Bundle Partnerships, People and Population Health Committee 12 July 2022

1.0 OPENING ADMINISTRATION

1.1 09:30 - PP22/60 - Welcome, introductions and apologies for absence

Agenda PPPH - 12.07.22 V0.6.docx

1.2 09:31 - PP22/61 - Declarations of interest on current agenda

1.3 09:32 - PP22/62 - Minutes of last meeting – 20 May 2022

PP22.62 - DRAFT Minutes PPPH_Public Session 20.5.22 v.02.docx

1.4 09:37 - PP22/63 - Action log

PP22.63 - 20220707_PPPHC Table of actions_Live.doc

1.5 09:47 - PP22/64 - Report of the Chair

Verbal report.

1.6 10:02 - PP22/65 - Report of the Lead Executive

Verbal report.

2.0 STRATEGY

2.1 10:07 - PP22/66 - Annual Plan and compliance with the Wellbeing of Future Generations (Wales) Act (2015)

Recommendation:
The Committee is asked to receive the paper, note the update provided and offer any comments to guide the ongoing work to address the WFG Act through the IMTP

PP22.66 - PPPH Committee Coversheet IMTP and WFG Act July 2022 final.docx

2.2 10:19 - PP22/67 - The Digital Strategy Review

Recommendation:
The Committee is asked to:-
• Note the report.
• Review the report and determine if it provides the appropriate levels of assurance.

PP22.67a - Coversheet - Digital Strategy Review 21-22.docx

PP22.67b - Appendix 1 Our Digital Future Review June 2022 v7.docx

PP22.67c - Appendix 2 BCUHB_Digital Communities Wales - June 22 Update.docx

2.3 10:31 - PP22.68 Integrated Digital Informatics Assurance Review

Recommendations:
The Committee is asked to:-
• note the report
• review the report and determine if it provides the appropriate levels of assurance.

PP22.68a - Integrated Informatics Report 12th July 2022 PPPH v0.2 (1).docx

PP22.68b - Appendix 1 - WCCIS SR Final Report for distribution v1 0210222-_(2).pdf

PP22.68c - Appendix 2 - WCCIS Strategic Review Q+A for distribution v1.0 (2).pdf

PP22.68d - Appendix 3 - Digital Delivery Plan Updates (3).docx

PP22.68e - Appendix 4 - Project Pipeline_(4).docx

PP22.68f - Appendix 5 - DSCN and IA Compliance Summary Qtr1 (2).docx

PP22.68g - Appendix 6 Digital Roadmap 2022-2026 Feb 22 v3 (3).pdf

2.4 10:43 - PP22/69 - Test, Track and Trace Programme Update

Verbal report.

2.5 10:53 - PP22/70 - The Well North Wales

Recommendation:
The Committee is asked to approve the report, and endorse the partnership approach taken to address the issue of health inequalities across North Wales.

PP22.70 - PPPH paper WNW Annual Report 2021-22 with coversheet.docx

2.6 11:05 - PP22/71 - Planning for workforce Deep Dive

The Committee is asked to:
Note the plan to test the proposed methodology at a session on 18th August 2022

PP22.71 - 2022_07_21 - Rapid Deep Dive Methodology_Planned Session v3.docx

2.7 11:17 - PP22/72 - People (Workforce) Performance Report

Recommendation:
The Committee is asked to note the current performance position provided and agree the reporting format from this point forward.

PP22.72 - 2022_07_12 Workforce Performance Report final.docx

3.0 SIGNIFICANT REPORTING

3.1 11:29 - PP22/74 - Medical and Health Sciences school progress update

Recommendations:
The Committee is asked to:
Note the update provided.

PP22.74 - PPPH - North Wales Medical Health Sciences School Update - July 2021 V2.docx

4.0 GOVERNANCE

4.1 11:41 - PP22/75 - Chairs Assurance Reports from Strategic and Tactical Delivery Groups

Together 4 Mental Health Partnership Board (T4MHPB) - (TO)
Population Health Group - (TO) - Verbal update.
Executive Delivery Group - Transformation - (CS)
Where meetings have met an update will be given.

PP22.75a - Committee chairs assurance report T4MHPB 01.04.22 Draft for approval.V3.docx

PP22.75b - EDG Chair's Assurance Report July 2022 (002).docx

4.2 11:53 - PP22/76 - Partnership Meetings

• *Regional Partnership Board (to include transformation Fund updates) (SB)*

PP22.76a - PPPH Committee Coversheet RPB update July 2022.docx

PP22.76b - Draft NWRPB notes 8.4.2022 Eng.pdf

PP22.76c - Draft NWRPB notes 13.5.2022 ENG.pdf

PP22.76d - Draft NWRPB notes 10.6.2022.pdf

5.0 RISK

5.1 12:05 - PP22/77 - Corporate Risk Register

Recommendations:
The Committee is asked to:
Review and discuss the report.

PPPH Committee Coversheet - Corporate Risk Register v0.1.docx

Appendix 1 - CRR.pdf

Appendix 2 - Full List Corporate Risks V.9.pdf

Appendix 3 - Risk Key Field Guidance V2-Final.pdf

6.0 CLOSING BUSINESS

6.1 12:17 - PP22/78 - Items to Refer to other Committees

Verbal report.

6.2 12:20 - PP22/79 Review of Risks Highlighted within the Committee

Verbal report.

6.3 12:24 - PP22/80 - Date of Next Meeting – 13 September 2022

Verbal report.

Agenda Partnerships, People and Public Health Committee

Date 12 July 2022
Time 9:30 – 13:00
Location Via Teams
Chair Linda Tomos

Agenda item	Item	Lead	Action	Paper/Verbal
1.0 OPENING ADMINISTRATION				
1.1	Welcome, introductions and apologies for absence	Chair	information	Verbal report
1.2	Declarations of interest on current agenda	Chair	Decision	Verbal Report
1.3	Minutes of last meeting – 20 May 2022	Chair	Decision	Paper
1.4	Action log	Chair	Decision	Paper
1.5	Report of the Chair	Chair	Information	Verbal
1.6	Report of the Lead Executive	Executive Director Transformation, Strategic Planning, And Commissioning	Information	Verbal
2.0 STRATEGY				
2.1	IMTP - Annual Plan and compliance with the Wellbeing of Future Generations (Wales) Act (2015)	Executive Director Transformation, Strategic Planning, And Commissioning	Assurance	Paper
2.2	The Digital Strategy Review	Chief Digital And Information Officer	Assurance	Paper
2.3	Integrated Digital Informatics Assurance Review	Chief Digital And Information Officer	Assurance	Paper
2.4	Test, Track and Trace Programme Update	Executive Director for Public Health	Consent	Verbal
2.5	The Well North Wales	Executive Director for Public Health	Assurance	Paper
2.6	Planning for workforce Deep Dive	Executive Director, Workforce & Organisational Development	Assurance	Paper

Agenda item	Item	Lead	Action	Paper/Verbal
2.7	People (Workforce) Performance Report	Executive Director, Workforce & Organisational Development	Assurance	Paper
2.8	Penrhos Report	Deputy CEO/Executive Director Of Integrated Clinical Services	Assurance	Paper
3.0 SIGNIFICANT REPORTING				
3.1	Medical and Health Sciences school progress update	Executive Medical Director	Information	Paper
4.0 GOVERNANCE				
4.1	Chairs Assurance Reports from Strategic and Tactical Delivery Groups • Population Health Group (TO) • Together 4 Mental Health Partnership Board (T4MHPB) - (TO)	Executive Leads	Assurance	Paper
4.2	Partnership Meetings • Regional Partnership Board (to include transformation Fund updates) (SB)	Executive Director Transformation, Strategic Planning, And Commissioning	Information	Paper
5.0 RISK				
5.1	Corporate Risk Register	Executive Medical Director	Assurance	Paper
6.0 CLOSING BUSINESS				
6.1	Items to Refer to other Committees	Chair	Decision	Verbal Report
6.2	Review of Risks Highlighted within the Committee	Chair	Decision	Verbal Report
6.3	Date of Next Meeting – 13 September 2022	Chair	Information	Verbal Report

Partnerships, People and Population Health (PPPH) Committee
Draft minutes of the meeting held in public on 20.5.22
via Teams virtual platform

Present:	
Linda Tomos	Independent Member (Chair)
John Cunliffe	Independent Member
John Gallanders	Independent Member
In Attendance:	
Sally Baxter	Assistant Director ~ Health Strategy
Heledd Thomas	Eating Disorder Practitioner
Molly Marcu	Interim Deputy Board Secretary
Sue Green	Executive Director of Workforce and Organisational Development (WOD)
Gill Harris	Deputy CEO/Executive Director Of Integrated Clinical Services
Helen Stevens-Jones	Director Of Partnerships, Communications and Engagement
Gaynor Thomason	Interim Executive Director of Nursing & Midwifery
Emma Hosking	Associate Medical Director for Professional Development / Consultant Anaesthetist
Catrin Roberts	Collaboration Team NWRPB
Louise Woodfine	Consultant in Public Health (standing in for Teresa Owen)
Dylan Roberts	Chief Digital and Information Officer
Debbie Lewis	Emergency Preparedness Resilience and Response (EPRR) Lead
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning
Justine Parry	Assistant Director Of Information Governance & Risk
Amanda Lonsdale	Director of Performance
Sally Thomas	Head Of Equality And Human Rights
Kamala Williams	Head of Health Strategy and Planning
Fiona Lewis	Corporate Governance Officer (Committee secretariat)
Observing	
Dave Harris	Head of Internal Audit

Agenda item	**Action By**
PP22/31 Chair's welcome and apologies Apologies were received from Nicky Callow, Nick Lyons, Chris Stockport, Teresa Owen.	
PP22/32 Declaration of Interest None	
PP22/33 Draft minutes of the Partnerships, People and Population Health Committee held on 10.02.22	

The minutes were approved.	
PP22/34 Matters arising and table of actions **PP22/34.1** There were no matters arising. **PP22/34.2** The table of actions was updated. **PP22/34.3** In regard to SP20/10 It was noted that the Committee was disappointed that the Asset Management (AM) Strategy (previously referred to as the Estate Strategy) had not been ready for discussion however the Committee was pleased that the report is due to be presented in the July meeting. Assurance was sought that the delay was not impacting or raising any risks to the proper management of the Estates and the Assistant Director for Health Strategy assured the Committee that she believed it was not, however she would seek clarification to confirm this. A draft of the AM Strategy was requested to be made available before the July meeting to enable comments to be made prior to that meeting. **PP22/34.4** In regard to SP21/58. It was agreed to close the item but to ensure that oversight continued, that it was to be back as an agenda item for the July meeting. To ensure the nature of the Committee's concerns will be addressed at the next meeting, The Committee Chair and the Director for Health Strategy agreed to clarify the nature of the future agenda item outside the meeting. **PP22/34.5** In regard to PP21/11, Integrated Digital Dashboard Q1 report, the Committee was concerned about some factual inaccuracies within the review. It was noted that John Cunliffe and the Chief Digital and Information Officer intended to meet subsequent to the meeting, to agree a strategy to move forward. It was also noted that in September the WCCIS programme is to be piloted in two areas in Anglesey; this will provide evidence for a review of the efficacy. It was agreed to close the item but to bring back as an agenda item for the July meeting to ensure further oversight. **PP22/34.6** In regard to PP21/14, it was agreed to close the item, noting that the Board will be taking this forward and that the Committee will update on any risks as the next meeting. **PP22/34.7** In regard to the OPMH item that was due to be closed, it was agreed that the wording should be amended to reflect that it was for the Committee to determine if the project needs to be included in the Informatics Integrated report for submission in July. That being done, it was agreed to be closed the item. *[9.20am John Gallanders joined the meeting]*	SB LT / SB LT FL
PP22/35 Report of the Chair None	

PP22/36 Notification of matters referred from other Board Committees on this or future agendas. **PP22/36.1** The Assistant Director for Health Strategy provided a verbal update on the Audit Committee Referral report referring to the commissioning of care home placements, completed in December 2021, and promised to circulate a copy. **PP22/36.2** A management response had being prepared to address a number of points raised by way of recommendation. Once the response is formally signed off with Audit, it will be shared with the Committee. **PP22/36.3** The Audit Committee's report was critical of the Health Board in the following areas – • consistent use of pre-placement agreement • tensions between partners that could impact on patients' service users • the need to scrutinise decisions and hold decision makers to account through governance • the Regional Commissioning Board needed to develop a regionally agreed care home strategy and associated delivery plan • all partners to review commissioning arrangements to ensure that statutory responsibilities are picked up.	SB SB
PP22/37 North Wales Regional Partnership Board Update **PP22/37.1** The Committee Chair welcomed the report noting that it contained some very practical actions to improve services and to assist working together. **PP22/37.2** The Head of Regional Collaboration wished to formally recognise the hard work from all partners and to thank all BCU staff involved in enabling both the Population Needs Assessment to be completed, agreed and submitted to Welsh Government, along with the substantial amount of work involved across the region to develop the models of care and the programs of work involved for the Regional Integration Fund (RIF). **PP22/37.3** The Assistant Director for Health Strategy confirmed that the Health Board is progressing well against expectations, in terms of agreeing the configuration of planned cluster planning groups and that there is sufficient funding to support the accelerated cluster development, which has been approved, noting that workshops across each area to confirm the fit of the clusters with the existing partnership. Progress reports will be fed back to the Committee. **PP22/37.4** John Gallanders noted that the funding was not new, but replacement funding for the ICF, and asked if there is to be any new investment available? The Head of Regional Collaboration confirmed that the new RIF funding had been guaranteed for the next 5 years, thus assisting forward planning. Some additional funding has been introduced into the region, along with the matched funding element. It was confirmed that there is a piece of work underway at the moment, identifying which schemes under ICF and Transformation will move continue. Over the five year period, it was anticipated that	

there is to be a two year period around the acceleration and a three year period embedding. In terms of sustainability, there will be a cut-off point after two years, where it will be decided whether to take the scheme over to the embedding stage. Once moved over to the embedding stage, a clear plan must be made regarding ongoing financial sustainability. Welsh Government have built into the scheme a 50% funding for those schemes going into core services at the end, recognising that their support is crucial to enable the transition. **PP22/37.5** Louise Woodfine noted the importance of the Prevention agenda going forward with the RIF, wishing to raise the importance of the overall prevention agenda going forward and that in this regard Teresa Owen still offered her support.	
PP22/38 Living Healthier, Staying Well (LHSW) Strategy Refresh **PP22/38.1** The Assistant Director for Health Strategy presented this item, noting that there was further work underway to ensure that the strategies all link together with existing Board processes. The papers are due to be published once the Communication and Engagement team have had the opportunity to look at a short summary of how the issues raised are being fed through and taken account of. **It was resolved that the Committee** received the Engagement feedback and the Outcome report on the Refresh of the Health Board's strategy on LHSW.	
PP22/39 Draft People Strategy and Plan – Stronger Together **PP22/39.1** The Executive Director of Workforce and OD presented this item, wishing to note that this strategy built upon the last Workforce Plan and Strategy and that it also aligned with the National Workforce Plan and Strategy. She had provided a copy of the draft Delivery Plan for 2022/23 for feedback and comments which would be taken to do some more work through the delivery groups, to bring back a Delivery Plan to the next meeting for approval. **PP22/39.2** The Committee commended the level of work put into developing this new strategy, wishing to understand what had been learnt from the previous one and what would be different in the new strategy. The Executive Director of Workforce and OD confirmed that there had been an analysis of the previous strategy, resulting in a new 3 year strategy, however the pandemic stopped progress in some areas but expedited the process in others. The Executive Director of Workforce and OD confirmed that they had taken into account what they had hoped to achieve and could demonstrate had been successful, learning from the pandemic as well as feedback from the discovery. The first key learning point was that in the latest strategy, focus should be on a smaller number of very clear deliverables, ensure they are done well and then properly embedded; the second was to ensure that the People Strategy was an organsiation one and not one to be delivered purely by the workforce and ODT– noting that previously there had not been a delivery group mechanism and there were no senior responsible officers across the Executive team driving forward the workforce strategy. Both of these points have been addressed.	

