

Bundle Partnerships, People and Population Health Committee 9 December 2021

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

- 1 PP21/23 Apologies
- 2 PP21/24 Declaration of Interest
- 3 09:30 - PP21/25 Committee Terms of Reference
Louise Brereton
Recommendation
The Committee is asked to review the revised Terms of Reference and recommend their approval to the Board through the Committee Chair's Report
PP21.25a PPPHC ToR CEO Approved.docx
PP21.25b ToR Appendix 1 PPPH draft Terms of Reference 1.04 CEO Approved.docx
- 4 09:35 - PP21/26 Committee Annual Workplan
Louise Brereton / Chris Stockport
Recommendation
The Committee is asked to review and approve the Annual Workplan
PP21.26a PPPHC Annual workplan CEO Approved.docx
PP21.26b DRAFT PPPH Annual workplan CEO Approved.docx
- 5 09:40 - PP21/27 Draft minutes of the previous meeting held on 14.10.21 for approval
PP21.27 Minutes PPPH_Public Session 14.10.21 draft v.04.docx
- 6 09:42 - PP21/28 Matters arising and table of action
PP21.28 PPPHC Table of actions V2.doc
- 7 09:50 - PP21/29 Report of the Chair
Linda Tomos
- 8 09:53 - PP21/30 Report of the Lead Executive
Chris Stockport
- 9 09:56 - PP21/31 Notification of matters referred from other Board Committees on this or future agendas
PFIG action to consider a report on Staff Wellbeing - addressed in item PP21/39
- 10 THE FUTURE - Strategic items
- 10.1 09:57 - PP21/32 Living Healthier, Staying Well
Chris Stockport
Sally Baxter in attendance
Recommendation
The Committee is asked to receive the update on the refresh of the Health Board's long term strategy, Living Healthier, Staying Well
PP21.32 LHSW update CEO Approved.docx
- 11 Developing strategies or plans
- 11.1 10:11 - PP21/33 Draft Integrated Medium Term Plan (IMTP) 2022/25
Chris Stockport
John Darlington in attendance
Recommendation
It is recommended that PPPH Committee:
1. Receive this report and note the positive progress made in developing the draft 2022/25 IMTP
2. Critically review the draft plan and provide comment and feedback to further shape and improve the plan ahead of presenting to the Board for approval in January 2022.
3. Note the further work being undertaken to finalise the plan ahead of presenting to the Health Board in January 2022.
PP21.33a Draft Integrated Medium Term Plan (IMTP) 2022_25 CEO Approved.docx
PP21.33b IMTP draft 26-11-21 CEO Approved.pdf
- 11.2 10:26 - PP21/34 Developing the People & Organisational Development Strategy
Sue Green
Paper to follow
- 11.3 10:41 - PP21/35 Sustainability and Decarbonisation - NHS Wales Decarbonisation Plan 2021-2030

Sue Hill

Rod Taylor in attendance

Recommendation:

The Committee is asked to note

- the establishment of a decarbonisation programme board lead by the Executive Director Finance to progress the agenda and programme as set out in the Strategic Delivery Plan and to coordinate a wider and inclusive organisational response to achieving Welsh Government's sustainability and decarbonisation targets by 2030.
- the work being undertaken by the Carbon Trust to support the Health Board with developing a bespoke five-year decarbonisation plan and Sustainability Policy in response to Welsh Government targets for 2030.
- the presentation by NHS Shared Services – Specialist Estates Services on NHS plans for decarbonisation.

PP21.35 Sustainability and Decarbonisation v1.0.docx

PP21.35b Appendix 1 - NHS Wales Decarbonisation Strategic Delivery Plan.pdf

PP21.35c Appendix 2 - NHS Shared Services - SES - decarbonisation presentation.pdf

PP21.35d Appendix 3 - Draft ToR for the Decarbonisation Board Nov 2021.pdf

12 10:56 - Comfort break

13 THE PRESENT for assurance

13.1 11:06 - PP21/36 Director of Digital Healthcare Wales report

Helen Thomas Director DHCW in attendance

13.2 11:21 - PP21/37 Board Assurance Framework

Louise Brereton

Recommendation

The Committee is asked to

Discuss and note the report for assurance on the processes in place for managing the BAF risks;

Approve the reduction of the current risk score for BAF21-07: Mental Health Leadership Model to 12 (4x3) from 15 (5x3); and

Approve the reduction of the current risk score for BAF21-20: Development of an Integrated Medium Term Plan (IMTP) 2022/25 to 9 (3x3) from 12 (4x3).

PP21.37a. BAF cover report - PPPH Dec 2021 v1.0.docx

PP21.37b. Appendix 1 BAF PPPH Dec 21 - V2.0.pdf

PP21.37c BAF Appendix 2 Risk Key Field Guidance PPPH Dec 21.docx

PP21.37d. BAF Appendix 3 Overview of all BAF risks leads and scores.docx

13.3 11:31 - PP21/38 University Designation Criteria - Developments

Nick Lyons

Recommendation

The Committee is requested to receive this report for information

PP21.38 University Designation - Governance Developments - V2 CEO Approved.docx

13.4 11:46 - PP21/39 Progress Update for Staff Wellbeing Support Service (SWSS)

Sue Green

Recommendation

The Committee is asked to note the content of this update report and note the plans for the future as part of consideration of this report and the developing Integrated Medium Term Plan.

PP21.39a Staff Wellbeing Support Services report.docx

PP21.39b Staff Wellbeing Support Services report - Appendices v2.docx

13.5 12:01 - PP21/40 Emergency Planning Resilience and Response (EPPRR) position statement and Training and Exercising Progress Report

Gill Harris

Russell King in attendance

Recommendation

It is recommended that PPPH Committee:

1. Receive this report and note the developments to enhance our Emergency Planning Resilience and Response capability
2. Receive this further report on progress that has been made across the organisation on training and exercising.

PP21.40 EPRR report 9-12-21 CEO Approved.docx

13.6 12:11 - PP21/41 Test, Track and Protect update

Teresa Owen

Recommendation

The Committee is asked to note the following key actions underway:

- That recruitment is undertaken to ensure that all aspects of the Test Trace Protect Service are sufficiently robust to meet service demands until the end of the financial year.
- That senior members of the Test Trace Protect Team continue to liaise with partner organisations both locally and nationally, to work in partnership to address the changing service requirements.
- That the North Wales Test Trace Protect Team support the current Welsh Government review of TTP, and implement the agreed strategy once concluded.

PP21.41a TTP update v2 CEO Approved.docx

PP21.41b TTP Update (December 21) CEO Approved.docx

13.7 12:16 - PP21/42 North Wales Regional Programme Board update

Chris Stockport

Recommendation

The Committee is asked to note the updates received at the North Wales Regional Partnership Board meetings held on 9 October 2021 and 12 November 2021.

PP21.42a Approved RPB update v2 CEO Approved.docx

PP21.42b RPB appendix 1 Draft minutes NWRPB 9.10.2021 CEO Approved.pdf

13.8 PP21/43 Mid Wales Joint Committee - for information

Chris Stockport

Recommendation

The Partnerships, People and Population Health Committee is asked to receive the Mid Wales Joint Committee Update Report.

PP21.43 Mid Wales Joint Committee Update Dec21 draft v2 CEO Approved.docx

14 LEARNING FROM THE PAST

14.1 12:21 - PP21/44 Research and Development Report November 2021

Nick Lyons

Lynne Grundy in attendance

Recommendation

The Committee is asked to note the report

PP21.44a RD report CEO Approved.docx

PP21.44b RD report_app1 CEO Approved.docx

18 CLOSING BUSINESS

19 PP21/45 Items considered in private session at previous meeting

The Committee is asked to note the report

PP21.45 Previous private session items reported in public report.docx

20 PP21/46 Agree items for Board/Other Committees

21 12:31 - PP21/47 Review of Risks highlighted in the meeting for referral to risk management group

22 12:36 - PP21/48 Agree items for Chair's Assurance report

23 12:41 - PP21/49 Review of meeting effectiveness

24 PP21/50 Date of next meeting 10.2.22

25 Exclusion of Press and Public

Resolution to Exclude the Press and Public

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



Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Committee Terms of Reference						
Cyfarwyddwr Cyfrifol: Responsible Director:	Louise Brereton, Board Secretary						
Awdur yr Adroddiad Report Author:	Diane Davies, Corporate Governance Manager						
Craffu blaenorol: Prior Scrutiny:	Louise Brereton						
Atodiadau Appendices:	1. PPPH Committee Terms of Reference v1.03						
Argymhelliad / Recommendation:							
The Committee is asked to review the revised Terms of Reference and recommend their approval to the Board through the Committee Chair's Report							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
The Committee's Terms of Reference have been refreshed as part of the wider Integrated Governance Framework led by the Interim Director of Governance. Following discussion at the inaugural meeting held on 14.10.21, the following additional amendments were agreed to be undertaken and have been addressed within the revised ToR attached: <ul style="list-style-type: none"> • The Executive Director of Workforce and OD undertook to consider how workforce assurance was provided, especially in regard to 3.2.11. • The assurance reports outlined in 8.5 were agreed to be reviewed by the Board Secretary • Insertion of reference to Digital Health Care Wales (DHCW) (following Mental Health Partnership Board) within 3.2.5 to ensure more specific linkage between BCU and DHCW. • Section 3.1.6 to refer to Digital Strategy Plans and Development instead of Digital Development. 							
Cefndir / Background:							
The Board approved the Integrated Governance Framework at its meeting of 15 th July 2021 which included the replacement of the Strategy, Partnerships and Population Health Committee with the Partnerships, People and Population Health Committee.							

The Terms of Reference were subsequently amended to reflect changes in regard to officers in attendance at the meeting held on 14.10.21.
Asesu a Dadansoddi / Assessment & Analysis
The Committee is being presented with this amended version in respect of good governance and version control.
Opsiynau a ystyriwyd / Options considered
Not applicable
Goblygiadau Ariannol / Financial Implications
Not applicable
Dadansoddiad Risk / Risk Analysis
Not applicable
Cyfreithiol a Chydymffurfiaeth / Legal and Compliance
The Committee is required through the Health Board's Standing Orders to operate within its terms of reference
Asesiad Effaith / Impact Assessment
Not applicable

Partnerships, People and Population Health Committee



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Terms of Reference and Operating Arrangements

1. INTRODUCTION

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

2. PURPOSE

- 2.1. The purpose of the Committee is to provide advice and assurance to the Board with regard to the development and oversight of the Health Board's enabling strategies. The Committee will do this by ensuring that the workforce strategies are aligned and that strategic collaboration and effective partnership arrangements are in place to improve population health and reduce health inequalities.

3. DELEGATED POWERS

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

3.1.5. Oversee and provide evidence based and timely advice to the Board on relevant risks and concerns.

3.1.6. Provide relevant evidence based and timely advice to the Board on:

- People & Organisational Development strategy, plans and performanceStaffing matters
- Population health outcomes and prevention strategies.
- Transformation capacity delivery and planning.
- Delivery of the Corporate Strategy (improving outcomes for citizens), including in services delivered in partnership.
- Digital Strategy Plans and Development

3.1.7. Receive the results of relevant audits (clinical and non-clinical) and any other relevant investigations and provide the Board with evidence based impact assessment of the implementation of the recommendations.

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

3.2.1. Ensure that current and emerging service strategies adhere to national policy and legislation-, the priorities of the Health Board and are underpinned by robust population health needs assessment, people, resourcingworkforce and financial plans and provide for sustainable futures.

3.2.2. Receive regular assurance reports on health and care clusters and primary care development, recognising the central role played by primary care in the delivery of health and care.

3.2.3. Advise and assure the Board in discharging its responsibilities with regard to the development of the Health Board's medium and long term plans, together with the Annual Operating Plan;

3.2.4. Ensure the Health Board's response to new and revised legislative requirements in relation to service planning and delivery, providing assurance that statutory duties will be appropriately discharged, ensuring strategic alignment between partnership plans developed with Local Authorities, Universities, third sector and other public sector organisations;

3.2.5. Receive regular performance and assurance reports from the Public Service Boards and Regional Partnership Board, Mental Health Partnership Board, Digital Health Care Wales (DHCW) and other key partnerships as agreed by the Board.

3.2.6. Ensure that the Health Board meets its duties in relation to Welsh language, civil contingencies legislation and emergency preparedness.

3.2.7. Ensure the alignment of supporting strategies such as People & Organisational DevelopmentWorkforce, and Digital in the development of the strategic delivery plans;

- 3.2.8. Ensure that the partnership governance arrangements reflect the principles of good governance with the appropriate level of delegated authority and support to discharge their responsibilities; and monitor sources of assurances in respect of partnership matters ensuring these are sufficiently detailed to allow for specific evaluations of effectiveness including but not limited to Digital Health Care Wales.
- 3.2.9. Ensure appropriate arrangements for continuous engagement are in place; and review assurances on Consultation feedback
- 3.2.10. Monitor performance against key peopleworkforce indicators as part of the Quality Report;
- 3.2.11. Receive assurance reports in relation to People & Organisational Development across all staff groups including but not limited to -planning, commissioning, optimisation, education and learning, engagement & wellbeing workforce, to include job planning under Medical and Dental contracts for Consultants and Specialist and Associate Specialist (SAS) doctors and the application of rota management for junior doctors.

4. AUTHORITY

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

5. SUB-COMMITTEES

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

6. MEMBERSHIP

6.1. Members

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

6.2. In attendance

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

6.3. Right of Attendance

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

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

6.4. By Invitation

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

6.5. Member Appointments

- 6.5.1. The membership of the Committee shall be determined by the Chair of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific

requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

- 6.5.2. Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chair of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

6.6. Secretariat

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

6.7. Support to Group Members

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

7. COMMITTEE MEETINGS

7.1. Quorum

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

7.2. Frequency of Meetings

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

7.3. Withdrawal of individuals in attendance

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

7.4. Conduct of Meetings

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

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

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

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 8.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.
- 8.5. Receive assurance and exception reports from
- Executive Delivery Group People and Culture
 - Executive Delivery Group Transformation and Finance.
 - ~~Organisational Development Group.~~
 - Population Health Group.
 - Strategic Equalities Forum
 - Risk management Group?

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1. The Committee Chair shall:

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

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

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum

11. REVIEW

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

V1.03-04 for consideration at Inaugural PPPHC 9.12.21



Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Committee Annual Workplan						
Cyfarwyddwr Cyfrifol: Responsible Director:	Louise Brereton, Board Secretary						
Awdur yr Adroddiad Report Author:	Diane Davies, Corporate Governance Manager						
Craffu blaenorol: Prior Scrutiny:	Louise Brereton						
Atodiadau Appendices:	1. PPPH Annual Workplan						
Argymhelliad / Recommendation:							
The Committee is asked to review and approve the Annual Workplan							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
The Committee's Annual Workplan has been refreshed as part of the wider Integrated Governance Framework led by the Interim Director of Governance.							
Cefndir / Background:							
The Board approved the Integrated Governance Framework at its meeting of 15 th July 2021 which included the replacement of the Strategy, Partnerships and Population Health Committee with the Partnerships, People and Population Health Committee. The template annual workplan has been subsequently amended to reflect the changes in scope of the Committee and to ensure all previous relevant business has been transferred to the PPPH Committee							
Asesu a Dadansoddi / Assessment & Analysis							
The Committee is being presented with this amended version in order to plan effectively future committee business and ensure appropriate consideration to areas delegated by the Board to the Committee set out in the Terms of Reference.							
Opsiynau a ystyriwyd / Options considered							
Not applicable							

Goblygiadau Ariannol / Financial Implications

Not applicable

Dadansoddiad Risk / Risk Analysis

Not applicable

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The Committee is required through the Health Board's Standing Orders to operate within its terms of reference.

Asesiad Effaith / Impact Assessment

Not applicable

Appendix 1 DRAFT PPPH CYCLE OF BUSINESS – for discussion 9.12.21 PPPHC meeting

Agenda item	Apr	June	Aug	Oct	Dec	Feb
Opening Business						
Apologies	✓	✓	✓	✓	✓	✓
Declaration of Interests	✓	✓	✓	✓	✓	✓
Minutes from previous meeting	✓	✓	✓	✓	✓	✓
Matters Arising & Table of Actions	✓	✓	✓	✓	✓	✓
Report of the Chair	✓	✓	✓	✓	✓	✓
• Chair's Action	✓	✓	✓	✓	✓	✓
• Feedback from Board	✓	✓	✓	✓	✓	✓
Report of the Lead Executive	✓	✓	✓	✓	✓	✓
Notification of Matters referred from other Board Committees on this or future agendas	#	#	#	#	#	#
Strategic Items for Decision – The Future						
Developing New Strategies or Plans						
Corporate Strategy Living Healthier, Staying Well	✓	✓	✓	✓	✓	✓
Tier 1 Strategies for Board Approval – to be defined in the corporate strategy (Living Healthier, Staying Well)						
• IMTP				✓	✓	✓
• Transformation (TBC)						
• Partnership (TBC)					✓	
• Stronger Together – Draft Framework People & OD Strategy 2022 – 2025						
• Asset Management						✓
• Clinical Services Strategy		✓		✓		✓
• Winter Resilience Planning				✓		
Tier 2 Strategies for committee approval – to be defined in the corporate strategy (Living Healthier, Staying Well)						
• Equalities				✓		
• Third sector engagement strategy (TBC)						
Monitoring Existing Strategies or plans						
Monitoring Tier 1 Strategies on behalf of the Board – as defined in the corporate strategy)						
• IMTP	✓	✓	✓	✓	✓	✓
• Transformation						✓
• Annual review Digital Strategy				✓		
• Partnership (TBC)				✓		

Agenda item	Apr	June	Aug	Oct	Dec	Feb
<ul style="list-style-type: none"> • People & OD Strategy • Mental Health Strategy • Learning Disability Strategy • Dementia Strategy 	✓ ✓ ✓					
Monitoring Tier 2 Strategies for committee approval – as defined in the corporate strategy) <ul style="list-style-type: none"> • Equalities • NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 	✓			✓		
Other						
Endorse relevant policies reserved for Board approval	#	#	#	#	#	#
Agree relevant policies reserved for committee approval	#	#	#	#	#	#
Policy status update including relevant policies reserved for Executive approval	✓				✓	
Civil contingency / business continuity progress and end of year update including Major Incident Plan		✓				✓
Partners Strategy Presentations T4 MH	#	#	#	#	#	#
Medical and Health Sciences school progress update				✓		✓
University status update					✓	
The Present						
Board Assurance Framework related to committee	✓	✓	✓	✓	✓	✓
Directorate Operational Reports (incorporating seeing services from the front line) <ul style="list-style-type: none"> • Public Health (Including Adverse Child Experience, Smoking Cessation, Healthy Lives, Well North Wales Inequalities, Alcohol Use, Vulnerable Groups) • Workforce and OD • Strategy and Planning • Population Health (including Primary Care Clusters, Health Inequalities, and Public Sector Equality Duty) • Informatics (Digital) assurance report incl KPIs • Primary Care to incorporate: <ul style="list-style-type: none"> ➤ Area Integrated Service Boards 	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓

Agenda item	Apr	June	Aug	Oct	Dec	Feb
<ul style="list-style-type: none"> ➤ Cluster IMTPs ➤ National Operating Framework for Primary and Community Care & Delivery Milestones ➤ Primary Care Contracts national negotiations (annual summary of contract changes across the 4 contractor services) 						
Assurance reports on Particular Areas of Concern – time limited	#	#	#	#	#	#
Workforce Quarterly Report (prev to F&P) Incorporate Staff survey reports in appendices October and February as arise		✓ Q4	✓ Q1	✓ Q2		✓ Q3
Speak out safely report	✓			✓		
Corporate Health at Work			✓			✓
IMTP - Annual Plan and compliance with the Wellbeing of Future Generations (Wales) Act (2015)		✓			✓	✓
Well Being of Future Generations (WFG Act) Auditor General Wales report and BCUHB response						✓
Welsh Language Standards compliance monitoring report		✓			✓	
Partnership Governance Arrangements			✓			✓
Test, Track and Trace Programme Update	✓	✓	✓	✓	✓	✓
Consultations and Engagement Outcomes Report			✓			✓
National Digital Systems and timelines of events annual plan		✓		✓		✓
Digital Health and Care Wales update		✓		✓		✓
Digital Partner organisations arrangements – other partners to be identified						
Annual Reports						
Committee Annual Report to Audit Committee	✓					
Review Committee Terms of Reference	✓					
Equality Annual Report		✓				
Workforce Annual Report		✓				
Welsh Language service Annual Monitoring report				✓		
Public Health Annual report				✓		
Area Planning Board – Substance Misuse – annual report			✓			
International Health Annual report			✓			

Agenda item	Apr	June	Aug	Oct	Dec	Feb
Research and Development annual report					✓	
Learning from – The Past						
Independent Assurance Reviews	#	#	#	#	#	#
Internal Assurance Reviews	#	#	#	#	#	#
Public Ombudsman reports	#	#	#	#	#	#
Chairs Assurance Reports						
Chairs Assurance Reports from Strategic and Tactical Delivery Groups (for assurance)						
<ul style="list-style-type: none"> • Executive Delivery Group – People and Culture • Executive Delivery Group – Transformation and Finance • Population Health Group • Strategic Equalities Forum 	✓	✓	✓	✓	✓	✓
Chairs Assurance Reports (for information)	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> • Executive Delivery Group - Quality Improvement • Risk Management Group (TBC) 						
Partnership Meetings						
<ul style="list-style-type: none"> • Regional Partnership Board • Public Service Board – Gwynedd and Anglesey* • Public Service Board – Flintshire* • Public Service Board – Wrexham* • Public Service Board – Conwy and Denbighshire* • Together for Mental Health Partnership Board • Mid Wales Joint Committee • *= and Area Director to report Area Integrated Service Board • += invite Head of Collaboration to support RPB item 	✓+	✓	✓ ✓*	✓+	✓ ✓*	✓ ✓*
Transformation Fund updates						✓
<ul style="list-style-type: none"> • Community Services • Children Young People/ CAMHS • Mental Health • Learning Disability 	✓ ✓	✓	✓			

Agenda item	Apr	June	Aug	Oct	Dec	Feb
Other						
Innovation	✓					
Appropriate Audit reports (Clinical / Non-Clinical)						
Closing Business						
Agree Items for referral to Board / Other committees	✓	✓	✓	✓	✓	✓
Review of Risks highlighted in the meeting for referral to Risk Management Group	✓	✓	✓	✓	✓	✓
Agree items for Chairs Assurance Report	✓	✓	✓	✓	✓	✓
Review of Meeting Effectiveness	✓	✓	✓	✓	✓	✓



**Partnerships, People and Population Health (PPPH) Committee
Draft minutes of the inaugural meeting held in public on 14.10.21
via Teams virtual platform**

Present:	
Linda Tomos Nicky Callow John Cunliffe Lyn Meadows	Independent Member (Chair) Independent Member Independent Member Independent Member
In Attendance:	
Sally Baxter Louise Brereton Clive Caseley Phil Corrin Simon Evans-Evans Sue Green Bethan Jones Nick Lyons Rob Nolan Teresa Owen Justine Parry Catrin Roberts Chris Stockport Adrian Thomas Kamala Williams Diane Davies	Assistant Director ~ Health Strategy Board Secretary Interim Director Partnerships, Engagement and Communications Interim Director of Digital (part meeting) Interim Director of Governance (part meeting) Executive Director of Workforce and Organisational Development (OD) Area Director (Centre) (part meeting) Executive Medical Director Finance Director – Commissioning and Strategic Financial Planning (part meeting) Executive Director Public Health Assistant Director Risk and Assurance (part meeting) Head of Regional Collaboration (part meeting) Executive Director Primary Care and Community Services (Lead Director) Executive Director Therapies and Health Sciences Acting Director of Performance (part meeting) Corporate Governance Manager (Committee secretariat)
Observing	
Andy Burgen Mark Butler Dave Harris	Vice Chair North Wales Community Health Council Good Governance Institute Head of Internal Audit

Agenda item	Action By
<p>PP21/1 Committee Terms of Reference</p> <p>PP21/1.1 The Board Secretary presented this item, she referred the Committee to the Integrated Governance Framework which the Board had approved in July 2021 and included a revision of the Committees supporting the Board. The Terms of Reference (ToR) provided had been further updated to include the Director of Partnerships, Engagement and Communications as an officer in attendance.</p>	

<p>PP21/1.2 The Committee discussed the ToR and put forward a number of comments. Committee members questioned whether there was a mechanism in place to ensure that all business undertaken by the previous Committees had been transferred to those that had been newly established. A review was recommended to be undertaken to ensure that Independent Members were not drawn into operational matters. It was suggested that the Operational Plan monitoring report should contain reference to identify which actions the Committee was responsible for receiving appropriate assurance. The Executive Director of Workforce and OD undertook to consider how workforce assurance was provided especially in regard to 3.2.11.</p> <p>PP21/1.3 A discussion ensued following the Executive Medical Director's comment that it would be important to ensure that Population Health was not considered as a specialism but rather was embedded within clinical pathway consideration and mainstreamed. Whilst the Executive Director of Public Health acknowledged this, following recent audit reports, she remarked that there was a current need to maintain this. In addition, she was pleased to note that both Welsh language and Emergency Preparedness were explicit within the ToRs.</p> <p>PP21/1.4 The assurance reports outlined in 8.5 were agreed to be reviewed by the Board Secretary along with ensuring insertion of reference to Digital Health Care Wales (DHCW) (following Mental Health Partnership Board) within 3.2.5 to ensure more specific linkage between BCU and DHCW. It was also agreed that section 3.1.6 refer to Digital Strategy Plans and Development instead of Digital Development.</p> <p>It was resolved that the Committee reviewed the revised Terms of Reference and, subject to the Board Secretary incorporating and circulating the amendments agreed, approved submission to the Board through the Committee Chair's Report.</p>	<p>LB</p> <p>LB</p> <p>CS-KW</p> <p>SG</p> <p>LB</p>
<p>PP21/2 Apologies</p> <p>Apologies were received on behalf of Jo Whitehead and Gill Harris.</p> <p>It was noted that Mark Butler of the Good Governance Institute (GGI) was present to observe the Committee as part of a wider Board Development programme and he, or other colleagues, would be present at other Committee meetings going forward.</p>	
<p>PP21/3 Declarations of Interest</p> <p>None received.</p>	
<p>SP21/4 Draft minutes of the final Strategy, Partnerships and Population Health Committee meeting held on 10.8.21</p> <p>The minutes were approved.</p>	
<p>PP21/5 Matters arising and table of actions</p> <p>PP21/5.1 There were no matters arising.</p>	

<p>PP21/5.2 In discussion of the table of actions going forward, the secretariat undertook to ensure future tables of action assigned actions to Executives present only, in order to ensure appropriate accountability.</p> <p>PP21/5.3 The SPPHC summary action plan was updated and closed. All remaining open actions were assigned to an appropriate Committee table of actions going forward.</p>	LB
<p>PP21/6 Report of the Chair</p> <p>The Chair reported that as this was the inaugural meeting there was no business between meetings to report.</p>	
<p>PP21/7 Report of the Lead Director</p> <p>PP21/7.1 The Lead Executive/ Executive Director of Primary Care and Community Services advised that further work would be undertaken to ensure that transition from previous Committees to the present would enable the Cycle of Business going forward to capture all previous business and would be presented at the next meeting.</p> <p>PP21/7.2 In respect of the developing Integrated Medium Term Plan a Board workshop would be taking place and he gave a commitment that the December PPPHC would receive a draft costed plan for review.</p>	CS/LB CS
<p>PP21/8 Operational Plan monitoring report (OPMR) 2021-22 position at 30.9.21</p> <p>PP21/8.1 The Acting Director of Performance presented the second quarter OPM report highlighting the changes to format that incorporated previous Committee feedback on narrative positioning and ensuring version control between various Committee and Board presentations. She advised that the number of actions had expanded in order to strengthen the monitoring of population health and also drew attention to Red actions.</p> <p>PP21/8.2 The Committee raised concerns on what practical actions were being undertaken to address 1.3 Safe Clean Care – Harm Free emphasising that the actions to address the non availability of staffing issues needed to be reflected in the report in order to provide the assurance required. On page 11 2.1- Deliver Symphony Phase 3, the Committee queried why the action was Red and not Amber. On page 20 R1- Continuation of AccuRx communication platform, concern was raised that there was a reporting issue to reflect. P32 – Recovering access to timely planned pathways, the Acting Director of Performance undertook to explore the issues further and provide feedback.</p> <p>PP21/8.3 The Committee requested that the report include reference to which Committee was responsible for monitoring each action.</p> <p>PP21/8.4 In regard to the delay in preparing for a new Medical and Health Sciences School the Executive Director of Primary Care and Community services explained that the Executive Team had the previous day been in discussion on what could be additionally</p>	CS-SH CS-SH

<p>offered in order to improve the facility. He advised that a meeting with the University would be taking place the following week to move this forward.</p> <p>PP21/8.5 The Committee suggested that an overall RAG status might be offered up to the Committee and whilst in agreement that the quality of the report had improved there was a need to reflect activities which resolved situations within the report.</p> <p>PP21/8.6 The Committee pointed out that there was a danger that exception reporting only highlighted negative issues and it was equally important to address and celebrate positive achievements.</p> <p>PP21/8.7 The Committee Chair asked the Committee members to reflect on whether a discussion between meetings might be held to provide further feedback to the next meeting on what was required in order to attain an adequate balance of narrative in future reports.</p> <p>It was resolved that the Committee scrutinised the report and provided feedback on enhancements to the report format</p>	<p>CS-SH</p> <p>Members</p>
<p>STRATEGIC ITEMS - THE FUTURE</p> <p>Developing strategies or plans</p>	
<p>PP21/9 Living Healthier Staying, Well Strategy progress update</p> <p>PP21/9.1 The Assistant Director Health Strategy presented an update reporting on the volume of responses received to date and the general feedback, which was being reported to the BCU/CHC Board meeting the following week. Early findings from the feedback were</p> <ul style="list-style-type: none"> ▪ Most support the goals BUT concern about capacity to deliver ▪ Concern about staff and wider community infrastructure to support delivery ▪ Culture, leadership, development ▪ Access, transport, rurality ▪ Impact of Covid-19 ▪ Importance of prevention ▪ Concerns about waiting times for GP appointments, hospital care ▪ Concern about poorer mental health and well-being, and waiting times for support ▪ Patient experience – quality, service gaps, communications between parts of the system and with patients and families <p>PP21/9.2 She emphasised the light touch approach being taken with the intention to increase partnership discussion in the future especially with the Regional Partnership Board, Leadership Board and Public Service Boards.</p> <p>PP21/9.3 The Committee was pleased to note that consultation was underway and that the partnership approach adopted would auger well for implementation. In response to the Committee Chair, the Assistant Director Health Strategy advised that whilst there had been more responses at the same juncture of the previous consultation this was to be expected due to the formal nature. Whilst the current number provided helpful data, more feedback would be better.</p>	

It was resolved that the Committee noted the update on work underway to refresh the Health Board's long term strategy, Living Healthier, Staying Well

PP21/10 Developing the People & Organisational Development Strategy and update on improvement from NHS Wales Staff Survey 2020

PP21/10.1 The Executive Director of Workforce and OD presented this item which set out progress on the development of the strategy and timeline. She also advised that when an improvement plan was in place a fundamental organisational reset would follow.

PP21/10.2 The Executive Director of Workforce and OD reported that, in moving forward the 'Discovery' stage of the Stronger Together programme, engagement would continue and focus on areas of greatest need as well as with staff groups who did not have access to IT systems eg Facilities. She reported that compelling feedback had been received and that external review findings had also been taken into account . The first Board Development session discussion had also taken place. The Executive Director of Workforce and OD emphasised that the strategy was co-designed with people across the organisation.

PP21/10.3 The Committee Chair questioned the role of the Committee in the development of this strategy and whether it was on track at present. The Executive Director of Workforce and OD reported that. on a positive note, rich data had been gathered from people within the organisation however, there was more work to do in relation to partnerships and population health. She was confident that this would be moved forward along with promoting colleagues to be health promotion ambassadors. Good progress had also been achieved in relation to academic and vocational education.

PP21/10.4 In response to the Committee, the Executive Director of Workforce and OD advised that a workforce plan would support the developing Living Well, Staying Healthy and Clinical strategies and this would be demonstrated at the following meeting when the draft strategy would be presented. Discussion ensued on how recruitment and developing skills for new roles would be supported. The Executive Director of Workforce and OD reflected on fundamental issues with staffing solutions offered within current business cases, pointing out that managers should seek to consider skill set solutions instead of traditional additional roles.

PP21/10.5 The Committee reflected positively that the strategy not only included staff education needs but also those of the local population.

PP21/10.6 In a discussion of the Committee's role, the Executive Director of Workforce and OD confirmed the assurance role. She also advised of the role that the People and Culture Executive Delivery Group would undertake in monitoring the delivery of the strategy.

It was resolved that the Committee noted the content of the update report

THE PRESENT for assurance	
<p>PP21/11 Integrated Digital Dashboard Quarter 1 Report 2021-22</p> <p>PP21/11.1 The Executive Director of Primary Care and Community Services invited the Interim Director of Digital to present this item which he acknowledged to be work in progress and was keen to understand how this could be shaped further to meet the needs of the Committee.</p> <p>PP21.11.2 The Interim Director of Digital drew attention to the Green RAG rated schemes reported however he provided further detail on amber and red schemes. Welsh Government funding delay had affected the Welsh Patient Administration Scheme at Ysbyty Gwynedd, however it was being progressed. In regard to the CANSIC national team delay, concerns was raised on the consequential impact on BCU. The Interim Director of Digital agreed to provide feedback to the Committee.</p> <p>PP21.11.3 The Committee commented that the report felt 'light' in comparison with the previous Digital and Information Governance Committee submissions and requested that future reports reflect RAG status definitions as within other Board and Committee reports for consistency. It was noted that the graph on page 10 needed to be corrected.</p> <p>PP21.11.4 Discussion ensued on the Welsh Community Care Information System (WCCIS). The Committee emphasised the disruption that the national scheme delay of 4 years had caused and concern was also raised on the issues that potentially unsupported software would have on the introduction of the current pilot scheme. The Interim Director of Digital agreed with the Committee's concern and advised that he had commissioned a review of the current situation which he would feedback on.</p> <p>PP21.11.5 In regard to the Single Sign In system delay, the Interim Director of Digital gave his undertaking to deploy this at pace as he emphasised the improvement this would make to clinical staff and would report on progress.</p> <p>PP21.11.6 The Committee sought to understand the next steps in relation to the Wales Audit Clinical Coding report page 9, recommendation one and also how national system outages were analysed post event, including a lack of business continuity arrangements. The Executive Director of Therapies and Health Sciences requested that progress on the LINC scheme also be reported. The Interim Director of Digital undertook to address each of these within the next Committee report.</p> <p>PP21.11.7 It was confirmed that the Director of Digital Health Care Wales was scheduled within the developing Cycle of Business to be present at the next meeting.</p> <p>PP21.11.8 At the conclusion of the discussion, the Committee noted that whilst the Digital Strategy had undertaken an engagement process, it would be important to undertake further alignment as BCU's Clinical Strategy was developed.</p> <p>It was resolved that the Committee reviewed and noted the report</p>	<p>CS</p> <p>CS</p> <p>CS</p> <p>CS</p>

Partnership Meetings	
<p data-bbox="70 277 1310 349"><i>The Head of Health Strategy, Head of Regional Collaboration and Area Director Centre joined the meeting</i></p> <p data-bbox="70 405 628 443">PP21/12 Regional Partnership Board</p> <p data-bbox="70 488 1358 875">PP21/12.1 The Head of Health Strategy introduced Catrin Roberts, Head of Collaboration of the Regional Partnership Board. She reported that the main headline of recent developments had been that the revenue fund, which had previously been for 3 years, was now to be put in place for 5 years which allowed for more transformative work to be undertaken and provided greater stability from April 2022 to March 2027. WG was keen to ensure co-production with Regional Partnership Leads and that learning and governance from previous work would be incorporated. It was understood that the WG was preparing guidance which would be available at the end of October in order that consultation could take place. In addition, whilst the funding available would not be known until December, it was likely to be at a similar level to previous funding.</p> <p data-bbox="70 931 1366 1126">PP21/12.2 The likely areas to be taken forward would be Home from hospital, Place based, Promotion of good health and emotional wellbeing and Preventing children entering care. In addition the RPB had agreed that a Children’s sub group be formed that would be led by BCU’s Area Director Centre and Ynys Môn’s Director of Childrens Services and would consider lessons learnt from the West Wales Regional Partnership Board.</p> <p data-bbox="70 1171 1358 1462">PP21/12.3 The Committee Chair questioned what would be an effective role for the Committee going forward. The Head of Collaboration referenced that Population Needs Assessments work had existing BCU representation, and informed the Committee that Public Service Board Chairs had recently met. She emphasised that partners undertook similar work and it was important for those organisations to promote awareness and share linkages to avoid duplication. It would be important that when WG funding priorities had been agreed that a mapping exercise be carried out against BCU priorities to identify those which were shared.</p> <p data-bbox="70 1503 1294 1574">PP21/12.4 The Committee Chair welcomed the Head of Collaboration’s offer to attend future meetings.</p> <p data-bbox="70 1615 1310 1794">PP21/12.5 The Committee questioned how funding had been monitored to assess the tranformational nature of the work and where funds had been used to support existing services. The Head of Collaboration stated that an evaluation was taking place and learning would be moved forward into future fund monitoring especially in regard to evaluating effectiveness and providing clarity on decision making at the end of phases .</p> <p data-bbox="70 1834 1310 1906">PP21/12.6 The Executive Director of Public Health welcomed more linkages with PSBs, especially in regard to population needs.</p>	CS

<p>It was resolved that the Committee noted the updates provided by the North Wales Regional Partnership Board, received notes of the meeting held on 9th July 2021 and welcomed future attendance by the Head of Regional Collaboration.</p> <p><i>The Head of Regional Collaboration left the meeting</i></p>	
<p>PP21/13 Public Service Board – Conwy and Denbighshire and Area Integrated Service Board</p> <p>PP21/13.1 The Area Director Centre presented this item. She provided a background to the PSBs and referenced the Area Integrated Service Board’s membership and purpose in the implementation of agreed strategies. The annual report reflected the effect that responding to the pandemic had had in slowing progress. However, work was now being undertaken on local needs and well being assessments which would inform future priorities. It was likely that the previous priorities would change, given the effect of the pandemic, and this would include greater focus on children’s services, therefore the RPB’s new Children’s sub group was welcomed. She drew attention to the progress of transformation funded schemes outlined within the report, especially funded Community schemes and stated that the Integrated Care Fund (ICF) Funded Projects were in the progress of being evaluated in order to agree the use of the revised WG Grant Funding scheme.</p> <p>PP21/13.2 The Committee discussed the role of the Committee in relation to the work of the PSB and, in the discussion which ensued, the need for partnership being more effectively embedded within governance and planning was noted, especially in relation to strategic alignment. The Head of Internal Audit commented that a planned review of partnership working governance had been agreed with the Executive Director of Primary Care and Community Services.</p> <p>It was resolved that the Committee noted the contents of this report and to agreed to support the direction of travel of the Conwy & Denbighshire Public Services Board and the Central Area Transformation Agenda</p>	
<p>PP21/14 Board Assurance Framework</p> <p>PP21/14.1 The Board Secretary presented the report, advising that an updated version of Appendix 3 would be circulated to members following the meeting. She further advised that the BAF had been realigned with the new Committee structure and now included people and digital content. It was noted that target risks were continuing to be worked through with Leads and the Good Governance Institute (GGI) would be involved in progressing the BAF.</p> <p>PP21/14.2 The Board Secretary stated that, as the Annual Plan had been reshaped, this risk had now been closed however, she drew attention to the further budget risk highlighted within the report. She acknowledged the BAF position represented work in progress, however it had been supported by the Risk Management Group (RMG) and a further update would be provided to the next meeting. The Board Secretary stated that the BAF would be reset following the Living Healthy, Staying Well strategy refresh with the assistance of GGI.</p>	<p>LB</p> <p>LB</p>

<p>PP21/14.3 A discussion ensued in which the Committee raised concerns on the need for improved clarity with regard to target risk and appetite, which the Board Secretary agreed to raise at the next RMG. In a discussion of the challenge in dealing with the difference in quantum of some of the risks, it was noted that the LHSW strategy refresh would provide the opportunity to better consider whether some were corporate risks. The Board Secretary commented that ‘by this time next year’ the Board would have a greater understanding given the work being progressed.</p> <p>PP21/14.4 Discussion also ensued on the dynamicism of the BAF, articulation of the target time, the Board’s ability to effectively consider risks and make decisions whilst sighted on mitigation and the further discussion required between corporate and strategic risks.</p> <p>PP21/14.5 The Board Secretary noted the Committee’s comments and undertook to revise the BAF accordingly and circulate to members following the meeting to seek member approval. In response to the Committee, the Board Secretary advised the process going forward would be to receive Committee approval of the comments discussed, submit to December RMG, then the revised version would be submitted to the January Board meeting.</p> <p>It was resolved that the Board Secretary amend the BAF in line with the Committee’s discussion, incorporating a consolidation of the previous Annual Plan and Budget risks and seek member approval following the meeting.</p>	LB
<p>PP21/15 Corporate risk register</p> <p>The Interim Director of Governance and the Assistant Director Risk and Assurance joined the meeting for this item and presented the recommendations of the paper as documented. The Committee expressed concern in closing CRR20-07 as it was felt this risk was not adequately reflected in the BAF.</p> <p>It was resolved that</p> <ul style="list-style-type: none"> • the Interim Director of Governance, Board Secretary and Independent Member John Cunliffe would hold further a discussion following the meeting to consider the outcome of CRR20-07 • following which the amended papers, including appendix 2, would be circulated to members. 	LB
<p>LEARNING FROM THE PAST</p>	
<p>PP21/16 Test, Trace, Protect report</p> <p>PP21/16.1 The Executive Director of Public Health presented this paper and highlighted the challenges of recent weeks which included significant demand on BCU and partner organisations to respond to the newest phase of “Go and get tested”. In regard to tracing, whilst there were more reported cases (1,700) than in any previous period, the service was challenged due to staff concerns on job security, it was hoped that the recent</p>	

<p>announcement by the WG to continue funding until June 2022 would alleviate the position. The Committee was concerned with the recruitment issues highlighted but thanked the team for their commitment and continued progress in delivering this important service to the North Wales population.</p> <p>PP21/16.2 In regard to Testing, the challenges of rurality was discussed and understood to be under consideration. It was noted that each local authority area would shortly all have testing centres. It was clarified that 'Protect' did not incorporate the vaccination programme (which was managed by the West Area team). The Committee was pleased to hear of the commendable behaviours and vaccination provision at Bangor University.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • the report. • that continued recruitment is undertaken to ensure that all aspects of the Test Trace Protect Service are sufficiently robust to meet service demands until the end of the financial year. • that the service responds to revised government strategies for TTP, ensuring that North Wales performs on a par with other regions in Wales. • that senior members of the Test Trace Protect Team continue to liaise with partner organisations both locally and nationally to work in partnership to address the changing service requirements. 	
<p>CLOSING BUSINESS</p>	
<p>PP21/17 Agree items for Board/Other Committees There were no items to refer to the Board or other Committees.</p>	
<p>PP21/18 Review of Risks highlighted in the meeting for referral to risk management group The Committee Chair agreed to evaluate on behalf of the Committee following the meeting.</p> <p><i>Postscript: The discussion of the Board Assurance Framework item would be articulated on submission of the revised BAF to the Committee</i></p>	LB
<p>PP21/19 Agree items for Chair's Assurance report To be considered outside the meeting</p>	
<p>PP21/20 Review of meeting effectiveness The Committee considered the meeting and reflected that</p> <ul style="list-style-type: none"> • there had been good and stimulating discussion • the meeting had been well chaired • focus on the original ToR was important • conducive to the values of the organisation • constructive and challenging conversations 	

<ul style="list-style-type: none">• the size of the agenda would require careful management going forward• there was also a risk following the introduction of the integrated framework that all business covered in previous committees was not lost in the transfer process	
PP21/21 Date of next meeting PPPHC meeting 9.12.21	

BCUHB People, Partnerships and Population Health Committee
Table of actions – last updated 03/12/2021 15:30

Executive Director	Minute reference and action agreed	Original timescale	Latest update position	Revised timescale
Transferred actions from SPPHC closure				
<p>(Red Taylor)</p> <p>Sue Hill</p>	<p>SP20/11.5 Environmental sustainability and decarbonisation Update BCU's environment and sustainability policy and circulate within quarter 1 2020/21 to members</p>	<p>August meeting (5.8.20)</p>	<p>9.6.20 Ensure also includes impact of remote working as increasingly introduced during C19 pandemic 24.9.20 Work in progress which has been delayed due to the C19 response. Timescale to be advised in due course 23.2.21 The Committee were informed that a timeframe would be confirmed for this area of work. 12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Estates Strategy item to October meeting 10.6.21 Received as update 06-10-2021 – Update report to be presented to the PPPH Committee in December 2021 to report progress on Action plan and Policy. 11.11.21 Agenda item 9.12.21</p>	<p>End of April 2021</p> <p>7.6.21</p> <p>October</p> <p>December</p> <p>Action to be closed</p>
<p>Mark Wilkinson (Neil Bradshaw) Sue Hill Jo Whitehead</p>	<p>SP20/10 Estates Strategy Provide</p> <ul style="list-style-type: none"> - further detail on: 'Project Paradise' - clarification on interpretation of 'integration' re Bryn Beryl and the number of patients involved - arrange to revise wording of point 4 		<p>Defer to August meeting 31.7.20 Estates Strategy deferred to October meeting 14.9.20 Agenda setting meeting agreed to defer to April 2021 1.10.20 The Committee questioned whether this might be considered earlier</p>	<p>1.4.21</p>

	programme next steps and re-issue the revised document		<p>23.2.21 The Committee were reassured that progress was being made with regards to implementation of estates matters. In terms of a refresh of the Strategy itself this was proposed for September which would also align better with a refresh of the workforce strategy. The Committee agreed to this timescale but requested an interim update in June.</p> <p>12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Environmental Sustainability item to October meeting</p> <p>17.6.21 Update received as agenda item</p> <p>4.10.21 Not available for 14.10.21 meeting due to timing of Board workshop discussion. To be transferred to PPPHC table of actions</p> <p>11.11.21 Asset Management Strategy on PPPHC</p> <p>9.12.21 Agenda item</p> <p>30.11.21 Mark Wilkinson advised will be ready February 2022</p>	<p>June 2021</p> <p>October</p> <p>December</p> <p>31.1.22</p>
<p>Mark Wilkinson</p> <p>Gill Harris</p>	<p>SP21/47 Business Continuity & testing</p> <p>The Committee requested a position report for the meeting on 14th October 2021 on all areas been due to carry out testing.</p>	4.10.21	<p>2.8.21 This report will be prepared for the October meeting.</p> <p>4.10.21 As the postholder is not available at present the report will be prepared on her return. This action will transfer to the PPPHC table of actions</p> <p>29.11.21 Agenda item 9.12.21</p>	<p>October</p> <p>Action to be closed</p>
<p>Arpan Guha</p> <p>Nick Lyons</p>	<p>SP21.55 Innovation and University Status</p> <p>SP21.55.2 Professor Callow advised that key</p>	2.8.21	Deferred to October meeting	October

	indicators had been received which the Health Board and University would need to be focussed on, and emphasised the need to have structures in place with linked Universities to help aide the conversation. It was noted that a plan would come to the next Committee as to how this work would be progressed.		Transferred to PPPHC Table of actions 29.11.21 Agenda item 9.12.21	December Action to be closed
Adrian Thomas /NL/CS	SP21.55 Innovation and University Status SP21.55.4 Members requested that we need to define a clear pathway to deliver the 'ask' from WG, and a clear formal response will need to be developed to address this. It was agreed that this would be submitted in advance of the next Committee meeting and the Executive Director of Therapies and Health Sciences agreed to progress this.	2.8.21	The Executive Director of Therapies and Health Science informed that the item be deferred to the October meeting and addressed by the Acting Executive Medical Director and Executive Director Primary and Community services Transferred to PPPHC Table of actions 29.11.21 Agenda item 9.12.21	October December Action to be closed
Mark Wilkinson Chris Stockport	SP21.58 Well Being of Future Generations (WFG Act) Auditor General Wales report and BCUHB response SP21.58.2 With regard to the Well-Being Future Generation, in terms of discussion during the meeting, it was confirmed that this did form part of the Health Board's underlying thinking and discussions. SP21.58.3 It was agreed that this would be agenda'd for a future meeting, and would need to be included on the Committee Cycle of Business.	2.8.21	Address in October meeting in order to feed into Living Healthier, Staying Well updates. 4.10.21 This action has transferred to the PPPHC table of actions 11.11.21 – To February 2022 meeting on Workplan	October Action to be closed
Amanda Lonsdale	SP21/75 Transformation Programme update: 'A Healthier Wales – North Wales Together for Mental Health' The Interim Deputy MHLD Director was requested to circulate a note to members in	30.8.21	Transferred to PPPHC Table of actions 11.11.21 – Note received – to be circulated 11.11.21 following agenda setting to close item	

	regard to the programme's recruitment position.			
24.9.21 Inaugural meeting				
LB	PP21/1 Committee Terms of Reference <ul style="list-style-type: none"> Ensure that all business undertaken by the previous Committees had been transferred to those that had been newly established. A review was recommended to be undertaken to ensure that Independent Members were not drawn into operational matters. The Operational Plan monitoring report should contain reference to identify which actions the Committee was responsible for receiving appropriate assurance. The Executive Director of Workforce and OD undertook to consider how workforce assurance was provided especially in regard to 3.2.11. 		<ul style="list-style-type: none"> Completed - transferred to PPPHC This will be addressed through improved quality of reports and Committee improvements committed to through recent board development session This change will be incorporated into the report from 1st January 2022 Completed – item PP21/25 	Actions to be closed
LB				
CS-SH				
SG				
LB	PP21/5 Matters arising and table of actions PP21/5.2 In discussion of the table of actions going forward the secretariat undertook to ensure future tables of action assigned actions to Executives present only, in order to ensure appropriate accountability. PP21/5.3 All remaining open actions were assigned to an appropriate Committee table of actions going forward.		11.11.21 – Table of actions now amended to include only Executive Director labelled as responsible for action and actions transferred	Action to be closed

CS/LB	<p>PP21/7 Report of the Lead Director</p> <p>PP21/7.1 The Lead Executive/ Executive Director of Primary Care and Community Services advised that further work would be undertaken to ensure that transition from previous Committees to the present would ensure the Cycle of Business going forward captured all previous business and would be presented at the next meeting.</p>		Completed – agenda item 9.12.21	Action to be closed
CS	<p>PP21/7.2 In respect of the developing Integrated Medium Term Plan a Board workshop would be taking place and he gave a commitment that the December PPPHC would receive a draft costed plan for review.</p>		Draft IMTP to be added to 9.12.21 agenda	Action to be closed
CS-SH	<p>PP21/8 Operational Plan monitoring report (OPMR) 2021-22 position at 30.9.21</p> <p>PP21/8.2 The Committee raised concern on what actions were actually being undertaken to address 1.3 Safe Clean Care – Harm Free emphasising that the actions to address the non availability of staffing issues needed to be reflected in the report in order to provide the assurance required. On page 11 2.1- Deliver Symphony Phase 3, the Committee queried why the action was Red and not Amber. On page 20 R1- Continuation of AccuRx communication platform, concern was raised that there was a reporting issue to reflect. P32 – Recovering access to timely planned pathways, the Acting</p>		<p>1.3 - The concern has been noted and will be addressed in the Q3 Report.</p> <p>112.1 It was Red because the agreed date for delivery was 30th September, which had passed at the time of reporting.</p> <p>20 – R1 - This will be picked up in the Q3 Report</p> <p>P32 - An update will be provided in the Q3 Report</p>	Actions to be closed

<p>CS-SH</p> <p>CS-SH</p> <p>Members</p>	<p>Director of Performance undertook to explore the issues further and provide feedback.</p> <p>PP21/8.3 The Committee requested that the report include reference to which Committee was responsible for monitoring each action.</p> <p>PP21/8.5 The Committee suggested that an overall RAG status might be offered up to the Committee and whilst in agreement that the quality of the report had improved there was a need to reflect 'So what?' statements within the report.</p> <p>PP21/8.7 The Committee Chair asked the Committee members to reflect on whether a discussion between meetings might be held to provide further feedback to the next meeting on what was required in order to attain an adequate balance of narrative in future reports.</p>		<p>This has been addressed and is included from Q3 reporting onwards</p> <p>A 'Pie' RAG summary has been included and was received at PFIG in October and Health Board in November.</p> <p>Performance have met with John Cunliffe and Sue Hill in November 2021 where we agreed to hold off from a full redevelopment of the current OPMR until 2022/23. However we have agreed to seek improvement in the narratives provided to ensure the 'so what' elements are addressed.</p>	
<p>CS</p>	<p>PP21/11 Integrated Digital Dashboard Quarter 1 Report 2021-22</p> <p>Ensure the Interim Director of Digital addresses the following points</p> <ul style="list-style-type: none"> In regard to CANSIC national team delay, concern was raised on the consequential impact on BCU and provide feedback 	<p>29.11.21</p>	<ul style="list-style-type: none"> A national programme of works replacing the current Wales cancer management system, is being defined by DHCW. Indicative timescales from the supplier on key deliverables, however dates have slipped. Locally Funding has been secured for 2021/22, with provisional funds for 2022/23 from cancer services. Recruiting new 	<p>Actions to be closed</p>

	<ul style="list-style-type: none"> • PP21.11.3 Future reports to reflect RAG status definitions as within other Board and Committee reports for consistency. It was noted that the graph on page 10 needed to be corrected. • PP21.11.4 Provide detail of the WCCIS commissioned review of the current situation • PP21.11.5 Provide detail of the Single Sign In system progress • PP21.11.6 Provide detail of 		<p>Project Manager, and a new SRO has been appointed.</p> <ul style="list-style-type: none"> • RAG Corrected, and Graphs amended for future reports • Through the national programme management arrangements, action has been taken at various points to review and try to accelerate delivery. However, some key issues have taken a long time to resolve or have still not been fully resolved. Recent changes to programme governance structures are intended to support a more co-ordinated national approach, including acceleration of national data standards which are key to realising some of the benefits of WCCIS. <p>BCU will be piloting WCCIS and working with national teams to enable district nursing documentation. A local review of therapy information system requirements and WCCIS is now underway</p> <ul style="list-style-type: none"> • The single sign on product is being reviewed, license gaps identified and areas for implementation to be agreed with clinical informatics staff. In advance of further deployment. Emergency Department computers are being upgraded. A full deployment plan will be available in Jan 22 	
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	<ul style="list-style-type: none"> the next steps in relation to the Wales Audit Clinical Coding report page 9, recommendation one how national system outages were analysed post event, including lack of business continuity arrangements. progress on the LINC scheme 		<ul style="list-style-type: none"> Next Step relating to Clinical Coding action are to ensure clinical coding policy approved at the next PPPH committee. Implementation of the policy will follow Post event reviews of national outages and DCHW assurance and risk mitigation is underway. A further update will be available in the next report. <p>LINC (Laboratory Information Network Cymru) has reached contract award stage and is looking forward to working with Citadel Health, in partnership with Digital Health and Care Wales and NHS Wales Pathology services.</p>	
CS	PP21/12.4 The Committee Chair welcomed the Head of Collaboration's offer to attend future meetings.		To be invited twice annually – included in COB	Action to be closed
LB	PP21/14 Board Assurance Framework <ul style="list-style-type: none"> PP21/14.1 Circulate an updated version of Appendix 3 to members following the meeting. PP21/14.5 The Board Secretary took onboard the Committee's comments and undertook to revise the BAF accordingly and circulate to members following the meeting to seek member approval 		Updated appendix now included in current agenda pack. Updated BAF risks report included as part of agenda pack.	Actions to be closed
LB	PP21/14 Board Assurance Framework <ul style="list-style-type: none"> PP21/14.3 Raise at next RMG, concern on the need for improved clarity in regard to target risk and appetite. 		Risk appetite issues will be raised at December EMG and February 2022 Board seminar as part of review of 2022/23 BAF.	Action open

LB	<p>PP21/15 Corporate risk register</p> <ul style="list-style-type: none"> The Interim Director of Governance, Board Secretary and Independent Member John Cunliffe would hold further discussion following the meeting to consider the outcome of CRR20-07, following which the amended papers, including appendix 2, would be circulated to members. 		CRR20-07 will be reviewed alongside BAF risk 21-16 (digital estates and assets).	Open

PPPHC Table of actions – Live Document

Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Living Healthier, Staying Well strategy update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport Executive Director Primary Care and Community Services						
Awdur yr Adroddiad Report Author:	Sally Baxter Assistant Director – Health Strategy						
Craffu blaenorol: Prior Scrutiny:	An update was given to the Health Board on September 2021.						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to receive the update on the refresh of the Health Board's long term strategy, Living Healthier, Staying Well							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						Y	
The original Living Healthier, Staying Well strategy (produced in 2018) was supported by a full Equality Impact Assessment. An updated Equality Impact Assessment and a Socio-Economic Duty Impact Assessment is being undertaken for the refreshed strategy, building on the feedback gained during engagement.							
Sefyllfa / Situation:							
The Health Board is required to ensure there is a clear organisational strategy and a supporting clinical services strategy in accordance with the NHS planning framework. These are also requirements under the Targeted Improvement framework. To address these requirements the Board intends to refresh the previously approved long-term strategy, Living Healthier, Staying Well.							
The more formal engagement period on the strategy refresh has now ended and the engagement outcome report is being finalised. The population needs highlight reports have been completed and these, together with feedback from the engagement exercise, are informing the development of the integrated three year plan and will provide the framework for the development of the Health Board's clinical services plan. This paper gives a brief update on progress to date.							
Cefndir / Background:							
The Living Healthier, Staying Well strategy was approved by the Board in March 2018. It is timely to review and refresh the strategy as three years have passed since publication. The context and environment in which the strategy was produced has also changed. The publication of A Healthier Wales , subsequent to the production of Living Healthier, Staying Well, set the long-term direction for health and social care in Wales. The Covid-19 pandemic has also had a significant impact on health							

and well-being for all in our communities, bringing unprecedented challenges, but also opportunities to develop new ways of working.

