we ensure that the employees we have feel safe at work and valued?	Data that is easy to understand at a glance and is meaningful to me	Better education on how to workforce plan for my service



Appendix D – Six Thinking Hats definition:

Six Thinking Hats (Edward de Bono)



White = Information: consider only information that is available, what are the facts?



Red = Emotions: intuitive reactions or expressions of feelings (but no justification required).



Black = Judgement: logic applied to identification of mistakes or barriers, looking for a mismatch; cautious.



Yellow = Positive view: logic applied to the identification of opportunities, looking for harmony; benefits.



Green = Creativity: statements of provocation and investigation, hearing what an idea is about.



Blue = Thinking: thinking about thinking; process.

Appendix E – Collective Six Thinking Hats Feedback:





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Feelings

Don't forget common sense and stop hiring behind barriers computer no

We seem to be making a simple process more complicated – not entirely sure why? Shouldn't the decision-making progress be held @ the earliest point.

That we are not doing anything different to get people to the recruitment process. There is a big gap in advance of all this.

Why is there a requirement for A Q&A check at the end of the PEC process?

Need ethical interim recruitment – raiding developing countries / Africa is problematic.

Applicant experience
It Issues
Shortlist + Interview delays
Contact details being correct.

Improvement of wrong process adds no value.

Huge number of clinical vacancies impact on quality / patient experience.

Complex, what values does each step provide

Including welsh language letters to international

Welsh language JD – PS
We must see welsh language as an opportunity not a problem. We are at risk of downgrading our national language within the services.

Frustration with process, ECR + Exception form each time.

Why can't we have rolling adverts?

Sinking feeling, I hear continue complaints above delays & process not working. Why is this still the case?

The process is so long it deters applicants in age of organisation

Vast complex Bureaucracy in EC Process



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Cautions

No succession planning opportunity for specialist service delivery (i.e train up opportunity for understood retirement profile at a cost pressure)	Willingness to learn welsh language? How will we support + monitor this standard? Timescales, what proficiency level? Timeout from role? What happens if they don't achieve required standard?	Shared services paid for so what have we had back from saved time doing recruitment checks pre advertising stage? How do you know CAJE number matches if approved JD? What's stopping manager using any CAJE numbers?	Don't think the changes have been communicated DMT'S are not aware so assume managers are not aware? Need a named contact for each advert who manages the end to end problems.	Why EC? Previously used <u>Trac</u> approvals to approve vacancies.	Practical issues – lack of uniform for appointed staff.
<ul style="list-style-type: none"> - No staff recruited - Loose candidates - Waste time - Loose good candidates. 	Mindful of overseas recruitments – proof of address etc. examples given are not relevant – E.G council tax, national insurance number, biometric proof of ID.	Concerned about resources needed to review JE Library, whole JE process + implement standard JD'S – only small JE team.	Do we provide interview-coaching support for internal candidates? May have a real "talent" but be poor at selling themselves.	Flexibility within funded establishment to allow for professional development / succession plans i.e agree threshold.	KPI Data does not reflect time of A/L within DMT – this can delay the process.
Time point of view – Central JD + PS bank may not be useful for new roles created, considering the need for full panel review (10-12 weeks)	Deep dive required for retention- what is our offer? Needs to be equitable internally / competitive externally.	There seems to be a communication problem in terms of the process changes not being relayed across the organisation.	When are people going to get the time to do the training?	Knowledge of systems – often recruitment managers do not use <u>Trac</u> or EC often so can add delay.	
Lack of OH recurrent delays to starting , <u>Enfys</u> 2 years on the run.	Not enough people need dedicated to focus on hiring. Need to invest to compare.	Lack of knowledge / experience in recruiting.	DBS is out of date within 24 hours of it's publication. Can we review the frequency necessary with within the law?	The number of JD'S advertised had increased yet translation capacity has declined in the same period, therefore cannot keep up with demand.	
EC has no real idea on what each medical service should be vs actual currently is.	BCU staff leaving to join agency.	You can't back change a tracked change JD – you have to go to the original which is a time consuming process.	Need to be able to nuance – can't be too generic – we need to be able to attract to specifics.	Medical and dental includes GP'S --- Not just secondary care + consultants.	Standard adverts will not work when trying to attract specific roles – a standard template would help though.
Takes too long so risk of losing people.	JD + PS in library are PDF which makes it difficult to track changes - Delay	Dwindling pool of clinical staff to recruit from. How are we capturing the patient experience?	Length of JD'S need to be taken into account – average from 3000, to 8000+	Inconsistency within job evaluation of JD'S – Should this not be an ALL WALES PROCESS and not unique to orgs?	



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Creativity





Process

	Service / professional lead understanding of service delivery not factored in.	Support for applications to complete electronic Trac applications is there a risk they are stuck + give up.	Regular involvement of service users as part of wider user group alongside colleagues from process /HR / Recruitment function.	
	How does approval link into Health community integrated workplace planning – if it does at all?	Agree regarding value based recruitment we need to employ right people to grow the right culture. We can educate + train new starters for many non-registered posts not come in to a certain level	Breakdown process to reflect work forces professional grade location.	Exit interview Post – Keep in touch Post leave
Huge number of clinical	Need working group's reps from each area meet monthly?	Positive to see that there have been improvements since some changes initialized.	Applicant experience – IT literacy Shortlist + interview delays	DMT approval level for nursing + midwifery posts doesn't always have any director of nursing input – clinical / professional consideration.
Consistently / quality of data.	Great but what difference has this made on the ground.	What value does each step add, Autonomy / earned targeted.	Contact details being correct.	



Appendix F – Detailed update on current programme delivery:

Theme 1: Establishment Control

Improvement Cycle	What we have done and what is in progress	State
Remove the need for Divisional Management Team approval from specific vacancies (Fast Track)	Improvement results in a reduction of 5 days from the overall ECR approval timeframe Band 5 nurses used as a test bed for improvement review	Completed – April 2022
Streamlining of the process for Heads of Service (HoS), who initiate an Establishment Control (EC) form (Completed April 2022 KPI reduction 3 days)	A loop has been detected meaning a HoS initiating an EC form would be required to approve a second time at HoS Stage following approval by finance and EC team. Streamlining this process will support the reduction of delays.	Completed – April 2022
HoS approver inputting check to ensure correct and unblock unnecessary delays	Update the IT system which creates a drop-down box, or auto population for the ECR with the right HoS. This should eliminate errors from the manual input of the HoS by a requester, which causes delays within the approval cycle.	On HOLD – New EC Process
Alter Finance, EC Team and HoS to approve concurrently opposed to consecutively, including software updates to unlock fields	Finance, EC team and HoS to become an approver block. This will reduce loops and delays from the current 14 days given to these 3 approvers. Overall KPI for Finance, EC team and HoS will then reduce to 7 calendar days. To deliver this, the IT system will require an update to eliminate locked fields. To review and determine which fields need to be unlocked so the EC team can work on these at the same time. Aim – to reduce the 14 days significantly with a target of 7 days overall, excluding deferrals to DMT.	Completed – July 2022

Theme 2: Creation and Verification of Vacancy

Improvement Cycle	What we have done and what is in progress	State
Eliminate duplication between the teams involved in quality assuring vacancies prior to advert	<p>Duplication in checks between EC system team and NWSSP (granting checks). By removing checks has streamlined the process.</p> <p>Aim to increase the amount of vacancies the EC team can process by reducing the current time of 50 minutes to 20-30 minutes each, with further improvement cycles.</p>	Completed November 2021
Standardised Job Description and Person Specifications	<p>To increase the utilisation of the Job Evaluation approved Job Description and Person Specification from the Job Evaluation Library from the BCU Intranet page.</p> <p>Focus on Band 5 Nurses, band 2/3 Healthcare Assistants and Administrative roles Band 2-4, as they are reported to be within the top 8 highest recruitment areas.</p> <p>Creation of a library of medical and dental bi-lingual job descriptions and person specifications.</p> <p>Start with a single grade – Consultant JD library and Person Spec JD Sign off process – workforce first then to RC Break down to speciality overview</p>	<p>Completed December 2021 AFC</p> <p>Nursing and HCA's complete. Admin and clerical underway</p> <p>In Progress – Completion set for October 2022 - Medical</p>
EC team approval process in Trac – Introduce Staff Group / Role Grouping /Test Staff Group Focus Days	<p>Grouping the approvals by staff group and role.</p> <p>Seek to introduce a rota so that each staff group is reviewed at least once a week by the oldest vacancy and not solely by priority order as it has been in the past.</p> <p>A dualistic approach for team members to spend their time in TRAC in the quality assurance stage – some team members working on priorities/oldest to newest, and other team members working on the vacancies for the focus days to ensure all staff groups are reviewed by the oldest to newest at least weekly.</p>	Completed December 2021

Theme 2 continued..

Improvement Cycle	What we have done and what is in progress	State
Medical Recruitment Tracker	<p>Creation of medical recruitment tracker to reduce duplication of effort for managers working on similar vacancies across BCUHB</p> <p>Internal Process Change: Recruitment providing campaign support. Starting at the EC process. Communications to managers.</p>	Recruitment Tracker is in development September 2022
CAJE reference numbers will be mandated to ensure Job Descriptions are utilised from the Job Evaluation main library	<p>Communicate with managers the importance of using the correct CAJE reference on the EC Portal and explain what will happen if there are any discrepancies.</p> <p>Provide the EC team with access to the main Job Evaluation Library. When the EC team are granting a vacancy instead of reading the JD/PS, they will be checking that the CAJE reference on the EC portal matches the number quoted on the JD/PS. Where it does not match, the EC team will access the library and replace with the JD/PS from the Job Evaluation Library.</p> <p>By eliminating the additional checks for the EC team and vacancies being advertised with an unapproved or JD/PS, this will help to increase the number of vacancies the EC team can process and strive to keep the average time at 20-30 minutes per check.</p>	Completed December 2021
Removing manual inputs for Disclosure and Barring Service (DBS) (In Progress)	<p>A DBS column to be added to the TRAC report. (Completed January 2022)</p> <p>The DBS level held within the position will be linked to the TRAC report to remove the need for manual updates, this will also help to identify differences to be corrected in ESR/TRAC to ensure consistency between position and TRAC. (In Progress)</p> <p>The NWSSP Recruitment team will continue to check the levels and report back on vacancies where they would change the level for review and where necessary to update the position. (Completed November 2021)</p> <p>The longer term aim is the DBS level is correctly set at position level, and the NWSSP team would no longer need to check as the organisation have determined the level. (In Progress)</p>	Completed September 2022

Theme 3: Advert to Offer

Improvement Cycle	What we have done and what is in progress	State
Remove HR approval for approving adverts for (3-6 months) and review all thresholds around re-advertising for permanent posts	An examination and change in thresholds could help streamline the re-advertisement process for recruiting managers and eliminate steps within the process.	Completed January 2022
Extend adverts rather than re-advertise to avoid having to re-submit through the whole process again	Recruitment team to review adverts that are due to close and if there are insufficient applicants, phone the recruiting manager to discuss /agree if they would like to extend the closing date. This will minimise action for the manager and for the adverts team. Aim – to significantly reduce the number of re-advertisements. In November 2021 on average 42.5% of vacancies were re-advertised.	Completed September 2022
Streamline Internal Movers Process	Streamline pre-employment checks process and removal of certain background checks for internal staff movements	Completed September 2022
Interview Process	Removal of reference request at interview stage	Completed August 2022
Standardised JD's and PS's	Creation of Standard JD's, person specs and advert templates for managers to shape specificities around roles. Consultant template has been prepped Obtain feedback on the Template feedback for the end of July Coms early august around implementation	Template completed September 2022, template is out for review by peers
Application Process	Review Application questions developed in TRAC based on the JD and PS	Under review
Conditional Offer Stage	Phase 1: This will result in candidates being given a provisional start date detailed in the offer letter, along side the offer letter candidates will receive a template of the AFC terms and conditions detailing key HR and employment policies. Medical: Removal of the conditional offer letter with the replacement of an unconditional offer inclusive of provisional start date based on the completion of pre-employment checks attached with a contract of employment.	Completed September 2022

Theme 4: Offer Stage to on-boarding

Improvement Cycle	What we have done and what is in progress	State
OH Checks; AFC and Medics	Widen the list of candidates where it is appropriate for them to complete an Occupational Health (OH) self-declaration form, to remove delays in the hiring process. This will reduce the requirements for full OH forms which is a longer process.	Completed November 2021
Equivalent qualification vs equivalent experience mapping document developed to allow easier checks against roles.	To reduce delays in approving the qualification check and number of touchpoints from the NWSSP on-boarding team through to recruiting manager and teams.	Completed April 2022
Electronic ID Checking	As part of the NWSSP recruitment modernisation programme, we will be deploying electronic ID checking across BCU for all recruitment. This will result in a much faster pre-employment check process for candidates.	Engagement Sessions September 2022 Deployment October 2022

Appendix G – Feedback from Session 5 – ‘What is missing from the four improvement themes?’

Breakout Theme 1: Establishment Control			
Baseline KPI 19 calendar days	Current KPI 12 calendar days (7 calendar fast track process)	Stretch KPI 7 calendar days	
What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this?
<p>Taking established budgeted posts out of the approval process.</p> <p>Drop down for all funded position numbers whereby managers are able to pick the position that they are recruiting to from the position numbers and can then automatically go onto TRAC.</p> <p>Having a single system instead of multiple.</p>	<p>Possibility of going over budget.</p> <p>System may not be linked to ESR and Finance a link will need to be made between finance and ESR.</p>	<p>Time and duplication of effort for hiring managers, not losing staff due to long turn over times.</p> <p>Staff can be released to do their day job.</p>	Workforce – Systems
Automation of TRAC, Finance and ESR and system interoperability	Linking systems and how they work together	Eliminating waste, saving managers time on duplication	Workforce to lead and IT and national team to support – Systems
No space for innovation in roles	No integrated budget/service/professional risks – cross boundary responsibility	<p>Freedom for role design.</p> <p>Different in ways of working / supporting clinical pathways / transformation / efficiencies</p> <p>Value added outcome</p> <p>Link service, workplace / budget and most important quality</p>	Service team – empowered to influence change/improvement Supported by workplace/enabler
<p>Trust managers and give them autonomy to manage their own budgets</p> <p>Increase and decrease in levels should be made at local level</p>	Financial control measures	Managers will feel trusted and that they have autonomy for their recruitment and process	EC team and workforce
Clarity on when recruiting managers (RM's) can commence establishment control (EC) process? Do they have to wait for resignations	If notice is not received, request can be withdrawn	Reduction in delays potential 4-8 weeks	EC Team



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Breakout Theme 2: Creation and verification of vacancy

Baseline KPI 14 calendar days	Current KPI 14 calendar days	Stretch KPI 7 calendar days	
What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indicate who is accountable for this?
<p>Singular job descriptions for roles and for Welsh translation. To have variants of roles that have specific requirements that lie outside of the norm.</p> <p>Adopting national role profiles and job descriptions.</p> <p>Getting managers to use standardised process for all new hires and add the career frameworks to be added to the JD.</p>	<p>Trade unions may have issues with national profiles. They can be used for all new vacancies that go out.</p> <p>May lose potential flexibility for specialised roles.</p>	<p>Save manager time and eliminate frustration.</p> <p>Release manager time</p> <p>Largest impact</p>	<p>Partnership forum for the strategy to go forward</p> <ul style="list-style-type: none">• Workforce Teams• Hiring Managers• Job Evaluation Team• Welsh language
<p>Making TRAC easier and auto populating information for standard roles. Having an agreed pre-population for each speciality.</p>	<p>Technological and system constraints</p>	<p>Quick Wins</p>	<ul style="list-style-type: none">• Workforce Team• NWSSP• IT
<p>The TRAC dropdown for Welsh is currently blank. Having prepopulated Welsh selections for managers to choose from to speed up administration time.</p>	<p>Technological and system constraints</p>	<p>Quick Wins</p>	<ul style="list-style-type: none">• Workforce• Shared Service• Welsh Language Team
<p>Have a in-depth look at the job evaluation process. How can we make incremental improvements to the process.</p>			<p>Centrally co-ordinated function consisting of Hiring Managers, Workforce and JE Team.</p>
<p>Having a more engaged process for managers not just having TRAC, managers engaging with candidates about interview dates, start dates</p>	<p>Manager time constraints</p>	<p>Keep in touch with candidate How? Important Hiring manager to engage their new employee.</p> <ul style="list-style-type: none">- Build relationships- Quickly as possible- Want to join us?- Engage to our EES	<p>Recruitment Managers having more ownership</p> <p>Rec Team</p>
<p>Marketing – Facebook, LinkedIn, BCUHB template social media – corporate branding standardise</p>		<p>Better and easier candidate attraction and advertising for managers</p>	<p>Workforce for templates</p> <p>Managers for posting</p>
<p>Recruitment bureau – experts within BCUHB – 1 in each health board economy – overview in that locality</p>	<p>Costing and budgets</p>	<p>Better overall support for managers in the recruitment process, less silo working between sites and divisions overall more joined up approach</p>	<p>Workforce</p> <p>Finance</p> <p>Execs</p>

Breakout Theme 2: Creation and verification of vacancy

Baseline KPI 14 calendar days	Current KPI 14 calendar days		Stretch KPI 78calendar days
What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this?
Retention of core supporting documents in addition to adverts e.g. occupational health forms on new vacancies			
Technical issues with shortlisting on TRAC when passing on applications	Frustration and technology, the system is very clunky	Less time repeating tasks	Workforce NWSSP
Decision needed on what is a vacancy i.e. 37.5, 15 hours	Risk of challenge Equal opportunity	Manager autonomy	WOD
Additional detail needed on working patterns when advertising PT posts			Recruiting managers (RM's)
Location needed on TRAC		Less Manual inputting	Workforce NWSSP



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Breakout Theme 3: Advert live to offer

Baseline KPI 196 calendar days	Current KPI 16 calendar days	Stretch KPI 12 calendar days	
What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this?
Standardised Shortlisting criteria for each advert and having prepopulated fields for roles.	Process and Technology Constraints	Quicker Process and less frustration for managers	Hiring Teams, WL Teams and NWSSP
Use of a talent Pool, have candidates that came as a runner up in an interview in a talent pool accessible to managers	Technology and time Communications to managers about the candidate and communications to the candidate about the possibility of other positions	A pool of candidates that are a possible good fit for the position that you are recruiting to	Workforce Team NWSSP Hiring Managers
Value based Interviews and Debias recruitment panels	Managers knowledge and understanding of value based interviews	More inclusive process, hiring candidates that match the values of the organisation as well as being the right fit for the job. More positive interview process for candidates	Workforce Team
The need for continues recruitment i.e. rolling ads	Systems		TRAC
Availability of recruiting managers (RM's) for applicants to contact whilst job is live		Better communications with applicants and better engagement	Workforce Hiring managers
Better communications to applicants	Time constraints	Candidates will not be left in the dark about positions that they have been successful for. IA more positive experience for candidates, managers will be able to build key relationships and candidates should move through the system faster	Workforce Team NWSSP Managers
Mandate Provisional Start Dates and Mandating shortlist and interview date	System and process constraints	Candidates will know when they are starting so that they can resign from current position instead of waiting for all PEC's to be completed	Workforce Team NWSSP Managers



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Breakout Theme 3: Advert live to offer

Baseline KPI 196 calendar days	Current KPI 16 calendar days	Stretch KPI 12 calendar days	
What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this? <ul style="list-style-type: none"> o Workforce team o NWSSP o Key recruiting managers o Job Evaluation Team o Welsh Language Team o Other (I.e. Organisational Approval Exec)
Electronic ID checks	Technology for those who do not have access	Quicker PEC's	Candidate NWSSP
Replacing other advertising options online websites/publications, Decent advert – BCU as attractive option – team presentation	Cost? Is this a lack of awareness/understanding What options are available		WOD/NWSSP/RM'S
Independent panel bureau – arrange interviews – one panel – nurse recruitment days	Finance	Central Control eliminating manager delays	Workforce
Recruitment days	Communication Location Facilities and staff	May have better opportunity for recruiting HCA's	
Interview as applications come in for large vacancy roles, not waiting for closing date, you can clone the vacancy and continue to advertise	Remuneration package/include in advertising	Over recruit, based on turnover rate	Workforce Managers



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Breakout Theme 4: Breakout Theme 4: Offer stage to on-boarding

Baseline KPI 27 calendar days	Current KPI 27 calendar days (7 calendar fast track process)	Stretch KPI 22 calendar days
What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?
		<p>Please indication who is accountable for this?</p> <ul style="list-style-type: none"> o Workforce team o NWSSP o Key recruiting managers o Job Evaluation Team o Welsh Language Team o Other (i.e. Organisational Approval Exec)
ID checks – electronic instructions not always understood and support for external candidates who are not IT literate		Recruitment support roles – keep in touch with candidates Keep their interest
Separation of checks from internal and external candidates		Speedier move of internal candidates
Management involvement and ownership of the process	Educate recruiting managers on what is available The role they can play in applicant experience and reduce time to hire	Reduces time
Do we really need conditional and unconditional offers		Faster recruitment process with a single starting letter. Candidates will be able to hand in resignation letter earlier
Communication/engagement with TRAC team need to chase	Delays in process to recruit	Dashboard – to review progress/stage
		Senior teams meet with new employees once a month – understand any issues Know all of the team
		Separation of checks from internal and external candidates
		Management involvement and ownership of the process
		Workforce NWSSP
		NWSSP

Appendix H – Overview/Summary Communication & Deployment Plan

A detailed deployment plan sits under this summary. The plan is dynamic in nature and is updated using feedback following each communication.

Communications	Group	Item	Format	Detail
	Individual networks			
	EDG People and Culture	Action Update and Programme Documentation	Paper and Programme Documentation	Action Update and Programme Documentation
	Programme Board	Programme Board meeting and Follow Up	Email with attachments	Agenda, minutes, actions and papers Minutes and actions and useful discussion points
		Action Update and Programme Documentation	Email	Programme Plan, Risks, Issues and Achievements
		Recruitment Improvement KPI's	Paper	Recruitment KPI Tracking
	Recruitment Improvement Group	Recruitment Group Meeting and Follow Up	Email with attachments	Agenda, minutes, actions and papers Minutes and actions and useful discussion points
		Project Updates, Achievements Risks and Issues	Email x 2	Agenda, minutes, actions and papers minutes and actions and useful discussion points
		Monthly Newsletter	SWAY	People Board Updates; WEG updates and programme updates
	Recruitment and Retention Group	Programme Updates	Email Recruitment Updates Verbal	Programme Plan, Risks, Issues and Achievements
	Medical Workforce Group	Programme Updates	Email Recruitment Updates Verbal	Programme Plan, Risks, Issues and Achievements
	Local Partnership Forum	Programme Updates Recruitment Process Improvements	Email Recruitment Updates Verbal	Programme Plan, Risks, Issues and Achievements
Group communications				
	Hiring Managers	Monthly Recruitment News Roles and Responsibilities Recruitment Process Changes	Email New BETSI.net Recruitment Improvement Page SWAY Newsletter	Recruitment Improvement Highlights, key process improvements, upcoming engagement sessions, roles and responsibilities, programme updates and programme plans. Risks and Issues and key achievements
	Recruitment Improvement Stakeholders	Stakeholder Events Monthly Recruitment News Stakeholder Event Feedback and results	Online stakeholder groups	Feedback on proposed process and recruitment improvement changes, collaboration, user acceptance testing for process reviews and changes. Recruitment updates, issue resolution.
	Engagement Sessions	Recruitment Process Changes	Online and Face-Face Sessions	Online and Face-to-face training for key recruitment process improvements

<p>Teitl adroddiad:</p> <p>Report title:</p>	<p>Implementation of Anti-racist Wales Action Plan</p> <p>Draft Anti-racist Action Plan for Betsi Cadwaladr University Health Board: Plan A –Service Provision Plan B –Workforce</p>
<p>Adrodd i:</p> <p>Report to:</p>	<p>Partnerships, People and Population Health Committee</p>
<p>Dyddiad y Cyfarfod:</p> <p>Date of Meeting:</p>	<p>Tuesday, 08 November 2022</p>
<p>Crynodeb Gweithredol:</p> <p>Executive Summary:</p>	<p>The Welsh Government Anti-racist Wales Action Plan was published in June 2022. The Plan takes an anti-racist stance and acknowledges that institutional and structural racism exists and needs to be tackled actively and assertively. It is designed to tackle the root causes of racism in how Welsh Government lead, manage and work with others to deliver public services. The Plan sets out detailed actions for policy areas. The vision for an 'equitable whole system approach to health and social care', is focused on the health and wellbeing of both of the workforce and communities, and on preventing illness. The <u>Anti-Racist Wales Action Plan (gov.wales)</u> (pg. 63) sets out 5 overarching priority actions for health:</p> <ul style="list-style-type: none"> • Priority Action 1: Leadership require anti-racist leadership at all levels by direction • Priority Action 2: Workforce • Priority action 3: Data improve workforce data quality and introduce a Workforce Race Equality Standard (WRES) • Priority Action 4: Access to services • Priority action 5: Health Inequalities <p>The Health Board is required to develop anti-racism action plans for both employment and service delivery by December 2022. Progress will be monitored with the IMTP, Annual Plans and Joint Executive Team process.</p> <p>A Race Equality Action Group (REAG) was established at the Health Board in November 2021 to develop and drive implementation of the Health Boards Workforce Race Equality Action Plan. An Executive Equality Champion for Race has also been identified. Evidence from intelligence, reports and engagement has been collated to further inform the BCUHB Plan. This has been developed into a draft BCUHB Anti-Racist Action Plan and includes</p> <ul style="list-style-type: none"> • Plan A –Service Provision • Plan B –Workforce

Argymhellion: Recommendations:	The Committee is asked to: Approve the Anti-racist Action Plan for Betsi Cadwaladr University Health Board: Plan A –Service Provision Plan B –Workforce			
Arweinydd Gweithredol: Executive Lead:	Mrs Sue Green Executive Director of Workforce and Organisational Development			
Awdur yr Adroddiad: Report Author:	The Corporate Equality Team			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		The BCUHB Strategic Equality Plan (SEP) Objective 9 states: 'We will prioritise action to advance race equality in North Wales' The SEP is aligned to the Living Healthier Staying Well Strategy and seeks to mainstream equality considerations across all functions.		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		Compliance with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. Compliance with the Equality Act (Authorities subject to the Socio-economic Inequality Duty) (Wales) Regulations 2021.		