PP22/39.3 Referring to Appendix 2, The Committee asked if there were any legal risks regarding pay parity claims. The Executive Director of Workforce and OD confirmed that over the past 4 years there had been no equal pay for equal value claims and that a significant amount of work had been put into the job evaluation processes, in collaboration with trade union colleagues, so that this is now deemed to be a very low risk for the organisation. , **PP22/39.4**. The Executive Director of Workforce and OD provided clarity as it was suggested that consultant locums, once in a position for more than two years, were automatically entitled to that position. It was confirmed that was not the case but that there was an issue around them automatically becoming entitled to certain employment rights and that it was the intention to reduce the reliance on long-term temporary workers. John Gallanders and The Executive Director of Workforce & OD agreed to discuss the situation outside of the meeting. **P22/39.5**. The Executive Director of Workforce and OD confirmed that a piece of work was underway with the Partnerships, Communications and Engagement team, to develop a volunteering strategy and plan, bringing all the various volunteering teams together. **P22/39.6**. The Committee welcomed the new draft which acknowledged areas of concern raised in previous Committee meetings, however it acknowledged that the delivery of the plan was where the challenge lies. **It was resolved that** the Committee • will remain supportive but will continue to see that delivery of the plan is meeting expectations and delivering improvements as outlined. • recommended the Strategy and Delivery Plan be put to approval at the Board's next meeting • a workshop to be arranged, in conjunction with PFIG, to enable 'deep dives' to be carried out on various specific areas of concern.	JG / SG LT / JC / SG / JG
PP22/40 Item Deferred.	
PP22/41 Third Sector Framework and Approach **PP22/41.1** The Director Of Partnerships, Communications And Engagement updated the Committee about the work that has been taking place around the third sector, which over the pandemic has proved invaluable and accounted for £7m of commissioned services. **PP22/4.2** The Director Of Partnerships, Communications And Engagement wished to note that the volunteering strategy, although not highlighted in the report was in complete alignment with Living Healthier, Staying Well, Stronger Together and the accelerated cluster development strategies. **PP22/4.3.** The framework was formed subsequent to numerous meetings with local councils, third sector partners,voluntary councils and local authority commissioners; and to	

oversee the programme and ensure accountability, both a steering group and a stakeholder group were set up. **PP22/4.4**. The Committee, whilst it welcomed the approach and committment and acknowledged the huge amount of progress made, particularly over the last 12 months, it also recognised the significant role the third sector played around health and wellbeing. **It was resolved that the Committee** • requested an update to provide clarification around the areas currently receiving funding, with particular reference to whether hospices were included; a list of touchpoints within the third sector, with reference to the development of social prescribing, and the current situation regarding volunteering element of the strategy. • The Committee received and noted the contents of the report.	SB
PP22/42 Response to the Review of Emergency Preparedness Resilience and Response (EPRR) **PP22/42.1** The EPRR lead presented this item, which was structured around the Health Board's responses to the 14 recommendations contained within Russell King's review - 'Review of EPRR Arrangements – July 2021'. **PP22/42.2** The Committee welcomed the long-awaited report, noting that for a number of years it had expressed major concerns regarding the organisation's preparedness and its business continuity planning. The EPRR Lead described an improving picture, stating that they were gradually starting to see more engagements despite the current challenges within the workplace. An action plan was about to be created, in order to set out, with timescales, how it intends to deliver the recommendations, following the EPRR's recent audit and assessment review. **PP22/42.3** The EPRR noted some progress had been delayed due to lack of resources, which had hindered employing more Business Continuity Managers (BCM) and that there is currently only one BCM working with 122 Business Continuity departments, helping them to write their business continuity plans. **PP22/42.4** The Committee noted that in respect of business continuity planning, the Health Board had received a limited assurance audit opinion and this related to the 2021-22 period, as referenced in the Annual Governance Statement and as a consequence of this, assurance is required to come to the Committee to explain what the mitigations are specifically to address those gaps or this will be seen as a partial assurance of compliance. **PP22/42.5** The Committee received assurance that the Operating Model was not going to cause a hiatus to this work although it noted that there was no provision in the budget for elements of supporting this work. The EPRR Lead agreed to seek guidance from the Executive Director of Finance in this regard, to see how this can be progressed.	DL

It was resolved that the Committee received the Response to the Review of Emergency Preparedness Resilience and Response, for information and assurance.	
THE PRESENT for assurance **PP22/43 Operational Plan Monitoring Report 2021-22. Position as at 31st March 2022** **PP22/43.1** The Director of Performance presented her report and wished to highlight the fact that 186 of the 276 (67%) of the actions had been completed. Of the 64 actions not completed, the overarching themes was that this was due to either staff shortages / recruitment delays or changes in national or Governmental strategies, i.e. forces out of their control. It was confirmed that the intention was to carry these items forward via the IMTP to ensure the momentum will not be lost on these key areas. **PP22/43.2** The Committee thanked the Director of Performance for her report but expressed its disappointment that 33% of the actions were incomplete and that there was not sufficient tolerance built into the plan to enable it to continue, despite the vagaries of the pandemic. The Assistant Director of Health Strategy wished it to be noted that all Health Boards struggled with modelling and projections during the pandemic and that continued staff absences, not necessarily the severity of the illness, was a major contributory factor. **PP22/43.3** The Executive Director of Workforce & OD wished it be noted that there was an error in the report on page 8, E3.5 regarding SEQOHS. The report incorrectly showed 'red'. The organisation is currently going through reaccreditation for SEQOHS however it does currently hold SEQOHS accreditation for its Occupational Health Services. **PP22/43.4** John Gallander requested additional narrative which would note both the key drivers as to the causes and the mitigating circumstances around areas where the organisation was either not improving or indeed going backwards. The Director of Performance wished to confirm strengthening the narrative is the plan going forward in the new reporting system. **PP22/43.5** John Gallanders requested the organisation remains mindful of the many areas where poverty and homelessness issues impact on people's health. **PP22/43.6** The Committee agreed that the new reporting format will be a great improvement on this, the last of the current format. The Chair was pleased to note that a great deal of PPPHC objectives had been reached, particularly the Vaccination and Test and Trace Programmes and the Dental Academy and wished both the Committee's appreciation and acknowledgement be fed back to these teams. **It was resolved that the Committee** noted and scrutinised the report.	
PP22/44 Corporate Risk Register **PP22/44.1** The Interim Director of Governance and The Assistant Director of Risk and Assurance joined the meeting wishing to highlight some of the issues discussed in the	

Risk Management Group (RMG) meetings. The RMG was very focussed on the checks and challenges, ensuring that the quality and content of the risks coming through were a stronger level, noting that a great deal of work had been done on the controls element. Also, with the assistance of the Board Secretary, changes have been made to strengthen the role and remit of the RMG, with changes to roles and oversight of various committees, in line with best practice, which will be reflected in the updated Risk Management strategy going to the Audit Committee in June. **PP22/44.2** John Cunliffe wished to accept the recommendation is CRR21-12, however he asked for assurance that DHCW are aligned with the organisation's priorities and confirmation that they had dealt with their own continuity issues. The Chief Digital and Information Officer assured the Committee that the risks over the previous six months as opposed to time before that were reduced, however until he would be able to meet with DHCW he would not be able to answer regarding DHCW's priorities. Once he has met with DHCW, he would be in touch with John Cunliffe. **PP22/44.3** The committee queried the high risk levels attributed to the two new risks and whether they were indeed just one risk. The Assistant Director of Risk and Assurance confirmed that these scores had been agreed upon after lengthy discussions with The Executive Director of Public Health and that they were definitely two risks. The Interim Board Secretary assured the Committee that during the RMG meeting, a great deal of information concerning the rationale and context of their decision, was reviewed alongside these risks and agreed to circulate the information to Committee members. **It was resolved that the Committee:** 1) noted the two key highlighted points of the discussions that took place at the RMG: • The meeting used `check and challenge` and `deep dive` as tools for driving learning, sharing best practice and enhancing the Health Board`s risk management footprint. For example, members noted after some debate and discussions that controls when expressed as `…policy in place` or `business case in place` were not properly articulated. They then advised that such controls be refreshed to focus on their implementation as neither a policy nor a business case in itself can mitigate a risk. • Members also agreed as an action that once Executive Directors have approved risks, there was no need to present them to the RMG, ET or Committees for further approval as this doesn`t align with best practice and the dynamic and timely escalation of risks. This aligns with the UK Code 2018 and the FRC Risk Guide 2014, which advise that Committees should focus on their `oversight function` and not to get involved in `risk management` by satisfying themselves that Executive Directors are consistently mitigating and managing risks in line with best practice. This will be reflected in the updated Risk Management Strategy to be presented to the Board in July for approvalthe two key highlighted points of the discussion that took place at the RMG, with the proviso that the scoring of the public health risks will be looked at once The Interim Board Secretary had circulated more detailed information.	MM

2) Reviewed, noted and approved the progress on the Corporate Tier 1 Operation Risk Register Report as set out below and in detail at Appendix 1: Re CRR20-06 Informatics - Patient Records pan BCU • Noted the risk has been reviewed and updated, no further change to scoring proposed at this time. • Noted the closure of action ID 12424 as it has been extrapolated out of this risk to form a new risk with Datix ID 4184, so that it will be archived and removed from the next report. • Noted that action ID 12429 remained on hold until the Mental Health Business Case is progressed with the Welsh Government. CRR20-07: Informatics infrastructure capacity, resource and demand • Approved the closure and transfer of the residual actions to the BAF21-16. Both RMG and the Executive Team (ET) at their meetings of the 16th and 25th August and 14th and 22nd December continue to support and recommend approval for the risk closure. Confirmation has been received from the Digital Director that the outstanding actions from CRR20-07 have been included within the updated BAF21-16 risk. CRR21-11 – Cyber Security Noted this risk is presented In-Committee to protect and maintain the security arrangements of the Health Board. CRR21-12: National Infrastructure and Products • Noted the risk has been reviewed and updated. • Approved the proposal to reduce the risk score from 20 to 12 recognising the completion of 75% of actions. • Noted the extension to the target risk due date from 31/03/2022 to 30/06/2022 to enable implementation of the outstanding actions. • Noted the closure of action ID 15285 as quarterly meeting is now in place, so that it will be archived and removed from the next report, recognising that its implementation will be captured as part of the controls within the next iteration of the risk. • Noted the closure of action ID 15286 as a reporting process is now in place, so that it will be archived and removed from the next report, recognising that its implementation will be captured as part of the controls within the next iteration of the risk. • Noted the closure of action ID 15474 as BCUHB now has representation on multiple groups. • Noted the closure of action ID 17753 as the Welsh Patient Administration System (WPAS) and Welsh Clinical Care Information System (WCCIS) business cases are completed and in place, so that it will be archived and removed from the next report, recognising that monitoring compliance with the implementation will be captured as part of the controls within the next iteration of the risk. • Noted the closure of action ID18681 as Executive engagement is now in place, so that it will be archived and removed from the next report. • Noted the closure of action ID 21270 as this is now managed as business as usual as teams are in place to develop local business cases to support ongoing national products, so that it will be archived and removed from the next report. • Noted the delay to action ID 15287 as templates are being revised for reporting; anticipated implementation by the end of April 2022.	

3) Approved the following new risks which were being presented following escalation approval from the RMG for escalation onto the Tier 1 Operational Risk Register as set out below and in detail at Appendix 2:
Risk IDs:
• 4200 – There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants;
• 4201 – There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors.

4) Approved the recommendation of CRR21-12, however asked for assurance that DHCW are aligned with the organisation's priorities and confirmation that they had dealt with their own continuity issues.
• CRR21-12: National Infrastructure and Products - Recognising the completion of 75% of actions, the Digital Chief Information Officer is requesting for approval to de-escalate the risk from a Corporate Tier 1 risk to a Tier 2 risk for future management.

5) Noted the following emerging risks raised at the Risk Management Group meeting, which will be presented to the appropriate Committee for future oversight:
Risk IDs:
• 4241 – Inability to deliver timely Infection Prevention & Control services due to limited capacity;
• 4325 – Potential that medical devices are not decontaminated effectively so patients may be harmed;
• 3731 – Delivery of Safe and Effective resuscitation maybe compromised due to training capacity issues.

6) Noted the distribution and throughput of risks by Tier currently recorded within Datix, providing a snap shot view across BCUHB. Work continues to support the development of the Once for Wales RL Datix Cloud IQ Risk Module which will include the development of reporting the breadth and categories of risks recorded in a meaningful and consistent way:
Risk Tier (and risk score: NB
Consequence x Likelihood = Risk Score) Total number of live risks on registers
Number of risks held as 'Being Developed' (not yet live) Number of live risks added in the last 6 months
(not via escalation) Number of risks closed in the last 6 months
(not via de-escalation)
Tier 1 (15-25) 15 0 0 0
Tier 2 (9-12) 382 97 47 117
Tier 3 (1-8) 259 86 31 128

PP22/45 Population Health : Update on Tobacco Control in BCUHB

PP22/45.1 Louise Woodfine, Consultant in Public Health, deputising for Executive Director for Public Health presented the paper, providing an update to the Welsh Government's recently published Tobacco control Strategy, which provided renewed challenges whilst moving towards a smoke-free Wales by 2030, in relation to tobacco

control and cessation, noting that the latest statistics showed that in Wales 18% of the adult population smoke. **PP22/45.2** John Gallanders was pleased to note that the additional funding was potentially going to be culturally directed but also asked that consideration be made to possible harm to mental health patients who leave our premises to smoke. The Executive Director of Workforce & OD confirmed that from a health safety and security point of view, a considerable piece of work was underway with acute sites and mental health colleagues, surrounding risk assessment for lockdown procedures to ensure the safety of patients in this regard. **It was resolved that the Committee** noted the report.	
PP22/46 Test, Track & Trace update **PP22/46.1** Louise Woodfine, Consultant in Public Health, deputising for Executive Director for Public Health presented the paper. The Committee welcomed the report and the Health Board's commitment to try to find employment for the staff who will not be retained due to the reduced funding. **PP22/46.2** It was noted that in order to keep the knowledge amassed during the pandemic, should another Covid variant of concern appear that requires escalation, a small cohort of staff is being maintained. These staff are currently being trained in other areas. **It was resolved that the Committee** noted the report	
PP22/47 People/Workforce Performance Report **PP22/47.1** The Executive Director of Workforce and OD presented her report, noting that in July this report will be changing to align with delivery against the People's Strategy and Plan. **PP22/47.2** It was noted that within the report, the recruitment challenges, both in terms of the Health Board's ability to recruit and retain as well as some of it's processes, show that some significant improvements have taken place with regards to vacancy rates. . **PP22/47.3** The Executive Director of Workforce and OD, alongside her partners at Hywel Dda University Health Board, are in the process of pulling together a national piece of work, gathering information from across Wales to aid workforce planning, in order to embed a national system for workforce. **PP22/47.4** It was noted that it had been agreed with the Chairman that there is to be a workshop towards the end of June, to do a 'deep dive' in terms of recruitment and its challenges. **PP22/47.5** The Committee welcomed the comprehensive paper however asked what was being done to address the KPIs for Trac – the differences between a 5 day target and the 40 days actual timescale, which must contribute to problems around recruitment. The	

Executive Director of Workforce and OD confirmed that following the Recruitment Improvement Review, a number of stages had been removed from the approval process process to speed up recruitment, whilst being careful to maintain a system of control. **PP22/47.6** The Committee was concerned about the current 10% staff turnover figure and requested clarification around flexibility of staff movement within the Health Board, which had been noted as being a possible cause for the exodus of staff, and asked what level of information was being gathered from staff leaving the organisation with regards to their destination? The Executive Director of Workforce and OD believed that a desired turnover rate should be between 8–9%, to maintain a refreshed workforce and develop its talent and that to gain greater understanding of destination/motivation of workforce was in the plans for deliverables for 2022-23. **PP22/47.7** Concern was raised regarding taking down the status of 'Welsh essential' to 'learning Welsh' and if this would impact on the Health Board's compliance with the Welsh Language standard. The Executive Director of Workforce and OD confirmed that this element had not been agreed and reiterated the importance of employing more people able to converse with patients using their first language; it was agreed that she would report back once the Welsh Forum had assessed the situation. **It was resolved that the Committee** noted the report and the planned improvements to reporting.	SG
PP22/48 Codi Llais yn Ddiogel/Speak our Safely (CLYD/SOS) **PP22/48.1** The Executive Director of Workforce and OD presented the Year 1 report. She noted the good progress being made and highlighted the work that was being done both locally and nationally, the themes and the numbers of people contacting the service and the challenges facing the organisation. It was noted that more staff were inclined to contact the new service and that it would take time for staff to both feel safe to do so and that it was worthwhile. **PP22/48.2** In answer to the Committee's questions regarding trends, The Executive Director of Workforce and OD described the work that the MDT was specifically set up to do – to identify themes such as turnover in sickness, SUIs, carrying out targeted work, identifying hotspots; taking the learning to ensure that there are good outcomes, by being able to return to issues six/twelve months hence. It was the intention that future reports will focus more on where hotspots have been identified, what had been done and what was the outcome following the intervention. **PP22/48.3** The Executive Director of Workforce and OD and the Committee wished their appreciation be noted for all the hard work put in by Gareth Evans and the MDT. **It was resolved that the Committee:** i) noted the progress achieved during the first year of implementing Codi Llais yn Ddiogel/Speak Out Safely Speak Out Safely (CLYD/SOS) ii) noted the activity to date, the emerging themes and feedback from staff	

iii) approved the recommendations presented to further develop Codi Llais yn Ddiogel/Speak Out Safely during 2022/23, these being based on the learning generated during the last year iv) Noted the intention to continue reporting through Partnerships, People and Population Health as part of the People Strategy and Plan reporting.	
PP22/49 Annual Equality Report 2021/22 **PP22/49.1** The Head Of Equality And Human Rights presented this item, and noted the constructive work carried out by continued engagement with our stakeholders; the development of staff networks which has provided peer support helping to shape the work that they have done; BCUnity helped to support international recruitment and its issues; this year's enactment of the Socio Economic Duty; Living Healthier Staying well; People's Strategy. The report also recognised that equality considerations had been put into the Accountability Review. **It was resolved that the Committee** noted the report and highlighted to the Health Board through the Chair's Assurance Report.	
PP22/50 Consultations and Engagement Update April 2022 **PP22/50.**1 The Director Of Partnerships/Communications and Engagement presented her report, which reflected the fact that the Public Engagement Corporate Communications Public Affairs and Fundraising teams have joined forces. This report highlighted the fact that there had not been any formal consultations over the past six months however they had been engaging with different communities and partners to both listen and provide assurance. **PP22/50.2** The recent Living Healthier Staying Well Engagement report highlighted the extensive conversation and reach, along with the outcomes – this type of reporting will be replicated with all future engagements. **PP22/50.3** It was noted that the Bite Size Health work, one of a series of events and conversations carried out with the public, was noticed by the Consultations Institute, a UK-wide organisation, which highlighted this as good practice and stronger links continue to be forged with local Black and Asian Minorities Ethnic groups. **PP20/50.4**. Throughout the pandemic the digital engagement had really improved, with 12 million people viewing the website, with 7 million of those looking for information regarding the Vaccination programme or Covid-19. As a result of this, the social media reach has been improved with almost 70,000 people, and this was a continuing trend. It was noted that in contrast to previous updates, there was a marked stregthening of its public affairs and partnerships function, with a combination of direct bulletins, routine conversations with their offices and regular meetings with variouse Members of the Senedd and Parliament. **PP22/50.5** The Committee welcomed the report and it's stregthened approach to engagement however it asked for clarification of how the Health Board is tackling the more	