A light touch engagement exercise has been undertaken with patients, partners, staff and public to test whether the priorities and principles set out in **Living Healthier, Staying Well** are still relevant, and what else we need to address. Engagement commenced earlier this year through attendance at key groups for open discussions, including internal forums, stakeholder groups and partnership forums. A period of wider engagement was launched on 15th September, facilitated by the engagement team, and the online survey supporting this closed on October 23rd.

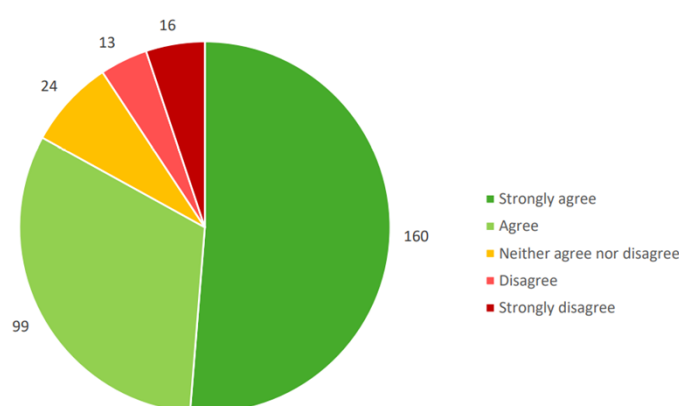
Asesu a Dadansoddi / Assessment & Analysis

The engagement exercise was supported by a range of accessible materials including bilingual discussion document, bilingual summary, Easy Read and BSL formats, with other formats offered on request. The online survey was promoted on Facebook, Twitter, webpages, and circulated widely to the distribution list of key stakeholders and community groups and networks. There was a dedicated email address and phone line. The engagement and survey was also promoted for staff through the Stronger Together programme, and Executive Management Group were asked to cascade to staff.

The finalised engagement outcome report will be published and will be shared with the wide range of groups with whom the information regarding the strategy refresh has been shared. This report gives a summary of some of the key points from the draft report.

The online survey was completed by 312 respondents from all counties of North Wales, with the highest responses from Conwy and Flintshire. Responses came from a spread of age groups, but the majority were aged between 45 – 64 years. The vast majority (79%) of respondents were female. 32% of respondents identified themselves as Health Board employees

Overall, there was confirmation from respondents that the current goals for the strategy remain relevant. Around 83% strongly agreed or agreed that this was the case.



However, it is important to note that there were many comments that although the goals are relevant, there was concern about delivery and capacity to deliver.

“I agree with them but feel they are more aspirations rather than goals BCUHB is delivering on.”

There was some acceptance that the Covid-19 pandemic has disrupted delivery for the Health Board, but concern regarding the additional burden of recovery. The revised strategy document will need to be clear that the long-term goals are being taken forward in the context of a period of sustained requirement for recovery.

A number of the goals were highlighted as more important by respondents, some identifying more than one:

- Improving physical, emotional and mental health and well-being for all was felt to be most important (45.0% identified this)
- Listening to people and learning from their experiences (44.7%)
- Improving the quality and safety of all services (36.2%)
- Working in partnership to support people – individuals, families, carers, communities – to achieve their own well-being (30.9%)
- All goals are equally important (44.0%)

A wide range of additional comments were made identifying improving access and waiting times, communication, workforce and staff welfare, leadership and development as areas to address.

From the overall comments, there was also support for strengthening equality and equity aspects. In the context of the widely documented increase in health inequalities arising from a number of factors and including the pandemic, which will inform the strategy refresh and also the ongoing development of the Integrated Medium Term Plan and clinical services strategy.

Finally, there was a significant level of support in the survey responses and the wider discussions regarding the need to emphasise sustainability and environmental factors, which were not as well flagged in the original strategy.

Further headlines from the draft engagement outcome report include:

- Around 60% of respondents said they had not experienced the goals being put into practice. This is consistent with comments about delivery in relation to the relevance of the goals.
- Just over 40% thought the Health Board had been at least somewhat effective in improving the health and well-being of our residents – although the pandemic was identified as a factor limiting effectiveness
- 74% thought that improving health and reducing inequalities was the right approach
- 66% agreed or strongly agreed that local services should be supported to meet people's needs in the right way and at the right time – with many comments regarding access which detracted from support for this aim.
- 80% agreed or strongly agreed with the aim of getting support quicker for more serious needs. There were many concerns regarding current waiting times.
- More than half said they would be willing to travel further to get treatment sooner, or more specialised care. There was clear acknowledgement that travel would depend on circumstances, and that travelling further would have a much greater impact on specific groups.

Overall, there was feedback that the Health Board aims need to be clear and simple to connect strategy to organisational delivery; we need to reconfirm our commitment to improving outcomes and experience; and strengthen the commitment to partnership working, ensuring this is core to the Health Board's functions.

Next steps

The engagement outcome report is being finalised and will be shared widely with those who took the time to contribute. A short document will be produced which will update the needs assessment,

strategic goals and set out the connection with the Clinical Services Strategy and IMTP. Work is being undertaken to link with a golden value metric set which will measure progress, and it will be crucial to demonstrate delivery against the strategy in the detailed action plan supporting the IMTP.

Goblygiadau Strategol / Strategy Implications

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

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

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

Opsiynau a ystyriwyd / Options considered

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

Goblygiadau Ariannol / Financial Implications

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

Dadansoddiad Risk / Risk Analysis

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

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

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

Asesiad Effaith / Impact Assessment

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

Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Draft Integrated Medium Term Plan (IMTP) 2022/25						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport Executive Director Primary Care and Community Services						
Awdur yr Adroddiad Report Author:	Mr John Darlington, Assistant Director - Corporate Planning Mr Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning						
Craffu blaenorol: Prior Scrutiny:	The plan has been discussed by Executive Team, Stakeholder Reference Group, Local Partnership Forum, Healthcare Professionals Forum.						
Atodiadau Appendices:	Appendix 1: Draft 2022/25 IMTP						
Argymhelliad / Recommendation:							
It is recommended that PPPH Committee:							
<ol style="list-style-type: none"> 1. Receive this report and note the positive progress made in developing the draft 2022/25 IMTP 2. Critically review the draft plan and provide comment and feedback to further shape and improve the plan ahead of presenting to the Board for approval in January 2022. 3. Note the further work being undertaken to finalise the plan ahead of presenting to the Health Board in January 2022. 							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						Y	
The plan is presented subject to Equality Impact (EqIA) and socio-economic duty (SED) impact assessments being completed.							
Sefyllfa / Situation:							
The purpose of this report is to present the draft 2022/25 IMTP to PPPH committee for review and feedback.							
Cefndir / Background:							
Integrated Medium Term Plan (IMTP) planning arrangements have been re-established across NHS Wales for 2022/25 following a pause due to the pandemic. Subsequently, the NHS Wales Planning Framework was received on 9 th November 2021 and re-affirms Ministerial priorities outlined in July 2021							

- A Healthier Wales - as the overarching policy context
- Population health
- Covid - response
- NHS recovery
- Mental Health and emotional wellbeing
- Supporting the health and care workforce
- NHS Finance and managing within resources
- Working alongside Social Care

The planning framework emphasises the importance of the Primary Care Model for Wales which sets out how primary care will work within the whole system to deliver a place based approach (primary care is defined as primary and community health care services). Cluster working is at the core of this as it brings together local health and care services to ensure care is better co-ordinated to promote the wellbeing of individuals and communities. Primary care cluster planning should continue to be taken forward through the multi-disciplinary, multi-agency cluster planning teams and reflect all partner contributions to improving cluster population health and wellbeing. The cluster should be continuing to focus its resources on delivering the aims and aspirations of the Primary Care Model for Wales.

Asesu a Dadansoddi / Assessment & Analysis

This plan has been developed in the context of the unique challenges and health needs of our population arising from the pandemic, which face all public services and society at large. It reflects the challenges the Health Board has to address in delivering health services, whilst supporting and protecting staff.

Alongside the delivery of our immediate recovery priorities, our transformation and innovation work aims to deliver improved trajectory of outcomes, patient experience and financial performance year on year.

Our strategic 'Plan on a Page', is set out and underpins the format of this document (and the proposed approach to strategic planning going forwards).

The list of schemes/main priorities for 2022/23 in section 3 remains a working long-list. There will be some additions that have not yet been captured, some additional detail on some schemes, and some will be removed once further detail has been received. These are being prioritised to allow a cut-off once the financial settlement figures are released to us.

Cluster Plans will feature more heavily in the final version, and are absent here simply due to the timing from WG. However, we have already signalled within BCU that Clusters have an increasing role in our planning going forwards and have started to embed that further into our processes.

The schemes have been triangulated with WG guidance and ministerial priorities, and triangulation will continue as edits progress.

The current draft does not contain numbers in the finance section. The IMTP is being developed with finance colleagues. The specific financials will be included once WG release our allocations for next year, and we finalise the list of schemes.

Detail on outcomes, and SMART outputs, will feature in the appendices, but this level of detail is still being worked on but will be completed throughout December.

On relationships and existing partnership structures, we will be fully engaging and involving the public, staff, trade unions and partners in the transformation and reshaping of services.

Opsiynau a ystyriwyd / Options considered

Our plan is underpinned by robust business cases and priority schemes are identified which in turn consider potential options for delivery.

Goblygiadau Ariannol / Financial Implications

The plan integrates service, activity, financial and workforce implications within resources available (please note that the definitive WG financial allocation letter is expected in December 2021)

Dadansoddiad Risk / Risk Analysis

All schemes will be required to identify key risks and a risk analysis undertaken to demonstrate how these will be managed.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The development of an approvable Integrated Medium Term Plan is a critical organisational aim going forwards as this forms a key component of our targeted improvement work and a statutory requirement under the NHS Finance Act. Further improvements are being introduced against targeted intervention areas, using a maturity matrix approach to assess progress and leading to de-escalation.

Asesiad Effaith / Impact Assessment

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Medium Term Plan 2022/25

Draft: 26-11-21 13:00
(Board workshop draft)



Notes for Board Workshop session on 2 December 2021.

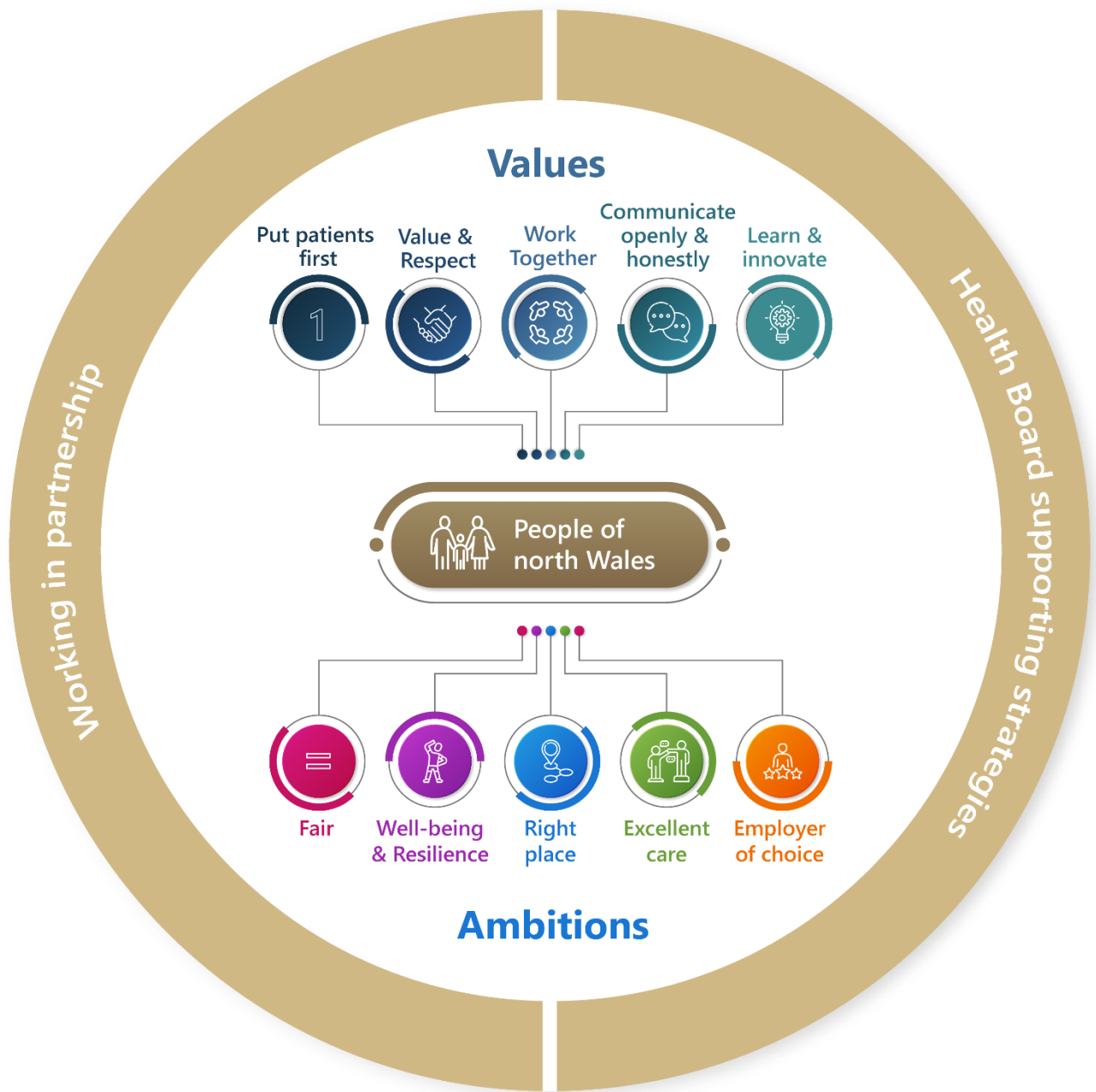
This version of the IMTP remains a work in draft. The following notes, along with the presentation for the workshop session, will be helpful when considering this draft:

1. Our rationale for the strategic 'Plan on a Page', which underpins the format of this document (and proposed approach to strategic planning going forwards) will be shared for discussion in the workshop and slides.
2. We are awaiting further infographics from the design team.
3. The list of schemes/main priorities for 2022/23 in section 3 remains a working long-list. There will be some additions that have not yet been captured, some additional detail on some schemes, and some will be removed once further detail has been received. These are being prioritised to allow a cut-off once the financial settlement figures are released to us.
4. The Cluster Plans will feature more heavily in the final version, and are absent here simply due to the disconnect in timing from WG (guidance on cluster planning for 2022/23 was only received from WG last week). However we have already signalled within BCU that Clusters have an increasing role in our planning going forwards and have started to embed that further into our processes.
5. The schemes have been triangulated with WG guidance and ministerial priorities, and triangulation will continue as edits progress.
6. The current draft does not contain numbers in the finance section. Please be assured that the IMTP is being developed with finance colleagues fully engaged at every step. The specific financials can only be inserted once WG release our allocations for next year, and we finalise the list of schemes. We are also updating the narrative to include more resource related text through the whole document
7. Detail on outcomes, and SMART outputs, will feature in the appendices, but this level of detail is still being worked on but will be completed as December progresses.

	Foreword by the Chairman and Chief Executive Strategic Plan on a Page
Section 1	The health of our communities in North Wales
Section 2	Challenges, opportunities, and strategic vision The challenges we face Recognising and maximising opportunities to deliver our vision Strategic vision
Section 3	Our priorities for delivery in 2022/25 Health Equality Health & Resilience Care close to home Engaged Workforce Exceptional care (outcomes, experience, variability) Table of main priorities for 2022/25
Section 4	Enablers Our People Working together - partnerships Service improvement and transformation Finance and value
Appendices	Appendix 1 How our priorities will produce improved outcomes - 'Logic Models' for 2021/22 Priorities Appendix 2 Links to SMART outcomes for 2022/23, and to further detail for 2023/24 and 2024/25 Appendix 3 Links to supporting strategies and plans

Foreword by the Chairman and Chief Executive

Text



Fair

we will reduce avoidable and unfair differences in health



Well-being & Resilience

we will maximise prevention, self-care, well-being, and strong community networks



Right place

sustainable care, provided as close to where people live where it is safe and effective to do so



Excellent care

we will deliver world-class outcomes and experience for patients



Employer of choice

the way we work, and how we organise ourselves, improve and transform allow our teams to flourish



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

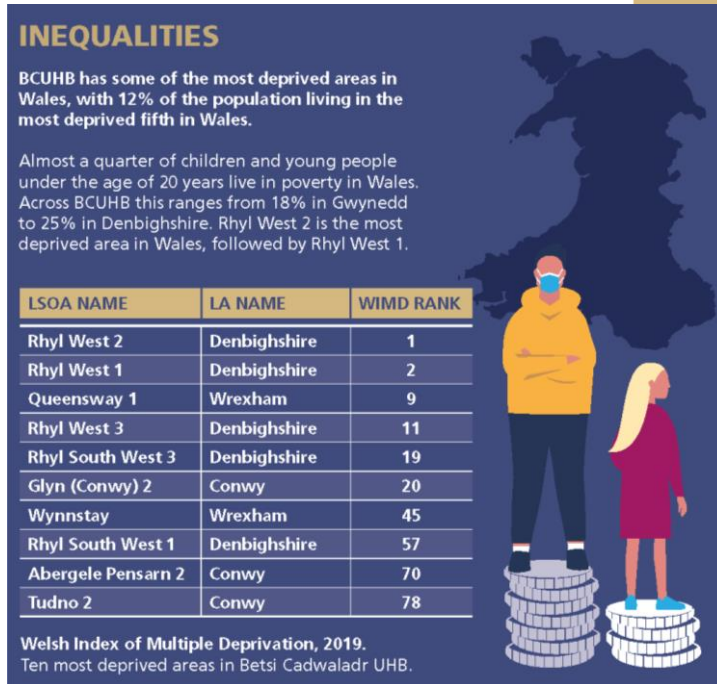
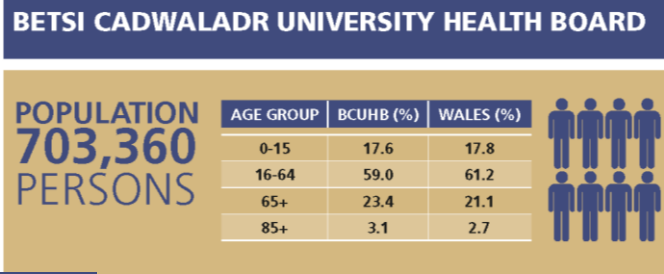
The Health Board's vision is to create a healthier north Wales, with opportunities for everyone to realise their full potential. This means that, over time, the people of North Wales should experience a better quality and length of life.

This has been informed and shaped by the Welsh Government plan "**A Healthier Wales**", our own strategic overview document "**Living Healthier, Staying Well**" which we have recently refreshed following engagement, our evolving Clinical Services Strategy, and consultation here in north Wales. Our Plan on a Page simplifies and converts these strategies into a small number of clear ambitions that we will strive to achieve, and values that run through everything we do. We are clear that together, these ambitions and values will allow us to continue to move towards delivering those strategic aspirations.

In agreeing our priorities and plans, we will continue to test all of our service development and configuration against this Plan on a Page. This provides focus and clarity which in turn will lead to the outcomes we wish to see.

Section 1: The health of our communities in North Wales

We need to change in order to meet new challenges. Addressing population health issues and tackling health inequalities that exist within our population are a key priority and area of focus within our plan. The COVID-19 pandemic has further demonstrated these priorities.

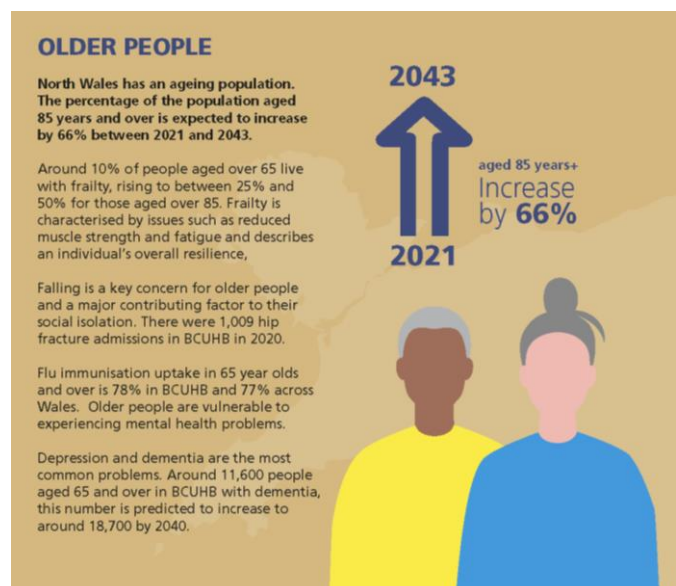


We know that the overall health status of our population compares favourably to other parts of Wales. However, the benefits of this are not equal across our population, and comparison against other areas of the UK and Europe demonstrates that people could achieve even better health and well-being.

More of our financial resources need to be allocated towards improving inequalities which is a step change from updating historic budgets.

We are living longer - the proportion of people aged over 75 years in North Wales is higher than the average for Wales at 10.9 percent compared to 9.7 percent (that is 76,400 people). For males, life expectancy is 78.9 years and for females, it is 82.4 years. The good news is that many people reach these ages in good health, which is positive, but that is not always the case.

We need to do more to help all ages to have an active and healthy life and to stay well for as long as possible. This will involve helping people to be active physically and socially, and to adopt healthy lifestyle behaviours such as not smoking, eating well and minimising their intake of alcohol.



We can only do this in partnership both with other organisations including local authorities and the voluntary sector, as well as with the involvement of those who live in our communities.

There are a number of specific challenges that our population face in the coming years which mean that we need to change the way we work now and how we involve people in order to meet them. For example,

CHRONIC CONDITIONS

Percentage of patients registered with a North Wales GP surgery as having a chronic condition.

	BCUHB (%)	WALES (%)
Hypertension	16.9	15.9
Diabetes mellitus (patients aged 17+)	7.8	7.8
Asthma	7.6	7.4
Cancer	3.7	3.3
COPD	2.7	2.4
Atrial fibrillation	2.6	2.4
Stroke & transient ischaemic attack	2.2	2.2
Heart failure	1.1	1.1

Patients with chronic conditions are recorded by GPs on registers are part of the Quality Assurance and Improvement Framework (QAIF). Limitations of the data include variation in practice coding and recording of data.

- More people are living with one or more complex health issues such as diabetes or heart disease. We will support people to manage these conditions better so that they can live their life to the full;

- We know that more people are experiencing mental health issues with one in four of us affected at some point in their lives;
- There are more people living with dementia. We will work with people with experience of mental ill health and our partners to design and deliver modern services and do more to support people with long-term mental health problems;

MENTAL HEALTH & WELLBEING

Mental health and wellbeing are impacted by deprivation, housing insecurity, employment, loneliness and ethnicity.

Mental ill health is associated with increased physical ill health and reduced life expectancy.

Poor mental health is also associated with increased risk-taking behaviour and unhealthy life-style behaviours.

BCUHB has a mental wellbeing score of 52.4, which is higher than Wales (51.4), a higher scores suggests stronger mental wellbeing.

It is estimated that the **number of people in North Wales with a common mental disorder** will increase from about **93,800 in 2020 to 94,200 by 2040.**

A large proportion of Emergency Department attendances and general admissions to hospital are related to mental health problems.



94,200
BY 2040



93,800
IN 2020

- The COVID-19 pandemic. We will continue to find ways of delivering our services in ways that are safe within the context of the pandemic. We will work to develop services that address the long-term impacts of the pandemic.



In line with our ambitions with regards Accelerated Cluster Development, individual pen profiles [<<add hyperlink>>](#) have been developed for each of the 14 integrated localities/ cluster in North Wales, in order start the journey towards place-based strategic planning.

Section 2: Challenges, opportunities, and strategic vision

▪ The challenges we face

We face a number of significant challenges as we begin to recover from the COVID-19 pandemic and over the next 3 years:

- There are difficult demands on our primary care and community services, with shortages of traditional primary care health professionals, for example GPs, across the UK;
- There are increasing demands on our hospital services, for example, in our Emergency Departments, meaning that often we cannot see patients as quickly as we should;
- Waiting times for a number of operations such as replacement joints or eye surgery have significantly increased during the pandemic and we need to see patients sooner;
- Bed occupancy in our hospitals is currently above the recommended levels;
- The current size and condition of our estate is not sustainable in the long term and will not support our strategic direction;
- Our workforce is changing and like many NHS organisations we face challenges in recruiting and retaining staff in a number of specialties and staff groups;
- Our digital information systems infrastructure and the delivery of core national programmes which are essential to service provision and transformation but not yet fully implemented;
- We need to live within our means and make sure that we get the highest value from every penny spent that we can. A significant amount of work has been undertaken to stabilise and improve our financial position which requires us to understand and acknowledge how our services may need to evolve to be able to staff them in a safe and sustainable way as our population continues to change;
- Our partners are also facing significant capacity, workforce and financial constraints and we need to work together as a whole system to ensure we make best use of our collective resources.

The best ways of supporting the residents of north Wales to face these challenges do not all lie within the complexities of highly-sophisticated medicine. We must also provide less technically challenging intervention and support alongside the most modern developments in medicine, and both to a consistent and high standard.

We are committed to continually consider how to best address this breadth of opportunity and key to this is by assessing the value of our services through the eyes of those receiving them and improving outcomes by adopting value based healthcare principles.

Covid-19

As we continue to see a high prevalence of COVID-19 including the potential emergence of new variants, we must maintain our health response, working with partners. We need to be ready to respond to the potential for rapid and significant changes in the position, locally or nationally. Our challenge is balancing COVID-19 needs with higher levels of demand, such as from other respiratory conditions, and the needs of those who have had delayed access to services because of the pandemic.

Our planning assumptions will therefore continue to prioritise COVID-19 programmes alongside re-establishing services. We will capture and utilise new ways of working and maintaining good practice from lessons learnt throughout the first and second waves of the pandemic.

The Test, Trace and Protect programme continues to play a pivotal role in our overall approach to

Impact of COVID-19 on BETSI CADWALADR UNIVERSITY HEALTH BOARD

COVID-19 has had far reaching consequences on all aspects of life, including both physical and mental health.

Since the start of the pandemic, there have been in BCUHB directly related to COVID-19:

- almost 58,900 confirmed cases
- around 2,100 community onset hospital admissions
- over 1,000 deaths

Some groups disproportionately impacted by Covid including older people; Black, Asian and minority ethnic groups; low skilled workers; and the most disadvantaged members of society.



LONG COVID

Prevalence of long covid ranges from 2.3% to 37% in those infected.

Fatigue is the most common symptom.

Almost 6 in 10 of those with long COVID report it has negatively affected their general well-being; their ability to exercise; and their work.

Possible risk factors include increasing age, female sex, overweight/obesity, pre-existing asthma, pre-pandemic poor physical and mental health, and hospitalisation for initial infection.

IMPACT ON HEALTH & SOCIAL CARE SERVICES

COVID-19 has had a major impact on health and social care services across Wales, including:

- **Reduced capacity** in emergency departments and hospitals as a whole.
- **Disruption of clinical service** provision resulting in large backlogs in services.
- Number of **people waiting over 52 weeks** is at its highest ever.
- **People delaying contacting GP** about worrying symptoms, which could impact on treatment and outcomes.
- **Increase in demand** for mental health services; **estimated 25% increase** in demand for hospital services, translating to around **10,000 referrals**.
- In mental health services, particular impact on **CAMHS, Eating Disorders, Memory Assessment Services** and access to **Psychological Therapies** referrals.
- The coronavirus pandemic has been an exceptionally **stressful and challenging time** for care home staff, residents and their loved ones.
- Financial impact for many social care providers due to the cost pressures of additional **infection prevention and control activity; insurance liabilities;** and staffing constraints, along with **reduced income**.
- Many unseen and unreported issues that have built up during the pandemic will emerge, placing **increased demands** social care services.



preventing the transmission of COVID-19 across North Wales, and protecting our population. Our plan focuses upon the delivery of a resilient, sustainable service, responsive to the changing circumstances and level of demand.

We have developed six Covid Community Hubs, one in each Local Authority area across North Wales, working in partnership with local organisations and community groups where as well as testing kits people can get advice and support about a range of issues including money advice, food, and energy poverty.

Our planning is also incorporating the likely need for a longer term COVID-19 vaccination programme. The initial programme has been delivered through a partnership between the Health Board and primary care – GPs and pharmacies – and there has been significant support from Local Authorities and other partners in the development of vaccination centres. It is likely that an ongoing and

regularised booster programme will be needed and we are developing options for sustainable future models of delivery.

Many people are also being affected by Long Covid. Whilst there remains uncertainty around the ongoing impact, indications are that around 15% of people who have tested positive for Covid will have ongoing symptoms for 12 weeks or more. We are working with people with lived experience of long Covid to co-design patient pathways.

Our financial assumption remains that this Covid-19 related activity will be subject to additional funding, beyond the recurrent revenue allocation from Welsh Government.

▪ **Recognising and maximising opportunities to deliver our vision**

The work to tackle these challenges with our partners and to transform health and social care in line with 'A Healthier Wales' has begun. This includes changing the way we do things as an organisation as part of developing our operating model.

Our joint working with partners to tackle the COVID-19 pandemic has served to further galvanise partnership working at a local, regional and national level where we are actively engaged in a number of all Wales programmes. We recognise that there are opportunities to do more work in partnership to support vulnerable communities and protect the health and wellbeing of our population.

As active members of the North Wales Regional Partnership Board (NWRPB) and the four Public Service Boards, we have opportunity to work with our partners to deliver sustainable and improved health and well-being for all people in North Wales.

We have taken the opportunity to refresh and renew our long-term strategy **Living Healthier, Staying Well** and our clinical services strategy. Through our co-design work we will build high quality and evidence-based care pathways, contributing to new knowledge through research and innovation.

We will consolidate and build upon the rapid development of digital innovation implemented throughout the pandemic. Within our recent Board approved digital strategy, we set out an ambitious plan for North Wales and a desire to become an exemplar for digitally enabled health. This will require extensive partnership working across and beyond the region, sharing approaches and joining pathways.

We will work to deliver transformation and innovation, aiming to deliver improved outcomes, performance, patient experience and financial performance year on year. These improvements will contribute to the actions required to demonstrate progress against our Targeted Intervention Framework as published by Welsh Government.

Together with Bangor University we have an ambition to develop a transformational inter-professional **Medical and Health Sciences School** by 2025. This represents a significant opportunity

in north Wales for us to align education and training to our clinical strategy, support the delivery of our research strategy and address key challenges in our clinical workforce.

Recovering access to timely planned care requires a whole system response with primary and secondary care clinicians working together to support patients both waiting for and having access to care in primary and secondary care settings.

We will operationalise plans to provide state of the art **Regional Treatment Centres**, ultimately staffed by local NHS teams using modern equipment delivering care within timescales that will reduce harm to patients and enable robust and sustainable NHS services for our population of north Wales.

The multi-year strategic support provided to the Health Board is allowing us to drive both performance improvement and the transformation programme, facilitating the transition to a more sustainable model in the future.

▪ **Strategic vision**

Living Healthier, Staying Well

In 2018, we produced our long term strategy for health and well-being, Living Healthier, Staying Well following extensive engagement with patients, carers and community organisations, as well as our staff and partner organisations. From the summer of 2021 we have undertaken follow-up engagement to test whether the goals and principles are still relevant, three years on, and in the light of the changed environment brought about by the Covid-19 pandemic.

In the more than 300 responses received, including around 32% from Health Board staff, the majority of respondents strongly agreed or agreed that the core goals of the strategy are still relevant. A number of messages emerged from the engagement exercise that identified issues needing greater emphasis in the strategic direction of the Health Board.

The engagement exercise identified opportunities for the Health Board to more greatly reflect socio-economic factors and social responsibility, recognising that from April 2021 the Socio-Economic Duty in Wales has come into effect, requiring the Health Board to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage.

The engagement exercise also demonstrated that we could place greater emphasis on acting in the best interests of our environment, sustainability for future generations and the requirements of the Well-being of Future Generations Act.

There was recognition that the Covid-19 pandemic has exacerbated inequalities across society, including in health inequality, which we also wish to address.

These themes underpin the five ambitions within our Plan on a Page (pxx).



Fair

we will reduce avoidable and unfair differences in health



Well-being & Resilience

we will maximise prevention, self-care, well-being, and strong community networks



Right place

sustainable care, provided as close to where people live where it is safe and effective to do so



Excellent care

we will deliver world-class outcomes and experience for patients



Employer of choice

the way we work, and how we organise ourselves, improve and transform allow our teams to flourish

Getting it right for future generations

We must meet the needs of our population today without compromising the ability to meet the needs of future generations. We need to support the people of North Wales to achieve the best health outcomes in the longer term and continue to put in place the actions that will achieve this. In the longer term, we aim to improve the whole population health status. To deliver this, in the medium term, we will work to support changes in behaviour, practice and the environment. Our approach is based on the Public Health Outcomes Framework¹.

Creating infographics styled to rest of IMTP – to follow

¹ [Public Health Outcomes Framework](#), Public Health Wales, 2017

Section 3: Our priorities for delivery in 2022/25



The Health Board remains committed to a population health focus including strengthening wellbeing actions and tackling inequalities. The harm caused to the population of North Wales by COVID-19 is and will potentially be significant for some time to come and we recognise that the pandemic has hit our poorest communities the hardest. As outlined on page xx, our priorities for delivery during 2022/25 have been focused by testing proposals against the fit with our ambitions and values which are shown on our Plan on a Page. This holds us to our strategic direction.

- 
Fair *we will reduce avoidable and unfair differences in health*
- 
Well-being & Resilience *we will maximise prevention, self-care, well-being, and strong community networks*
- 
Right place *sustainable care, provided as close to where people live where it is safe and effective to do so*
- 
Excellent care *we will deliver world-class outcomes and experience for patients*
- 
Employer of choice *the way we work, and how we organise ourselves, improve and transform allow our teams to flourish*

The coming year will see a consolidation of developments commenced but not yet fully completed, during the last 12 months, sometimes as a consequence of the prolonged COVID-19 pandemic. The last two years have been extraordinary in many respects and an important part of planning for sustainable delivery of future services is to address these extraordinary challenges, take stock and consolidate our previous plans.

Behind each activity, though not shown in detail within this plan, lies a 'logic diagram' approach that translates the multiple inputs and strands of activity into clearly defined outcomes that explain how the service delivery and experience for the residents of north Wales will be enhanced.

The prioritisation of our plans has been tested against the resource available and we understand that those priorities must fit within the resources available to us. This explicitly includes both the financial resource available and the availability of a suitable workforce resource.



Health inequalities are differences in health between people or groups of people that are considered unfair. Reducing health inequalities remains the most important challenge we face and will guide and influence the redesign of the healthcare services we deliver in people's homes, in their communities, in primary care settings and in hospitals.

Our Population Needs Assessments identify that health status is not equal across the population, and comparisons against other areas of the UK and Europe demonstrate that people in Wales could achieve even better health and well-being.

North Wales has some of the most deprived areas in Wales. 12% of our population are living in the most deprived fifth in Wales. There is a social gradient in lifespan; people living in the most deprived areas in north Wales have on average the lowest life expectancy and conversely, life expectancy is higher on average for those living in areas with lower deprivation.

Our intent is to move beyond a one-to-one clinical exchange, to community-based support which:

- Makes it easier for people to make healthy choices and stay well, fostering engagement in health and behaviour change;
- Recognises that not all communities are equal, and some will need both more and different types of support to address systemic, multi-generational inequalities;
- Builds on multi-agency partnerships, inclusive of the community and voluntary sectors, appreciating that addressing determinants of ill-health will require multilateral collaboration;
- Commits to ensuring resources and investment are allocated to protection and prevention (wellness), beyond detection and treatment of disease;
- Prioritises early years and supporting families, to set the foundations for a longer healthy life expectancy.

The Health Board has a Strategic Equality Plan (SEP) which provides a framework to help ensure that equality is properly considered within our organisation and influences decision-making at all levels. The SEP sets out the steps we are taking to fulfil our specific duties under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and describes the Health Board's arrangements for equality impact assessment. We have gathered and analysed relevant information and are maintaining engagement with communities, individuals and experts to help inform our direction.

We will apply value based principles in order to prioritise the use of our resources in a fair way to deliver improved outcomes for our population, improved quality, reduced unwarranted variation.



Well-being & Resilience

Whilst overall health in North Wales is good, we still have long-standing health challenges across the region. These include our high smoking rates, issues relating to obesity (all ages), and limited physical activity levels. It is therefore no surprise that evidence clearly demonstrates that some of the highest value health interventions we could support relate to good self-care and the prevention of chronic disease.

In recent years we have successfully progressed our work on the 'lifestyle bundle', to support healthy choices, promote self-care, ensure a focus on prevention and resilience work, and to support clinical pathway work (e.g. diabetes). We have placed a particular focus on setting up the required services, and have begun to focus upon the wider challenges for individuals and communities.

We will continue to build on our activities and our plans for improving the health and well-being of the population in North Wales. We will do so in partnership through whole system working – building on our work with localities, local authorities, universities and the Third Sector.

Prehabilitation



David is 54 and lives with his family in Rhyl. From being a keen runner when he was younger, David has – by his own admission – become rather inactive in recent years.

Partly, this is due to an increasingly painful knee – originally a sports injury, over time it had become worse and now made mobility a real problem for David. In consultation with his Physio, David was referred for surgery at Ysbyty Glan Clwyd Hospital.

David was surprised that the surgery was planned as a 'day case', with no overnight stay in hospital. But he understood the reasons when his surgeon explained that this can make recovery faster and reduces the risk of infection.

Before his surgery, the hospital team worked with David to get him as fit as possible for surgery – also known as "Prehab" - which can improve long term outcomes.

So David began an intensive weight loss and an exercise programme that he could manage with his knee.

Now fully mobile again, David jokes that his GP prescribed him swimming twice a week instead of painkillers – and he hasn't felt healthier in years.

Day case surgery also takes pressure off the busy surgical team as they work hard to bring down waiting lists caused by the Covid-19 pandemic.



Right place

Delivering care in the right place presents many challenges that require a deep commitment to work with individuals and our partners to overcome.

Our ambition is to deliver sustainable care, provided as close to where people live as possible, where it is safe and effective to do so.

In some cases, we could deliver more effective care, more consistently, by rethinking how and where we provide some of our specialist, highly complex interventions. In other cases we could achieve better outcomes, with care being delivered closer to peoples homes (or in their homes) by rethinking how we provide our less complex interventions. For example by ensuring that we adopt less medicalised approaches to the delivery of healthcare using the 'social model of [health]care' rather than the traditional 'medical model'.

This approach supports the Health Board's role as an anchor institution in north Wales, progressing foundation economy principles.

Key considerations when identifying the right place to deliver healthcare services

Expertise:	<i>The availability of experienced clinicians when dealing with complex, or uncommon conditions</i>
Equipment:	<i>The need for complex equipment, or specific environmental circumstances</i>
Process:	<i>The opportunity of scale to minimise waiting</i>
Judiciousness:	<i>Being aware of the risk of overplaying the scope of medical interventions over less medicalised interventions</i>
Most importantly,	<i>Having high quality 'what matters to you' conversations with the person/patient/service user</i>

Glenys is 82 and lives in Holyhead, alone since her husband passed away. Last year, she had a fall at home. Her GP was concerned and Glenys was referred to Ysbyty Penrhos Stanley, her local community hospital, for an X-ray.

Glenys was not badly injured, but she was frail. Too often, older people in this situation are admitted to hospital and then often move into residential nursing care rather than continuing to live at home.

The community hospital alerted the local frailty service, which is designed to support people like Glenys. The team was confident that Glenys could return home with support.

The Community Resource Team (CRT) worked with her. This includes nurses, physiotherapists and occupational health clinicians, and their assessment included Glenys's health and also her practical support needs – and was able to call on a wider team of health and care professionals to provide the care that Glenys needed until she was back up and about



Local redesign is occurring within the context of a number of different policy documents and drivers; the opportunities for exciting and sustainable redesign have never been greater. This includes the desire to

develop the ambitions outlined within a Healthier Wales, developing the Prudent Healthcare agenda within a primary care context, the new Primary Care Model for Wales and our own strategic desire to de-medicalise (and instead 'socialise') primary and community services where it is appropriate to do so.

A large component of the effort committed has been focused upon the challenges of redesign and professional cultural change. Moving forwards there are a number of priorities to address in order to further progress this transformation.

- **The ability to train more multi professional advanced practitioners and medical trainees within primary care environments:** The delivery of the new primary care model, alongside the delivery of more care within community settings will require a significant increase in advance practitioners working within primary and community care settings. There is a shortage of suitable advanced practitioners as well as GPs, but there is not a shortage of ambitious and capable potential applicants for training placements. Our work in recent years has clearly shown that advance practice professionals working within primary care can flourish, but their training needs to occur within primary care environments.

The North Wales Primary and Community Care Academy creates the ability to oversee this and provide mentorship, primary care experience and coordination but to train sufficient individual practitioners we will need to think more creatively in order to fund their training placements. The nature of primary care means that training will require periods of time when the trainee is supernumerary, and the nature of independent contractors is such that practices should not shoulder the risk of salary costs to train a practitioner who can then move to another independent practice before they have seen a return on their investment. The Academy is also coordinating the primary care thinking to support the development of the North Wales Medical & Health Sciences School, to again ensure capacity to train our future GPs, but also develop a curriculum with a focus on Care Closer to Home.

- **The local delivery of the Accelerated Cluster Programme:** Our Health and Social Care localities continue to develop and we are now focusing on the delivery of the national Accelerated Cluster Programme. This will require support structures to be strengthened for the localities.

There is a need to ensure that within a locality footprint there are well engaged and functioning collaboratives for all primary and community care services. This will include all Independent Contractor professions (GMS, Dental, Pharmacy and Optometry) as well as wider community services provided by the NHS, Local Authorities and other key partners. These collaboratives need to be able to assess population need, look to deliver innovative services and to work together as key partners in the planning and decision making for their populations.

The development of pan-cluster/locality planning arrangements at a county level through which collaborative and locality leadership will play a key part in regard to planning and decision making for local populations. In putting these arrangements in place, 2022/23 will be a "transitional year" in regard to locality level planning.

- **Further learning and use of technologies to provide a wider range of access to services:** The response to the COVID-19 pandemic has meant implementing considerable changes to the way services are delivered. Whilst the pandemic has placed unprecedented pressures on the healthcare system it has also brought about innovative and valuable new ways of working, with many changes introduced at significant pace. Patients can now access the help they need via online platforms and email, as well as receive clinical consultations over the telephone and by video, along with face to face appointments. During 2022/23 we will build upon our areas of early success to ensure these options remain part of our offer.
- **Partnership:** Partnership working is tough and requires continued faith, flexibility and compromise. Daily operational pressures can quickly draw people away from system leadership into local operational management challenges. The coming year will require us to continue to protect time to prioritise partnership activities.
- **Capacity to make ‘whole pathway’ thinking the norm:** We have identified significant potential exists by adopting ‘whole pathway’ thinking. A significant number of priority pathways have been identified to progress within the coming year.
- **Delivery of urgent primary care as an integrated system:** We will continue to learn from the ongoing development of our pathfinder urgent primary care centres, working closely with the national programme. We will ensure that urgent primary care contributes to the whole system model of unscheduled care, integrating with the ‘contact first’ development and 111, as well as supporting primary care providers and emergency departments to meet the growing demands for urgent care.
- **Planned Care Recovery:** We will ensure close working to support patients who are waiting for planned care procedures from our secondary care services, whilst recognising that Primary Care providers also have an additional backlog challenge of their own, including caring for those patients whose chronic condition care is managed exclusively in Primary Care and the community.



Excellent care

Like other NHS organisations, we wish to further develop our understanding of outcomes and service-user experience because this provides an opportunity to grow as an organisation that relentlessly pursues the consistent delivery of the truly excellent care.

- **LEAN Healthcare:** We will continue the work commenced in 2021/22 to develop partnerships and approaches to service improvement that are built upon the tried and tested approaches of the best performing organisations internationally. These approaches will allow us to approach improvement as a continual activity, part of everyone’s role, eliminating unnecessary waste and improving value (as experienced by those using our services).
- **Atlas of Variation:** We will take an ‘Atlas of Variation’ approach to address unwarranted clinical variation and identify priority areas for development. In doing so we will use external data as well as

our own data, benchmarked appropriately and underpinned by robust data analysis so that we can support our teams to deliver the highest possible care consistently and confidently.

- **BCUPathways:** We will continue to develop our BCUPathways approach to key clinical pathways of care. This approach ensures that we balance our attention across the whole pathway of care, reducing inequality of opportunity. We will publish these pathways in a public-facing way, with supporting literature and videos, so that the public in north Wales are empowered to consider their treatment options outside of the consultation room. We will continue our work to hardwire patient feedback into our pathways.
- **Golden Metrics:** We track hundreds of metrics and performance indicators. Whilst we will continue to do this, we have identified the potential to develop a small set of 'Golden' metrics that cut across everything we do and that strongly reflect back the standards of our care. Developing these is a key priority for our newly formed Transformation Team during the coming year. At the very centre of these Golden metrics will be a Paradigm shift in our use of PROMS (Patient Reported Outcome Measures) and PREMS (Patient Reported Experience Measures) triangulated against other data sources.



Employer of choice

As the largest Health Board in Wales and one of the largest employers in North Wales, we recognise that the people who work with us to provide services and care (our workforce and volunteers) must be valued. Not just for their dedication and contribution to achievement of our purpose, but importantly, as members of local communities, contributing to the wider socio economic prosperity and health of North Wales.

We will continue to build upon achievements to date to embrace the role that we play in both employing the right people with the right skills to provide services in the right place, and developing opportunities, together with partners across health, social care and education, for members of our communities to gain and maintain employment and to achieve their ambitions.