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	Yes
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	Yes
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Risk register reference 1971: There is a risk that the Health Board fails to comply with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 Public Sector Equality Duty. The PSED is an anticipatory Duty and places an obligation on BCUHB to consider positive steps to promote equality and good relations, ensuring that functions are lawful, inclusive, and accessible and meet the diverse needs of staff, patients and service users</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Identification of resource requirements for maintaining compliance are overseen by the Equality and Human Rights Strategic Forum</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>This Plan seeks to advance equality for both patients and carers and staff.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>This Plan has been developed following engagement with the BCUnity Staff network, the Race Equality Action Group, the Corporate Engagement Team, the patient and Carer Experience Team and Equality Stakeholders.</p> <p>The Plan was agreed in draft at the Equality and Human Rights Strategic Forum 25.10.22.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Risk register reference 1971</p>

<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps:</i> <i>Implementation of recommendations</i></p>	
<p>Rhestr o Atodiadau: Dim</p> <p><i>List of Appendices:</i> None</p>	

Implementation of Welsh Government Anti-racism Plan for Wales

Plan A – DRAFT Anti-racist Action Plan for BCUHB Service Provision

Plan B – DRAFT Anti-racist Action Plan for BCUHB Workforce Provision

October 2022 Draft 0.3



PART A - DRAFT Anti-racist Action Plan for BCUHB Service Provision

Version 0.04 25.10.2022

This action plan builds upon the previous work of the BCUHB Race Equality Action Group. It has been further developed to include actions arising from the publication of the [Welsh Government Anti-Racist Wales Action Plan](#) (ARWAP). It is structured around the five ARWAP Goals and an additional internal BCUHB communications goal has been identified. This plan will continue to develop as further recommendations and evidence emerges.

Goal 1: The NHS in Wales will be anti-racist, and will not accept any form of discrimination or inequality for employees or service users.

Goal 2: Staff will work in safe, inclusive environments, built on good anti-racist leadership and ally ship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice.

Goal 3: Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients.

Goal 4: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic people.

Goal 5: Black, Asian and minority ethnic people will have confidence that action is being taken to address health inequalities and their voice is heard in shaping decisions which affect them.

Goal 6: (BCUHB Goal) Communication.

Progress of all Health Boards in Wales will be monitored and reported via the IMTP, Annual Plan and the Joint Executive Team process.

Part A of the plan includes actions across the goals in relation to Services.

Part B of the plan includes actions across the goals in relation to Workforce.

Joint actions across both workforce and service plans are denoted by *

An Equality Impact Assessment and Socio-economic Impact Assessment is available for these plans and subject to ongoing review and updates. Evidence base document available on request.

Part A							
Goal 1: The NHS in Wales will be anti-racist, and will not accept any form of discrimination or inequality for employees or <u>service users</u>							
Action	Activity	Output	Progress	Portfolio	Lead	By When	Driver
1.1 Appoint 'Executive Equality Champions' *	Present SBAR recommending Executive Equality Champions and role outline to Executive Team 06.22	Executive Race Equality Champion identified	Director Therapies agreed	Board		WG - Sept 2023	ARWAP
1.1a Appoint 'Cultural Ambassadors' *	Engage with All Wales Task and Finish Group working to develop the proposal for implementation.	Cultural Ambassadors identified	Awaiting further information	People Services		WG Sept 2023	ARWAP
1.2 Board members to undertake an anti-racist education programme *	a) Raise awareness at Board Development Session	Evidence of attendance	Planned for December 2022	Equality, Diversity and Inclusion		WG Dec 2022	ARWAP
	b) Explore options to access Anti-racist training package	Package identified and resourced including All Wales approach		Equality, Diversity and Inclusion		BCUHB April 2023	ARWAP

	c) Board members to undertake Anti-racist training package	Evidence of completion		Board		BCUHB Sept 2023	ARWAP
1.3 Board members to implement and report progress against personal objectives to meet vision of anti-racist Wales *	a) Personal Objectives to meet the vision of an anti-racist Wales to be identified for all Board members and aligned to the portfolios set out in this plan	Report detailing objectives and progress		Board		WG Dec 2022	ARWAP
1.4 Pledge to zero racism Wales	Promote commitments set out in the pledge and communicate widely	Awareness raised		Equality, Diversity and Inclusion		Dec 2022	BCUHB
1.5 Undertake an awareness raising campaign to increase organisational understanding that Anti-racism concerns taking conscious and deliberate actions intended to provide equal opportunities for all people on both an individual and a systemic level *	Include in message from Chair and CEO Compile intranet resource Raise awareness at Board Development Session	Awareness raised		Equality, Diversity and Inclusion		April 2023	ARWAP

Goal 2: Staff will work in safe, inclusive environments, built on good anti-racist leadership and ally ship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice

Actions relating to this goal are contained within Part B of the plan – Workforce Anti-racist Implementation Plan.

Goal 3: Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients

Action	Activity	Output	Progress	Portfolio	Lead	By When	Driver
3.1 Improve ethnicity recording, monitoring and reporting within the health care system	a) Undertake a gap analysis of systems and processes related to ethnicity data, recording and monitoring. b) Make recommendations for improvement	Gap analysis undertaken and report presented		Informatics		Sept 2023	BCUHB

3.2 Improve ethnicity data monitoring and reporting within the Patient and Carer Experience CIVICA system	Identify opportunities to mainstream ethnicity reporting within Patient and Carer Experience reports	Regular reporting		Patient Quality, Safety and Experience Service		Dec 2023	BCUHB
3.3 Improve ethnicity data monitoring and reporting within the DATIX system	Identify opportunities to mainstream ethnicity reporting including hate crime / incidents	Regular reporting		Health, Safety and Security		Dec 2023	ARWAP / Hate Crime charter

Goal 4: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic people

Action	Activity	Output	Progress	Portfolio	Lead	By When	Driver
4.1 Ensure BCUHB plans align with the Maternity and Neonatal Safety Support Programme, which will detail and implement specific changes to maternity services that will improve outcomes and experiences of Black, Asian and Minority Ethnic women and families who experience health inequalities.	Identify lead	BCUHB plan is aligned		Midwifery and Womens Services		WG Jan 2023	ARWAP

4.2 Identify patient and carers barriers to healthcare services for Black, Asian and Minority Ethnic people and agree priorities for action	a) Undertake literature review	Evidence Base	In progress	Equality, Diversity and Inclusion		WG Dec 2023	ARWAP
	b) Identify barriers to accessing healthcare for Patients and Carers			Patient Quality, Safety and Experience Service		WG Dec 2023	ARWAP
4.3 Ensure COVID-19 recovery plans are fully inclusive and targeted to address known health inequalities in access to care and service provision.	a) Ensure all strategic plans are informed by robust and live EQIA and SEIAs.	Recovery plans include specific actions to address inequalities.		Planning and Transformation		WG Sept 2023	ARWAP
4.4 Ensure the Long COVID-19 Service are fully inclusive and targeted to address known health inequalities in access to care and service provision.	a) Ensure all strategic plans are informed by robust and live EQIA and SEIAs. b) Take evidenced based positive actions to address barriers	Improve take up of Long Covid service from people from ethnic minority backgrounds.		Patient Quality, Safety and Experience Service		WG Sept 2023	BCUHB
4.4 Ensure BCU plans align with the Time to Change Wales” an anti-racist mental health anti-stigma programme co-designed with people with lived experiences and from Black,	Identify lead	Adopted and promoted the programme on mental health and anti-stigma when published		MHLD		WG March 2023	ARWAP

Asian and Minority Ethnic people.							
4.5 Ensure that resources are available to staff across the health board to meet the spiritual and cultural needs of patients and carers	a) Promote multi-faith resources and chaplaincy (multi faith) service including culturally competent bereavement support.	Improved awareness of chaplaincy service		Patient Quality, Safety and Experience Service		Dec 2023	BCUHB Evidence Base
	b) Raise awareness with patients and carers of spiritual care available.						
4.6 Ensure that patients and carers are able to easily access translation support for all planned and unplanned health care	Promote availability of interpretation and translation services to ethnic minority communities across North Wales	<p>Improve take up of translation services</p> <p>Information provided in accessible and inclusive formats to meet their language needs</p>		Patient Quality, Safety and Experience Service		Sept 2023	BCUHB Evidence Base

Goal 5: Black, Asian and minority ethnic people will have confidence that action is being taken to address health inequalities and their voice is heard in shaping decisions which affect them.

Action	Activity	Output	Progress	Portfolio	Lead	By When	Driver
5.1 Work with community organisations and third sector to ensure the needs of Black, Asian and minority ethnic people are considered in strategic development and service planning for a. Mental Health, b. Asylum Seekers, Refugees and Migrants, c. Gypsy, Roma and Travellers	Include stakeholder and community feedback within EQIA / SEIA processes	EqIA and SEIA have informed strategic development and service planning		Transformation and Planning		WG Sept 2023	ARWAP
5.2 Promote 'Putting things right, concerns and complaints procedure' with Black, Asian and ethnic minority communities	Raise awareness of the concerns process and promote all Wales information in community languages when available from WG	Translation service promoted with Black, Asian and ethnic minority communities Revised guidance		Patient Quality, Safety and Experience Service		WG Dec 2023	ARWAP

		targeted distributed with Black, Asian and ethnic minority communities					
5.3 Capture the voice and lived experience of people from Black, Asian and ethnic minority communities within Health Impact Assessments (HIAS)	Implement Health Impact Assessment process which will be mandated in the forthcoming Health Impact Assessment Regulations to be made under the Public Health (Wales) Act 2017	Evidence of inclusive Health Impact Assessments		Public Health Service		WG Dec 2023	ARWAP
5.4 Improve community engagement and ongoing communication with Black, Asian and ethnic minority people around health improvement, and wellbeing	a) embed equality considerations within all engagement activity with the public	Equality consideration evidenced		Public and Stakeholder Engagement		Dec 2023	BCUHB
	b) embed monitoring requirements into engagement processes	Equality monitoring report produced					
5.5 Review findings from the Gypsy, Roma and Travellers Health needs assessment	Implement recommendations arising from Gypsy, Roma and Travellers	Improve experiences of patients from Gypsy, Roma and Traveller		Public Health Service		April 2023	BCUHB

	Health needs assessment	background accessing health care.					
5.6 Consider themes identified from the report - Barriers to accessing health care for the black and minority population in Rhyl by NWREN.	Agree recommendations around Cultural Competence including dietary requirements	Improve experiences of patients from ethnic minority groups		Patient Quality, Safety and Experience Service		April 2023	Rhyl report

Goal 6: Communications (BCUHB goal)

Action	Activity	Output	Progress	Portfolio	Lead	By When	Driver
6.1 Agree a communications and engagement plan to ensure robust, two way communications with BCUHB staff, patients and carers *	a) Develop a communication plan b) Promote annual calendar of multi-cultural events and festivals	Communication Plan is delivered		Communication and media relations		Dec 2022	BCHUB
6.2 Partnership working – linked work with Equality Leadership Group, NWPSN and Regional Partnership Board	a) explore opportunities for collaboration	Opportunities identified for joint working		Equality, Diversity and Inclusion		June 2024	BCUHB evidence base doc

Agreed membership for the Anti-racist Service Implementation Group – nominations required from Executive Team:

New Membership for Service group:

JOB ROLE	Nomination of named representative (as identified by Executive Team)
Senior Leader Black, Asian and Ethnic Minority Staff representative (Chair)	
Assistant Director Health Strategy	
Deputy Executive Nurse Director (primary or secondary care tbc)	
Assistant Director of Patient Safety and Experience	
Consultant in Public Health (vulnerable groups)	
Integrated Health Community Senior Leadership Team representative	
Pan north Wales Service Senior Leadership Team: Mental Health Learning Disability	
Pan north Wales Service Senior Leadership Team: Womens	
Pan north Wales Service Senior Leadership Team: Neonatal Services	
Patient and Carer Black, Asian and Ethnic Minority representatives (link to AREOG)	
Representatives from the Equality Stakeholder Group (link to AREOG)	
Head of Engagement	
BCU Engagement Officer	
Chaplaincy Manager	
Head of Equality and Human Rights - Interim	
Equality & Inclusion Manager	
Patient and Carer Experience Manager	

PART B - DRAFT Anti-racist Action Plan BCUHB Workforce

Version 0.06 25.10.2022

This action plan builds upon the previous work of the BCUHB Race Equality Action Group. It has been further developed to include actions arising from the publication of the [Welsh Government Anti-Racist Wales Action Plan](#) (ARWAP). It is structured around the five ARWAP Goals and an additional internal BCUHB communications goal has been identified. This plan will continue to develop as further recommendations and evidence emerges.

Goal 1: The NHS in Wales will be anti-racist, and will not accept any form of discrimination or inequality for employees or service users.

Goal 2: Staff will work in safe, inclusive environments, built on good anti-racist leadership and ally ship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice.

Goal 3: Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients.

Goal 4: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic people.

Goal 5: Black, Asian and minority ethnic people will have confidence that action is being taken to address health inequalities and their voice is heard in shaping decisions which affect them.

Goal 6: (BCUHB Goal) Communication.

Progress of all Health Boards in Wales will be monitored and reported via the IMTP, Annual Plan and the Joint Executive Team process.

Part A of the plan includes actions across the goals in relation to Services.

Part B of the plan includes actions across the goals in relation to Workforce.

Joint actions across both workforce and service plans are denoted by *

An Equality Impact Assessment and Socio-economic Impact Assessment is available for these plans and subject to ongoing review and updates. Evidence base document available on request.

Part B							
Goal 1: The NHS in Wales will be anti-racist, and will not accept any form of discrimination or inequality for employees or service users							
Action	Activity	Output	Progress	Portfolio	Lead (TBC)	By When	Driver
1.1 Appoint 'Executive Equality Champions' *	Present SBAR recommending Executive Equality Champions and role outline to Executive Team June 2022	Executive Race Equality Champion identified	Director of Therapies agreed	Board		WG Sept 2023	ARWAP
1.1a Appoint 'Cultural Ambassadors' *	Engage with All Wales Task and Finish Group working to develop the proposal for implementation.	Cultural Ambassadors identified	Awaiting further information	People Services		WG Sept 2023	ARWAP
1.2 Board members to undertake an anti-racist education programme *	d) Raise awareness at Board Development Session	Evidence of attendance	Planned for December 2022	Equality, Diversity and Inclusion		WG Dec 2022	ARWAP
	e) Explore options to access Anti-racist training package	Package identified and resourced including All Wales approach		Equality, Diversity and Inclusion		April 2023	ARWAP
	f) Board members to undertake	Evidence of completion		Board		BCUHB Sept 2023	ARWAP

	Anti-racist training package						
1.3 Board members to implement and report progress against personal objectives to meet vision of anti-racist Wales *	a) Personal Objectives to meet the vision of an anti-racist Wales to be identified for all Board members and aligned to the portfolios set out in this plan	Report detailing objectives and progress		Board		WG Dec 2022	ARWAP
1.4 Implement a BCUHB leadership and progression pipeline plan for Black, Asian and Minority Ethnic staff	Embed within the programme Best of Our Abilities (BCUHB People Strategy and Plan)	Evidenced within pipeline plans		Peoples Services		WG Sept 2023	ARWAP
1.5 Implement a BCUHB leadership and progression pipeline plan for Black, Asian and Minority Ethnic staff	Embed within the programme Best of Our Abilities (BCUHB People Strategy and Plan)	Evidenced within pipeline plans		Peoples Services		WG Sept 2023	ARWAP
1.6 Provide BCUHB Ethnic Minority Network appropriate levels of resource and access to the Board	a) Embed within the programme Our way of Working (BCUHB People Strategy and Plan)	Plan developed. Evidence of BCUnity thriving and acting as a		Peoples Services		WG Sept 2023	ARWAP BCHUB

	b) Develop plan to support further development of BCUnity Overseas and Ethnic Minority Staff Network	critical friend to Board	Network established				
	c) Agree protected time for network management groups to enable effective planning and influence						
	d) Report progress via Annual Report						
1.7 Review the current Workforce Race Action Plan and further develop a BCUHB Anti-racism Action Plan for Workforce	a) Reflect requirement within BCUHB People Strategy and Plan	Anti-racism Action Plan developed for employment and service delivery	Complete	People Services		WG Dec 2022	ARWAP
	b) Agenda for REAG 26.07.22						
1.8 Undertake an awareness raising campaign to increase organisational understanding that	Include in message from Chair and CEO	Awareness raised		Equality, Diversity and Inclusion		April 2023	ARWAP
	Compile intranet resource						

Anti-racism concerns taking conscious and deliberate actions intended to provide equal opportunities for all people on both an individual and a systemic level *							
	Raise awareness at Board Development Session						

Goal 2: Staff will work in safe, inclusive environments, built on good anti-racist leadership and ally ship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice

Action	Activity	Output	Progress	Portfolio	Lead	By When	Driver
2.1 Ensure BCUHB aligns with audit of All Wales workforce policies and procedures and reviews local BCUHB policies and procedure through an anti-racist lens. Ensure Black, Asian and Minority Ethnic representation	a) Embed within the programme Our way of Working (BCUHB People Strategy and Plan)	Opportunities to strengthen anti-racist principles identified		People Services		WG Dec 2022	ARWAP
	b) Present briefing SBAR to BCUHB Workforce Policy Group		Complete				

within groups established to oversee.	c) Strengthen governance of EqIA of workforce policies and procedures at BCUHB Workforce Policy Group		Complete				
	d) Adopt key principles and recommendations for use of local policy review and design processes when published following All Wales Audit						
2.2 Implement the requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes.	Embed within the programme Best of Our Abilities (BCUHB People Strategy and Plan)	Compliance report	Awaiting further information	People Services		WG Dec 2023	ARWAP
2.3a Commit to BCUHB involvement in the Aspiring Board Members Programme, ensuring education,	Await further information from Academi Wales who are leading on the recruitment and	Facilitated aspiring board member's participation.	Update received 6.10.22	Board		WG Dec 2022	ARWAP

mentoring and support to participants who will be from a Black, Asian and minority ethnic background.	matching of participants to NHS bodies						
2.3b Senior decision makers commit to BCUHB involvement in reverse mentoring.	a) Embed within the programme Best of Our Abilities (BCUHB People Strategy and Plan)	Reverse mentoring in place with senior decision makers		Senior Equality Champion for Race		June 2022	BCU Workforce Race Equality Report (WRER)
	b) Implement a reverse mentoring scheme to provide an ongoing programme of knowledge building		Pilot commenced				
2.4 Ensure all BCUHB workforce commissioned programmes provide evidence of anti-racist principles and reflect objectives regarding differential attainment, widening access and under-representation of Black, Asian and	a) Embed within the programme Best of Our Abilities (BCUHB People Strategy and Plan)	Opportunities to strengthen anti-racist principles identified		People Services		WG Sept 2023	ARWAP
	b) Require EQIA and SEIA are undertaken						

Minority Ethnic people in NHS Wales.	c) Seek assurance that commissioned programmes adopt anti-racist stance.						
	d) Embed within the programme Best of Our Abilities (BCUHB People Strategy and Plan), Talent Management Framework, leadership and management development framework, Academy of Education and Learning						
2.5 Build an equality focus into the Stronger Together People Strategy interview questioning and discovery phase.	a) Undertake targeted promotion and engagement with ethnic minority staff during each phase of the programme.	Discovery phase reflects experiences of staff from ethnic minority groups	Completed	People Services		March 2021	WRER

	b) Establish point of contact with Stronger Together team		Completed				
2.6 Reaffirm BCUHB commitment and launch the new Respect & Resolutions (R&R) NHS Wales Policy promoting empathy and understanding. This should be promoted widely to all staff via staff networks, posters, briefings, cascaded through management teams, all users' bulletins, team WhatsApp groups etc.	Adopt and embed Respect & Resolutions (R&R) NHS Wales Policy	Targeted promotion of the Respect & Resolutions (R&R) NHS Wales Policy evidenced via staff networks Targeted promotion with lower band staff evidenced	Complete	People Services		June 2022	WRER
2.7 Establish routine good practice initiatives to maintain insight into the lived experience of Black, Asian and minority ethnic employees	a) Recruit Equality Champions from across all areas and functions – which support ally ship, anti-racism bystander interventions	Equality Champions and Allies recruited		People Services		Sept 2022	WRER
	b) Strengthen and target information	Information pack for					

	and support for newly appointed staff from overseas and establish a buddy scheme	overseas staff developed Targeted promotion with lower band staff evidenced					
	c) Promote redesigned staff wellbeing services to BCUnity network	Targeted promotion of the SSWBS evidenced via staff networks					
2.8 Senior decision makers consider lived experiences of Black, Asian and minority ethnic staff via opportunities to gain insights and through cultural competence training.	Promote staff stories to raise awareness of lived experience via BCUnity Staff Network.	Ongoing awareness		People Services		BCUHB Bi-Monthly	WRER

Goal 3: Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients

Action	Activity	Output	Progress	Portfolio	Lead	By When	Driver
3.1 Improve BCUHB workforce data quality and implement the Workforce Race Equality Standard (WRES) to provide an evidence base to make and measure targeted structural change	a) Embed within the programme Best of Our Abilities (BCUHB People Strategy and Plan)	People Strategy and Plan reflects action for improvement		People Services		June 2022 Then Quarterly promotion	ARWAP
	b) Maximise ESR functionality to gather and extract equality data (also in preparation for ethnicity pay gap reporting due by 2023)	Ethnicity Pay gap Report					
	c) Increase the declaration rates of equality information held in ESR. Encourage staff to share their equality monitoring information and reinforce this at staff induction, through equality mandatory training	Employment Report					

	and a prompt on the ESR Portal homepage						
	d) Ensure evidence is discussed and included in REAG work						
	e) Implement the Workforce Race Equality Standard (WRES)					WG September 2023	
3.2 Implement systemic monitoring of concerns of workforce discrimination and bullying raised by staff.	a) Embed within the programme Our way of Working (BCUHB People Strategy and Plan)	WRES report		People Services		June 2022	ARWAP
	b) Engage with BCUnity Black, Asian and minority ethnic staff network to better understand the barriers to raising a concern – which supports ally ship, and anti-racism bystander interventions.	Network updates				June 2022	ARWAP

	c) Widely promote access to the Speak out Safely (SOS) Procedure, undertake targeted awareness activity. To support all forms of discriminatory behaviour including micro-aggression.	Targeted promotion via staff networks Evidenced Targeted promotion with lower band staff evidenced				Sept 2022	WRER ARWAP
	d) Explore opportunities to identify equality themes/information from Speak out Safety – to support BCUHB as a psychologically safe work place.	Themes identified and inform action planning				Sept 2022	WRER
3.3 Set up a REAG Sub Group to produce quarterly employee lifecycle metrics disaggregated by ethnicity and pay band to enable consideration of lower paid staff and to facilitate further work	a) Review workforce data across the full employment journey to inform specific actions, this including pre-employment, recruitment, retention, training and development	Group established Reports disaggregated	In progress Complete – now ongoing	People Services		June 2022	WRER

to address issues identified	(including PADRs, appraisals, progression and leadership development) and themes from exit interviews.						
	b) Explore how routine workforce data (statutory mandatory training compliance reporting, Covid risk assessment completion reporting, absence reporting, PADR compliance etc.) may be made available routinely broken down by protected characteristic within the workforce intelligence library. For example, disaggregation of mandatory training completion rates.		Complete – now ongoing				

	c) Results of Staff Survey and any other initiatives to be disaggregated by race and reported to REAG and Equality and Human Rights Strategic Forum and built into the overarching organisational response, with actions to address agreed and adopted by REAG.		Complete – now ongoing				
3.4 Reflect equality considerations in recruitment processes and training to support increased reach and recruitment from ethnic minority backgrounds who are currently under-represented in the NHS in Wales	Embed within the programme Best of Our Abilities (BCUHB People Strategy and Plan)	People Strategy and Plan reflects action for improvement		People Services		Dec 2022	WRER

Goal 4: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic people

Actions relating to this goal are contained within the Service Provision plan

Goal 5: Black, Asian and minority ethnic people will have confidence that action is being taken to address health inequalities and their voice is heard in shaping decisions which affect them.