reactive areas and negative narrative where there is a need to engage with the public and stakeholders to ensure that it is in front of issues and not 'on the back foot'. The Director Of Partnerships / Communications and Engagement agreed to ensure that this issue was picked up with all departments via the daily updates and the Board workshop, on reactive issues and will report back to the next meeting. **It was resolved that the Committee** noted the progress detailed in the report.	HSJ
LEARNING FROM THE PAST **PP22/51 Partnership Governance Arrangements Update** **PP22/51.1** Director Of Partnerships/Communications And Engagement presented her report noting that there is a great deal of work underway and that she will report back to the Committee very soon, acknowledging that it is timely to look at the partnerships and the formal relationships the Health Board has as it undergoes the changes to the Operating Model. PP22/51.2 The Director Of Partnerships/Communications And Engagement also noted that Health Board is currently reviewing and revising its membership of its statutory partnerships, looking at its statutory responsibilities with the various partnership boards it has across North Wales and linking these with the work of the governance colleagues, to ensure that these are taken into account. **PP22/51.3** The Committee welcomed the update noting that Partnerships are a core element of this Committee's work, noting the structure around Partnership Governance. **It was resolved that the Committee** noted the report and received the update report on work being undertaken to address and strengthen partnership governance arrangements.	
CLOSING BUSINESS **PP22/52 Annual Workplan 2022/23** **PP22/52.1** The Chair wished te ensure that the Committee apportion valid and equal time to the broad remit of items that the Committee deals with over the year and suggested that it acknoweldge dthe workplan as this is the extent of the Committee's duties and regular review of its abilities to be able to scrutinsie and provide support in an appropriate way through the year. The Chair felt that the updates and reports submitted to the Committee take a great deal of time in preparation and that it was only fair that the Committee is given time to assess and scrutinise these. She intended to discuss this with the Interim Board Secretary to ensure they strike a fair balance. **It was resolved that the Committee** reviewed and accepted the Workplan for 2022/23 and its Terms of Reference.	LT / MM

PP22/53 Agree items for Board/Other Committees **PP22/53.1** The Chair proposed that via the Chair's Assurance Report, she would update the Board that there will be a joint PFIG / PPPHC Workshop to look at specific issues on a 'deep dive' basis. **PP22/53.2** The Interim Board Secretary noted that assurance should be given to the Board regarding item PP22/42 Response to the Review of Emergency Preparedness Resilience and Response (EPRR) and limited assurance regarding item PP22/49 Annual Equality Report 2021/22. **It was resolved that the Committee** was content with the Chair's proposal and that assurances should be given to the Board.	LT
PP22/54 Review of Risks highlighted in the meeting for referral to Risk Management Group (RMG). **PP22/54.1** The queries around the two new risks and the scores that had been attributed to these risks would be taken to the RMG.	
PP2/55 Agree items for Chair's Assurance report To be considered outside the meeting	
PP22/56 Review of meeting effectiveness The Committee considered the meeting and reflected that they had dealt with a great deal of business during the meeting, due to succinct reporting and the fact that papers had been received helped to focus on certain issues for discussion and that the meeting was productive.	
PP22/57 Date of next meeting PPPHC meeting 12.7.22	
The Committee Chair closed the meeting to the public and representatives of the press.	

BCUHB People, Partnerships and Population Health Committee Table of actions – last updated 07/07/2022 15:31				
Executive Director	**Minute reference and action agreed**	**Original timescale**	**Latest update position**	**Revised timescale**
Transferred actions from SPPHC closure				
~~Mark Wilkinson (Neil Bradshaw)~~ ~~Sue Hill~~	**SP20/10 Estates Strategy** **Provide** - 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 programme next steps and re-issue the revised document		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 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. 12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Environmental Sustainability item to October meeting 17.6.21 Update received as agenda item 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 11.11.21 Asset Management Strategy on PPPHC 9.12.21 Agenda item 30.11.21 Mark Wilkinson advised will be ready	~~1.4.21~~ June 2021 October December

			February 2022 10.12.21 To be addressed at the February meeting. 24.1.22 To be addressed at next Committee meeting. 10.2.22 PP22/9.3 To be rescheduled 11.4.22 Present to July meeting (amended workplan) The plan is being reworked and scheduled to complete in October 2022.	31.1.22 30.6.22 October 22

20.5.22.meeting

Sally Baxter	**PP22/34.3.** A draft of the AM Strategy was requested to be made available before the July meeting to enable comments to be made prior to that meeting.	4.7.22	**Update as at 5/7/22** - A Programme for development of the AM strategy has been confirmed which will produce a draft for Committee by November of this year. External support is being secured to facilitate this. A report on the Capital Programme is being submitted to Board this month, which identifies arrears of investment due to capital constraints and risks being mitigated. Ongoing Estates related risks are monitored by the Estates Environment Group and mitigation sought through the discretionary Programme for the top risks.	
Linda Tomos & Sally Baxter	**PP22/34.4.** In regard to SP21/58, it was agreed to close the item but to ensure that oversight continued, that it was to be back as an agenda item for the July meeting. To ensure the nature of the Committee's concerns will be addressed at the next meeting, The Committee Chair and the Director for Health Strategy agreed to clarify the nature of the future agenda item outside the meeting	30.6.22	**Update as at 5/7/22** - Paper to be submitted to July meeting for an update on the current position. **Agenda item – July Meeting. Then item closed.**	Agenda Item – July Action closed

LT	**PP22/34.5.** In regard to PP21/11, Integrated Digital Dashboard Q1 report, the Committee was concerned about some factual inaccuracies within the review. It was noted that John Cunliffe and the Chief Digital and Information Officer intended to meet subsequent to the meeting, to agree a strategy to move forward. It was also noted that in September the WCCIS programme is to be piloted in two areas in Anglesey; this will provide evidence for a review of the efficacy. It was agreed to close the item but to bring back as an agenda item for the July meeting to ensure further oversight.	30.6.22	**Agenda Item July for further oversight.**	Agenda Item - July
Sally Baxter	**PP22/36.1 Notification of matters referred from other Board Committees on this or future agendas.** The Assistant Director for Health Strategy provided a verbal update on the Audit Committee Referral report referring to the commissioning of care home placements, completed in December 2021, and promised to circulate a copy.	30.6.22	**Update as at 5/7/22** - The Audit report was circulated to PPPH members following the May meeting. Action to be closed.	Action closed
Sally Baxter	**PP22/36.2 Notification of matters referred from other Board Committees on this or future agendas.** A management response had being prepared to address a number of points raised by way of recommendation. Once the response is formally signed off with Audit, it will be shared with the Committee.	30.6.22	**Update as at 5/7/22** - The management response was shared with Committee together with the Audit report referenced in PP22/36.1 above. Action to be closed.	Action closed

John Gallanders / Sue Green	**Draft People Strategy and Plan – Stronger Together** **PP22/39.4**. The Executive Director of Workforce and OD provided clarity as it was suggested that consultant locums, once in a position for more than two years, were automatically entitled to that position. It was confirmed that was not the case but that there was an issue around them automatically becoming entitled to certain employment rights and that it was the intention to reduce the reliance on long-term temporary workers. John Gallanders and The Executive Director of Workforce & OD agreed to discuss the situation outside of the meeting.	30.6.22	**Update received 4/7/22**– SG met with JG on 1st July to discuss the background to the query. Action to be closed.	Action Closed
Linda Tomos / John Cunliffe / John Gallanders / Sue Green	**PP22/39 Draft People Strategy and Plan – Stronger Together** A workshop to be arranged, in conjunction with PFIG, to enable 'deep dives' to be carried out on various specific areas of concern.	30.6.22	**Update received 4/7/22** – The deep dive methodology has been agreed. The workshop will take place in August, for which a suitable date is currently being explored – date to be confirmed.	
Sally Baxter	**PP22/41 Third Sector Framework and Approach** To provide an update to provide clarification around the areas currently receiving funding, with particular reference to whether hospices were included; a list of touchpoints within the third sector, with reference to the development of social prescribing, and the current situation regarding volunteering element of the strategy.	30.6.22	**Update received 4/7/22** - It has been confirmed that the funding allocation referenced in the report did not include hospices, which will be addressed for future reports. The wider third sector contribution, including the range of organisations which are supporting well-being rather than direct health or social care provision) is recognised and addressed through local partnership working, and facilitated by the greater development of place based commissioning.	Action Closed

			The refresh of the volunteering strategy has been linked into the third sector steering group and is being taken forward under the leadership of the Director of Partnerships, Communications and Engagement Action closed.	
Debbie Lewis	**PP22/42 Response to the Review of Emergency Preparedness Resilience and Response (EPRR)** **PP22/42.5** The Committee received assurance that the Operating Model was not going to cause a hiatus to this work although it noted that there was no provision in the budget for elements of supporting this work. The EPRR Lead agreed to seek guidance from the Executive Director of Finance in this regard, to see how this can be progressed.	30.6.22	**Update received as at 4/7/22** – Finance unable to meet with DL at present. Issue to be escalated to Executive Finance Director for meeting to be arranged. Item ongoing.	
~~Molly Marcu~~ Justine Parry	**PP22/44 Corporate Risk Register** **PP22/44.3** The committee queried the high risk levels attributed to the two new risks and whether they were indeed just one risk. The Assistant Director of Risk and Assurance confirmed that these scores had been agreed upon after lengthy discussions with The Executive Director of Public Health and that they were definitely two risks. The Interim Board Secretary assured the Committee that during the RMG meeting, a great deal of information concerning the rationale and context of their decision, was reviewed alongside these risks and agreed to circulate the information to	30.6.22	**Update as at 5/7/22** – Feedback received via email – forwarded to Members of the Committee for completeness. Action closed.	Action Closed

	Committee members.			
Sue Green	**PP22/47 People/Workforce Performance Report** **PP22/47.7** Concern was raised regarding taking down the status of 'Welsh essential' to 'learning Welsh' and if this would impact on the Health Board's compliance with the Welsh Language standard. The Executive Director of Workforce and OD confirmed that this element had not been agreed and reiterated the importance of employing more people able to converse with patients using their first language; it was agreed that she would report back once the Welsh Forum had assessed the situation.	30.6.22	**Update as at 6/7/22** - It has been confirmed that posts are not amended from Welsh Essential to Welsh to be learnt without a formal process. Managers are required to justify any requirement for change by completing and submitting a form to the Establishment Control team for review. Any concerns are escalated to the Head of Digital Workforce & Resourcing / Head of Welsh Language. The process follows a series of questions to ascertain why the change is required and assessed and managed when changed. All requests are fully auditable and we are currently in the process of moving to an automated Office 365 form.	
Helen Stevens-Jones	**PP22/50 Consultations and Engagement Update April 2022** **PP22/50.5** The Committee welcomed the report and it's strengthened approach to engagement however it asked for clarification of how the Health Board is tackling the more reactive areas and negative narrative where there is a need to engage with the public and stakeholders to ensure that it is in front of issues and not 'on the back foot'. The Director Of Partnerships / Communications and Engagement agreed to ensure that this issue was picked up with all departments via the daily updates and the Board workshop, on reactive issues and will report back to the next meeting.	30.6.22	**Update as at 5/7/22** – Feedback received via email – forwarded to Members of the Committee for completeness. Action closed.	Action Closed

Linda Tomos / Molly Marcu	**PP22/52 Annual Workplan 2022/23** **PP22/52.1** The Chair wished to ensure that the Committee apportion valid and equal time to the broad remit of items that the Committee deals with over the year and suggested that it acknowledged the workplan, as this is the extent of the Committee's duties and regular review of its abilities to be able to scrutinise and provide support in an appropriate way through the year. The Chair felt that the updates and reports submitted to the Committee take a great deal of time in preparation and that it was only fair that the Committee is given time to assess and scrutinise these. She intended to discuss this with the Interim Board Secretary to ensure they strike a fair balance.	30.6.22	**Update as at 4/7/22** – Chair and Interim Board Secretary met and discussed the issues raised. Action closed.	Action Closed
Linda Tomos	**PP22/53 Agree items for Board/Other Committees** **PP22/53.1** The Chair proposed that via the Chair's Assurance Report, she would update the Board that there will be a joint PFIG / PPPHC Workshop to look at specific issues on a 'deep dive' basis.	27.5.22	**Update as at 4/7/22** – Detail confirmed as included within the Chair's Assurance Report, which is being reported to the July Health Board Meeting. Action closed.	Action Closed
John Cunliffe / Dylan Roberts	**PP22/54. Corporate Risk Register (CRR)** It was resolved that the Committee approved the revised risk wording and the high level approach to CRR in terms of Committee oversight on cyber security. This could be further discussed, depending on discussions between John Cunliffe and the Chief Digital and Information Officer.	30.6.22	**Update received from DR as at 4/7/22** - The wording was revised and a meeting has been organised in August between John Cunliffe and the Chief Digital and Information Officer to go through the detail of all Digital and Information Risks, their wording and status. Should there be any changes to these risks in future	Action Closed

			then it would be done through the usual channels. This action is closed	

Report title:	**IMTP and compliance with the Well-being of Future Generations (Wales) Act 2015**		
Report to:	Partnerships, People and Population Health Committee		
Date of Meeting:	Tuesday, 12 July 2022	Agenda Item number:	PP22.66
Executive Summary:	The purpose of this paper is to provide an update to the Committee on the contribution of the IMTP to the Health Board response to previous Audit Wales recommendations in relation to the Well-being of Future Generations (Wales) Act 2015 (the WFG Act) and the challenges of population health and well-being.		
Recommendations:	The Committee is asked to receive the paper, note the update provided and offer any comments to guide the ongoing work to address the WFG Act through the IMTP.		
Executive Lead:	Dr Chris Stockport, Executive Director of Transformation, Strategic Planning And Commissioning		
Report Author:	Sally Baxter, Assistant Director – Health Strategy		
Purpose of report:	For Noting ☒	For Decision ☐	For Assurance ☒

Assurance level:	Significant ☐	Acceptable ☒	Partial ☐	No Assurance ☐
	High level of confidence/evidence in delivery of existing mechanisms / objectives	General confidence/evidence in delivery of existing mechanisms / objectives	Some confidence/evidence in delivery of existing mechanisms / objectives	No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
N/A	
Link to Strategic Objective(s):	The LHSW strategy sets out the Health Board's strategic objectives and the IMTP supports the delivery of these, together with national priorities including A Healthier Wales and the Ministerial Priorities
Regulatory and legal implications	The HB as a public sector body has statutory duties under the WFG Act to carry out sustainable development, including setting well-being objectives and participating in Public Services Boards.
In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N - this paper provides an update on the role of the IMTP in responding to the WFG Act. An EqIA was undertaken on the IMTP prior to approval.
In accordance with WP68 has an SEIA identified as necessary been undertaken?	N - this paper provides an update on the role of the IMTP in responding to the WFG Act. A SEIA was undertaken on the IMTP prior to approval.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	There is a risk that the HB may fail to comply with the requirements of the WFG Act, and fail to give appropriate consideration to population health and well-being through the IMTP
Financial implications as a result of implementing the recommendations	No specific financial requirements arising from this paper. The IMTP sets out the financial implications of the proposed investments in

	initiatives to assess population health and well-being and to implement new service models
Workforce implications as a result of implementing the recommendations	No specific workforce implications arising from this paper. The IMTP sets out the workforce implications within the initiatives prioritised for implementation.
Feedback, response, and follow up summary following consultation	This paper provides an update for assurance purposes and has not been reviewed formally prior to submission to the Committee. The management response to the WAO recommendations has been updated on the audit tracker.
Links to BAF risks: (or links to the Corporate Risk Register)	N/A
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: **Implementation of recommendations** - Monitor and evaluate the impact of the initiatives prioritised within the IMTP 2022-25 - Review and refresh as necessary the commitment to the WFG Act and the utilisation of the sustainable development principle and five ways of working as art of the IMTP refresh for 2023-26 - Ensure continued focus on population health and well-being within the refreshed IMTP	
List of Appendices: None	

MEETING IN PUBLIC
Tuesday 12th July

IMTP and compliance with the Well-being of Future Generations (Wales) Act 2015

1. Introduction/Background

In 2019 Audit Wales undertook a review of Wellbeing of Future generations at the Health Board using obesity / healthy lifestyles as a theme to explore the extent that the principles set out in the Act had been applied in practice to this thematic area.

The work was undertaken prior to the pandemic. To an extent the issues and opportunities identified in the report have evolved and Covid 19 has ultimately changed the context. The initial recommendations were therefore recast so that they were timely, relevant, impactful and can be evidenced clearly and succinctly. The recommendation has broader implications than for obesity / healthy lifestyles solely and this paper summarises briefly how these are addressed within the IMTP.