- **People & Organisational Development Strategy** is our opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed.

Many of our future workforce are here today in various forms and retaining, nurturing and developing them is as important as recruitment of more and new. The actions under the five programmes of work set out within the strategy will work together to improve retention of our current workforce, as well as attracting new people into the workforce.

This cannot and will not be "more of the same" – as outlined in previous sections of this plan, we need to continue to transform traditional roles and ways of working to support new models of care through our local and the national transformation programmes. Just some of the examples of this include:

- **Strategic Alignment of National programmes for local delivery** – Under our Clinical Services Plan – Local delivery of the Strategic Programme for Primary Care and Accelerated cluster development aligned to the principles within the National Clinical Framework

Bringing the principles of the national Strategic Workforce Planning Frameworks for Primary Care, Community Service and Mental Health together for delivery at local level enabled by integrated and multi professional workforce planning and commissioning

- **Education and Learning Academy** – Building on the fantastic work of the Primary Care Academy and further developing our ambition to educate and train the very best professional and practitioners through the establishment of BCU Education & Learning Academy. Using this infrastructure to provide the foundations for enhanced and innovative experiential learning and placement programmes in order to optimise the benefits of the Inter professional Medical & Health Sciences School and wider strategic education partnerships. Bringing together the programmes already in place to increase and widen access across the communities of North Wales to education, learning and employment.

Table of main priorities for 2022/23

The table below sets out our main priorities for delivery in 2022/25 in support of delivering against our five ambitions. These have been identified through the work of our health communities across North Wales, drawing from operational teams in support of our strategic direction.

The priorities shown here are those that require specific resource support. In addition, not listed here, are service improvement activities which will be delivered by divisions from within their existing resource allocations.

As outlined earlier, most priorities contribute across the five ambitions, but are displayed here according to the primary ambition they support.

Notes:

1. This table contains summary descriptors only. More detailed descriptors (including subordinate descriptors for key components of work that sit underneath the overall summary descriptor), SMART outcomes and timescales, along with resource requirements can be found in the 2022/25 IMTP [online Appendix 2](#).

2. This table contains summary descriptors for the main deliverables for 2022/23. Tables containing evolving content for 23/24 and indicative content for 24/25 can also be found in the 2022/25 IMTP [online Appendix 2](#).

	Fair	Well-being & Resilience	Right place	Excellent care	Employer of choice
Inverse Care Law work Specifically address key areas where the Inverse Care Law is evident.	■				
Atlas of Variation Establish a triangulated approach to consider (and address) unwarranted variation in practice	■				
Commissioning unit Establishment of Commissioning Unit and a Review of our Commissioning Plan building upon quality and equity.	■				
Stroke Pathway Improve stroke outcomes across north Wales that addresses the breadth of stroke care and prevention, by applying a consistent 'whole-pathway' approach	■				
'Long Covid' Continue the development of pathways / services to support patients diagnosed with long Covid-19.	■				

<p>Covid-19 vaccination programme & TTP Deliver an ongoing programme of vaccination and boosters for Covid-19</p>	■				
<p>Perinatal Mental Health Services Develop and expand the North Wales Perinatal Mental Health Service, aligned to Welsh Government guidance.</p>	■				
<p>Early Intervention in Psychosis Provide an early intervention service for people with a first episode of psychosis, supporting education, employment and life choices.</p>	■				
<p>Community Pharmacy Enhanced Services Alcohol awareness Increasing Alcohol Awareness and brief interventions through community pharmacies, providing lifestyle advice, guidance and signposting.</p>		■			
<p>Prehabilitation Development of Prehabilitation Services to improve outcomes for patients preparing for planned interventions.</p>		■			
<p>Cluster initiatives Holding line to flag for additional priorities once Cluster Plans received</p>		■			
<p>Care Home Support To support the care home sector to deliver safe effective care to our residents of north Wales and ensure a standardised programme of assurance and development.</p>		■			
<p>Video Consultation Continued roll out of new technology to support implementation of virtual clinics (including 'Attend Anywhere' and 'AccuRx').</p>			■		
<p>Urgent Primary Care Centres Complete the establishment of Urgent Primary Care Centres in strategic locations to release capacity within Emergency Departments and GP practices.</p>			■		
<p>Home First Bureaus Resource the Home First Bureaus on a sustainable basis, with a consistent and standardised North Wales model in place to maintain the 'Home First' principles on a 7 day week basis.</p>			■		
<p>Accelerated Cluster Development Implementation of the ACD programme, localised to align within our new operating model</p>			■		
<p>Implementation of agreed Audiology pathway Advanced Practice Audiologist as first point of contact in Primary Care for people with hearing loss, tinnitus, earwax and specific balance difficulties, achieving better outcomes and releasing GP capacity.</p>			■		

<p>Older Persons Crisis Care Development of Crisis care support for older adults (over 70) with an acute mental illness and people of any age living with dementia.</p>			■		
<p>ICAN Primary Care Roll out of cluster based ICAN Occupational Therapists and Community Connectors providing real alternatives to avoidable medicalisation.</p>			■		
<p>Endometriosis centre Commence implementing a 3-year strategy to open a North Wales Endometriosis centre, repatriating services to provide care closer to home.</p>			■		
<p>Emergency Gynaecology Units Development of an Emergency Gynaecology Units across BCUHB to provide a 7-day service; provide assessment and management of clinically stable, pregnant and non-pregnant emergency referrals.</p>			■		
<p>Colwyn Bay Integrated services facility Providing Extra Care Housing, 'intermediate' healthcare, and MDT working across services. Partnership project between Conwy County Borough Council, BCUHB and Grwp Llandrillo Menai.</p>			■		
<p>Pharmacy Delivery model Development of a North Wales pharmacy workforce model for community hospitals and community resources teams to comply with NICE guidance NG5.</p>			■		
<p>Eating disorders service development Improve service provision for both early intervention and treatment at Tier 2 (Community Mental Health Teams) and improving provision of local inpatient services.</p>			■		
<p>Spinal musculoskeletal service Additional spinal consultant support to the Clinical Musculoskeletal Assessment Treatment Service.</p>			■		
<p>Cardiac imaging Investment in the cardiac imaging service to provide the north Wales population with an equitable and sustainable service that is up to date with advancements in technology and in keeping with national priorities.</p>			■		
<p>Urology Urology service re-design to support improved access and outcomes for our population.</p>			■		
<p>Regional Treatment Centres xxxxxxxxxxxxxx xxxxxxxxxxxxxx</p>			■		
<p>Eye Care Transform the provision of eye care services and deliver a sustainable service for the population of North Wales.</p>			■		

Primary Care Academy (Education and Learning Academy)					■
Further development of the Academy to continue supporting General Practice, and further broadening support across the whole Primary Care workforce and providing the foundations for the wider workforce.					
Medical & Health Sciences School					■
We will work with our partners to successfully deliver a Medical and Health Sciences school in north Wales.					
Strengthening emergency care workforce to improve patient flow					■
Revise the current workforce establishment and skill mix across our three EDs in order to ensure patient safety, high quality of patient care and to achieve the local and national targets.					
Strengthening Wrexham Maelor medical staffing					■
Programme reducing dependency upon locum staffing, shoring up a sustainable permanent establishment.					
Staff Support and Wellbeing					■
Building on the temporary model in place through the pandemic to establish a comprehensive Staff Support & Wellbeing service.					
People & OD Strategy – Stronger Together					■
Delivery of the five programmes of work following 'Discovery' to improve our way of working, strategic deployment, how we organise ourselves, the best of abilities and how we improve and transform.					
Speak Out Safely					■
To build on the rollout of Speak out Safely as part of creating an environment of psychological safety, learning and improvement.					
People & OD Operating Model – (inc. recruitment etc.)					■
To build on the learning from the pandemic and the feedback from discovery in ensuring the organisation has a highly effective & efficient People & OD service delivered in a way that is aligned with the operating model of the organisation.					
Foundation Economy Plan					■
We will further develop our plan to support local businesses, creating local jobs, supporting local economies.					
Welsh Patient Administration System					■
Continue the phased implementation of the Welsh Patient Administration System across the Health Board.					

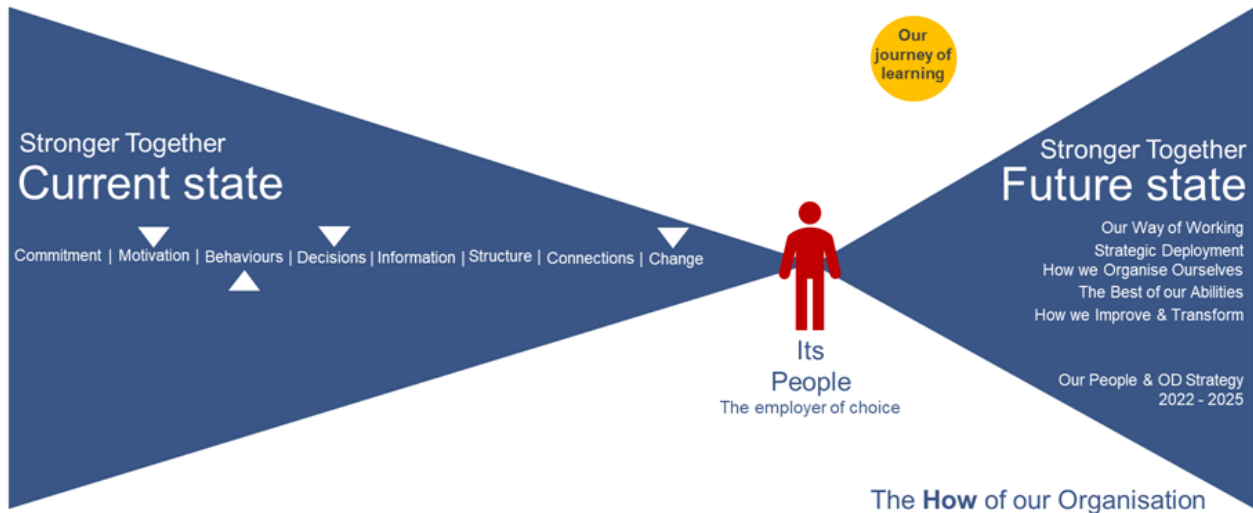
Indicative priorities in 2023/4 and 2024/5

Tables containing evolving content for 23/24 and indicative content for 24/25 can be found in the 2022/25 IMTP [online Appendix 2](#).

Section 4: Enablers

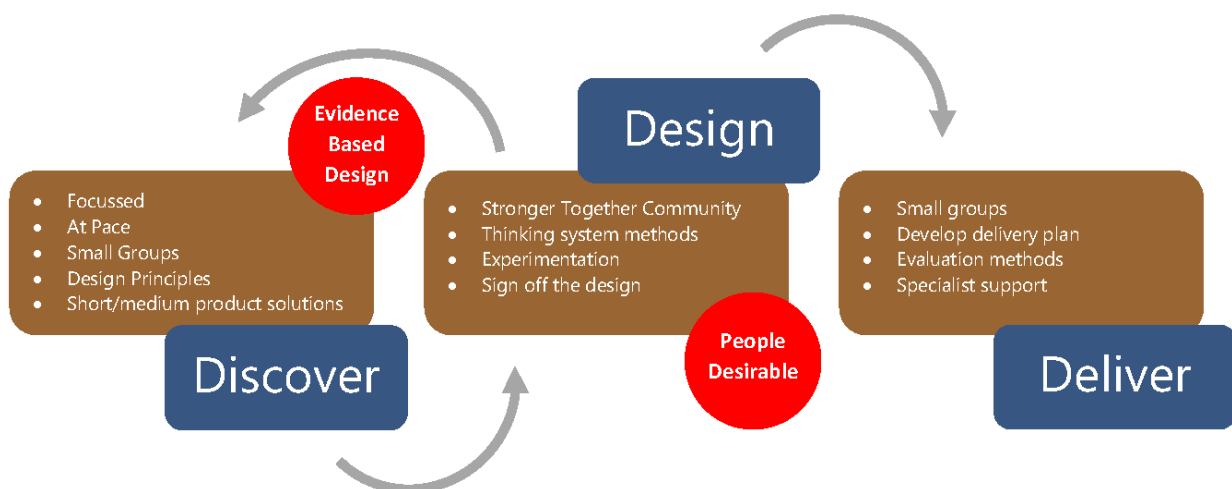
Our People

The Health Board has embarked on an ambitious three year people and organisational development journey (Mewn undod mae Nerth/Stronger Together). This will enable the organisation to move forward and deliver its Clinical Strategy to ensure the transformational change required to serve an ageing population with ever more complex needs is delivered.



At the heart of the transformation will be our staff, partners and patients in short, 'Our People'.

As part of the Discovery Phase we have heard feedback from 2,000 staff as well as triangulating with internal and external reviews to inform our learning, creating a mandate for change. Using the key determinants for organisational health and success, we are committed to the principles of co design against a framework for improvement.



Taking us to our future state, The Mewn undod mae Nerth/Stronger Together Delivery phase will contain five programmes of work:

- **Our Way of Working**
- **Strategic Deployment**
- **How we organise ourselves**
- **The best of our abilities**
- **How we Improve and Transform**

Detail on these programmes of work can be found within the Mewn undod mae Nerth/Stronger Together appendix.

Our recently approved People & OD Strategy covers our ambitions and direction of travel of the organisation from 2022 through to 2025. Significant work is already underway and further initiatives will commence to enable the workforce across the organisation deliver best patient care now and in future years.

‘Our People’ both enables and supports the ambitions of the Health Board to navigate the journey of change and transformation we have embarked on. This means that credible workforce proposals are an requisite component of any service development proposal we consider going forwards.

An engaged, skilled workforce is the bedrock to delivering improved, equitable and sustained outcomes for the people and communities of north Wales.

▪ Working together – partnerships

Working together - partnerships

The Health Board's purpose is to improve the lifelong health and wellbeing of the people of North Wales. As well as providing care, our role is to support patients to look after their own health and wellbeing and to help to make North Wales a healthy place to live.

Working in, with and through partnerships – informed by broader engagement with patients, staff and communities – must therefore be central to how we work. This means we aim to:

- Work closely with local authorities and other public bodies to design services together and deliver in partnership so our services and theirs join up around the needs of our patients.
- Continue to work closely with the Welsh Ambulance Service Trust (WAST) to collaboratively address the challenges of delivering timely emergency care.
- Keep a sharp focus on the needs of those experiencing health inequality, including people sharing 'protected characteristics' recognised in the Equality Act and the more recent Welsh Government duty to support those in deprived communities.
- Develop services which are clinically led and 'co-designed' working closely with local partners across the three areas of North Wales – and with the active involvement of patients and residents.
- Engage fully with Welsh Government, Community Health Council and Regional partners, especially when we need to make major changes to services. This means we will adopt the Welsh Government criteria when considering service reconfiguration.

Working in partnership

The Health Board leads or participates through a range of established partnership boards or forums. The principle ones will continue to be:

- **Regional Partnership Board (RPB)**

Statutory partners across North Wales, the RPB meets quarterly and also provides a framework for joint working at operational level. As well as participating fully in this key regional decision-making body, we seek to work increasingly collaboratively with partners under the auspices of the RPB to further join up our services and 'co design' solutions to shared regional challenges.

- **Public Service Boards (PSB)**

More local public service partnerships, the Health Board aims to reflect the geography in our own strategies and organisation. We seek to work increasingly collaboratively, particularly with local authorities, through these partnerships to meet reflect and meet local needs.

- **Stakeholder Reference Group (SRG)**

The SRG plays a key role within the Health Board's own governance structure. Independently-chaired, the SRG comprises non-statutory, voluntary and community partners and provides the Health Board with external challenge, access to networks, and advice from community perspectives. We seek to work in closer partnership with the SRG to inform and strengthen Health Board policies and strategic plans, and increasingly collaboratively to advise and support our engagement, particularly at community level.

- **Community Health Council (CHC)**

The CHC is the statutory and independent body responsible for representing the patient voice. The CHC plays a key role in providing challenge and holding the Health Board to account, and we seek to work closely in partnership on matters of common concern as well as presenting formally to the CHC membership.

It is important to note that the full picture of partnership working across the Health Board is rich and diverse with a range external partnerships for different purposes, and our aim will be to extend these further and work more closely with partners as 'business as usual'.

These may include clinical/professional (e.g. condition-specific) geographic (e.g. local community forums) and local or regional groups representing patients/service users or communities of interest, such as groups experiencing health inequalities, sharing protected characteristics or with membership drawn from culturally diverse communities.

Working with partners

To meet the Health Board's goal to improve outcomes, our long-term strategy Living Healthier Staying Well will also be refreshed following engagement with a wide range of stakeholders.

The Health Board's strong network of partnerships supported engagement through existing forums and targeted events, and were grateful to be able to work through these networks to reach out to Black, Asian & Minority Ethnic communities, women's health groups, and groups with some specific conditions. This included engagement with partners including the CHC, Regional Leadership Group, and Stakeholder Reference Group.

Partnerships and engagement more broadly are key domains within the Targeted Improvement plan, which was agreed when the Health Board left the special measures regime. To progress through successive stages of the 'maturity index' against which we are assessed, the Health Board seeks to embed partnership working more fully in our plans.

This includes seeking new and innovative partnerships to deliver or support services. For example, ten per cent of new mothers report feeling low, and for some this becomes a perinatal mental health condition which requires support. While the GP or secondary mental health services may be appropriate, in Flintshire the Health Board Women's Services team has been working with local voluntary organisation Advance Brighter Futures (ABF) to provide support through its innovative Parental Resilience and Mutual Support programme (PRAMS).

Families can access support, including one-to-one Talking Therapy, face-to-face and online groups for those who are struggling. PRAMS also provides a range of services right along the maternity pathway and continue support up to age 16. This partnership has been so successful in Flintshire, BCUHB and ABF are looking to extend the programme across North Wales.

Working through partnership

To take forward the Health Board's approach to developing partnerships at the corporate level and supporting partnership working at operational and local levels, responsibility will sit with the Director of Partnerships, Engagement and Communication.

This is a new role reporting to the Chief Executive and a new department comprising existing teams with these functions, a renewed focus on public affairs (e.g. point of contact with Welsh Government) and public engagement (e.g. delivering engagement or consultation on major programmes of work) and with 'matrix leadership' arrangements for staff engagement and patient engagement.

The ambition to develop partnerships as increasingly collaborative with shared objectives and 'co-designed' plans will be a focus for the new department.

▪ **Service improvement and transformation**

During the last year we have brought together, and enhanced, a number of functions related to service improvement and redesign to create a single Transformation and improvement unit. This will enable us to place greater priority upon transformation, whilst also delivering continuous improvement across the whole organisation, and both in a consistent, evidence-based way.

Key priorities that the team will lead and support during the coming year include developing the BCUPathway resource, Golden Metrics based upon PROMS and PREMS, the atlas of variation approach, and the embedding of LEAN principles into our delivery of continuous improvement, all outlined in Section 4 (Our Priorities) above.

In addition, the team will bring evidence-based change management expertise to support the systematic delivery of large-scale transformation programmes such as our Regional Treatment Centres.

▪ Finance and value

Overview of the Financial Plan

The Financial Plan sets out our financial strategy which supports delivery of the service improvements outlined for 2022 - 2025, whilst meeting the key financial objective of achieving financial balance. The Health Board continues to face a significant underlying deficit position, which is a consequence of our residual infrastructure and delivery inefficiencies, combined with the impact of COVID-19 on our ability to achieve recurrent savings, whilst also leading to increased costs.

The Strategic Support confirmed to the Health Board in 2020, totalling £82m per year, will continue for 2022/23 and 2023/24, helping to cover the historic deficit position, improve performance and drive a programme of transformation linked to a sustainable clinical model for North Wales. As discussed with Welsh Government, a significant proportion of this Strategic Support has been committed on a recurrent basis, to allow us to drive improvements. Therefore, the Health Board will need to deliver a year on year improvement to the underlying position to ensure that a balanced position can be maintained into 2024/25, when this support ceases.

Resource Allocation

	2022/23	2023/24	2024/25
	£m	£m	£m
Opening allocation			
Uplift at 2%			
Resource allocation			
Specific allocations			
Total allocation			

The following assumptions are being made with regard to the resource allocation:

- A 2% allocation uplift for each year.
- Within the 2% uplift, 1% is for pay. Welsh Government will fund separately any cost pressure that arises from the pay award being above 1%.
- Welsh Government will fully fund the impact of the 1.25% increase in employer National Insurance costs.
- Funding will be made by Welsh Government for the inflation uplifts in the Primary Care and Mental Health ring-fence allocations.
- The drug treatment fund will cover new drugs for the relevant year and therefore the full year effect of previous years' drugs will be cost growth.

- Funding for the Performance Fund (£30m), Transformation Fund (£12m) and Strategic Support (£40m) will be received in 2022/23 and 2023/24. There will be no funding in 2024/25. In our 2021/22 Annual Plan, the £30m Performance Fund was expected to have a full year effect of £38.44m in 2022/23, leading to a potential over commitment of £8.44m. This has now been reduced to a forecast cost of £30m, meaning there is no longer an over commitment against the funding. However, the full year effect of schemes against the Transformation Fund is £13.8m, which is an over commitment of £1.8m.
- To support immediate actions to begin the recovery of services for our patients Welsh Government have provided £200m non-recurrent revenue and £48m capital in 2021/22 . To maintain momentum, Welsh Government have identified £170m of recurrent revenue funding in 2022/23 to support the next steps of implementing plans to strengthen planned care services. This funding must support any recurrent funding requirements from the schemes implemented from the non-recurrent funding referred to above. The Planned Care Recovery fund for 2022/23 has been confirmed for next year with an indicative value of £38.4m. £17m of this funding has been committed against planned care proposals implemented in 2021/22.
- COVID-19 costs will be fully funded.

Growth, Inflation, Cost Pressures and Developments

We have worked through our initial assessment of our inflationary and demand pressures for 2022-2025:

	2022/23	2023/24	2024/25
	£m	£m	£m
Growth and Inflation			
Pay			
Continuing Health Care			
Primary Care Prescribing			
Secondary Care Drugs			
Specialist Services – via WHSSC			
EASC			
English Contracts			
Total Growth and Inflation			
Cost Pressures and Development			
Welsh Risk Pool			
Energy / fuel increases			
Microsoft licence			
Nurse Staffing Act			
Emergency department workforce			
All-Wales projects			
Strategic developments			
Local cost pressures			
Total Cost Pressures and Developments			
Total Additional Costs			

These assessed costs place a significant pressure on the organisation and local cost assessments have been reviewed and curtailed to minimise requirements on funding and impact upon the financial plan. This therefore creates a financial risk that will need to be managed.

There is still considerable uncertainty around the impact of COVID-19 on 2022/23 and onwards. In addition to our hospital response, both the vaccination programme and the Test, Trace and Protect programme will continue to be key operations. The financial plan assumes that all COVID-19 costs are fully funded by Welsh Government.

Savings and Transformation

A savings requirement of £35m has been set for each year of the financial plan. This recurrent savings requirement will enable an improvement to the underlying deficit position as part of a phased programme to enable the return to and sustaining of a breakeven position. The savings programme will be delivered through a combination of transactional savings at individual service and divisional level along with savings derived from transformational change, driving improvements in quality and patient experience. Over the lifetime of this plan, the balance of savings will shift as shown in the table below.

	2022/23 £m	2023/24 £m	2024/25 £m
Savings category			
Transactional Savings	18	12	6
Transformational Savings	17	23	29
Total programme	35	35	35

Aligning with the transformation programme will ensure that actions are primarily focussed on patient experience, quality and value, with financial savings being achieved because of this approach rather than being positioned as a primary driver. This change in focus is considered critical to securing engagement from clinical teams to drive the substantial change and improvement that will be required.

Whilst the final details of the transformational programme are yet to be determined, we have identified the main themes that are emerging. We have reviewed benchmarking data to align financial opportunities with emerging transformational themes. The table below shows how these align.

Transformation area	Opportunity Range	
	Low £m	High £m
Planned Care	19.8	36.7
Unscheduled Care	11.8	18.7
Mental Health	3.8	5.5
Other*	35.3	53.3
Total	70.7	114.2

As the transformation programme develops, we will ensure that its impacts upon quality, patient and staff experience and finance are captured in a coherent manner. This work will be driven by the improvement and transformation team working with clinical and operational staff, with value based healthcare principles central to the approach. Finance staff will be embedded in this programme to assist in enabling the Value focus and capturing the savings impact. This will lead to an outline 3 year programme being developed by 31st January.

Financial Summary

A summary of the Financial Plan for 2022-25 is shown in the following table.

	2022/23	2023/24	2024/25
	£m	£m	£m
Total allocation			
Baseline expenditure			
Growth and inflation			
Other cost pressures			
Recurrent savings			
Total expenditure			
Planned surplus / (deficit)			

Financial Risks

We are facing a number of financial risks in the delivery of this Financial Plan.

- The timing of the Regional Treatment Centres and the impact on when costs are likely to be incurred.
- The implications of the Operating Model which are not been included in the financial plan.
- The uncertainty of the resource allocation from Welsh Government, which will be confirmed at the end of December 2021.
- The impact of cost pressures outside our control, such as energy and fuel costs, the impact of COVID-19 on supplies and the economic effects of Brexit.
- The impact of Covid-19 cases on the delivery of our savings programme.

To reduce the impact of these risks, there are a number of mitigations.

- We are working through three scenarios to manage the financial risk around the uncertainty of our Welsh Government allocation:
 - A base scenario calculated against our anticipated allocation.
 - A scenario that identifies the schemes that can be removed if the allocation is less than anticipated.
 - A scenario that prioritises the schemes that can be included if the allocation is more than anticipated.

- No additional business cases will be considered, other than those included in the IMTP.
- It is expected that there will be additional non-recurrent resource allocations from Welsh Government throughout the period of the IMTP. As there are already service developments that have been through a prioritisation process, any additional funding will be awarded to these schemes, based on this prioritisation.

The financial assumptions are in draft and subject to further refinement in line with additional NHS Wales guidance and the confirmation of our allocation assumptions.

Capital Programme

The Health Board have indicated support for the following capital schemes:

- YWM - Redevelopment Programme – following workshop Board agreed to pursue urgent continuity work in advance of wider redevelopment, combined OBC/FBC for urgent works expected to be submitted to Board next July (subject to WG formal approval of revised business case)
- YG- Compliance Programme – PBC approved by Board and scheduled to be considered by WG Integrated Investment Board in Jan 22
- Nuclear Medicine / PET CT – SOC approved by Board and submitted to WG – now link to national PET programme
- Radiotherapy Programme – SOC to Board in December – WG supporting advanced purchase of Linac
- Royal Alexandra Hospital development Project – FBC submitted to WG awaiting decision
- Conwy/Llandudno Junction Integrated Primary Care Centre – SOC approved by Board and submitted to WG
- Ablett Redevelopment - OBC approved by Board and scheduled to be considered by WG Integrated Investment Board in Jan 2

The Health Board has supported the following projects that will be funded through a partnership/revenue model:

- Regional Treatment Centres
- Dinerth Road
- Hospital Residences
- Penygroes Primary Care Centre
- Bangor Wellbeing Centre

Strategic Outline Cases are being developed for:

- Cefn Mawr Primary Care Centre
- Brymbo Primary Care Centr

Appendix 1: How our priorities will produce improved outcomes - 'Logic Models' for 2021/22 Priorities

We have created Logic Models to show how our priorities will lead to improved outcomes. These can be found in our 2022/25 IMTP [online Appendix 1](#). [LINK HERE](#)

Appendix 2: SMART outcomes for 2022/23, and to further detail for 2023/24 and 2024/25

Links to microsite with

-Table of actions for 2022/23 containing outcome-focused detail, presented in SMART way
[LINK HERE](#)

-Further detail for 2023/24
[LINK HERE](#)

-Further detail for 2024/25
[LINK HERE](#)

Appendix 3: Links to supporting strategies and plans

- LHSW strategy refresh/Clinical services strategy
[Link here:](#)
- Cluster plans
[Link here:](#)
- Quality and Safety strategy
[Link here:](#)
- Digital strategy
Link here: [Digital Strategy - Betsi Cadwaladr University Health Board \(nhs.wales\)](#)
- Mewn undod mae Nerth/Stronger Together
[Link here:](#)
- Workforce strategy
[Link here:](#)
- 2022/25 Financial plan
[Link here:](#)
- Estates strategy
[Link here:](#)
- Together for mental health
[Link here:](#)
- WHSSC Specialist services plan
[Link here:](#)
- Mid Wales Healthcare Collaborative Plan
[Link here:](#)
- Defnyddia dy Gymraeg / Use your Welsh
[Link here:](#)
- Promoting equality and human rights
[Link here:](#)
- Environment and sustainable strategy/Decarbonisation
[Link here:](#)
- Research, development and innovation
[Link here:](#)



Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Sustainability and Decarbonisation - NHS Wales Decarbonisation Plan 2021-2030
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill – Executive Director of Finance
Awdur yr Adroddiad Report Author:	Rod Taylor – Director of Estates and Facilities
Craffu blaenorol: Prior Scrutiny:	<p>The Board on the 23rd of September 2021 supported the establishment of a sustainability and decarbonisation programme board lead by the Executive Director Finance to progress the agenda and programme as set out in the Strategic Delivery Plan and to coordinate a wider and inclusive organisational response to achieving Welsh Government’s sustainability and decarbonisation targets by 2030.</p> <p>The Board noted the appointment of the Carbon Trust to support the Health Board with developing a bespoke five-year decarbonisation plan in response to Welsh Government targets for 2030.</p>
Atodiadau Appendices:	<p>Appendix 1 - NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030</p> <p>Appendix 2 – NHS Shared Services – Specialist Estates Services (decarbonisation presentation)</p> <p>Appendix 3 Draft Terms of Reference for the Decarbonisation Programme Board</p>
Argymhelliad / Recommendation:	
<p>The Committee is asked to note</p> <ul style="list-style-type: none"> the establishment of a decarbonisation programme board lead by the Executive Director Finance to progress the agenda and programme as set out in the Strategic Delivery Plan and to coordinate a wider and inclusive organisational response to achieving Welsh Government’s sustainability and decarbonisation targets by 2030. the work being undertaken by the Carbon Trust to support the Health Board with developing a bespoke five-year decarbonisation plan and Sustainability Policy in response to Welsh Government targets for 2030. the presentation by NHS Shared Services – Specialist Estates Services on NHS plans for decarbonisation. 	
Ticiwch fel bo’n briodol / Please tick as appropriate	

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable				N	
<p>An Equality Impact (EqIA) and a Socio-Economic (SED) Impact Assessment will be undertaken as part of the development of the decarbonisation plan and sustainability policy prior to approval.</p>					
Sefyllfa / Situation:					
<p>In April 2021, Welsh Government launched the NHS Wales Decarbonisation Strategic Development Plan 2021-2030, a plan to tackle Climate Emergency, which it declared in 2019.</p> <p>The plan requires swift action by each Health Board over the next five years to ensure decarbonisation targets are adhered to through minimising waste, increasing efficiencies and investing in decarbonising buildings and vehicles.</p> <p>The Board at a development session discussed the key areas for action in regard to Board values/priorities, organisational and executive leadership, governance, links to strategic plans and clinical/staff engagement.</p> <p>This report sets out the actions being taken forward by the Health Board to deliver a decarbonisation plan to achieve Welsh Governments targets.</p>					
Cefndir / Background:					
<p>In April 2021, the Welsh Government launched the NHS Wales Decarbonisation Strategic Development Plan 2021-2030, a plan to tackle the Climate Emergency that it declared in 2019.</p> <p>The plan is a response to this declaration and aligns with Welsh Ministers' ambition for the public sector to be net zero in carbon emissions by 2030, and, as the largest public sector organisation in Wales, the NHS has an important role to play to contribute towards this target. It is recognised that it is unlikely that the NHS will be able to provide services without emissions but there is more than can be done to reduce them.</p> <p>The plan provides opportunities to look at buildings and energy, procurement, transport and travel. Only approximately one third of total emissions are within our direct control (utilities and transport) with two thirds linked to the items that we buy and use through procurement. The impact of emissions and pollution on health outcomes is also an issue. As a result, the plan seeks to help play a role improving air quality, providing green spaces and improving biodiversity.</p> <p><u>A Climate Emergency for Wales:</u></p> <ul style="list-style-type: none"> • With climate change and detrimental health impacts inextricably linked, the Climate Emergency must also be recognised as a health emergency. • In April 2019, with cross-party support, the Senedd was the first Parliament in the world to declare a Climate Emergency. • To highlight the importance placed on the topic, a new Cabinet role of Minister for Climate Change has recently been created. 					

The current position in Wales and BCUHB's contribution

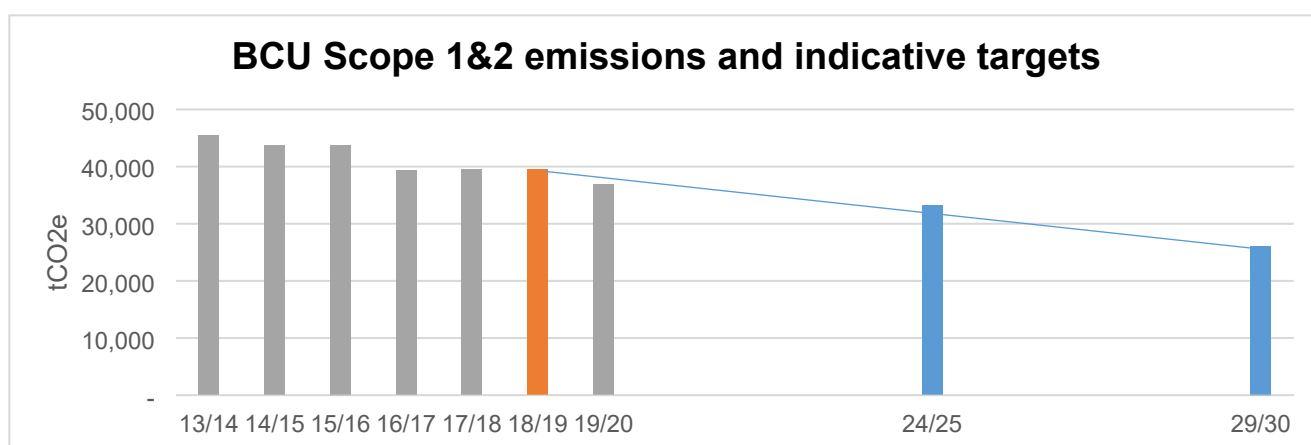
The NHS Wales 2018/19 Carbon footprint has been calculated at approximately one million tonnes of Co₂e (tCO₂e), which represents around 2.6% of Wales' total greenhouse gas emissions. This has been set as the baseline for emissions reductions targets going forward.

NHS Wales Decarbonisation Target	Emissions (tCO₂e)	Percentage reduction from 2018/19
2025	845,600	-16%
2030	661,500	-34%

Health Board carbon emissions for Scope 1 & 2 (direct emissions and indirect emissions from purchased electricity) in 2018/19 was approximately 40,870 tCO₂e. Scope 3 emissions (other indirect emissions relating to supply chains, waste, transport, commuting etc.) are not calculated annually however, by using the same ratio as the all-Wales total at 81% of all emissions, BCUHB's emissions would be estimated to be circa 215,000 tCO₂e.

The plan categorised the emissions into four broad groups (business use/fleet and business travel/staff, patient and visitor travel/procurement). The target is set as a whole, there are no emissions targets for each category.

The plan recognises that there are issues with data collection and measurement, particularly in relation to Scope 3 (procurement). Welsh Government has also recognised that access to resources will be required to achieve the targets and has allocated £16m capital funding for 2021/22 across Wales.



The plan requires swift action over the next five years to ensure targets are adhered to through minimising waste, increasing efficiencies and investing in decarbonising buildings and vehicles. The Decarbonisation Plan sets out 46 initiatives for reducing emissions, highlights include:

Carbon reduction a high priority in business cases	Creation of NHS Wales Climate Group, Decarbonisation Board and a Decarbonisation Programme Manager	Decarbonisation Action Plan to be developed by each Health Board
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All new building developments and major refurbishments to be accredited to net zero framework	By 2025 all NHS lighting to be LED	Reducing emissions will be mandated in procurement contracts by major suppliers
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Board development session – 5th August 2021

At a development session the Board discussed sustainability and decarbonisation and following presentations agreed that the key areas for consideration and action were organisational values and priorities, executive and senior leadership, governance, links to strategic plans and clinical/staff engagement. The outputs from the development session identified key themes which should form part of the Boards five –year sustainability and decarbonisation planning :-

Group 1:

- Strategic connections are key to the complex Green agenda.
- Board templates should include the requirement to take into account sustainability.
- Opportunities will arise from the development of the Medical School/educational curricula going forward.
- Embed the agenda in personal lives as well as work.

Group 2:

- Grassroots engagement with staff needs to be an objective going forward, connected to the decision-making process.
- Partnership working with TUs and others will be crucial.
- Sustainability Officers are key.
- Good work ongoing in Cardiff & Vale should be promoted.
- Terminology and describing the journey effectively is essential.

Group 3:

- Fit with health outcomes.
- Reviewing values will be important, using the Stronger Together mechanism for engaging with staff.
- Governance procedures on reporting and decisions must make a positive contribution to the agenda.
- Clear executive responsibility and programme leadership is required.
- Monitoring outcomes will be important, as will ensuring appropriate committee reporting.
- A three year plan will be more useful than a very long term plan
- Best practice examples should be replicated across North Wales – good communication is required.

Group 4:

- Staff engagement and ownership was key.
- Home working impacts on Green and financial agendas.
- This is a health agenda.
- Sustainability needs to be a Board priority.
- The Corporate Risk Register needs to reflect the climate emergency.
- 25% reduction by 2030 will require a framework and support if it is to happen.
- Executive leadership/dedicated team vs ‘everyone’s responsibility’ – a champion is required; moreover, the agenda also needs to be fully embedded in business as usual.

The Board also considered a presentation by the Green Group (West) which highlighted the following risks and opportunity in regards to sustainability and decarbonisation :-

Grassroots staff and clinical staff engagement is vital to achieve the decarbonisation targets. Currently there is a perceived disconnect between these groups and decision-makers. To achieve this the following actions are required:

- 1) Sustainability coordinator (formally known as sustainability officer) on all three sites to enable close cooperation and project support & oversight between grassroots staff and managerial structures.
- 2) Financial support to allow time for climate emergency work by clinical staff in the form of sustainability fellows and scholars.
- 3) Introduction of a new organisational value, which reflects commitment to reduce and mitigate the effects of the climate emergency.
- 4) Proposed organisational value: 'Protecting Our Children's Future'

The Board also considered a presentation from the Welsh Government Energy Service, which emphasised the need for any approach to decarbonisation to be adaptive and iterative with interventions likely to include both short-term actions and longer-term investments to reflect technological and policy direction.

The importance of relationships, partnerships and engagement was highlighted as well as the need to secure appropriate capacity to deliver the emerging programme and to ensure that any decarbonisation action plan is costed, realistic and robust.

Goblygiadau Strategol / Strategy Implications

In order to meet the requirements of the NHS Wales Decarbonisation Plan, the Health Board will need to build on the work already undertaken and the benefits of the Health Board's environmental management system, which is in place across the organisation.

A large proportion of the current work programmes have been focused on Estates and Facilities and Capital Developments, though there are also numerous examples for clinical engagement making changes e.g. establishment and engagement of the Ysbyty Gwynedd Green Group. During the pandemic, there has been a substantial decrease in business travel through increased agile working, an increase in the use of tele-health and consideration for further biodiversity, all of which have contributed to decarbonisation and need to be consolidated and maintained in a sustainable recovery.

The Health Board currently has no defined decarbonisation plan or travel strategy and the environmental sustainability strategy requires updating to align with decarbonisation. In order to recognise the specific health emergency issues, there are opportunities to combine decarbonisation and sustainability within the public health agenda, with value based health care and to involve greater staff engagement and awareness in general but clinical engagement in particular; there are also further opportunities to enhance other programmes including staff wellbeing and for further collaborating with regional partners.

To reflect the prominence placed by the Welsh Government on climate change, decarbonisation and the sustainable recovery from the pandemic, it is recommended that the Health Board establish a Decarbonisation Programme Board chaired by an Executive lead with resources to address the targets set out in the plan and coordinate a wider and consistent integrated organisational response.

The Health Board is currently working with the Carbon Trust to gather carbon data and provide technical support required to produce a bespoke five-year decarbonisation plan that builds on work already undertaken.

The establishment of a programme board would will lead this transformational initiative and seek to progress opportunities for financial benefits to sustain the programme and deliver other returns in terms through linking with other established programmes (e.g. agile working) to tackle the health emergency while reducing emissions to achieve the ambitious targets from the NHS Wales Decarbonisation.

It is planned to complete a draft decarbonisation plan by December 2021, ready for engagement with key stakeholders and with oversight through the Partnerships, People and Population Health Committee. The plan will then require formal approval by Board in January 2022 ready for inclusion within the Integrated Medium-term Plan for 2022-23.

It is essential that this improvement programme is integral to the work already being progressed through the Health Board's leading strategies namely, Stronger Together, Living Healthier, Staying Well and annual Integrated Medium-term Plan.

Opsiynau a ystyriwyd / Options considered

The Health Board in response to Welsh Government's NHS Wales Decarbonisation Strategic Delivery Plan has commissioned specialist external support and guidance through the Carbon Trust to assist with developing the Health Board's five-year decarbonisation plan.

The Board has supported the establishment of an Executive lead and decarbonisation programme board with programme management support and oversight through the Partnerships, People and Population Health Committee.

Ongoing support is also being provided through the Welsh Government Energy Service to inform the development of the proposed decarbonisation plan and to identify deliverable projects across key work streams. The Health Board is working with public sector partners across north Wales, through the recently established North Wales Decarbonisation Advisory Group, to ensure that any opportunities to collaborate or synergies in future proposals are explored.

Advice and guidance is also being received from NWSSP - Specialist Estates Services who are supporting the Health Board with its decarbonisation plan taking into account shared learning across Wales.

The approach described in this report seeks to bring together associated work streams already established which include but are not limited to :-

1. Buildings (new and existing buildings)
2. Transport
3. Procurement
4. Estate Planning and Land Use
5. Approach to Healthcare (Education, Healthcare and Medicines and Waste)

The programme will include an update of the Health Board's current Environment/ Sustainability Strategy documents to align with the proposed decarbonisation plan.

Goblygiadau Ariannol / Financial Implications

Costs associated with commissioning the Carbon Trust have been funded for within Estates and Facilities budget. As the programme board is established, capacity and resources will be reviewed to ensure there is adequate capacity in place to support this Health Board wide programme.

The five-year decarbonisation plan will be fully costed from both a revenue and capital perspective and these costs will be included within the final plan and report to the Performance, Finance and Information Governance Committee for approval in January 2022.

Welsh Government has indicated that there will be a special decarbonisation capital funding available in Wales for all Health Boards to bid against in 2022-2023.

Dadansoddiad Risk / Risk Analysis

In April 2021, Welsh Government launched the NHS Wales Decarbonisation Strategic Development Plan 2021-2030, a plan to tackle the Climate Emergency that it declared in 2019. The plan is a response to this declaration and aligns with Welsh Ministers' ambition for the public sector to be net zero (in carbon emissions) by 2030.

All Health Boards in Wales are required to develop decarbonisation plans to in support of the public sector achieving net zero carbon emissions by 2030.

The proposed actions and programme described in this report will ensure that the Board has a robust and deliverable plan to reduce carbon emissions by 2030.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The proposed actions and programme contained within this report will ensure that the Board has a robust and deliverable plan to reduce carbon emissions by 2030 in compliance with Welsh Governments requirements and legislation.

Asesiad Effaith / Impact Assessment

An Equality Impact (EqIA) and a Socio-Economic (SED) Impact Assessment will be undertaken as part of the development of the decarbonisation plan prior to approval.



NHS Wales Decarbonisation Strategic Delivery Plan

2021-2030

Published March 2021

Who we are

Established in 2001, the Carbon Trust works with businesses, governments and institutions around the world, helping them contribute to, and benefit from, a more sustainable future through carbon reduction, resource efficiency strategies, and commercialising low carbon businesses, systems and technologies.

The Carbon Trust:

- works with corporates and governments, helping them to align their strategies with climate science and meet the goals of the Paris Agreement;
- provides expert advice and assurance, giving investors and financial institutions the confidence that green finance will have genuinely green outcomes; and
- supports the development of low carbon technologies and solutions, building the foundations for the energy system of the future.

Headquartered in London, the Carbon Trust has a global team of over 200 staff, representing over 30 nationalities, based across five continents.



The Carbon Trust's mission is to accelerate the move to a sustainable, low carbon economy. It is a world leading expert on carbon reduction and clean technology. As a not-for-dividend group, it advises governments and leading companies around the world, reinvesting profits into its low carbon mission.

The NHS Wales Shared Services Partnership (NWSSP) is an independent organisation, owned and directed by NHS Wales. NWSSP supports NHS Wales through the provision of a comprehensive range of high quality, customer focused support functions and services.



Authors:

David Powlesland

Carbon Trust Wales – Senior Manager

Chris Joyce

Carbon Trust Wales – Associate

Key Contributors:

Alex Hicks

Welsh Government – Head of Public Sector Decarbonisation

Christopher Lewis

NHS Wales Shared Services Partnership – Senior Environment and Facilities Management Advisor

Craig Morgan

NHS Wales Shared Services Partnership – Environment and Facilities Management Advisor

Project Sponsor:

Neil Davies

NHS Wales Shared Services Partnership – Director of Specialist Estate Services

Rhiannon Phillips

Welsh Government – Senior Delivery Manager Net Zero Public Sector and ETS

Richard Barr

Welsh Government – Capital Estates and Facilities

Stephen Pickard

NHS Wales Shared Services Partnership Procurement – Senior Category Manager

Contributors:

Numerous stakeholders have engaged with the development of this Delivery Plan. We would like to extend our thanks to all those who gave their time to contribute and review. This has helped to give this Delivery Plan the foundation it needs to be successful.

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This Decarbonisation Strategic Delivery Plan is supported by a separate Technical Appendices document. The Technical Appendices document provides further detail on the specific actions required for Delivery Plan implementation.

Statement of Commitment



Dr Andrew Goodall CBE

Director General of Health and Social Services / Chief Executive of NHS Wales

A clear and ambitious green recovery will be a key component to how we respond following the COVID-19 pandemic. This NHS Wales Decarbonisation Strategic Delivery Plan demonstrates how NHS Wales can play its part in the recovery and its commitment to the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities, and climate change.

The Welsh Government declared a Climate Emergency in 2019 supported by Members of the Senedd. This Strategic Delivery Plan responds to this declaration and is aligned to Welsh Ministers ambition for the public sector to be net zero by 2030. As the largest public sector organisation in Wales the NHS has an important role to play to contribute towards this target and I would expect ambitious targets to be in place.

Good progress has been made in recent years across NHS Wales to decarbonise the estate but more can be done. Design and construction inevitably have a long lead-in time and ensuring we are at the forefront of emission reduction in our public buildings is ever more important. This Strategic Delivery Plan gives us opportunities to look again at building and energy uses as well as procurement, travel and other emission sources across the NHS. Despite progress to date, our operations in 2018/19, set out in the Carbon Footprint report, still resulted in the emission of more than 1,000,000 tonnes of carbon dioxide equivalent. More than two-thirds of these emissions are not in our direct control, which indicates the scale of the challenge we are embracing.

The very nature of the health service means it is unlikely we will be able to provide the services we do without causing any emissions, but more can be done to reduce them. Going forward the NHS in Wales will deliver safe and high-quality care for patients in the most effective ways, whilst also delivering on our commitments to climate change. The Wellbeing of Future Generations Act provides a unique and positive context for the NHS to exploit opportunities to make real change in its carbon emissions over the next decade.

The impact of emissions and pollution on health outcomes is also a wider health issue I am mindful of. Air pollution is widely linked to increased rates of cardiac arrest, stroke, heart disease, lung cancer, obesity, cardiovascular issues, asthma, and dementia. As a result, the Strategic Delivery Plan will not only help reduce emissions, but play a role in improving air quality which in turn has an impact on both businesses and the health service. Less emissions and the importance of green spaces and nature for example have provided significant therapeutic benefits during the pandemic and will continue to do so.

It is clear that the NHS must act now to reduce its environmental impact, play its part, and be an exemplar in the way forward in taking steps to reduce emissions.

This Decarbonisation Strategic Delivery Plan sets out our plan for addressing the Climate Emergency. The targets are ambitious, and in some areas will require a fundamental shift to our approach to healthcare, but will contribute to reducing our impact on the Global Health Emergency. The Strategic Delivery Plan sets out 46 initiatives and targets for the decarbonisation of NHS Wales that will be assessed and reviewed in 2025 and 2030.

Taking swift action over the next five years is critical to ensuring the targets within this strategy are adhered to. This relies on minimising our waste, increasing our efficiencies, and investing heavily in decarbonisation of our buildings and vehicles. Low carbon must be core to the decisions, and embedded into our everyday processes so that it becomes integral to the decisions that we make. The NHS in Wales, together with our public sector partners, must lead by example. This is particularly important with regard to our supply chain where our decisions and influence needs to be used to take our suppliers on the low carbon journey with us.

The Decarbonisation Strategic Delivery Plan has been developed through a partnership approach. Whilst recognising that some planned engagement activities were unable to take place due to the pandemic there has been significant interest in the development of the Plan both amongst NHS colleagues and wider stakeholders. I am encouraged to note that more than 100 industry experts and healthcare professionals have contributed to ensuring this plan is informed, targeted, credible, and will have a significant impact on the future operation of the Health Service in Wales.

I would conclude by saying that every single person in Wales has a role to play in the decarbonisation of our health service in line with prudent healthcare. The choices you make as an individual, as a patient, as a member of staff, as a supply chain partner, will undoubtedly play a role in helping to reduce our combined contribution to greenhouse gas emissions. We all need to contribute to this which will significantly improve wider health and well-being across the population of Wales.



Dr Andrew Goodall CBE

Director General of Health and Social Services / Chief Executive of NHS Wales

The Climate Emergency Challenge

A Climate Emergency for Wales

Immediate and bold action to tackle climate change is more crucial now than ever before.

There is now unprecedented political recognition of a global Climate Emergency. The Intergovernmental Panel on Climate Change has made it clear that limiting global warming to 1.5°C above pre-industrial levels is necessary to prevent a sustained public health catastrophe. This has culminated in the Paris Climate Change Agreement, in which 189 countries united to ratify a legally-bound commitment to act to limit global temperature rise this century.¹

The five warmest years on record have occurred in the five years succeeding the Paris Agreement.²

Climate change is recognised as the most significant threat to the health of humanity on a global scale. The World Economic Forum states climate change as the greatest risk to the stability of the global economy, in terms of scale and likelihood;³ which will increase pressure on health systems across the world. The World Health Organization estimates that climate change will lead to around 250,000 extra deaths per year globally from 2030, and that the direct cost impact will be \$2-4 billion per year over the next decade.

With climate change and detrimental health impacts inextricably linked, the Climate Emergency must also be recognised as a health emergency.

Increased societal awareness has led to calls for greater action to tackle climate change. Activism has enhanced the media spotlight on the climate agenda. Increased public awareness has led to growing pressure on governments and businesses to act rapidly to mitigate climate change, calling for the UK and devolved governments to formally declare a Climate Emergency. This was also supported in 2019 by an open letter signed by over 1,200 UK doctors calling for direct action against the climate crisis, citing the significant threat that climate change poses to public health.