Action	Activity	Output	Progress	Portfolio	Lead	By When	Driver
5.1 Improve staff engagement and ongoing communication with Black, Asian and ethnic minority staff around health improvement, and wellbeing	a) embed equality considerations within all engagement activity with the public	Equality consideration evidenced		Public and Stakeholder Engagement		Dec 2023	BCUHB
	b) embed monitoring requirements into engagement processes	Equality monitoring report produced					

Goal 6: Communications (BCUHB goal)							
Action	Activity	Output	Progress	Portfolio	Lead	By When	Driver
6.1 Mapping exercise to identify all informal and formal communication channels/groups for staff from ethnic minority groups (to be undertaken through the BCUnity Staff Network)		Evidence of mapping exercise		People Services		June 2022	WRER
6.2 Agree a communications and engagement plan to ensure robust, two way communications with BCUHB staff, patients and carers *	a) Develop a communication plan	Communication Plan		Communications and media relations		Sept 2022	WRER
	b) Promote annual calendar of multi-cultural events and festivals	Regular communications on events					
6.3 Ensure formal recognition of multi-cultural events (such as Black History Month to springboard race equality issues throughout the year) & movements	Promotion of multi-cultural events	Evidence of promotion of events		Communications and media relations		June 2022	WRER

Agreed membership for the Anti-racist Workforce Implementation Group – nominations required from Executive Team:

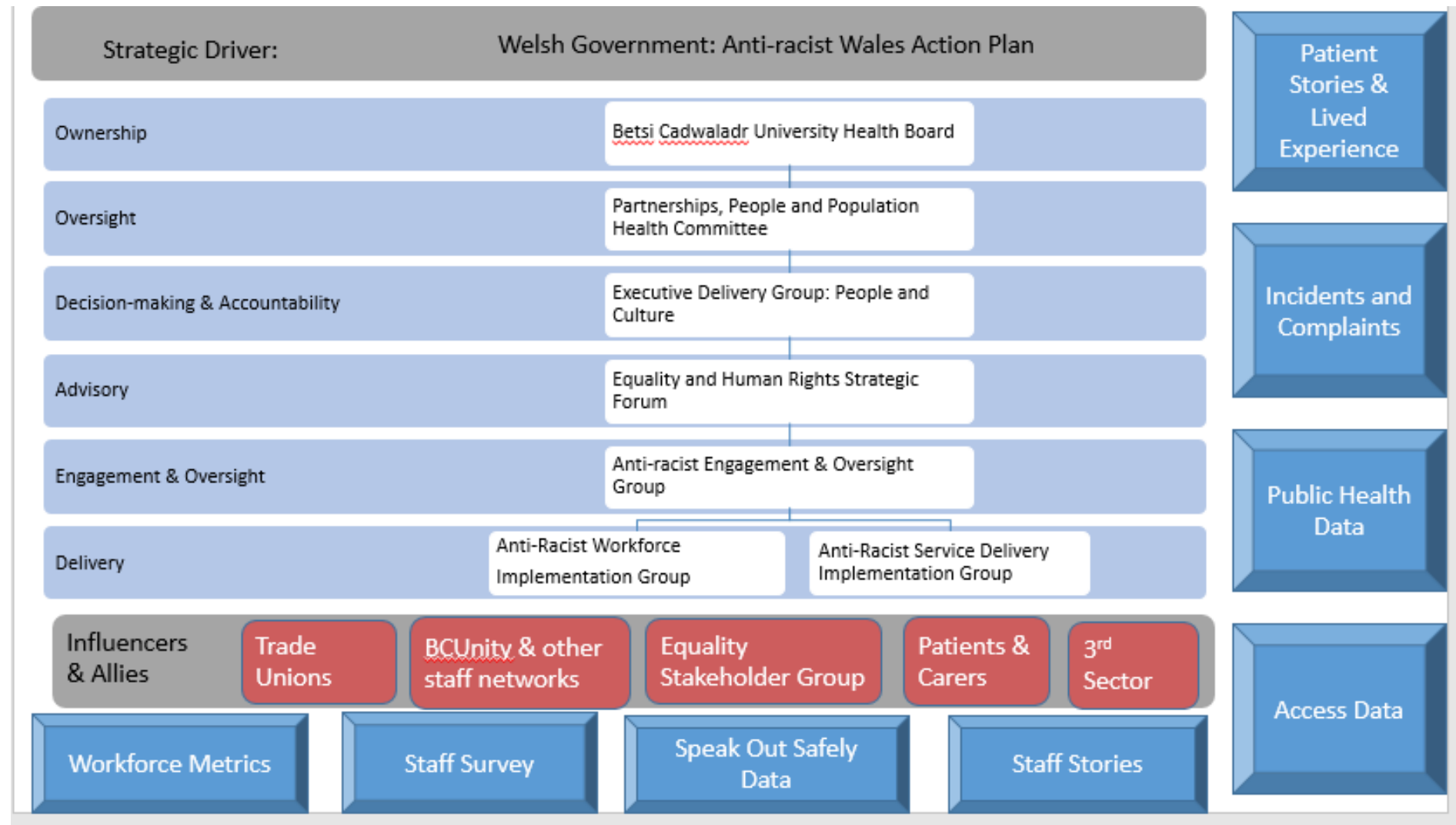
New Membership for workforce group:

JOB ROLE	Nomination of named representative (as identified by Executive Team)
Senior Leader Black, Asian and Ethnic Minority Staff representative (Chair)	
Deputy Director People (Vice Chair)	
Associate Director Strategic Practices People	
Associate Medical Director, Workforce and Organisational Development	
Consultant Representative	
Junior Doctor Representative	
Nursing Representative	
Associate Director of Nursing Workforce	
Head of Resourcing	
Head of Digital Workforce & Resourcing	
Speak Out Safely Guardian	
Strategic Lead for OD	
Strategic Lead for Staff Wellbeing	
Representatives from BCUnity Staff Network x3	
Local Partnership Forum representative	
Head of Equality and Human Rights - Interim	
Equality & Inclusion Manager	
Integrated Health Community Senior Leadership Team Representative	
Pan north Wales Service Senior Leadership Team Representative	
Overseas Matron	

Abbreviation Key:

AREOG	Anti-racist Engagement and Oversight Group
ARWAP	Anti-racist Wales Action Plan
EDI	Equality, Diversity and Inclusion Team
EQIA	Equality Impact Assessment
EHRSF	Equality and Human Rights Strategic Forum
ESR	Electronic Staff Record
NWREN	North Wales Race Equality Network
NWPSEN	North Wales Public Services Equality Network
PADR	Performance and Development Review
REAG	Race Equality Action Group
R&R	Respect and Resolution
SBAR	Situation, Background, Assessment and Recommendations
SEIA	Socio-economic Impact Assessment
SOS	Speak Out Safely
SSWBS	Staff Support and Wellbeing Service
WG	Welsh Government
WRER	Workforce Race Equality Report
WRES	Workforce Race Equality Standard

Appendix A: Governance Structure for the BCUHB Anti-racist Plan



Report title:	Regional Partnership Board update		
Report to:	Partnerships, People and Population Health Committee		
Date of Meeting:	Tuesday, 08 November 2022		
Executive Summary:	The purpose of this paper is to present the Annual Report of the Regional Partnership Board and to share the notes of recent meetings.		
Recommendations:	The Committee is asked to receive the Annual Report, and note the key issues arising from the most recent meetings.		
Executive Lead:	Dr Chris Stockport, Executive Director of Transformation, Strategic Planning And Commissioning		
Report Author:	Catrin Roberts, Head of Regional Collaboration Sally Baxter, Assistant Director – Health Strategy		
Purpose of report:	For Noting <input checked="" type="checkbox"/>	For Decision <input type="checkbox"/>	For Assurance <input type="checkbox"/>
Assurance level:	Significant <input type="checkbox"/> High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable <input checked="" type="checkbox"/> General confidence/evidence in delivery of existing mechanisms / objectives	Partial <input type="checkbox"/> Some confidence/evidence in delivery of existing mechanisms / objectives
No Assurance <input type="checkbox"/> No confidence/evidence in delivery			
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:			
N/A			
Link to Strategic Objective(s):	The RPB supports the delivery of national and regional shared objectives for the Health Board and partners, to further progress the delivery of A Healthier Wales. The commitment to partnership working through the RPB is clearly set out in the HB strategy Living Healthier, Staying Well and in the IMTP.		
Regulatory and legal implications	The HB as a public sector body has statutory duties under the Social Services and Well-being (Wales) Act 2014 to work in partnership through the RPB		
In accordance with WP7 has an EqlA been identified as necessary and undertaken?	N - this paper provides an update on the RPB work. EqlA is undertaken on specific programmes and initiatives within the RPB as required		
In accordance with WP68 has an SEIA identified as necessary been undertaken?	N - this paper provides an update on the RPB work. SEIA is undertaken on specific programmes and initiatives within the RPB as required		
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	There is a risk that the HB may fail to comply with the requirements of the SSWB Act		
Financial implications as a result of implementing the recommendations	No specific financial requirements arising from this paper.		
Workforce implications as a result of implementing the recommendations	No specific workforce implications arising from this paper.		
Feedback, response, and follow up summary following consultation	This paper provides an update for assurance purposes and has not been reviewed formally prior to submission to the Committee. RPB minutes are published and the work		

	programme and reports are scrutinised by the HB members on the RPB.
Links to BAF risks: (or links to the Corporate Risk Register)	N/A
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: Implementation of recommendations - Contribute to the ongoing work programme within the RPB	
List of Appendices: Appendix 1 NW Regional Partnership Board Annual Report 2021-2022 Appendix 2 Minutes of RPB meeting of 14 th October 2022	

MEETING IN PUBLIC Tuesday 8th November

Regional Partnership Board update

1. Introduction/Background

The Health Board has a statutory duty to work in partnership through the Regional Partnership Board (RPB) to progress the duties under the Social Services and Well-being Act (Wales) 2014 (the SSWB Act.) There is an increasing emphasis on the role of the RPB in delivery of **A Healthier Wales** and developing integrated well-being and support services for the population. Regular updates on the work of the RPB are brought to the PPPH Committee to ensure a shared commitment to delivery of objectives for the population health, care and well-being needs and to provide appropriate scrutiny and reporting into the HB governance processes.

2. Body of report

2.1 Annual report

The Social Services and Well-Being (Wales) Act 2014 requires that each Regional Partnership Board produces and publishes an annual report on its work and submits this to Welsh Government.

In March 2018 the Welsh Government issued Guidance for the completion of the Regional Partnership Board Annual reports and Boards were to use this guidance for the completion of its report. The attached report contains all the information which was required to be included within that Guidance. The North Wales Regional Partnership Board report is written in a format that captures all information required. The report also includes views of a number of members of the Board.

The Regional Partnership Board is the Board which has been set up to meet the requirements of Part 9 of the Social Services and Well-Being (Wales) Act 2014. The Act requires that local authorities make arrangements to promote co-operation with their relevant partners and others, in relation to adults with needs for care and support, carers and children. It places a duty on relevant partners to co-operate with, and provide information to, the local authorities for the purposes of their social services functions.

Part 9 of the Act also provides for partnership arrangements between local authorities and Local Health Boards for the discharge of their functions. The Act also provides Welsh Government Ministers with regulation making powers in relation to formal partnership arrangements, resources for partnership arrangements (including pooled funds) and partnership boards.

The purpose of Part 9 of the Act is to improve outcomes and well-being of people, as well as improving the efficiency and effectiveness of service delivery. The key aims of co-operation, partnership and integration can therefore be described as:

- To improve care and support, ensuring people have more say and control
- To improve outcomes and health and wellbeing
- Provide co-ordinated, person centred care and support
- Make more effective use of resources, skills and expertise.

The purpose of the Annual report is to set out the progress that Regional Partnership Boards have made and reflects on how board are achieving the principles of the Social Services and Well-Being (Wales) Act 2014. The 2021-2022 report is attached to this paper.

2.2 Notes of the meeting of October 2022

The notes of the RPB meeting of October 2022 (attached) provide an update on progress within the RPB partnership work programme. Key issues discussed at the meeting include the following:

- Life After School report, focusing on the needs of young people with learning disabilities moving on from specialist secondary school
- Increasing Community Care capacity update
- Census data
- Regional Capital Fund
- BCU HB update
- RPB planning workshop

3. Budgetary / Financial Implications

No specific financial implications arising from this update paper. Implications arising from the RIF consideration will be noted at the PPPH Committee.

4. Risk Management

Risk analysis, mitigation and management are undertaken by each of the programmes within the RPB portfolio..

5. Equality and Diversity Implications

- 5.1 Equality Impact Assessment and SocioEconomic Duty Impact Assessment will be undertaken for specific programmes and schemes as required.



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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Regional Partnership Board

Annual Report

2021/22



This report has been produced to meet the requirements set out by the Welsh Government in the Social Services and Well-Being (Wales) Act 2014

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Foreword by the Chair of North Wales Regional Partnership Board (NWRPB)

Mary Wimbury, Chief Executive,
Care Forum Wales

As Chair of the North Wales Regional Partnership Board, I am pleased to present our 21/22 report which shows the progress made across the region.

This has been another challenging year for the Health and Social Care Sector. I have heard it said many times in that we are now in recovery, but the reality has been very different for our partners still dealing with the day to day issues of covid. The impact on our workforce and people receiving services cannot be underestimated and has been a key consideration in our partnership working.



I am extremely proud of the work that has been achieved under the Regional Partnership Board, despite the severe pressures. The Transformation Programme and ICF have continued to thrive with fantastic progress made during the final year of the two programmes.

It was pleasing to receive the evaluation on the work undertaken which showed how much we have managed to achieve throughout the duration of these programmes and the differences these have made to the people of North Wales.

We are now entering a new phase with the 5-year Health and Social Care Regional Integration Fund to drive change and transformation across the health and social care system, as well as a 4-year Housing with Care Capital Fund and a 3-year Integration and Rebalancing Capital Fund. The guaranteed funding will provide us with a real opportunity to deliver long term transformation and integration across North Wales. However challenges remain within the sector: in particular the retention and recruitment of our workforce. As a Board we have made progress in involving all partners around the table – but there is still more to do.

I would like to thank all partners for their continued support for the work of the Regional Partnership Board and to the Regional Collaboration Team for their hardwork and commitment.



Best wishes – Mary Wimbury.

1. Partnerships governance

This section of the Annual Report sets out the purpose, role, membership, operating structure and key priorities of the Regional Partnership Board. It outlines the key partnership development over the last year and progress on implementing changes in the revised Part 9 Guidance

1.1 Purpose, role, membership, operating structure and key priorities

The **North Wales Social Care and Well-Being Services Improvement Collaboration** was established as part of the Social Services and Wellbeing Wales Act (SSWB) to:

-  Improve the wellbeing of the population
-  Improve how health and care services are delivered

We bring together health, social services, housing, the third sector and other partners to co-ordinate the continued transformation and integration of health, social care and well-being services across the region.






The NWRPB meets on a monthly basis and has continued to do so throughout the pandemic. These meetings have successfully been held virtually with translation facilities which has ensured continued engagement for members.

Vision statement

Together improving the health and well-being of people and communities









Guiding principles

The NWRPB agreed its guiding principles in November 2016 and these remain fit for purpose:

-  Whole system change and reinvestment of resources to a preventative model that promotes good health and well-being and draws effectively on evidence of what works best;
-  Care is delivered in joined up ways centred around the needs, preferences and social assets of people (service users, carers and communities);
-  People are enabled to use their confidence and skills to live independently, supported by a range of high quality community based options;
-  Embedded co-production in decision making so that citizens and their communities shape services;
-  We recognise the broad range of factors that influence health and well-being and the importance of the links to these areas (including education, housing, welfare, reduced homelessness, economic growth, regeneration, leisure and the environment).

1.2 Role of the NWRPB

The NWRPB's Terms of Reference is reviewed annually however, the crucial role for the Regional Partnership Board will be to:

-  Ensure that there is an agreed shared vision and a clear direction of travel for service development and integration of health, care and wellbeing in line with the SSWB Act 2014 and A Healthier Wales
-  Ensure that there are shared plans and strategies in place (supported by appropriate business cases) for delivering on the vision
-  Ensure that the strategic plans are evaluated and reviewed against agreed and understood outcomes and performance indicators
-  Lead a strategic approach to communicating and publicising the direction of travel and the progress made
-  Ensure that the principles of the board are upheld
-  Maintain an effective overview of the resources allocated to deliver on its objectives
-  Report to the Regional Leadership Board on progress, key issues and exceptions, escalating any barriers to progress within the Regional Partnership Board for resolution
-  Ensure that an annual report on progress is prepared and delivered as required to the Welsh Government.

The NWRPB formally reports to the North Wales Leadership Board. The NWRPB's business and the business of the regional sub-groups is managed by the Head of Regional Collaboration and members of the Regional Collaboration Team.

The updated governance structure of the NWRPB was formalised in January 2021 and the structure is shown below. Our Terms of Reference were reviewed in November 2020. The membership of the NWRPB (as at end of March 2021) is attached in Appendix 1.

Gwenda's story

Gwenda is a 90-year-old lady who cares for her 92-year-old husband who've been married for 70 years and he now has dementia. She keeps her husband busy and as stimulated as possible by reading daily newspapers and taking walks up and down their driveway and describes her husband as her "whole world".

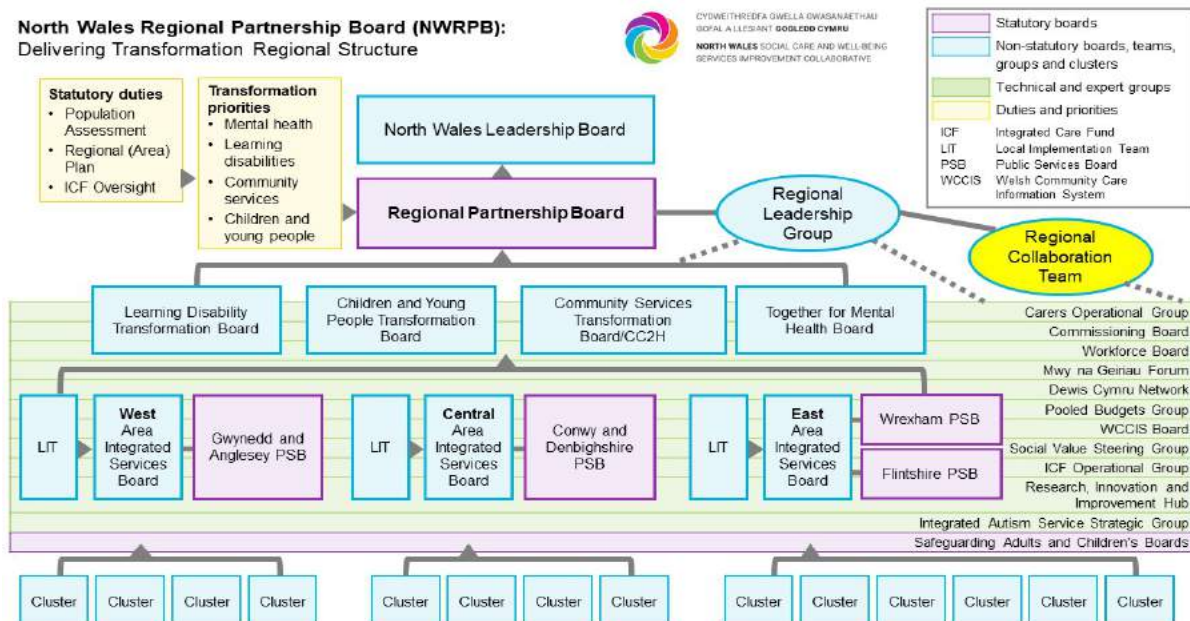
Gwenda has been having concerns lately over the care for her husband should her own health begin to deteriorate, these have become more acute as she is due to have a major operation.

She discussed her concerns at length and talked about the fact that there may be a point at which her husband may need to go into local authority care. Her Support Worker also discussed the possibility of applying for a care package to maintain independence for as long as possible.

Gwenda really appreciated the time and space to share her thoughts and concerns in a confidential setting and said *"thank you for listening to me"*.

The NWRPB recognises the key role carers of all ages have in the health and social care environment and that they need to be valued for the support they provide. The Board also recognises that they need to be supported in this vital role.

North Wales Regional Partnership Board (NWRPB): Delivering Transformation Regional Structure



1.3 Key Partnership Development

The partnership has continued to develop over the past 12 months, albeit taking into account the continued pandemic.

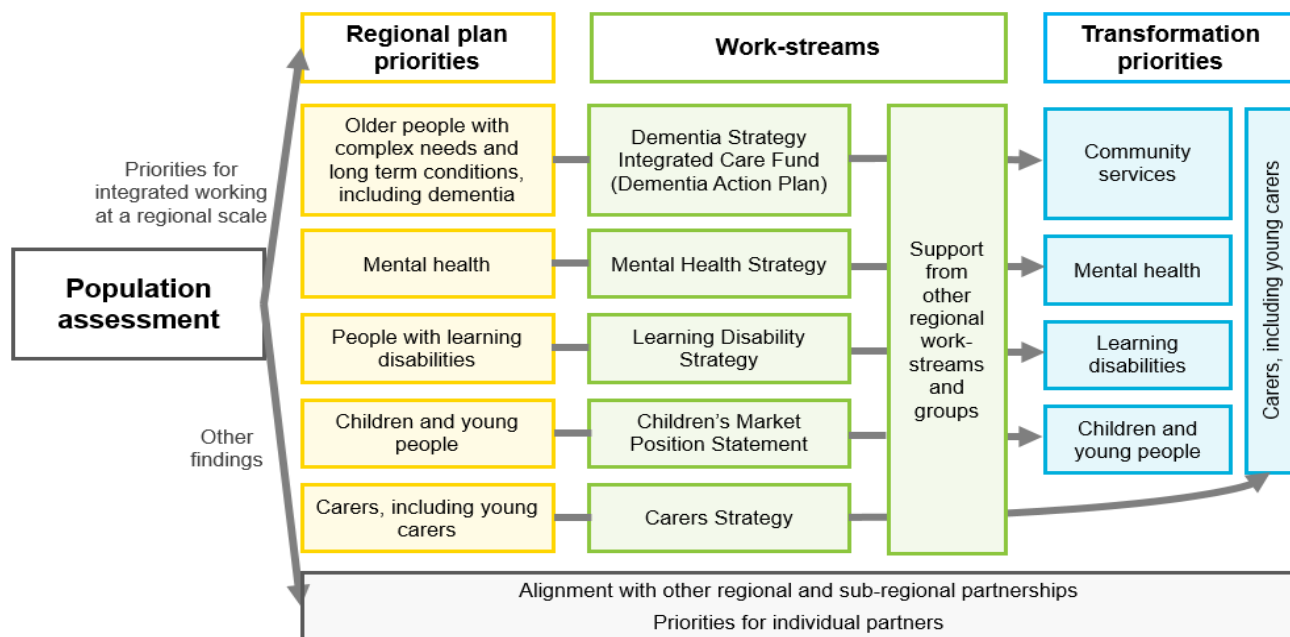
Where possible we have engaged with and participated in all the Welsh Government learning events and meetings with the Minister as part of our partnership development.

The RPB continues to work with the Public Services Board to provide a coherent local and regional response to the wellbeing needs of individuals.

Where possible, the work of the RPB has been promoted and showcased at a local, regional and national level.

We have worked extensively with Welsh Government and our partners on the development of the Regional Integration Fund (RIF), Housing with Care Fund (HCF) and the Integration and Rebalancing Capital Fund (IRCF).

The regional team and partners have worked and continue to work with Welsh Government on the development of the Rebalancing Care and Support Programme.



1.4 Mwy Na Geiriau Forum

The North Wales Mwy Na Geiriau Forum aims to ensure that Welsh speakers receive health services, social services and social care in their mother tongue, without having to ask. This leads to a better service and results for our population as receiving a service in the correct language is a need.

In order to achieve this, the forum aims to bring together all the key partners in the field to share good practice, work together to resolve obstacles and become a group where all leaders can use them to support this vital agenda in health and care. Following the Covid-19 pandemic, there was an opportunity to resume formal Forum meetings this year. The meetings included interesting presentations, as well as useful discussions in relation to sharing good practice and so on.

Progress on the agenda is good, with all members of the Forum working towards the vision of Mwy na Geiriau to be embedded in health and social care services. The availability of training courses is good and with a number of digital methods available to support staff.

1.5 Progress on implementing changes in revised Part 9 guidance

The NWRPB operates in line with the revised Part 9 guidance.