2. Body of report

2.1 The **revised recommendation** of the Audit Wales report is as set out below.

R1: The Health Board is refreshing its Living Healthier, Staying Well strategy. As part of this refresh, ensure:

- that there is appropriate consideration of challenges and opportunities in relation to population health and well-being including building on healthy lifestyles within the strategy.
- the approach to address those challenges is aligned to the Health Board's well-being objectives and
- that within integrated medium-term / annual planning the Well-being of Future Generations Act 'Five Ways of Working' is used as the basis for responding to these challenges.
- Explore opportunities to move towards a long-term funding model to help secure the implementation of new service models.

2.2 LHSW strategy

The first two elements of the recommendation have been addressed through the LHSW strategy refresh engagement and review work. The full outcome report on the refresh, submitted to PPPH in May 2022, summarised key areas for which our strategic approach is being refreshed and how these will be addressed. Specifically, the outcome report confirms that in addressing the Act we have been moving to plan more for the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined-up approach.

The engagement and review work confirmed the long-term goals for health and well-being, as required by the WFG Act, and these goals will drive the delivery of improved outcomes, better patient experience and contribute to improved health and well-being for the population. These goals are aligned to the challenges we face in relation to population health and well-being, including healthy lifestyles.

We are also working in partnership through the Public Services Boards (PSBs) in North Wales - Gwynedd and Ynys Môn, Conwy and Denbighshire, Flintshire, and Wrexham – to respond to population health and well-being. Regular updates from the PSBs are brought to the PPPH Committee; the PSBs have recently completed the revised well-being assessments and during this

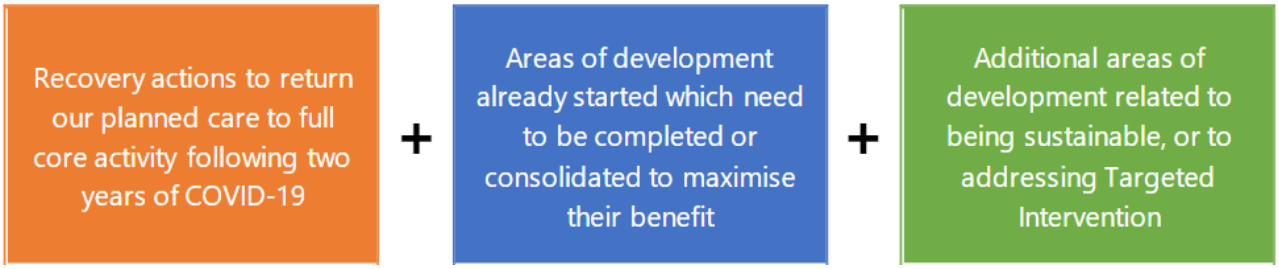
year we will be working to ensure there is alignment between the Health Board's well-being goals and the objectives within the PSBs' revised well-being plans.

For the full report refer to Partnerships people and population health committee LHSW strategy refresh May 2022

2.3 **The IMTP contribution to the sustainable development principle**

The final two elements of the Audit Wales recommendation related to the inclusion of the sustainable development principle and the WFG Act five ways of working within the IMTP, and the exploration of opportunities for long-term funding.

The sustainable development principle focuses on ensuring improvement of the economic, social, environmental and cultural well-being of Wales. The IMTP confirms the commitment to the WFG act and our joint work with partners through the PSBs to address sustainable development. The plan also recognises the Health Board's broader commitment to work with partners in a whole system approach. We also confirm our commitment to the Foundational Economy approach, contributing to strengthening communities, developing resilience and shifting towards a place based focus, all of which will facilitate more sustainable development. We recognise that in 2022/23 the majority of our focus will be on returning to full core business and consolidating developmental work, including delivery against the WG targeted Intervention framework. However our IMTP clearly flags the move towards sustainable services.



The IMTP supports the use of the five ways of working to respond to the challenges we face in relation to population health and well-being in the following ways.

- ✓ **Long term**
  Although the IMTP is by definition medium term, the plan identifies how we will move towards sustainable services and contribute as a partner to the broader well-being agenda. All initiatives prioritised within the plan focus on delivery of outcomes, with logic models for each scheme setting out the short, medium and longer term outcomes which the initiatives will deliver. Our updated health needs assessment within the plan, together with the Population Needs Assessment undertaken through the RPB and the well-being assessments undertaken by the PSBs will help us look forward to future trends and ensure the needs of future generations are balanced with short term needs.

- ✓ **Prevention**
  The clarity of purpose set out by the 5 Planning Principles ensure that in all that we do, there will be a focus on early intervention, supporting people to fulfil their own health and well-being. This will be facilitated by the developing approach to transformation through pathway development, with well-being

- ✓ **Integration**
  Integration in the sustainable development principle refers to recognition of the impact on other well-being goals and strategic objectives of our actions, as well as potential impact on the objectives of other public bodies. The IMTP clearly recognises that initiatives and objectives impact across a range of priorities and objectives. Our opportunities for success come from working as a whole system, including both planning and delivery as a whole system. The plan includes alignment matrices as an appendix which provide visualisations that demonstrate alignment with ministerial priorities, the NHS Wales Planning Framework and across the 5 planning principles to provide confidence in our integrated approach.

- ✓ **Collaboration**
  Acting in collaboration is essential if we are to deliver against our long term goals. The IMTP sets out clearly our commitment to partnership working, recognising informal partnerships as well as the statutory partnerships including the RPB and PSBs. Partnerships (and engagement – as below) more broadly are key domains within the Targeted Improvement plan and this will provide evidence of how partnership working is becoming more fully embedded within our plans.

- ✓ **Involvement**
  Our plan also confirms our commitment to connect with and involve people through the strong network of partnerships and engagement through existing forums and targeted events, particularly to connect with people whose voices are seldom heard. Building on existing good practice, we are seeking to develop the Health Board approach to co-production to ensure we have a consistent approach.

The final element of the recommendations of Audit Wales was in relation to exploring opportunities for longer term funding to support population health and well-being and secure new service models. This concern was partly driven by the use of shorter term grant funding for some of the specific initiatives in relation to obesity and healthy lifestyles.

Whilst there are further challenges in relation to this, in light of the requirement to focus on recovery and consolidation, we have secured long-term sustainable funding for a number of initiatives which were previously funded through short term grant funding. Examples include:

- **Building a Healthier North Wales** – strengthening the population health approach through targeted projects that prioritise prevention, early intervention and reducing health inequalities
- **Inverse Care Law work** – this programme will design the supporting infrastructure and frameworks through which primary care, in partnership with community, voluntary and local services can address the health inequality challenges facing their local population

In addition, there are a number of initiatives prioritised within the plan which will lead to further developments in this area including:

- **3rd Sector strategy** – developing a sustainable 3rd sector commissioning model, to get the greatest joint working benefit with 3rd sector partners
- **Accelerated Cluster Development** – contributing to the development of place based planning and commissioning which will support the alignment of local priorities and short and longer term needs
- **Foundational Economy Strategy / Policy** – implementation of the BCU strategy ad policy that maximises our contribution to the Foundational Economy
- **Valuing carers** – working with partners across North Wales to develop and commission a range of support options, which ensure the needs of informal carers are taken into account and recognise the valuable role informal carers play in enabling care closer to home

We recognise there is more to be done to ensure the five ways of working are fully embedded in all that we do as a Health Board, and to maintain focus on the longer term, given the current challenges we are facing. The IMTP is clear on our commitments in this area and we will review and update where necessary in the refresh of the IMTP for the next planning cycle.

3. Budgetary / Financial Implications

3.1 There are no budgetary implications associated with this paper. Resources for the initiatives prioritised within the IMTP are set out within this plan.

4. Risk Management

4.1 There are risks on Datix linked to this area, both relating to and feeding into IMTP initiatives in general. It is timely to note the addition of two new risks to the Corporate Risk Register, relating to healthy weight, which indicates the extent of the challenges facing the Health Board in pursuing population health and well-being.

- CRR21-20 - There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants
- CRR21-21 – There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors

Given the increased challenges to health and well-being following the Covid pandemic and the current cost of living impact, it will be important to maintain focus on these priority areas

5. Equality and Diversity Implications

5.1 Equality Impact Assessment and SocioEconomic Duty Impact Assessment were udnertaken to support the IMTP prior to submission to the Board for approval. We will keep these under review during the three-year lifetime of the IMTP.

Report title:	The Digital Strategy Review 2021-22		
Report to:	Partnerships, People & Population Health Committee (PPPH) 12th July 2022		
Date of Meeting:	Tuesday, 12 July 2022	Agenda Item number:	PP22.67
Executive Summary:	This document is to share the progress we have made with our Digital Strategy. Digital, along with workforce and finance, will play a key role in the delivery of better health and wellbeing outcomes for North Wales. We know that we must increase the pace of delivery, help clinical and operational leads understand the important role they must play to making change happen, we must maximise the use of our budgets and additional funding with clear plans and properly resourced projects. Following on from my recent appointment, I am now concluding my “discovery work” where I have been learning about the organisation and its needs and developing a plan to improve and modernise the way in which we deliver Digital, Data and Technology in the future. This will include for example: • Developing proposals for a new operating model for how we deliver Digital, Data and Technology Services as a Health Board, • Working with clinicians and operational leads to put digital at the core of their strategies and plans, • Establishing stronger relationships across North Wales, • Audit, catalogue and review our applications portfolio, • Review our current Electronic Health Care Record capability maturity level against an internationally recognised model, • Get the basics right in the way we specify, commission, design and deliver Information Technology (IT), and • Establish a costed three year rolling Essential Services Programme (ESP) necessary to keep key infrastructure up to date to mitigate against Cyber Attack and Major Information and Communication Technology (ICT) Failures.		

	This is while at the same time, we deliver against the commitments we have made from a project and programmes perspective and ensure minimum service standards are maintained to clinicians and other users.
Recommendations:	The Committee is asked to:- • Note the report. • Review the report and determine if it provides the appropriate levels of assurance.
Executive Lead:	Dylan Roberts, Chief Digital and Information Officer
Report Author:	Liam D. Allsup, Business Planning and Improvement Manager
Purpose of report:	For Noting ☐ | For Decision ☐ | For Assurance ☒
Assurance level:	Significant ☒ High level of confidence/evidence in delivery of existing mechanisms / objectives | Acceptable ☐ General confidence/evidence in delivery of existing mechanisms / objectives | Partial ☐ Some confidence/evidence in delivery of existing mechanisms / objectives | No Assurance ☐ No confidence/evidence in delivery
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Link to Strategic Objective(s):	The Digital Strategy focuses on our vision "transforming the patient experience, safety and outcomes through digital ways of working"
Regulatory and legal implications	A number of projects support a variety of improvement plans and regulator requirements.
In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N – An EqIA was undertaken on the Digital Strategy prior to approval.
In accordance with WP68 has an SEIA identified as necessary been undertaken?	N - An SEIA was undertaken on the Digital Strategy prior to approval.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	BAF21-16 - 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.
Financial implications as a result of implementing the recommendations	Not all revenue and capital have been identified and will be subject to business cases and prioritisation. Some projects are being nationally led.
Workforce implications as a result of implementing the recommendations	N/A
Feedback, response, and follow up summary following consultation	This paper provides an update for assurance purposes and has been reviewed formally prior to submission to the Committee through

	Informatics SLT and the Chief Digital Information Officer.
Links to BAF risks: (or links to the Corporate Risk Register)	Risks are reported to RMG in detail.
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: Approval that the report provides sufficient assurance to the Committee that the Digital Strategy is being implemented across BCUHB where possible and plans are in place for future implementation.	
List of Appendices: Appendix 1 – Our Digital Future Review June 2022 Appendix 2 – BCUHB Digital Communities Wales	

Our Digital Future

Digital Roadmap for Health in North Wales

2021 - 2024

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

CONTENTS

1. FOREWORD

This document is to share the progress we have made with our Digital Strategy.

Digital, along with workforce and finance, will play a key role in the delivery of better health and wellbeing outcomes for North Wales.

We know that we must increase the pace of delivery, help clinical and operational leads understand the important role they must play to making change happen, we must maximise the use of our budgets and additional funding with clear plans and properly resourced projects.

Following on from my recent appointment, I am now concluding my “discovery work” where I have been learning about the organisation and its needs and developing a plan to improve and modernise the way in which we deliver Digital, Data and Technology in the future.

This will include for example:

- Developing proposals for a new operating model for how we deliver Digital, Data and Technology Services as a Health Board,
- Working with clinicians and operational leads to put digital at the core of their strategies and plans,
- Establishing stronger relationships across North Wales,
- Audit, catalogue and review our applications portfolio,
- Review our current Electronic Health Care Record capability maturity level against an internationally recognised model,
- Get the basics right in the way we specify, commission, design and deliver Information Technology (IT), and
- Establish a costed three year rolling Essential Services Programme (ESP) necessary to keep key infrastructure up to date to mitigate against Cyber Attack and Major Information and Communication Technology (ICT) Failures.

This is while at the same time, we deliver against the commitments we have made from a project and programmes perspective and ensure minimum service standards are maintained to clinicians and other users.

This next year is going to be the busiest yet.

Dylan Roberts

Chief Digital and Information Officer

2. Executive Summary

Our Vision is **"transforming the patient experience, safety and outcomes through digital ways of working".** This means putting the experiences of patient, carers and staff at the heart of what we do.

The Our Digital Future strategy also supports the delivery of our strategic priorities in Living Healthier, Staying Well and our Population and Organisational Outcomes and is informed by feedback from our engagement. It covers Primary Care, Secondary Care, Community Care and Mental Health.

Our longer term vision is to work towards the development of a Digital Health and Social Care Strategy across North Wales, which ensures we are working collaboratively so together we can deliver more technology enabled care, supporting care closer to home and our prevention agenda.

The purpose of this report is to set out our progress against this vision, and putting the experiences of patient, carers and staff at the heart of what we do.

What we did well

We are excelling in the "Embracing Innovation" enabler through our work with the Small Business Research Initiative (SBRI) Centre. The Centre continues to be approached to assist colleagues across Wales on challenge led innovation and is currently assisting on a £1.5 million bid to reduce plastic waste within health. We continue to work with colleagues across Wales to identify unmet needs and run challenges within industry and ensure procurement and adoption of successful solutions.

We are well on our way to achieving what we set out to do this year in relation to the "Information to Improve" enabler. We have increased the use of Business Intelligence (BI) Dashboards for example, providing enhanced visibility, timesaving efficiency and enabling more accurate reporting. A pilot of Robotic Process Automation (RPA) is also being used.

We are also achieving against our "Strong Partnerships" enabler, having developed a model Information Sharing Protocol (ISP) to support integrated working across health and social care, and has been approved by the North Wales Information Governance leads.

Within the "Digital Organisation" enabler key achievements include the Chief Digital and Information Officer now being in post, who sits on the Board and the Executive Management Team to drive forward the digital agenda. We also launched the Digital Strategy and have developed a draft benefits framework and management of portfolio framework.

With regard to "Enabled Patients and Carers" we have implemented an online Patient Experience System to capture patient and carer feedback allowing the Health Board to engage with our community, to understand how the services we are providing are working, and to listen and act upon how the public say the Health Board needs to improve our services to provide a better experience. In terms of how we support the national development of the Digital Services for Public and Patients Programme (Patient Portal Gateway) the Head of Programmes Assurance and Improvement (PAI) sits on the Service Delivery and Transformation Group, and the Chief Clinical Information Officer is the Chair of the Ethics Groups.

For "Connected Staff", we have implemented Symphony at all our main sites and have considered the feasibility of a Digital Ward and as a result are implementing Stream across all wards. We have

assessed the feasibility of an e-referrals system and are implementing the Welsh Patient Referral Service (WPRS). We are also working with a number of different services to implement new systems and increase their gains from digital.

As part of our Road Map, we have successfully implemented:

- Symphony – an Emergency Department System across the Health Board
- My Prostate Specific Antigens (PSA) Tracker – PSA Blood tests are logged and tracked on the system
- Wellsky – Pharmacy & Medicines Management (drug procurement, stock management and dispensary)
- Welsh Patient Administration System (WPAS) (West into Central - May 22)
- Office 365 – Phase 1
- Procurement and roll out of laptops and smart phones for services to access Malinko

We have started:

- Results Management
- Medicines Transcribing & Electronic Discharge (MTeD)
- Canisc Replacement
- Eyecare Programe
- E-Referrals – Electronic Referrals from GP's to Consultants (Includes e-Advice)
- Welsh Community Care Information System (WCCIS)
- Stream – electronic board round process supporting patient flow
- WPAS Single Instance

We are preparing for:

- Welsh Intensive Care Information System (WICIS)
- Electronic Prescribing and Medicines Management Administration

What we are not doing so well

As part of our "Strengthened Digital Foundations" enabler, we had hoped to review the Informatics Support Model and pilot a new model in Mental Health and our Community Resource Teams, incorporating best practice in communication technology. However, this action was put on hold due to the development of the new Operational Model for the organisation as a whole that Informatics are required to support through the development of a new business partner approach.

Within the "Digital Organisation" enabler we have not been able to undertake research on the impact of systems on patient safety and outcomes and integrate the findings into the benefits realisation framework due to lack of resources, and we haven't yet fully assessed the level of staff engagement in project engagement and communication plans.