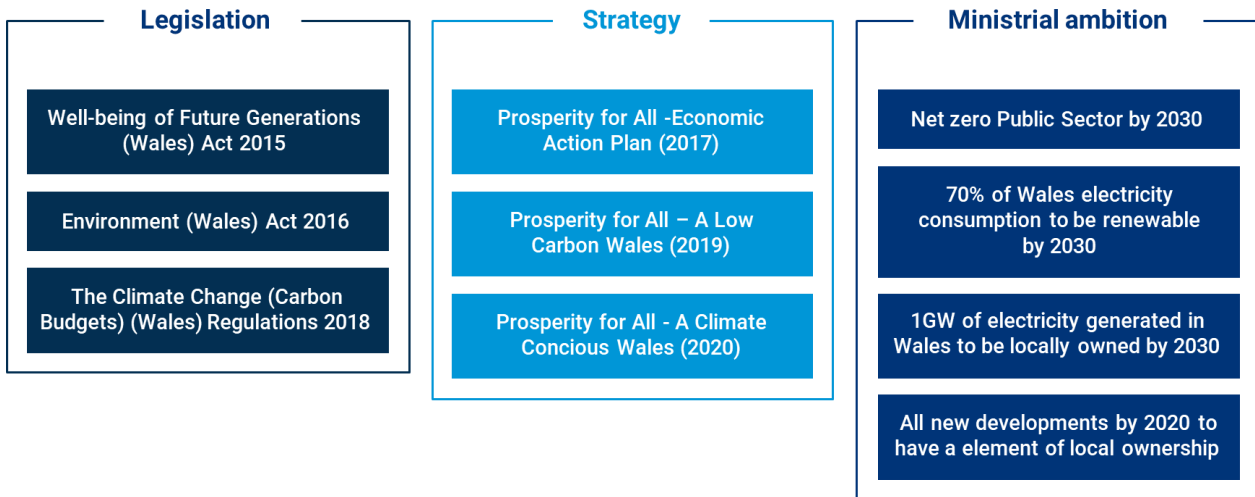
In April 2019, with cross-party support, the Senedd was the first Parliament in the world to declare a Climate Emergency.

Since the Climate Emergency declaration, Welsh Government has accepted the Climate Change Committee's recommendation to increase Wales's 2050 emissions target to a 95% reduction with a further ambition to achieve net zero. However further advice published in December 2020 has recommended that action needs to be taken sooner, and this must chart a steeper trajectory towards net zero.⁴ If accepted, the advice would lead to a net zero target for all sectors in Wales by 2050 and a stretching target of a 63% reduction in greenhouse gas emissions by 2030 (compared with the current target of 45%).

To lead the way on climate action in Wales, Welsh Government set the ambition for the public sector in Wales to be net zero by 2030.

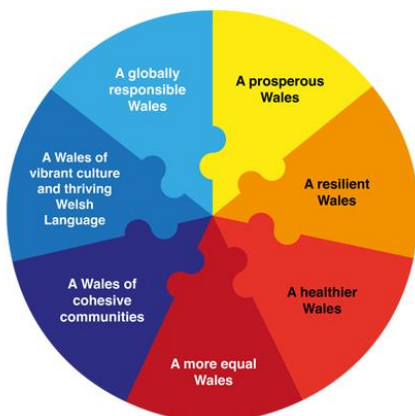
NHS Wales Climate Emergency

To implement decarbonisation, Welsh Government has put in place binding legislation, strategies, and ambitions to drive carbon reduction activity in Wales. In March 2019 the First Minister for Wales launched Prosperity for All: A Low Carbon Wales⁵, this sets out Welsh Governments plan for decarbonisation in Wales. This further states the ambition for the public sector to be net zero by 2030, and the specific policy to reduce emissions in the health sector.



NHS Wales recognises it has a significant contribution to make towards the ‘team Wales’ target of a net zero public sector. To stimulate engagement and action across all parts of NHS Wales, the first initiative within this Delivery Plan provides the commitment to address the Climate Emergency.

NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.



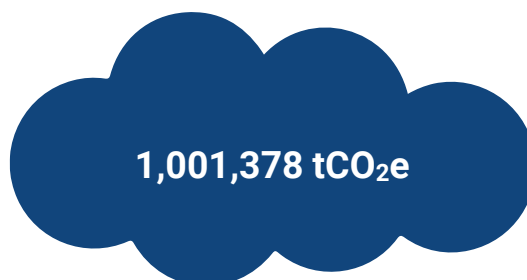
The NHS Wales requirements under the *Well-being of Future Generations (Wales) Act 2015* will ensure that the climate is considered at an everyday decision-making level. This world-leading legislation places NHS Wales with a duty to support the seven Well-being Goals put in place by the act. Decarbonisation has a critical role to play in meeting this duty, in particular to achieve a resilient, healthier, and globally responsible Wales. 6

With climate change, pollution, and detrimental health linked, it is the responsibility of NHS Wales to act on the climate and health emergency to support a healthier Wales now and in the future.

NHS Wales Carbon Footprint

Prior to developing this Delivery Plan, NHS Wales Shared Services Partnership (NWSSP) commissioned a Carbon Footprint assessment for the whole of NHS Wales. The [NHS Wales Carbon Footprint 2018/19](#)⁷ has influenced the approach set out in this Delivery Plan and provides initial baseline emissions data for target setting.

Total NHS Wales Carbon Emissions 2018/19



The NHS Wales 2018/19 Carbon Footprint has been calculated as approximately 1 million tonnes of CO₂e, which represents around 2.6% of Wales's total greenhouse gas emissions.⁸ This has been set as the baseline for emissions reduction targets going forward.

Emissions have been attributed to the three scopes as defined by the Green House Gas Protocol:

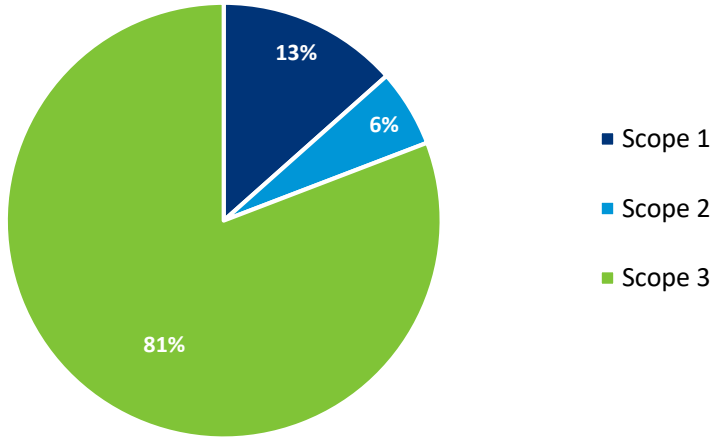
Scope 1	Scope 2	Scope 3
<i>Direct emissions of an organisation, including combustion of fuels and fugitive emissions</i>	<i>Indirect emissions of an organisation, including purchased electricity and heat</i>	<i>Other indirect emissions associated with an organisation, including the supply chain, transport and distribution, business travel and commuting, use of products, waste, investments and other leased assets or franchises.</i>

To aid understanding, emissions have been further broken down and analysed into **four** categories:

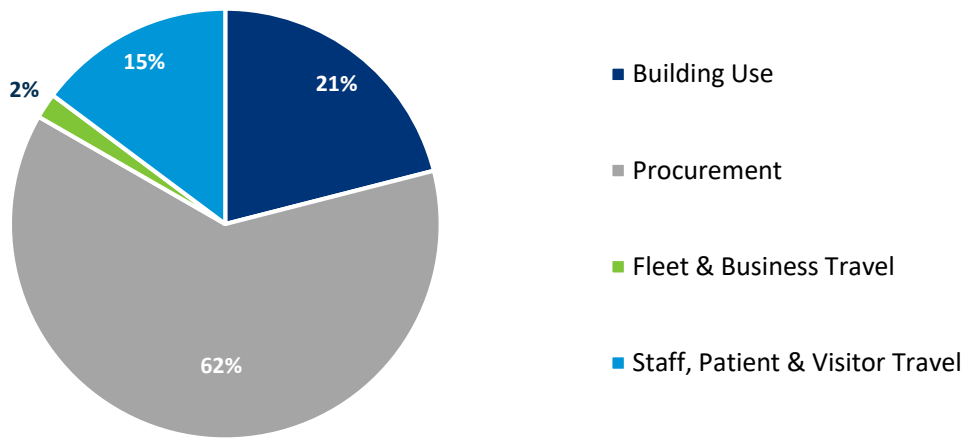
- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Business use 2. Fleet and Business Travel | <ol style="list-style-type: none"> 3. Staff, Patient and Visitor Travel 4. Procurement |
|---|--|

The following charts provide the split of NHS Wales Carbon Footprint by scope and by category.

NHS Wales Carbon Footprint by Scope 2018/19



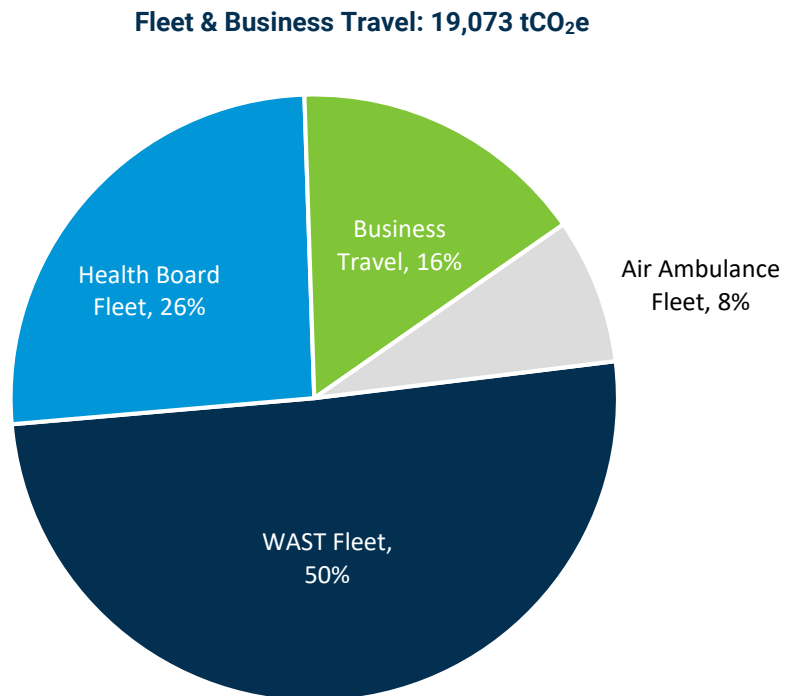
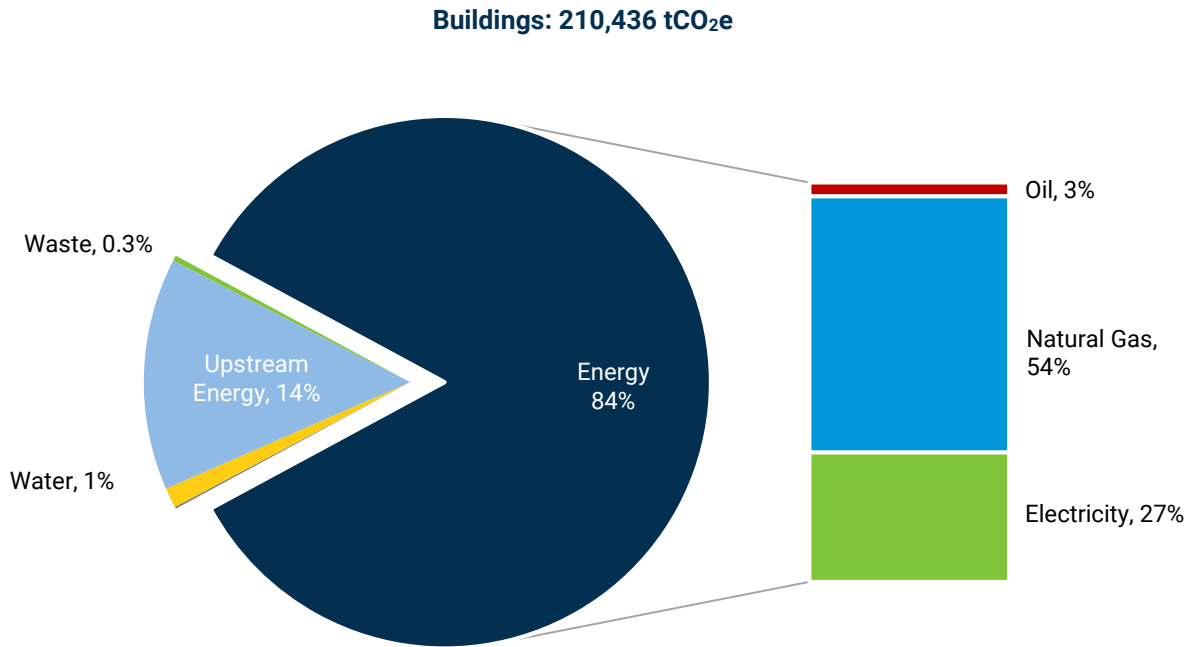
NHS Wales Carbon Footprint by Category 2018/19



This Delivery Plan sets out a target for NHS Wales as a whole, and for the four categories of emissions assessed. However, no target has been set by scope of emissions.

The need to improve emissions data accuracy and coverage is recognised within the NHS Wales Carbon Footprint assessment. The requirement for ongoing data improvement, in particular for transport- and procurement-related emissions, is set-out within the Delivery Plan.

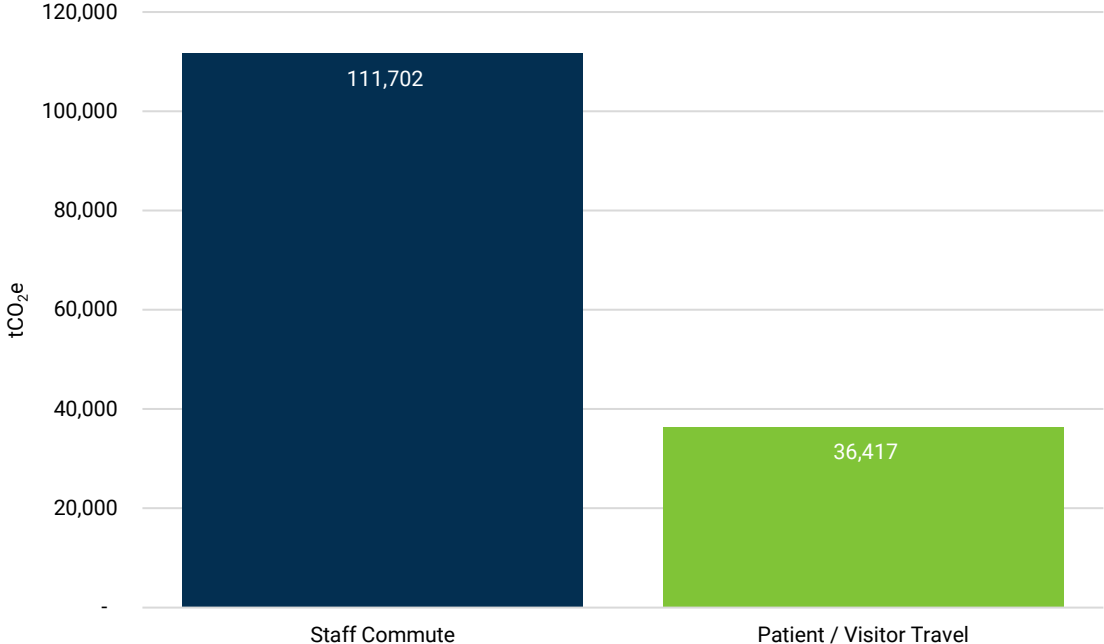
The following charts provide key summary information regarding the **four** categories assessed within the Carbon Footprint. Further detail and analysis of the [NHS Wales Carbon Footprint 2018/19](#) can be found on the Welsh Government website.



Procurement: 623,750 tCO₂e



Staff, Patient & Visitor Travel: 148,119 tCO₂e



Sustainable Recovery to the Pandemic

Alongside the tragic impact of the Covid-19 pandemic, a devastating economic impact has also been recognised.

Hundreds of health professionals in Wales have called on Welsh Government to support a 'healthy recovery' to the pandemic. In June 2020, the UK Health Alliance on Climate Change wrote to the Prime Minister setting out 'Climate Change Principles for a Healthy Recovery.'⁹ In July 2020, a letter signed on behalf of hundreds of Welsh doctors and healthcare workers highlighted evidence linking air pollution to the susceptibility of Covid-19 in patients, demonstrating their support for the climate agenda and recognition of the potential health benefits a green recovery can provide.



Photo credit: Laing O'Rourke

In response to the economic impact of the Covid-19 pandemic, the Welsh Government has set up a *Green Recovery Taskforce*. The aims of the task force are closely aligned with the aims of NHS Wales in this Delivery Plan. The opportunity for investment against the initiatives set-out will support a green economic recovery in Wales.

The response to the pandemic has demonstrated how significant and impactful change can be enforced into the day-to-day life of the public and the approach to work; this includes how healthcare is delivered. An NHS Trust in England demonstrated that remote working during the first Coronavirus lockdown reduced business mileage by 67% and reduced electricity consumption by 12-18% across their sites.¹⁰

With the pandemic demonstrating that rapid and significant societal change is achievable, the goal now must be to stir similar urgency and commitment to tackle the Climate Emergency.

NHS Wales Commitments

This NHS Wales Decarbonisation Strategic Delivery Plan has been developed to drive an ambitious but realistic reduction in carbon emissions from NHS Wales’s operations.

This Delivery Plan sets out 46 initiatives for decarbonising NHS Wales. The commitments cover emissions from Scopes 1, 2, and 3.

The following table provides specific headline commitments up to 2030 which will be reviewed in 2025 and 2030 alongside the overall carbon reduction targets for these periods.

Access to resource and finance is critical to ensure the success of this Delivery Plan, and this will be supported by Welsh Government and NWSSP as part of the Action Plan review process. For the first year of delivery (2021-22), Welsh Government has made available £16m in capital finance.

Moving up a gear (2020-2022)
<ul style="list-style-type: none"> → NHS Wales will fully support the Climate Emergency for Wales as declared by the Welsh Government → Carbon reduction will be a high priority in business case decision making – this will mean that increased revenue costs will not be a barrier to the optimal low carbon option → An ‘NHS Wales Climate Change Group: Decarbonisation Board’ and a ‘Decarbonisation Programme Manager’ will be put in place to lead Delivery Plan implementation → Welsh Government will enable access to finance to support the successful implementation of the Delivery Plan → ‘Decarbonisation Action Plans’ will be developed by Health Boards, Trusts, and NWSSP Procurement – these will be regularly updated and committed to within Integrated Medium-Term Plans on a 2-yearly basis → All new-build developments and major refurbishments will be designed and accredited to a net zero framework

Well on our way (2022-2026)

- NHS Wales will have reduced carbon emissions by 16% in line with the 2025 interim target
- Low carbon heat evolution plans for acute hospitals will be in place
- By 2025, all lighting across the estate will be LED
- The total renewable energy potential for the NHS Wales estate will be known, with an implementation plan progressing
- Reducing emissions will be mandated within new procurement contracts for major suppliers
- Procurement emissions accounting will shift to a 'market-based' approach
- Medical gases with low global warming potentials will be used as standard with improved emissions accounting data available to assess the impact
- All cars and light goods vehicles procured will be battery-electric where practically possible. Sufficient charging infrastructure will have been installed to support an increased uptake in fleet, staff, and public electric vehicles
- Digital technology and telemedicine will be increasingly used to increase efficiency and reduce travel

Achieving our goal (2026-2030)

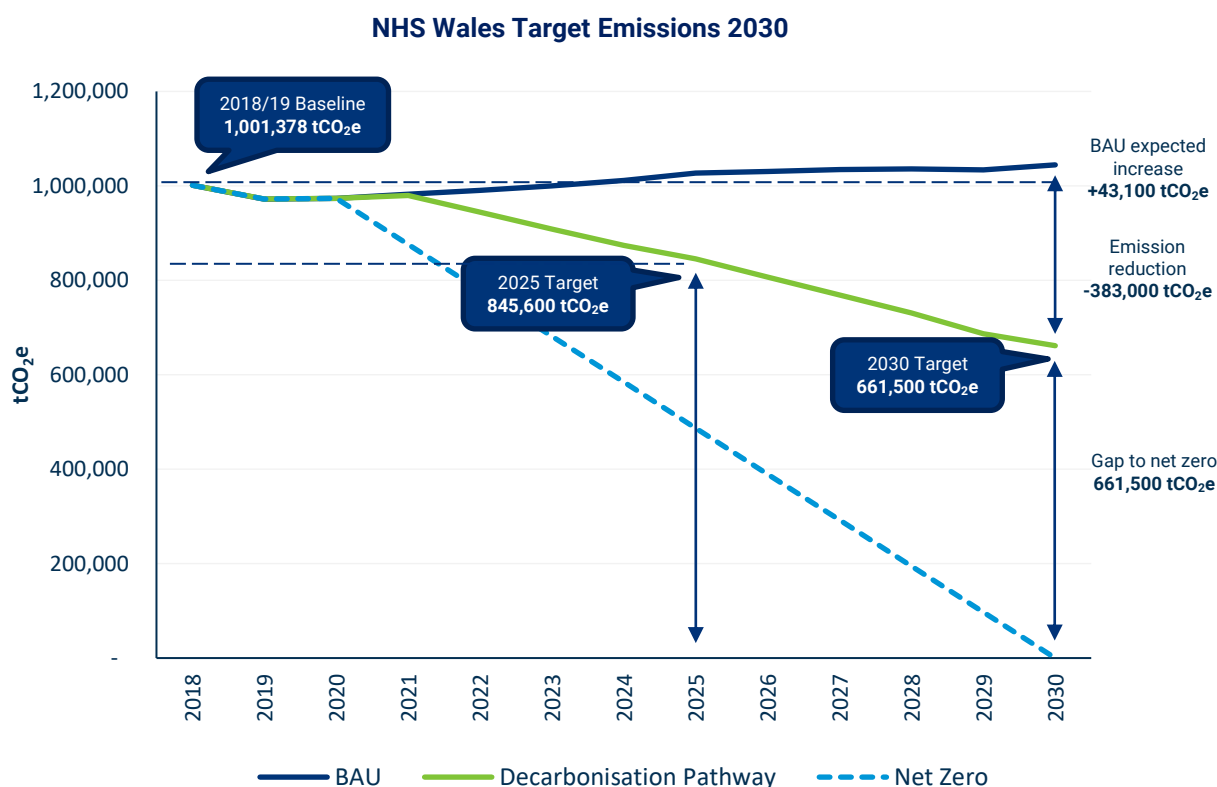
- NHS Wales will have reduced carbon emissions by 34% equivalent to 383,000 tCO₂e as a minimum contribution to a net zero Welsh Public Sector
- Every building will have undergone an energy-efficient upgrade – low carbon heating will be utilised and renewable energy will be generated on site
- Aim for all natural-gas combined heat and power plant to be decommissioned
- WAST will aim for new ambulances procured to be plug-in electric, or alternative low carbon fuelled
- Large-scale renewable energy generation will be implemented by collaborating with public sector partners, landowners, developers, and local communities
- Carbon sequestration land will have been developed and included within carbon accounting
- A climate smart approach to modern healthcare will be incorporated into new developments

2025 and 2030 Emissions Targets

NHS Wales' Target

NHS Wales's emissions pathway has been mapped out between 2018 and 2030 for three scenarios:

- **Business-as-usual (BAU)** – presents the expected emissions if NHS Wales took no additional action to decarbonise; despite the ongoing decarbonisation of UK electricity grid, an increase is forecast due to the continual growth of the Health Service.
- **Decarbonisation Pathway** – presents a targeted decarbonisation scenario based upon the initiatives set within this Delivery Plan; this pathway sets the overall 2025 and 2030 emissions reductions targets.
- **Net zero** – a theoretical linear decarbonisation approach that achieves zero carbon to demonstrate the gap to net zero for NHS Wales.

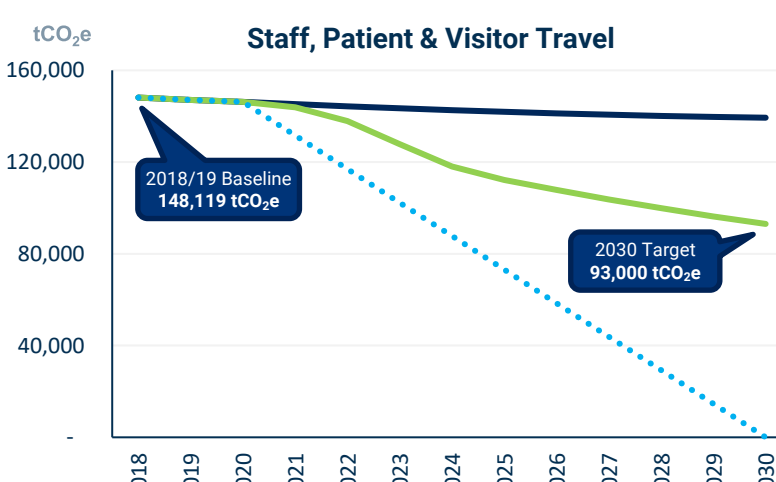
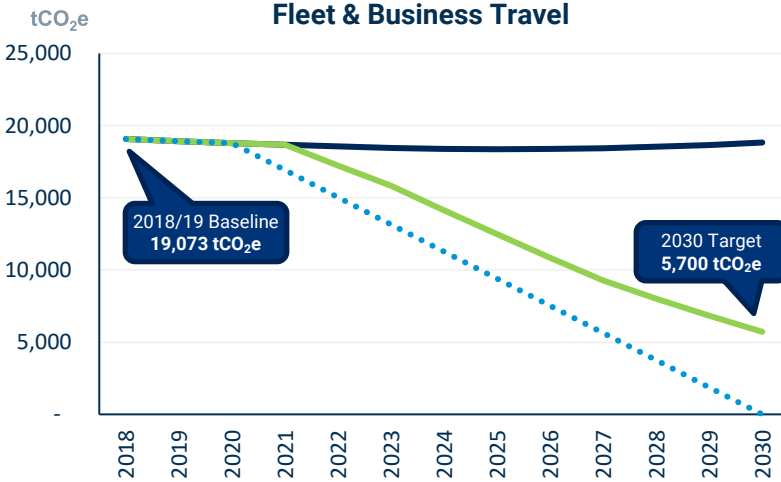
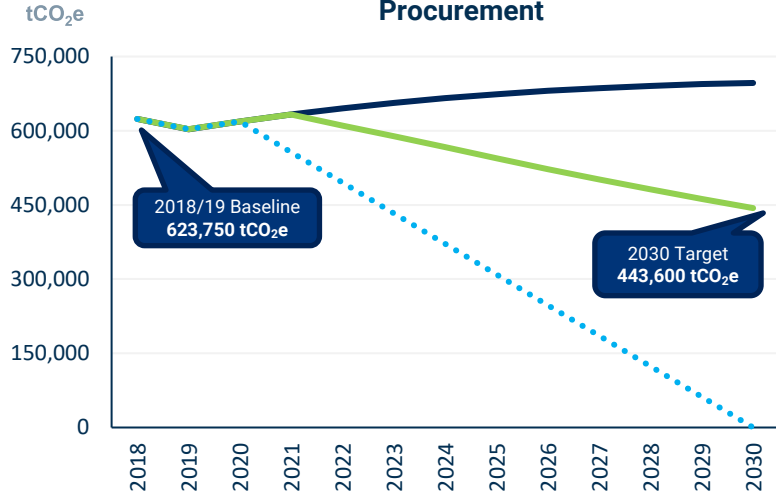
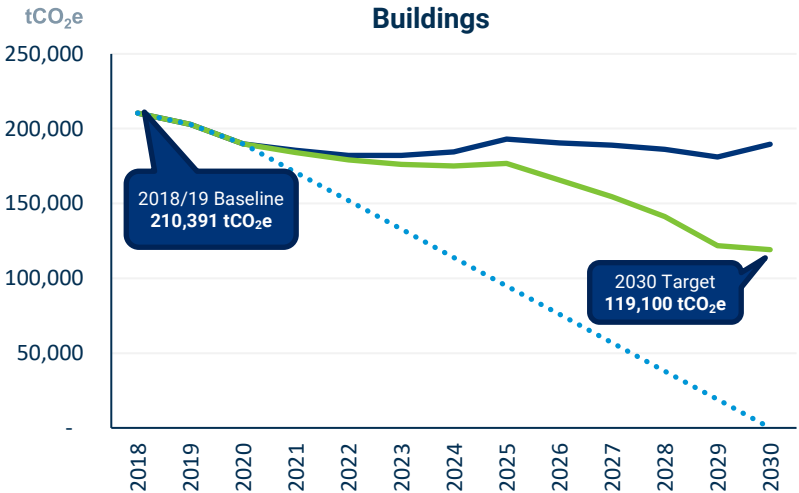


The NHS Wales 2025 and 2030 decarbonisation targets are set as follows:

NHS Wales Decarbonisation Target	Emissions (tCO ₂ e)	Percentage reduction from 2018/19	Cumulative savings from initiatives will total (tCO ₂ e)
2025	845,600	-16%	459,000
2030	661,500	-34%	1,982,500

Category Targets

Alongside the overall NHS Wales emissions targets, assessments of performance will be made against the following category targets:



Key:

- BAU
- Interventions
- Net zero

Delivery Plan Implementation

The success of this Delivery Plan will be highly dependent on the governance structure put in place, the management approach to ensure sustained momentum, and the financial investment put forward to support implementation. The following activities set out the implementation approach for the Delivery Plan; these are split between mobilisation and an improvement approach. Further detail regarding the specific actions, responsibilities, and target dates can be found within the Technical Appendices.

Mobilisation

- 1** NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.
- 2** A 'Decarbonisation Board' will be put in place to oversee implementation of the Delivery Plan; this will be a sub-group of the Welsh Government NHS Wales Climate Change Group.
- 3** A 'Decarbonisation Programme Manager' will be put in place as a dedicated role to drive the focussed implementation of the Delivery Plan.
- 4** 'Action Plans' will be developed, which will form the basis of how NHS Wales organisations will implement Delivery Plan initiatives – these will be developed two-yearly and committed to within Integrated Medium-Term Plans.
- 5** Welsh Government will enable the successful implementation of the Delivery Plan by supporting access to additional resource and finance for delivery of initiatives.

Improvement and Revision Approach

- 6** NWSSP Specialist Estate Services will oversee the evolution of the Estates and Facilities Performance Management System (EFPMS) returns to capture improved data coverage and communicate carbon performance – this will evolve to align with the 'Carbon reporting guide for the public sector in Wales' data requirements when published.
- 7** Welsh Government and NWSSP will issue a revision of the Delivery Plan with updated and refined targets by 2023.
- 8** Welsh Government and NWSSP will review the success of Delivery Plan implementation in 2024, and issue an update of the Plan in 2025.

Decarbonisation Initiatives

Decarbonisation of NHS Wales has been structured into six main activity streams:

- Carbon Management
- Buildings
- Transport
- Procurement
- Estate Planning and Land Use
- Approach to Healthcare

The activity streams do not specifically match the Carbon Footprint categories or the specific targets; they are structured to aid understanding of implementation. The initiatives included within the activity streams will often provide carbon reduction across several of the footprint categories.

Initiatives are the decarbonisation activities, or projects, that NHS Wales will undertake.

The identification of initiatives involved multiple parties, including the Carbon Trust, NWSSP, Welsh Government, NHS organisations, voluntary commissions, healthcare staff, and industry experts.

The Technical Appendices provides a full summary of the initiatives and sets out the specific actions, responsibilities, target dates for implementation, and appropriate exclusions.

Content	
Carbon Management	<ul style="list-style-type: none"> • Approach to carbon management
Buildings	<ul style="list-style-type: none"> • Decarbonising the existing estate • Requirements for new build developments and major refurbishments
Transport	<ul style="list-style-type: none"> • Improvements to non-emergency response fleet • Improvements to fleet, staff, patient and visitor travel • Improvements to the Welsh Ambulance Service NHS Trust emergency response fleet
Procurement	<ul style="list-style-type: none"> • Improvements to supply chain carbon accounting and engagement • Approach to decarbonisation of the supply chain
Estate Planning and Land Use	<ul style="list-style-type: none"> • Approach to strategic estate planning and building use • Approach to using land for offsetting and renewable energy generation
Approach to Healthcare	<ul style="list-style-type: none"> • Approach to smart working • Approach to climate and decarbonisation education • Approach to management of healthcare and medicines • Approach to reducing carbon emissions from waste

Carbon Management

No.	Initiative
1	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.
2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.
3	Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.

Existing Buildings

No.	Initiative
4	Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.
5	Fully replace all existing lighting with LED lighting by 2025.
6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.
7	Progress low carbon heat generation for all non-acute sites larger than 1,000m ² by 2030.
8	We will not plan to install any further natural gas CHP plant - renewable CHP will be championed instead. For existing CHP plant, we will prioritise decommissioning over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.
9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.
10	Determine the overall viable potential for onsite renewable energy generation at each NHS Wales organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.

New Builds and Major Refurbishments

No.	Initiative
11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.
12	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.
13	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.
14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.
15	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.
16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government’s Active Travel Action Plan for Wales. ¹⁷



Photo credit: Laing O'Rourke

Transportation

No.	Initiative
17	NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning – this will include consideration of NHS Wales’ own fleet, staff vehicles, and visitor EV charging.
18	A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management oversight within each organisation.
19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.
20	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.
21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport.
22	The Welsh Ambulance Service NHS Trust will continue to develop their electric vehicle charging infrastructure network plan for the existing NHS Wales estate to facilitate the roll-out of electric vehicles.



No.	Initiative
23	The Welsh Ambulance Service NHS Trust will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid EV, or fully battery-electric in appropriate locations.
24	The Welsh Ambulance Service NHS Trust will actively engage with vehicle manufacturers for research and development of low carbon emergency response vehicles and report annually, with the ambition to operate plug-in electric, or alternative low carbon fuelled, emergency ambulances by 2028.

Procurement

No.	Initiative
25	NWSSP will transition to a market-based approach for supply chain emissions accounting.
26	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.
27	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.
28	100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.
29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.
30	Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.
31	NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.
32	NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Delivery Plan.

Estate Planning and Land Use

No.	Initiative
33	All-Wales strategic estate planning will have carbon efficiency as a core principle – <i>quantified carbon</i> will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.
34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.
35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.

Approach to Healthcare – Smart Working

No.	Initiative
36	Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.
37	Support the Welsh Government’s target for 30% of the Welsh workforce to work remotely ¹² , by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.
38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.

Approach to Healthcare – Education

No.	Initiative
39	Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.

Approach to Healthcare – Healthcare and Medicines

No.	Initiative
40	Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.
41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.
42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.
43	Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.

Approach to Healthcare – Waste

No.	Initiative
44	Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.
45	Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.
46	Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.

Roadmap

The roadmap timeline sets out the NHS Wales summarised initiative activity out to 2030. To influence the roadmap, and the initiatives included within this Delivery Plan, a high-level scoring exercise has been undertaken. The scoring reflected should be used to reflect and visualise initiatives only, this does not provide the detail required to justify that one initiative should be prioritised over another, and is not a precise representation of impact.

Appraisals of initiatives were undertaken using the following metrics:

- *Carbon impact*
- *Technology and market readiness*
- *Effort and resource demands*
- *Strategic importance for enablement*

A quantitative scoring was allocated to each metric, with the combined total providing the overall score for each initiative. To maintain a decarbonisation focus, the carbon impact metric has a double weighting than that of other metrics. The Technical Appendices provides a full summary of initiative scoring and additionally includes a high-level financial impact assessment.

	Selected Example Initiatives	Score (/25)
5	Fully replace all existing lighting with LED lighting by 2025.	14
6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	17
11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	15
19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	12
29	NWSSP Procurement Services will embed NHS Wales’ decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	22

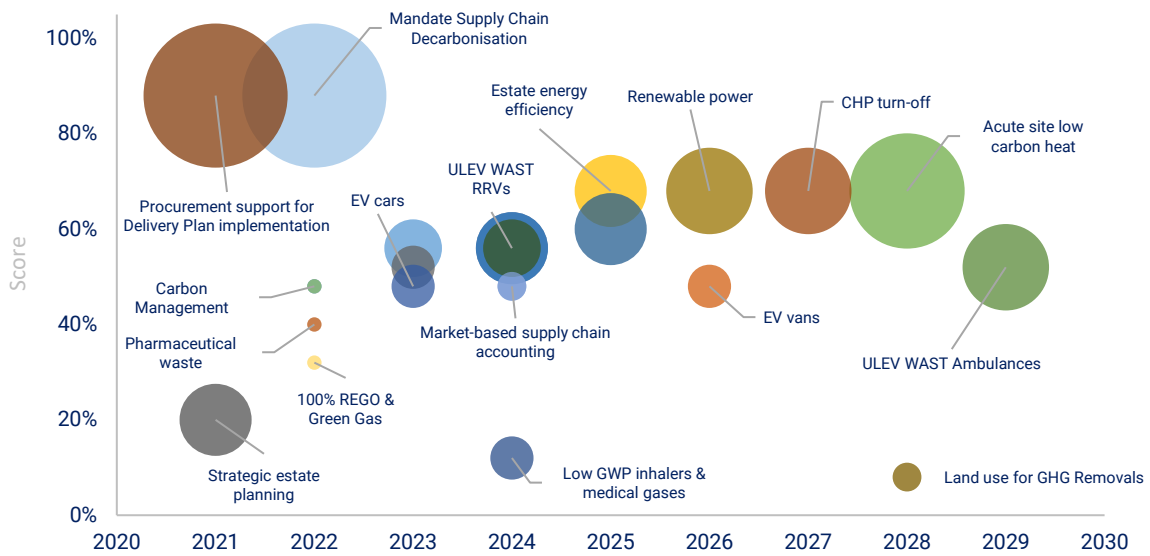
Initiative Roadmap Scoring

The following charts provide a visualisation of the initiative appraisal. The chart presents:

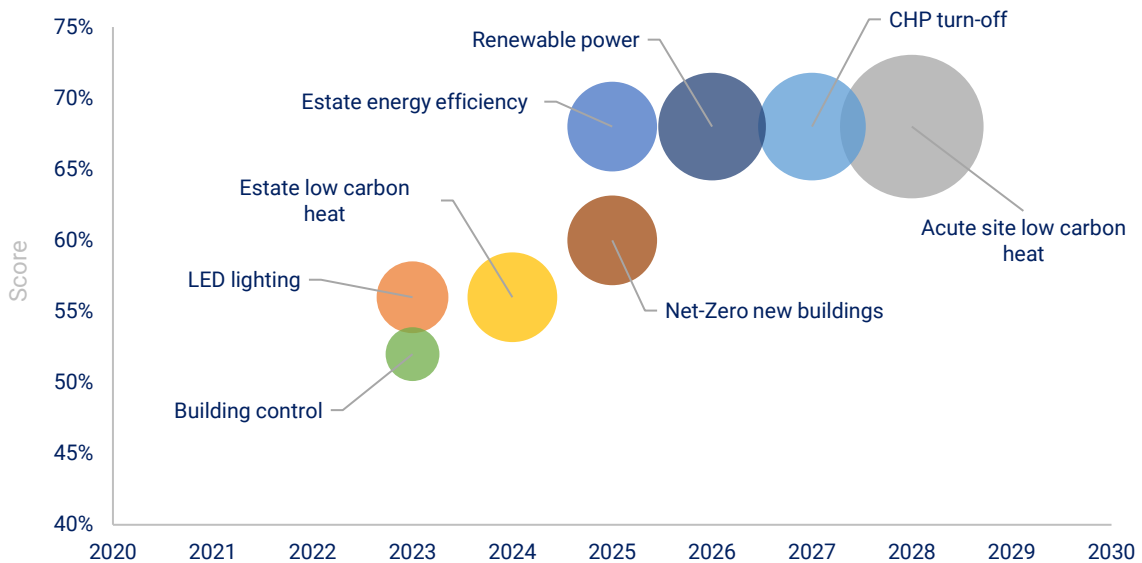
- Indicative year in which implemented (in reality each will be across several years)
- Initiative score, shown as a percentage, based on the assessment against the four metrics
- Initiative carbon impact, represented by the size of the bubble.

Selected initiatives are presented in the first chart covering buildings, transport, procurement, and the approach to healthcare. Highest scoring and largest impact initiatives relate to procurement, these are shown early on the timeline. The second chart presents building only initiatives for comparison.

Selected Initiative Roadmap Scoring



Building Initiatives Roadmap Scoring



Roadmap Timeline for Implementation

The following timeline summarises key initiatives across buildings, transport, procurement, and the approach to healthcare.

	Buildings	Transport	Procurement	Approach to Healthcare
2021	Action Plan requirements and expectations to be developed	A best practice approach for EV infrastructure and management will be developed	NWSSP will start the transition to a market-based approach for supply chain emissions accounting	The Welsh Government's 30% work from home target will be facilitated with appropriate technology and an updated approach to office use
2022	Effective building management systems and dedicated resource to optimise the use of energy by better control will be put in place	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric where possible	The Sustainable Procurement Code of Practice will include a framework for assessing the sustainability credentials of suppliers	Anaesthetists will be prioritising medical gases with low global warming potentials as standard
2023	By 2023 low carbon heat evolution plans will be completed for all acute hospitals, and renewable energy implementation plans will be developed	WAST will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid-electric or fully battery-electric for appropriate locations	NWSSP Procurement will actively be working with targeted suppliers and sectors, and will have contractually mandated decarbonisation into major procurements	Best practice pharmaceutical waste practice will be in place championing better prescribing, reviewing, just in time delivery, and a shift away from procuring bundles of pharmaceuticals
2024	New buildings will be constructed and accredited to a net zero standard.		NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport	Technologies to capture expelled medical gases will have been assessed and put into trial

	Buildings	Transport	Procurement	Approach to Healthcare
2025	Decommissioning of natural gas CHP plants will be prioritised over refurbishment. All lighting will be fully replaced by LED	All new medium / large freight vehicles procured across NHS Wales after April 2025 will be to the future modern standard of ultra-low emission vehicles	NWSSP will have updated to market-based emissions accounting, and continues to engage with supply chains to support decarbonisation	Digital technology will be developed to support a smart communication approach between our sites and with the public at home
2026 / 27	50% of overall renewable energy generation potential will have been installed			
2028 / 29		WAST will aim for new ambulances procured to be plug-in electric, or alternative low carbon fuelled		
2030	Every building will have undergone an energy-efficient upgrade – low carbon heating will be utilised, renewable energy will be generated on site, and all gas CHPs will be decommissioned		Significant parts of the supply chain will have progressed to net zero emissions	

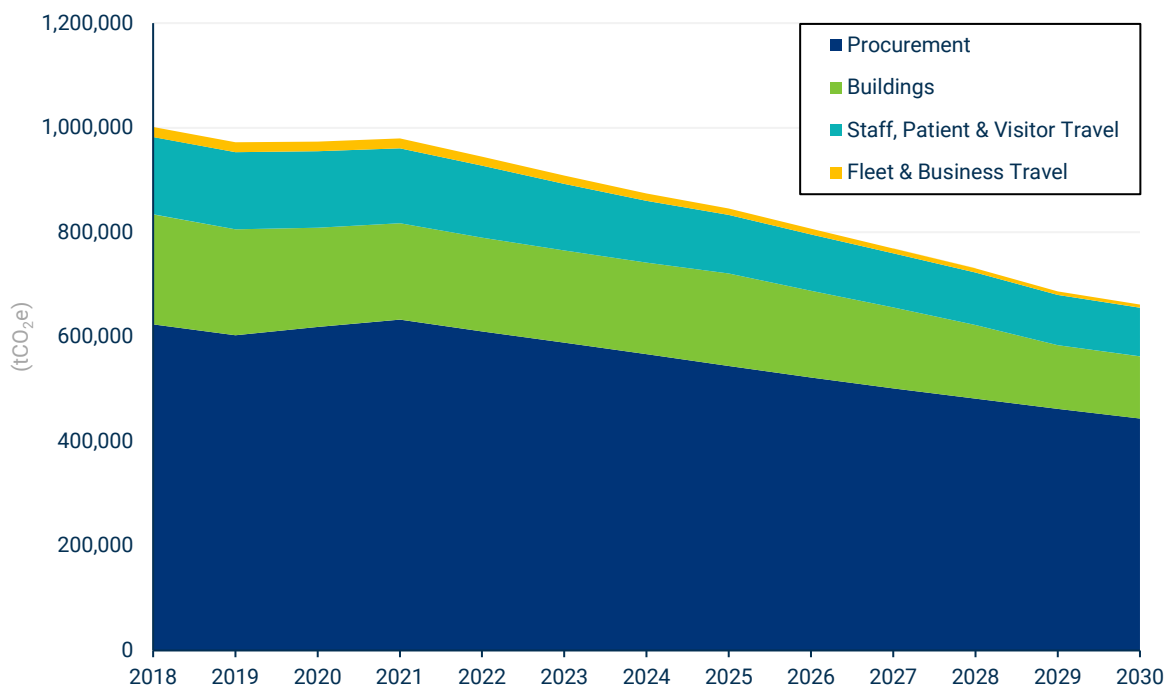
Emissions Modelling

The decarbonisation initiatives set out in the roadmap were modelled across the next decade based upon when and how the measures could be implemented.

The figure below shows an indication of how NHS Wales’ emissions could look if the decarbonisation roadmap is followed. It shows decarbonisation speeding up after 2021, with the most significant decreases in emissions occurring from 2026 onwards with increasing scale of implementation of the Delivery Plan initiatives.

All emissions categories assessed demonstrate a reduction in emissions, this is also with respect to business-as-usual increases due to estate and healthcare service expansion. The largest source of emissions shown up to 2030 remains emissions associated with the procurement of goods and services.

NHS Wales 2018 - 2030 Emissions



In 2030, the estimated residual emissions are 661,500 tCO₂e, with a 34% reduction achieved against the BAU. This presents the anticipated contribution to a net zero Welsh public sector.

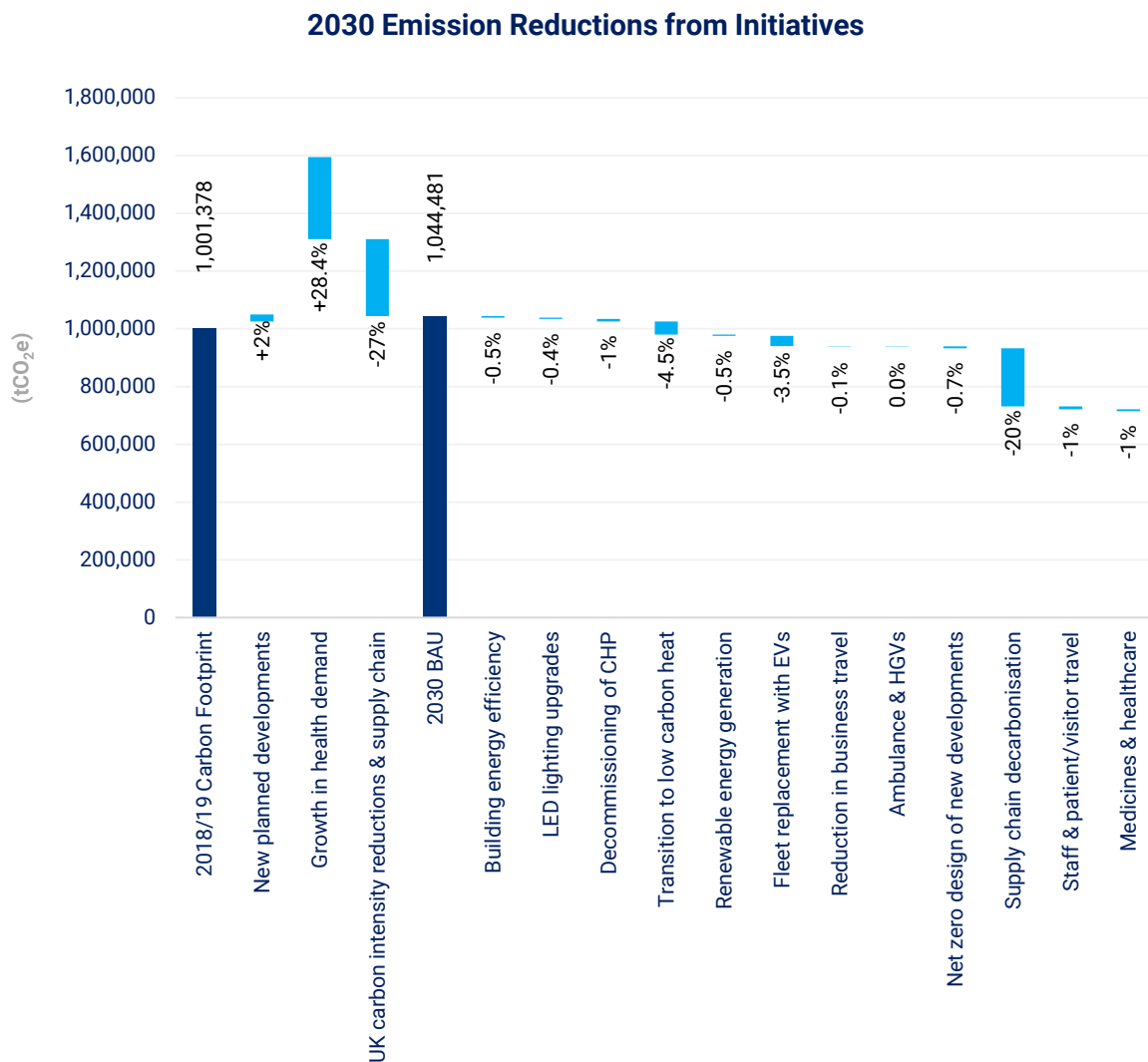
The net zero target for the public sector will be on a ‘team Wales’ basis¹³; this means that carbon-positive organisations (such as Natural Resources Wales) will balance with residual emissions of other Public Bodies such as NHS Wales. To support consistent carbon accounting, a Carbon reporting guide for the public sector in Wales developed by Welsh Government is expected to be published in 2021.

NHS Wales 2030 Emission Reduction Breakdown

The carbon reduction contribution of initiatives set out in the Delivery Plan has been mapped against the 2018/19 carbon footprint as a baseline (1,001,378 tCO₂e).

Business-as-usual (BAU) up to 2030 includes the estimated increases in emissions from the expansion of the NHS Wales estate (2% increase in emissions), and increased demand for health care (28% increase in emissions linked to population growth and higher energy intensity of healthcare technology, etc.). The decarbonisation forecasts for UK grid electricity, the average UK vehicle emissions, and for the supply chain are reflected within 'UK carbon intensity and supply chain'; this presents a 27% reduction to show a BAU 2030 down to a similar level of emissions as 2018/19.

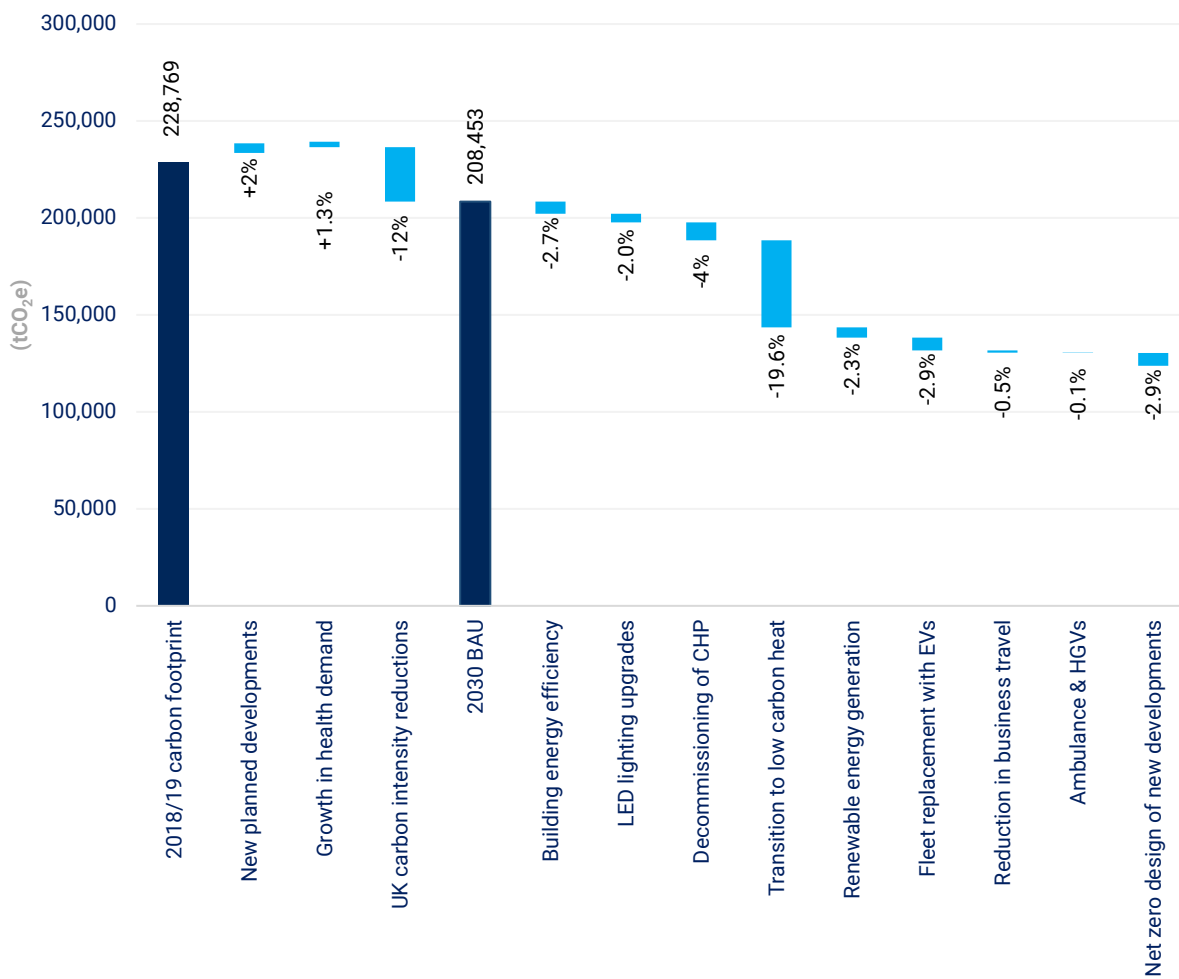
Initiatives have been simplified and modelled to present the contribution to the 34% carbon reduction target against a 2030 BAU.