Following receipt of the updated Part 9 Codes and Guidance in January 2020, the Terms of Reference for the NWRPB were update to reflect the requirements of the revised guidance.

A Children's Sub-Group has been established which reports into the NWRPB with the first meeting held in January 2022.

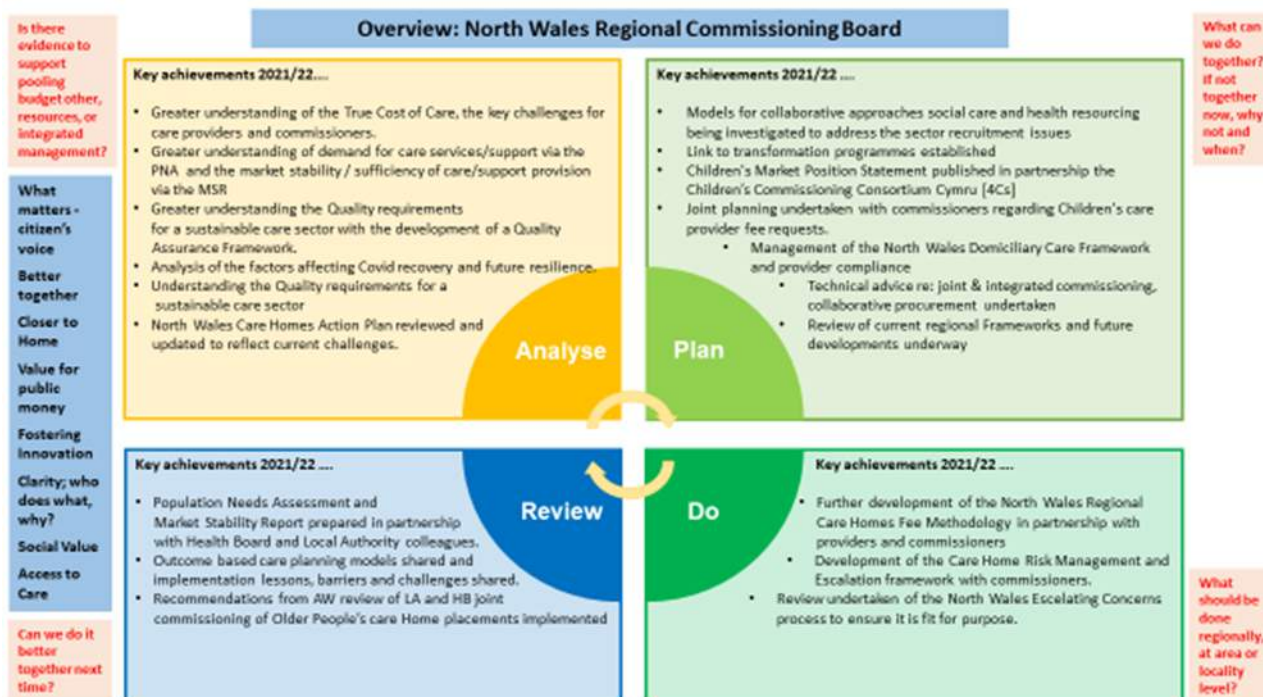
The purpose of the group is to:

- 🌈 To provide strategic direction in respect of supporting families with health and social care needs across the region
- 🌈 To improve regional integration and collaboration across and between health, adult social care, children's services and education
- 🌈 To ensure children and families with complex care and support needs receive seamless, integrated care and support that helps them achieve what is important to them
- 🌈 To improve outcomes for children and to ensure that activity delivered across the region supports this aspiration
- 🌈 To support preventative action to address the escalation of health and social care needs

Key activities will include but are not exclusive to:

- 🌈 Progressing the agreed RPB priorities in relation to children and families i.e. taking forward key actions arising from the Population Assessment, Area Plan, and relevant strategic plans of partners
- 🌈 Development of a shared strategic approach and regional action plan which comprises of and works to achieve a set of shared priorities that improve outcomes for children and families.
- 🌈 Develop and implement an integrated, asset based approach to whole system approach across health, care and education which is centred around addressing priorities of the group
- 🌈 Identifying creative and integrated regional approaches to implementing and delivering services which support families to stay together safely and prevent children from becoming 'looked after'
- 🌈 Develop and determine investment proposals for regional projects and programmes to deliver against the regional strategic approach and priorities
- 🌈 Monitor funding programmes supporting this agenda and identify opportunities for financial investment and financial sustainability where appropriate.
- 🌈 Act as the mechanism for understanding shared learning across all relevant programmes of work across the region aimed at improving outcomes for children and young people.

We have a long standing Regional Commissioning Board within the region which is underpinned by a partnership agreement and funded by partners. The work programme is aligned to the work of the Transformation Boards, identifying where it could add value / support the transformation agenda:



Regional Workforce Board

The Regional Workforce Board has continued to support the delivery of the North Wales Community Health and Social Care Workforce Strategy, whilst also making provision to support and push on the national strategies, agendas and priorities.

The national WeCare campaign for attraction, recruitment and retention of care workers has been supported through numerous different techniques. We attended various online events hosted by partners to maximise opportunities to promote careers in Social Care and the WeCare tools and resources.

New material has also been created to support promotion of the work. 21 new case study videos have been created and shared on various social media platforms, in presentations and also with different partners such as Careers Wales, DWP, Working Wales. Videos have also been collated to support work for the Coleg Cymraeg Cenedlaethol with again a message to promote the use of Welsh language in the sector. Podcasts have been experimented with too, with the WeCare Wales team being invited to take part in a local podcast ran by Llwyddo'n Lleol to promote working in the sector to a different audience. Newsletters are also now released quarterly to providers to promote the world of WeCare and to highlight different messages to providers.

We have also piloted a Step in to Work Employability Mentor to work with those who are seeking work or wanting a career change to access placement opportunities in social care settings to see if a career in care is for them and to remove any barriers they may face during the placement. At the end of the placement the hope is that they will gain employment with their host provider or in the care sector.

The Task and Finish Group established to address the challenges and barriers to Children's Social Work has identified and implemented key actions to address these. Their work has focussed on the Social Work Qualification, work-readiness skills and also the support given to practitioners in their first three years. The group has also looked at pay and terms offered across Wales and made recommendations to Welsh Government regarding addressing pay differentials as a national matter.

The Workforce Board is also actively engaged with Social Care Wales to address the key issues relating to recruitment and retention in the sector currently, particularly looking at registration requirements, pay levels and terms and conditions in the sector in order to influence national discussions and decisions regarding these key aspects.

2. General progress update on delivery of Area Plan

This section of the Annual Report sets out progress against key objectives from the area plan and priority areas for integration under Part 9 guidance including outcomes achieved for service users and carers. It considers specifically the priority groups set out in the Population Needs Assessment.

In line with the requirements of the Social Services and Well-Being (Wales) Act 2014 during 2021-22 the NWRPB continued to develop its approaches to integrated services for its priority areas.





2.1 North Wales Area Plan

The Area Plan sets out the priority areas for integration of services between health and social care and this sets out the direction of travel for the Board. The Area Plan sets out how the region will address the priority areas identified in the Population Needs Assessment, this remains the golden thread to specific areas of work within the region.





2.2 A Healthier Wales

The North Wales “A Healthier Wales” transformation programme was led by the North Wales Social Care and Wellbeing Services Improvement Collaborative. The collaborative comprises of Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales and the six Local Authorities of the North Wales Region; Conwy County Borough Council, Isle of Anglesey County Council, Denbighshire County Council, Wrexham County Borough Council, Gwynedd Council and Flintshire County Council.

The North Wales transformation programme comprised 4 programmes of work focusing on different service user groups;

-  Community service transformation.
-  Integrated early intervention and intensive support for children and young people.
-  North Wales Together: Seamless services for people with learning disability.
-  Together for mental health in North Wales.

The four programmes, though diverse in terms of their service user groups, had commonality of aims;

-  To provide early intervention and preventative care to help people or families remain living at their normal residence, and supported to remain independent for as long as possible.
-  To improve people’s experience of services, by improving integration, reducing the barriers between existing services and providing seamless care.
-  To improve service user outcomes and
-  To prevent crisis.

Whilst the programme delivery was impacted by Covid-19, it was successfully completed in its initial form in March 2022 and was successful in bringing positive outcomes to the people of North Wales. An evaluation of the full programme was undertaken by IPC.

2.2.1 Community Services Transformation Programme



This programme set out to transform community provision through the development of the Community Resource Team (CRT) model. Through this project the six Local Authorities in North Wales and BCUHB, along with GPs looked to work together to establish and improve integrated community-based services. The early development of these services has been supported from a range of funding streams including ICF and the Transformation Fund. The Community Services Transformation sought to build upon existing partnership work, to bring about the overall transformation required. The programme looked to provide a regionally designed but locally delivered approach and included the following workstreams:

Workstream 1 - Locality development, focused on developing local leadership teams, undertaking needs assessment and ensuring integrated governance arrangements.

Workstream 2 - Workforce and Operational delivery, focused on developing the CRT model and Multidisciplinary team working. This workstream also led the development of plans for shared records and care plans.

Workstream 3 - Digital transformation, focused on the digital transformation required to support CRT working, which included information governance arrangements, e-scheduling and technical solutions. Alongside a separate programme of work to develop digital communities.

Workstream 4 - Community development, a key element of the region's integrated service model is the contribution of the third and community sector in supporting well-being, promoting inclusion and participation, and coordinating social prescription.

Workstream 5 - Sustainable planning. Central to the Community Services Transformation Programme is the desire to develop and grow the scope of health and social care delivery within the community.

Summary of evaluation

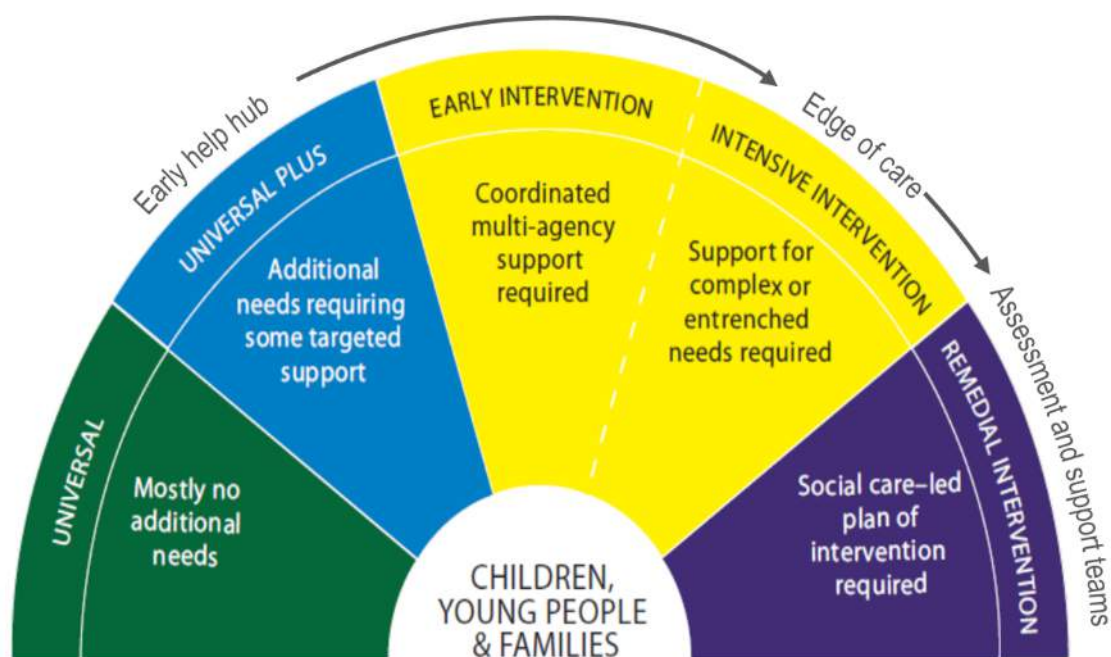
This expectation from this programme was that the improvements in infrastructure, culture and collaboration would themselves be sufficient to ensure further development without the requirement for further input or investment

The changes implemented have been limited and less progress has been made than anticipated. There are some analytical tools and documents that have been produced and these need to be properly identified and made available for further development work.

Moving forward the engagement, input and support of senior managers is crucial to any further attempts to further develop the infrastructure of services. Also, it is clear that the change agent approach has not been entirely successful and the elements of programme which are progressing now need to be overseen and managed within the core operational leadership structure of the region.

There needs to be better connection between the different elements of programme, with a more regional approach rather than an area one taken to roll out of models which have been demonstrably effective.

2.2.2 Children and Young People Transformation Programme



The programme set out to achieve better outcomes for children and young people without recourse to costly, long-term statutory intervention and care. The programme incorporated a number of projects that link with the spectrum of need. The approach included both regional and sub-regional initiatives and development led by multi-agency steering groups. The programme has been delivered via three work streams focusing on Universal, Early Intervention and Intensive, Edge of Care. Within each workstream there are a number of projects.

Workstream 1: Universal. Aiming to improve the emotional wellbeing, health and resilience of children via three projects, a structured framework, digital resources and the Friends Resilience skills programme.

Workstream 2: Early Help. Three projects aimed at providing early help for children with additional and/ or vulnerability, and where early intervention can prevent problems escalating.

Workstream 3: Edge of Care – assessment and support teams. The largest part of the transformation funding has been used to establish ‘**rapid response**’ (**crisis outreach**) **interventions for children and families on the edge of care**. The target group is children with Emotional and Behavioural Difficulties (EBD), and the approach includes more robust multi-disciplinary and therapeutic pathways and interventions designed to prevent children from becoming looked after and/or enabling re-unification of the family and/or providing a quality assessment to inform the most appropriate

placement and support package. Three new intensive support services, have been created:

- 🌈 The **Multisystemic Therapy service** in the East
- 🌈 The **Bwthyn Y Ddol** service in the Central
- 🌈 Gwynedd & Mon Transformation Team in the West

Summary of evaluation:

The CYP programme has created tangible change for some of the most vulnerable children in society, notably those who previously fell between service gaps and were at risk of long term residential care. It is recommended that the work of the CYP programme continues and is supported with long term funding, enabling the services to develop and for permanent staff to be employed. The services require stability, particularly the edge of care services, as they embed the model and develop residential models of care.

Long term stability is not just created through funding, but also through the operational management structures to support the services. Although the CYP projects were created through the Transformation Fund and therefore managed through the RPB project structure, to allow long term stability the operational arrangements for the services need to move into the operational structures of the regions.

Early findings from the evaluation of edge of care services suggested that positive changes were happening in families whilst the intervention was in place. However, for some of the children and families at the highest end of complexity with the greatest needs, further specialist interventions may be recommended. One of the potential barriers to sustaining progress is that other agencies do not always have capacity to provide that ongoing input.

The workstream to improve children and young people's emotional health, wellbeing and resilience needs to ensure that as the framework and resources are implemented, a system is established for collecting data on outputs and outcomes so that the impact can be captured.

2.2.3 Learning Disability Transformation Programme



The foundation of the programme is the North Wales Learning Disability Strategy. The strategy is being implemented by the team through five workstreams: integrated structures, workforce development, commissioning and procurement, community and culture change and assistive technology.

TREAT ME WELL	LET ME BE IN CHARGE OF MY OWN LIFE	HELP ME BE THE BEST I CAN BE	ALWAYS BE HONEST
 <p>Everyone is an individual and should be treated with dignity and respect</p> <p>"respecting me includes respecting my space, my things, my decisions and my relationships"</p> <p>"listen to me and take the time to get to know me"</p> <p>"Be kind"</p> <p>TOP TIPS</p> <ul style="list-style-type: none"> • Communicate in an open, accurate and straightforward way • Don't use jargon • Protect and respect peoples confidential and personal information • Use humour appropriately • Check how people want to be addressed • Be on time and do what you say you will do 	 <p>Voice, choice, control and independence is at the heart of everything we do</p> <p>We embrace coproduction</p> <p>"I want to have choice about where I live and who I live with"</p> <p>"support me to do what I want to do and listen to me"</p> <p>"I want to feel important and be able to make my own decisions"</p> <p>TOP TIPS</p> <ul style="list-style-type: none"> • Empower, encourage and enable people who need care and support to do things for themselves and to make their own decisions. • Support individuals to maximise their decision making and have control over their own lives 	 <p>We deliver person centred care, putting the person at the heart of everything we do and helping them achieve their potential</p> <p>"learn from me and recognize what I am good at"</p> <p>"help me learn new things"</p> <p>"give me just enough support"</p> <p>TOP TIPS</p> <ul style="list-style-type: none"> • Be prepared to take positive risks, clearly explaining the consequences to others • Look at tackling new and emerging problems creatively. • Don't see mistakes as a bad thing, see them as an opportunity to learn and grow • Be warm, kind, empathetic, reliable and compassionate in your actions 	 <p>We are always honest and transparent and not afraid to say when something goes wrong</p> <p>We are self-aware and regularly reflect on the work we do, how we do it and the impact we have on those being supported.</p> <p>"I want people to just be honest with me and tell the truth"</p> <p>TOP TIPS</p> <ul style="list-style-type: none"> • We learn from others and share knowledge and best practice • Seek, reflect on and learn from feedback from colleagues, individuals and families • Have the courage to speak up and challenge others when you have concerns about the quality or safety of care being provided

2021/2022 was once again busy for **The North Wales Together Learning Disability Transformation Programme**. All team members continued to work remotely and developed strategies to overcome the difficulties of delivering projects virtually while supporting project partners to deliver their objectives.

Summary of evaluation

The Programme has raised the profile of learning disabilities at Regional Partnership Board level. The needs of this group of people have not always been recognised or treated at the same level of importance as other population groups. It is important that they continue to be seen as a priority and that the workstreams that are continuing are allocated sufficient funding to ensure that citizen's aspirations for an 'ordinary life' can be achieved.

More information can be found on the [North Wales Together website](#), including project information, a video of highlights and the 2021/2022 priorities document.

2.2.4 Together for Mental Health Transformation Programme



The Healthier Wales funded iCAN (“Independent, Connected, Active, Networked”) Programme sits within this broad strategy. Its overall aim is to implement a more integrated, innovative care system and culture which prevents, but where necessary, responds effectively to episodes of acute mental health need and crisis. This funded programme seeks to scale up ‘what works’ and increase the pace of transformation across North Wales to create a sector-leading integrated urgent care system. Underpinning this is the creation of an integrated iCAN pathway that improves collaborative working, within and between health and social care, statutory partners and third sector organisations.

The components of the iCAN offer have changed and developed during the course of the Programme. They have developed into the following key components:

- 🌈 iCAN Hubs - 8 community hubs located in each of the main towns across the region working with third sector partners to offer easily accessible support and signposting and a safe environment.
- 🌈 iCAN Primary Care - A pilot project locating specialist Occupational Therapists in GP Surgeries offering counselling, advice, signposting and onward referral.
- 🌈 iCAN Work - Employment support.
- 🌈 iCAN Digital - access to support for mental wellbeing making use of a variety of apps and online resources.

Summary of evaluation

During 2021/22, the iCAN Programme has developed a detailed data collection framework which clearly evidences that all service components are being accessed widely and achieving significant and measurable impact on individual’s mental wellbeing. A survey of service users across the iCAN programme reveals that 70% of service users have found iCAN services to be easy to access, convenient, timely and that they support service users to take control.

The same survey evidenced the impact of iCAN services on individuals’ mental wellbeing and in averting their need for other, more intensive services. For example, 71% of survey respondents (that felt this question applied to them) identified that iCAN services helped them to stay out of hospital. Similarly, 44% felt that iCAN services had helped them get out of hospital as soon as they were able to and 81% identified that iCAN services had helped them to stay at home in their local community.

Of partner organisation and stakeholders around 70% of those responding to the evaluators survey understood their role, felt valued and felt their role is clear within a defined pathway. Approximately 60% of professional stakeholders felt they understood the iCAN services and were confident to refer to iCAN services.

However, only 30% agreed that there is a reliable whole system approach to working with people with mental health problems, and only 24% felt that referrals they receive from iCAN services were appropriate.

The iCAN programme of work is supporting people in the community with mental

health issues, supporting people into work and via the iCAN primary care supporting general practice.

2.2.5 Research, Innovation and Improvement Coordination Hub

The hub aims to coordinate research, innovation and improvement activity in North Wales to inform new integrated models of health and social care as part of the commitment in A Healthier Wales.

In 2021-22 we launched the [collection of good ideas](#) and [engagement database](#) on our website. These resources will help to share good practice and improve the coordination of activities across North Wales.

We supported regional programmes with survey design, evaluations, data and literature searches to help them understand what works and target resources more effectively. This included carrying out surveys of what parents need and comprehensive searches of mental health resources for children and young people to support a new framework for supporting emotional health and wellbeing.

We carried out interviews, surveys and resource mapping to find out what needs to happen to support research and innovation and improve health and social care services. This work will shape how the hub develops over the next year.

We worked closely with the other regional hubs and national organisations to share, promote and develop new ideas. By the end of the year we had increased our Twitter followers to 300 and had 150 subscribers to the RIIC hub mailing list.

For more information, please see our [2021/22 Annual Report](#), follow us on Twitter [@NW_RICH](#) / [@ NW_RICH](#) and/or [sign up to our newsletter](#).

Population Needs Assessment 2022

We successfully completed a full review of the North Wales Population Assessment in partnership with local authority and health board leads, supported by the Research, Innovation and Improvement Coordination Hub and Public Health Wales.

To prepare the report we collected information and data, looked at statistics, spoke with our communities and made use of a wide range of information collated by local councils, health services, charities and other organisations that provide services. The report is helping us to develop our regional priorities and to plan and improve services across the region.

[View the Population Needs Assessment on the regional collaboration website.](#)

2.3 North Wales Dementia Steering Group

During 2021-22 the Regional Dementia Steering Group expanded its scope to oversee the development and delivery of (1) the North Wales Dementia Strategy, (2) the All Wales Dementia Standards and (3) the Regional Memory Assessment Service (MAS) Improvement.

A piece of work was also commissioned to look specifically at the issues of rurality and welsh language for people living with dementia across the North Wales and Powys regions.

North Wales Dementia Strategy

During 2021-22, the steering group identified 12 priorities from the North Wales Dementia Strategy action plan - 6 of these were fully delivered with good progress on the other 6. Examples of achievements in 2021-22 include:

- ✓ Establishment of a regional hearing assessment service for people accessing memory services:
- ✓ Achievement of Dementia Friendly status by four of the six North Wales Local Authorities with steering groups in place to ensure continual improvement. Two Local Authorities continue working towards this status.
- ✓ Production of 28 Get There Together supportive videos to orientate and build confidence in accessing the community following the pandemic
- ✓ Testing of an innovative new approach in behavioural dementia care and support through an Applied Behavioural Analyst Support Pilot
- ✓ Development of the workforce training and development toolkit with Improvement Cymru, to support delivery of the Good Work Framework.

All Wales Dementia Standards Implementation and Readiness

Good progress has been made during the readiness phase for implementation of the All Wales Standards, although Covid, winter pressures and ongoing significant pressure on the health and social care system meant that a good deal of this work had to be paused between November and April.

Memory Assessment Service (MAS) Improvement

Excellent progress has been made on the MAS Improvement work. Examples of achievements in 2021-22 include:

- ✓ Increase in provision of pre and post diagnostic support with a consistent offer through a regionally commissioned integrated MAS pathway delivered by four third sector providers:
- ✓ Demand and capacity modelling for memory clinics commenced and waiting list back log clearance plans developed.
- ✓ Desktop review of the memory clinic delivery models completed
- ✓ Short term measures implemented to reduce waiting times for assessment at memory clinics and numbers of very long waiters, for example additional hours and overtime in Nursing, OT, Psychiatry and Audiology, alongside use of agency staff and operational support and resources.