3. Informatics at Betsi Cadwaladr University Health Board (BCUHB)

Our Informatics Team supports the delivery across the Health Board and is made up of ICT, Patient Records & Digital Integration, Information and Clinical Coding, and Programmes, Assurance and Improvement. The Digital Strategy sets the direction of work for the team for the next few years.

- **ICT**
  Information and Communication Technology (ICT) is the development, management and support of the core ICT infrastructure, including systems and servers, networks,

telephony, personal computers, email and collaboration and mobile communications as well as the provision of Service Desk and Customer Support and Engagement.

- **Patient Records and Digital Integration**
  The Patient Records and Digital Integration Department provides a sustainable range of services that are renowned for ensuring the quality and standards of patient records, ensuring the timely availability of records to inform clinical decisions, and meeting our legislative requirements in relation to subject access requests; alongside leading projects to deliver the safe transformation from paper to digital.

- **Information and Clinical Coding**
  The Information Management Services Department is responsible for delivering a complex and diverse service to the Organisation comprising of WPAS Management, Information Development, Information Reporting, Information Standards, Information Analysis and Clinical Coding.

- **Programmes, Assurance and Improvement**
  The Programmes, Assurance and Improvement Service manage national and local digital programmes and projects working across the organisation. Undertaking business analysis to support services with their processes and systems, provide business support, assurance and improvement for the Informatics Service and are the guardians for the national SBRI Centre.

The new CDIO and Senior Leadership Team have identified some deficiencies and gaps in this structure and operating model. It is likely there will be some changes at a future date.

4. OUR DIGITAL VISION, AMBITIONS & ENABLERS - OVERVIEW

Our Digital Future

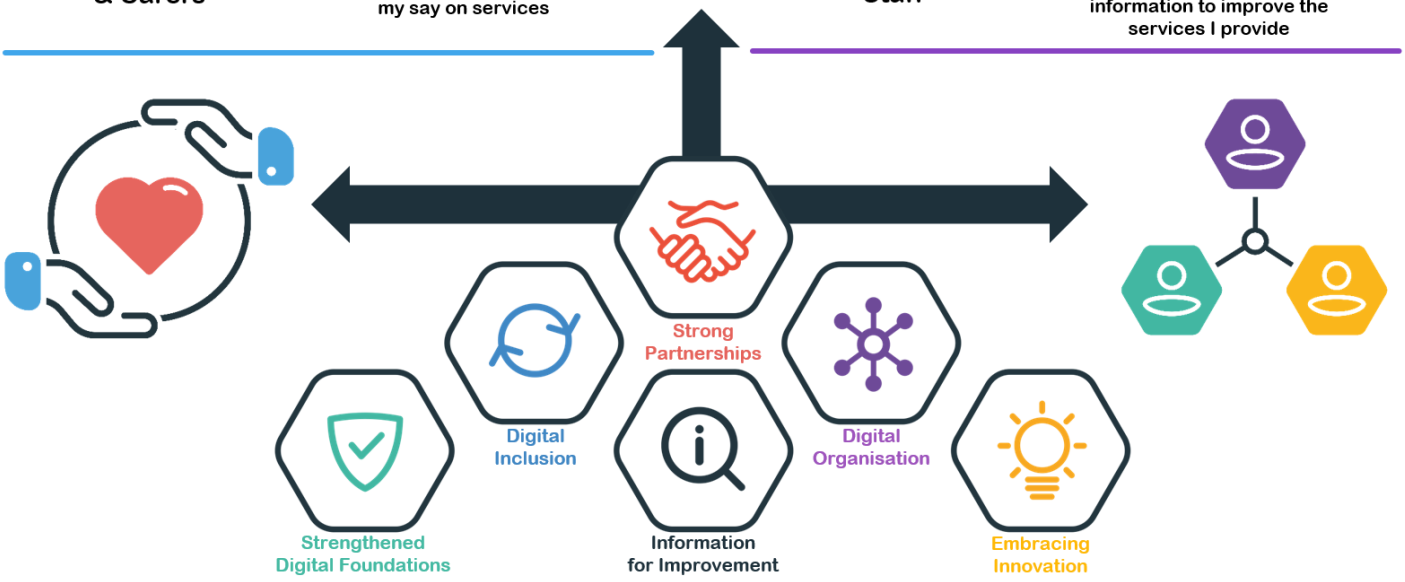
"Transforming the Patient experience, safety and outcomes through digital ways of working"

Ambition 1 Enabled Patients & Carers

As a Patient or Carer I can use Digital Technologies to actively manage my own care / care of others, to communicate and to have my say on services

Ambition 2 Connected Staff

As a member of Staff I can access the right information, in the right place at the right time, with the right devices and I am supported to be confident to use technology & information to improve the services I provide



The 6 Key Enablers

Enabler 1 – Strengthened Digital Foundations

"Our ICT infrastructure, systems, devices and support provided are suitable for today and the future, we have strong information security and governance, and we get the best out of our suppliers"

Enabler 2 – Information For Improvement

"We use quality data to create intelligence to make better decisions, predict demand and improve services"

Enabler 3 – Digital Organisation “Think Digital”

“Think Digital” We actively develop our digital culture and maturity through committed and accountable leadership, being integrated throughout our business planning processes with the appropriate investment to improve. Delivering benefits to patients and staff: financial, non-financial, social and environmental.”

Enabler 4 – Strong Partnerships

“We can seamlessly share relevant information with our key partners and we work co-productively in developing new ways of working with our Patients, Staff, Key Partners and Suppliers”

Enabler 5 – Digital Inclusion

“We are fully aware of the impact of any new ways of working on our patients, carers and staff so we can put plans in place to ensure inclusion.”

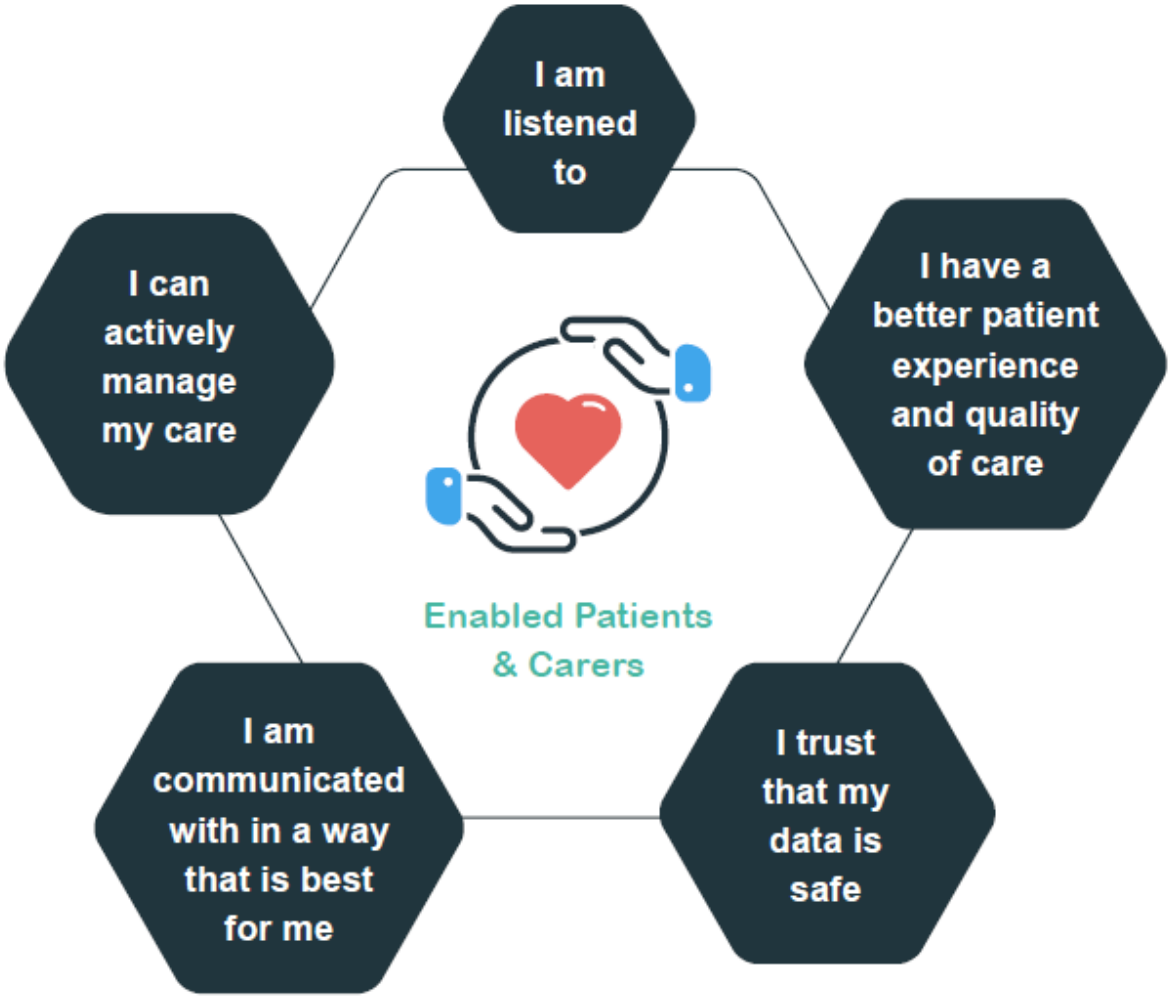
Enabler 6 – Embracing Innovation

“We keep up to date with new ideas and ways of working and be involved in and invest in innovative research and development. We learn from and are ready to adopt best practice”

5. AMBITION 1 – ENABLED PATIENT & CARERS EXPERIENCE - UPDATE

Patient & Carers Experiences

We want our patients and carers to have the following experiences:



I am communicated with in a way that is best for me

What we wanted to achieve over the year

- **To plan any new patient digital systems so they take the language/method/format into account (includes the Welsh Language)**

Did we achieve it?
Ongoing action - we currently do not have any patient facing systems

I am listened to

What we wanted to achieve over the year

- **To embed a user-centred design approach into the implementation of patient focused systems**.

Did we achieve it?

Partly. End user training has just started to be provided nationally. Some staff have attended training but further development is required and linked to Service Design.

- **To implement a Patient Experience System**

Did we achieve it?
Yes. Civica is an online patient and carer feedback system which has been implemented and is being used across the health board. This system is being used as a tool to capture patient and carer feedback. This system allows the Health Board to engage with our community, to understand how the services we are providing are working, and to listen and act upon how the public say the Health Board needs to improve our services to provide a better experience.

- **To keep up to date with the Technology Enabled Care (TEC) Cymru Centre to identify and prioritise TEC projects for care closer to home**.

Did we achieve it?
Yes. Our Informatics Senior Leadership Team (SLT) received a presentation at the SLT meeting from Mike Ogonovsky on the work of the TEC. No projects were identified for prioritisation. This needs to be reviewed in relation to the Digital Strategy moving forward.

I have a better patient experience and quality of care

What we wanted to achieve over the year

- **To assess the impact on patient safety through our benefits realisation framework.**

Did we achieve it?
Partly. The draft benefits realisation framework has been trialled within two different projects (WellSky and Office365). Feedback from the users is being collated to help inform any required changes to the framework. The benefits realisation lead has received formal benefits realisation training and the learning will help inform the further development of the framework. The framework will need to compliment any Portfolio Management framework which is developed. A benefits realisation framework will provide structured processes to identify and deliver real outcomes that specifically support strategic objectives.

I can actively manage my care

What we wanted to achieve over the year

- **To support the national development of the Digital Services for Public and Patients Programme(DSPP – Patient Portal Gateway – NHS App)**

Did we achieve it?
Yes. The Head of PAI sits on the Service Delivery and Transformation Group and the Chief Clinical Information Officer is the Chair of the Ethics Groups.
The DSPP Update sessions have been promoted by Informatics.

6. AMBITION 2 – CONNECTED STAFF - UPDATE

Staff Experiences

We want our Staff to have the following experiences:

I can work more efficiently through new ways of working

What we wanted to achieve over the year

- **Implementation of the EyeCare Programme**

Did we achieve it?

Partly. The project is behind original national schedule of having a single pathway live in OpenEyes by March 2022 but there have been issues with the system - most notably the Enterprise Master Patient Index (eMPI) not working beyond Cardiff patients. This clinical digital system will allow patient information to be shared between Primary Care and Secondary Care staff more easily.

I have the digital skills, confidence and the right equipment to do my job

What we wanted to achieve over the year

- **Develop a Digital Skills Plan working collaboratively with our key partners**

Did we achieve it?
Partly. Health Education and Improvement Wales (HEIW) have published a draft Digital Skills and Capability Framework and we will be using this to develop a Digital Capability Plan.

I am actively involved in improving my service

What we wanted to achieve over the year

- **Implementation of user centred design in the development/implementation of new systems**

Did we achieve it?
Partly. End user training has just started to be provided nationally. Some staff have attended training but further development is required and linked to Service Design.

I can work effectively as part of an internal team or with key partners

What we wanted to achieve over the year

- **Implementation of a Community Information Sharing System**

Did we achieve it?
Partly. The Welsh Community Care Information System(WCCIS) business case has been approved and a prototype is due to go live in September 2022.

I can work more efficiently through new ways of working

What we wanted to achieve over the year

- **Implementation of Symphony/Welsh Emergency Department System(WEDS)**

Did we achieve it?
Yes. The Go-live went as scheduled for 30th March 2022 in the Ysbyty Glan Clwyd Emergency Department. Post Go-live resources from Estates and ICT have been secured to install the additional wall mounted devices after they have been received. User support has been extended due to capacity issues and the need for timely resolution of issues inherent with implementation. This system offers real time patient journey tracking and timely identification of patient needs and urgency of attendance.

- **Feasibility of a Digital Ward**

Did we achieve it?
Yes. A proposal was taken to the Safe Clean Care Board but the decision was made to roll out Stream across all wards.

- **Assess the feasibility of the implementation of WPRS (e-Referrals internal Secondary Care)**

Did we achieve it?
Yes. Feasibility has been undertaken and WPRS is currently being implemented to maximise benefits before the WPAS Implementation. Full benefits in East and West will be fully realised when WPAS is in the single instance.

- **Maternity Services Information System**

Did we achieve it?
Partly. The National Digital Cymru team attended the Women's Service Board in February 2022 and gave a presentation. The previous specification issued by the network team is to be replaced by a new specification which is being developed and will be issued to Health Boards by the end of June 2022.

- **Pharmacy – Implementation of Medicine Transcribing and E-Discharge Project (MTeD)**

Did we achieve it?
Partly. The project has been re-initiated with Informatics providing additional project resources that started in post during March 2022. Project delivery resources took several months to be secured following the first Project Board meeting in November 2021.Once implemented the MTeD system will support patients from admission to discharge; addressing poor quality discharge communication and associated inappropriate readmissions, transcription errors from hand written prescriptions, and enables efficient and accurate exchange of discharge information between Secondary and Primary Care.

- **Implementation of Medicine Management and e-Prescribing**

Did we achieve it?
Partly. Procurement Framework - The National Framework Evaluation has taken place to review the potential suppliers of an Electronic Prescribing and Medicines Administration (EPMA) system. There were a number of suppliers to review and the outcome will be shared at the next National Board meeting.

Pre-Implementation proposal - Feedback from Digital Health and Care Wales (DHCW) has suggested that decisions regarding funding of pre implementation teams was on hold and therefore, we are yet to understand what our pre-implementation funding will consist of. Once Welsh Government release funding, a pre-implementation team will need to be recruited.

The new system is designed to reduce the risks associated with traditional methods of prescribing and administrating medicines.

- **Implementation of Rheumatology**

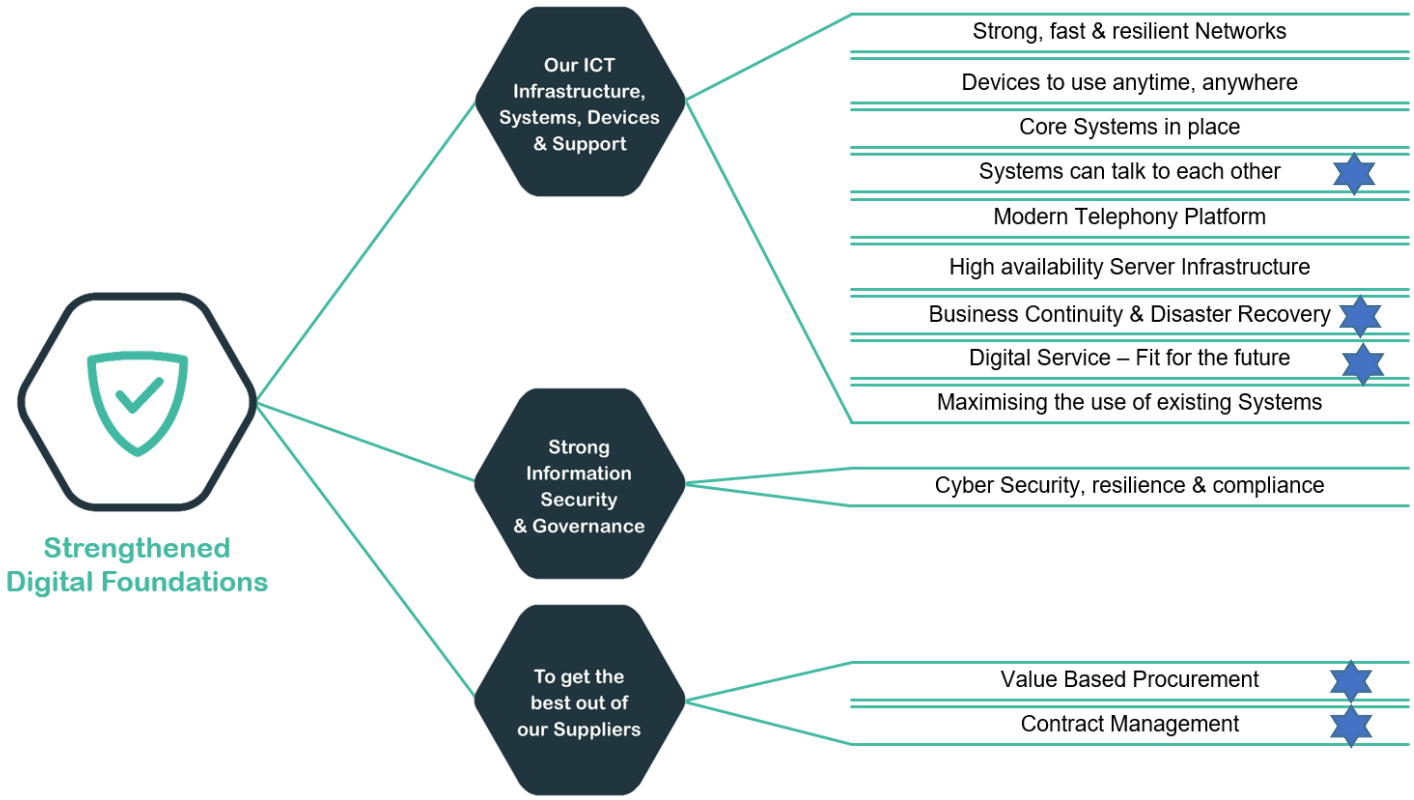
Did we achieve it?
Partly. The Rheumatology service will be utilising WPAS as its core system when Go live commences. However, Rheumatology West have been prioritised to receive Cito as they will lose key functionality when the Profile Information Management System (PIMS) is disabled from May 2022. During the last 6 months the Digital Health Record (DHR) team have collaboratively worked with key Rheumatology colleagues to explore and digitally develop a set of core eForms. These eForms will provide patient data capture fields that support clinical decision which otherwise will be lost.