Buildings and Fleet 2030 Emission Reduction Breakdown

The following chart shows the potential emission reductions against the two categories of buildings, and fleet & business travel. These categories have been selected for presentation due to NHS Wales' direct control and influence over emissions.

2030 Buildings and Fleet Emission Reductions through Initiatives



Next Steps

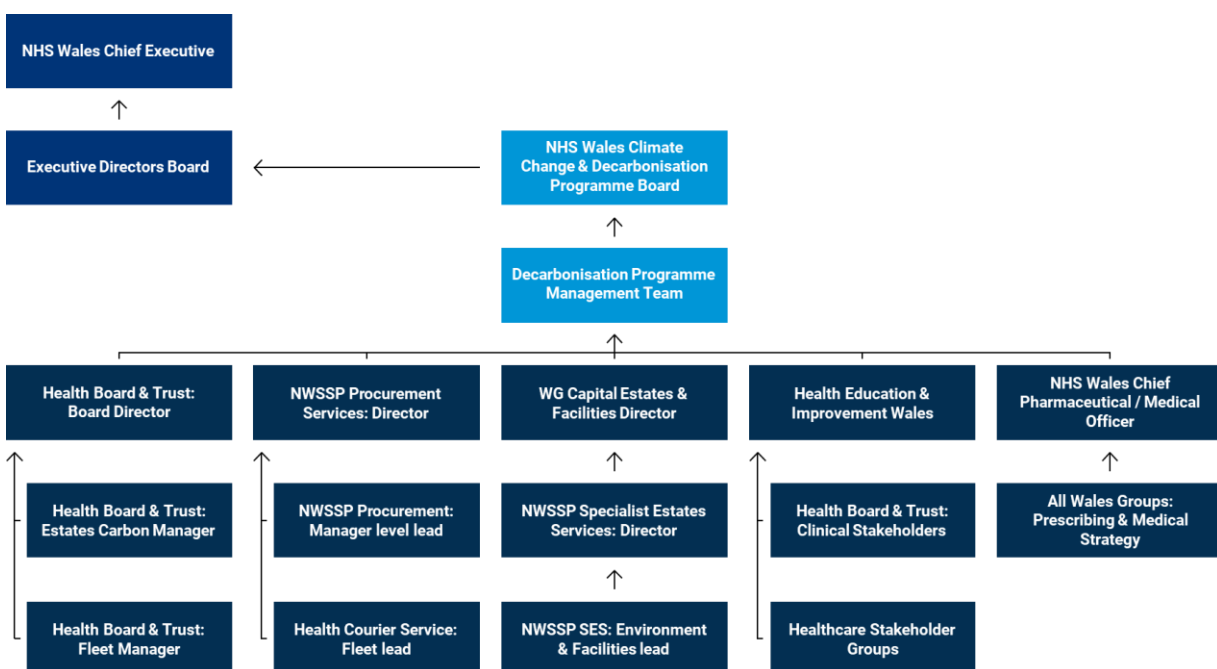
The key next steps for putting this Delivery Plan into motion are focused around the five mobilisation activities.

- 2 A 'Decarbonisation Board' will be put in place to oversee implementation of the Delivery Plan; this will be a sub-group of the Welsh Government NHS Wales Climate Change Group.
- 3 A 'Decarbonisation Programme Manager' will be put in place as a dedicated role to drive the focussed implementation of the Delivery Plan.

To sustain momentum and action over the longer term, an effective governance structure must be put in place.

To oversee the implementation of this Delivery Plan, a new *Climate Change & Decarbonisation Programme Board* will be put in place. This Board will report to the existing Executive Directors Board and the NHS Wales Chief Executive; this demonstrates the significance and importance given to implementing this Delivery Plan. This importance must be recognised by NHS Wales organisations also, therefore responsibility for responding to the Climate Emergency must sit at Board Director level.

A *Decarbonisation Programme Manager* and a wider management team will be put in place to be the focal point of implementing the Delivery Plan. This team will undertake a breadth of engagement spanning estates and facilities, planning, fleet management, procurement, clinical, and wider stakeholder groups to drive activity forward. The organigram below provides the governance structure put forward; it is however recognised that this will evolve as the Delivery Plan is mobilised.



4

'Action Plans' will be developed, which will form the basis of how NHS Wales organisations will implement Delivery Plan initiatives – these will be developed two-yearly and committed to within Integrated Medium-Term Plans.

5

Welsh Government will enable the successful implementation of the Delivery Plan by supporting access to additional resource and finance for delivery of initiatives.

For this Delivery Plan to be considered successful, a step-change in decarbonisation activity must be recognised.

The basis for the response to this Delivery Plan will be for NHS Wales organisations to develop Action Plans setting out how progress will be made against the initiatives set. It is important this is aligned with the strategic direction of each organisation also; therefore, the implementation of decarbonisation Action Plans are required to be committed to within Integrated Medium-Term Plans.

Key actions for each initiative are highlighted in the Technical Appendices, many of which will support Action Plan development. Important early actions for 2021/22 include putting in place data collection requirements to support market-based emissions accounting, supporting the approach for electric vehicles, planning specialist heat assessments, and engaging on the development of a new net zero building standard.

It is recognised that access to additional resource and finance is critical to ensure the success of this Delivery Plan. However, much progress can be made by championing decarbonisation within the decision-making process, and by integrating this into behaviour across NHS Wales.

Nevertheless, significant investment will be needed to meet the 16% reduction target by 2025 and 34% reduction target by 2030.

As part of the Action Plan development and review process, the *Climate Change & Decarbonisation Programme Board* and Welsh Government will understand the capital and revenue impacts for NHS Wales organisations. This will allow a strategic approach to be taken for investment decisions. The journey must start right away, to support this Welsh Government have ringfenced an initial £16m of decarbonisation capital to support initiative implementation in 2021/22.

The ultimate focus of Action Plans and investment decisions must be to recognise a step change in emissions across NHS Wales. Targets have been set for 2025 and 2030 for the overall emissions and a percentage reduction, these however will both be impacted by other business as usual changes in the health service. To appraise the success of action taken, a cumulative savings from initiatives target will be set; this will provide a focus to tracking interventions made through Action Plans across NHS Wales.

NHS Wales Decarbonisation Target	Emissions (tCO ₂ e)	Percentage reduction from 2018/19	Cumulative savings from initiatives will total (tCO ₂ e)
2025	845,600	-16%	459,000
2030	661,500	-34%	1,982,500

1

NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.

The most critical next step is to ensure that all parts of NHS Wales fully engage with and support the Climate Emergency.

This Delivery Plan provides a clear statement of commitment from Dr Andrew Goodall CBE, Chief Executive of NHS Wales, that NHS Wales will show leadership to tackle the Climate Emergency. This simple message must be the catalyst for all NHS Wales to engage and act.

Urgency, collaboration, and ongoing action are required to address climate change as a common cause, and to support the well-being of our future generations for a healthier Wales.



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- ³ World Economic Forum (2020), *The Global Risks Report, World Economic Forum (2020)*. Available at: http://www3.weforum.org/docs/WEF_Global_Risk_Report_2020.pdf [Accessed 01 Feb. 2021]
- ⁴ Climate Change Committee (2020), *Advice Report: The path to a net zero Wales*. Available at: <https://www.theccc.org.uk/wp-content/uploads/2020/12/Advice-Report-The-path-to-a-Net-Zero-Wales.pdf> [Accessed 3 Feb. 2021]
- ⁵ Welsh Government (2019), *Prosperity for All: A Low Carbon Wales*. Available at: <https://gov.wales/low-carbon-delivery-plan> [Accessed 01 Feb. 2021]
- ⁶ Welsh Government (2015), *Well Being of Future Generations (Wales) Act. (2015)*. Available at: <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted> [Accessed 01 Feb. 2021]
- ⁷ Carbon Trust (2020), *NHS Wales carbon footprint 2018 to 2019*. Available at: <https://gov.wales/nhs-wales-carbon-footprint-2018-2019> [Accessed 01 Feb. 2021]
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- ¹² Welsh Government (2020), *Remote working*. Available at: <https://gov.wales/remote-working> [Accessed 01 Feb. 2021]
- ¹³ Welsh Government (2020), *Team Wales approach to tackle climate change*. Available at: <https://gov.wales/team-wales-approach-tackle-climate-change> [Accessed 01 Feb. 2021]

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Specialist Estates Services

DECARBONISATION WORKSHOP

Christopher Lewis, Senior Environent &
Facilities Management Advisor, SES

Nov 18th 2021

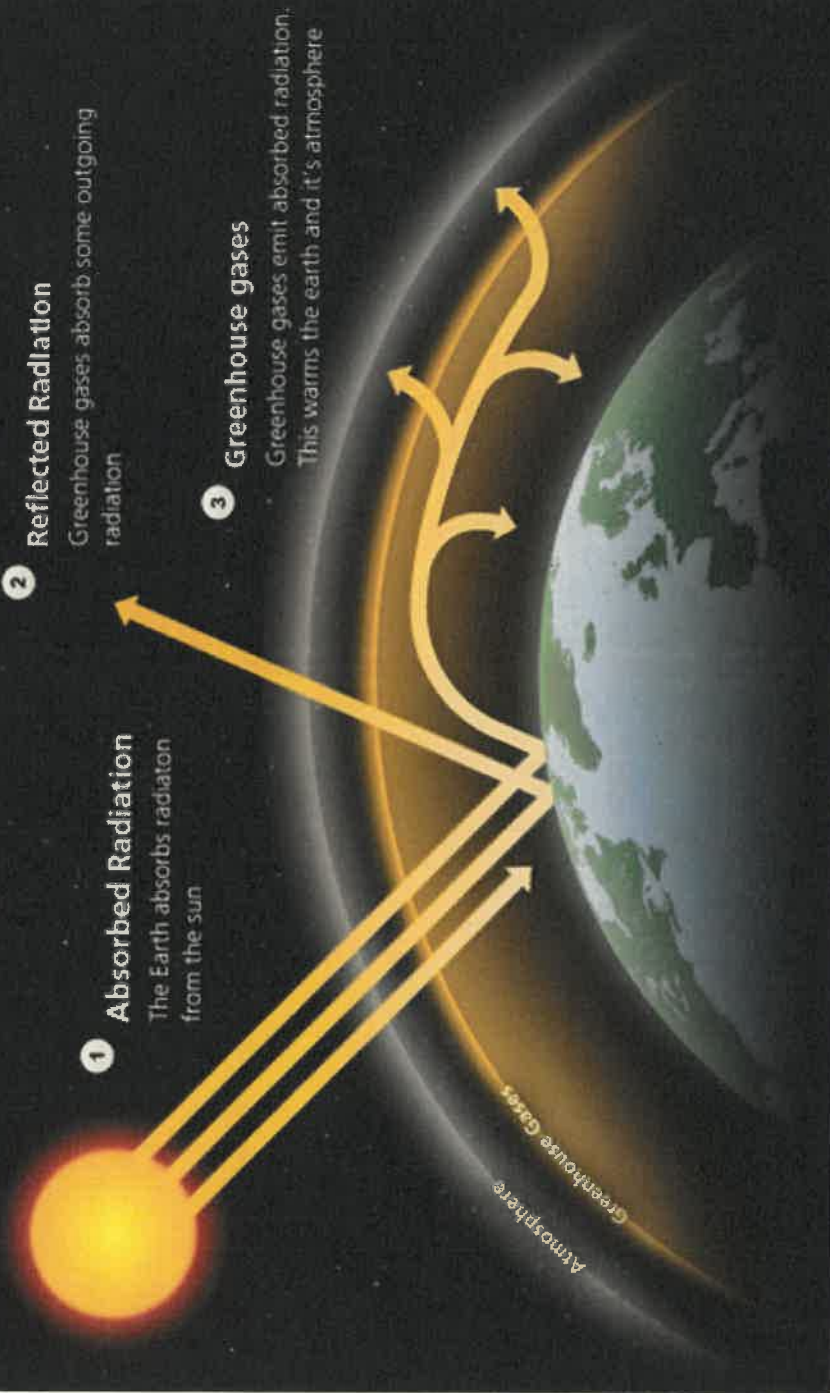


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CLIMATE CHANGE AND GLOBAL WARMING

Climate Change

The Greenhouse Effect



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'Climate emergency' vote backed by Welsh Assembly

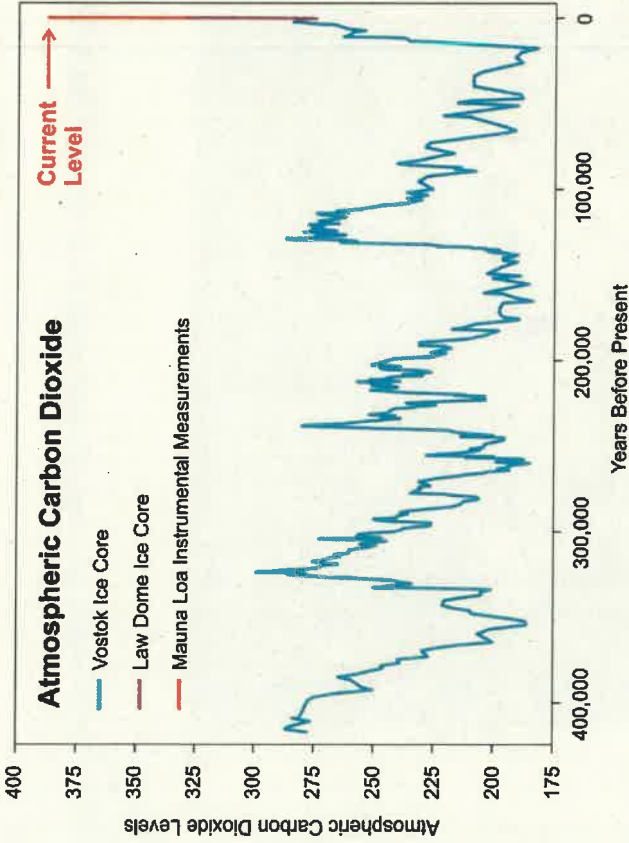
1 May 2019

Climate Change



A Welsh protest took place in Cardiff last week.

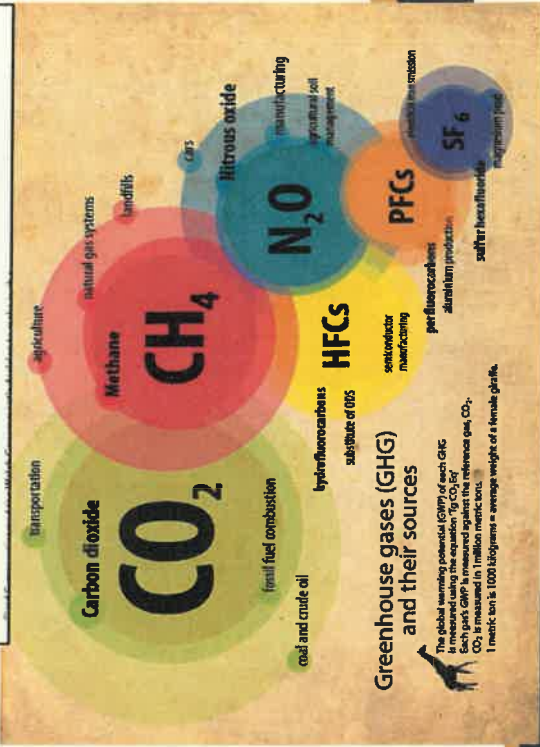
Assembly members voted to declare a "climate emergency" on Wednesday, with opposition MPs demanding action on the environment from ministers. The vote by AMs follows protests around the world.



There's more carbon dioxide in our atmosphere than at any time in human history

Extreme heat events have become more frequent and severe

Sea levels are rising faster today than ever before



COP 26



**UN CLIMATE
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CONFERENCE
UK 2021**

IN PARTNERSHIP WITH ITALY

NHS WALES RESPONSE, DECARBONISATION STRATEGIC DELIVERY PLAN (2021-30)

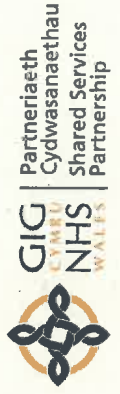
Policy Drivers

- Wellbeing of Future Generations Act 2015
- Environment (Wales) Act 2016
- Prosperity for All: A Low Carbon Wales 2019
- Senedd declares A Climate Emergency (2019)
- Net Zero Carbon Public Sector by 2030



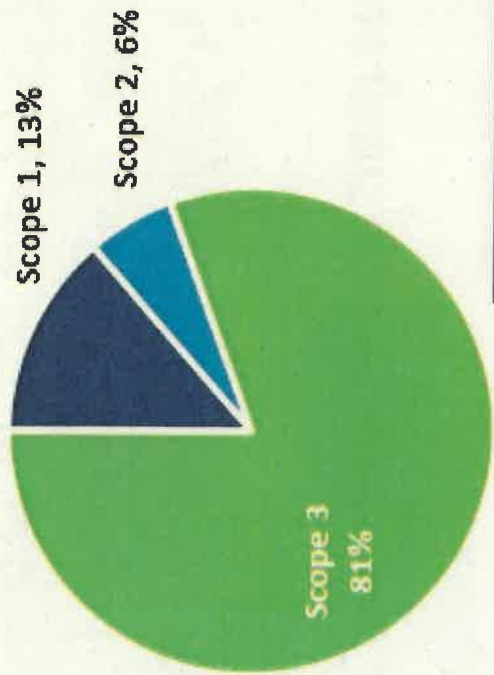
NHS Wales Carbon Footprint 2018/19

Scope 1, 2 & 3 Carbon Footprint assessment for NHS Wales

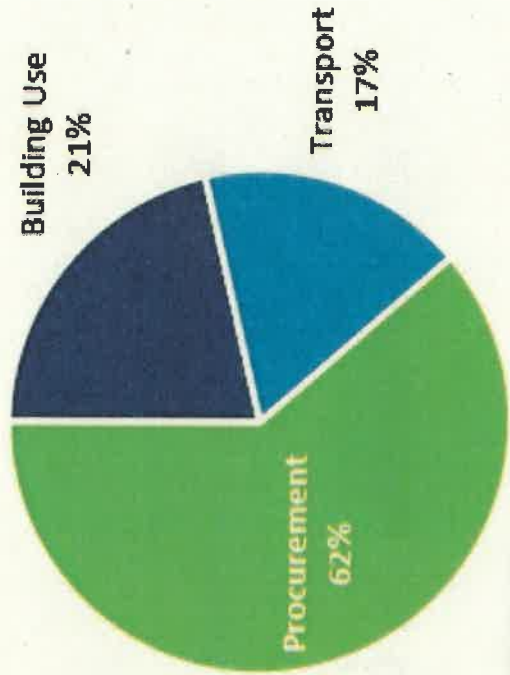


Carbon Footprint 2018/19

Footprint by Scope 2018/19



Footprint by Category 2018/19



NHS Wales Carbon Footprint
2018/19
1,001,378 tCO₂e

Content of document

- Sets out the plan to support the climate emergency
- 46 initiatives and targets, including many challenging themes
- Low carbon considerations to be made central to decision making
- Consistent with Welsh Government Roadmap
 - Moving up a gear 2020-22
 - Well on our way 2022-26
 - Achieving our goal 2026-30

Strategic Delivery Plan

- Main areas of focus include...
 - Buildings (new and existing estate)
 - Transport and travel
 - Procurement of goods and services
 - Healthcare interventions (eg. anaesthetic gases)
 - Land use and planning

Existing Buildings

- LED lighting by 2025
- Energy efficiency retrofit by 2030
- Low carbon heat generation at major sites by 2030
- Increase onsite energy generation 2026-30
- Withdraw CHP by 2030

New Build and Refurbishment

- Adopt Green Building Council Net Zero Standard (link with NHSI etc)
- Promote MMC (modular building etc)
- EV charging “beyond minimum requirements”
- Low carbon heat in new developments
- Sustainability representative

Transport and travel

- Develop EV charging infrastructure on new and existing estate
- New vehicles be ULEV or full electric where practical after 2022
- Tackling grey fleet and pool cars etc
- WAST specific targets for Electric vehicles and charging

Procurement

- Move to market based approach for measuring footprint
- Working with supply chain to pressure them to continue to decarbonise (wide ranging)
- REGO backed electricity supply (already in place)
- Improve logistics and distribution to reduce emissions

Clinical

- Work with clinicians to transition to alternative medical gases
- Use medical gases more efficiently
- Work with clinicians to transition to alternative asthma inhaler products

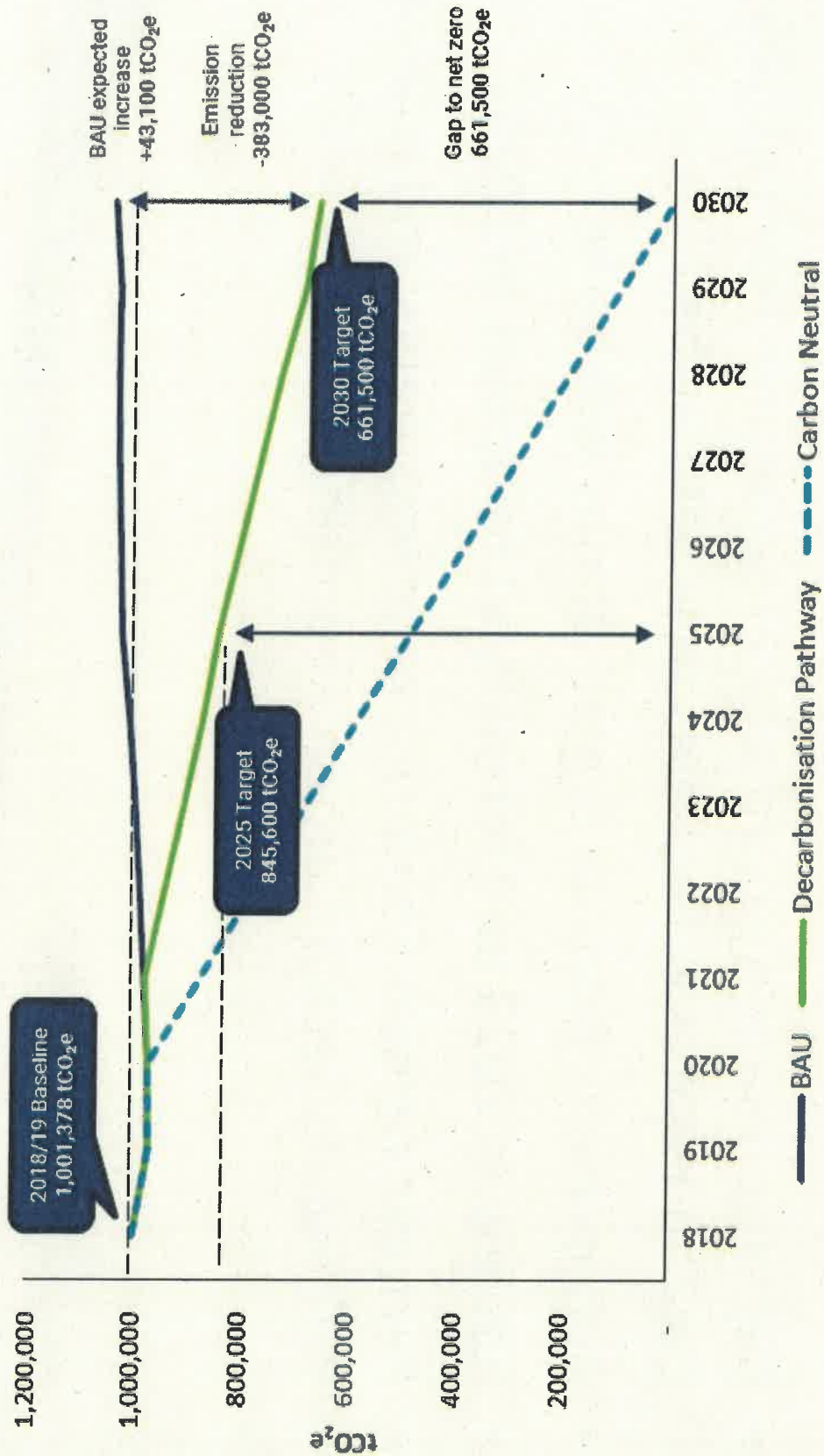
Estate Planning and Land Use

- Carbon benefits to be key metric in planning of new developments
- Smart working (WG 30% ambition)
- Investigate potential for large scale renewables (private wire)
- Establish approach for identifying and evaluating green spaces, encourage biodiversity etc.
- Where green spaces are developed, mitigation measures required

Waste

- Tackling wastage in prescribing and pharmacy etc
- Develop a plastics waste initiative to tackle single use plastics
- Work with pharma suppliers to tackle wastage (eg. Inhaler return / recycling schemes)

NHS Wales Target Emissions 2030



Key activities

- Decarbonisation Board and Programme Team at WG Capital Estates & Facilities now established
- Action Plans from all organisations will be key
- Review in 2023 and formally at midpoint in 2025?
- Periodic carbon Footprint re-assessments and role of WG Public Sector Carbon Reporting Tool



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Action Plans

‘Decarbonisation Action Plans’ will be developed by Health Boards, Trusts, and NWSSP Procurement – these will be regularly updated and committed to within Integrated Medium-Term Plans on a 2-yearly basis

Thank you...

Questions?



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Decarbonisation Programme Board

(Pan BCUHB)

TERMS OF REFERENCE v0.1 - DRAFT

Name of Meeting	BCUHB - Decarbonisation Programme Board
Strategic Purpose	<p>In April 2021, the Welsh Government launched the NHS Wales Decarbonisation Strategic Development Plan 2021-2030, a plan to tackle the Climate Emergency that it declared in 2019.</p> <p>The plan is in response to this declaration and aligns with Welsh Ministers ambition for the public sector to be net zero in carbon emissions by 2030, and, as the largest public sector organisation in Wales, the NHS has an important role to play to contribute towards this target.</p> <p>The Decarbonisation Programme Board has been established to lead on the development and implementation of decarbonisation and sustainability programmes which deliver the Health Boards five-year decarbonisation programme as required by Welsh Government.</p> <p>The Board will engage and coordinate a wider and inclusive organisational response to achieving Welsh Governments sustainability and decarbonisation targets by 2030.</p>
Objectives	<p>The publication of the NHS Wales Decarbonisation Strategic Delivery Plan by Welsh Government in April 2021 and the requirement for all Health Boards in Wales to develop five-year decarbonisation plans is fundamental to the success of this programme.</p> <p>The Decarbonisation Programme Board will makes recommendations on all matters relating to the delivery of the Health Boards five-year decarbonisation and sustainability plans.</p> <p>The Board acts in an advisory capacity to the Health Board and as a sounding board for the development of future policies and action plans regarding decarbonisation and sustainability.</p>

<p>Remit</p>	<p>The Decarbonisation Programme Board will : -</p> <ul style="list-style-type: none"> • Work as a transformational board to progress opportunities for financial benefits to sustain the programme and deliver other returns through linking with other established programmes. • Appoint the Carbon Trust to provide the technical support required to develop a bespoke five-year decarbonisation plan that builds on work already undertaken. • Receive regular assurance updates on the development and implementation of Health Board decarbonisation plans in support of the NHS Wales Decarbonisation Strategic Delivery Plan. • Ensure the views of all staff groups and key stakeholders are reflected and included in the decarbonisation plans. • Work with other public sector bodies/agencies across North Wales in developing regional plans to tackle climate change. • Ensure that the Health Boards values/priorities, organisational and executive leadership, governance and links to strategic plans are in place. • Ensure that financial support and capacity is in place to run the programme. • Seek advice and support from other professional bodies as and when required. • An Independent Member from the Health Board will be appointed to support the Decarbonisation Programme Board. • It is important that the decarbonisation and sustainability programme is integral to the work already being progressed through the Health Board's leading strategies namely, Stronger Together, Living Healthier-StayingWell and the annual IMTP.
<p>Authority & Accountabilities</p>	<p>Accountable to - People, Partnerships and Population Committee. Executive Lead – Executive Director of Finance</p>
<p>Reporting Arrangements Sub-Groups</p>	<p>Reporting to - People, Partnerships and Population Committee Reporting to – The Executive Team</p>

	<p><u>The following groups report to the Decarbonisation Group :-</u></p> <ul style="list-style-type: none"> • Green Group – East • Green Group – Central • Green Group – West
Membership	<ul style="list-style-type: none"> • Chair - Executive Director of Finance • Independent Member • Deputy Chair - Snr Clinical/Nursing Lead • Snr Area Lead • Snr MH&LD • Snr Finance Lead • Snr WoD Lead • Associate Director of Corporate Health and Safety • Clinical Lead – pan BCUHB • Nursing Lead – pan BCUHB • Pharmacy Lead – pan BCUHB • Procurement – Shared Services Lead • Director of Estates and Facilities • Assistant Director Capital & Estate Development • Chairs of the Local Green Groups - East/Central and West • Communications Lead • Staff Side Representatives
Chair	Chair - Executive Director of Finance
Quorum	Minimum of 5 representatives (2No Corporate and 3No Clinical/Nursing)
Frequency of meetings	Quarterly (options for extraordinary meetings when required)
Administrative support	Director of Finance – Admin
Date Approved	Draft November 2021
Review Date	1 st November 2022

Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Board Assurance Framework (BAF)					
Cyfarwyddwr Cyfrifol: Responsible Director:	Louise Brereton, Board Secretary					
Awdur yr Adroddiad Report Author:	Brenda Thomas Corporate Governance					
Craffu blaenorol: Prior Scrutiny:	Executive Team					
Atodiadau Appendices:	Appendix 1 – Updated BAF principal risk sheets Appendix 2 – Key field guidance Appendix 3 – List of all current BAF risks, for information					
Argymhelliad / Recommendation:						
<p>That the Committee:</p> <ul style="list-style-type: none"> Discuss and note the report for assurance on the processes in place for managing the BAF risks; Approve the reduction of the current risk score for BAF21-07: Mental Health Leadership Model to 12 (4x3) from 15 (5x3); and Approve the reduction of the current risk score for BAF21-20: Development of an Integrated Medium Term Plan (IMTP) 2022/25 to 9 (3x3) from 12 (4x3). 						
Ticiwch fel bo'n briodol / Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N
Sefyllfa / Situation:						
<p>The BAF incorporates the principal risks that the Board believes could adversely affect the achievement of its strategic priorities. The latest round of updates to the BAF has incorporated re-alignment in accordance with the establishment of new committees and terms of reference as a result of the recent Governance Review, the revised Board risk appetite following approval of the refreshed Risk Management Strategy and Policy in July 2021, adjusted Executive portfolios and a consolidation of the previous Annual Plan and Budget risks to reflect Integrated Medium Term Plan requirements.</p>						

There are 21 BAF risks, each with a risk sheet setting out risk scores, controls, mitigation and gaps for action. The risk sheets are live documents that are proactively re-assessed on a monthly basis and adjusted as necessary in response to the changing risk environment.

Each risk is allocated to a designated committee for scrutiny and monitoring purposes; the Partnerships, People and Population Health (PPPH) Committee has oversight of eight principal risks, namely: Sustainable Key Health Services; Primary Care Sustainable Health Services; Mental Health Leadership Model; Effective Stakeholder Relationships in Mental Health; Culture-Staff Engagement; Digital Estate and Assets; Workforce Optimisation; and Development of the Integrated Medium Term Plan 2022/25. Each of these has been reviewed by the nominated Risk Lead, supported by the Office of the Board Secretary, and the latest iterations of the risk sheets are presented at Appendix 1.

Cefndir / Background:

The BAF works in conjunction with the Corporate Risk Register, which is concerned with risks to the organisation's operational objectives as opposed to the BAF's focus on strategic level priorities.

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

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

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

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

A number of the updates remain largely unchanged from the last iteration.

In respect of the first control, Tier 3 Children's Obesity service has recruited to all posts except the Psychologist post. This has been advertised twice and the service lead is reviewing further options. The service cannot be fully operational until the post is appointed to. In terms of the third control, clarification has been added to the gap column, to note that mid year reports are due in October, and the date column reflects this full 6 month effect, the national reporting format has not yet been received therefore the date has been changed to November 2022 to reflect delayed reporting. An additional mitigation has been added to the fourth control, to reflect the fact that recently appointed Consultants in Public Health have increased the expertise and support across the region. Given that its findings inform the strategic approach, completion of the next Population Needs Assessment has been added to the gap column, with a date of 31 May 2022.

The Risk Lead notes that:

- the population health risk increased due to lockdown, as a result of delays in services, forecast and unknown effects of COVID-19, and resource limitations affecting areas such as smoking cessation and obesity monitoring (many of the operational staff for lifestyle services were redeployed to support the COVID-19 response and vaccination programme);

- population Health is dependent upon system-wide commitment and actions through the Health Board's joint working with a range of partners including local authorities, the Third Sector, Education, Housing - all of which have been impacted by the need to respond to COVID-19 thus it is documented that health inequalities have worsened due to the pandemic e.g. smoking cessation and obesity monitoring.

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

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

Actions under key control 3 have been updated to note that the Business case was approved by the Executive Team on 17 November and features as part of Winter Plan. The Transformation Fund which was launched in August has funded 30 proposals at an estimated cost of just under £2.8m; these include schemes to improve access and address chronic care model backlog in primary care.

In relation to the 4th key control - Primary and Community Care Academy, a further business case was presented to the Executive Team on 13 October, with further discussions with the Director of Workforce and OD held on 24 November. A revised case will be re-submitted to the Executive Team on 1 December and subject to approval at the Performance, Finance and Information Governance Committee on 23 December. The target date for completion of this action has therefore been extended to 31 December 2021, from 31 October 2021.

For actions 2 and 3 of key control 5, the primary care sub group continues to work to consider this detail, which is also being discussed with area Medical Directors. An approach has been agreed between primary care academy and Director of Medical and Dental Education. Target dates for completion of these actions have now been set at 31 December 2021 and 31 March 2022.

Regarding key control 6, C21 current year intake has increased from 20 to 25 students and in September 2022 up to 40. Capacity will be required in primary care for internships, alongside the medical school plans. The tender to establish Dental Training Unit in Bangor has been approved by the Board and awarded with plans to develop the training unit from April 2022.

It is anticipated that the Target Risk Score will be achieved by 31 March 2023.

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

The review of the Together for Mental Health Partnership Board (T4MHPB) Strategy is in train and an outline plan of the refresh was approved on 28 October 2021. It is proposed that a one year approach is taken to the strategy, to keep it 'live' and dynamic. A number of engagement workshops have been scheduled and procurement for facilitating these is underway. Further update will be provided at the next Partnership Board in January. The target date to complete this action has therefore been extended to 31 January 2022, from 28 October 2021.

The development around the clinical model is progressing via the Clinical Strategy Group.

The actions noted as complete in the last iteration of the BAF under key controls 5 and 6 have now become mitigations.

The CANIAD contract will come to its natural end by March 2022. The division has informed the area partnership board that it is intending to undertake a series of engagement events to understand future needs for the engagement with patients and carers for the division. The target date for completion of this action has been extended to 31 March 2022, from 31 October 2021.

Risk scores remain unchanged. The Risk Lead anticipates that the target risk date will be achieved by 31 March 2022.

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

For the first key control, Interim Senior Management arrangements agreed for a fixed term period of 12 months, to support stabilising the Division to ensure continuity. The target date for the completion of this action has been extended to 31 March 2022, given the extension of some of the interim senior posts.

For key control 2, first action, a Divisional Operational Plan has been agreed and updates provided to Welsh Government. The division had embraced the maturity matrix approach and submitted evidence to show the improvement journey currently at level 1 with the aim of achieving level 2 within six months. Update on progress is provided at the monthly meetings with the BCU Targeted Intervention sub-group. The target date for the completion of this action has also been extended to 31 March 2022 from 31 December 2021. In relation to the second action, Pathway groups are progressing and submitting minutes, action logs and agendas as evidence for the maturity matrix. The target date for the completion of this action has also been extended to 31 January 2022 from 31 December 2021. For the third action, all pathway groups report via the Clinical Strategy Group (formerly Division Clinical Advisory Group). The target date for completion of this action has been extended to 31 January 2022 from 31 December 2021 due to the Covid-19 winter pressures. Fourth action - The business case is completed and the transformational funding is monitored by the Head of Finance and update provided to the Divisional Senior Leadership Team. The target date for completion of this action has been extended to 28 February 2022 from 31 December 2021 to ensure this is on target.

A fifth key control has been added: Stronger Together Engagement across the divisions. The target date for completion of the action in relation to this (appointment of Divisional Coach) has been set at 31 March 2022.

Given the progress made so far and the stability and continuity provided as a result of the extension to some senior interim posts, the current risk score has been reduced to 12 (4x3) from 15 (5x3).

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

Significant progress has been made in a number of areas including the launch of the Work in Confidence platform, the appointment of Speak Out Safely Guardians, the Multi-disciplinary team being set up to review concerns raised, agree actions and, monitor themes to identify learning. The Speak Out Safely internet pages is now live with previous concerns raised through the Safehaven process managed jointly by SOS MDT and Safehaven team to ensure they were not 'lost' during transition phase.

There has been significant engagement with staff during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together and through the creation of an on-going Stronger Together community to continue to engage in discussions with staff through the co-design and co-delivery stages of Stronger Together.

Additionally there have been improvements to the PADR process, ensuring individual staff objectives and personal development plans will form part of the new People and Organisational Development Strategy and the co-design phase of Mewn Undod Mae Nerth/Stronger Together. This will ensure alignment between the organisation's goals and purpose and the objectives and development plan for every member of staff and their teams.

This progress provides a number of key mitigations in terms of the culture/staff engagement risk, but the risk rating has not yet been changed before there is appropriate evidence and assurance of positive impact and outcomes. The current risk and target risk will again be reviewed at the next update when consideration will also be given to when the target risk score will be achieved.

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

The development of a Digital Strategy approved by the Board on 20 May 2021 has become a mitigation. A third action has been added for the first key control: *Wider engagement to increase awareness of the Digital Strategy*. The target date for completion of this action has been set at 31 March 2022. The Digital Strategy has been formally launched, and this action is marked as complete. The findings of the review of the current projects will be taken to the December Executive Team meeting. The target date for completion of this action has therefore been extended to 29 December 2021.

It has been made explicit that the first gap under key control, Quarterly review of the Digital Strategy relates to action 12379 from risk CRR20-07, for which the Executive Team had approved closure, as it duplicated this BAF risk. PDSAs have been developed with planning and the development of the logic models supported. The draft of the Management of Portfolio approach is in development. The target date for completion has been extended to 28 February 2022. The target date for the implementation of the portfolio management approach has been extended to 30 June 2022 due to the need for alignment with the new transformation team. The review of government arrangements relates to action 12380 of CRR20-07.

Given that the current vacancy gaps are being reviewed with the informatics heads of service to identify other avenues of delivery and prioritising programme in line with available resources, the current risk score will be revised. The expected target risk score achievement date is 30 June 2022.

- **BAF21-18 – Workforce Optimisation**

Actions and timelines have been reviewed and updated accordingly.

For the first key control, vacancy controls and activity pipeline management are now in place across nursing and medical staff groups. The target date for completion of this action has been extended to 31 January 2022. The delivery group structure has been developed subject to further refinement and approval. However, the target date for completion of this action has been extended to 31 January 2022, due to ongoing changes to the operating model across the organisation.

For the second key control, the development of a clear Workforce Planning Process and Policy has been delayed due to organisational pressure and their impact on workforce teams and the ongoing changes to the operating model. The target date for completion of this action has been extended to 31 January 2022. For the final key control, the plan to establish BCU Temporary Staffing Solutions is under development and should be in place by 31 December 2021. The target date for completion of this action has therefore been extended to this date.

There is an independent process review being carried out which is looking to streamline the existing recruitment process leading to efficiencies of the service and shortening the time to hire period across the Health Board. Alongside this, workforce and organisational development are carrying out a review of their operating model to support and align with the organisation's preferred operating model going forward.

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

A fifth key mitigation: Alignment with the published NHS Wales Planning Framework, has been added to the first key control. The IMTP 2022-25 was discussed at the Executive away day in November. Whilst there is still work to do, the Executive Team was generally supportive of the progress of the plan, which will be submitted to the Partnerships, People and Population Health (PPPH) Committee in December. Overall, good progress has been made with the plan. Financial planning assumptions are being made whilst awaiting definitive financial allocation letter. Given that final ratification of the plan by the Board is required, the December target date has been moved to January 2022, when the formal

Board meeting holds. Prior to the January meeting, the Plan will be discussed at the Board workshop in December. Confirmation has been received that the Welsh Government expects to receive the plan on 28 February 2022. The target date for meeting the second key control has been set at 31 March 2022. The good progress made has led to a reduction in the current risk score to 9 (3x3) from 12 (4x3). It is anticipated that the target risk score will be achieved by 31 March 2022 when the review of the operating model (which will take account of substantive solution for Senior Programme Leads) will be finalised.

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

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

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

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

Opsiynau a ystyriwyd / Options considered

Not applicable.

Goblygiadau Ariannol / Financial Implications

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

Dadansoddiad Risk / Risk Analysis

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

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

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

Asesiad Effaith / Impact Assessment

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

Strategic Priority 2: Strengthen our Wellbeing Focus

Risk Reference: BAF21-02		Risk Rating		Impact	Likelihood	Score	Appetite		
Sustainable Key Health Services									
There is a risk that the Health Board may not be able to deliver sustainable key population health services to the wider population of North Wales due to demand exceeding capacity.		Inherent Risk	5	↔	4	↔	20	↔	Low 1 - 8
		Current Risk	5	↔	3	↔	15	↔	
		Target Risk	5	↔	2	↔	10	↔	
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)			Date		
1. Health Improvement & Reducing Inequalities Group (HIRIG) provides strategic direction and monitors delivery of the Population Health Services. HIRIG reports to Executive Team.	2	Health Board commitment to establishing priority services including: Programme management and recruitment to posts. Fully integrated Smoking Cessation Service	2	1) Implement a Tier 3 Children's Obesity service [In situ but some recruitment issues hindering full implementation.] 2) Implement a Healthy Weight pathway T1-3. 3) Implement and deliver the Immunisation Strategy. 4) Implement and deliver the Infant feeding strategy. 5) Implement and deliver a suite of Building a Healthier North Wales projects.			31 March 2022 31 March 2022 31 March 2023 31 March 2023 31 December 2022		
2. Strategy, Partnership and Population Health Committee have oversight via standard reports by exception on progress.	2	Contribution to national delivery programmes and the Public Health Outcomes Framework with monitoring of key indicators in place.	2	Embed BCUHB North Wales population health priorities within its operational and strategic plans.			1 April 2022		
3. Welsh Government has oversight of Smoking Cessation, Building a Healthier Wales, Infant Feeding, Healthy Weight Healthy Wales, Immunisation programmes and provide an element of funding.	3	HIRIG provide reports nationally regarding expenditure and performance.	3	Standardised reporting and meet submission requirements once national reporting requirements determined. [Mid year reports due in October]			30 November 2022		
4. The Executive Director of Public Health provides consistency to the regional strategic approach for North Wales in the form of expertise and prioritisation and through leadership of the Local Public Health Team.	2	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]	3	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			31 March 2022 31 March 2022 31 May 2022		

Review comments since last report:

A number of the updates remain largely unchanged since the last iteration of this BAF.

In respect of the first control, Tier 3 Children's Obesity service has recruited to all posts except the Psychologist post. This has been advertised twice and the service lead is reviewing further options. The service cannot be fully operational until the post is appointed to. In terms of the third control, clarification has been added to the gap column, to note that mid year reports are due in October, and the date column reflects this full 6 month effect, the national reporting format has not yet been received therefore the date has been changed to November 2022 to reflect delayed reporting. An additional mitigation has been added to the fourth control, to reflect the fact that recently appointed Consultants in Public Health have increased the expertise and support across the region. Given that its findings inform the strategic approach, completion of the next Population Needs Assessment has been added to the gap column, with a date of 31 May 2022.

The Risk Lead notes that:

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

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

Executive Lead: Teresa Owen, Executive Director of Public Health	Board / Committee: Partnerships, People and Population Health Committee	24 November 2021
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Linked to Operational Corporate Risks:

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Strategic Priority 3: Primary and Community Care

Risk Reference: BAF21-03		Risk Rating		Impact	Likelihood	Score	Appetite
Primary Care Sustainable Health Services							
There is a risk that the Health Board will be unable to ensure timely access to Primary Care (GMS) Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital. As a gateway to health care, this could result in a deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.		Inherent Risk	5		5	25	Low
		Current Risk	5	↔	4	20	1 - 8
		Target Risk	4		3	12	
Key Controls	Assurance level **	Key mitigations	Assurance level **	Gaps (actions to achieve target risk score)	Date		
1. Each Area Team reviews GP practice sustainability and provides bespoke support to individual practices.	1	Regular review of 5 domains matrix. Escalation tool implemented and monitored by the Primary Care Panel, chaired by the Executive Director of Primary and Community Care, with reports provided to Quality, Safety and Experience Committee.	2	Delivery of Quality Assurance Visiting Programme across all contractors, in-depth review/visits which will be supportive for practices where concerns are identified.	31 March 2023		
2. 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.	3	1)Review of current workforce profiles. 2)Delivery of milestones set by the national strategic programme. Contribution and leadership in the national priorities.	2	1) Primary Care Strategy for north Wales embedded in the clinical strategy of BCUIHB. 2) Further development of primary care workforce plans, with a further consideration of the impact of the pandemic on assumed GP retirements [and refreshed age profiles] 3) Increase in the number of GP Trainees in north Wales (WG Statement in December 2020 stated that GP places would remain at current levels with the ability to over recruit if needed) - an increase in the number of GP trainees will not become a mitigation until actual recruitment takes place.	31 March 2022 31 December 2021 Date tbc		
3. Provision of alternative services to increase capacity in GP practices in place.	1	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	1	Full roll out of UPCCs, subject to national evaluation & pathways. A presentation was made to Welsh Government on 19 May 2021 with a view to securing ongoing funding for the pathfinders - Confirmation of funding from Welsh Government was received in early July for East and Centre, with a further business case being developed for the West Area. [Update 23.11.21 - the Business case was approved by the Executive Team on 17 November and features as part of Winter Plan.] Transformation Fund launched in August has funded 30 proposals at an estimated cost of just under £2.8m; these include schemes to improve access and address chronic care model backlog in primary care.	31 March 2022		
4. Primary & Community Care Academy (PACCA) in place with further development and roll out planned.	2	Academy work plan 2019/22 in place, monitored by the Strategic Leadership Group for the Academy and as part of the performance monitoring of the Health Board's Operational Plan which feeds through to the PPPH Committee.	2	1) Increase in Academy outputs to have a greater impact on primary care workforce modernisation & capacity. [Update 23.11.21 - Further business case presented to the Executive Team on 13 October with further discussions with Director of Workforce and OD held on 24 November; a revised case will be re-submitted to the Executive Team on 1 December and subject to approval to PFIG on 23 December.] 2) Strengthen coordination and implementation of work placements for training, mentorship and formal internship.	31 December 2021 31 March 2022		
5. The Health Board has committed to work in partnership to develop proposal for a Medical School at the University of Bangor	1	Review progress in the development of a Medical School with Bangor University with the first commitment being delivery of medical degrees in partnership with Cardiff University (see below).	1	1) Ensure Primary Care Medical Workforce requirements are reflected in the final business case 2) Engage with Primary Care to ensure training capacity is considered in the business case [Update 23.11.21 - the primary care sub group continues to work to consider this detail. Also being discussed with area Medical Directors.] 3) A clinical director lead is required for for medical education in primary care. [Update 23.11.21 Approach agreed between primary care academy and Director of Medical and Dental Education.]	31 December 2021 31 December 2021 31 March 2022		
6. Delivery of Medical Degrees at Bangor University in partnership with Cardiff University	1	Cardiff University in partnership with Bangor University have C21 programme supporting students undertaking their medical degree in north Wales. Students spend 12 months in Primary Care as part of their 4 year course.	1	1) Ensure sufficient capacity with Primary Care for medical students [Update 23.11.21 - C21 current year intake has increased from 20 to 25 students and in September 2022 up to 40. Capacity will be required in primary care for internships, alongside the medical school plans.]	31 December 2021		
7. The Health Board continues to work in partnership with local HE providers to secure funding for and delivery of courses and programmes of education to attract and retain the workforce in north Wales	1	The development of the North Wales Dental Academy in partnership with HEIW, WG and Bangor University will provide an essential resource and training environment for the dental practitioners include Dental Hygienists and Dentists.	1	1) Establish Dental Training Unit in Bangor [Update 23.11.21 - tender approved by the Board and awarded with plans to develop the training unit from April 2022.]	01 April 2022		
8. Cluster working/Health & Social care Localities in place with further development planned, with oversight by Area Teams, Regional Partnership Board Leadership Group and Integrated Care Boards (partnerships).	2	GP clusters have increased maturity throughout Covid-19 with practices working closely together with oversight by the Area Directors.	1	1) Development of broader cluster membership with the further integration with locality services. 2) Align the Health Board's development of clusters to Welsh Government's accelerated cluster development programme; Board development session planned for December; pan-cluster planning groups to be in place by next April.	01 March 2022 01 April 2022		
<p>Review comments since last report: Actions under key control 3 have been updated to note that the Business case was approved by the Executive Team on 17 November and features as part of Winter Plan. The Transformation Fund which was launched in August has funded 30 proposals at an estimated cost of just under £2.8m; these include schemes to improve access and address chronic care model backlog in primary care. In relation to the 4th key control - Primary and Community Care Academy, a further business case was presented to the Executive Team on 13 October with further discussions with the Director of Workforce and OD held on 24 November; a revised case will be re-submitted to the Executive Team on 1 December and subject to approval at the Performance, Finance and Information Governance Committee on 23 December. The target date for completion of this action has therefore been extended to 31 December 2021, from 31 October 2021. For actions 2 and 3 of key control 5, the primary care sub group continues to work to consider this detail, which is also being discussed with area Medical Directors. An approach has been agreed between primary care academy and Director of Medical and Dental Education. Target dates for completion of these actions have now been set at 31 December 2021 and 31 March 2022. Regarding key control 6, C21 current year intake has increased from 20 to 25 students and in September 2022 up to 40. Capacity will be required in primary care for internships, alongside the medical school plans. The tender to establish Dental Training Unit in Bangor has been approved by the Board and awarded with plans to develop the training unit from April 2022. It is anticipated that the Target Risk Score will be achieved by 31 March 2023.</p>							
Executive Lead: Chris Stockport, Executive Director of Primary and Community Services		Board / Committee: Partnerships, People and Population Health Committee			Review Date: 23 November 2021		
Linked to Operational Corporate Risks: CRR20-05 Timely Access to Care Homes							

Strategic Priority 6: Integration and Improvement of Mental Health Services

Risk Reference: BAF21-05

Risk Rating

Impact

Likelihood

Score

Appetite

Effective Stakeholder Relationships

There is a risk that our relationships (internal and external) are ineffective. This could be caused by a lack of engagement, poorer communication, a lack of a co-productive approach, lack of direction, shared purpose and culture or insufficient service and organisational development. This could lead to a lack of trust, poor morale, high staff turnover, reduced stakeholder credibility plus reduced staff and public confidence, and an impact on services.