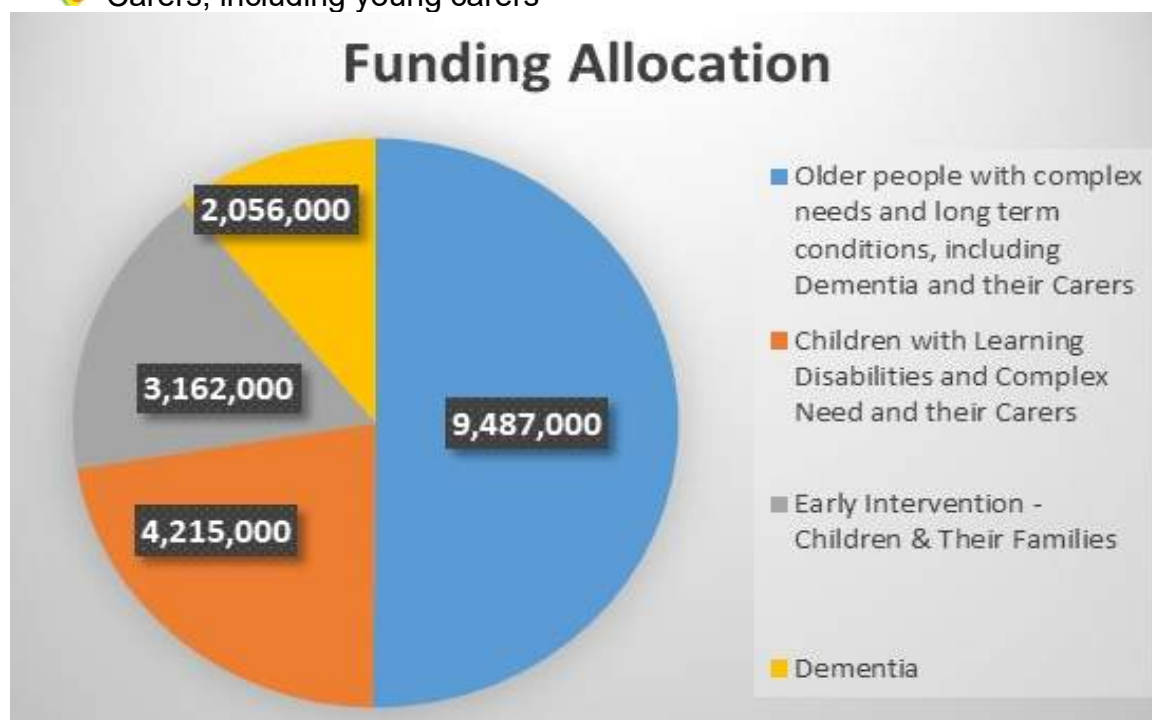
2.4 Integrated Care Fund

During 2021-22 a total of £18.92m Integrated Care Fund (ICF) revenue funding was invested in 125 projects across our region. Just over £6.2m was spent on projects that directly supported carers and £2.6m investment went to support projects run by third sector organisations.

The following groups are priority areas of integration and all regional ICF programmes

must address them in line with their regional population assessments and area plans:

- Older people with complex needs and long term conditions, including dementia;
- People with learning disabilities;
- Children with complex needs; and
- Carers, including young carers



There are 46 projects supporting older people with complex needs and long term conditions, 26 projects support people with dementia and their families, 32 projects support people with learning disabilities and 21 projects that provide early intervention to young people and their families.

Additional funding of £678,000 was confirmed in August 2021 to improve memory assessment services. Obtaining a timely diagnosis is a key aim in the Dementia Action Plan for Wales. The North Wales Integrated Memory Assessment Pathway will deliver a regional service that is easy to access, effective and equitable for people with dementia and their carers. The 3-part pathway will provide (1) Pre assessment education and support services, (2) Clinical assessment, (3) Post diagnostic support services.

ICF also funds the North Wales Integrated Autism Service for Adults. The NWRPB is currently developing an implementation plan to ensure it is able to meet the requirements of the National Autism Code of Practice.

ICF was used to commission a piece of work to develop a regional '*No Wrong Door*' strategy which proposes how agencies can best work together to respond to the full spectrum of needs of children and young people who are experiencing mental health problems.

In addition to revenue funding, the North Wales region also received £10.53m of ICF Capital funding which supported 46 projects in 2020/21. Main capital schemes which were progressed using ICF Capital funding during the year included an employment and training academy to support citizens with a learning disability in Denbighshire, a small group children's home on Ynys Mon and a Children's Residential Assessment Centre in Flintshire.

Additional funding became available for larger social housing properties and the NWRPB submitted bids and secured funding just over £700,00 for 6 properties.

2.5 Winter Funding

Welsh Government allocated £2.2m funding to NWRPB to support the delivery of Discharge to Recover and Assess (D2RA) pathways as part of the Winter Plan.

The D2RA pathways are shown below and the NWRPB schemes to support delivery of these pathways included:

- Additionality in the Community Resource Teams to enable Home from Hospital when ready;
- Additional Social Worker, Occupational Therapist, Physiotherapist, Community Nursing Capacity to support assessment and discharge;
- Increased Dementia Support Worker capacity.

PATHWAY 0	PATHWAY 1	PATHWAY 2	PATHWAY 4	PATHWAY 3
				
Admission avoidance through short-term third sector support	Is this person fit to admit?	Why not home? Why not today?	Home first when your home is a care home	Support to recover in a bedded intermediate care facility
Preventative services delivered in collaboration with third sector organisations. Aim to avoid further referral and admission.	Multidisciplinary Team assessment within hospital 'front door' units to avoid full admission. Arrange treatment and supported recovery at home, whenever it is clinically safe to do so.	Initiated as soon as treatment, which can only be delivered within an acute hospital environment, is completed. Supports people to recover at home before being assessed for any ongoing need.	Similar to Pathway 2, but acknowledges specific considerations to be addressed in the existing care home environment. Individuals should be allowed a period of recovery, followed by assessment in their usual environment.	Should only be considered where the needs of the individual rule out recovery & assessment at home. Review and transfer to Pathway 2 wherever, and as soon as, possible.

3. Communication, engagement and social value

This section of the Annual Report sets out how the Board engaged directly with service users or citizen panels and promoted co-operation and participation with relevant partners and others. It outlines how the Board has engaged with stakeholders from the third and independent sectors and has progress to establish social value forums to promote social value and share good practice





3.1 North Wales Engagement

Covid-19 remained throughout 2021, therefore, face to face engagement activities; forums; group sessions; attendance at public events etc. we're not possible. However, the NWRPB continues to engage with citizens through different platforms e.g. social media; online; via Teams/Zoom etc.; telephone; partners and stakeholders.

The NWRPB Engagement Officer has excellent working relationships with communication and engagement officers of partner organisations and continues to strengthen the current arrangements for engagement and communication relating to the Board and its work. Having a dedicated Engagement Officer for the NWRPB is enabling the communication and engagement activities to be accelerated and build upon the work that has been progressed to date.

3.2 North Wales Social Value Steering Group



The North Wales Social Value Forum (NWSVF) was established in North Wales in 2016 to support local authorities and partners with the delivery of the requirements of the Social Services & Wellbeing Act (Wales) 2014 through:

-  Working with the North Wales Social Value Network to promote the development of not for private profit organisations (including social enterprises, co-operative organisations, co-operative arrangements, user led service and the third sector) to provide care and support and support for carers, and preventative services;
-  Promoting collaboration with an aim of maximising social value and co-production across all providers delivering health, social care and/or well-being services in North Wales;
-  Promoting partnership and networking opportunities across sectors;
-  Identifying and sharing good practice; influencing practice development and innovative approaches with commissioners and procurement departments to commission and procure services which deliver social value.

Positive progress has been made in reinvigorating the Forum since July 2021, identifying additional members from local authorities, BCUHB and the

Third/Voluntary sector.

NWSVF's membership currently consists of the following representatives who all have a knowledge and interest in Social Value:

-  Each of the six local authorities across North Wales;
-  Each of the County Voluntary Services Councils;
-  Mantell Gwynedd's Social Value Network;
-  Betsi Cadwaladr University Health Board (BCUHB);
-  North Wales Regional Partnership Board (NWRPB) and Leadership Group;
-  North Wales Housing Associations;
-  Statutory services – North Wales Police & North Wales Fire & Rescue Service.

The NWSVF will continue to work with the North Wales Social Value Network to promote the development of not for private profit organisations (including social enterprises, co-operative organisations, co-operative arrangements, user led service and the third sector) to provide care and support and support for carers, and preventative services. We will promote collaboration, partnership and networking opportunities across sectors with an aim of maximising social value and co-production across all providers delivering health, social care and/or well-being services in North Wales. The Forum will also aim to measure the impact of social value and how it is being delivered in North Wales.

Over 2022/23, working with the Voluntary Services Councils, the Forum will focus on Third Sector projects particularly utilising Regional Transformation and ICF funding to maximum benefit. The Forum will also devise an action plan for the next three years. Click [HERE](#) for Social Value Case Study.

3.3 North Wales Carers Groups

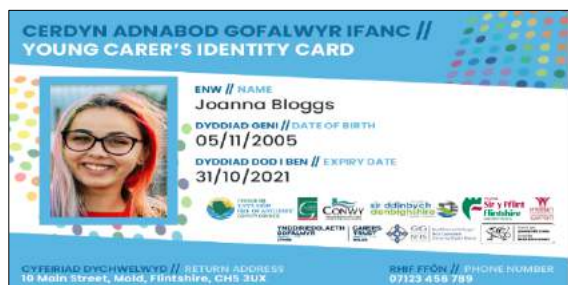
The **North Wales Carers & Young Carers Operational Group (NW(Y)COG)** has continued throughout 2021/22 to deliver on the North Wales Regional Carers Strategy through the provision of local authority, health and third sector unpaid carer support services across the region.

Our **GP & Hospital Facilitation Service**, funded through Welsh Government's Annual Carers Grant, have continued to support unpaid carers in primary and secondary care throughout the second year of the pandemic whilst restrictions have remained in place in GP surgeries and on hospital wards. In particular, Hospital Carer Facilitators have provided support during hospital discharge and have continued to communicate with health professionals remotely whilst the person cared for is in hospital. Links have been made with the Home First Discharge Bureaus across the three District General Hospitals (DGH).

Between April and December 2021, over 700 unpaid carers have been identified and supported within primary care by our two commissioned Providers Carers Outreach and NEWCIS. A similar number of unpaid carers have also been identified and

supported within secondary care whilst supporting an in-patient or whilst the unpaid carer has had a hospital stay themselves.

NW(Y)COG's Action Plan will have been reviewed in line with WG's Strategy for Unpaid Carers and the four national priorities. Individual partners within the carers operational group have been asked to provide a progress update to measure their own performance against the strategy and action plan.



Young Carers Action Day, 16th March 2022 was also the first anniversary of the **North Wales Young Carers ID card**. This form of ID is being used in schools, pharmacies and supermarkets by young carers, who care for someone, usually a parent or a sibling, whether ill or disabled.

As of March 2022, almost 200 ID cards have been issued to young carers in Conwy, Denbighshire, Flintshire and Wrexham. Over in Ynys Môn and Gwynedd an app, AIDI, has been developed and is currently being piloted in four schools and is so far proving effective with young unpaid carers.

The three young carers commissioned providers, Action for Children, WCD (Wrexham, Conwy, Denbighshire) Young Carers and NEWCIS have worked in collaboration over the past few years, from the initial co-designing of the card with young carers through to the current promotion and development of the initiative.



4. Forward Look

This section of the Annual Report outlines the identified priorities the RPB will focus on in 2022-23 and beyond, referencing where Covid-19 has impacted and prompted a change in direction or priority.

4.1 Covid impact

The impact of COVID-19 is still prevalent across the region and has impacted on progress made for some workstreams. However, the RPB meetings continued to take place virtually on a monthly basis and feedback from members is that as a result of virtual meetings they have managed to continue their input and engagement with the work of the RPB.

To ensure that RPB members, partners, stakeholders and the people remained informed, a newsletter was produced quarterly and circulated to highlight successful delivery of services on its programmes throughout 2021/22.

4.2 Priorities for 2022/23 and beyond

We have finalised our priorities and focus document for the short and longer term. This links to our Area Plan, the funding schemes and the current priorities for the RPB. This is shown in section 1.1. A further review in line with the outcomes of the Population Needs Assessment and Market Stability report will be undertaken and our Area Plan and Priorities amended as appropriate.

Appendix 1 – Membership of the NWRPB

As at 31 March 2022

Name	Title
Mary Wimbury (chair)	Provider Representative
Catrin Roberts	Head of Regional Collaboration
Alwyn Jones	Wrexham County Borough Council
Ann Woods	North Wales VSC's (Co-opted)
Bethan E Jones	Betsi Cadwaladr University Health Board
Dr Chris Stockport	Betsi Cadwaladr University Health Board
Cllr Bobby Feeley	Denbighshire County Council
Cllr Christine Jones	Flintshire County Council
Cllr John Pritchard	Wrexham County Borough Council
Cllr Dafydd Meurig	Conwy County Borough Council
Cllr Llinos Medi Huws	Isle of Anglesey County Council
Cllr Cheryl Carlisle	Gwynedd Council
Dave Hughes	North Wales Fire and Rescue Service (Co-opted)
Delyth Lloyd-Williams	Carer Representative
Dr Lowri Brown	LA Education Representative
Estelle Hitchon	WAST (Co-opted)
Ffion Johnstone	Betsi Cadwaladr University Health Board
Fon Roberts	Isle of Anglesey County Council
Helen Corcoran	North Wales Police (Co-opted)
Iwan Davies	NWRLB/CEO Representative
Jenny Williams	Conwy County Borough Council
Jo Whitehead	Betsi Cadwaladr University Health Board
Lucy Reid	Betsi Cadwaladr University Health Board
Meinir Williams-Jones (Barnardos)	Third Sector Representative

Name	Title
Morwena Edwards	Gwynedd Council
Neil Ayling	Flintshire County Council
Nicola Stubbins	Denbighshire County Council
Ricki Owen	Service User Representative
Rob Smith	Betsi Cadwaladr University Health Board
Sam Parry	LA Housing Representative
Sian Tomos (GISDA)	Third Sector Representative
Steve Gadd	Chief Finance Officer (Section 151) (Co-opted)
Shan Lloyd Williams	Housing Representative
Teresa Owen	Betsi Cadwaladr University Health Board
Ruth Whittingham	Regional Collaboration

Appendix 2 Statutory provisions

The partners of the NWRPB have entered into an 'Integration Agreement which is a legal agreement which enshrines their commitment to working together on key identified projects that lend themselves to integrated services and pooled budget arrangements.

The following statutory provisions are permitted to be used to underpin the NWRPB's work:

- Part 9 of the Social Services & Well-being (Wales) Act 2014 – in particular sections 166 and 167 and associated regulations (the Partnership Arrangements (Wales) Regulations 2015).

Other legal powers relied upon in support of regional partnerships entered into include:

- The National Health Service (Wales) Act 2006 – in particular sections 1, 2, 10, 33 and 38, 82.
- S9 Local Government (Wales) Measure 2009 powers in respect of collaboration with other local authorities.
- Local Government Act 1972 - in particular s2 which gives local authorities powers to do anything which it considers is likely to achieve any one or more of the following benefits: the promotion or improvement of the economic, social or environmental well-being of the area and section 113 which enables one local authority to place its staff at the disposal of another or health authority or Health Board.

S111 Local Government Act 1982 provides for a local authority to have the power to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of their functions.



Minutes of the North Wales Regional Partnership Board Meeting


14th October 2022

9:00 am – 1:00 pm

Via Zoom

Present:	Mary Wimbury (Chair), Alwyn Jones, Alison Kemp (in attendance for Alyson Constantine), Andrea Hughes, Ann Woods, Catrin Roberts, Sally Baxter (in attendance for Chris Stockport), Cllr Elen Heaton, Cllr Dilwyn Morgan, Cllr John Pritchard, Cllr Gary Pritchard, Dylan Owen, Estelle Hitchon, Ffion Johnstone, Fôn Roberts, Gill Harris (in attendance for Jo Whitehead), Helen Corcoran, Iwan Davies, Jenny Williams, Julie Francis (in attendance for Sam Parry); Lucy Reid, Nicola Stubbins, Dawn Holt (in attendance for Neil Ayling), Meinir Williams-Jones, Shan Lloyd Williams, Teresa Owen
Apologies:	Alyson Constantine, Chris Stockport, Cllr Alun Roberts, Cllr Liz Roberts, Cllr Christine Jones, Dave Hughes, Jo Whitehead, Dr Lowri Brown, Neil Ayling, Ricki Owen, Sian Tomos, Sam Parry, Trudy Ellis
In Attendance:	Kathryn Whitfield, Programme Manager, Seamless Services for People with Learning Disabilities (for agenda item 2) Stephanie Hall, Planning and Development Officer, Seamless Services for People with Learning Disabilities (for agenda item 2) Kim Killow, Planning and Development Officer, Seamless Services for People with Learning Disabilities (for agenda item 2) Jane Trowman, Acting Assistant Director – Care Homes Support & CHC Commissioning (for agenda item 3) Janine Edwards, Regional Project Manager, Population Needs Assessment (for agenda item 4) Sarah Bartlett, North Wales Regional Innovation Coordination Hub Manager (attending for the workshop)

Item		Actions
1.	<u>Welcome, Introductions & Apologies</u> The chair welcomed everyone to the meeting and apologies were noted as above. The chair formally welcomed Cllr Dilwyn Morgan as vice-chair and Dylan Owen, recently appointed Corporate Director and Statutory Director of Social Services, Gwynedd Council.	

	<p>The chair also thanked Delyth Lloyd Williams, Carer representative for her contribution to the board, and wished her well for the future.</p>	
2.	<p><u>Life After School Report</u></p> <p>KW, KK and SH attended to present Life After School, co-produced with young people from TAPE youth club, providing detail of the onward journey for young people with learning disabilities in North Wales.</p> <p>The project focusses on young people with learning disabilities moving on from specialist secondary school, and centers on how well the region is currently meeting individual development needs; what's working well/ not working well and scope for good practice.</p> <p>Main findings include:</p> <ul style="list-style-type: none"> • Data; • The Act; • Experience of transition; • Specialist college; • Post -16 options and opportunities  <p>Life After School ppt.pptx</p> <p>The report and recommendations have been reviewed with the Children's Commissioner for Wales Office with links to the work on No Wrong Door. The progress on update within key recommendations include:</p> <ul style="list-style-type: none"> • ALNET Wales regional post-16 offer – transition policies/ protocol between health, social care and education; • Pathways into employment – North Wales Supported Employment Strategy for people with learning disabilities – new Supported Employment Service model from April 2023 (young people key priority) – bid to RIF; • Technology – scoping with schools, good practice and identifying other resources to support transition and independence; • Need for holistic approach to IDP e.g. planning ahead for accommodation key for those with most complex needs. Aiming to address through post-16 group; • Upscaling Family Transition Project <p>Discussion enquired to:</p> <p>The timescale for implementation and the recognition from the public sector, colleges etc and proposed an update is provided on this work to a future RPB meeting.</p> <p><i>A new timeline work-stream has been implemented and the board will be kept fully informed of all work.</i></p> <p><i>Integration into communities is dependent on the willingness of the workplace, addressed through the supported workplace strategy to address particular learning and training needs of individuals.</i></p>	

	<p>The NWRPB were in agreement to note the Life After School work, and an update report will be provided to a future NWRPB meeting.</p>	
3.	<p><u>Increasing Community Capacity – verbal update</u></p> <p>JT, provided an overview of the regional plan in relation to the Additional Community Capacity for North Wales which supports patient flow for the winter. The WG requirement pan Wales is 1000 placements, with 243 placements required across North Wales.</p> <p>6 themes have been identified to focus this work and includes:-</p> <ul style="list-style-type: none"> • Optimizing Hospital Discharge • Step down to recover • Maximizing Care Home Capacity • Workforce • Expanding 3rd Sector • Admission Avoidance <p>No additional funding has been made available from WG to deliver this requirement, the funding will be made available through the RIF and/or care budgets.</p> <p>Significant work has already been undertaken across the health board and social services; the Delivery Unit meeting fortnightly and discussion also being undertaken in various other forums across the region, with the Third Sector and Housing identified as being key to developing and delivering initiatives to improve outcomes for the population of North Wales.</p> <p>To date, a shortfall of 10% of the overall target of 243 has been identified. 13 funding schemes delivering over 200 placements have been identified with a further 25 pipeline schemes to deliver the deficit.</p> <p>The capacity has remained static for the last few weeks, signaling a challenges prior to winter and the urgent need to increase capacity within the H&SC community. JT informed the NWRPB will be kept informed via the fortnightly submissions from the Delivery Unit to WG.</p> <p>SLW informed NW HA CEO's have approached the Delivery Unit to discuss in what way the Housing Sector could collaborate, and JT confirmed that a meeting will be arranged shortly.</p> <p>MW enquired how the work was progressing with registered providers, and using capacity in domiciliary care and care homes. <i>JT informed the Delivery Unit will be going out for an EoI to care homes to provide step down care, and focus groups have also been held with providers.</i></p> <p><i>Issues remain in the domiciliary care market with providers handing back packages to Local Authorities, the market remains fragile and</i></p>	<p>Circulate latest DU Community Capacity data - RW</p>

	<p><i>the Delivery Unit has linked overseas recruitment in an attempt to support the sector.</i></p> <p>LR believed further work required to be completed in relation to hospital avoidance to provide support to Care Homes; with support being provided to staff to undertake difficult conversations and having the confidence to discharge and working to the new national guidance and new discharge policy.</p> <p>NS informed work is currently being undertaken in BCUHB to understand how D2RA is aligned to the work on the 6 goals, in order to make discharge to recover assessments easier to navigate. For the best outcome, individuals need to be placed in care home with therapeutic re-ablement, and a whole system approach.</p> <p>GH informed of Primary Care events scheduled in BCUHB, and partners are encouraged to input their expertise into these events, to support the best resolution to avoid hospital admission in the first place.</p> <p><u>Winter Plan</u> CR informed that only details of the BCUHB Winter Plan has been requested for WG this year; no additional funding is available for this work and work is ongoing in relation to discussions. The Winter Plan will be collated by the Regional Collaboration Team, and in doing so, will provide an understanding of the activity taking place across the region, and the region will be well prepared to respond to any amendments as they arise.</p> <p>The Winter Plan will be presented to the November NWRPB.</p>	<p>Winter Plan – November NWRPB</p>
4.	<p><u>Census Data</u></p> <p>The board received an update from JE regarding the new census data.</p> <p>The census, held every 10 years provides information that Local Authorities and the Health Board need to develop policies, plans and allocation of funding.</p> <p>Following the 2020 census, the first set of results have started to filter through. The results are provided on the basic population rounded level at unitary authority only and account of household estimates.</p> <p>The information provided highlights the key results for North Wales, comparison with other population bases, possible implications and the data release schedule.</p> <p>Further detailed information on population profile, work, economic position, health and protected characteristics will be released in phases over the coming 18 months.</p> <p>JE offered to support and assist regional partners with census</p>	

	<p>queries/greater investigation on data issues, as they arise over the next 18 months.</p> <p>JE informed the original Population Needs Assessment will not be refreshed, but left as a standard document. As a replacement, the topics will be refreshed on a rolling phase; housing and homelessness are being undertaken first as this was seen as a gap in the original work. The chapters will be updated annually, in readiness for the next PNA 5-yearly review, when most of the information will already be in place.</p> <p>RCT contact details: Janine Edwards, Regional Project Manager, Population Needs Assessment - 01824 706103 Janine.edwards@denbighshire.gov.uk https://www.northwalescollaborative.wales/census</p>	<p>RW to circulate JE contact details to NWRPB</p>
5.	<p><u>Regional Capital Funding</u></p> <p>The board received an update from CR on the two new regional capital funding streams, and CR outlined the proposed regional decision making process and governance structure for capital projects to enable the Regional Partnership Board to progress funding applications to Welsh Government.</p> <p>HCF (Allocation of £14.2M distributed to partners):</p> <ul style="list-style-type: none"> • The region needs to provide WG with a firm forecast of this year's financial spend (from the £14.2m HCF funding allocated for 2022 / 2023) by 31st October 2022; • The current forecast is that £7m of this funding will be unallocated. To date 7 applications totalling £2.6M have been submitted with an additional 12 applications totalling £4M expected together with the Discretionary Capital Programme of £775K; • The RCT Project Team is maintaining contact with partners across the region to monitor that confirmed allocated funding for 2022 / 2023 will be spent in this financial year, and identifying other schemes to maximise the funding; • WG has confirmed that unallocated HCF funding for 2022 / 2023 cannot be carried forward; • It is anticipated that funding beyond 2022 / 2023 will be fully utilised; <p>IRCF (Partners to bid for this investment split over 3 years- £50M (2022-23); £60M (2023-24); £70M (2024-25):</p> <ul style="list-style-type: none"> • Due to delay with documentation, partners have been submitting funding applications via the path finder process set out by WG at the start of the financial year. The funding proposals are currently with WG and we are awaiting further correspondence; • As part of the schemes, each RPB is required to develop a 10-year Strategic Capital Plan, bringing together health, social care, housing, third sector, education and regeneration partners to develop integrated service delivery facilities accommodation based solution. 	

- Regional colleagues are currently working with partners on the first draft which is required by WG 30.4.2023, final plan by 31.7.2023;
- WG have allocated £200K potential funding to resource developments, to support RPBs to build staff capacity and expertise to develop these plans.

The Capital regional governance structure was agreed at the March LG, and due to the level of complexity of the capital workstream it was agreed that a Programme Board is established to manage capital funds. Following the recruitment of the Regional Capital Programme Manager, it is also proposed that a Capital Fund Approval Panel is established to support the process, by drawing on expertise across the region to ensure a robust process to challenge applications, and work has progressed on developing the Capital Fund Approval process and membership and structure of the Capital Fund Board and Capital Fund Approval Panel.