7. THE SIX KEY ENABLERS - UPDATE

To enable us to deliver our Vision, Ambitions and Experiences we have focused on the following enablers:

Delivery of Enabler 1 – Strengthened Digital Foundations

The areas marked with a ✡ are those we were looking to achieve this year



Our ICT Infrastructure, Systems, Devices & Support Provided Are Suitable For Today & The Future

Systems can talk to each other

The safe portability of patient data using nationally agreed standards and Application Programming Interfaces (API's), will support our 'once for Wales' and indeed more broadly 'once for the patient' approach; i.e. of our patients that are transferred for speciality care, 96% receive this over our closest border into England and as a result we have to work closely on this with our partners and services within and beyond Wales.

Across our organisation we have lots of systems that need to talk to each other to realise the patient experience of providing their information once. When we put new systems in place we will fully assess if they can share information.

Some of our Primary Care and Secondary Care systems don't talk to each other. Primary Care providers have two main systems. This is a big gap in sharing information and impacts the patient journey when they move between the services we provide to patients. This is very challenging, but we want to see if it is possible, firstly on a small scale.

What we wanted to achieve over the year

- **Undertake integration assessments when implementing any new systems**

Did we achieve it?

Partly. Collaborative working has been carried out between Patient Records and Digital Integration and ICT to create a Technical Specification document. This will provide guidance on the integration

requirements for new systems and ensure that any potential new systems have already been assessed for compatibility with Health Board systems. We have undertaken the assessment on site systems, and are currently working on the Cloud based systems assessment. A full assessment was also undertaken prior to the WPAS West into Central and was used to predict implementation issues.

Business Continuity and Disaster Recovery

We will continue to develop our disaster recovery plan and undertake regular exercises to provide the assurance that plans are in place and are ready to be invoked in the event of a critical incident.

What we wanted to achieve over the year

- **Business Continuity Plans in place for all systems across the organisation**

Did we achieve it?

Partly. Engagement and training is ongoing. The responsibility for business continuity planning sits with individual areas/departments/System Owners and we are working closely with our colleagues to help ensure robust plans are in place. All business continuity plans are in place across the Informatics Service.

A Digital Service that is fit for the future

Our ICT support and service will further develop customer engagement as to fully capture services requirements so we can meet our customers' expectations, whilst also working towards achieving the Service Desk Institute (SDI) accreditation so we provide industry best practice.
Across Informatics, we will review our current service support model that we provide so that it can best meet the needs and demands of the services; we will also include how we can best use new communication technology.

We know from our response to COVID-19 that we need to have technology that is easily transferable or portable to be able to respond to business continuity incidents.

What we wanted to achieve over the year

- **Review Informatics Support Model and pilot a new model in Mental Health and our Community Resource Teams, incorporating best practice in communication technology**

Did we achieve it?

No. This action was put on hold due to the development of the new Operational Model that Informatics are required to support and develop a new business partner approach. This new model is to be developed in 2022/23.

To Get The Best Out Of Our Suppliers

Value Based Procurement and Contract Management

We will continue to improve our procurement practices to ensure we gain the right systems/services to deliver what we need and that they are fit for purpose for the end user. This is important as it is

directly related to our approach to ‘once for Wales’. We also will work better with our suppliers to get more financial and social value from them through improved relationships and supplier management.

At a national level one of our key suppliers is DHCW, they have to prioritise and meet the needs of all the Health Boards in Wales. As Health Boards are at different levels of digital maturity DHCW has to ensure they know what our priorities are to deliver this Strategy and work with us to develop our joint plans for delivery on an annual basis, before their plans are approved by the Welsh Government. We also need to monitor the implementation of our joint plan.

What we wanted to achieve over the year

- **Work collaboratively with NHS Wales Shared Services Partnership (NWSSP) to strengthen procurement processes. Use Value Based Procurement where appropriate and to gain maximum value from our contracts (including Social Value)**

Did we achieve it?
No. Value based procurement has just started to emerge nationally and is being led by the National Value Based Health Team. https://vbhc.nhs.wales/professionals/value-based-procurement/

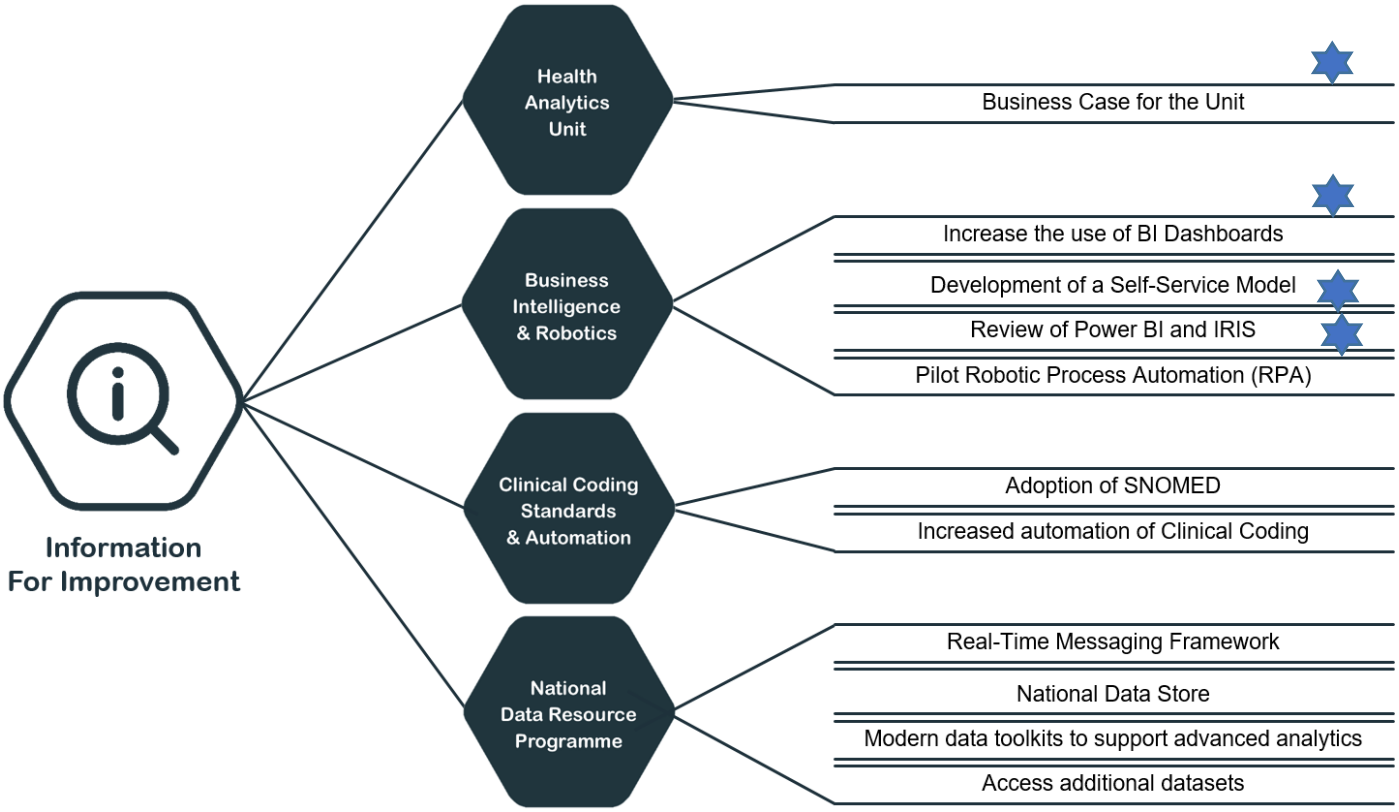
This approach will be led by the new BCUHB Value Based Health Team. Two members of the Informatics Team have already attended national training and are well placed to work closely with the Value Based Health Team.

- **Annually develop a joint plan for the year ahead with DHCW**

Did we achieve it?
Yes. We communicate regularly with DHCW and a Plan has been developed and will be updated on an ongoing basis.

Delivery of Enabler 2 – Information For Improvement

The areas marked with a ✸ are those we were looking to achieve this year



Health Analytics Unit

Develop a Business Case for the Health Analytics Unit

A Health Analytics Unit would enable us to create dedicated capacity and further develop skill within the team to undertake modelling and forecasting that proactively supports the organisation with longer term planning.

We will develop a business case to show the added value, costs and benefits that this Unit will bring.

What we wanted to achieve over the year

- **Develop a Business Case for the Health Analytics Unit**

Did we achieve it?

Partly. This has been delayed due to changes in the organisational structure. A paper will be provided to the Executive Management Team (EMT) that outlines the direction of travel in relation to the move from reporting to insight. This links with the Lightfoot (the use of digital intelligence to improve services) project and the Integrated Quality and Performance Report (IQPR) developments, leading the organisation to use data differently and make data driven decisions.

Business Intelligence & Robotics

Increase the use of Business Intelligence (BI) Dashboards

Many of our services use BI dashboards and more services can benefit from their use. We will do this by using and further developing our account management approach working with the services to ensure information gaps are addressed and that information is at the heart of service management and decision-making.

What we wanted to achieve over the year

- **Increase the use of BI Dashboards**

Did we achieve it?
Yes. We have increased the use of BI Dashboards i.e. IPQR across the organisation which provides enhanced visibility and timesaving efficiency which enables more accurate reporting.

Review of Power BI and Information Reporting Intelligence System (IRIS)

We will standardise our reporting templates and develop our brand to provide consistency and assurance to our information users.

What we wanted to achieve over the year

- **Review of Power BI and IRIS**

Did we achieve it?
Partly. This is an ongoing action to review IRIS content to ensure that historic content remains fit for purpose. The file structure is also under review to ensure robust security and continuity arrangements are in place.

Pilot Robotic Process Automation (RPA)

Identify and undertake a RPA Pilot to demonstrate the value it can bring to some repetitive key tasks.

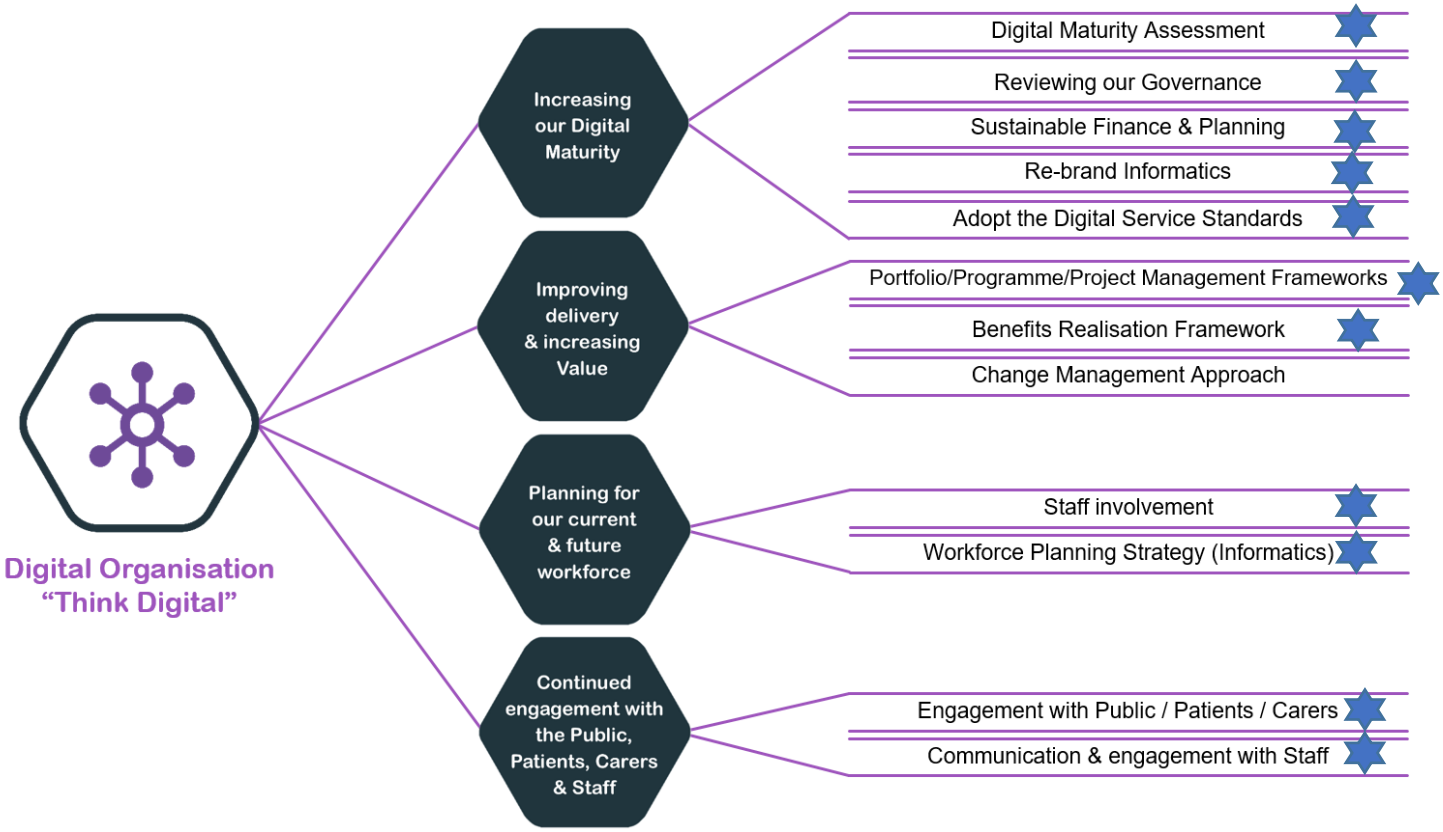
What we wanted to achieve over the year

- **Pilot Robotic Process Automation**

Did we achieve it?
Yes. This is currently being utilised and provides automation to improve productivity with repetitive and time-consuming processes being carried out by an RPA as a replacement for a member of staff.

Delivery of Enabler 3 – Digital Organisation “Think Digital”

The areas marked with a ✡ are those we were looking to achieve this year



Increasing Our Digital Maturity

Digital Maturity Assessment

Our digital maturity will improve through knowing where we are now and where we want to get to with a clear plan in place. We will focus on our ability to plan and roll out digital services, increase the amount we use digital to deliver services and our infrastructure we have to support our digital service delivery.

What we wanted to achieve over the year

- **Baseline our Digital Maturity (Includes Leadership & Capabilities)**

Did we achieve it?

No. This work has not yet started but different models are being researched i.e. Healthcare Information and Management System Society (HIMMS).

Reviewing our Governance

Our systems and processes that we use to lead, control and direct our digital work (our governance) will need to be reviewed and strengthened. This includes our digital expertise and leadership making sure we have the right people with the right skills to contribute across our organisation. Our governance will also include all the frameworks that we need to make change happen i.e. change, benefits etc.

What we wanted to achieve over the year

- **Undertake a review of Digital Governance as to incorporate the Digital Strategy**

Did we achieve it?

Partly. Corporately there has been a review of governance and a new Governance Framework has been developed. A Digital Delivery Group will be set up under the Transformation and Finance Executive Delivery Group. Draft Terms of Reference have been developed, these will be finalised, and the group set up once approved.

- **Chief Information Officer to sit on the Board (Or Board approved digital representative)**

Did we achieve it?

Yes. A Chief Digital and Information Officer is now in post and sits on the Board and the Executive Management Team.

- **Develop a Communication Plan to raise awareness of the Strategy**

Did we achieve it?

Yes. The strategy has been launched.