Inherent Risk

3

4

12

Moderate

Current Risk

3 ↔

3 ↔

9 ↔

8 - 10

Target Risk

2

2

4

Key Controls

Assurance level *

Key mitigations

Assurance level *

Gaps (actions to achieve target risk score)

Date

1. Together for Mental Health (T4MH) Strategy implemented with key stakeholders which sets out the direction of travel for Mental Health and Learning Disabilities services.

2

T4MH Partnership Board (T4MHPB) which oversees implementation of the strategy and includes key partners.

2

1) Revised terms of reference for the T4MHPB were approved by the Partnership Board on 9 July 2021. The review of the Strategy is now in train and an outline plan of the refresh was approved on 28.10.21. It is proposed that a one year approach is taken to the strategy, to keep it 'live' and dynamic. A number of engagement workshops have been scheduled and procurement for facilitating these is underway. Further update will be provided at the next Partnership Board in January.
2) Population needs assessment to be undertaken across North Wales which will influence the MH Strategy.
3) Delivery of Targeted Intervention Framework outcomes for Mental Health.

31 January 2022

31 March 2022 [may need to be extended depending upon Local Authority timelines]
31 March 2022

2. Deputy Director attendance at Regional Leadership group with regular feedback into the MHL Division to ensure two-way communication and engagement.

2

Consistent and regular communication with senior Local Authority partners in relation to service redesign. Feedback to Senior Leadership Team on key issues

2

3. Divisional CAG meetings whereby senior clinicians and managers discuss and agree service model across the division.

2

Recommendations from meetings presented to BCUC Clinical Advisory Group and presented for sign off via Divisional Finance and Performance meeting.

2

To present update of service model to BCUC CAG and then to Regional Leadership Group. [Update 24.11.21 - the development around the clinical model is progressing via the Clinical Strategy Group]

31 December 2021

4. In line with Divisional Wellness, Work and Us Strategy, oversight of all vacancies and sickness overseen by Divisional Workforce Group to ensure any identified demand and capacity pressures.

1

The MHL division has introduced a workforce group which oversees key actions and identifies and escalates risks to Divisional Directors.

1

5. Regular and concise communication with all staff groups across the division.

1

Fortnightly divisional staff engagement newsletter which highlights significant issues/service changes and celebrates staff achievements which reduces the risk of breakdown in communication. This is now embedded practice within the Division.

Meeting with Staff Side to discuss key operational and strategic staffing issues. Partnership meeting now embedded.

Monthly meetings between CAMHS and MH Senior Leadership Teams continue, to ensure effective joint working and system planning being clinically and financially effective.

1

6. Service users, carers and the public to have the opportunity to be involved in the development, planning, design and delivery of the services.

2

Divisional Patient and Carer Engagement Group re-introduced in order to listen better and use feedback from consultation and engagement to make mental health and learning disability services more relevant to service users and carers' needs. We are reviewing the CANIAD contract to ensure integrated working.

Potential gap in advocacy contract arrangements addressed.

2

1) To ensure the review of the CANIAD contract is discussed with the North Wales Leadership group for the joint review. Currently out to procurement for independent review of the CANIAD contract. [Update 24.11.21 - the CANIAD contract will come to its natural end in March 2022. The division has informed the area partnership board that it is intending to undertake a series of engagement events to understand future needs for the engagement with patients and carers for the division].

31 March 2022

7. Closer and regular working with North Wales CHC to ensure the population of North Wales have the opportunity to feedback on their experiences of local services and to contribute to the future design.

3

Safe space events started in December 2020 have been set up with CHC to engage with North Wales population to seek views/experiences of MHL services. Deputy Director & Director of Nursing are attending the CHC AGM.

3

MHL Division to agree process for sharing feedback from events with staff groups. An action plan is being developed following the Safe Space events facilitated by the CHC. [Update: 24.11.21 - Continuing to work closely with the CHC and engaged with the wider population].

31 March 2022

Review comments since last report:

The review of the T4MHPB Strategy is in train and an outline plan of the refresh was approved on 28 October 2021. It is proposed that a one year approach is taken to the strategy, to keep it 'live' and dynamic. A number of engagement workshops have been scheduled and procurement for facilitating these is underway. Further update will be provided at the next Partnership Board in January. The target date to complete this action has therefore been extended to 31 January 2022, from 28 October 2021.

The development around the clinical model is progressing via the Clinical Strategy Group.

The actions noted as complete in the last iteration of the BAF under key controls 5 and 6 have now become mitigations.

The CANIAD contract will come to its natural end by March 2022. The division has informed the area partnership board that it is intending to undertake a series of engagement events to understand future needs for the engagement with patients and carers for the division. The target date for completion of this action has been extended to 31 March 2022, from 31 October 2021.

Risk scores remain unchanged. The Risk Lead anticipates that the target risk date will be achieved by 31 March 2022.

Executive Lead:

Teresa Owen, Executive Director of Public Health

Board / Committee:

Partnerships, People and Population Health Committee

Review Date:

24 November 2021

Linked to Operational Corporate Risks:

Strategic Priority 6: Integration and Improvement of Mental Health Services

Risk Reference: BAF21-07

Risk Rating

Impact

Likelihood

Score

Appetite

Mental Health Leadership Model

There is a risk that the leadership model is ineffective and unstable. This may be caused by temporary staffing, unattractive recruitment and high turnover of staff. This could lead to an unstable team structure, poor performance, a lack of assurance and governance, and ineffective service delivery.

Inherent Risk

5

5

25

Low

Current Risk

4

3

12

1 - 8

Target Risk

4

2

8

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date
1.Substantive Senior Leaders in place and providing stable and sustainable senior management within the Division. [Interims currently in place alongside other key posts; Interim Director, Interim Director of Nursing, Interim Deputy Director and Interim Director of Operations. Each lead specific programmes and will further support and develop leadership, governance and management.]	1	Interim Leadership changes are regularly reviewed by the Executive Director to ensure the model is effective in discharging its roles and responsibilities.	2	Stabilise Senior Management with substantive posts. Sustainability needs to be reviewed as a matter of priority to ensure continuity [Update 15.11.21 - Interim Senior Management arrangements agreed for a fixed term period of 12 months, to support stabilising the Division to ensure continuity.]	31 March 2022
2.Strategy approved and regular updates reported to Welsh Government via Targeted Improvement mechanisms.	2	All key actions will be further developed and underpin the required work to have a well developed, fully integrated, Integrated Medium Term Plan (IMTP), which will further strengthen and support an effective model. Oversight will be via the Clinical Advisory Group (CAG).	2	Review the Mental Health structure to ensure it is fit for purpose and reflects new clinical pathways. [Update: 15.11.21 Divisional Operational Plan agreed and updates provided to Welsh Government. The division has embraced the maturity matrix approach, and submitted evidence to show the improvement journey currently at level 1, with the aim of achieving level 2 within six months. Progress discussed and attainment level agreed at the monthly meetings with the BCU Targeted Intervention sub-group.]	31 March 2022
		Engagement has been re-established through the Pathway Development Groups (e.g. Rehab / OPMH) with regular and consistent attendance with Regional Partners and stakeholders via North Wales leadership groups.	2	Implement the Mental Health Strategy in a consistent manner across the Health Board [Update 15.11.21 Pathway groups continue to progress, submitting minutes, action logs and agendas as evidence for the maturity matrix].	31 January 2022
		Pathway groups are clinically led and partners working to deliver the strategy. patients groups are members of those groups. All pathway groups report via the Clinical Strategy Group (formerly Division Clinical Advisory Group).	2	Evaluate regional management and pathway structure approach to delivery of strategy via a pilot and report findings to the Executive Team.	31 January 2022
		Business Case developed with additional funding from Welsh Government secured. Scrutiny of financial governance monitored by Head of Finance.	1	Business case to be completed. [Update 15.11.21 Business Case completed. Transformational funding is monitored by the Head of Finance, updates provided to the Divisional Senior Leadership Team.	Completed
3.Business Continuity Plan including essential service sustainability in place, with engagement from the Corporate Business Continuity Team.	2	Business Continuity Plans are updated within the Area with final scrutiny and approval at the Divisional monthly Finance and Performance Meeting.	1		
4.Divisional Quality, Safety and Experience Group meeting monthly, chaired by the Interim Director of Nursing to oversee Divisional governance arrangements and reporting, with oversight at the QSE Board Committee.	1	Division has actively worked to ensure that the Division's Governance Structure more accurately reflects and is coherent with BCUHB's overarching governance structure Cycle of business in place to support effective reporting to the revised BCUHB governance structure.			
5. Stronger Together Engagement across the divisions.	2	Meetings held across the divisions during the Discovery stage. Standing up of divisional training and development group. Recruitment of a MH&LD Coach.	1	Appointment of MH&LD Coach	31 January 2022

Review comments since last report:

For the first key control, Interim Senior Management arrangements agreed for a fixed term period of 12 months, to support stabilising the Division to ensure continuity. The target date for the completion of this action has been extended to 31 March 2022, given the extension of some of the interim senior posts.

For key control 2, first action, a Divisional Operational Plan has been agreed and updates provided to Welsh Government. The division had embraced the maturity matrix approach and submitted evidence to show the improvement journey currently at level 1 with the aim of achieving level 2 within six months. Update on progress is provided at the monthly meetings with the BCU Targeted Intervention sub-group. The target date for the completion of this action has also been extended to 31 March 2022 from 31 December 2021. In relation to the second action, Pathway groups are progressing and submitting minutes, action logs and agendas as evidence for the maturity matrix. The target date for the completion of this action has also been extended to 31 January 2022 from 31 December 2021. For the third action, all pathway groups report via the Clinical Strategy Group (formerly Division Clinical Advisory Group). The target date for completion of this action has been extended to 31 January 2022 from 31 December 2021 due to the Covid-19 winter pressures. Fourth action - The business case is completed and the transformational funding is monitored by the Head of Finance and update provided to the Divisional Senior Leadership Team. The target date for completion of this action has been extended to 28 February 2022 from 31 December 2021 to ensure this is on target.

A fifth key control has been added: Stronger Together Engagement across the divisions. The target date for completion of the action in relation to this (appointment of Divisional Coach) has been set at 31 March 2022.

Given the progress made so far and the stability and continuity provided as a result of the extension to some senior interim posts, the current risk score has been reduced to 12 (4x3) from 15 (5x3).

Executive Lead:

Teresa Owen, Executive Director of Public Health

Board / Committee:

Partnerships, People and Population Health Committee

Review Date:

15 November 2021

Linked to Operational Corporate Risks:

Board Assurance Framework 2021/22						
Strategic Priority 2: Strengthen our Wellbeing Focus						
Risk Reference: BAF21-11		Risk Rating	Impact	Likelihood	Score	Appetite
Culture - Staff Engagement						
<p>There is a risk that the Health Board loses the engagement and empowerment of its workforce as a result of staff not feeling that it is safe and/or worthwhile highlighting concerns due to:</p> <p>Lack of clear mechanisms for raising concerns at any and every level, lack of a clear, effective and transparent mechanism for listening, reviewing, addressing, sharing learning and feedback, lack of trust and confidence regarding the reception of and impact of raising concerns, lack of support and guidance for all parties involved. This could lead to an impact on the organisation being able to learn from experience or improve services, which could result in poor staff morale, leading to poor outcomes impacting on the delivery of safe and sustainable services and the reputation of the Health Board.</p>		Inherent Risk	4		5	20
		Current Risk	4		4	16
		Target Risk	4		3	12
						Low 1 - 6
Key Controls	Key mitigations	Key Gaps (actions to achieve target risk score)	Date			
<p>Key Policies:</p> <p>1. Raising Concerns Policy</p> <p>2. Safefaven Guidance</p>	<p>2 Revised new Speak Out Safety process agreed by Remuneration and Terms of Service Committee 1st February 2021. Key elements: 1. External platform for Work in Confidence now operational since July 2021 (replaced Safefaven) - this enables staff to engage in, dependent on preference, anonymous and/or two way dialogue with Speak Out Safely Guardians and/or members of wider Multi-disciplinary Team. 2. Four Speak Out Safely Guardians commenced in post on 1st October, each undertaking this role for the equivalent of one day a week. One of these Guardians is Welsh speaker. Guardians report directly to CEO, with an independent board member to support and scrutinise Guardians' role and the new Multi-Disciplinary Team is established and meets fortnightly - the role is to review concerns raised, agree actions required; and, monitor themes to identify learning. 3. Role outline for Speak Out Safely Champions has been finalised in collaboration with Trade Union partners and Champion network meetings commenced. 4. Speak Out Safely internet pages, as required by the Communication and Promotion Plan are in situ. 5. WfMa policy (Raising Concerns) has been revised to reflect the transition to the new process. 6. Previous concerns raised through Safefaven process have now been collaboratively managed between Safefaven team and SOS MDT to ensure they were not 'lost' during transition phase. All cases either resolved or picked up by SOS MDT; Safefaven has been closed down - summary report of final activity as part of closedown process has been provided and incorporated into review of SOS that went to R&TS Committee (Oct 2021)</p>	<p>1. Work in Confidence platform launched in early July now in operation (becomes a mitigation).</p> <p>2. Four Speak Out Safely Guardians were appointed and commenced on 1st October, each undertaking this role for the equivalent of one day a week. One of these Guardians is Welsh speaker (will become a mitigation).</p> <p>3. MDT now meeting fortnightly from end of June (now becomes a mitigation).</p> <p>4. SOP (including a raising concerns route process map has been written and was discussed for sign off at SOS Task and Finish Group on 16/11/21, with one week given for any final comments. SOP includes agreed role outlines for Guardians, Speak Out Safely Champions and independent member and terms of reference for MDT. The second iteration of the Raising Concerns Process Map has been completed following review by members of the SOS Task and Finish group and is now incorporated into the Standard Operating Procedure document for SOS (and will then become a mitigation).</p> <p>5. Ongoing concerns raised through Safefaven process have been managed via liaison between SOS MDT and Safefaven team to ensure they were not 'lost' during transition phase; all cases in Safefaven now transferred and Safefaven has now been closed down (becomes a mitigation).</p> <p>6. The engagement with staff from across the Health Board through the Discovery phase of Mewn Undod Mae North/Stronger Together and the creation of an active on-going Stronger Together community will ensure on-going engagement with staff during the co-design and co-delivery phases of Stronger Together to support the creation of a learning culture in which staff feel more confident in and supported to raise concerns.</p> <p>9. Discussion on Speak Out Safely being held with the BCUUnity Ethnic Minority and Overseas staff network on 17.11.21</p>	<p>30 September 2021 (draft process mapping completed)</p> <p>31st October 2021 (SOP amended to include process mapping)</p>			
<p>3. Dignity at Work Policy - Now Respect and Resolution Policy</p> <p>4. Grievance Policy</p>	<p>2 Assessment of cases upon submission to determine most appropriate process undertaken.</p> <p>Case management review takes place monthly.</p> <p>Thematic review in place at operational level.</p>	<p>1. Respect and Resolution Policy is now live with FAQs to support. Additional mediators to support current mediators will be trained in the next cohort as part of the all Wales rollout.</p> <p>2. Training package has been developed in BCUHB for managers and is being rolled out across the organisation in partnership, from September, with dates currently available until November 2021. An all Wales training package and resources will be developed and utilised once available.</p> <p>3. Joint HR and TU training day held October including Respect and Resolution training session</p> <p>4. Communication plan developed to ensure regular reminders to staff</p> <p>5. Joint campaign under development to link Speak Out Safely with Respect and Resolution so that staff understand the range of avenues to ensure concerns are resolved effectively</p>	<p>30 September 2021</p>			
<p>5. Performance & Development Review Policy</p>	<p>2 Monthly analysis and reporting at operational level undertaken (as well as strategic level) to enable managers to identify areas with low compliance with PADR.</p> <p>Staff Engagement, Organisational Development and HR Teams work with challenged areas to support and improve in terms of engagement/feedback/recognition/development.</p>	<p>1. Identify improvements to the process and documentation to support specific areas/teams. - Last changes made to the process in 2018 with extensive engagement across staff groups and roles. This resulted in a simplified and lean process and paperwork along with further guidance on conducting good PADR's. Further changes to the PADR process will be part of the People and Organisational Development strategy and the co-design work for Mewn Undod Mae North/Stronger Together based on the thematic analysis of the engagement undertaken during the Discovery phase. This will ensure clear links between individual and organisational goals and alignment to individual and team goals and objectives.</p> <p>2. Develop a programme for "Dip testing" of quality of PADR's against key metrics/feedback. An audit programme was implemented in 2018 but due to issues raised by staff regarding confidentiality, discussions with IG concluded that this was not the best approach to assess the quality of PADR's. Quality of PADR's is emphasised in management and leadership development programmes e.g. A Step into Management, ILM, Ward Managers, Matrons development programme and any other ad hoc training. As part of on-going improvement, a peer audit tool will be developed to support assessment of the quality of PADR's which will also feature as part of the new People and Organisational Development strategy.</p> <p>3. Utilise the survey function of the system implemented for Speak out safely to support identification of examples of outstanding/good and requires improvement - The Work in Confidence platform can be used to conduct pulse surveys if required in terms of assessing staff feedback on the PADR process</p> <p>4. Build "role contribution" into Strategic OD programme specification. The feedback from the discovery stage of Mewn Undod Mae North/Stronger Together will inform the People and Organisational Development strategy and co-design phase and will include improvements in the PADR process and documentation to ensure individual staff are fully aware of how their role contributes to team objectives and the wider organisational goals.</p> <p>5. Review feedback from NHS Staff Survey and update divisional improvement plans. PADR and Staff Survey were standing agenda items on the Integrated Operational Workforce Groups (IOWG) which have been temporarily suspended. Divisions continue to be encouraged and supported to develop and implement local improvement plans of which PADR forms a pivotal part. The NHS Wales Staff survey platform (Clear Site) allows divisional managers to access the data relevant to their division. Discussions are underway nationally regarding the timing and content of the next national survey. The discovery phase on Mewn Undod Mae North/Stronger Together also included a review of over 80 pieces of evidence which included the results of the last national staff survey and this will also inform the new People and Organisational Development strategy and the way in which Divisional improvement plans are taken forward and monitored for impact and progress.</p>	<p>Draft People and Organisational Development Strategy December 2021; Co-design phase of Mewn Undod Mae North/Stronger Together October 2021 - March 2022</p>			
<p>Review comments since last report on Speak out Safely: Significant progress has been made in respect of: the launch of the Work in Confidence platform; the appointment of Speak Out Safely Guardians, the Multi-disciplinary team being set up to review concerns raised, agree actions required, and monitor themes to identify learning; the completion of the SOP inclusive of process mapping; Speak Out Safely internet pages now live; previous concerns raised through the Safefaven process have been managed jointly by SOS MDT and Safefaven team to ensure they were not 'lost' during transition phase; and, the engagement with staff during the Discovery phase of Mewn Undod Mae North/Stronger Together and creation of an on-going Stronger Together community to continue to engage in discussions with staff through the co-design and co-delivery stages of Stronger Together. This progress provides a number of key mitigations in terms of the culture/staff engagement risk, but the risk rating has not yet been changed before there is evidence of positive impact and outcomes. The current risk and target risk will again be reviewed at the next update when consideration will also be given to when the target risk score will be achieved. Comments on PADR since last report: improvements to the PADR process and paperwork, ensuring individual staff objectives and personal development plans, will form part of the new People and Organisational Development Strategy and the co-design phase of Mewn Undod Mae North/Stronger Together to ensure alignment between the organisation's goals and purpose and the objectives and development plan for every member of staff and their teams. Training programme ongoing on the Respect and Resolution policy.</p>						
<p>Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development</p>		<p>Board / Committee: PPPH Committee</p>			<p>Review Date: 16th November 2021</p>	
<p>Linked to Operational Corporate Risks:</p>						

Aligned to Key enabler - Transformation for Improvement

Risk Reference: BAF21-16	Risk Rating	Impact	Likelihood	Score	Appetite
Digital Estate and Assets					
There is a risk that BCUHB cannot implement digital solutions due to available resource not keeping step with an organisational wish to become more digitally focused. This could impact on the safety of our patients, service efficiency and the reputation of the Health Board, the ability to recruit and retain staff or impact on compliance with legislation resulting in significant financial penalties.	Inherent Risk	4	5	20	Open 12 - 15
	Current Risk	4 ↔	5 ↔	20 ↔	
	Target Risk	4	3	12	

Key Controls	Assurance level *	Key mitigations	Assurance level **	Gaps (actions to achieve target risk score)	Date
1.Monthly budget reviews take place with finance. Finance attendance at Informatics Senior Management Team (SMT) on a monthly basis as part of the Cycle of Business.	1	Contribution to national informatics programmes through representation both informatics and clinical i.e. Virtual Consultations, Digital Services for Patients and the Public Programme. Development of a Digital Strategy approved by the Board on 20 May 2021.	3	1) Formal launch of Digital Strategy 2) Wider engagement to increase awareness of the Digital Strategy	Complete 31 March 2022
2. Quarterly review of Operational Plan at SMT with Committee oversight of the delivery of the Informatics Operational Plan and budget on a quarterly basis.	2	Review of required business cases through the Business Case Review Group and to the Performance Finance and Information Governance Committee (PFIG) Committee for approval.	2	Implementation of the delivery plans of the Digital Strategy Year 1 to 2.	1 March 2022
3. Capital and Revenue Programmes are in place and are reported at Committee level on a quarterly basis.	2	Resource risks are identified and go through the escalation process as documented in the Risk Management Strategy. This governance includes SMT, DIGC and Risk Management Group.	2	1) Established resource structure submitted, together with revenue and capital requirements for 2021/22 - decision taken by the Executive Team not to fund cost pressure for additional capacity. 2) Accordingly a review of the current projects is being undertaken which will be presented in due course to the Executive Team.	Closed 29 December 2021
4. Quarterly review of the Digital Strategy.		Programmes and Projects are managed using agreed standard methodologies (Tailored Prince2) and have governance structures.	1	Development of an established resource structure and revenue and capital requirements for corporate planning in line with the strategy delivery from 2022/23. {Update: 15.11.21 - This relates to action 12379 from risk CRR20-07.}	23 December 2021
		Regular meetings with Digital Health Care Wales in place to discuss local and national priorities and challenges.	3	Senior Leadership agreement of the Digital elements within the IMTP. {Update 15.11.21 - worked with planning and developed PDSAs and supported the development of the logic models.}	23 December 2021
				Development of a Management of Portfolio approach so that all digital solution change initiatives are well governed, controlled and prioritised. {Update 15.11.21 - the draft is being developed.}	28 February 2022
				Implementation Portfolio Management approach. {Update 15.11.21 - Target date extended to 30 June 2022 due to the need for alignment with the new transformation team.}	30 June 2022
				Meeting with Digital Health Care Wales has taken place to discuss the BCUHB Priorities and Risks and plan currently in development to take account of the challenges.	
				Development of the Digital Workforce Planning Strategy	31 January 2022
				Review of Governance arrangements {Update 15.11.21 - this relates to action 12380 of CRR20-07.}	31 January 2022

Review comments since last report

The development of a Digital Strategy approved by the Board on 20 May 2021 has become a mitigation.

A third action has been added for the first key control: Wider engagement to increase awareness of the Digital Strategy. The target date for completion of this action has been set at 31 March 2022.

The Digital Strategy has been formally launched; this action is marked as complete. The findings of the review of the current projects will be taken to the December Executive Team meeting. The target date for completion of this action has therefore been extended to 29 December 2021.

It has been made explicit that the first gap under key control, *Quarterly review of the Digital Strategy* relates to action 12379 from risk CRR20-07, for which the Executive Team had approved closure, as it duplicated this BAF risk. PDSAs have been developed with planning and the development of the logic models supported. The draft of the Management of Portfolio approach is in development.

The target date for completion has been extended to 28 February 2022. The target date for the implementation of the portfolio management approach has been extended to 30 June 2022 due to the need for alignment with the new transformation team. The review of government arrangements relates to action 12380 of CRR20-07. The target and current risk scores are currently the same. Given that the current vacancy gaps are being reviewed with the informatics heads of service to identify other avenues of delivery and prioritising programme in line with available resources, the current risk score will be revised. The expected target risk score achievement date is 30 June 2022.

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

Executive Lead: Chris Stockport, Executive Director of Primary Care and Community Services	Board / Committee: Partnerships, People and Population Health Committee	Review Date: 15 November 2021
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Linked to Operational Corporate Risks:

CRR20-06 - Informatics - Patient Records pan BCUHB

CRR20-07 - Informatics infrastructure capacity, resource and demand

CRR21-11 - Cyber Security

CRR21-12 - National Infrastructure and Products

Board Assurance Framework 2021/22

Aligned to Key enabler - Effective alignment of our people

Risk Reference: BAF21-18	Risk Rating	Impact	Likelihood	Score	Appetite
Workforce Optimisation					
There is a risk that the Health Board cannot attract or retain sufficient staff (core and flexible) to resource delivery of the strategic priorities due to a lack of integrated workforce planning, safe deployment systems and insufficient support for recruitment and on boarding. This could impact on the Board's ability to deliver safe and sustainable services.	Inherent Risk	4	5	20	Moderate
	Current Risk	4	4	16	9 - 12
	Target Risk	4	3	12	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)G=Gap; A=Action	Date
Establishment Control Policy and system in place. Pipeline reports produced monthly for review and action by managers across the organisation. Roster management Policy. Recruitment Policy. Safe Employment Policy.	2	1. Review of Vacancy control process underway to establish a system for proleptic/proactive recruitment against key staff groups/roles. 2. Review of delivery group structure underway to ensure regional over view and leadership of planning, recruitment and retention. 3.. Workforce Service Review programme commissioned and commenced.	2	G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach. G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness. A. Development of a clear Wokforce Planning Process and Policy including vacancy control and active recruitment pipeline management in place. {Update 19.11.21 Vacancy control and activity pipeline management now in place across nursing and medical staff groups.) G. Previous structure for planning and recruitment dispersed across secondary care sites, area teams, MHLD. Once for North Wales approach required. A. Revised delivery group structure developed subject to further refinement and approval. (Update 19.11.21 delayed due to changes in the operating model across the organisation.) G.Use of technology requires review and improvement A.Scope for review of systems and usage to be drafted.	31 January 2022 31 January 2022 Completed
Workforce plans for each of the core priority programmes: 1. Existing USC delivery. 2. Existing Planned Care Delivery. 3. Existing TTP delivery. 4. USC Surge Plan. 5. Planned Care Recivery Plan. 6. TTP resilience plan. 7. COVID Vaccination Plan.	1	1. Review and development of a clear Workforce planning process. 2. Workforce Service Review programme commissioned and commenced.	1	G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach. G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness. A. Development of a clear Wokforce Planning Process and Policy underway <i>and completed</i> . {Update 19.11.21 - delayed due to workforce organisational pressures and change in the operating model.}	31 January 2022
Temporary Staffing Policy. Medical Bank Protocol.	1	1. Temporary Staffing Solutions Plan under development. 2.Medical Bank established with contract with MEDACs in place for 2020/22.	1	G. Temporary bank primarily established to support Nursing and Health Care Support. A. Plan to establish BCU Temporary Staffing Solutions under development. Service to cover all staff groups and include "ready to work" pipeline. {Update 19.11.21 - the plan is being developed and should be in place by 31.12.21.}	31 December 2021

Review comments since last report:
 Actions and timelines have been reviewed and updated accordingly. For the first key control, vacancy controls and activity pipeline management are now in place across nursing and medical staff groups. The target date for completion of this action has been extended to 31 January 2022. The delivery group structure has been developed subject to further refinement and approval. However, the target date for completion of this action has been extended to 31 January 2022, due to ongoing changes to the operating model across the organisation.
 For the second key control, the development of a clear Workforce Planning Process and Policy has been delayed due to organisational pressure and their impact on workforce teams and the ongoing changes to the operating model. The target date for completion of this action has been extended to 31 January 2022. For the final key control, the plan to establish BCU Temporary Staffing Solutions is under development and should be in place by 31 December 2021. The target date for completion of this action has therefore been extended to this date.
 There is an independent process review being carried out which is looking to streamline the existing recruitment process leading to efficiencies of the service and shortening the time to hire period across the Health Board. Alongside this, workforce and organisational development are carrying out a review of their operating model to support and align with the organisation's preferred operating model going forward.

Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development Linked to Operational Corporate Risks:	Board / Committee: Partnerships, People and Population Health Committee	Review Date: 19 November 2021
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Aligned to Key enabler - Making effective and sustainable use of resources

Risk Reference: BAF21-20		Risk Rating	Impact	Likelihood	Score	Appetite
Development of Integrated Medium Term Plan 2022/25						
There is a risk the Health Board fails to deliver an approved plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government to ensure statutory duties are met.		Inherent Risk	4	4	16	Moderate 9 - 12
		Current Risk	3 ↓	3 ↔	9 ↓	
		Target Risk	3	2	6	
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date	
Executive Team led planning process in place responsible for meeting the Welsh Government (WG) requirements for the development / implementation of an IMTP for 2022/25	2	1) Strong corporate, clinical, managerial and partnership engagement / collaboration with established and coordinated communication links including Welsh Government, Public Health Wales, and key internal and external stakeholders, e.g.: Executive Team, Planning Oversight Group, Stakeholder Reference Group, Regional Partnership Board. 2) Clear accountability across the organisation with health community led planning 3) agreed programmes with designated Executive lead, programme lead 4) Focus on consolidation of new schemes identified/introduced in 21/22 5) Alignment with the published NHS Wales Planning Framework	2	Development of a 2022-25 plan by December 2021 comprising - Prioritised Health Community Schemes - Financial Plan - Welsh Government allocation - Savings Plan - Workforce Plan - Capital and Estates - Digital - WG minimum dataset incorporating performance trajectories	31 January 2022	
Planning cycle established with outline BCUHB Planning schedule/overall approach for 2022/2025 - plan led by Assistant Director, Corporate Planning and reporting into the Executive Team and the Partnerships, People & Population Health Committee.	2	1) All new schemes for 2022/25 in place with the required Cluster Leads support. 2) Planning arrangements established to support development of a high level plan with identified support from Corporate Teams. 3) Development of commissioning intentions led by Programme Groups/ designated programme leads with input from Divisional Teams with direct reporting to the Executive Team. 3) Planning and Performance, workforce, financial and informatics functions supporting oversight of plan development.	2	Management capacity for substantive Senior Programme Leads (Update 11.11.21- Interim solution is now in place and the substantive solution will form part of the operating model review which will be completed by March 2022)	31 March 2022	
Planning cycle in place that responds to national NHS Wales planning timetable and requirements.	2	Welsh Government planning framework issued. Communications/Engagement Team support to the plan to improve the engagement.	2			

Review comments since last report:

A fifth key mitigation: Alignment with the published NHS Wales Planning Framework, has been added to the first key control. The IMTP 2022-25 was discussed at the Executive away day in November. Whilst there is still work to do, the Executive Team was generally supportive of the progress of the plan, which will be submitted to the Partnerships, People and Population Health (PPPH) Committee in December. Overall, good progress has been made with the plan. Financial planning assumptions are being made whilst awaiting definitive financial allocation letter. Given that final ratification of the plan by the Board is required, the December target date has been moved to January 2022, when the formal Board meeting holds. Prior to the January meeting, the Plan will be discussed at the Board workshop in December. Confirmation has been received that the Welsh Government expects to receive the plan on 28 February 2022. The target date for meeting the second key control has been set at 31 March 2022.

The good progress made has led to a reduction in the current risk score to 9 (3x3) from 12 (4x3).

It is anticipated that the target risk score will be achieved by 31 March 2022 when the review of the operating model (which will take account of substantive solution for Senior Programme Leads) will be finalised.

Executive Lead:

Chris Stockport, Executive Director of Primary Care & Community Services/Sue Hill,
Executive Director of Finance/Sue Green, Executive Director of Workforce & OD

Board / Committee:

Partnerships, People and Population Health Committee

Review Date:

11 November 2021

Linked to Operational Corporate Risks:

Risk Key Field Guidance / Definitions of Assurance Levels

BAF / Risk Template Item	Please refer to the Risk Management Strategy and Policy 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

	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.

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

BAF ref	BAF Risk	Exec Owner/ Risk Lead	Assurance Committee	Risk Score	Target Risk Score
BAF21-01	Emergency Care	Gill Harris, Meinir Williams	QSE,	16	12
BAF21-02	Sustainable key health services	Teresa Owen Gwyneth Page	PPPH	15	10
BAF21-03	Primary Care sustainable health services	Chris Stockport, Clare Darlington	PPPH	20	12
BAF21-04	Timely access to planned care	Gill Harris Andrew Kent	PFIG & QSE	20	12
BAF21-05	Mental Health-effective stakeholder relationships	Teresa Owen, Amanda Lonsdale	PPPH	9	4
BAF21-06	Safe and effective Mental Health delivery	Teresa Owen, Mike Smith	QSE	20	9
BAF21-07	Mental Health leadership model	Teresa Owen, Carole Evanson	PPPH	12	8
BAF21-08	Mental Health service delivery during pandemic	Teresa Owen, Carole Evanson	QSE	9	6
BAF21-09	Infection Prevention and Control	Gill Harris, Sally Batley	QSE	16	12
BAF21-10	Listening and Learning	Gill Harris, Matt Joyes	QSE	20	10
BAF21-11	Culture; staff engagement	Sue Green, Ellen Greer	PPPH	16	12
BAF21-12	Security Services	Sue Green, Peter Bohan	QSE	20	10

BAF ref	BAF Risk	Exec Owner/ Risk Lead	Assurance Committee	Risk Score	Target Risk Score
BAF21-13	Health & Safety	Sue Green, Peter Bohan	QSE	20	10
BAF21-14	Pandemic exposure	Gill Harris, Sally Batley	QSE	15	12
BAF21-15	Value Based Improvement Programme	Sue Hill, Geoff Lang	PFIG	12	8
BAF21-16	Digital estate and assets	Chris Stockport, Phil Corrin	PPPH	20	12
BAF21-17	Estates and assets development	Sue Hill, Rod Taylor	PFIG	12	9
BAF21-18	Workforce optimisation	Sue Green, Nick Graham	PPPH	16	12
BAF21-19	Impact of Covid-19	Gill Harris, Sally Baxter	QSE	16	8
BAF21-20	Development of an Integrated Medium Term Plan (IMTP) 2022/25	Chris Stockport, Sue Hill, Sue Green, John Darlington	PPPH	9	6
BAF21-21	Estates and assets	Sue Hill, Neil Bradshaw	PFIG	15	10



Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	University Designation Criteria - Developments						
Cyfarwyddwr Cyfrifol: Responsible Director:	Nick Lyons – Executive Medical Director						
Awdur yr Adroddiad Report Author:	Lea Marsden – Programme Director North Wales Medical & Health Sciences School Arpan Guha – Deputy Medical Director (University Strategic Developments)						
Craffu blaenorol: Prior Scrutiny:	This paper has been written for the Partnerships, People & Public Health Committee and has not been through any other groups or bodies.						
Atodiadau Appendices:	Appendix 1: North Wales Medical & Health Sciences School Programme Governance						
Argymhelliad / Recommendation:							
The Committee is requested to receive this report for information							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	Yes
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						Yes	
Equality and Socio-Economic Duty may apply to developments and decisions which arise from the work of the groups outlined below. Impact assessments will be provided should they be required to support decisions at the time those decisions are proposed.							
Sefyllfa / Situation:							
This paper is to provide an update in relation to the development of groups which will support the delivery of responsibilities under university designation.							
Cefndir / Background:							
Governance structures to support the development of the new, independent, medical and health sciences school for north Wales were set up during April and May 2021. Ongoing discussions at the Executive Task and Finish Group and those with Bangor University have identified opportunities for our approach to research and development, education and training and innovation to be strengthened.							

More recently, consideration has been made about how this contributes to the responsibilities under university designation so that the aims of the groups are aligned to requirements of the Health Board as outlined within the criteria.

In response, three key groups have been established to support developments at a system, strategic and operational level.

1- System Level - North Wales Education & Training Provider Strategic Group

Whilst there are a number of meetings which support the development and delivery of education with partners it was identified that there is not currently a group which includes all organisations together. In response to this, a proposal for a joint strategic group for the Health Board and other higher and further education providers across north Wales and GWe gogledd Cymru was made and has now been agreed.

This group will be chaired by the Chief Executive of BCUHB with membership comprising of the Vice Chancellors of both Bangor University and Wrexham Glyndwr University as well as Chief Executives from Grŵp Llandrillo Menai, Coleg Cambria and GWe gogledd Cymru.

The group will hold its first meeting on 7th December 2021 with representatives from all organisations. The purpose of the group will be to provide a forum for strategic alignment, innovation and joint high-level planning which will work across the providers of education and training in north Wales. Membership will be discussed and finalised at this meeting along with the agreement of priorities.

The principal objective in establishing the group is to ensure there is dialogue, alignment, and excellence across the providers with an ultimate goal of improving workforce supply and patient outcomes focusing on the needs of the regional health and care providers.

Whilst acknowledging the essential autonomy of the providers and their respective contribution, the purpose of the Group is to ensure the parties operate with the objective of ensuring a fully coordinated, coherent and comprehensive regional provision across undergraduate and postgraduate education, access pathways and associated research activities.

The development of the group is a key response to the University Health Board Designation Criteria which expects organisations to 'be strengthening formal arrangements on an ongoing basis with their principle partners, including reciprocal representation at a strategic level, enabling them to jointly discuss and consider the training, research and innovation agendas'.

In terms of governance, the group will report into the Executive Delivery Group for People & Culture.

2- Strategic Level - Strategic Organisational Readiness Group for Academic Activities

Following discussion regarding the governance structures for the North Wales Medical & Health Sciences Programme it was identified that, whilst operational activities were being planned, more strategic matters also need to be considered and that undertaking this work would be beneficial in a number of ways. The establishment of this strategic group will:

- Provide direction to guide the activities of the System Preparedness and Research & Innovation Workstreams.

- Support the delivery of the responsibilities required as part of the University Designation Criteria.
- Develop recommendations and provide assurance.

Its purpose is to ensure that organisational structures, behaviours and relationships are aligned to the delivery of excellence in academic activities which support the delivery of high quality, evidence-based care.

In terms of university designation, the approach to academic activities are described as follows:

- **Research and development** activity should be aligned to areas of strength, need or opportunity, going beyond clinical practice and extending to all health and care settings.
- **Training and education** should be considered in its broadest sense, going beyond clinical practice, and extending to all health and care settings.
- **Innovation** activity should go beyond the training and education and research and development activity undertaken within the organisation, also drawing in good practice and research evidence from elsewhere, applying this knowledge in order to drive up the quality of care and improve health and wellbeing outcomes.

Its objectives are:

1. To develop a strategic approach to academic partnerships and activities which provides direction and oversight as well as instilling the desired behaviours and cultural change.
2. To develop structures which support the delivery of responsibilities under university designation, both within the Health Board and with partners.
3. To ensure that the changes required are embedded and incorporated into the Integrated Medium Term Planning process and are reported through BCUHB governance structures.
4. To ensure that academic partnerships and activities are connected to and influence transformation, delivery of evidence-based care, service improvement and post-pandemic recovery.
5. To ensure an efficient and effective delivery environment for all academic activities undertaken by the Health Board which supports the ongoing development of a highly skilled workforce which delivers continuous improvement.

The group has now been established and is currently reviewing its priorities from which an action plan will be developed.

It is proposed that the group reports to the Strategic Steering Group within the North Wales Medical and Health Sciences School programme. This is a joint group with Bangor University which reports internally within the Health Board to the Executive Task & Finish Group to Executive Team through to PPPH and then Board as shown in Appendix 1.

3- Operational Level - Interprofessional Education Infrastructure Group

Within BCUHB responsibilities for education currently falls under the portfolio of a number of Executives leading to approaches based on profession. However, it is recognised that there are

significant benefits to be gained from ensuring that education is supported and delivered from an interprofessional perspective and that this can be done more efficiently and effectively than the current structure.

Discussions at executive level have led to the establishment of a new Inter-professional Education Infrastructure Group. The group held an initial meeting in August 2021 in which it was agreed that scoping of current structures was required to inform future discussions about how changes might support an interprofessional approach.

The purpose of the group is as follows:

- Review current arrangements with regard to the provision and commissioning of education and training and make recommendations as to how an inter-professional approach may be best delivered in the future.
- Provide progress and update reports to the Executive Delivery Group – People & Culture.
- Develop plans to commission and deliver education on an inter-professional basis based on its recommendations once approved.
- Implement and monitor plans for inter-professional education upon their approval.

This meeting was formally established in November and will report formally to the Executive Delivery Group – People and Culture.

In summary, the groups outlined above have been established in order to strengthen existing structures and ensure that the criteria required for University Designation is met and embedded within both our governance structures and processes for our Integrated Medium Term Plan.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

Planning and development activities will need to be integral to the development of the Integrated Medium Term Plan as well as BCUHB's strategies for Living healthier, Staying Well, Clinical Services, Research and Workforce.

Opsiynau a ystyriwyd / Options considered

Not applicable to this paper.

Goblygiadau Ariannol / Financial Implications

No financial implications arise from the establishment of the groups. Business cases will be developed should any proposals or developments require investment.

Dadansoddiad Risk / Risk Analysis

Establishment of the groups does not present any risks in itself. Improved capacity and development of strategic plans will mitigate against risks that would emerge if there is a lack of alignment regionally and also the risk that responsibilities under university designation are not met.

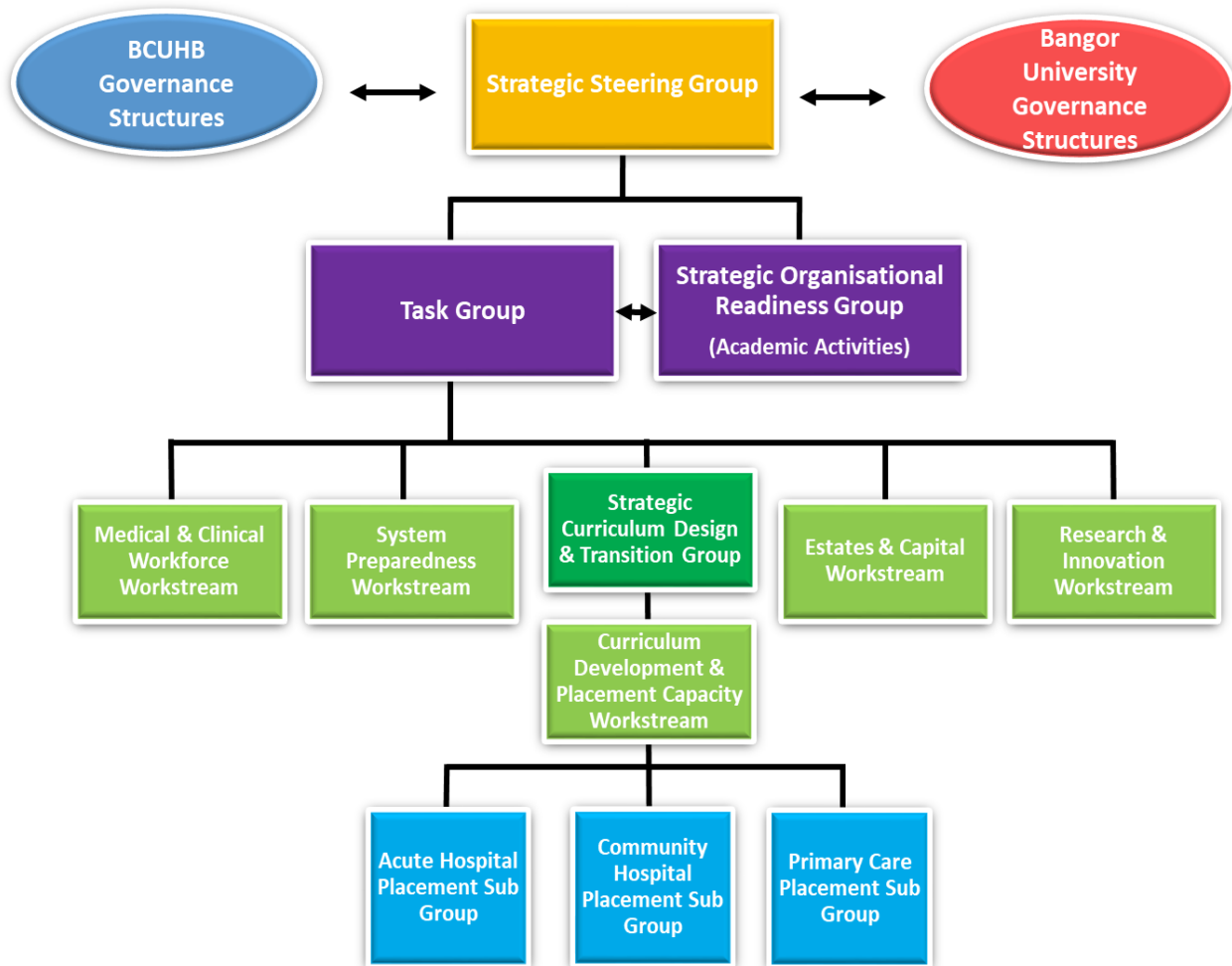
Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

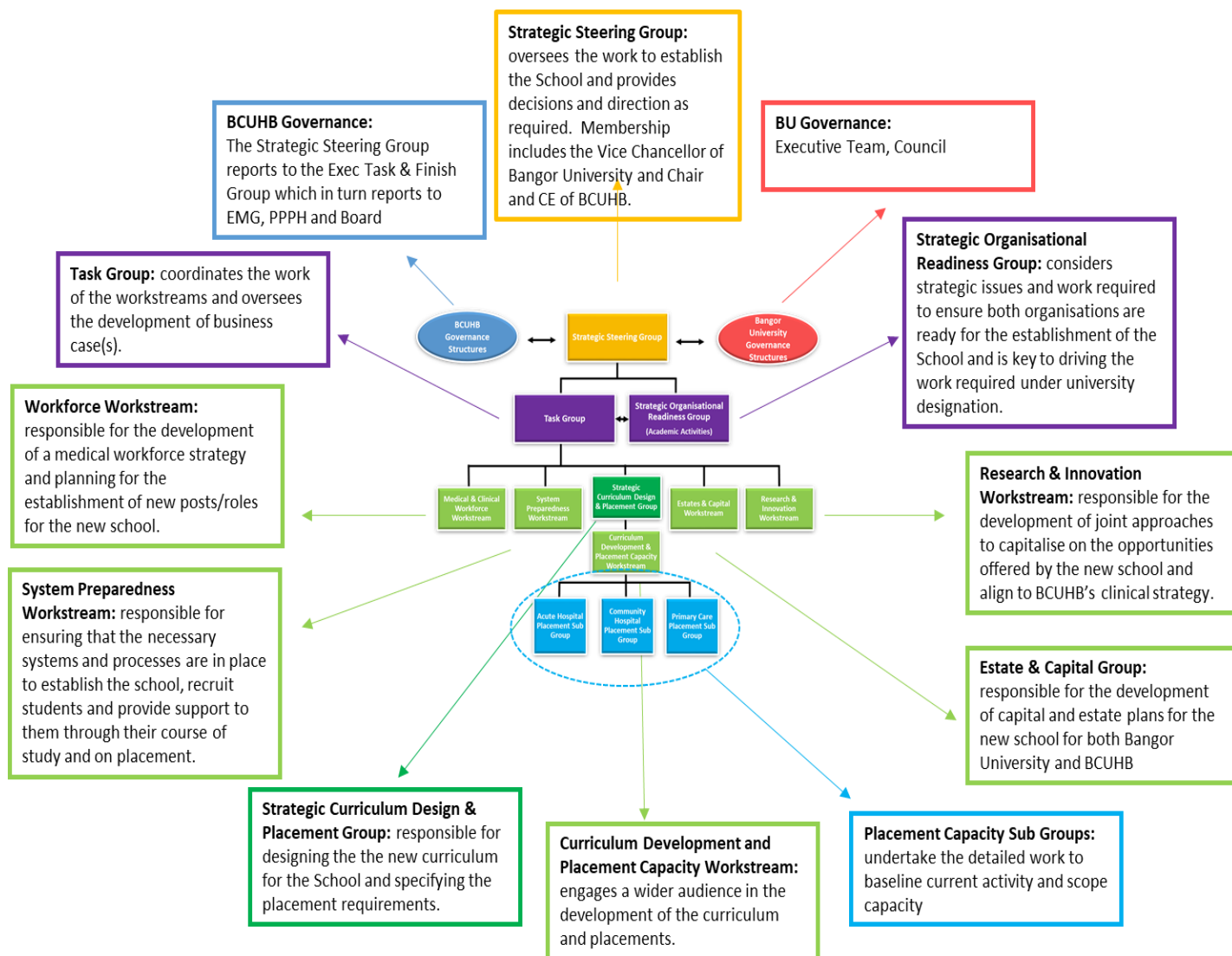
There are no known legal implications in relation to the establishment of groups.

Asesiad Effaith / Impact Assessment

The development of the business cases, if required, will take due regard of potential impacts and appropriate assessments will be undertaken and provided as part of the approval process.

North Wales Medical & Health Sciences School Programme Governance Structure





Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Progress Update for Staff Wellbeing Support Service (SWSS)					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director Workforce and Organisational Development (OD)					
Awdur yr Adroddiad Report Author:	Ellen Greer, Acting Associate Director of Organisational Development Dr Vannessa Tobin, Strategic Lead for Staff Wellbeing, Consultant Clinical Psychologist Peter Bohan, Associate Director Health, Safety and Security Sarah Wynne Jones, Head of Occupational Health and Wellbeing					
Craffu blaenorol: Prior Scrutiny:	Sue Green, Executive Director Workforce and OD					
Atodiadau Appendices:	Appendix 1 - Summary of Work Undertaken to Date Appendix 2 – Summary of Activity					
Argymhelliad / Recommendation:						
The Committee is asked to note the content of this update report and note the plans for the future as part of consideration of this report and the developing Integrated Medium Term Plan.						
Ticiwch fel bo'n briodol / Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						Y
Sefyllfa / Situation:						
<p>This paper provides the PPPH Committee with an update on progress with developing the Staff Wellbeing Support Service (SWSS) including outlining next steps in continuing to enhance the range of support services for staff across BCUHB in the longer term.</p> <p>The SWSS provides support for staff emotional/psychological wellbeing and as such contributes to the creation and sustaining of an organisational culture of health, wellbeing and psychological safety and resilience. SWSS has critical interdependencies with Speak out Safely; work to further embed equalities, diversity, inclusion and human rights; the Discovery, Co-Design and Co-Delivery phases of Mewn Undod Mae Nerth/Stronger Together and the emerging People and OD strategy.</p> <p>SWSS is also a core element of a wider, holistic Wellbeing Strategy which also encompasses physical and spiritual health and wellbeing, this being taken forward through the Staff Health and Wellbeing Group.</p>						

Cefndir / Background:

It is acknowledged nationally that the COVID 19 pandemic has had an impact on the emotional and psychological health and wellbeing of health and social care staff, over and above the day-to-day pressures of working in health and social care. This includes the potential for a post pandemic increase in feelings of stress, anxiety and burnout amongst staff as they reflect on the experiences of working through a pandemic whilst also working to 'catch up' with backlogs of work generated through the pandemic, including those in planned care and cancer.