CR informed the process used for reviewing and approving applications requires to be as streamlined as possible and fit with existing governance arrangements/timescale already in place, and the information will be presented to the NWRPB in Nov/Dec

The NWRPB are requested to:

- To note the position on the new regional capital funding streams.
- To approve the proposed Capital Fund Board governance structure and membership.
- To approve the proposed Capital Fund Approval Panel governance structure and membership

Discussion highlighted:

- Sensible to have a process to challenge bids robustly with individuals with expertise already sitting on the Capital Board rather than creating additional structures;
- Information on the Capital Fund Board and Capital Fund Approval Panel membership needs to be clear, with further information required on who is deciding how nominations are appointed;
- Title of the Capital Fund Approval Panel to be re-considered – to ensure everyone understand their role – the Panel are not responsible for approval, only to challenge and review, the approval will lie with the NWRPB;
- How will the Board and Panel feed into the RPB;
- How can we ensure appropriate input from the wider partnership to the planning of capital bids.

CR reported that one board to cover both jobs has been considered, but the Capital Panel would be a shorter and focused, meeting on a monthly basis to ensure applications are not delayed, and the Capital Board would meet quarterly.

CR agreed the membership and decisions report would be presented through the LG end of October for approval. Work is also starting on engagement with the wider partnership on the 10-year Capital

	<p>Strategic Plan, welcoming all input. The regional team are meeting with partners to discuss potential schemes for the next 12-months.</p> <p>Action:</p> <ol style="list-style-type: none"> 1. To note the position on the new regional capital funding streams. 2. Capital Programme Board membership, governance and structure - agenda November for approval 3. Capital Fund Approval Panel: <ul style="list-style-type: none"> – Name to be re-considered – Governance and membership to be discuss at the November NWRPB 	
6.	<p><u>BCUHB update</u></p> <p>The board received a verbal update on BCUHB from GH:</p> <ul style="list-style-type: none"> • Two key appointments have been made to the recent organisational change: <ul style="list-style-type: none"> – Director of Primary Care – Karen Higgins, January 2023 start – East Integrated Health Care Director – Michelle Green, January 2023 start • Increasing number of Covid in hospital settings • Reduced awareness of Covid in the community due to lack of testing. Further guidance is expected from WG. • Positive update on Covid and flu vaccinations – all health and social care staff to be encouraged to take vaccine • YGC Improvement plan is gaining ground 	
7.	<p><u>NWRPB Workshop</u></p> <p>MW provided the context to the workshop. The Covid pandemic interrupted the work of the NWRPB, and the workshop has been planned in order to find new ways of working, build robust structures and planning and overview of time rather than responding to events.</p> <p>NWRPB colleagues have already informed they do not want to return to meeting in person. However, having spoken to new Board members, some would welcome meeting in person. For this reason, one future meeting, giving colleagues ample notice, will be planned in 2023 to meet face to face. This meeting will be a shorter meeting at 9:30 – 11:30, giving time for travelling to and from the venue.</p> <p>CR and SB presented the NWRPB Planning Workshop, reporting on the key messages from the NWRPB member survey, the proposed improvements and recapped on the Area Plan, direction from WG, the national models of care for health & social care under the RIF, and the structure of the NWRPB underpinned by the PNA and MSR priorities.</p> <p>Members discussion highlighted:</p> <ul style="list-style-type: none"> • Agreement to a Forward Work Plan giving clear objectives, priorities, and progress on projects 	

	<ul style="list-style-type: none"> • A rolling calendar would be required for representatives to present a case study/story at the next session • An additional recommendation - every other meeting an update on the RIF - spend, committed, risks and issues which would be helpful to keep everyone focused and to make best use of resources. • Consider a change of name from the NWRPB, where individuals struggle to understand the role and functions of the Board – i.e. • NW Health & Care Board, and how that fits in with national structures. • New reporting template needs to be clear for everyone, what is the requirement of the NWRPB, to include a brief summary re decision required, giving clarity to every single item. • Need to reflect the PCPG in the reporting structure • Further work required within organisations to ensure elected members have an understanding of the role and functions of the NWRPB <p>NWRPB members were separated into 4 breakout rooms to discuss 3 tasks, and the collated comments will be presented to the November NWRPB meeting.</p>	
8.	<p><u>Minutes and actions of last meeting – 8.7.2022</u> The minutes of meeting 8.7.2022 were agreed as an accurate record of the meeting.</p> <p>Outstanding Actions:</p> <ul style="list-style-type: none"> • Discussion around nominating a second vice-chair – meeting in January once all BCUHB posts have been confirmed • Final Welsh and English copies of the NWRPB Annual Report to be circulated - RW • ACD - workshop findings once completed - RW • RIF - TO enquired if the figures provided for Children were for different children or those who attended more than once and CR agreed to provide a response outside of the meeting – CR to meet with TO • ICF national evaluation and the regional evaluation to be presented to a future RPB meeting - November 	
9.	<p><u>Any Other Business</u> – nothing to report</p>	
10.	<p>The following were included for information:</p> <ul style="list-style-type: none"> • Service User, Carer, Third Sector and Provider Members of Regional Partnership Boards – final report from the Task & Finish Group • Plans for decommissioned hospital beds: <ul style="list-style-type: none"> – Letter from Rocio Cifuentes MBE – Letter from Sir Frank Atherton • No Wrong Door – follow on letter and response <p>Confirm 3rd sector rep on the main children's group – how we ensure this feeds back to the rest of the 3rd sector. Confirm for n=minutes so</p>	

	that everyone are aware. <ul style="list-style-type: none">• Presentation by Michelle Williams and James Lewis	
	Date of next meeting: Friday 11 th November 2022	

Teitl adroddiad: <i>Report title:</i>	North Wales Substance Misuse Area Planning Board (APB) Update
Adrodd i: <i>Report to:</i>	Partnerships, People and Population Health Committee
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	8 th November 2022
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report builds on the previous reports from the North Wales Substance Misuse Area Planning Board (APB) to the Strategy Partnerships & Population Health (SPPH) Committee and represents the annual update report.</p> <p>Background information <i>The APB is the strategic partnership body responsible for supporting the planning, commissioning and performance management of substance misuse services at a North Wales Regional level. 7 Area Planning Boards were established across Wales in 2010 as part of the new arrangements to deliver the Welsh Government (WG) Substance Misuse Strategy. APBs are intended to provide:</i></p> <ul style="list-style-type: none"> <i>• a regional framework to strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy and;</i> <i>• enhance and improve the key functions of planning, commissioning and performance management, relating to substance misuse services.</i> <i>• assist responsible authorities and other relevant strategic partners to discharge their statutory responsibility by providing a mechanism to pool scarce resources where appropriate and share expertise to deliver the Welsh Government's Substance Misuse Strategy/Delivery Plan</i> <p><i>Tackling substance misuse in Wales is underpinned by the Welsh Government's 'Substance Misuse Delivery Plan 2019-2022'</i></p> <p><i>In addition to being an APB member/strategic partner, BCUHB is a service provider commissioned/funded (approx. £2.5m pa) by the APB to deliver a number of substance misuse services (in addition to/alongside those funded by BCUHB), including:</i></p> <ul style="list-style-type: none"> <i>• Substance Misuse Treatment and Support Service (part funded alongside BCUHB funding)</i> <i>• Enhanced Harm Reduction/Collaborative Outreach Service</i> <i>• Alcohol & Drug Liaison Service</i> <i>• Specialist Substance Misuse CAMHS capacity</i> <i>• Prescribed Medication & Support Service (part funded alongside BCUHB Funding)</i> <p>The attached Appendix 1 provides the BCUHB Substance Misuse Service performance report to the APB, which provides numerous examples of how the Health Board is working in partnership with APB partners to support positive outcomes for individuals with substance</p>

	<p>misuse issues. A particular examples of note included within Appendix 1 is around the development of the Peer to Peer Naloxone Pilot, Homeless Coordinators and Co-occurring Leads. The appendix also includes a number of examples of feedback directly from service users.</p> <p>Appendix 2 contains the APB Performance Management Framework report, which provides an overview of how the APB/partners contribute towards high level population/partnership outcomes, to provide further information and context to the committee, this is presented to the APB on a quarterly basis.</p>			
Argymhellion: Recommendations:	<p>It is recommended that the Committee:</p> <ul style="list-style-type: none"> receive this report and note the positive examples of partnership working and resulting outcomes for service users, highlighted within the appendices 			
Arweinydd Gweithredol: Executive Lead:	Dr Chris Stockport, Executive Director of Transformation, Planning & Commissioning			
Awdur yr Adroddiad: Report Author:	Ben Carter, Regional Commissioning Manager, North Wales APB Jodie Morgan, Substance Misuse Service Manager, BCUHB			
Pwrpas yr adroddiad: Purpose of report:	<p>I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i> <input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/></p>	
Lefel sicrwydd: Assurance level:	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		<p>This report has been informed by the work of the North Wales Substance Misuse Area Planning Board (APB), which is reported to the APB Executive Board (of which BCUHB is a member) on a regular basis. One of the APB's key objectives is to support the delivery of the Welsh Government's Substance Misuse Delivery Plan</p>		
Goblygiadau rheoleiddio a lleol:		<p>APBs support Community Safety Partnerships in discharging their responsibilities regarding</p>		

Regulatory and legal implications:	substance misuse under the Crime and Disorder Act 1998
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Substance misuse plans/service commissioning activity are subject to EQIA assessment.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	n/a
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	The main risk relates to the APB signing off the ring-fenced budget, referred to below. However this is mitigated against by the positive partnership working between the BCUHB SMS and APB teams, and membership of/attendance at the APB Executive Board of a number of key BCUHB officers at strategic and operational levels.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	North Wales APB utilises Substance Misuse Action Fund (SMAF) and associated WG revenue grant funding to commission substance misuse services. Current revenue grants allocated to the APB total £7.6 million pa. In addition there a Health Board ring-fenced budget for substance misuse services allocated by WG of approximately £7 million pa, this budget has to be signed off by the APB for WG to release the funding. There is also WG SMAF capital funding available to APB's, which NWAPB has previously been successful in working in partnership with BCUHB to secure funding to develop a number of multi-agency bases, with a further proposal currently being developed for Llandudno.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Recruitment and retention remains a challenge for substance misuse service providers in the statutory and Third sectors.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Service user involvement through CANIAD is an integral part of APB business and ensures that the service user voice informs service monitoring and development
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	n/a
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)	n/a

<i>Reason for submission of report to confidential Committee (where relevant)</i>	
<p>Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations</p> <p>A further update report will be presented to a future committee</p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices: <i>Appendix 1: BCUHB SMS Performance Report</i> <i>Appendix 2: APB Performance Management Framework</i></p>	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Appendix 1

BCUHB

**AREA PLANNING BOARD
EXECUTIVE REPORT
2022-2023**

**Quarter 1
April to June 2022**



Rhoi cleifion yn gyntaf
Put patients first



Gweithio gyda'n gilydd
Work together



Dysgu ac arloesi
Learn and innovate



Cyfathrebu'n agored ac yn onest
Communicate openly and honestly



Gwerthfawrogi a pharchu ein gilydd
Value and respect each other

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Performance:

Q1 Performance Report North Wales SMS 2022

This report has been produced to supplement the data provided to the Welsh Government on a monthly basis for the performance and outcomes of the treatment provided from BCUHB SMS.

BCUHB SMS Treatment data

	Q4	Q1		
Number of referrals received	807	803		
Numbers of assessments offered	807	803		
Number of uptake of assessments	349	469		
Total Number of service users open to the service	2528	2530		
Number of Hafan Wen detoxifications	42	58		
Number of community detoxifications undertaken	5	4		
Number of service users in residential rehabilitation	18	13		
Number of service users commenced on substitute medication	91	72		

Of the number of assessments up taken by service users, a trend in this number tends to see decrease due to mainly the service users not meeting the criteria for the service and best suited to an alternative service who can best meet their needed and therefore they are signposted to other agencies. Another reason for the decrease is that the that service user may decide that the service is not for them or change their mind about treatment and not attend or respond. Moving forward, we plan to capture this data so that we can review appropriateness of referrals and look at doing some education around this. We have seen a number of referral pertaining to alcohol misuse and very few new opiate misuse cases being referred, this correlates with our the Harm Reduction trends.



Comparative Figures	Q1 2020	Q1 2021	Q1 2022
Number of referrals received	489	716	803
Number of assessments offered	489	716	803
Total Number of service users open to the service	2358	2315	2530
Number of Hafan Wen detoxifications	18	32	58
Number of community detoxifications undertaken	12	7	4
Number of service users in residential rehabilitation	16	28	14
Number of service users commenced on substitute medication	72	81	72

Where our overall statistics show increase in capacity we have seen a slight decrease in number of community detox being carried out, we have identified the need to revisit the alcohol treatment pathway and consider reviewing the reasons for the decrease in community detox, identifying any training needs or support needed for staff.

Hafan Wen admissions

	Q4	Q1		
Total Service User admissions	42	53		
Total Service User completed detox	37	44		
Completion percentage	88%	83%		



Psychology

The SMS clinical psychologist has offered one to one therapy for complex, often trauma-related, issues that underpin substance misuse. A trainee clinical psychologist on a five-month leadership placement with SMS has assisted in several projects rather than direct therapy work. A total of 49 sessions have been offered over the last quarter with service users attending 35 sessions. Group interventions have been provided by SMS in the form of Moving On In My Recovery. A total of 10 MOIMR sessions have been offered online generating a total of 93 treatment contacts for service users. Face-to-face MOIMR groups have been offered in Conwy and in Flintshire totalling 15 MOIMR sessions generating a total of 74 treatment contacts for service users.

Nudge groups have not been initiated due to the chaotic presentation of service users for whom meet the criteria for this group and the current limitations on face-to-face contact. Nudge group training (see below) and the initiation of Nudge groups are expected to recommence in the next Quarter

Psychology Clinical Contacts

	Q4	Q1		
Psychology Sessions Offered (Including trainee psychologist in Quarter 4)	59	49		
Psychology Sessions Attended	42	35		
MOIMR Sessions	13 online sessions (133 contacts) 16 face to face sessions (71 contacts)	10 online sessions (93 treatment contacts) 15 face to face (74 contacts)		
MOIMR Legacy Sessions	10 Sessions (33 contacts)	12 sessions (26 contacts)		
NUDGE	-			



Psychology Training

A single day of Nudge Group training (delivered online) has been undertaken in preparation for the delivery of face to face Nudge groups. A single day of a new Psychosocial 12 session workbook training (delivered online) has been delivered for the first time.

	Q4	Q1		
NUDGE Training	13	11		
Pre-Detox	0	0		
Moving on in My Recovery (4 days of training)	0 (Planned event cancelled due to covid)	0		
Other Training (Medical Students, Clinical Psychology Trainees)	X6 Medical Students X 9 Clinical Psychology Trainees (a) X 9 Clinical Psychology Trainees (b)	X6 Medical Students		
Structured Psychosocial Workbook training	0	20		

Moving On App

The free Moving On App is still being used by local service users. The App can be viewed in both English or Welsh. The App is a companion App for Moving On In My Recovery. It can also be used as a stand-alone resource. There are over 1350 users worldwide (in 58 countries). There are 415 in England, 293 in Wales, 177 in Scotland. A total of 45 users are using the App in Welsh

Specialist SMS Midwifery 2022

	Q4	Q1
Women referred	13	12
Women in the service	25	18

During Q1 referrals have noticeably reduced across BCU to the Specialist Midwife, but there have been an increase in alerts of women not accessing services for care in pregnancy who misuse substances.

Of the referrals, women have been using alcohol, cannabis, heroin and cocaine. Although referrals for cannabis have increased not all women consent to referrals and in these circumstances, the community midwife has given the leaflet produced by the service.

There does however, remain a number of women on opiate substitute medication from the Substance Misuse team with a small number receiving relapse prevention support who remained abstinent.

There has been a constantly high number of high-risk cases involving Local Authority and Safeguarding teams, with the removal of babies into foster care. With a small number of pregnant women, actually achieve abstinence or stability in their pregnancy.

The Specialist Midwife offers contraception to a small number of women and works in conjunction with maternity for contraception in the postnatal period. Continuing provision of pregnancy testing and 'morning after pill' availability in all the offices, with training to support staff. In this period an SBAR was completed to support a pilot for a combined clinic in Holyhead between SMS and Sexual Health Service to provide contraception for any client accessing Craig Hyfryd. This is looking at commencing in September 2022 for 6 months.

The Specialist midwife has been working with Public Health Wales on the Alcohol in pregnancy agenda following the insight publication. As a result of the recommendations, a survey is being produced to ask professional their role in terms of alcohol conversations with pregnant women and what resources/support services they signpost pregnant women to.



KPIs

The figures below are the Welsh Government Key Performance Indicators (KPIs) that are used to measure Substance Misuse Service performance.

The KPI details are as follows –

- KPI 1 - DNA post assessment
- KPI 2 - Waiting time between referral and treatment
- KPI 3 - TOPs reduction in substance use
- KPI 4 - TOPs improvement in quality of life
- KPI 5 - numbers of service users closed as treatment complete

There have been significant gaps within the admin teams and therefore which has had a direct effect within the data inputting and has shown as a decrease in percentage of figures however where has been targeted support and training implementation which will be reflected in Q2 report

	KPI 1: baseline <20%	KPI 2: baseline >80%	KPI 3: baseline >86.5%	KPI 4: baseline >84.2%	KPI 5: baseline >76.9%
BCUHB Q4	2.38%	90.93%	88.30%	86.70	93.92%
BCUHB Q1	0.83%	79.03%	87.84%	81.96%	94.55%

Governance data

	Q4	Q1		
Training compliance	92%	89%		
Performance and Development Reviews	89%	95%		



Compliments/Concerns

Concerns	1
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All concerns raised are dealt with as per BCU process, throughout Q1 complaints had been reviewed and closed in a timely manner with positive outcomes.

Compliments	31
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SMS staff are actively encouraged to send compliments through to management so that the service can record and support future service developments below are a few examples of compliments received during Q1

Compliment examples:

'In case we don't see each other again, I'd like to say thank you so much for all the help you have given me the time I've been here. I dunno where I'd be without it..like, this time last year I was going through like 3 grams of heroin every couple of days and now I don't even want to use it anymore. The service I've received from SMS is honestly the only medical service I've ever been in that's has ever actually helped me with anything. So, thank you ❤️ I really mean that'.

Service user who has been in our service for a number of years but had an appointment to discuss discharge today after she completed treatment. She brought in some candles and chocolates for Dr Graver and I. She wanted to say thank you to the team for the support over the years., *'the candles have hearts on reminds me of your hearts make me feel cared about'*. She also said thank you for the support with issues not related to substance misuse such as her mental health and physical health. She also felt like we as a service provided more support than most other services. She was happy to have completed her treatment, but sad at the same time that she would not coming to the service anymore

Service user identified drawings as her therapy and an important part of her recovery however she found she had no inspiration to draw when she relapsed. Following one of our more recent sessions she said she went home and drew for the first time in a while, this was the picture she drew, and therefore she wanted to donate it to SMS



Conwy

Received from CAIS

When I first met you I was so lost in myself and couldn't trust ANYONE! but you taught me that the world isn't that scary and to face my fears. Because of you I am now SOBER! and you don't understand how much I appreciate you for never doubting me and always being there for me. I'm literally tearing UP righting this. I came to you as an ugly duckling and now (with your help and dedication) I'm leaving you as a beautiful swan who's ready to take on the world.

I feel that I have to relay how impressed I was with the staff at the Dawn Centre on Friday 15/07/22. CAIS had a situation where a client went into full alcohol withdrawal in the reception area.

The client started having fits and seizures. It was extremely frightening for me. Not at all helped, by being told we could not have an ambulance for 3-4 hours. Multiple SMS staff took over multiple roles whilst dealing with situation, Keyworkers clarity and knowledge is impressive.

Of course, SMS had their own clients arriving for appointments as did PARABL, CAMFA, Dechrau Newydd, Family Support, Supporting People and associated organisations who use the building.

Everyone was wonderful and very caring. I have to say CO stood out to me as she stayed with the patient all of the time, on the floor, very close trying to calm the person through breathing and other techniques (which considering the client was fitting and vomiting could not have been pleasant).

It was a privilege to actually see people doing their jobs instead of just passing through reception on their way in and out. Everyone pulled together in an overwhelming situation. I have never seen alcohol withdrawal and it was a steep learning curve for me, highlighting the important work we all do.



Good News stories following detox;

Poem written by a service user to staff during the detox process

Your Commitment + Care are
beacons of light
With you on my side, I
won't give up the fight,
If ever I needed help
I know who to call +
More than ever, I appreciate
you all.
After all the long hours of work
that you do, I hope you
I thinking of you.
Keep going! With you every
step of the way
Through sleepless nights +
difficulties
You have skills + compassion +
patience combined,
Your Dwr heroes + on the Frontline

~~never want to have another dirty beer.~~
The "HELP" "SUPPORT" and "UNDERSTANDING" you've
given me the perfect landing! ❤️❤️❤️
I will never forget what "ALL" of the "STAFF"
have done with me, by giving back my dignity +
and the tools to fight it back, I can honestly
say I've give it the sack. And I will promise
you all "I WILL NEVER LOOK BACK"
I've done all I can I needed to stop, time to let it
go and let it flow. The drink kept calling my name
inviting me always to play his nasty game, all it did
was put me to shame and it was me who was
only to blame. Now I have no loss of face admitting
this I will never be the same I'm glowing now
like a burning flame! Thanks to you guys & xxx
Now I'm free as a bee and "ALCOHOL FREE" even
achieving my goals for my recovery. Now I can
happily sit on my sober throne, with never that feeling
of being alone! ❤️ THANK YOU ALL FOR ❤️ 🍀

SERVICE DEVELOPMENTS/UPDATES:

Roslyn Building

Following a successful discussion within BCU it has been approved to submit a business case for redevelopment of an existing building in BCUs portfolio, to be a multi-agency building dedicated to meeting the needs of individuals in the Llandudno area, this will also include mental health to strengthen not only partnership working but the co-occurring agenda. Meetings will now be set up once the bid is submitted to support the needs of each agency, work was previously undertaken to scope out and there were multiple agencies in support.

Physical Health

Moving forward and beyond the Covid 19 Pandemic, as service demand increases we are recognising that our service users are increasing in complexity from both a mental and physical health point of view. Whilst each team has a skill mix of General Adult Nurses (RGN) and Mental Health Nurses (RMN) we believe that there is an additional need for nursing support whose role would be to closely monitor the physical health needs of our complex patient group especially post pandemic. SMS submitted a proposal to the APB and this was supported for a pilot in 2 areas – Flintshire and Denbighshire, who will solely focus on improving physical health, supporting Primary care services such as GPs and Secondary care Emergency departments. Recognising that early intervention is key in this. There will be a clear outcomes set out for how successful this pilot will be and fed back at a later date.

Homelessness Co-ordinator

This role is now embedded in two areas of North Wales, with early success. Discussions have taken place that funding will be sought via the complex needs funding for the additional areas so that there is a consistent approach across North Wales in meeting the needs of those who are homelessness or at risk of homelessness.

Criminal Justice

The collaborative working with Dechrau Newydd has progressed well over the last 12 months. We continue to meet on a weekly basis for update and case discussions which has been beneficial to both services. We also meet once a month to go through all 12 week transfer including any DRRs that are coming to an end.

BCUHB SMS are currently part of the APB Criminal Justice working group following to discuss future projects to support patient experience and treatment outcomes.



Co-Occurring

The APB and BCUHB have agreed to jointly fund 4 new co-occurring practitioner posts across North Wales, in addition to the two existing posts in Gwynedd and Ynys Mon. This will support a more robust implementation of the framework and further support the work being undertaken by the North Wales APB partners co-occurring group who are currently working on KPIs and a Service Specification, to ensure these posts improve joint working, reduce barriers and improve outcomes for individuals with co-occurring issues. Next steps will be for recruitment, the development of a SOP and clear pathways to support this agenda. A recent conference showcasing the Glasgow ARBI services has further reinforced the need for services in North Wales to come together to look at education regarding ARBI, early detection, service provision and clear care pathways for individuals with ARBD.

Buvidal prescribing in North Wales

	Q4	Q1		
Total Service user on Buvidal	228	217		
Total Service user completed Buvidal treatment	6	3		

Buvidal is now an established treatment option in North Wales and there have been many good news storied regarding Buvidal effect of service users lives. A clinical audit is being undertaken and is planned for completion by December 2022.

Tier 4

Following consultation with relevant stakeholders, the North Wales Regional Residential Rehabilitation Panel has been set up to assess all referrals of service users seeking placements at residential rehabilitation units as a part of their care and recovery plan. Initially piloted in Denbighshire and to be rolled out across North Wales, county by county over the next 5 months. The rational for this panel being consistency, governance, and the development of a more in-depth knowledge of the rage of rehabilitation units and their programmes with an aim to improve outcomes for North Wales service users.

Work has continued with the APB partners to develop a regional approach to residential rehabilitation to ensure a consistent and well governed approach. The plan is to pilot the monthly panel for all

Denbighshire referrals in July then to incrementally move to a full regional panel over the following 6 months. The local authorities, SMS teams and service users have all been consulted with in developing this process.