Sustainable Finance and Planning

We have limited finances, this is one of the key areas identified by our staff which they felt could impact on the delivery of this strategy. Finance is our biggest risk in the delivery of this strategy, but we have to ensure that we provide the best experiences and outcomes that matter to people, whilst looking after our limited resources and finances.

We will make best use of our existing budget and ensure we deliver value. We will introduce new ways of working such as Portfolio Management which will help us prioritise what we do, delivering what contributes to what we need to deliver our strategic priorities and we will align this new way of working with our existing governance structures.

Where there is short term funding available for digital transformation, we need to maximise the use of this resource but whilst also ensuring what we do will last longer than the length of the funding as short term solutions can have a negative impact on patient and staff experiences.

As our funding is limited and sometimes short term we will also look for additional sustainable funding opportunities, having this strategy and knowing our priorities will make this easier for us to take these types of opportunities.

Our business cases need strengthening for projects across the organisation so that all digital costs are fully identified as well as taking into account the lifetime costs of the systems and equipment we put in place. Again, making the best use of our resources.

Digital planning for the future at a service level needs to improve as it allows us to plan our resources and funding better and for us to be able to deliver the right projects or work that deliver our strategic priorities, provides value and benefits.

What we wanted to achieve over the year

- **Implement a Management of Portfolio approach which includes a full review of governance of Digital Programmes/Projects**

Did we achieve it?

Partly. The draft Management of Portfolio Framework has been developed. This will need to be approved by the Digital Delivery Group and then implemented. The Governance Review has been undertaken, please see **Reviewing our Governance**.

Re-brand Informatics

To modernise our thinking, we will re-brand our Informatics Department so the service are not seen to be just about laptops and phones, but about the wider digital agenda and support with transformational change.

What we wanted to achieve over the year

- **Re-brand the Informatics Service**

Did we achieve it?
No. This has been on hold pending the appointment of the new Chief Digital and Information Officer.

Adopt the Digital Service Standards

Part of becoming a Digital Organisation is that we have to keep the people who use our services at the centre of what we do and we will do this by adopting the Digital Service Standards Wales as an organisation and integrate them into our digital projects, this also supports our approach to Digital Inclusion.

What we wanted to achieve over the year

- **To integrate the Digital Standards Wales into the Programme/Project Documentation**

Did we achieve it?
Partly. A meeting has taken place with the national lead for these standards, there is a possibility that they might change so an initial benchmarking has not been undertaken. BCUHB have offered to be a pilot for the standards.

Improving Delivery & Increasing Value

Portfolio, Programme and Project Management Frameworks

To ensure that we are delivering the right programmes and projects and value we will implement a Portfolio Management Framework, this will help us prioritise what we need to do.

Delivering new systems and ways of working at a pace relies on us having the right amount of staff with the right skills but also implementing new ways of working, breaking down what we need to deliver into shorter tasks, assess more often with users and change our plans as required. We will implement a more agile approach to how we manage our projects and programmes where it is appropriate and will incorporate this into a review of our Project Management Framework and in the development of our Programme Management Framework.

What we wanted to achieve over the year

- **Review of Project Management Framework to become more agile**

Did we achieve it?
Partly. The review has started and a specification developed to use MS Project Web and funding has been secured. A lead Programme Manager has been designated to integrate Agile into the projects and staff are due to attend training in April/May 2022.

- **Develop and implement a Programme Management Framework**

Did we achieve it?
No. This action has been put on hold until the implementation of Management of Portfolios to see if an additional structure is required.

- **Implementation of Management of Portfolio**

Did we achieve it?
Partly. The draft Management of Portfolio Framework has been developed. This will need to be approved by the Digital Delivery Group and then implemented. Due to a change in direction this work will be integrated into a new portfolio, programme and project office.

Benefits Realisation Framework

Having good plans in place will not deliver the change, the work we do has to make a difference and provide value and we need to be able to show this. Benefits will be identified at the very beginning of what we do and we will monitor their delivery. Benefits have to be owned by the services and our Clinical leads will play an important role in embedding this way of working.

Our focus on benefits will be on the patient i.e. safety, outcomes and experience, our staff as well as financial, non-financial, social and environmental. We need to strengthen our knowledge and experience in relation to systems and the impact on these areas; particularly patient safety, this is a key area for research for us.

What we wanted to achieve over the year

- **Develop and fully implement a benefits realisation framework (including Training/Support)**

Did we achieve it?
Partly. A benefits lead has now been designated who has attended training. A draft framework has been developed and a small pilot has been undertaken. We also have a benefits lead on the Regional Treatment Centres (RTC) Digital Sub-Group where the framework will be piloted again on a larger scale.

- **Undertake research on the impact of systems on patient safety and outcomes and integrate the findings into the benefits realisation framework**

Did we achieve it?
No. No resources available to undertake the research.

Planning For Our Current & Future Workforce

Staff Involvement

Increasing our clinical and non-clinical staff involvement in leading and being involved with our digital projects is crucial as they know what they need from systems and any new ways of working, this is part of our End User Design approach.

Our current Digital Clinical Leadership Team needs to be strengthened to also include a Nursing Clinical Lead, to ensure that the nursing profession is fully represented and shaping Our Digital Future.

All clinical staff who take on these lead roles will all have appropriate and ongoing support to continue to develop into their roles; this support will be clinically led by our Chief Clinical Information Officer (CCIO). One of the key roles that has been identified through this strategy is to be the champions for clinical benefits realisation.

This strategy will impact on all of our staff, the wider staff involvement in this change is covered in the Staff Experiences section.

What we wanted to achieve over the year

- **Appointment of a Clinical Digital Nurse Lead**

Did we achieve it?

Partly. The position is being covered on an interim basis. The job description is currently being banded. We are expecting to be able to advertise within the next three months.

- **Fully assess the level of staff engagement in all project engagement and communication plans.**

Did we achieve it?
No. Not started and forms part of the Project Management Framework.

Workforce Planning Strategy for Informatics

To be able to deliver this strategy we need to have the right digital workforce now and a plan for what workforce we will need over the next 5+ years, including our leadership and management. We already know that we have an increasing need for staff with cybersecurity skills and we also expect this key area to become even more complex and expensive.

Training is a key part for planning for our future skill needs; we expect that in 5 years' time our skills needs will be significantly different to today due to the pace of technological change.

Developing our Workforce Planning Strategy is a key area that we will need to work collaboratively on with our local Colleges, Universities and National Bodies such as HEIW, Social Care Wales, DHCW and the Centre for Digital Public Services.

What we wanted to achieve over the year

- **Develop and Informatics 5 year Workforce Planning Strategy and Implement**

Did we achieve it?
Partly. Work has started and the "Understand" phase has been completed but will require updating as it is over 6 months out of date because as a team we have grown and had staff turnover. ICT have started the professionalisation of the service through British Computer Society (BCS) Membership and started to develop the career pathway.

Continued Engagement With The Public, Patients, Carers & Staff

Planned Engagement with the Public, Patients and Carers

The response to our Public/Patient Survey was great, and this strategy has been shaped based on the feedback and comments that we received.

Building on this engagement is important so see if this strategy is making a difference and we will work through our existing networks and also developing an informal Digital Patient Group who will be involved in testing digital solutions and providing views on approaches to digital solutions.

We will also need to continue to engage to assess if we have improved from the Public/Patient view as the engagement has provided us with a baseline to which we can assess our delivery of this Strategy.

What we wanted to achieve over the year

- **DSPP: To work supporting the national development of the Digital Services for Public and Patients Programme. (NHS App)**

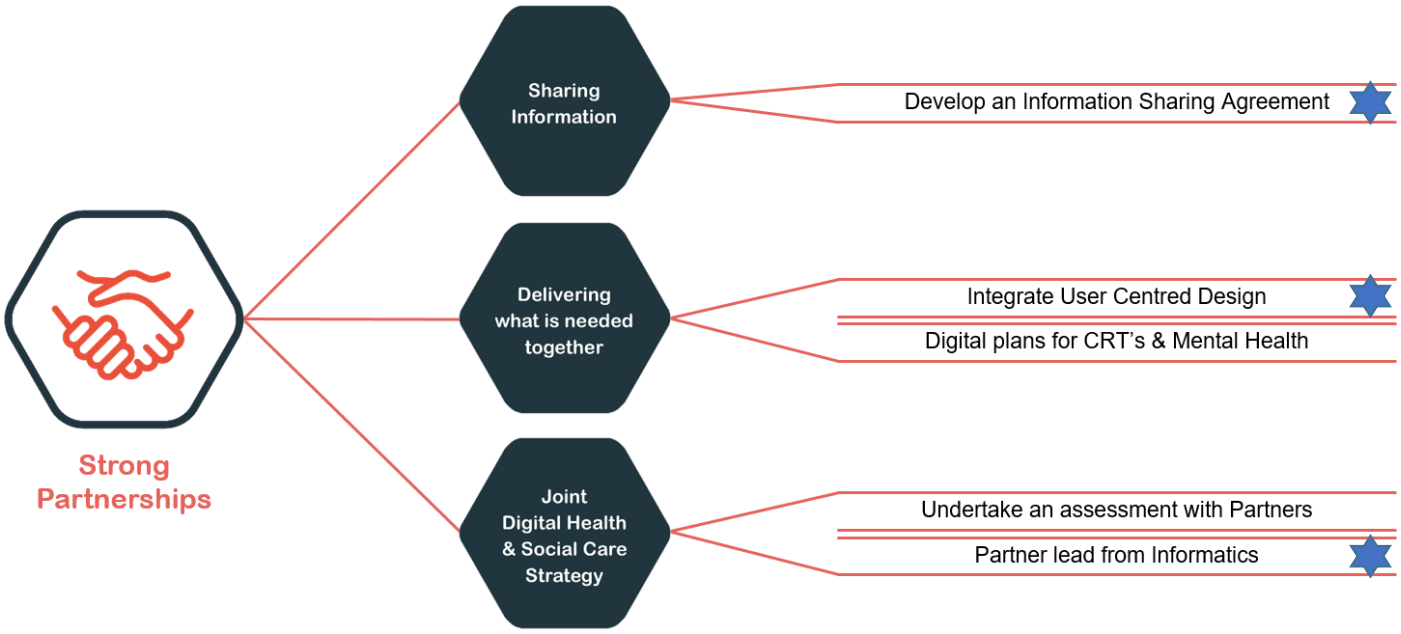
Did we achieve it?
Yes. The CCIO is currently chairing the Ethics and Information Governance Assurance Group. Head of PAI attends the Service Delivery and Transformation Assurance Group. Informatics are currently reviewing the representation at all DSPP meetings.

- **Set up a virtual digital patient group**

Did we achieve it?
There has been no reason for this group to date as we have not implemented any patient facing systems.

Delivery of Enabler 4 – Strong Partnerships

The areas marked with a ✡ are those we were looking to achieve this year



Sharing Information

Develop an Information Sharing Agreement

We will work collaboratively with our Partners to develop an Information Sharing Agreement so that we keep information safe and we ensure that information is shared lawfully in line with Data Protection Legislation.

What we wanted to achieve over the year

- **To develop an Information Sharing Agreement and embed it into practice**

Did we achieve it?
Yes. A model Information Sharing Protocol (ISP) has been developed to support integrated working across health and social care, and has been approved by the North Wales Information Governance leads. The ISP is now with Area Teams and Local Authority partners for local sign-up. Organisational Information Governance leads have agreed to work with operational staff to embed the information sharing principles in service delivery. An Information Sharing agreement will justify our data sharing and demonstrate the Health Board has documented relevant compliance issues. It will also provide a framework to help the Health Board to meet the requirements of the data protection principles.

Delivering what is needed together

Integrate User Centred Design

We will train our digital staff to work more co-productively and to integrate User Centred Design into how we work. We will work co-productively with our community resource and mental health team to develop service digital plans. Our key internal partner is our Information Governance Team, who we will continue to work closely with to ensure we meet Data Protection legislation and ensure privacy by design.

What we wanted to achieve over the year

- **Project Staff to attend training and provided with support to work co-productively**

Did we achieve it?
No. This will be carried out as part of the end user training that is being provided nationally.

Joint Digital Health and Social Care Strategy

Partner Lead from Informatics

We will work with our partners to assess if they would prioritise the development of a Joint Digital Health and Social Care Strategy.

We will provide a partner lead from the Informatics Service to continue to work with partners on digital opportunities that benefit our patients and staff.

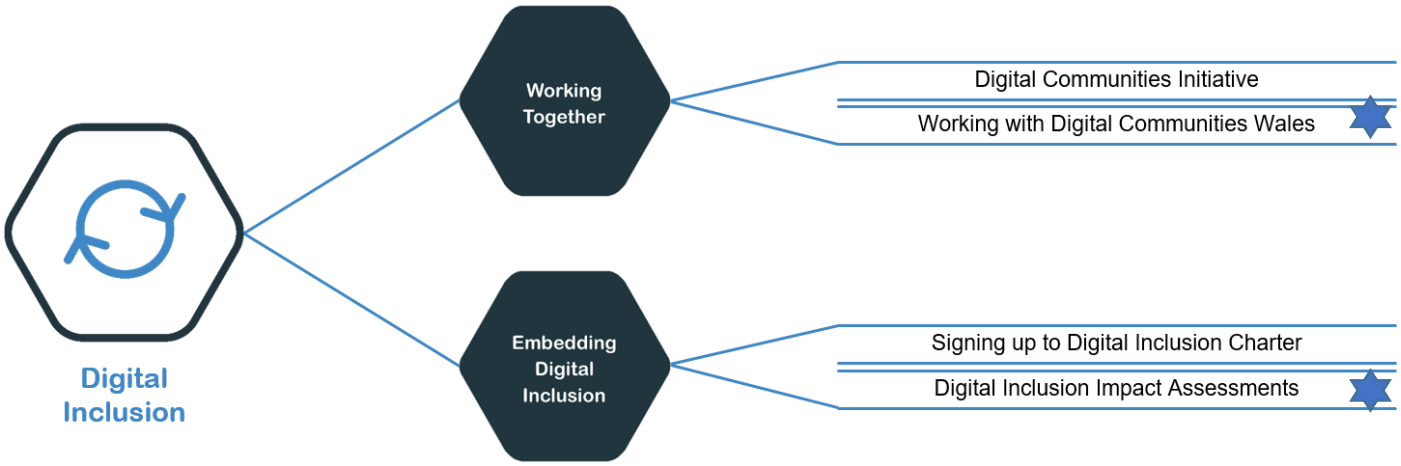
What we wanted to achieve over the year

- **Allocate a Partner Lead from Informatics**

Did we achieve it?
Yes. The Deputy Head of ICT has been named the Partner Lead for Informatics.

Delivery of Enabler 5 – Digital Inclusion

The areas marked with a ✡ are those we were looking to achieve this year



Working Together

Digital Communities Initiative

We are part of the Digital Communities Initiative and will continue to be a part of this group. We will focus on providing digital training to Health and Social Care Staff to support the most vulnerable to become digitally included; support citizens to engage with virtual consultations and support people with new or existing chronic conditions to use digital technology.*

As we have stated we want to assess if our Local Authority Partners want to have a Joint Digital Health and Social Care Strategy. Due to the significant impact of digital exclusion on people who use our services we want to progress our work with our partners to develop a digital strategy for personalised care and support, which will form part of an overall Joint Digital Strategy.

*Note: this may not be Health Board wide as Local Authorities have to opt in to be involved.

What we wanted to achieve over the year

- **Further develop the relationship with Digital Communities Wales and report on what work they are doing with the Health Board as a way of sharing good practice**

Did we achieve it?
Yes. Engagement with Digital Communities Wales has been carried out and a full report on the work they are involved in with the Health Board can be found in Appendix 2.

Working with Digital Communities Wales (and/or other Welsh Government Programmes which aim to reduce digital exclusion)

Digital Communities Wales: Digital Confidence, Health and Well-being is a three-year Welsh Government funded programme which aims to reduce digital exclusion and help improve basic digital skills levels across Wales

Digital Communities Wales is one of our key partners to improve digital inclusion of both our patients and our staff. We want to continue to work with them and engage with them early when we have patient facing or staff service changes. They are the experts in developing volunteers and digital champions and can advise us on best practice. They are also a key partner in relation to our plans to support our staff in developing their digital skills. (See Ambition2: Connected Staff).

Embedding Digital Inclusion

Signing up to the Digital Inclusion Charter

For our Strategy to be successful Digital Inclusion is crucial so we will sign up to the Digital Inclusion Charter and embed it into our ways of working.

What we wanted to achieve over the year

- **Undertake a Digital Inclusion Impact Assessment for all digital service changes that we make**

Did we achieve it?
No. Assessment has not been finalised to date.

Digital Inclusion Impact Assessments

The impact that we have on our users could be significant, we will fully assess the impact of the digital services that we implement and undertake a Digital Inclusion Assessment (DIIA) utilising the national digital inclusion checklist and incorporating our Socio-economic Duty.