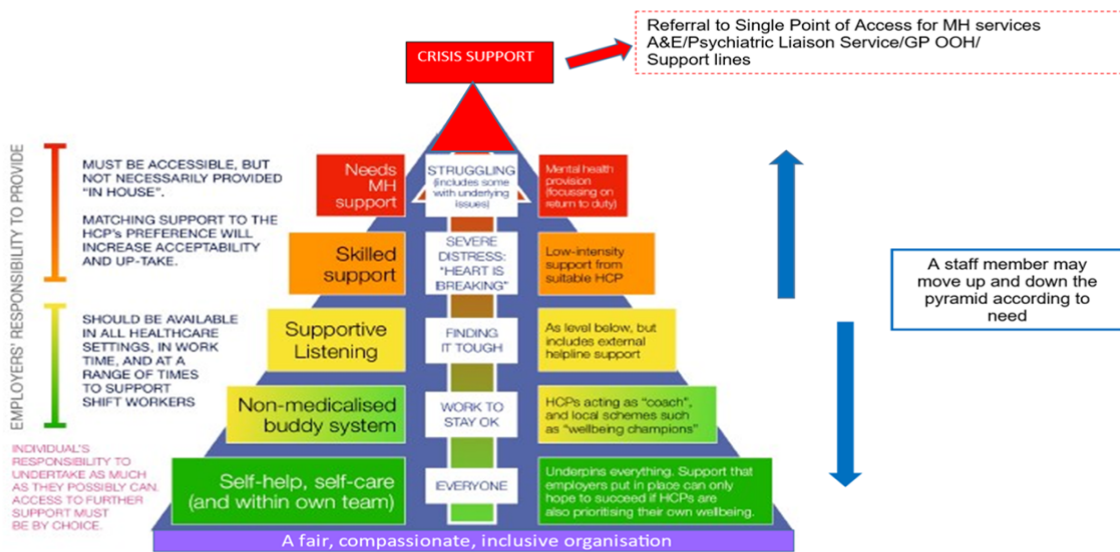
Some support services for BCU staff were in place prior to and during the early days of the pandemic, these including access to counselling through the Occupational Health and Wellbeing Service, support from Wellbeing Champions and peer support through Trade Union partners and staff networks. During the first wave of COVID 19, an interim Clinical Psychology based SWSS was established physically located on the 3 acute sites providing support to staff working in primary, community and acute settings. Clinical Psychology staff were redeployed to provide drop-in, face-to-face and virtual sessions for staff. Since the first wave of COVID 19, the service has proved difficult to sustain once Clinical Psychologists returned to their substantive roles with a full patient caseload. A smaller scale service has remained in place on the 3 acute sites, but has been reliant on Clinical Psychology staff working additional hours. This has proven difficult at times to secure on a consistent basis without affecting our patient provision. There has also been dedicated but limited Clinical Psychology support for staff working in the 3 Critical Care Units. A case is under development by the North Wales Critical Care Network for investment in a range of Allied Health Professional posts, including securing funding for substantive investment in Clinical Psychologists for Critical Care. Other external support available to staff during the pandemic has included access to Silver Cloud, an on line CBT programme, and Health for Health Professions Wales, providing access to a range of support and therapeutic interventions.

To provide further additional support, a contract was agreed at the end of March 2021 with a local, not for profit organisation – RCS Ltd – to provide access to a range of emotional and psychological support including counselling, Cognitive Behavioural Therapy (CBT) therapy, psychotherapy and some Clinical Psychology.

It was recognised that whilst a range of support services were available to staff, they were not co-ordinated into a single cohesive staff wellbeing support service which was easy for staff to understand and navigate. It was also recognised that there were some gaps in the support available and that elements of some services could be enhanced.

A business case was developed and approved at the end of March 2021 for an initial 12-month investment of £431,912 during 2021/22 to build upon and enhance the support available for staff and crucially bring these services together into a cohesive and integrated service model. This is overseen by a new Strategic Lead for Staff Wellbeing reporting to the Associate Director of Organisational Development. It was always anticipated that this business case would be followed by a further case to secure recurrent funding from 2022/23 and beyond as well as for further additional investment to evolve SWSS based on evaluation and lessons learned.

The SWSS is essentially a 'stepped care pyramid' of integrated support for staff wellbeing:



The SWSS encompasses 5 interconnected levels of support for staff emotional health and psychological wellbeing and provides a range of support to meet the differing needs of staff. It is founded on the principle of a fair, compassionate and inclusive organisation, and provides support to staff through:

- Level 1 and 2 support for self-care and to ‘stay okay’ and psychologically well in work with the support of wellbeing champions, coaches, emotional resilience training, access to Wellbeing Blitz and Taking Care, Giving Care, and emotional wellbeing workshops provided through Occupational Health and Wellbeing.
- Level 3 support for when staff start to ‘find things tough’ through counselling support from the Occupational Health and Wellbeing Service, RCS and through Schwartz rounds
- Level 4 more intensive support by a Clinical Psychologist for when staff are starting to experience distress
- Level 5 support through access to specialist support from the Mental Health and Learning Disability Division for staff who may experience an acute crisis or are at risk of self-harm

The aim is to provide SWSS in each of the 3 health communities (East, West and Central) so that whichever health community staff work within, they can access the same type and range of support across the 5 levels of SWSS. Importantly, SWSS is underpinned by a ‘no wrong door’ policy with services working together to ensure that staff are supported to access the level of support they need from first point of contact without the member of staff needing to contact more than one service.

The development and delivery of SWSS across the 3 health communities is overseen and co-ordinated by a newly created senior post – the Strategic Lead for Staff Wellbeing - who works closely and in partnership with other heads of service, including the Head of Occupational Health and Wellbeing. The Strategic Lead now chairs the Wellbeing Cell - a multi-disciplinary group established during the first wave of COVID 19 – to implement, evaluate and continue to evolve SWSS, with the Wellbeing Cell reporting to the Staff Health and Wellbeing Group, which in turn reports to the Strategic Occupational Health and Wellbeing Group and People & Culture Executive Delivery Group.

Asesiad / Assessment & Analysis

Overview

Following approval of the business case, a 12 month investment was secured to recruit a number of additional posts to enhance elements of SWSS provided by Occupational Health and Wellbeing and Clinical Psychology, together with some funding for small 'pilots' to test the value of other initiatives including Wellbeing Blitz, Taking Care, Giving Care, and Schwartz rounds.

Work has also been undertaken to clarify referral pathways into and between services in SWSS, including a new pathway agreed with the Mental Health and Learning Disabilities Division to support staff in crisis. An evaluation framework for SWSS has been developed as has a communications and awareness raising plan to ensure staff know about the support available to them. A service specification is in its final draft, which covers all aspects of the SWSS including its evaluation and how awareness of SWSS is communicated and promoted to staff.

The work undertaken to date is outlined in **Appendix 1**, and a high-level summary of SWSS activity for April-September 2021 is provided in **Appendix 2**. Key lessons learned are also shared together with an outline of next steps in further developing SWSS for which a case for recurrent investment will be submitted. This is included within the Integrated Medium Term Plan (IMTP) and will be included in the emerging People & Organisational Development (OD) Strategy.

Lessons Learned

Recruitment to posts takes time and for some posts, more than one recruitment round has been required so that the full impact and value of these appointments within SWSS will not be fully realised until Q4 2021/22 and into 2022/23. There have also been some challenges with recruiting to fixed term posts.

Communication with and raising awareness of SWSS amongst front line staff is a constant and on-going need with a number of complimentary communication measures running at the same time, ensuring these take account of staff without ready access to IT.

With hindsight, insufficient administrative and business support for SWSS was initially identified in the business case, both to support the Strategic Lead for Staff Wellbeing as well as providing the SWSS with dedicated administrative support to promote linkages and communications between services. Business support is needed to support ongoing communications and the collection/analysis of data and evaluation metrics to inform the on-going development of SWSS.

Next Steps

The evaluation of SWSS is on-going and will continue as the service continues to evolve as part of our cycle of learning, understanding the input and impact new posts as they are embedded, feedback from staff accessing SWSS is collected and the value of the 'pilots' continues to be evaluated.

The focus of SWSS to date has largely been on supporting the emotional health and wellbeing of individual members of staff. As awareness of SWSS grows, requests are now being received for support for teams and for line managers.

The next phase in the development of SWSS will not only be to embed and maintain services for individual staff but to also replicate the 5 tier SWSS 'pyramid' model for teams/groups of staff, as well as for line managers to provide a range of services to support teams with self-care through to providing support to teams in crisis. This includes support for line managers to look after own

wellbeing as well as enabling them to support their teams to stay well and to recover during times of difficulty and crisis. Crucially, this next phase of SWSS has a crucial interdependency with the OD service, the co-design phase of Mewn Undod Mae Nerth and the evolving People and OD Strategy.

As part of this, there may be benefit in creating a 'roving' or 'mobile' SWSS team to more proactively visit service areas in each health community to meet with teams and their line managers to discuss how their wellbeing needs can best be met.

In addition, based on learning so far, there is work to introduce additional roles/services within SWSS including mindfulness practitioners, psychological therapists and assistants as well as the additional administrative and business support noted above.

The plan for the Staff Support & Wellbeing Service is set out in the IMTP and the People & OD Strategy and a case for funding to sustain SWSS into 2022/23 is in the priorities contained within IMTP. This includes recurrent funding for the additional posts/services introduced this year as well as a proposal for additional funding to expand SWSS over time as indicated above.

The further future development of SWSS will be undertaken in the context of the development of a wider biopsychosocial, holistic Wellbeing Strategy through the work of the Staff Health and Wellbeing Group.

Dadansoddiad Risk / Risk Analysis

Fully implementing SWSS and realising its full benefits for staff wellbeing is dependent on recruiting to all posts and securing sustainable funding for 2022/23 and beyond. Recruitment to fixed term posts has also created some challenges.

As awareness of SWSS increases, demand for SWSS may rise and there is a risk that waiting times to access support may increase if demand proves to be higher than anticipated within current agreed resources.

Asesiad Effaith / Impact Assessment

An EqIA informed the SWSS business case and equality monitoring information is included in the core evaluation service questionnaire developed for use by every part of SWSS. A suite of demographic metrics including where possible collecting information across the 9 protected characteristics is being developed.

A further EqIA is being completed as part of the IMTP and People & OD Strategy and case.

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Progress Update for Staff Wellbeing Support Service (SWSS)

Work Undertaken to Date

1. Recruitment to Additional Posts for SWSS

- An additional full time Health Intervention Co-ordinator took up post in October 2021 to address an identified gap in support for the network of Wellbeing Champions across the Health Board, of which there are 170. The Health Intervention Co-ordinator has a key role in supporting and expanding the Wellbeing Champion network, ensuring that staff working in each of the health communities have access to a Wellbeing Champion to support them with their self-care (Level 1/2 support) and/or to signpost staff to the range of support available to them in their local SWSS. The role of the Wellbeing Champion is being reviewed and a training and support analysis being undertaken to ensure the Wellbeing Champions have the resources they need to support their colleagues.
- An additional full time Counsellor for the Occupational Health and Wellbeing Service has also taken up post in early November 2021 to provide additional counselling capacity in SWSS (Level 3 support) and, as a minimum, to maintain current waiting times for access to counselling.
- Recruitment is about to commence for an additional Support Advisor into the Occupational Health and Wellbeing service and also for administrative support for the Strategic Lead post and wider SWSS service.
- To increase the availability of Level 4 SWSS support, two recruitment processes have been undertaken to appoint two additional full time Clinical Psychologist posts to ensure equitable access across the Health Communities. Two 0.50 WTE posts have been appointed to with start dates of January and early March, with the outcome of the interview for the remaining 1.00 WTE post (who will also line manage and provide clinical supervision for counsellors working in Occupational Health and Wellbeing) not available at the time of writing this report.

As noted earlier, a new senior post of Strategic Lead for Staff Wellbeing took up post in early October 2021, this post holder also being a Consultant Clinical Psychologist. The Strategic Lead is responsible for the oversight and development of SWSS across the Health Board and works clinically one day a week in the East health community providing Clinical Psychology Level 4 support to staff.

Staff in the health communities also have access to counselling (and other psychological support) through the services provided by RCS as part of SWSS. The contract with RCS is currently until the end of March 2022 with a formal tendering exercise being undertaken to secure the ongoing provision of some external support for staff who may prefer to access support this way. It is the intention to have the new service in place from 1st April 2022 to ensure service continuity.

In addition, options are being finalised to provide formal supervision for the BCU internal network of coaches as part of SWSS to ensure that staff accessing coaching support are assured that their coach is receiving regular supervision and maintaining competence to practice.

2. SWSS 'pilot' initiatives – Promoting Emotional Wellbeing and Self-Care

Four small scale 'pilots' are underway or planned as part of SWSS aimed at supporting staff with self-care and staying well (levels 1/2 of SWSS) or when they are starting to find things tough (Level 3 of SWSS). These will be evaluated prior to further rollout and development as the SWSS evolves:

3. Pilots to support Self Care and Staying Well (SWSS Level 1/2)

- WellBeing Blitz
These are online, facilitated sessions for staff to meet at the beginning and end of each day over 5 days to focus on ways they can support their own wellbeing. An action is agreed at the morning session to 'test out' during the working day and review at the end of day session. Three rounds of WellBeing Blitz are initially planned.
- Taking Care, Giving Care
These fall under the umbrella of 'care spaces' and are unstructured and facilitated sessions where staff come together to revisit their values and spend time thinking and talking about how they can take better care of themselves so that, in turn, they can better care for others. Three Taking Care, Giving Care sessions are initially planned.
- Emotional Resilience Training
Some training had been provided during 2020 through short term funding provided by Awyr Las. As part of SWSS, two webinars, each for up to 75 members of staff, are being held in December and February, aimed at equipping staff with tools and skills to enable them to increase their emotional resilience both at work and at home. It is the intention that some of these staff will then undertake 'train the trainer' training to enable them to provide emotional resilience training more widely across the Health Board. There are currently only two trainers within the Health Board. It is expected that once trained, each trainer will provide up to six emotional resilience-training sessions per year as part of SWSS across the three health communities.

4. Pilot to Support when finding things tough (SWSS Level 3)

Work with the Point of Care Foundation is underway to introduce an initial phase of Schwartz rounds in each of the three health communities as part of SWSS and will be a mix of online and in person rounds. The option of these being delivered in Welsh is being explored. The first phase of rounds are likely to commence in early 2022 and will be evaluated prior to roll out during 2022/23.

5. SWSS Referral Pathways

A core guiding principle of SWSS is 'no wrong door'. This means all services working in SWSS work together to enable staff to access the right service for their needs without having to make contact with more than one service or being passed between individual services. Should a member of staff contact one part of SWSS when another element of the service would better meet their needs, the services work together to ensure the member of staff has the support they need.

It became clear during the work to develop SWSS that there was no clearly understood pathway of support for staff in crisis or at risk of self-harm. In partnership with the Mental Health and Learning Disabilities Division, a referral pathway through Single Points of Access (in hours) and through the Psychiatric Liaison service (out of hours) has been agreed, with the MHLDD service accepting referrals from any of the SWSS services, line managers or indeed staff who are concerned for the welfare of a colleague. Support is also available to staff through Call line and GP Out of Hours.

6. Evaluation

An evaluation framework for SWSS has been developed and includes a range of metrics to monitor and evaluate the impact of the individual elements of the SWSS as well as their collective impact. This includes:

- Monitoring demand and waiting times. It is anticipated that as SWSS becomes better known amongst staff, demand may rise with the new posts created supporting maintaining access times to at least their current levels.
- Collecting anonymised demographic data about staff who access SWSS support, including where possible data on protected characteristics. This anonymised data will provide information about the 'reach' and use of SWSS across the Health Board and identify any gaps in access, which merit exploration and further work.
- A core service evaluation feedback form has been developed and will be given to every member of staff who accesses any part of SWSS (including RCS) with this form including equality monitoring information. This includes feedback on the impact of the support received in helping the staff member stay well or recover, how easy staff found it to access support and also to gather feedback from staff about ways of further improving the support offered to them through SWSS.

- The use of wellbeing questionnaires, including the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) and the GAD-7/PHQ-9, to assess changes in the emotional health of staff who access support through SWSS.
- Monitoring staff sickness levels, in particular focusing on sickness code S10 (anxiety, stress/distress) and S12 (musculoskeletal) for any changes in trends over time as SWSS evolves. Long-term sickness absence rates will also be included to assess if staff accessing SWSS have been supported to return to work more quickly. Total sickness days will be monitored as well as episodes of both short and long-term sickness. It is acknowledged that it may be difficult to make a direct causal link between reduced sickness rates/days and the availability of SWSS due to the myriad of variables, which influence staff sickness. Equally, it may be that receiving support through SWSS could lead to an increase in short term absences where staff may take time off to recuperate and self-care with this preventing an escalation and worsening of their difficulties, resulting in a reduction in long-term sickness absence and total sickness absence days.
- Themes from exit interviews will be reviewed over time to establish any changes in reasons for staff leaving the Health Board. A new national exit interview format has recently been introduced which asks a specific question about staff access to health and wellbeing support.
- If possible, data on trends in the reasons for early retirements will also be reviewed.
- Themes from staff engagement activities, including the NHS staff survey, pulse surveys and themes from the Discovery phase of Mewn Undod Mae North/Stronger Together and other OD activities will be considered for feedback about SWSS and/or staff views on how well they know about SWSS, their own sense of wellbeing and views about support they may have received from SWSS.

7. Communications

Information about SWSS had only initially been included in regular email updates/alerts and in the BCU weekly bulletins, with information also cascaded through line management structures. It was acknowledged that these are the only or indeed always the best means of reaching front line staff, particularly those without ready access to IT. Additional ways of raising awareness of SWSS have since been identified and include:

- The development of a new easy to use and intuitive SharePoint on the BCU internet, which is in the final stages of development before being actively promoted. This will continue to be developed over time to include additional focus on support for teams and line managers as well as individual staff, together with details of support for staff with Long Covid Support and other long-term/chronic conditions. The SharePoint site will be accessible to staff through their personal mobile phones.

- Placing a link on the ESR landing page signposting staff to the SharePoint site with a message also printed on Staff E-payslips.
- An updated and revised Health Matters newsletter, which contains details of all the BCU and external sources of support has been issued with a further updated version to be issued in December. This has and will again be widely circulated via the weekly bulletin, the CEO weekly update, line managers, TU partners, staff networks, staff ambassadors, wellbeing champions, equality champions and speak out safely champions. Paper copies of the newsletter have and will again be distributed to staff who do not have access to IT.
- A Short promotional video has also been developed for use by managers and staff at team meetings to raise awareness of SWSS and the range of support services available.
- Promotional posters/infographics are being developed for display in areas, which staff routinely use including staff rooms, toilets and canteens.
- Attendance at staff and other meetings to discuss SWSS, the support available and how to access this.
- Plans to have a presence on key health board sites in each health community using information stands to raise awareness of SWSS (in a COVID secure manner).

SWSS Activity Data April to September 2021**1. Core Service Data**

As part of the development of the evaluation framework, work is underway to agree a set of anonymised demographic and other metrics to be used by all SWSS services to ensure consistency in data collection and to enhance the range and type of data collected. This will help with better understanding who accesses and who does not access support from SWSS and will help inform future SWSS developments and identify areas where more targeted communications about SWSS may be needed.

The first table overleaf provides some high-level activity data for key elements of SWSS between April-September 2021:

Service	Number of staff who accessed support and number of appointments where available April-September 2021
Coaching (Level 1 SWSS support)	23
Counselling (Level 3 SWSS support)	
Occupational Health and Wellbeing – Referrals and counselling provided*	437 (with a total of 2301 appointments)
RCS**	34 staff (with a total of 73 appointments)
Clinical Psychology (Level 4 SWSS support)	173 total appointments

*OHW also had 935 advisory contacts with staff

**RCS also provided support to 78 staff who were referred to them by the GP as part of a prior existing arrangement, funded through European/WG monies.

2. Current waiting times to access services in SWSS

Service	Waiting time
Coaching	2-4 weeks maximum between initial contact with a coach and commencing coaching sessions
Counselling	
Occupational Health and Wellbeing	3-5 days
RCS	Maximum of 3 days from initial contact to appointment with a case co-ordinator and maximum of 7 days to commencing counselling

Clinical Psychology	Maximum waiting time between contacting the service and receiving support is 5 days
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It is important to acknowledge that staff may be accessing support from their GP, Trade Union, Health for Health Professionals Wales and using Silver Cloud and other agencies for support (such as accessing a Clinical Psychologist on a private basis) for which data is not readily available. Anecdotal evidence shared by the national BMA suggest that referrals to its counselling service have increased significantly during the last year.

Health community specific data is not yet available for SWSS services provided by coaching and the Occupational Health and Wellbeing service, but activity data for counselling through RCS and Level 4 support through Clinical Psychology appears to show that the service has been accessed by more staff in Centre and West compared to East.

Staff accessing coaching receive up to 8 sessions of coaching, with staff accessing counselling typically having up to 6 sessions although this can be more dependent on the individual needs of staff. In contrast, 65% of the interventions with staff accessing a Clinical Psychologist have been ‘one off’ appointments and 25% being second appointments. This may indicate that staff accessing a Clinical Psychologist as part of SWSS do so typically for a very short therapeutic intervention and not for a series of supportive sessions as is true for the counselling service provided by SWSS through Occupational Health and Wellbeing and/or RCS.

3. Pilots

12 staff have taken part in the first WellBeing Blitz held in the first week in November; 15 staff have taken part in two Taking Care, Giving Care sessions; and, over 100 staff have attended 13 emotional resilience training sessions since January 2021. The feedback from these initiatives has been positive with staff welcoming the opportunity to discuss their wellbeing and ways of maintaining this whilst also networking with other staff.

4. Emotional Wellbeing Workshops

The Occupational Health and Wellbeing service have also provided a number of emotional wellbeing workshops in July, October and are running currently in November. One Hundred and twelve (112) staff have taken part. In these workshops, which are typically, 75 minutes long and delivered by Microsoft Teams. Topics have included managing stress and anxiety; working with trauma; coping with loss and grief; and, emotional wellbeing. Ten further workshops are planned for December 4 on emotional wellbeing and six on stress management standards.



Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Emergency Planning Resilience and Response (EPPRR) position statement and Training and Exercising Progress Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris, Deputy Chief Executive and Executive Director of Nursing and Midwifery						
Awdur yr Adroddiad Report Author:	Russell King, Head of EPPRR (interim)						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	Appendix 1 - EPPRR Performance Management Dashboard for November 2021 Appendix 2 - Training & Exercising Section of the Work Programme						
Argymhelliad / Recommendation:							
It is recommended that PPPH Committee:							
<ol style="list-style-type: none"> 1. Receive this report and note the developments to enhance our Emergency Planning Resilience and Response capability 2. Receive this further report on progress that has been made across the organisation on training and exercising. 							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						Y	
Individual plans developed in response to the Civil Contingencies Act (2004) are subject to an EQIA assessment.							
Sefyllfa / Situation:							
This paper provides an update to the Committee on the current state of Emergency Planning Resilience and Response activity, including training and exercising undertaken and scheduled to date for 2021/22 as requested at the PPPH Committee meeting in October 2021.							
The paper also gives details on work commenced in respect of the external report to review capacity and performance in the field of EPPRR.							

Cefndir / Background:

The Health Board currently delivers its resilience programme through the following structures and responsible individuals;

Lead Responsibility

- The Deputy Chief Executive is the current **Executive Lead** for resilience and is supported in discharging this function through the Hospital Managing Directors/Hospital Directors, Area Directors and the Director of Mental Health.
- The BCU Resilience team provide resilience expertise that supports all parts of the EPRR agenda. The team consists of the following full-time posts:
 - A Head of EPRR, which is currently an interim post
 - An Emergency Preparedness and Response Lead
 - A Business Continuity Manager (this position is currently vacant was interviewed for on Monday 29 November).

North Wales Structure

- The **Local Resilience Forum** and its sub-structure is a statutory body for delivering resilience across civil responders in North Wales. It is the primary mechanism for achieving compliance with key duties of the Civil Contingencies Act, including production of a community risk register and strategies to warn and inform our communities. BCHUB is a statutory member of the Forum, which can call Strategic or Tactical CoOrdination Groups to meet the needs of specific incidents. Recovery groups can also be formed at the end of incidents.
- The **Civil Contingencies Group** is the Board's internal forum that provides leadership on health preparedness as well as coordination of specific aspects of health economy resilience. The next meeting is in January 2022.
- The **Business Continuity Working Group** is the Health Board's internal forum that provides co-ordination and leadership of the business continuity management system and ensuring compliance with the business continuity policy. This group reports directly to the Civil Contingencies Group.
- The **EPRR dashboard** is a monthly innovation proposed by the external report. The first report is given at Appendix A and illustrates the national and Local Resilience Forum risks highlighted which control the management of uncertainty
- The **EPRR Policy** is also an innovation proposed by the external report, and is in draft, out for consultation ending at the start of January, and contains key policy issues and commitments including a commitment to the highest levels of achievement against the **NHS England EPRR Core Standards**, and the **British Standard for Societal Security**
- EPRR staff also make a contribution to the **healthcare capacity agenda** through the BCHUB bodies monitoring it with colleagues from providers and planning

- The line of command between the Health Board and providers is defined by the **BCUHB Command CoOrdination and Control Framework** which has been reviewed and reissued as version 6.0 to take account of the Liverpool and North Wales Arriva Bus Strike Events
- Major Incident Plans at Hospital and provider level, and Business Continuity Plans make up the mitigations. A key report finding from the independent assessment is that these should be gradually reduced in size, a process to be taken account of in annual reviews. It is expected that the EPRR Policy will assist in this task.

The Welsh Government

The Health Board contributes to the **Emergency Planning Advisory Group**, a Welsh Government - led forum that bringing health resilience managers and practitioners together to ensure consistency in preparedness, and shared knowledge relating to response. Furthermore, the Board adopts the NHS England Resilience planning structure and a number of pan-Wales specific working groups relating to, for example, mass casualties and the pre-hospital medical response to major incidents.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The work programme incorporates the development of key strategic policies, plans and training requirements to ensure compliance with legislative duties.

Opsiynau a ystyriwyd / Options considered

Not applicable

Goblygiadau Ariannol / Financial Implications

No additional financial implications identified.

Goblygiadau Ariannol / Financial Implications

No additional financial implications identified.

Dadansoddiad Risk / Risk Analysis

The plan is subject to the full risk analysis with key risks overseen by the Civil Contingencies Group (CCG). Identified risks are incorporated within the BCU Risk Register. There are identified risks, mitigated through the EPRR work programme:

Business Continuity arrangements – business continuity progress is reported via the CCG as a standing agenda item. A monitoring report is provided outlining progress including the number of plans drafted, completed and approved.

Mental Health planning arrangements. Business continuity plans have been drafted at an acute and community level. Training was delivered to a number of members of the mental health team in August.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Betsi Cadwaladr University Health Board is categorised within the Civil Contingencies Act (2004) as a “Category 1 Responder” and is therefore required to meet all duties under the Act. In addition to these legal responsibilities, the Board must also meet the requirements set out within the NHS Wales Emergency Planning Core Guidance (April 2015).

Asesiad Effaith / Impact Assessment

Business Continuity plans are subject to Business Impact Assessments with mitigations are then put in place to ensure that critical functions are protected. The information within the Business Impact Analysis informs the final departmental/divisional Business Continuity Plans.



19 November 2021 Emergency Planning Resilience and Response - Performance Dashboard

Responding and exercising

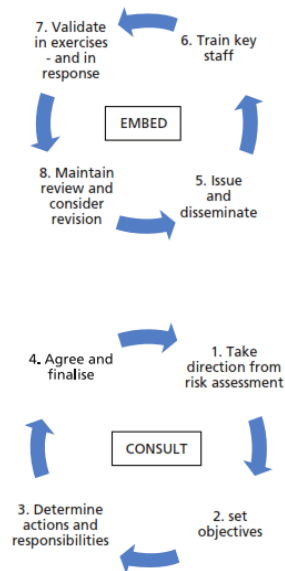
- Responding
 - COVID – role of EIMT and capacity TBD
 - Arriva Bus Strike November 14.11.21
- Exercising (highlights)
 - LRF+ Mass Fatalities exercise 17.11.2021
 - Bangor theatres BCM 9.11.2021
 - National Children's RS Virus 27.8.2021
 - Ex Celtic Connection (counter-T) 25.11.2021
 - ICT BCP exercise Feb 2022

Plans under review

- Number of BCPs in draft
- EPRR review implementation project underway
 - EPRR Policy drafted
 - This dashboard: first version

Last/Next Civil Contingencies Meeting top lines

- Last:** 16.11.2021
 - Bomb threat policy
 - EPRR review policy & perf. Framework
- Next:** Jan 2022 – policy, TBD



Training

- All staff awareness** – to discuss - aim metric setting
- On-call cohort** -
 - Gold** – 100% **Silver** - @50%
- Bronze** – performance being validated for %

Issue of plans

- EPRR Policy v1.0 ⇨ **draft issued 19.11.2021**
- Major Emergency Plan v6.0 **reissued 19.11.2020**
- Dept BCM Plans reviewed **7/2021**
- Intranet format under review for ++ explanation of full EPRR system

BCUHB relevant UK-wide risk assessment priorities

- UK threat level** severe – terrorism and cyber
- UK hazards 5x5 risk** : Panflu 20; blackstart 12; Weather and air quality 12; space weather 12; etc
- NWRF**: discussion on flood rating commenced

Plans in preparation

- Review BCP
- Develop ICT system owner BCPs [NIS-D](#)

Produced monthly. Central graphic (start at no1) from UK guidance on EPRR and gives the full range of activity required from policy to operationalisation [Chapter5 p17 UK EPRR guide link](#). Detail on adjacent boxes is BCUHB response to national guidance guided by NHS EPRR Core Standards [EPRR CoreStds link](#) : full assessment and details of the above from emma.i.binns@wales.nhs.uk or Russell.King@wales.nhs.uk

Appendix 2

Programme of Work for 2021/22

Training and Exercising –Update at November 2021

TRAINING AND EXERCISING
<p>Provide virtual training to all levels of staff</p> <p>A Resilience Team prospectus has been developed which allows members of staff to book directly onto available sessions, this is then recorded on ESR for audit purposes.</p> <p>The training performance levels will be reported via the EPRR dashboard at Appendix A.</p> <p>A key development proposed by the independent report was to consider the training needs of all staff and this discussion is commencing.</p> <p>Training was offered to silver on call on a three weekly basis due to the smaller cohort of staff. Training has now been scheduled on a fortnightly basis through to March, with multi-agency JESIP sessions offered monthly.</p>
<p>Response and facilitation of exercises</p> <p>The NHS England EPRR Core Standards refer to the relationship between response and exercising as indicated by the EPRR Dashboard at Appendix A. Despite Emergency Departments being under severe operational pressures due to COVID, highlights of exercises achieved and planned will feature in each Dashboard report.</p>
<p>MERIT (Medical Emergency Response Incident) Training</p> <p>A MERIT team will be requested by the Welsh Ambulance Services Trust to support its operations at the scene of a Major Incident. A team of Nurses and Doctors are assembled and conveyed to the scene to undertake their duties within a Casualty Clearing Station (CCS) and in support of the Ambulance personnel. Prior to the Covid 19 Pandemic, MERIT training was delivered on a bi-annual basis to ensure that the complement of staff across North Wales remains at a suitable level but has been interrupted by COVID.</p>

It was agreed that at the Welsh Government Emergency Planning Advisory Group in September that all MERIT courses would be suspended until early 2022. The training comprises of lessons delivered within a classroom environment followed by a live-play casualty simulated exercise supported by North Wales Fire & Rescue Service.

The next training session will be delivered in April 2022.

Facilitate bi-annual communication exercises

It is intended to exercise to validate v6 of the EPRR of by means of a communications exercise. The Welsh Ambulance Service have transformed the way that major incident notifications are made to Health Boards across Wales. The call is no longer made in person, each switchboard now receives a recorded message followed by an email. As a result, the action cards have been reviewed and training for switchboard staff has been developed and delivered. Weekly tests were completed during May, June and July to ensure that staff understand the new process.

The scheduled national test was held on the 22nd September.

Schedule and deliver Business Continuity Exercises

The delivery of business continuity exercises has proved extremely challenging due to operational pressures. The business continuity manager vacated her post in August and this role is currently being advertised and this has compounded the issue. A multi-site children's exercise was delivered in July and this was very well received, An exercise report with recommendations was prepared and all Children's Services Business Continuity plans have been updated accordingly.

A Theatres exercise will be delivered on the 9th November, a scenario has been developed and a post exercise report with recommendations will be prepared by the Head of EPRR following this test.

The Head of EPRR has prepared a schedule of future exercising, this will be discussed at the Business Continuity Meeting in November for approval.

The Resilience Team is working closely with the Informatics Team to support the implementation of the Network Information Systems Directive. All departments that have systems identified will require a business continuity plan. A template has been developed and the newly appointed Business Continuity Manager will support the testing of these plans.

Learning from incidents

On the 22nd April 2021, Wrexham Maelor Hospital was the target of a bomb hoax. A formal command structure was initiated and a major incident was declared. An internal debrief was held and the Head of EPRR produced a report with a number of

recommendations. It was agreed that a multi-agency debrief would need to be facilitated to ensure a more robust response to any future incident however, due to issues with senior diaries this was carried out as a paper exercise. The LRF Report recommended that a multi-agency exercise be scheduled to include a suspicious package scenario. Each switchboard will participate in this exercise and a multi-agency command structure will be established at a strategic and tactical level. JESIP training will also be provided to participants. A date is yet to be confirmed.

Work with the Local Resilience Forum Learning & Development Group to formalise a schedule of exercising that meets the Health Board's training objectives.

All members of the on-call team and clinical site managers are invited to participate in JESIP (Joint Emergency Services Interoperability Programme) training sessions following completion of BCU Major Incident Training. A multi-agency desktop exercise is delivered as part of the training so each attendee has the opportunity to participate in that exercise. This can be booked via the link in the Resilience Team Prospectus.

There are 14 members of staff that have attended JESIP Training, 8 who have attended Wales Silver and 14 senior staff members have attended Wales Gold.

All other training opportunities are shared with appropriate staff members by the EPRR team.

Participate in multi-agency LRF exercises

The Resilience Team works closely with the Local Resilience Forum to ensure that staff and the Health Board benefit from multi agency opportunities.

A multi-agency Modern Slavery exercise is scheduled for the 17th November. Exercise Blue Eclipse aims to develop local multiagency and single agency plans, including a process map should an incident similar to the one often referred to as the 'Essex Incident' occur in North Wales. This was a tragic incident that occurred in October 2019, the bodies of 39 Vietnamese people were found in the back of an articulated lorry, later classified as a human trafficking incident.

The workshop will commence with some local considerations and presentations from guest speakers, there will be an exercise scenario to focus group discussions, dealing with casualties and fatalities at a local level, drawing on the guest speakers' knowledge and experience to assist with the development of local collaborative plans. The HB will have representation from the Pathology division and invitations have been sent to members of the on-call teams who would be responsible for managing an incident of this nature.

A multi-agency exercise was to be held at Bangor University in March 2021. Bangor University contacted a number key agencies expressing a wish to hold a live exercise within their Chemistry Department. A number of meetings have taken place and this was initially due to be held in November, however a number of agencies agreed that due to winter pressures at that time it would be sensible to postpone until March 2022. This will be an excellent opportunity for multi-agency collaboration. The date is yet to be confirmed but the planning is progressing at pace.

There have been 487 attendances at training/exercises between 2019 and 2021.

Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Update on Test, Trace, Protect (TTP)					
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health					
Awdur yr Adroddiad Report Author:	Glynne Roberts, Director, TTP					
Craffu blaenorol: Prior Scrutiny:	Presented to PPPH as the governance route for TTP reporting					
Atodiadau Appendices:	Appendix 1 TTP update					
Argymhelliad / Recommendation:						
The Committee is asked to note the following key actions underway: <ul style="list-style-type: none"> • That recruitment is undertaken to ensure that all aspects of the Test Trace Protect Service are sufficiently robust to meet service demands until the end of the financial year. • That senior members of the Test Trace Protect Team continue to liaise with partner organisations both locally and nationally, to work in partnership to address the changing service requirements. • That the North Wales Test Trace Protect Team support the current Welsh Government review of TTP, and implement the agreed strategy once concluded. 						
Ticiwch fel bo'n briodol / Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N
We are delivering the operational aspect of Welsh and UK Government requirements for COVID-19, the strategic decisions having been undertaken at a governmental level.						
Sefyllfa / Situation:						
This paper provides an update on the Test Trace Protect programme, with a specific focus on the sustainability of the services, and their ability to meet the changing demands of the Covid response.						
Cefndir / Background:						
The Welsh Government <i>Test Trace and Protect (TTP)</i> Strategy was first published on the 13 May 2020 and updated on the 4 June 2020. The TTP Strategy aims to enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so.						
Since the initial announcement, the Health Board, Public Health Wales and Local Authority partners across North Wales have worked collaboratively to establish an integrated and						

resilient response, and have established a multi-partner, multi-layer tracing service. This has been underpinned by national guidance.

Given the fluctuating nature of Covid transmission, TTP services have had to adapt to an ever-changing landscape, to ensure that the services are sufficiently agile to meet the community demands. Current projections suggest that the TTP services will be required at least until the end of June 2022 at the earliest.

Members of the TTP Service are contributing to the Welsh Government review of TTP at a national level, and will need to implement the agreed strategy during 2022.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

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

Opsiynau a ystyriwyd / Options considered

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

There are three elements to the strategy:

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

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

Goblygiadau Ariannol / Financial Implications

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

The total forecast spend for TTP in 2021-22 is £18.2m, of which £4.1m will be for Antigen Testing and £14.1m for Tracing. "Protect" will be funded via different Welsh Government allocations, and drawn down via local authorities.

Dadansoddiad Risk / Risk Analysis

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

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

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

The current highest ranked risks are:

Summary description	Current score
Summary description	Current score
Testing: <i>Ongoing Resourcing of Testing Service:</i> There is a risk that resourcing the service to required levels will not be possible. This may be caused by sickness, annual leave, self isolation due to COVID 19 and staff retention.	12
Protect: <i>No sustainable funding source for Covid Support Hubs</i>	10
Tracing: <i>Insufficient specialist public health advice and input to TTP.</i>	9
Tracing: <i>Discharged Covid contacts from hospital.</i>	9
Testing: <i>Testing Lab capacity.</i>	9
Tracing: <i>Unable to meet demand for public health advice</i>	9

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

N/A.

Asesiad Effaith / Impact Assessment

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

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

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

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

Appendix 1 Update on Test, Trace and Protect (TTP) in North Wales

Meeting and date:	PPPHC 9.12.2021
Report Title:	Update on Test, Trace, Protect
Responsible Director:	Teresa Owen, Executive Director of Public Health
Report Author:	Glynne Roberts, (Director, TTP)
Date report produced	26.11.2021

RATIONALE
This paper provides an update to PPPHC on the TTP programme in North Wales since October 2021.
HEADLINES
<ul style="list-style-type: none"> • Services continue to respond to the on-going demands, and have generally performed well. Covid rates in North Wales have been consistently high, leading to the need to react to changing priorities, expectations, and strategic approaches. • For the last few months, North Wales has consistently seen over 500 Covid cases per 100,000 population recorded on a daily basis. • Based on modelling data produced via Swansea University, the BCUHB area is currently running 137% above the Residence scenario, and 133% above the Provider scenario. Further modelling data is expected, to reflect the revised position, but all North Wales local authority areas are currently experiencing a rise in infection rates. • The largest number of cases remain in younger people. 39% of all cases are in the under-19 age group. The main drivers for the increase in cases are linked to the education sector. • The rise in community transmission rate is not replicated in a corresponding increase in the hospital admission rates, which have remained relatively low. • Funding for TTP services has been confirmed until the end of June 2022, with a comprehensive Welsh Government review on the future direction of TTP due to report by the end of 2021. • Recruitment is being undertaken to match resources to demand. As all TTP staff have been on short-term contracts, retention and recruitment will be a major challenge, although the position has improved as a result of the extension of TTP funding and the ability to offer permanent contracts to BCU staff who are registrants.
SERVICE DELIVERY
PCR Testing <ul style="list-style-type: none"> • Polymerase chain reaction (PCR) testing capacity across North Wales is at around 37,500 slots per week, up from 35,000 in Quarter 2. • PCR testing is available from the Health Board managed Covid Testing Units (CTUs) located in Ysbyty Alltwen, Parc Menai (Bangor), Ysbyty Glan Clwyd, and Ysbyty Maelor Wrexham. These units predominantly provide tests for pre-operative patients awaiting procedures within BCU, apart from Alltwen which, given its geographical location, is open to the general public. This has resulted in a surge in activity in Alltwen over recent weeks. • Regional drive-through Testing Units (RTUs) for the general public have been funded by UK Government, and are located in Deeside and Llandudno. The Llandudno site is likely to relocate over the coming weeks. • Local walk-in Testing Sites (LTSs) for the general public have been established in Bangor, Rhyl, Shotton and Wrexham.

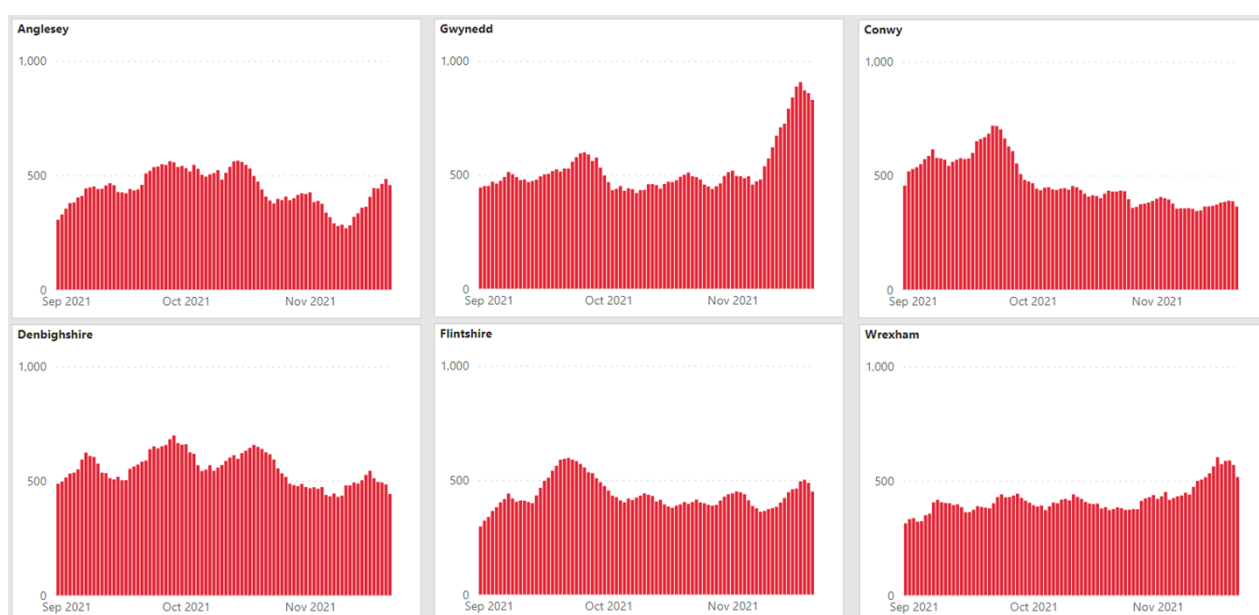
- Mobile Testing Units (MTUs) are deployed for short periods of time in locations furthest away from fixed testing provisions, or in support of localised Covid outbreaks.

Lateral Flow Device (LFD) Testing

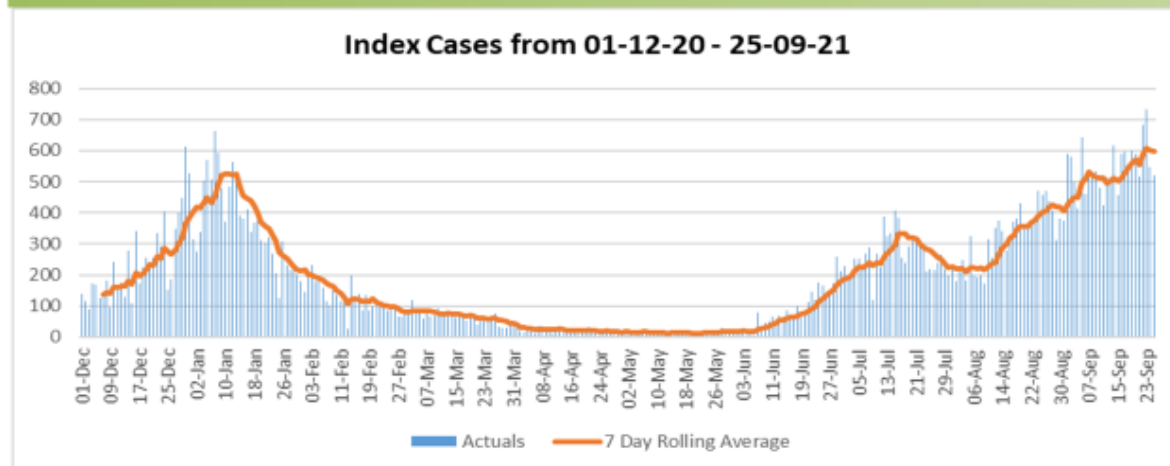
- Asymptomatic testing of NHS Wales Staff: Processes are in place for the continued provision of LFD kits to BCU staff.
- LFD Collect: Commenced in April 2021, and is available from a variety of community sites.

TRACING

- Having plateaued in September and October, index cases regionally have risen week-on-week throughout the last month, with the largest increase seen in Gwynedd.



BCU- Weekly Index Cases from 01-06-21-25-09-21



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

Index Cases by Age Group from 07-11-21-13-11-21

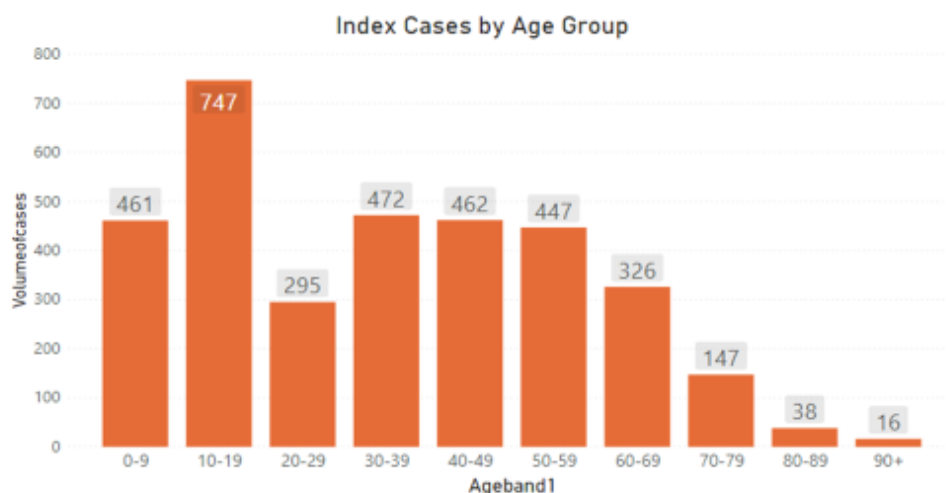
Index Cases Summary

LocalAuthorityNameTeam

All

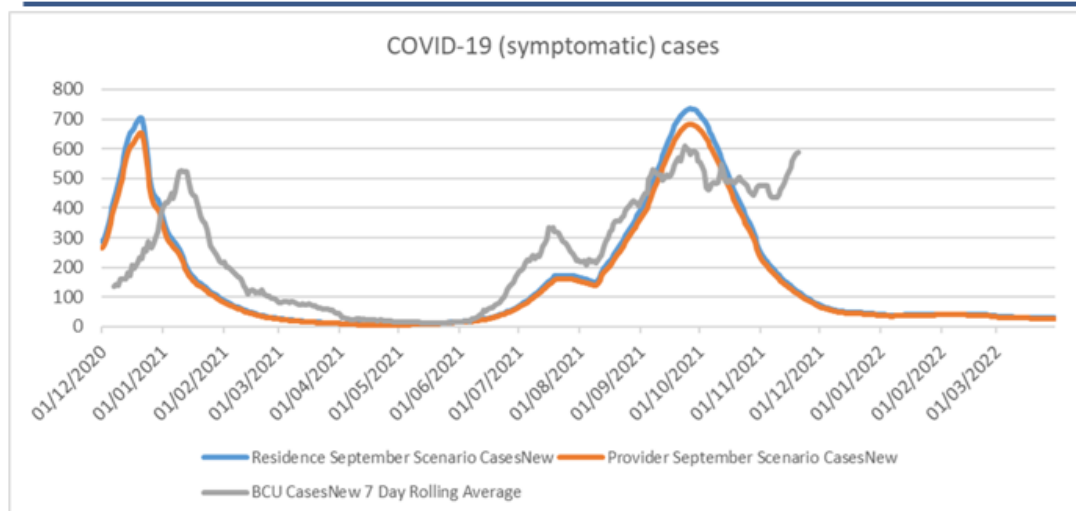
07/11/2021

13/11/2021



North Wales Positive cases, reflecting modelling data:

Cases against Swansea University Models



- Based on current modelling data produced via Swansea University, the BCUHB area is currently running 137% above the Residence scenario, and 133% above the Provider scenario.
- The Contact Tracing services have been actively recruiting additional staff, with many of those who had been deployed initially returning to their substantive positions, and short-term contracts impeding further recruitment. Working in tandem with local authorities, an agreement to extend contracts up until the end of June 2022 has seen recruitment improve across each county.

- Recent changes to the Public Health Wales Health Protection service have been factored into regional staffing requirements, and discussions are ongoing regarding the specialist health protection advice available to the region.
- Due to the increase in numbers, North Wales has been a pilot site to roll out e-forms as a means of contacting individuals. With the direction of government travel focusing on a “digital-by-default” approach in future, it has been helpful to participate in the pilot, and to shape the future direction of this approach to contact tracing.

PROTECT

- Covid Support Hubs has been established in each county, working with local authority and 3rd sector partners. These are located across the region:
 - Holyhead (host organisation: Citizens Advice Ynys Môn)
 - Maesgeirchen (Bangor). Host organisation: Maes Ni community group.
 - Conwy. Host organisation: Community and Voluntary Support Conwy
 - Denbigh. Host Organisation: Grwp Cynefin housing association.
 - Shotton. Host organisation: Flintshire County Council.
 - Plas Madoc (Wrexham). Host organisation: Splash Leisure Centre and the We Are Plas Madoc community group.

Funding has recently been extended, so that the 6 pilots can run until the end of March 2022. Quantitative evaluation will be provided through a dedicated software system, and a qualitative evaluation study will be undertaken by Wrexham Glyndwr University.

- Each of the hubs offers the same core services:
 - Lateral Flow tests
 - Advice and support on finance, debt and benefits.
 - Energy advice
 - Enhanced food offer
 - Mental health support
 - Digital inclusion.
- Since starting in May 2021, the hubs issue over 86,000 LFDs.
- A number of additional services are aligning with the hubs, increasing the community offer, and enhancing the concept of the one-stop facility within the communities served. These additional services have included JobCentre Plus, enabling advice and support on employability to be added to the support options available.

CASE STUDY – linked to Covid Support Hub

Organisation providing case study: Anglesey Citizens Advice

Location where advice given: Holyhead Office

Advice area: Extra Support – Food Banks

Headline summary

Food poverty – benefit deductions and debts leaving client without disposable income

Client background

Client is single, lives with 17-year-old dependent son, in council housing, client is impacted by the under occupation rules and needs to pay “bedroom tax”. They have a history of poor engagement with the local office and other support services, and have previously been advised by the local food bank that they will be allowed food bank only on the basis that they engage with debt and budgeting advice.

Client came into Holyhead office to pick up Lateral Flow Tests as she had seen advertised.