Good news story following rehab placement;

Service user who has been with SMS for a few years to help with her alcohol dependency. In December 2021 her health took a big decline whilst an inpatient in YGC and she was felt to not have much longer left to live and it was doubtful she would see January 2022. Service user maintained her abstinence and transferred directly to Hafan Wen and after successful completion of detoxification was taken directly to Broadway Lodge for her rehabilitation. It is of note that she had an active DNACPR until her admission to Hafan Wen where it was removed due to the slight improvement in her health. She has been home for several months now and has been socialising with her family and friends, making all of her appointments. She has applied to court for access to her daughter again and for her driving licence to be renewed. Service user has been abstinent from alcohol for 256 days and is craving free. She has almost completed MOIMR and remains an active member of the Broadway Lodge after care meeting every Wednesday. She has applied to be a Red Robin at YGC and her future plan is to "do what keyworkers do" helping people in the same position she was in.

FDPR Updates

Fatal Drug review group continues to meet quarterly with excellent attendance from all agencies involved, in addition both North Wales coroners are now fully engaged and consistently having attendance at the review panels. There has been work undertaken with toxicology in order to have visibility of toxicology screening results available to the group to help identify trends and support targeted work needed, this is something that when in post the new Poisoning prevention co-ordinator will support.



Harm Reduction Team

BBV

Community testing and treatment continues, with on-going positive feedback from patients in relation to the ease of access that the community treatment model is providing.

The BBV nurses have been seeking to continue to re-ignite opt-out BBV testing with the SMS by providing refresher training across offices, and work is also being undertaken to enable Dechrau Newydd to undertake BBV testing by providing training and implementing pathways to ensure appropriate governance is in place.

The team are now supporting Berwyn Prison with their BBV work, attending weekly to support testing and treatment within the prison. This work has also improved the links to men on release from Berwyn to ensure continuation or initiation of treatment if required.

Good news story following BBV treatment;

'Thank you very much for the last few months helping me out with my treatment, if I had not met you I don't think I'd even bothered getting treatment but you were so helpful and really kind to me. You are amazing at your job and feel lucky having you as my nurse, people need to be more like you.'

'When you told me my blood was clean I could have married you on the spot. Still trying to process it, So thank you for giving me hope in my life, it's been a long time. I owe you my life, and I will never forget you.'

Naloxone

Descriptor	People at risk	Family/Carers	Professionals	Total
Naloxone Kits Supplied	50	2	48	100
Individuals receiving a kit for first time	15	1	24	40



Individuals receiving a resupply	31	0	12	43
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The Harm Reduction Service has finalised plans during quarter 1 for the roll out of Peer 2 Peer Naloxone in the Wrexham area. Peer 2 Peer will commence in July, with the launch dates set for the 11th and 12th July. Harm Reduction Service has engaged with partner agencies, including The Wallach, Dechrau Newydd, Adferiad and Caniad to support the Peer2Peer launch and roll out.

Work is on-going in relation to promoting the 'carriage' of Naloxone as we know that often people do not have their Naloxone available at the point of emergency overdose situations. 'Naloxone Pouches' that can carry both the Prenoxad and Nyxoid preparations of Naloxone have been purchased and are being supplied to people along with Naloxone kits to encourage Naloxone to be kept on the person so it is available in the event of an overdose situation.



Plans to work with DAN24/7 to develop an All Wales Naloxone Click and Deliver Naloxone have been approved by Welsh Government, with the online training platform now in development



Call Helpline

Continue to advertise on the digital billboards across the country with the likes of Alight Media, Route Media and will be working with Clear channel. We have radio adverts scheduled across Wales with Capital & Heart FM.

We are looking at some new graphics for CALL & DAN, as we have had the same for the past few years.



	Q4	Q1		
Calls received by Call Helpline	9817	9966		

You will see from last quarter we are continuing to receive higher number of calls nationally. Moving forward we will break this down for a regional picture.

Welsh Government Delivery Plan

BCUHB SMS have developed an action plan (Raid log) to monitor progress against the Welsh Government Delivery plan. This action plan is reviewed quarterly. This document can be shared with partners if requested.

Appendix 2

To:	North Wales Area Planning Board (NWAPB)
Subject:	North Wales Area Planning Board (APB) Substance Misuse Regional Performance Management Framework (PMF) - Quarter 1 - 2022/23
Author:	Ben Carter, Regional Commissioning & Development Manager Helen Jones, Regional Commissioning & Development Officer (C&D)
Date:	October 2022

PURPOSE

To present Quarter 1 2022/23 performance on the APB Substance Misuse Regional Performance Management Framework (PMF).

BACKGROUND

The NWSCB and Substance Misuse Area Planning Board (APB) Executive require a strategic performance management framework that enables them, and partners, to regularly consider performance against a selection of key strategic outcome indicators, to gain an overall indication of whether APB action (together with Partners) to tackle substance misuse is being effective.

The approach that was taken in developing this framework is that of Results Based Accountability (RBA). RBA looks at population/ partnership and service/ project accountability and separates what individual services/ projects can be held accountable for, from what the partnership can be held accountable for. This approach recognises the contribution that services/ projects make towards achieving the overall population/ partnership outcomes, without holding them accountable for what they cannot influence on their own. The PMF was approved in November 2015 and the APB agreed that it would be provided on a regular basis for information and replacing any previous performance reporting methods.

INFORMATION

The PMF has been reviewed in August 2020 as an APB reporting tool and as such this report highlights the adjustments / additions which were considered by the APB executive board and approved. While the work with the PMF is progressing, the overall recommendation of the APB team was the opportunity for the well-established APB Data Performance Group to oversee the development and production of the PMF.

RECOMMENDATIONS:

- That the APB Executive consider the Quarter 1, 2022/23 performance detailed in the framework provided for information.

North Wales Substance Misuse Area Planning Board (APB) Population Outcomes Score Card

Q1 2022/23

APB Vision

'Working together we will seek to make North Wales a safer and healthier place to live, work and visit by preventing and reducing the impact that substance misuse has in our communities by promoting recovery and providing the best service possible to help those in need'

Is Anyone Better Off? Population Outcome 1 Reduce the impact of substance misuse on our communities Performance Indicators	Performance			
	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
1) Percentage of cases closed as treatment completed (WG KPI 5) (b) (shows people successfully leaving treatment services and entering recovery, inc no. 2020/21 baseline – 76.90%)	91.72% 299	92.00% 184	88.07% 288	90.74% 245
2) Substance Misuse is reduced for problematic substances between start and most recent review or exit of treatment including numbers (WG KPI 3) (b) 2020/21 baseline – 86.5%	88.45% 1,210	87.64% 766	88.17% 1,111	87.99% 1,165
3) Reduce levels of alcohol related crime i) In the home ii) Outside of the home (Source NWP) Author: David Haydock (waiting for Q3 stats)	See Annex 1 – Q1 slight decrease			
	See Annex 1 – Q1 slight increase			
4) Reduce levels acquisitive crime (Source NWP) (are not all attributable to substance misuse) Author: David Haydock (waiting for Q3 stats)	See Annex 2 – Q1 has increased as outlets re-open (shoplifting), may increase due to cost of living crisis			
5) An Increase in the number of people with substance misuse issues who access or sustain education training and employment (a). Number of participants on the ESF Out of Work project who : i. gained a qualification or work relevant certification upon leaving ii. entered employment including self employment upon leaving iii. in employment six months after leaving iv. increased employability through completing work experience placement or volunteering opportunity (Source : Welsh Government)	Q2 I, 1326 II, 443 III, 62 IV, 923	Q3 I, 1400 II, 487 III, 65 IV, 989	Q4 I, 1434 II, 497 III, 74 IV, 1037	Q1 I, 457 II, 511 III, 75 IV, 1057
6) A safe and vibrant night time economy is fostered across Wales. (a) A reduction in night time crime (Source NWP) Author: David Haydock (waiting for Q3 stats)	See Annex 3 – Q1 has decreased however much higher than pre-covid.			
7) People are / feel safer in relation to substance misuse related crime. (a) i) ASB (decreased) Perception-people being drunk or rowdy Baseline(2013/14): 23% 2015/16: 12.5%. 2016/17: 13.3% ii) ASB (decreased) Perception-people using or dealing drugs Baseline(2013/14):31.7% 2016: 24.4%. 2016/2017: 24.5% (Source: Crime Survey for England & Wales: reported annually) The survey has moved to limited telephone interviews during C19 and are unable to provide the information. Currently the NWP management information service are unaware of any other source to obtain similar information	2017/18	2018/19	2019/20	2020/21
	12.9%	7.1%	14.0%	Reported annually
	30.8%	19.5%	21.4%	Reported annually
8). Will be replaced with the Recovery Data set which is currently in early stages of development and will be reported via NWIS.	Currently in development			

Is Anyone Better Off? Population Outcome 2 Reduce the impact of substance misuse on health Performance Indicators	Performance			
	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
1) Quality of Life is improved between start and most recent review or exit of treatment (WG KPI 4) (b) including numbers 2019/20 baseline – 84.20%	85.74% 523	89.12% 344	86.46% 479	82.44% 479
2) A reduction in the number of deaths related to Drug Misuse (Table 2) Annual ONS data published October Source: ONS	2018 36	2019 39	2020 35	2021 38
3) Reduce the transmission of blood borne viruses in the substance misuse population (c) (a) New WG KPI: <i>Percentages of relevant individuals receiving routine opt-out testing (dry blood spot testing and venepuncture) for blood borne viruses (hepatitis B, hepatitis C and HIV), and hepatitis B vaccination for all those in contact with substance misuse services</i>	New for 2020, being monitored in shadow form for 19/20 Will report in post COVID			
4) Reduction in the number Alcohol-specific hospital discharges (Source: BCUHB IS Dept) (Dependent on coding levels (BCUHB)previous quarters may change retrospect when refreshed)	362	278	275	262
5) Reduction in the number of hospital admissions due to Drug Poisonings (Source: BCUHB IS Dept) (Dependent on coding levels (BCUHB)previous quarters may change retrospect when refreshed)	35	31	32	37
6) Self-reported misuse of alcohol in adults (16+), a reduction in: Percentage of adults who reported drinking above weekly guidelines (14 units) (new measure 2017/18 replacing Welsh Health Survey previously reported) (Source: National Survey for Wales) (c) (a)	18/19 18%	2019/20 (18/19 data) 18%	2020/21 (19/20 data) 19%	
7) A Reduction in the Percentage of Young People (11 to 16) who drink Alcohol at least once a week. (Source: Health Behaviour in School aged Children Survey- reported 4 yearly) Baseline: 17% (2009/10); 6% (2013/14)	8% (9% Boys, 7% Girls) (Welsh Average = 8%) 2017/18 data (released May 19)			
8) A Reduction in the Percentage of Young People (11 to 16) who have ever taken drugs (Source: Health Behaviour in School aged Children Survey-reported 4 yearly) Baseline: 9% (2009/10); 8% (2013/14)	15% (16% Boys, 15% Girls) (Welsh Average = 15%) 2017/18 data (released May 19)			
9. ¹ Fatal Drug Poisoning - % of every notification from coroners officers received has been subject to a review. (Non-fatal drug poisonings development imminent)	100%	100%	100%	100%
10. Number of North Wales placements made via the Rehab Cymru Portal (annual report) a) Drugs b) Alcohol c) both (the numbers differ slightly to the overall number that the APB funded as 10 placements crossed over from 20/21)	During 2021/22 there was 79 service users who started a residential rehabilitation placement funded by the APB. During 21/22 a) 39% went into residential rehab for Drugs b) 61% went into residential rehab for Alcohol c) 0% Both			

¹ WG Substance Misuse Delivery Plan 2019-2022 – Outcome 3 (ix)

Narrative will include things going well / in development

- Quarter 1 saw a continued return to face to face contact with service users alongside virtual meetings, with partner organisations are still risk assessing staff to ensure safety is maintained, though WG covid measures have now been relaxed.
- CANIAD work programme is continuing to develop, service user involvement feedback continues to be a valued asset in all Boards and Forums. In Q2 CANIAD will request partnership feedback / updates on the Welsh Government substance misuse Delivery Plan.
- Most Recovery programme's have now resumed face to face meetings successfully, and referrals are on the increase.
- Drop-ins and outreach services have fully resumed face to face work with service users, food and fuel poverty still prevalent, and concerns regarding energy prices and general raising living costs will impact on the most vulnerable.
- The homelessness officer within SMS in Denbighshire has commenced and initial feedback has been successful in terms of positive work, the same model in Gwynedd is out to recruit.
- The enhanced harm reduction outreach service is now well established across North Wales with Naloxone training remaining a priority across the region. The new Naloxone pouch will support this.
- The National KPIs – Q1 2022/23 KPI data performance showed North Wales as green and improved with the exception of KPI 4.
- Naloxone and nasal naloxone training for NW police officers has been incorporated into First –Aid training for all officers, allowing officers to opt in to carrying Naloxone, this is ongoing. While the distribution of Naloxone has been re-established within probation hostels as a consequence of the Fatal Drug Poisoning Review group recommendations (FDPR), now looking at all hostels.
- North Wales workforce development training prospectus for 2022/23 was extremely well received by partners with an extensive training programme, also looking at additional training as emerging trends are evidenced i.e. Ketamine use and Young People.
- The use of BUVIDAL continues to be successful with very positive case studies, all prescribing partners are now also encouraging BUVIDAL across North Wales.
- The Tier 4 regional residential rehabilitation panel will be piloted in early Q2 with Denbighshire SMS. Currently looking at streamlining the referral paperwork alongside the rehab cymru portal re-build.
- The North Wales Alcohol Strategy working group has continued to meet during Q1, training in relation to alcohol themes will continue into 2022/23 within the workforce development prospectus. The seasonal campaigns went well with positive outcomes and these will help with future campaign planning, and priority will be given to Alcohol Brief Intervention.
- The NW co-occurring implementation plan group is now well established and chaired by the third sector Adferiad, in Q2 looking to bring the plan up to date with feedback from mental health services prior to a wider exercise requesting feedback from partners. The job description and service specification for the new co-occurring practitioners has been drafted.
- During Q1 DAN24/7 continued to be featured in local campaigns.
- The development of the Non-fatal drug poisoning process in North Wales hosted by the Harm Reduction Service is still delayed at a National level, however all partners are keen to get going. The APB have agreed subject to WG approval to support through additional SMAF allocation, the development of a Substance misuse fatality prevention officer who will support and drive this agenda. The post will become the dedicated CRC in North Wales, ongoing.
- Various capital projects are being looked at throughout North Wales which support improvements to pathways / joined up working during 2022/23, in particular additional substance misuse partnership hubs in Llandudno and Bangor, ongoing.
- The old Harm Reduction Group has now been re-focused and entitled: Forum for Prevention and Harm Reduction, which will focus on the Alcohol strategy and harm reduction related work.
- Work continues behind the scenes in terms of improving and expanding children and young people's services across the region utilising the SMAF additional funding, priorities include criteria alignment, easy access, pathways with all CYP services and transitioning to adult services.
- The substance misuse treatment framework – prevention – diagnosis – treatment and support for alcohol related brain damage has been released by Welsh Government and will be supported by the Co-occurring group and alongside the Alcohol strategy work, still early days.
- Business support for the APB and partners has been in post since March 2022, and is proving to be extremely valuable asset to the APB Team supporting all the APB / APB sub meetings as well as supporting various themes (Welcome Sian Parr).
- The additional SMAF allocation for 22/23 to 24/25 which was well received is providing an opportunity to address a number of areas requiring further development/capacity, which have been identified through the N.Wales Delivery Plan, Co-occurring Plan, Alcohol Strategy and dynamic needs assessment/performance monitoring. Priorities for this funding were discussed at the January APB Executive Board meeting and at an additional meeting of the APB executive in March and June meeting. High level proformas outlining the additional services has been submitted to Welsh Government, and awaiting feedback.
- Currently there is a service review being undertaken by the APB with Barnardos CYPSMS service which will determine approval of a 2 year contract extension.
- A hard hitting animated film is being developed by the Harm Reduction Team to raise awareness of 'snoring' while under the influence to try and reduce the number of drug related deaths

Case Study: Q1

Case Study

F, twenty-four, has only been on the programme for five weeks. I have worked with them previously, some four years ago, not long after they had finished college. F has had a traumatic childhood with both parents struggling with addiction to both alcohol and heroin. There were violent episodes daily usually resulting in the police being called to the family home and one parent being arrested and taken to the police station. This cycle of behaviour continued for many years and F was eventually taken into care when they were twelve years old.

F left care at sixteen and was sofa surfing in his hometown. His parents had separated and neither wanted anything to do with them. F turned to shoplifting to get food and money from items they sold to 'customers'. This resulted in many arrests and finally a custodial sentence. Once released from prison, F was placed in a homeless hostel where they started to drink heavily. They had also developed an eating disorder, bulimia, and their weight plummeted. A worried family member contacted F's mother and she decided that they could go to live with her many miles away.

The first few months went well for F. Then they noticed all the people visiting and staying over at their mum's house. Little did they know that their mum had been cuckooed by drug dealers who were part of County Lines. F was enticed into the lifestyle and was introduced to heroin and crack cocaine which soon became a daily habit. Their life became a blur of getting high from the effects of crack then bringing themselves down using heroin. This went on for nine months before the house was raided by the police and the County Line was closed. Their mum was given a four-year custodial sentence and F received two years of which they served one.

F detoxed in custody and was determined never to go back to the way that they were living prior to their arrest. They attended lots of educational sessions in jail and really got their mindset in a better place. On release, April 2022, F was supported to find accommodation back in their hometown. They were signposted to SMS who sent the referral for F to join the structured recovery programme. F is a model participant who attends every available session. They now feel comfortable in opening up about their issues surrounding not only substance misuse but also their battle with bulimia. F is finding the peer support from the group invaluable and is fully committed to maintaining their new life in recovery.

F has been drug/alcohol free for nine months.

Service Level Performance Measures

How Well Have We Done It	Performance			
	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
Service User Involvement Satisfaction levels (Feel Voice Being Heard)	99%	99%	99%	99%
Number of Complaints Reported by Commissioned Services	0	0	0	0
Increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment (WG KPI 1). Including numbers TARGET<20%	4.26% 21	2.63% 8	5.98% 26	4.32% 16
Achieve a waiting time of less than 20 working days between referral and treatment. (including numbers) (WG KPI 2) TARGET>80%	91.18% 403	95.05% 211	90.13% 347	81.90% 344
Percentage of APB commissioned services delivering against specified outcomes	100%	100%	100%	100%
% of Welsh Government Core Standards for Substance Misuse adhered to	100%	100%	100%	100%
² Element of collaborative outreach / Harm Reduction – Naloxone – new and replenished packs – a) No. of new kits issued, b) No. re-supplied kits issued, c) Total number of kits issued	2020/21 a) 194 b) 276 c) 470		2021/22 a) 158 b) 160 c) 412	
³ DAN 24/7 Number of North Wales contacts. Source: Luke Ogden	238	347	257	254
Workforce Development – ⁴ The substance misuse workforce is skilled and informed, quarterly numbers of workforce trained Number of courses / participants including satisfaction survey % for: a) Level 1 basic, b) Level 2 Intermediate, and c) Level 3 Specialist Training	During 2021/22 a) Level 1 training – 19 courses took place – 178 participants – 100% reported that the objectives were met b) Level 2 training – 24 courses took place – 308 participants – 100% reported that the objectives were met. c) Level 3 training – 43 courses took place – 580 participants – 100% reported that the objectives were met.			
NEW additional - ⁵ Co-occurring – delivery around implementation plan in %	New implementation group to be implemented in Q4			

² WG Substance Misuse Delivery Plan 2019-2022 – Outcome 2 (iv), Outcome 3 (xi)

³ WG Substance Misuse Delivery Plan 2019-2022 – Outcome 1 (ii)

⁴ WG Substance Misuse Delivery Plan 2019-2022 – Outcome 9 (iii), Outcome 14 (i)

⁵ WG Substance Misuse Delivery Plan 2019-2022 – Outcome 3 (i)

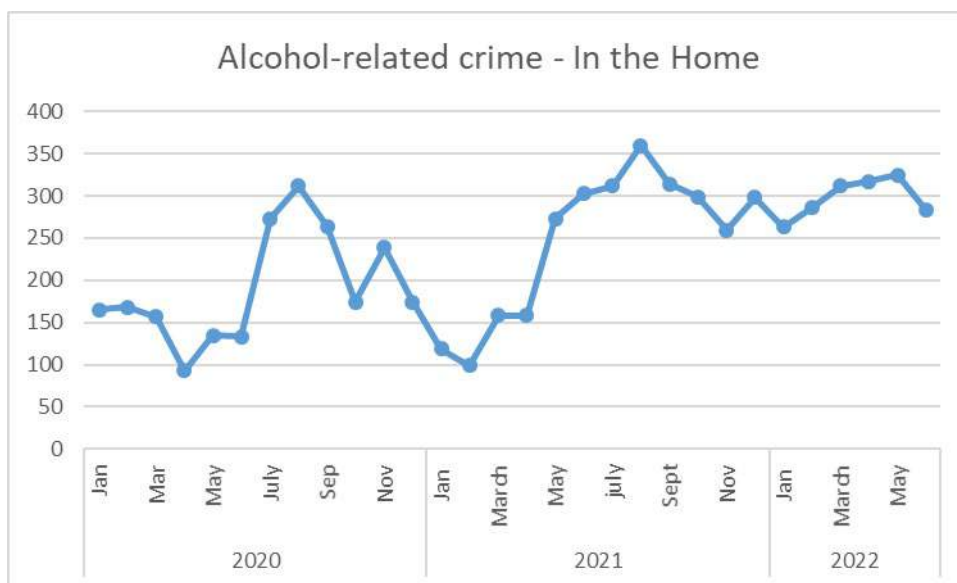
Narrative on challenges and what needs to improve.

- With the return to face to face, and the ceasing of all covid measures this has inevitably increased service demand and capacity to fully support service users' needs, this area is still perceived as challenging.
- One of the main challenges remain staff recruitment and staff retention, this is being reviewed quarterly, and seems to be across all services.
- KPI data performance – The challenges previously identified are slowly being resolved with the support of NWIS. Adferiad have undergone a systems re-build and while successfully uploading data onto NWIS there are still challenges in terms of accessing data performance, BCU historical data is being looked at with support from NWIS, and the closures have been resolved by Dechrau Newydd. The KPIs are reviewed monthly for consistency.
- The monitoring of substance misuse services continues by the APB team every quarter, the Service provider Self-Assessment questionnaire has been reviewed and updated, and will shortly be distributed to providers.
- The development of the regional residential rehabilitation panel is now well underway, the pilot will take place in Q2 with Denbighshire SMS referrals.
- Naloxone – This has been a priority for the enhanced Harm Reduction team to roll out high levels of Naloxone into the community – this continues to be a priority.
- One of the main challenges in the new financial year will be to consult, develop and implement the SMAF additional allocation – ongoing work. WG have received the North Wales high level proformas outlining the intentions – awaiting feedback.
- Trends and themes that have been identified during Q1 – the use of Ketamine and young people, the pressures of the increased cost of living costs, increase in fuel costs, and the increase in the cost of food, which has seen more people use the foodbanks.
- The APB will be losing a valued member of the team in Q2, this post will be out to recruitment soon.

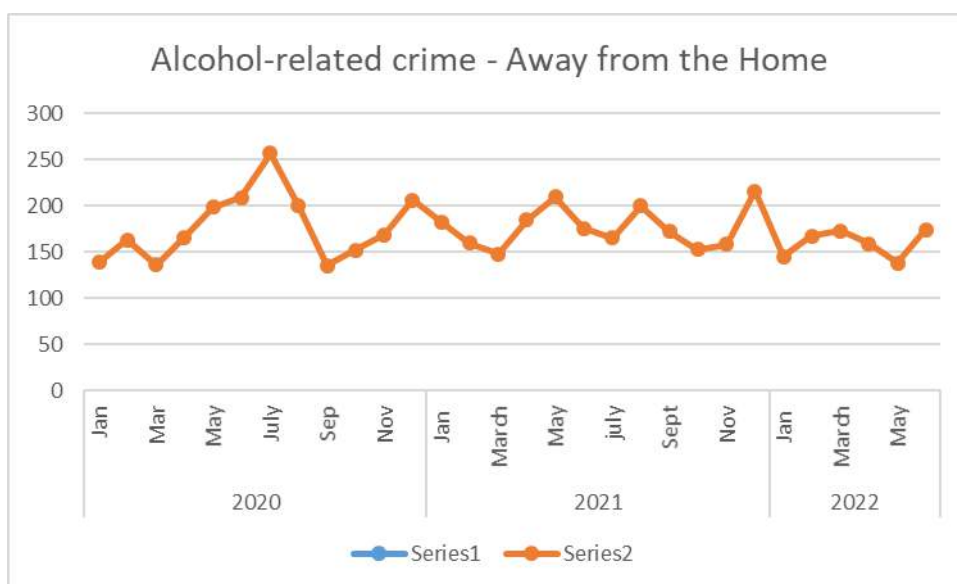
Data Development Agenda- includes but is not exclusive to the following:

- Service User Satisfaction –being further developed with involvement provider to ensure broadened
- Revised CYP outcome tool that is currently being trailed in the West requires a position statement from WG as to its progress.
- Need to consider needs assessment data to inform further PMF development – continually looking at areas
- Recovery data set is still under development – Phase 1 of training has been completed, slight delay due to capacity and staff retention, will have to find a new recovery champion to oversee (preferably a data analyst), NWIS still working with recovery services to set up.
- Co-occurring plan – currently looking to develop a mechanism in which to measure the delivery of the plan, suggestions are this will take up the form of narrative.
- Fatal Drug Poisoning Reviews – currently looking to develop a measure against the recommendations, potential for additional SMAF to support this agenda.
- PHW looking at suitable measures in terms of children and young people – drug and alcohol use, this has progressed during 2021/22, and was successfully presented as a mini annual report, need to explore quarterly measures.
- The APB are currently unable to collate ASB – Perception People being drunk or rowdy / people using or dealing drugs from ONS due to The Crime Survey for England & Wales moved to very limited telephone interviews during COVID and there is no guidance on when it will return to normal. Unfortunately, the NWP Management Information team are unaware of any other sources to obtain similar information at present. Will keep the measure in the report for now.

ANNEX 1



Alcohol related crime during Q1 has shown a slight dip while restrictions are still easing, but still higher than pre-covid.



Above are the tables on alcohol-related crime, where COVID-19 restriction have clearly had a significant effect in recent months. Q1 showing a slight increase

ANNEX 2

Acquisitive Crime

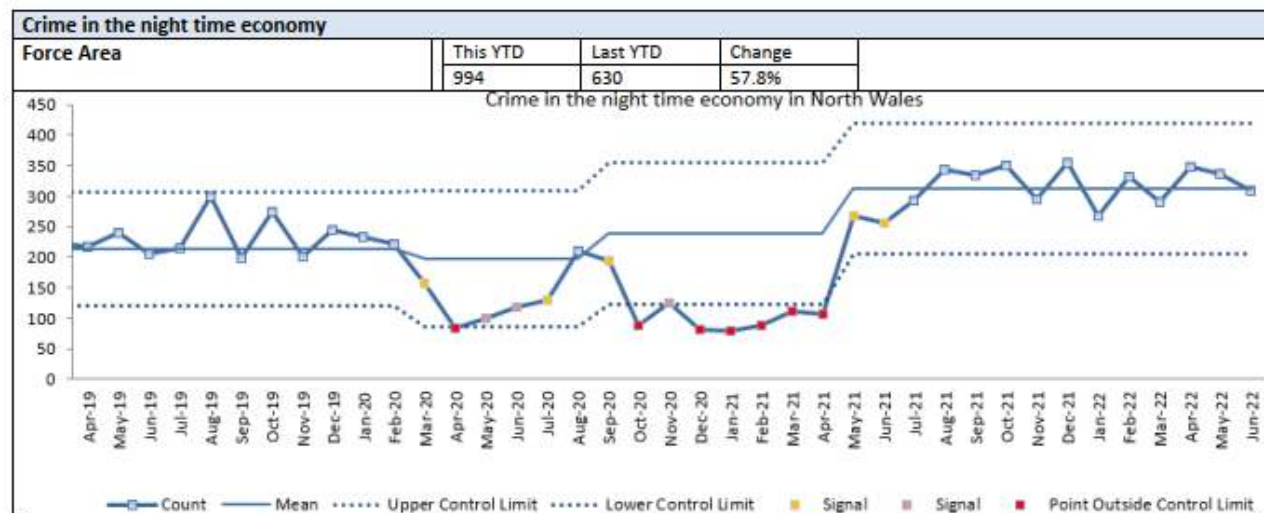


Recorded incidents of **Acquisitive Crime** were 14.2% higher in Q1 of 2022/23 in comparison to the same period last year.

A breakdown of the crime types which fall under the heading of Acquisitive Crime shows that the main driver for the overall increases is the volume of shoplifting offences. With the current cost of living crisis and energy bills set to increase again later in the year, it is anticipated that shoplifting may increase.

ANNEX 3

Crime in the night time economy



Crimes in the night time economy have been defined as crimes that have occurred not in a dwelling, between 8pm and 5am and in areas where there is a concentration of licensed premises.

Crimes within the night time economy increased sharply in 2021/22, as COVID-19 restrictions were relaxed at the end of April 2021 and the night-time economy re-opened. The monthly volumes have remained consistent since then, however they are currently at a level above the volumes being seen pre-COVID.



GIG
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NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Teitl adroddiad: <i>Report title:</i>	Positives From the Pandemic Health innovation and new ways of working in north Wales			
Adrodd i: <i>Report to:</i>	Partnerships, People and Population Health Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 08 November 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>On 10 June 2022, the Royal College of Physicians (RCP) in Wales hosted a hybrid Cyswllt RCP Connect engagement event with physicians working across Betsi Cadwaladr University Health Board (BCUHB) in north Wales. Around 40 attendees were there, either virtually or at the postgraduate centres in Ysbyty Glan Clwyd and Ysbyty Gwynedd.</p> <p>The two-hour meeting was open to doctors-in-training, physician associates, staff, associate specialist and specialty (SAS) doctors and consultants. Chaired by Dr Mick Kumwenda, RCP regional adviser for north Wales, with conclusions from Dr Olwen Williams, RCP vice president for Wales, the group discussed medical education, workforce wellbeing, clinical research and innovation, and widening access to medicine.</p> <p>The attached report from the event contains write ups from the presentations on the day and showcases some positive pieces of work that are taking place in north Wales.</p>			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Nick Lyons Executive Medical Director			
Awdur yr Adroddiad: <i>Report Author:</i>	Royal College of Physicians			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	N/A
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	N/A
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	N/A
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	N/A
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	N/A
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	N/A
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	N/A
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>	Not applicable

<i>Reason for submission of report to confidential board (where relevant)</i>	
Camau Nesaf: Gweithredu argymhellion	
<i>Next Steps:</i> <i>Implementation of recommendations</i>	
<i>List of Appendices:</i> <i>None</i>	



Royal College
of Physicians

Coleg Brenhinol
y Meddygon (Cymru)

Positives from the pandemic

Health innovation and new ways
of working in north Wales

Cyswllt RCP Connect event report



Foreword

Ahead of our hybrid visit to north Wales, I was really looking forward to celebrating the achievements of my colleagues over the past couple of years. During the pandemic, clinicians have experienced some really difficult times, and sometimes we forget that during difficult times, amazing things can happen. Hearing Dr Osanlou discuss the clinical research facility, learning about how Dr Glen's team is encouraging and supporting sixth form students into medical school, listening to our trainees, Dr Ward and Dr Kempster talk about their original research – it's all so inspiring.

Sometimes we sit on things. We don't blow our own trumpets like we should. But we need to publicise the excellent work that's being done across the health board. To tell you the truth, I feel so much more positive, and I got my mojo back after listening to the speakers at this event.

Dr Olwen Williams

RCP vice president for Wales

Consultant in sexual health and HIV medicine

Introduction

On 10 June 2022, the Royal College of Physicians (RCP) in Wales hosted a hybrid Cyswllt RCP Connect engagement event with physicians working across Betsi Cadwaladr University Health Board (BCUHB) in north Wales. Around 40 attendees joined us, either virtually or at the postgraduate centres in Ysbyty Glan Clwyd and Ysbyty Gwynedd.

The 2-hour meeting was free to attend and open to doctors-in-training, physician associates, staff, associate specialist and specialty (SAS) doctors and consultants. Chaired by Dr Mick Kumwenda, RCP regional adviser for north Wales, with conclusions from Dr Olwen Williams, RCP vice president for Wales, the group discussed medical education, workforce wellbeing, clinical research and innovation, and widening access to medicine.

'Some of the digital tools and innovative solutions will definitely stay with us'

Nobody really saw it coming. A pandemic on this scale caused huge challenges for those of us involved in medical education; we're still seeing the impact of redeployment on our junior colleagues, in terms of training progression, fatigue and so forth. Educational supervisors no longer had time to meet with trainees, and when they did meet, all they'd ever seen were people with COVID-19, which didn't make for a very well-rounded discussion at the time. Annual Reviews of Competence Progression (ARCP) were all done remotely, or in absentia, or simply didn't happen. That led to a lot of ill feeling among trainees. It was very disrupted, spaces would be repurposed at short notice, and we just didn't have enough time or environment to be able to teach them properly. There were no operations, no clinics. None of the usual rules applied.

In the end, it was the lack of patient contact that got to us all. We were physically separated, wearing masks – communication was very difficult. There's something lost in conversation over a virtual platform. We were doing far more consultations over the phone, with lots of office-based decision making, and patients themselves were reluctant to come into hospital because of the risk of catching COVID-19. However, now I'm hearing that medical students and junior doctors crave that face-to-face contact. They want to see patients and experience bedside teaching. Patients want to be back in clinic, interacting with their healthcare professional: now there's choice. We tend to see every new patient face to face the first time, then offer them telephone follow-up if appropriate. There's a cost- and time-saving element for patients to virtual follow-up when it works.

Of course, there are benefits to Teams and Zoom; it allows you to reach a wider audience, to help people access education in different ways. It gave us time to create new online content and allowed flexibility in the way people access their education. Technology also gave us new ways to disseminate knowledge; we spent a lot of time during the height of the pandemic working out the best way to get important information out to a wide audience quickly. There were times we surprised ourselves and achieved things that in normal times you'd say couldn't be done – like educating hundreds of nurses in the space of a couple of weeks on how to use continuous positive airway pressure (CPAP) machines. Some of the digital tools and innovative solutions will definitely stay with us, especially in a geographically dispersed healthcare environment like BCUHB. We're really focusing on how we get it right, especially as we develop plans for the new medical school in Bangor.

Dr Daniel Menzies

Consultant respiratory physician
Clinical director for medical education
Betsi Cadwaladr University Health Board



‘Ultimately, it’s my job to represent junior doctors’ interests at a senior level’

Before the pandemic, there was a big focus on personal resilience training. The emphasis was on looking after yourself to prevent burnout, manage stress at work and stop yourself developing low mood, anxiety or depression. But the elephant in the room is that if you’re working a very intensive rota with a massive workload, starting early and leaving late, no amount of mindfulness is going to make a difference. Then COVID-19 struck.

Staff were asked to work outside of their normal environment and working pattern, and there was a sense of suppressed fear around the place. But for the first time we started talking about wellbeing and hearing about NHS staff burnout in the news. Clinical psychologists in the health board came together to produce staff wellbeing services and set up a hub for drop-in emotional support. The executive board approved funding to continue offering wellbeing services in the long term and I was appointed as an advocate of safe working and wellbeing in April 2022. My role is to monitor adherence to the working time directive and keep an eye on junior doctors’ hours and their wellbeing. NHS organisations in Wales and the British Medical Association have agreed that doctors’ workload should be monitored twice a year, to protect them from working too much.

Moving forward we want to know whether people want drop-in clinics, or perhaps they would prefer to email me, or contact me through the postgraduate centre or through the junior doctor forum. Should this apply to consultants as well as juniors? We’re also considering how best to measure the success of the role. Essentially, we’re trying to flesh out where we’re going with this. We want to ensure that facilities are improved – out-of-hours food, rest facilities, mediation with senior colleagues. Ultimately, it’s my job to represent junior doctors’ interests at a senior level.

Dr Maddie Phipps

Consultant in pain management
Advocate of safe working and wellbeing
Betsi Cadwaladr University Health Board



‘When you’re a patient who repeatedly arrives in the emergency department with the same kind of crisis, you usually know what needs to be done’

I’m a congenital heart patient who receives most of my planned specialist care in England, but any emergency care in north Wales. I had three open heart surgeries as a child, and several cardiac ablations since. After one very complicated ablation in 2018, I was transferred to ICU, intubated and monitored for 5 days. I can’t quite piece together all the events, but I do remember waking up, very briefly, to a large group of medics around my bed. I don’t know how but I managed to communicate that I had previously suffered endocarditis and septic shock and that they need to give me benzylpenicillin. Within minutes I was asleep again due to the anaesthetic medication I was prescribed.

A few days later, I was certain the peripherally inserted central catheter line was brewing an infection. The first nurse I spoke to didn’t take me too seriously, but I didn’t give up, and persuaded an anaesthetist to replace the line for me. I really had to advocate hard that time.

I know my body; I know my condition. When you’re a patient who repeatedly arrives in the emergency department with the same kind of crisis, you usually know what needs to be done. Of course, there are pathways, and people must be triaged, but only once in 2 years can I remember someone saying, ‘let’s cut out the unnecessary conversations and call in a cardiologist.’ Sometimes it feels like there’s a real lack of decision making or initiative; as experienced as clinicians are in smaller hospitals, they don’t often see very complex patients or people living with a rare disease.

Lowri Smith
Patient advocate



‘Our app would enable the most complex patients to share accurate up-to-date information easily and quickly with clinicians at the front door’

The aim of our Bevan Exemplar project is to design a patient passport in app form, with relevant information about particularly complex patients and their conditions. Information could be uploaded by the patient themselves and by their clinical team or anyone involved in their care. It would be particularly useful for patients who travel between different organisations for their care.

We’re still so dependent on paper notes. Even within the health board it can take time to get the notes around previous admissions and discharge letters when a patient is admitted to hospital. The idea is that patients would carry this information wherever they go; they could send the information to other teams via email so that anyone could access the files.

There’s not much out there that’s similar. We only found 12 studies into patient passports or patient-owned health records or patient-owned care since 2000. And they weren’t particularly relevant – a lot of them were intended as patient information guides, and very few were patient-specific. There was one paediatric asthma study from New York,

but it was very small. On the whole, the results were positive, but it was criticised for being on paper, which stresses the importance of this being an app. In an emergency people could easily forget a folder, but they’re unlikely to forget their phone. We did find out recently that the personal child health record (or ‘red book’) is now available as an app in London, which makes a lot of sense.

Our app would enable the most complex patients to share accurate up-to-date information easily and quickly with clinicians at the front door, giving a detailed medical history, condition-specific advice and contact details for their specialist team, as well as reassuring the treating doctor that it’s completely fine to ring the specialist team for advice.

Dr Katie Ward

Internal medicine trainee
Betsi Cadwaladr University Health Board



'It's a really good news story for north Wales: we've built our reputation locally, regionally, nationally and beyond, which is fantastic'

When the pandemic began, the whole of society had to adapt, including the NHS. We took a one Wales approach to the COVID-19 vaccine study. Being in north Wales, I was very keen that we should play a part; everything was set up phenomenally quickly. We had real engagement from BCUHB executive team in setting up the [Novovax research trial](#), which we managed in 8 days, and is the biggest study in terms of both financial income and participants that we've ever had in north Wales. It was a huge effort from the whole team, and we've even managed to over-recruit to some very competitive trials.

We've really upskilled our team. There were a lot of staff members who wanted to get involved in research but didn't really know how to get started. It's brilliant that we have had GPs get involved, some of whom are now ready to run large scale trials.

We're also part of the COV-Boost vaccine trial, the first study in the world to look at boosters, designated by the UK government as the most important study in the world in 2021. There are various sub-studies, some of which we led from north Wales, informing into Welsh, UK and worldwide booster policy.

The experience has raised our profile, with television appearances and recognition from national organisations in Wales. It's a really good news story for north Wales: we've built our reputation locally, regionally, nationally and internationally, which is fantastic – it's good to have some success stories outside of south Wales.

My plan was always to set up a new clinical research facility. We did a lot of stakeholder engagement with academic institutions, NHS bodies, participants, patients and staff, and opened our doors in October 2021. We're undertaking early phase clinical studies.

You know, across north Wales and its bordering areas, there are around 1,000,000 who don't routinely have access to experimental medicines: patients often have to travel to Manchester or Cardiff which can be very difficult. We're hoping to tackle this healthcare inequality, and we are considering a hub and spoke model to recruit patients from the English border areas, and as far over as Bangor which would be really exciting.

We started out in rented accommodation, but we quickly realised we need increased capacity. Following a £1.6 million business case, I'm hoping that in 2023, we can open a bespoke unit with state-of-the-art facilities, including laboratories, clinical sinks, ensuite side rooms, a participant relaxation room, resuscitation facilities, 24/7 temperature monitoring equipment, and 24/7 junior doctor on-call cover. We're now taking part in a commercial phase one study which is a first for north Wales. There's a [new website](#) and we've recruited two academic trial fellows who link us with Bangor University and the medical school. There's a research pharmacist joining us soon, and we're hoping to branch out into genomics studies.

We want to raise awareness and encourage people to get involved. North Wales has such huge potential. We've empowered staff to run studies independently, which will undoubtedly help with recruitment and retention of staff in BCUHB. It's already helped us to develop a local, national and international reputation and I think it's just great that we're flying the flag for Wales and the north.

Dr Orod Osanlou

Director, North Wales Clinical Research Facility
Consultant in clinical pharmacology and therapeutics and general internal medicine
Senior clinical lecturer pharmacology/pharmacy, Bangor University

'In some cases, the decision to admit an older, frail person could put them at risk of contracting and dying from COVID-19 in hospital'

During my postgraduate research degree, I studied hospital acquired pneumonias (HAPs) which are a form of bacterial nosocomial infection. They are very common and a leading cause of death, but there is very little previous research out there. A scoping review of the literature found two themes: firstly, people catch HAPs when they have poor health or if they are taking certain medications, or if they are intubated, and secondly, patients with HAPs end up less able to care for themselves.

I am particularly interested in frailty, which affects older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care. I wanted to know how frailty affects how a patient may or may not develop a HAP, and specifically, how they will appear when examined by doctors who are trying to diagnose HAP. Again, this is not something that had been studied before.

With the help of my colleague, we carried out research in Ysbyty Gwynedd over 5 months on two medical wards, and found that interestingly, a patient's frailty score didn't have much of an impact on how they presented with HAP, or how quickly they acquire one. We did find that it may be the case that the higher a frailty score, the more likely a patient is to die during their time in hospital should they acquire a HAP.

When the COVID-19 pandemic began, we halted the study to avoid affecting our results. However, we continued collecting some data regarding number of admissions, length of stay, age, PPE usage and number of HAP diagnoses. At this time, older, more frail patients were not being admitted for fear of them being put at risk of contracting and dying from COVID-19 in hospital, and we found there was a huge drop in rates of HAP. Length of stay also dropped significantly, and there was a big change in how we cared for inpatients.

Logically, therefore, the less time a patient stays in hospital, the less likely they are to catch HAP. However, this was happening while there was also widespread and mandated PPE use with social distancing measures in place. So should hospitals continue the routine wearing of PPE and isolate patients with HAP in order to reduce infection rates in the future?

Dr Peter Kempster

Former RCP associate college tutor

Internal medicine trainee

Betsi Cadwaladr University Health Board



'In the last cohort before COVID-19, every sixth-form student who completed the full 2-year programme got an offer for at least one medical school'

Between 2009 and 2011, there wasn't one single applicant to medical school from half of the schools in the UK. A fifth of medical school undergraduates and a third of Oxbridge undergraduates are privately educated, while only 6% of children in the UK as a whole are privately educated. This represents a waste of talent; it means that the medical workforce demographic doesn't represent the population it serves. It leads to underserved geographical areas.

I don't believe that widening access to medicine has to be about turning troubled drug-addicted teens into doctors. I think it's about the hundreds of state school children in north Wales with A grades who simply don't see medicine as a viable option. They don't understand the system, they don't know how to play the game during the medical school interviews because they don't have the parents or the support network to teach them. They don't have the sense of confidence and self-belief that some children get from private school.

Here in north Wales, [the local SEREN network](#) identifies state school children with excellent GCSE grades and invites them to a welcome event with universities showcasing engineering, law and medicine – which is where I come in. To get into medical school, applicants need to ace the University Clinical Aptitude Test (UCAT) and the interview. Around 40 sixth formers will sign up at the beginning of Year 12, and the numbers do drop off: we make them go through hurdles.

It's a tough system. It has to take precedence over everything else. We set them assignments they have to complete to be accepted for work experience. It's interesting that the stricter we are, the more they take it seriously. They are split into groups, with weekly sessions where they might have to give a talk about a difficult subject or take part in a group activity around ethics. They do practice UCAT questions and online quizzes. The survivors get to spend a week in the hospital at the end of Year 12. The following year, there's a lot of interview practice for those who decide to go ahead with an application to medicine.

In recent times, we've moved a lot of our content onto Teams and SharePoint, which has been great and has allowed us to expand the programme. There's a very successful dentistry stream now using the same format. The Welsh government has funded an administrator and it's part of the job plan for our academic foundation 2 trainees. It takes up a lot of volunteer time. We need people to get involved, offer clinic time and act as interviewers. But it's worth it. In the last cohort before COVID-19, every sixth-form student who completed the full 2-year programme got an offer for at least one medical school.

Dr John Glen
Honorary senior lecturer
University of Bangor

Educating, improving, influencing

Through our work with patients and doctors, the Royal College of Physicians (RCP) is working to achieve real change across the health and social care sector in Wales. We represent 40,000 physicians and clinicians worldwide – educating, improving and influencing for better health and care. Over 1,600 members in Wales work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. We campaign for improvements to healthcare, medical education and public health.

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**Royal College
of Physicians**

Coleg Brenhinol
y Meddygon (Cymru)



Committee Chair's Report

Name of Committee:	Together 4 Mental Health Partnership Board (T4MHPB)
Meeting date:	Friday 7 th October 2022
Name of Chair:	Lucy Reid, BCUHB
Responsible Director:	Teresa Owen - Executive Director Public Health
Summary of business discussed:	<ul style="list-style-type: none"> - <u>Patient Story</u> - Members were presented with a story of a lady who had accessed Mental Health services and benefited from a very useful and powerful perspective from her husband who is his wife's primary carer. - Key themes included: <ul style="list-style-type: none"> o Communication with both patients and carers is of fundamental importance; o Involvement of the patient and carer in treatment plan and decision making processes; o Appointment timings and Clinical Team member changes lead to unnecessary anxiety. o The Mental Health and Learning Disability Division are currently Patient and Carer experience strategies and provision. - <u>T4MH Strategy Renewal</u> - The first of three workshops has now been held, it went well involving a variety of stakeholders and has led to positive feedback being received in relation to the format of the day. It was noted that the workshop also offered excellent networking opportunities for attendees. - <u>CAMHS NWD Report</u> - An update was provided and it was recognised that much of the work was between Health and Social Care Partners and some very positive statements were shared. The Strategy was refreshed at a previous Partnership Board and they are currently working on the implementation stage. - The newly developed model moves away from the traditional tiers used previously as they have been found to cause barriers. - Key points drawn from the presentation included: <ul style="list-style-type: none"> o Reduction in numbers from last year; o Recovery from the pandemic has taken some time;

	<ul style="list-style-type: none"> ○ Improvement actions to delivering current working times; ○ Demand has seen a 6% increase in complexity on a national basis and has led to a number of challenges around discharge; ○ Eating Disorder Services have seen an increase in referrals of young people. <ul style="list-style-type: none"> - <u>The impact of COVID-19 on Mental Wellbeing</u> - A Comprehensive report was presented and the Board acknowledged the key messages; - The preventative agenda is of fundamental importance as is accessibility to services. <ul style="list-style-type: none"> - <u>Psychological Therapies Update</u> - Local and national interest to continue to implement the strategy around Adult Psychology was noted. - Access to services had both improved and grown and investment in stepped care has been key, together with the development of new roles and strong Multi-disciplinary team working. <ul style="list-style-type: none"> - <u>NW Suicide & Self Harm Group Update</u> - Newly refreshed strategy which included updated Terms of Reference and a wider membership were discussed. It was acknowledged that a clear approach to the Strategic Framework was required.; - Good feedback was received following the workshop following the work completed by David Patel and Simon Jones. The focus on early years was felt to be very positive. <ul style="list-style-type: none"> - <u>Update from the North Wales Co-occurring Mental Health and Substance Misuse Implementation Group.</u> - The report and implementation plan were discussed. - The importance of GP engagement was highlighted and will be discussed at the next meeting. <ul style="list-style-type: none"> - <u>Regional Crisis Care – Broader Update</u> - A range of documents have been reviewed together with mapping of a patient journey through all possible scenarios to form a “blueprint” of what Crisis Care should look like. - The work highlighted accessibility and gateway issues to services.
<p>Key assurances provided at this meeting:</p>	<ul style="list-style-type: none"> • Continued dedication to partnership working to provide seamless provision of services for patients across the health economy.

Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • No significant key risks identified.
Targeted Intervention Improvement Framework Domain addressed	<ul style="list-style-type: none"> • Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners)
Issues to be referred to another Committee	<ul style="list-style-type: none"> • No issues to be referred
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • No matters to escalate
Well-being of Future Generations Act Sustainable Development Principle	<p><i>1. Balancing short term need with long term planning for the future;</i> <i>2. Working together with other partners to deliver objectives;</i> <i>3. Involving those with an interest and seeking their views;</i> <i>4. Putting resources into preventing problems occurring or getting worse; and</i> <i>5. Considering impact on all well-being goals together and on other bodies)</i></p>
Planned business for the next meeting:	Range of regular reports
Date of next meeting:	13.01.23

V1.0 approved