What we did and how it made a difference

The client was struggling to manage their living expenses because the client's Discretionary Housing Payment (that meets the shortfall between rent and housing benefit had ended) and the client was left without any money to buy food, so we arranged a food bank. We arranged for the client to receive a one-month free subscription to "Bwyd Da Mon" where the client will receive a weekly package with £20 worth of food (fresh, frozen, tins, packets). Once the free month trial comes to an end, the client then has the option of subscribing to the service for a weekly fee of £5 a month, in return for £20 worth of good quality food,

Outcomes

This service will save the client £15 a week, they will be able to pay the "bedroom tax" and they move from a deficit to a balanced budget. Client was extremely grateful for the immediate foodbank arranged as she had no food in the house for her or her son.

Client quotes

"That's brilliant – this scheme will help a lot; I won't have to worry about not having food on the table now"

ISSUES/RISKS

- Recruitment and capacity issues for Testing and Tracing services: Although recent recruitment has been relatively successful, staff retention remains problematic due to the short-term nature of the contracts. This has been partly addressed for Health Board staff, who are being offered permanent contracts, but working within the TTP Service in the first instance.
- Case numbers remain variable and volatile, with recurrent increases a feature of the community transmission. Services therefore have to be staffed to a high level to accommodate the nature of the local demand.
- By Quarter 2, contact tracing services were becoming overwhelmed with the level of activity, which necessitated a revision of the tracing function. The extended use of the e-form as the primary means of contacting individuals has meant that more people are contacted, although further work is required at a national level to amend the mandatory fields within the form to provide the level of detail required.
- Specific outbreaks require multi-agency support, and co-ordination from Implementation Management Teams (IMTs). Although these have been fewer in number during Quarter 3, the multi-agency mechanisms are essential in terms of maintaining the necessary assessments, combined actions and controls.
- The success of the Covid Support Hubs has demonstrated the appetite for close collaboration between public sector and voluntary organisations, evidenced in the increasing number of organisations participating. Work is ongoing to secure the future of these hubs in the post-pandemic period.
- Welsh Government have established a series of Task and Finish Groups to consider the future requirements of TTP. These groups will report by the end of 2021, which will enable a revised strategy to be produced early in 2022.

CONCLUSION

- Since their establishment, Testing and Tracing Services have a track-record for meeting ever-changing demands, and in rising to the challenge of the constant changes in Covid-19 prevalence across the region.
- The partnership approach adopted by the TTP service has demonstrated the importance of co-ordinated multi-agency responses. In often difficult situations, relationships between health, local authorities and the 3rd sector have been enhanced throughout this period. New planning and reporting structures have been established and these have been largely successful in meeting the needs of local communities as case rates fluctuate.

- Current trends indicate that although community transmission rates have been extremely high, there has not been a corresponding surge in hospital admissions, suggesting that the vaccination programme has been extremely effective.
- Moving forward, it is anticipated that there will be an additional focus on the Protect element of TTP, ensuring that our most disadvantaged communities are supported through what is likely to be a difficult period socially and economically.
- Some of the recruitment issues within TTP have been addressed, but services will need to maintain their agility to meet the constant demands. The outcome of the current Welsh Government review of TTP will set the direction for 2022.

Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	North Wales Regional Partnership Board meeting update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director of Primary Care and Community Services						
Awdur yr Adroddiad Report Author:	Sally Baxter, Assistant Director – Health Strategy						
Craffu blaenorol: Prior Scrutiny:	This update is being brought for information						
Atodiadau Appendices:	Notes of Regional Partnership Board meeting of 9 October 2021 attached						
Argymhelliad / Recommendation:							
The Committee is asked to note the updates received at the North Wales Regional Partnership Board meetings held on 9 October 2021 and 12 November 2021.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
The notes of the Regional Partnership Board meeting provide the Committee with an update on progress within the RPB partnership work programme. The notes of the 9 October 2021 November meetings are attached. The minutes for 12 November are not yet published at the time of publication of this paper.							
Cefndir / Background:							
Items discussed at the 9 October 2021 RPB meeting include: <ul style="list-style-type: none"> • Carers End of Year Report • Community Transformation • Refresh of Living Healthier, Staying Well • Children's Sub-group update • Third Sector funding opportunities • North Wales Population Needs Assessment and Market Stability Report • Recovery At the further meeting held on 12 November 2021 there was discussion on the following: <ul style="list-style-type: none"> • Children and Young People's mental health strategy update • Building a Healthier Wales update • Regional Housing Support Collaborative Group 							

- Future Funding update
- RPB Winter Plan report for the RPB
- Recovery updates from Local Authorities and BCUHB

Asesu a Dadansoddi / Assessment & Analysis

Strategy implications

There is increasing emphasis on the role of the RPB and partnership working in the national strategic direction set out in **A Healthier Wales** and in subsequent strategies and plans. The Health Board's long-term strategy, **Living Healthier, Staying Well**, is currently being reviewed and partnership response to A Healthier Wales is one of the areas that has been identified as needing to be strengthened to confirm our commitment to work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being.

Options considered

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

Financial implications

Financial Implications are identified within each specific workstream.

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

Risk analysis

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

Legal and compliance

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

Impact Assessment

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



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GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Minutes of the North Wales Regional Partnership Board Meeting

8th October 2021

9:00 am – 10:30 am

Via Zoom

Present:	Mary Wimbury (Chair), Alwyn Jones, Bethan E Jones (attended until 10 am), Catrin Roberts, Chris Stockport (attended until 10 am), Cllr Cheryl Carlisle, Cllr Christine Jones, Cllr Dafydd Meurig, Cllr John Pritchard, Cllr Llinos Medi Huws (attended until 10 am), Delyth Lloyd-Williams, Estelle Hitchon, Ffion Johnstone (attended until 10 am), Fôn Roberts, Helen Corcoran, Jenny Williams (attended until 10 am), John Gallanders, Nicola Stubbins, Shan Lloyd Williams, Sian Tomos
Apologies:	Barry Argent, Cllr Bobby Feeley, Cllr Christine Jones, Dr Lowri Brown, Jo Whitehead, Lucy Reid, Meinir Williams-Jones, Morwena Edwards, Neil Ayling, Paul Scott, Rob Smith, Roma Hooper, Sam Parry, Teresa Owen
In Attendance:	Sally Baxter, Associate Director – Coronavirus Co-ordination Unit, BCUHB

Item		Actions
1.	<u>Welcome, Introductions & Apologies</u> The chair welcomed everyone to the meeting. A warm welcome was extended to Cllr John Pritchard, Lead Member for People - Health and Adult Social Care, WCBC.	
2.	<u>Carers</u> <u>Carers End of Year Report</u> The board received an update from FJ on the Carers End of Year Report 2020-2021. The report details the utilisation of the WG annual carers grant funding for 2020/21 (£213k), allocated to BCUHB to enhance the lives of carers in line with the following national priorities: <ol style="list-style-type: none">1. Supporting life alongside caring2. Identifying and recognising Carers3. Providing information, advice and assistance The 2020-2021 funding allocation has been utilised to: <ul style="list-style-type: none">• Supporting GP practices to develop Carer Awareness and ways of working to support carers<ul style="list-style-type: none">– Improve GP referral and telephone triage service,– Intense communication with surgeries due to the vaccination programme and the self-referral form for carers for	

	<p>vaccination has increased the communication and carer awareness of employees</p> <ul style="list-style-type: none"> • Support for carers in relation to the discharge planning for cared for person/s from the three main hospital sites and some community hospitals • Short-term/one-off projects - Young Carers ID Card, launched across North Wales mid-March 2021 <p>Case Studies included in the report highlight the activity which has taken place, with lessons learned noted.</p> <p>The NWRPB acknowledged the work completed on the report and were in agreement to endorse the Carers end of year report 2020-2021.</p> <p><u>Carers 2021/22 spend plan</u> FJ confirmed the 2021-2022 funding (£213K) will be utilised to work collaboratively with all partners to enhance the lives of carers in line with the national priorities, above, and furthermore to focus on the lessons learned from 20/21 case studies to improve the Carers service. The funding will be utilised for the following:</p> <ul style="list-style-type: none"> • Establishing an Investors in Carers scheme • Improving access to carers support services from Primary and Secondary Care • Supporting carers to maintain their role and own well-being during and following the COVID-19 pandemic • Project Management support to deliver on the above <p>The NWRPB were in agreement to the Carers proposed spending plan for 2021-2022.</p>	
3.	<p><u>Supplementary Funding - Communities Transformation</u> CS informed following engagement with CST project leads across the region, the attached proposals have been prepared by the East Area Team, for consideration against Transformation Fund national slippage.</p> <p>As per WG guidance, these proposals relate to existing activity where there is forecast to be an overspend that would otherwise have to have been met by partners.</p> <p>The anticipated financial envelope for the region is anticipated to be in the region of £350k. On the understanding that no other slippage proposals have been submitted across the region, the total amount requested by the East Area Community Transformation programme is for the total available budget (£348,000). The following proposals have been submitted to WG:</p> <p>Proposal 1: requests £20,000 to support increased capacity and activity by Community Catalysts in response to escalating domiciliary care issues in Wrexham</p> <p>Proposal 2: requests £96,000 to fund dedicated rehab support workers to respond to de-escalation plans developed through MDT/ complex case reviews</p>	

	<p>Proposal 3: requests £116,000 to support with additional costs incurred as part of the extension of the Home First Bureau in the East</p> <p>Proposal 4: requests £160,145 to cover the full salary costs of:</p> <ul style="list-style-type: none"> • 1 x FTE Senior Practitioner • 1.8 x FTE Occupational Therapists • 42 hours Direct Care work (day) and 15 hours (night) <p>at Cyflawni, which is the part of Marleyfield House which is dedicated to providing D2RA. These costs would otherwise need to be met by Flintshire County Council</p> <p>The NWRPB are requested to endorse the 4 above submissions from the CST Programme against national slippage, on the understanding that they are subject to ministerial approval.</p> <p>MW enquired how widely the proposals were circulated and who instigated the proposals; and whether the proposal to recruit to new posts is liable to pose further de-stabilisation within the domiciliary care sector.</p> <p>CR clarified the proposal was offered against all 4 transformation programmes, and only progressed from the CS TP within the given WG timescale. The proposal was circulated to existing transformation project managers and the regional collaboration team. The expectation from WG acknowledged alignment to existing WG transformation programmes to ensure maximum expenditure for all programmes.</p> <p>CS confirmed area teams and LA's have worked tirelessly to pull bids together and to ensure, as far as can reasonably be said, the proposals will not de-stabilise the domiciliary care sector any further.</p> <p>AJ confirmed, in terms of the 2 bids from WCBC, the expected results of one bid is to generate further progress and added momentum to the local domiciliary care sector. The expected goal of the second bid is to secure the right level of care, avoiding unnecessary over-subscribing.</p> <p>The NWRPB were in agreement to support the 4 above submissions from the CST Programme against national slippage, on the understanding that they are subject to ministerial approval.</p>	
4.	<p><u>Update on the refresh of the HB Strategy, Living Healthier, Staying Well</u></p> <p>The board received an update from SB on the HB Strategy, Living Healthier, Staying Well.</p> <p>SB informed the discussion document shared today was also available on BCU website, and invited NWRPB members to complete the survey on-line/e-mail/ or telephone with their views on the refresh of the HB strategy.</p> <p>SB explained it is 3 years since the development of the original strategy and as a result of the pandemic, is timely to refresh. The HB are keen to ensure the HB priorities and principles are still valid.</p>	

	<p>The 2018 strategy was also published before the AHW: Our Plan for Health and Social Care, which describes the ambition for health and social care services to work more closely together, providing services that are designed around the needs of individuals with greater emphasis on keeping people healthy and well.</p> <p>The HB will liaise widely with staff, patients, partner organisation's and the public to determine how Covid-19 has affected their health and wellbeing and what can be learned from this experience.</p> <p>AJ asked if there was any value in considering this document as a possible joint strategy with governance via the RPB, providing a stronger collective approach and structure.</p> <p>SB confirmed existing commonalities, commending partners for responding to the Covid challenge; however, it is recognised there is room for further strength of partnership working, and the document being presented today is a refresh, based on the original BCU document, rather than the start of a new document.</p> <p>LMH noted not being in a position to endorse the document at present, as the document does not include sufficient recognition of collaboration of work completed between partner organisations over the last 18 months.</p> <p>CS agreed, possible the partnership element does not come across as sufficient in the refresh, as the original document did not succeed to capture the partnership element sufficiently.</p> <p>EH informed WAST also working on early refresh work and would welcome a discussion to ensure WAST and the HB strategy align.</p> <p>NS also emphasised the contribution to the recent crisis, driven at the grassroots by the LA's, Third Sector and BCU in maintaining well-being during lockdown.</p> <p>SB agreed to work on the proposals to reflect stronger partnership working, as the excellent work done in collaboration and the benefit received by individuals seeks to be addressed as much as possible in the refresh.</p> <p>LMH specified page 8 'what we have done' could be updated and amended to reflect the work completed in collaboration and partnership with LA and other sectors, reflecting enhanced partnership working within the strategy.</p> <p>CS confirmed BCUHB's commitment to progress the agenda of a joint partnership agenda, and pledged to progress this outside of the NWRPB.</p>	
<p>5.</p>	<p><u>NWRPB Children sub group update (verbal update)</u> The board received an update from CR on the progress of the work in establishing the NWRPB Children's sub-group.</p> <p>A great deal of work has been completed since the last update in</p>	

	<p>June 2021 on mapping meetings to avoid duplication and to ensure this group does not become another layer within Children’s services.</p> <p>Three pre-meets of the Children’s Sub Group have been arranged, in order to jointly develop the purpose of the group, and ensure the right people are involved in its development.</p> <p>A representative from West Wales RPB attended the first pre-meet in September to discuss their experience of developing a regional Children’s group, and NWRPB will retain close link with West Wales colleagues as the group is established.</p> <p>The next two pre-meets will focus on finalising the ToR, review the mapping document, prioritise the membership of the group, agree framework for engagement and co-production with children and young people and ensure clear governance and reporting structures are developed prior to the inception meeting in January 2022.</p> <p>BEJ noted the work of mapping existing forums is crucial with the danger of existing groups discussing the same agenda items. BEJ also understands there is a huge amount of enthusiasm in the region for the sub-group, and to be mindful that priorities for the group require to be based on the current needs assessment and representative of the current situation.</p> <p>SLW asked if there was a housing representative on sub-group, LA or Housing Association, with housing being key to the start and development of any child. ST also asked if there was a voluntary/third sector representative on the sub-group.</p> <p>The NWRPB children’s sub-group colleagues confirmed that there are no housing or voluntary/third sector representatives on the group currently, and this will be discussed in the next pre-meet in October.</p>	<p>CR to advise of membership update</p>
<p>6.</p>	<p><u>Third Sector Funding Opportunities update</u></p> <p>JG updated the NWRPB with information regarding identifying projects and proposals in preparation for any future funding applications through ICF and the transformation.</p> <p>The CVC are currently working on 2 proposals, both have specific guidance regarding engagement with the Third Sector:</p> <ul style="list-style-type: none"> • Loneliness and isolation – a three-year funding stream • Ageing well fund – short term, in-year expenditure <p>JG also informed unrealistic short term proposals continue to be received.</p> <p>JG informed being aware of several funding bids from North Wales specifically concerning MH for Young People, and pleaded for all organisations to engage fully with the voluntary sector from the outset of the funding process.</p> <p>JG also believed a formal representation should be made to WG regarding the slippage process is handled, i.e. to be spent within a financial year, rather than being utilised to the most appropriate</p>	

	<p>needs without any deadlines.</p> <p>CR informed as the transformation programmes conclude at the end of March 2022, the programmes are being monitored on a quarterly basis, and slippage may occur again between now and end of year. As a general principle, CR confirmed colleagues are currently raising this issue in discussions with WG on the future funding.</p>	
7.	<p><u>North Wales Population Needs Assessment (PNA) and Market Stability Report (MSR) update</u></p> <p>CR provided the board with an overview of the progress to date on the PNA and MSR. Welsh Government have requested local authorities and health boards to assess the demand of care and support needs of their local populations via a Population Needs Assessment, by April 2022; and for local authorities and health boards to consider the sufficiency and stability of supply in meeting that demand through the Market Stability Report by June 2022; via the Regional Partnership Board.</p> <p>CR confirmed the PNA data analysis and service reviews are on target to be completed by December 2021. A huge amount of engagement has taken place across the region. The task of writing the report has started and has been circulated for comments from partners. Local leads are also assessing the data presented and drawing local priorities to feed into the report.</p> <p>The MSR work is also progressing well. A template for local reports based on the code of practice has been developed, together with a toolkit to support data collection and starting to identify sources for key data to inform the report.</p> <p>Work will continue on both work-streams; PNA survey, gathering and analyzing data and updating chapters and sections of both reports.</p> <p>The NWRPB noted the progress of the PNA and MSR reports.</p>	
8.	<p><u>Recovery (verbal update)</u></p> <p>NS acknowledged whilst discussing recovery, the region continues to be in the midst of dealing with/the implications of Covid-19. Despite this, reporting to the RCG on the update of the recovery priorities continues on a monthly basis.</p> <p>A number of RCG meetings/workshops held recently have focused on the current pressures in the system, in particular on domiciliary care and the impact on the broader H&SC system.</p> <p>NS informed the North Wales Leadership Board have drafted a letter to the Minister for Health & Social Services noting specific concerns, being the main pressures within the system and a major concern leading into winter.</p>	<p>RCG Sept reports to be circulated – RW</p> <p>Letter to MS re pressures to be circulated</p>
9.	<p><u>Notes and actions of last meeting – September 2021</u></p> <p>The minutes of meeting 10.9.2021 were agreed as a correct record.</p> <p>Completed Actions:</p> <ul style="list-style-type: none"> • Re quorate - all reports circulated for endorsement and Elected 	

	<p>Members agreement has been received</p> <p>Actions not completed</p> <ul style="list-style-type: none"> • Update on the Winter Plan – the final Winter Plan report will be presented at the November NWRPB • Notes of workshop 7.9.2021 – Pressures within Domiciliary Care – notes to be circulated following the meeting • Care & Repair and Hospital to Home discussion – SLW confirmed a discussion on the preventative aspect has taken place with ME. SLW to contact NS for a discussion. • JW to update on social work student tracking – to be completed 	<p>Nov agenda</p> <p>To be circulated</p> <p>SLW to contact NS</p> <p>JW to update</p>
10.	Any other business – nothing to report	
	<p>Date of next meeting: Friday 12th November 2021</p>	

Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Mid Wales Joint Committee (MWJC) Update Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport Executive Director for Primary Care and Community Services						
Awdur yr Adroddiad Report Author:	Nia Williams, Mid Wales Joint Committee Programme Manager Wendy Hooson, Head of Health Strategy and Planning (Acting)						
Craffu blaenorol: Prior Scrutiny:	This report is brought for information and is a summary of the work of the Mid Wales Joint Committee including its Sub Groups – the Mid Wales Planning and Delivery Executive Group, the Mid Wales Clinical Advisory Group and the Rural Health and Care Wales Stakeholder Group						
Atodiadau Appendices:							
Argymhelliad / Recommendation:							
The Partnerships, People and Population Health Committee is asked to receive the Mid Wales Joint Committee Update Report.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
This report provides an update on the work undertaken by the Mid Wales Joint Committee and its Sub Groups, highlighting key issues and work priorities for 2021 – 2022							
Cefndir / Background:							
The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning & Delivery Executive Group which is led by the Chief Executive of Hywel Dda University Health Board in his role as Lead Chief Executive. The Committee's vision is that:							
The population of Mid Wales is provided with equitable access to safe, sustainable and high quality integrated health and care services							
The Planning & Delivery Executive Group has met twice during this reporting period, 3 rd August and 28 th September 2021, with its next meeting planned for 6 th December 2021. The main focus of the group's work is to oversee the development and implementation of the Mid Wales							

Priorities and Delivery Plan 2021 / 2022, which is considered alongside individual organisational plans, together with matters which require a collaborative discussion and a regional approach.

The Planning & Delivery Executive Group co-ordinates delivery of annually agreed Mid Wales specific priority areas which have been identified as adding value in working on a Mid Wales footprint and which align to the Integrated Medium Term Plans (IMTP), Annual Plans and Regional Plans of the MWJC's partner organisations.

Asesiad a Dadansoddiad / Assessment & Analysis

SUMMARY OF PROGRESS

Mid Wales Clinical Advisory Group

The Mid Wales Clinical Advisory Group, whose role is to provide clinical advice and make clinically based recommendations, meets bi-monthly and for this reporting period the Group has focused on the following areas of work:

- Bronglais General Hospital Strategy Implementation Plan;
- Mid Wales Upper GI pathway;
- North Powys Wellbeing programme;
- Value Based Healthcare and how to work collaboratively;
- Workforce including training and development and new roles / ways of working.

At the request of the Planning and Delivery Executive Group the Clinical Advisory Group are holding discussions to prioritise their top three 'whole systems' clinical pathways.

Recovery plans for Mid Wales

Health Boards submitted their final Covid-19 recovery plans to Welsh Government at the end of June 2021 and are now working on the development of their long term response as part of the IMTP planning process. The first meeting of lead planners and commissioners for the three Health Boards and the Mid Wales Joint Committee team took place on 15th November 2021. The Mid Wales Planning and Executive Delivery Group will consider the outputs from this meeting and the development of future plans to support the needs of the Mid Wales population at its meeting on 6th December 2021

Value Based Healthcare in Mid Wales

Since December 2020, the three Mid Wales Health Boards together with Rural Health and Care Wales have been working jointly to explore their respective approaches to Value Based Healthcare as well as define what it means for rurality. They have also been exploring the opportunities and increased benefits of working together. A number of commitments have arisen:

- A Value Based Healthcare joint post commenced in September 2021. A priority piece of work will be to deliver a Value Based Healthcare education programme for the three Health Boards.
- Establishment of a professorship in Health Economics at Aberystwyth University to deliver a body of research on the unique challenges in delivering Value Based Healthcare in a rural economy
- Agreement to fund two PhD students at Bangor University to develop a framework for assessing the economic value of Value Based Healthcare.

The BCUHB Finance Director - Commissioning & Strategy; and the Head of Value and Savings are both involved in this work

Support services in place for recovery from Long COVID

Locally all three Mid Wales Health Board have on their websites dedicated pages for supporting patients with their recovery from Long COVID which contain a suite of information sources for those support services available. Also, the three Health Boards either have services in place or nearing establishment for supporting people with recovery from Long COVID.

Welsh Ambulance Services NHS Trust plan for rural ambulance services

During 2019 the Welsh Ambulance Services NHS Trust undertook a demand and capacity review of the Emergency Medical Services 999 response, on behalf of the Emergency Ambulance Services Committee. The review focused on improving patient safety with a particular focus on Amber category calls, where the bulk of serious adverse incidents occur. The review identified that the Trust had a gap between the number of full time equivalent staff budgeted to fill its response rosters and the full time equivalent staff required to fill the rosters. It also identified a range of efficiencies for the Trust, in particular, re-rostering ambulance resource around the daily demand pattern.

The Welsh Ambulance Services NHS Trust has recently “paused” the next stage of the roster review to take the opportunity to review more recent data on the unscheduled care system to inform next steps. They have also taken the opportunity to consider feedback from operational colleagues and Trade Union partners.

Rural Health and Care Wales (RHCW)

The two-day Rural Health and Care Wales Conference ‘When Challenges lead to Change – improvements and innovation in Rural Health and Care’ took place on 9th and 10th November 2021. BCUHB CEO, Jo Whitehead, along with the CEOs of Hywel Dda and Powys Teaching Health Board, gave the leading address on current and future plans for the three Health Boards working across Mid Wales.

Following the success of RHCW’s first Webinar held on 20th July 2021, a second Webinar is now being planned for late January 2022.

A review of Community Hospitals across Mid Wales is nearing completion - the final report is due to be published shortly.

Mid Wales Joint Scrutiny Working Group

The Mid Wales Joint Scrutiny Group, whose membership comprises members of the Scrutiny Committee for Ceredigion and Gwynedd Councils, met on the 18th October 2021. Items discussed included recovery plans in response to the Covid-19 pandemic, workforce pressures following the pandemic and an update on joint working between BCUHB, Hywel Dda and Powys in the region.

Public and Patient Engagement and Involvement

During the COVID-19 pandemic the Joint Committee’s social media sites have been used to continue to share key information with the public with feedback relayed back to relevant personnel and actioned, where necessary.

Review of the Mid Wales Joint Committee

A review of the Mid Wales Joint Committee and how it currently operates is currently in progress. This includes a programme of meetings with members of the Mid Wales Joint Committee to seek their feedback to inform the outputs of the review. Following a request by the third sector, meetings will now also be held with those Mid Wales Associations of Voluntary Organisations on their engagement and representation in the work of the Joint Committee. A draft report on the outputs of this review will be presented to meetings of the Mid Wales Planning

and Delivery Executive Group on 6th December 2021 and to the Mid Wales Joint Committee on 24th January 2022.

ANALYSIS

Goblygiadau Strategol / Strategy Implications

The priorities agreed with the Mid Wales Joint Committee are aligned with A Healthier Wales and also with the strategic direction set out within the member organisations' corporate plans.

Within BCUHB, the increasing emphasis on place-based planning and delivery and the development of clusters will further support the response to local needs, in line with the vision of the Committee.

Options considered

Not relevant at this stage

Financial implications

The Health Board contributes to the running costs of the Mid Wales Joint Committee and Rural Health and Care Wales. Any development proposals are brought through the Health Board planning and governance processes for approval.

Dadansoddiad Risg / Risk Analysis

There is a risk of conflicting priorities between the Committee and the Health Board. This is addressed through ongoing discussions within the Planning & Delivery Executive Group.

There are currently challenges to the sustainability of some healthcare services in south Gwynedd due to workforce issues. The Area Management Team are working closely with local partners and stakeholders to address these and confirm a sustainable model of rural care for the area.

Cyfreithiol a Chydymffurfiad / Legal and Compliance

No specific issues identified currently.

Asesiad Effaith / Impact Assessment

No current requirement for impact assessment. Any development or change proposals will be subject to impact assessment.



Cyfarfod a dyddiad: Meeting and date:	People, Partnerships and Population Health Committee 9.12.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Research and Development Report November 2021						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Nick Lyons Executive Medical Director						
Awdur yr Adroddiad Report Author:	Lynne Grundy Associate Director Research and Development						
Craffu blaenorol: Prior Scrutiny:	Executive approval						
Atodiadau Appendices:	Appendix 1 Research and Development Report November 2021						
Argymhelliad / Recommendation:							
The Committee is requested to note this report.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable					N		
Sefyllfa / Situation:							
The Research and Development (R&D) Report (Appendix 1) outlines our research activity, successes, collaborations and future ambitions, covering the period April 2020 to October 2021.							
Cefndir / Background:							
<p>Since March 2020, research activity has predominantly focussed on COVID-19 research, as part of a global effort to identify new treatments, diagnoses and tests. Betsi Cadwaladr University Health Board (BCUHB) Research and Development (R&D) Department has played an important role in this effort.</p> <p>Alongside this, we have contributed to the University Health Board status review, and re-started many non-COVID-19 studies, as well as developing a business case for a North Wales Clinical Research Facility (CRF).</p>							
Asesu a Dadansoddi / Assessment & Analysis							

BCUHB R&D has been involved in 21 urgent public health COVID-19 research studies, recruiting 3596 patients and volunteers to October 2021. As we now know, these studies have provided a critical route out of the pandemic.

In March 2021, we took part in an expert panel presentation and discussion to present our research evidence for the triennial review of University Health Board (UHB) status. The expert panel welcomed the strategic focus on a 'plan on a page' and alignment to activity. In the future, UHB status evidence will be an integral part of our Integrated Medium Term Plans (IMTP).

The R&D Department hosted their first virtual *Excellence in Research and Innovation Symposium* on 20 January 2021. The Symposium provided a unique opportunity for BCUHB colleagues, from different services and professional groups, to share their research and innovation projects with over 100 attendees.

In August 2021 we held a virtual *Research and Development Excellence Awards* event to celebrate the achievements and successes of our researchers and innovators. 30 applications were shortlisted and reviewed by an independent panel of judges, who represented senior members of the research and innovation community across Wales.

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.

We have developed a business case for a new Clinical Research Facility (CRF) to be based at Wrexham Maelor Hospital. Our vision is to deliver an expanded experimental medicines CRF for early phase clinical trials. This will complement the later phase trials that we currently have in the BCUHB portfolio.

The CRF will help to attract and retain health care professionals into the area, and offer educational and research opportunities for staff. Further, it will support the North Wales Medical and Health Sciences endeavour, and generate revenue to re-invest in research development.

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.

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.

Goblygiadau Strategol / Strategy Implications

The UK wide the clinical research strategy ‘*Saving and Improving lives: The Future of UK Clinical Research Delivery*’ was launched this year, with all four devolved nations developing an implementation plan. The strategy aims to encourage the NHS to ‘*put delivery of research at the heart of everything they do, making it an essential and rewarding part of effective patient care*’.

Each of the devolved nations are developing an implementation plan/strategy, with many actions being addressed at UK level. In addition to the UK wide work, the draft implementation plan for Wales includes an action to develop a networked all Wales CRF based on existing/new CRFs, to coordinate Wales trials. NHS Wales R&D Departments are expected to support the implementation of the plan.

Welsh Government R&D Division have also developed two workstreams to:

- Review and propose recommendations to support the development of ‘structured’ career pathways for NHS staff.
- Develop guidance to support NHS organisations implement creating ‘time for research’.

Opsiynau a ystyriwyd / Options considered

n/a – report

Goblygiadau Ariannol / Financial Implications

n/a – report

Dadansoddiad Risk / Risk Analysis

n/a – report

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

n/a – report

Asesiad Effaith / Impact Assessment

n/a – report



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Appendix 1

Research and Development Report November 2021



Executive Summary

On 28 February 2020, it was confirmed that the first person in Wales had tested positive for coronavirus. Just a few weeks later, the first urgent public health COVID-19 study opened in BCUHB.

Since this time, research activity has predominantly focussed on COVID-19 research, with a global effort to identify new treatments, diagnoses and tests. Betsi Cadwaladr University Health Board (BCUHB) Research and Development (R&D) Department has played an important role in this effort.

Since March 2020, 3956 patients and volunteers have been recruited into COVID-19 research studies across BCUHB. 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 March 2021, we presented the research component for our University Health Board (UHB) status review to an expert panel. The expert panel welcomed the strategic focus on a 'plan on a page' and our alignment to activity. UHB status will be embedded within our Health Board plans in the future, as part of the regular planning and performance management cycle.

Looking forward, we have developed a business case to deliver a new Clinical Research Facility (CRF) based at Wrexham Maelor Hospital. Our vision is to deliver an expanded experimental medicines CRF for early phase clinical trials. This will complement the later phase trials that we currently have in the BCUHB portfolio. Many of these trials will generate revenue that we can re-invest into research capacity and capability.

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.

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.



Research Activity

Over the last 18 months, our research activity has predominantly focussed on COVID-19 research, contributing in the global effort to identify new treatments, diagnoses and tests.

On 28 February 2020, it was confirmed that the first person in Wales had tested positive for coronavirus. Just a few weeks later, the first urgent public health COVID-19 study opened in Betsi Cadwaladr University Health Board (BCUHB).

Since then, the BCUHB research community and our patients have played a key role in supporting the development of vaccines, and identifying new treatments, diagnoses and tests related to COVID-19. This research effort has brought together the NHS, academia, research staff, volunteers, patients and their families.

BCUHB has been involved in 21 urgent public health COVID-19 research studies, recruiting 3596 patients and volunteers. As we now know, these studies have provided a critical route out of the pandemic.

During the course of 2020 and continuing in 2021, COVID-19 research has made a huge difference to all of our lives. RECOVERY trial has shown a low-cost steroid (dexamethasone) reduces death by up to one third in those with severe respiratory complications and an arthritis drug, tocilizumab, could save 1 in 25 people who are severely ill with coronavirus.

One of our clinicians recently identified the positive benefits of participating in COVID-19 research.

“As a result of our participation in the RECOVERY trial, we were quick to notice that steroids had a positive impact on patient outcomes and as a team we were routinely giving all of our Covid patients steroids in one form or another, just before the official results on Dexamethasone came out. The results however unified the doses and duration we then started to implement.”

REMAP-CAP trial aims to identify treatments that may be beneficial for people who are severely ill with COVID-19 and require intensive care. The trial has shown two rheumatoid arthritis drugs reduce risk of death by nearly 10%.

In the community setting, the PRINCIPLE study is aiming to find treatments for people who have milder COVID-19 infection and do not need to go to hospital. Most recently, it was found that two commonly prescribed antibiotics, azithromycin and doxycycline, provide no benefit to patients who are more than 50 years old, being treated for COVID-19 at home. Evidence of no benefit is just as important as giving clinicians positive evidence to inform their treatment of patients with COVID.



BCUHB research teams have also made a valuable contribution to the national vaccine trials effort, and we have recruited over 600 participants into two trials. Table 1 shows the recruitment into COVID-19 trials and studies.

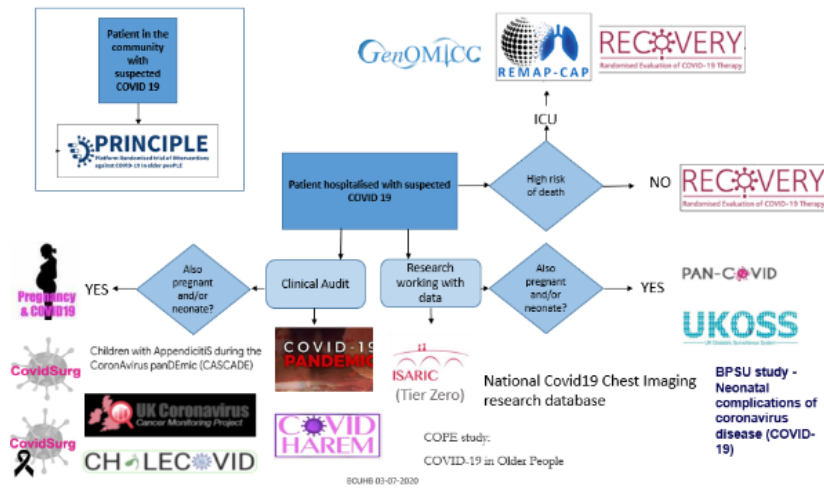
Table 1 Recruitment to COVID-19 research studies to October 2021

Study short title	Number recruited
CLARITY – Impact of biologic therapy on sars cov 2 infection and immunity	45
Clinical characterisation protocol for severe emerging infection	1801
COPE – COVID 19 in older people	57
COPE HCP - COVID 19 and physical and emotional wellbeing of HCP	93
COVIP - COVID 19 in very old intensive care patients	41
FLU-CATS - Evaluation and refinement of pandemic influenza community assessment tools	
GenOMMIC - Genetics of susceptibility and mortality in critical care	143
PHOSP-COVID - Post hospital COVID 19 study	137
Pregnancy and neonatal outcomes in COVID-19	54
PRINCIPLE – Platform randomised trial of interventions against COVID 19 in older people	6
RECOVERY - Randomised evaluation of COVID 19 therapy	229
RECOVERY Respiratory support –CPAP, high flow and standard care	2
REMAP-CAP - Platform trial for community acquired pneumonia	118
HEAL COVID - Helping Alleviate the Longer-term consequences of COVID-19: a national platform trial	16
FALCON - Facilitating Accelerated Clinical evaluation Of Novel diagnostic tests for COVID-19	52
Prospect - Prospective data collection on clinical, radiological and patient reported outcomes after pleural intervention	2
Multi-Centre European study of MAJOR Infectious Disease Syndromes (MERMAIDS): Acute Respiratory Infections in Adults	7
SIREN - SARS-COV2 immunity and reinfection evaluation; The impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers	138
COV Boost – Covid-19 booster trial	148
Novavax – Phase 111 Covid-19 vaccine trial	490
Spike-1 Phase 11/111 study in community settings using camostat to reduce clinical progression of COVID-19	17
TOTAL	3596



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This research has enabled existing drugs to be re-purposed and other new treatment options for patients with COVID-19 to be developed, as well as collecting and analysing important clinical data. These clinical trials are an

essential part of front-line treatments in the patient pathway and vital to both the development of evidence and knowledge about COVID-19 infection and in providing treatment options for patients.

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.

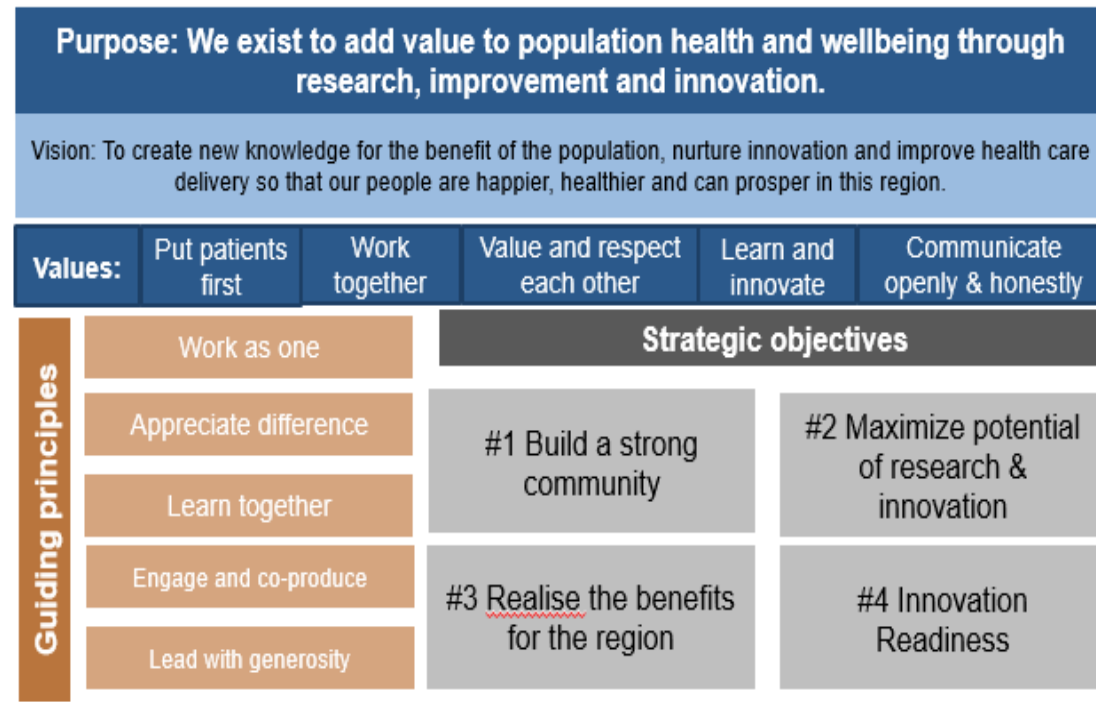
As services started to re-open, the non-COVID studies have also resumed. We are currently recruiting into a number of studies in areas such as trauma and orthopaedics, anaesthetics, reproductive medicine, primary care, children, dementia, cancer, respiratory, cardiovascular, renal, ophthalmology, ENT and health services delivery.

Key strategic activity - University Health Board Status Review

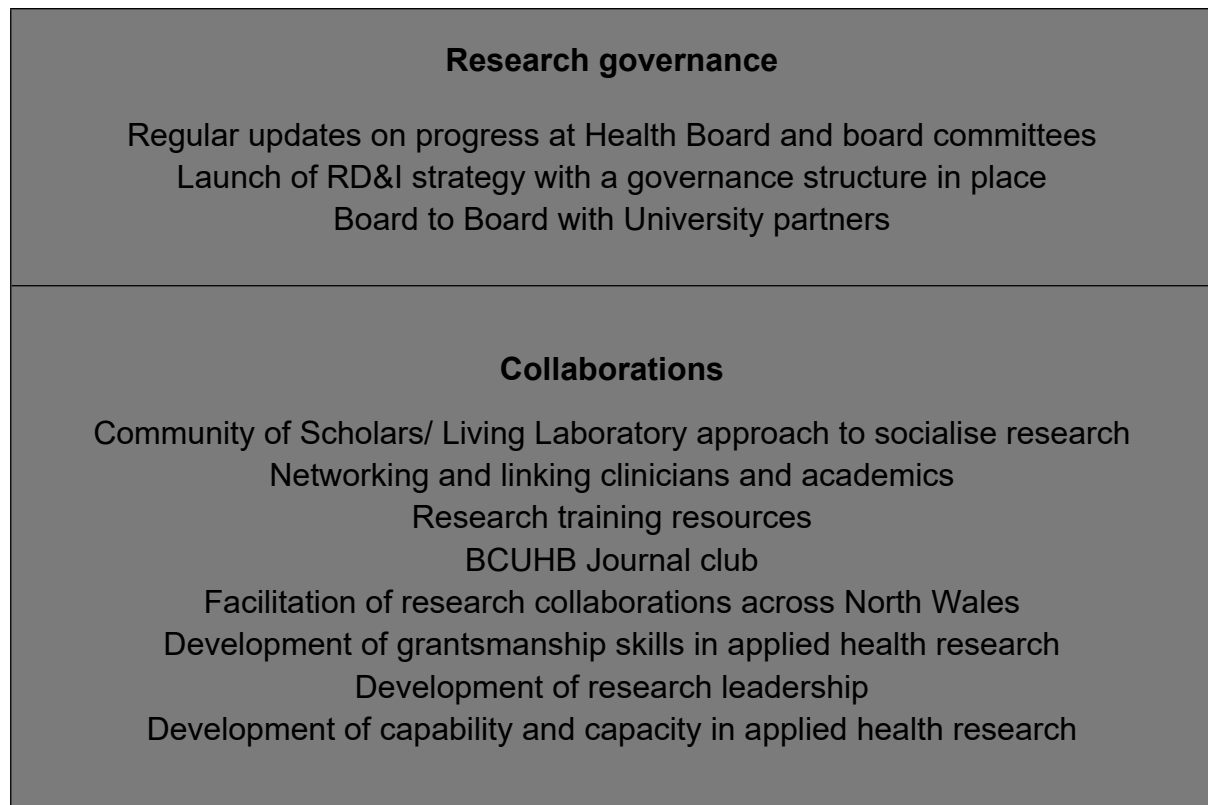
We provided the research report within our BCUHB UHB Status triennial review report, and presented the research component to an expert panel in March 2021. We outlined our strategy, and achievements, as well as future plans.



Our Strategy on a page



At the expert panel presentation, we outlined how we had strengthened our research governance and our collaborations, summarised below.





The expert panel welcomed the strategic focus on a 'plan on a page' and alignment to activity.

UHB status will be embedded within our Health Board plans in the future, as part of the regular planning and performance management cycle.

The UK wide clinical research strategy '*Saving and Improving lives: The Future of UK Clinical Research Delivery*' was launched in 2021, with all four devolved nations developing an implementation plan. The strategy aims to encourage the NHS to '*put delivery of research at the heart of everything they do, making it an essential and rewarding part of effective patient care*'.

BCUHB R&D Department, along with our colleagues in health boards and trusts across Wales, will be expected to support the implementation of this strategy in Wales. Key workstreams in Wales include:

- Review and propose recommendations to support the development of 'structured' career pathways for NHS staff.
- Develop guidance to support NHS organisations implement creating 'time for research'.

Celebrating Success

The R&D Department hosted their first virtual *Excellence in Research and Innovation Symposium* on the 20 January 2021.

The Symposium provided a unique opportunity for BCUHB colleagues, from different services and professional groups, to share their research and innovation projects. In addition there were presentations from Dr Rupa Chilvers of the Bevan Commission and Pryderi ap Rhisiart of the Menai Science Park.

The event provided BCUHB colleagues with a platform to showcase their work to an online research and innovation community of over 100 attendees, who also took part in an interactive Q&A session.

Projects that were presented at the Symposium included:

- The Virtual Hub Scoping project, presented by Dr Rupa Chilvers
- The Huma Pilot Project, presented by Vikki Jenkins
- Digitalising Oncology Support, presented by Dr Nic Wreglesworth
- PPE Communication Device, presented by Dr Simon Burnell
- The Clear Mask Project, presented by Dr Sarah Bant



- The Recovery Trial, presented by Hannah Williams
- The Novavax Vaccine Trial, presented by Dr Orod Osanlou

In August 2021 we held a virtual *Research and Development Excellence Awards* event to celebrate the achievements and successes of our researchers and innovators. The awards showcased the very best examples of how staff across BCUHB are having a positive impact on peoples' everyday lives.

BCUHB staff were invited to nominate projects across five categories:

1. Patient impact: Research
2. Patient impact: Innovation.
3. Novice researcher.
4. Novice innovator.
5. Commitment to research.

30 applications were shortlisted and reviewed by an independent panel of judges who are senior members of the research and innovation community across Wales. The event was a resounding success, with support locally and nationally, including press and social media coverage, with eight winners and four runners-up, some of whom are presented below.

Dr Chris Subbe received the Patient Impact Award. Ysbyty Gwynedd's Research and Development Team nominated Dr Subbe for the major part he played in his willingness to undertake the role of Principal Investigator for the RECOVERY trial.



The high profile international research trial opened during the height of the first wave of the pandemic and aims to identify treatments that may be beneficial for people hospitalised with suspected or confirmed COVID-19.

The teams involved in the trial were research nurses, ward nurses, pharmacists, phlebotomists, junior doctors and consultants.



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University Health Board



Dr Osanlou, who is based at Wrexham Maelor Hospital, was recognised for his tireless efforts in setting up the biggest vaccine trial in Wales, NOVAVAX that recruited 480 patients in two weeks of opening.

Research Team Manager at Wrexham Maelor Hospital, Jane Stockport, said: “Orod is extremely motivated and driven.

“He is setting up the North Wales Clinical Research Facility and plans to expand in the future to run phase 1 and 2 drug trials, supporting the Research Team with day to day support and manage the national portfolio trials in Wrexham.

Dr Heartin, who is based at Glan Clwyd Hospital, was praised for his dedication to Haematology research at the hospital.

Research & Development Manager, Lona Tudor Jones, who nominated Dr Heartin for the award, said: “During the last 12 months, many oncology trials were closed to recruitment and follow up. Dr Heartin made every effort to successfully keep the Haematology Research at Glan Clwyd Hospital at the forefront of patient care”.



Research Team Manager, Alice Thomas at Ysbyty Gwynedd nominated the group of Consultants at Ysbyty Gwynedd for their commitment to research. She said: “The Oncology Consultants are always striving to provide patients in the West of the Health Board with opportunities to participate in clinical trials.



Dr Catherine Bale, Consultant Medical Oncologist at Ysbyty Gwynedd said

“Clinical research has always been at the heart of our working ethos as it benefits our patients and ensures that we continue to deliver high quality of care.

Reduced resources and then the COVID-19 pandemic have made trial recruitment challenging but working closely with our experienced research nurses we are rebuilding an active trial portfolio and are looking forward to seeing our patients benefit into the future.”



Iola Thomas, Gastroenterology Clinical Specialist Nurse was recognised for her outstanding leadership skills with a special award. She received the Novice Researcher Award at the Excellence Awards.



Iola was praised for her involvement in the recent Clarity Study. This study is looking at the impact of two biologic medicines on COVID-19 infection, vaccination and immune response in people with Inflammatory Bowel Disease (IBD).



Consultant Urological Surgeon, Mr Mohamed Yehia Abdallah was joint winner in the Patient Impact Innovation Category at this year's Betsi Cadwaladr University Health Board's Research & Innovation Excellence Awards.

Mr Yehia was praised by the judges for introducing MINIPERC Technology at Wrexham Maelor Hospital for kidney stone patients.

The MINIPERC technique uses smaller cameras and specialised tools to create a smaller incision in the skin to carry out minimally invasive keyhole surgery. The new technique provides a much safer procedure and allows the patient to recover quicker with shorter post-operative hospital stay.

Mr Yehia said: "This service is one of a kind in North Wales and only available at Wrexham Maelor Hospital and in very few centres across the UK due to the training required to perform such minimally invasive surgery.

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, for example:



Supporting researcher development

The development of the *Community of Scholars* (CoS), in partnership with the North Wales Organisation for Randomised Trials in Health and Social Care (NORTH), Bangor University will support novice and new researchers and will provide a virtual network for researchers across the region. The CoS has received pump priming funding by Welsh Government R&D Division, and the expectation is that this will be a regional network, including all partners. The CoS was launched in February 2021.

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.

BCUHB R&D Department is keen to support the increase in joint appointments with our academic partners. This aligns with our Performance Review with Welsh Government R&D Division in September 2020. Welsh Government are keen to see, in light of the proposed North Wales Medical and Health Sciences School, further developing of joint plans and processes with Bangor University, and establishing a shared approach to the academic/research workforce, career development and career pathways.

The R&D Department is currently working with Bangor University to develop a joint Research Development post, and there is a recognition and willingness to develop further joint research posts.

Collaborations



BCUHB staff and patients across North Wales are supporting a new trial to help evaluate a new multi-cancer detection test.

The Health Board has joined Health and Care Research Wales in supporting GRAIL and the University of Oxford, to evaluate the use of a new multi-cancer early detection (MCED) test which can detect over 50 types of cancers.

Health and Care Research Wales teams across NHS Wales are taking part in the SYMPLIFY study, which will investigate a multi-cancer early detection test developed by GRAIL, known as Galleri, for patients with non-specific symptoms that may be a result of cancer.

Global commercial research partnership

We are continuing to collaborate with research groups from Philips Healthcare in Eindhoven (NL), Böblingen (G) and Boston (USA) with a focus on co-designing studies exploring new solutions to monitor patients at risk of catastrophic deterioration in hospital and at home. This work has included the development of the 'Patient Stability Index' to advise doctors on the safe transfer of patients from acute hospitals using state-of-the-art machine learning. Chris Subbe has recently joined the Global Medical Advisory Board.

Impact of Frailty in Critical Illness

Richard Pugh, Chris Thorpe and Chris Subbe have developed a programme around the reliable assessment of frailty and its impact on outcomes in Intensive Care. The latest study is a collaboration with the SAIL database at Swansea University and has just been accepted for publication: Despite the improved treatments for people with advanced age the number of elderly patients admitted to Welsh Intensive Care Units has decreased over the last 10 years.

(Publications: <https://pubmed.ncbi.nlm.nih.gov/?term=subbe+%5Bau%5D+AND+thorpe+%5Bau%5D&sort=date&size=200>)

We are currently collaborating with many groups and organisations, including 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 Lifesciences Hub Wales.

During 2021, we supported 14 successful BCUHB applications for the Bevan exemplar programme, with staff from a wide range of staff groups being recognised and supported with their projects, which are aimed at making a difference to patient care.



Summary



Looking Forward

We have developed a business case to deliver a new Clinical Research Facility (CRF) to be based at Wrexham Maelor Hospital. Our vision is to deliver an expanded experimental medicines CRF for early phase clinical trials. This will complement the later phase trials that we currently have in the BCUHB portfolio.

In a stepped phase approach, in the immediate future we are proposing the development of an initial outpatient facility, which is capable of delivering a combination of both COVID-19 and non-COVID-19 trials. During the COVID-19 pandemic, the balance is towards urgent public health studies. However, over time, this will shift towards more traditional non-COVID-19 trials.

The CRF will help to attract and retain health care professionals into the area, and offer educational and research opportunities for staff. Further, it will support the North Wales Medical and Health Sciences endeavour, and generate revenue to re-invest in research development.

We will 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.

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.



Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21						
Cyhoeddus neu Breifat: Public or Private:	Public Session						
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public						
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport Executive Director of Primary Care and Community Services						
Awdur yr Adroddiad Report Author:	Diane Davies Corporate Governance Manager						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to note the report							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
To report in public session on matters previously considered in private session							
Cefndir / Background:							
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.							
Asesu a Dadansoddi / Assessment & Analysis							
The PPPHC considered the following matters in private session at the meeting held on 14.10.21							
<ul style="list-style-type: none"> Corporate Risk Register - CRR21-11 							
Goblygiadau Strategol / Strategy Implications							
This is addressed within the private session documentation							
Opsiynau a ystyriwyd / Options considered							
This is addressed within the private session documentation							

Goblygiadau Ariannol / Financial Implications

This is addressed within the private session documentation

Dadansoddiad Risk / Risk Analysis

This is addressed within the private session documentation

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

This is addressed within the private session documentation

Aseiad Effaith / Impact Assessment

This is addressed within the private session documentation