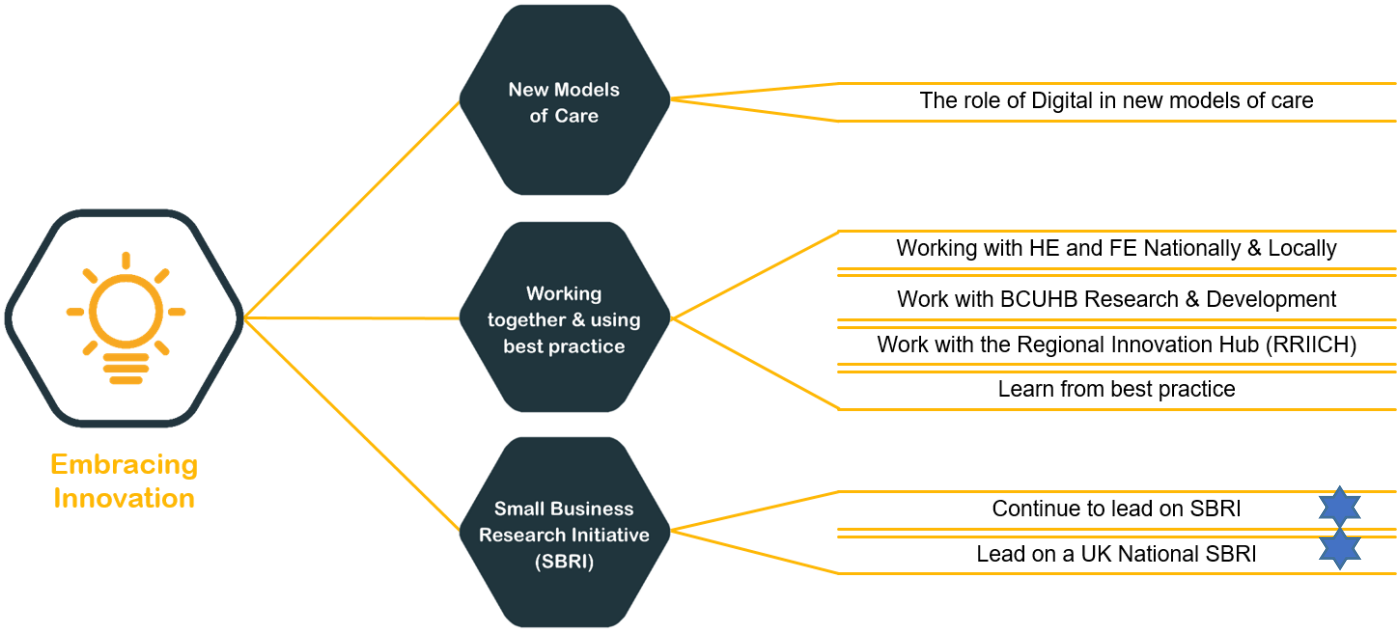
What we wanted to achieve over the year

- **Develop a Digital Inclusion Impact Assessment utilising the Digital Inclusion Checklist**

Did we achieve it?
Partly. The Digital Inclusion impact assessment has been developed and is in draft. Working with the Patient Experience Team to assess its suitability.

Delivery of Enabler 6 – Embracing Innovation

The areas marked with a ✡ are those we were looking to achieve this year



Small Business Research Initiative (SBRI)

Continue to lead on the SBRI

The work that we have done leading the SBRI nationally is award winning and to further drive innovation we are keen to continue with this. This is funded through the Welsh Government currently on an annual basis, with a view to making permanent.

What we wanted to achieve over the year

- **To continue to host the National Small Business Research Initiative (SBRI) Centre of Excellence.**

Did we achieve it?
Yes. Funding received for 2022/23 to continue to host the SBRI Centre.

- To continue to collaborate with colleagues across public sector organisation within Wales to identify unmet needs and run challenges within industry.

Did we achieve it?
Yes. 4 Challenges have been run in 2022.

1. Outpatients Transformation - 2 solutions currently being developed. The first to aid pathologists in detection of prostate cancer and the second being an app to digitise the

see on symptoms process and to give patient the information and resources they need for their conditions.
2. Simulation Technology - 2 solutions developed using virtual reality to assist in tracheostomy training.
3. Emotional Health and Wellbeing in Children - 1 App developed with Denbighshire County Council to complement their 5 ways to wellbeing framework.
4. Better Lives Closer to home - 4 very different solutions being developed to assist communities and businesses in COVID-19 recovery.

- **To strengthen the Centre's innovation footprint and standing across Wales**.

Did we achieve it?
Yes. The Centre continues to be approached to assist colleagues across Wales on challenge led innovation. Currently assisting Cwm Taf Health Board on a £1.5 million bid to reduce plastic waste within health. If successful, the Centre will run this challenge.

Mentoring has commenced with Cardiff Council and Monmouthshire Council to run a £2.5 million food challenge.

Expressions of Interest have also been received for challenges from across Wales, which the Centre is currently pulling together ahead of evaluation.

- **To work with procurement colleagues across Wales to ensure procurement and adoption of successful solutions.**

Did we achieve it?
Yes. Ongoing procurement activities to assist colleagues to procure solutions/challenges that are due to close at the end of 2022.
These activities will continue into 2023:
- Writing a draft business case for Cardiff and Vale Health Board for the Simulation Technology solutions.
- Ongoing conversations with procurement and Health Boards around recyclable facemasks, arrangement of masks to trial.

Lead on a UK National SBRI

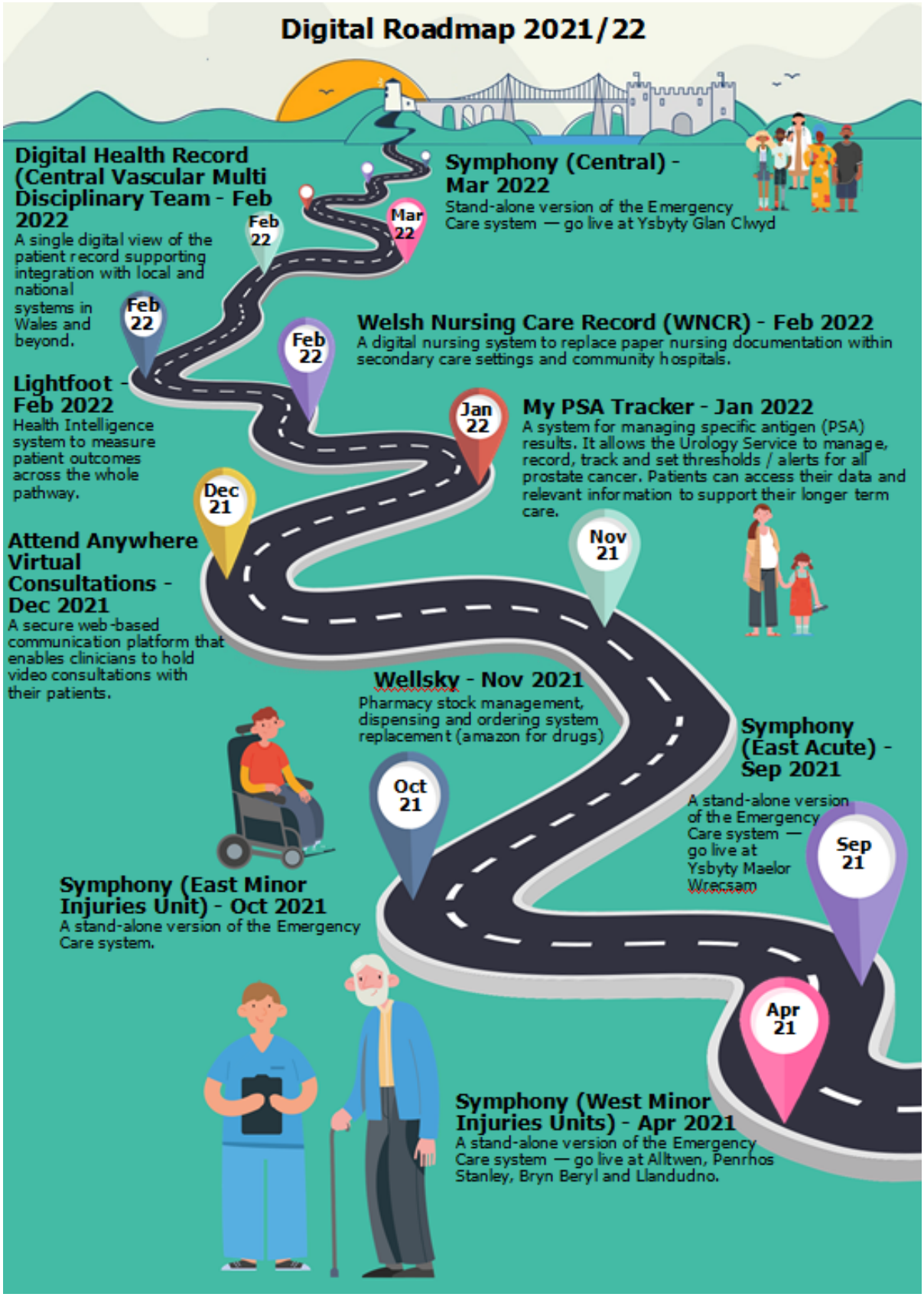
There are so many opportunities for innovation and one of these is to work at a UK level with key partners to develop a national challenge and response.

What we wanted to achieve over the year

- **To lead on work with the other 4 UK SBRI nations to develop and run a UK wide challenge.**

Did we achieve it?
Partly. Meetings continue to be held with 4 nations SBRI teams and shared challenges are to be discussed for 2023.

8. ROADMAP: WHAT WE HAVE IMPLEMENTED DURING 2021/2022



Digital Communities Wales / BCUHB 2021/22

BCUHB Digital Strategy – The strategy 'Our Digital Future' was approved and published with digital inclusion featuring prominently and DCW included as delivery partners for certain elements around DI and digital skills.

The strategy has been recognised as an example of good practice.

Digital Skills Training Programme

DCW, Wales Union Learning Fund (WULF) and BCUHB Estates and Facilities Directorate signed an MoU in October 2021 for the delivery of the Digital Skills Programme.

Aims of the partnership

a. *The aim of the 'Digital Skills Training Programme' will be to ensure that Estates and Facilities Staff from Betsi Cadwaladr University Health Board have the opportunities and support they need to develop a range of digital skills. The learning will enable workers to gain both the skills and confidence to be active and responsible digital citizens and to adapt with confidence to digital transformation in their workplace and job roles.*

b. *The project aims to support this activity through the creation of a partnership between Betsi Cadwaladr University Health Board, Unison Wales and Wales Co-operative Centre with the aim of increasing digital literacy and digital confidence through a shared programme of digital skills training.*

c. *The partners recognise the benefits that the collaboration could bring to health board staff and the wider health and social care workforce across North Wales and are committed to proceeding in a transparent and open manner.*

A project board with representatives from each partner organisation has been created which meets monthly to steer the project.

A meeting was held with the senior leadership team within the E&F directorate to explain the project, with a leaflet created for managers and staff explaining what the project is about.

We developed a bespoke skills audit for the programme to assess foundational and basic digital skills as well as considering use of digital within the workplace. It was decided that the skills audit would be a paper-based exercise to ensure that those who are digitally excluded were able to respond. The skills audit has now closed, with 380 people responding, responses are currently being collated and will help shape the learning opportunities offered to address gaps in skills.

It is anticipated that focus groups will be held once the skills audit has been completed to ensure that the programme delivers what staff want and need in terms of digital skills development.

We are aiming to deliver a range of learning opportunities over the summer and into autumn, informed by the skills audit and focus group. These will likely include face to face sessions for foundational and basic digital skills, virtual sessions, drop-in sessions, and a range of useful resources.

In March DCW and WULF delivered an introductory session to existing ESR champions who had expressed an interest in becoming Digital Champions. We want to ensure that there are a variety of support mechanisms in place to support staff lacking in digital confidence and workplace digital champions are a great way of doing this. A full Digital Champions training session has been arranged for 13 July 2022.

As part of the project the E&F directorate have purchased 45 iPads which will be made available for staff use. It is felt that this is a really important element of the project providing staff with the opportunity to practice and develop their digital skills whilst also accessing things such as ESR.

Welsh Nursing Care Record

The Welsh Nursing Care Record (WNCR) has been launched in several health boards across Wales. The project is **transforming nursing documentation by standardising forms and turning them digital**. We have been working with Jane Brady in BCU to support this transition. Recognising that the switch to a digital record may prove challenging for some we supported Jane to create a bespoke skills audit which has been distributed to relevant staff. To date 318 responses have been received with the survey due to close w/c 13/6/22.

Once responses from the skills audit have been collated, we will work with Jane to develop a range of appropriate learning opportunities for staff who aren't digitally confident.

Next steps

- BCU to sign DI charter and receive charter accreditation (creation of associated action plan)
- Digital Health Record

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People & Population Health Committee (PPPH) 12th July 2022**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Informatics Digital Reporting Dashboard Quarter 1, 2022-23
Cyfarwyddwr Cyfrifol: Responsible Director:	Dylan Roberts, Chief Digital and Information Officer
Awdur yr Adroddiad Report Author:	Liam D. Allsup, Business Planning and Improvement Manager
Craffu blaenorol: Prior Scrutiny:	Dylan Roberts, Chief Digital and Information Officer
Atodiadau Appendices:	Appendix 1 – Welsh Community Care Information System (WCCIS) Strategic Final Report Appendix 2 – WCCIS Strategic Review Q&A Appendix 3 – Digital Delivery Plans Appendix 4 – Project Pipeline Appendix 5 - Data Standards Change Notice (DSCN) and Impact Assessments (IA) Appendix 6 - Road maps for 2022/23 and 2023 - 2026

Argymhelliad / Recommendation:

The Committee is asked to:-

- note the report.
- review the report and determine if it provides the appropriate levels of assurance.

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**	**X**	**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**

N/A

Sefyllfa / Situation:

The purpose of this report is to provide the Partnerships, People & Population Health Committee (PPPH) with assurance, on behalf of the Health Board, with regard to that which is being delivered by the Informatics services.

1. An overview of the projects and activities outlined within the Digital Strategy Reporting Dashboard
2. Provide PPPH Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities which relate to Informatics services are being met.
3. Provide PPPH Commitee with an update on the WCCIS National Review.
4. For PPPH Commitee to discuss and acknowledge whether the content provides assurance.

Cefndir / Background:

The new Chief Digital Information Officer (CDIO) has come in with a start-up plan to discover where BCUHB is at, based on the insight gathered define the challenges and develop draft plans to address them and from there to test and consult on these to make sure they're right and everyone is aligned to them.

So far, although it is still in the consultation phase, this has highlighted various opportunities for improvement including the fundamental way in which the Informatics Service operates and how the Health Board commission new pieces of work. The CDIO can provide a verbal update at the committee if required and a full report and associated improvement plan will be provided to the next PPPH.

In the meantime this report will provide the usual update on progress against the Digital Strategy 2021-2024.

Key points to highlight are:

Secondary Care - Multi Disciplinary – Welsh Patient Administration System (WPAS):
Phase 3 - West into WPAS central instance was successfully implemented in May 2022. Go live support has now ended and the support model has been moved to a business as usual approach for West services. The project is currently undertaking phase 3 closure and once completed the focus will be on final Phase 4 single instance. The team are currently awaiting confirmation of WPAS funding letter from Digital Health and Care (DHCW) and Welsh Government (WG) to support staffing in year 22/23 with regard to the integration of East into a single instance for North Wales in May 2023.

Urology - My Medical Record – Prostate Specific Antigen (PSA) Tracker: The system which allows the Urology Service to manage, record, track and set thresholds / alerts for all prostate cancer patients as well as allowing the patient to access their data went live on the 11th of January in all three areas of Betsi Cadwaladr University Health Board (BCUHB). A system champion has been identified who is promoting the system and supporting colleagues. 64% of eligible patients have been added to the tracker and are currently benefiting from its self-management pathway.

Feedback from Support Group:
Phil Jones, a former prostate cancer patient of Wrexham Maelor Hospital, said: "I am really pleased to see the introduction of the PSA tracker across the Health Board. Members of the local Prostate Cancer Support Group where I am secretary have been pushing to have this introduced over the last two years so it's great news for patients. The group has had feedback from patients previously that they have struggled to get their blood results back and the exact ratings so having the tracker will make it so much easier as patients can book blood tests and access their results from their armchairs via the new online system."

Secondary Care - Multi Disciplinary – Digital Health Record:
Successful implementation of Rheumatology West for priority eForms. The trial of iPads has commenced with Medical Photography. Access to Health Records have commenced the trial of uploading Mortality Review documents. Staffing resources remain critical.

The Digital Health Record (DHR) Board has agreed to support a project pause to consider a re-scoping of the programme, based on lessons learned and more critical priorities, with work commencing to do that now. For example how can the CITO product which underpins DHR digitise current paper records for current patients to address some of the paper record management challenges that the Health Board are experiencing that have been raised in recent HIW and other inspections.

Secondary Care - Multi Disciplinary - Welsh Nursing Care Record (WNCR): WNCR is now live in East Community and East Acute Surgical for the exception of Ear, Nose & Throat (ENT) due to Wi-Fi issues. IT are exploring a temporary router to support with this issue.
The Go Live has been very well received by staff and the daily benefits are already being acknowledged.

Sarah Morris, Ward Manager, Chirk Community Hospital said: “We have been using WNCR for over a month now, it is a very easy platform to use. It makes risk assessments easy for each individual patient. Each member of the Multi Disciplinary Team (MDT) can access the patient record at the same time and makes checking the nursing notes a breeze. It has made record keeping and care planning so much easier.”

Jane Brady our lead nurse on this project has been excellent in engaging with clinicians and other users across the wards to get this implemented, ensure adoption and from there the benefits realised. The amount of documentation the nurses have to complete now for example assessments is significant, and WNCR significantly speeds up the process as that which is typed once on one form can feed through to others and it is all accessible electronically with the ability to check on compliance across the ward(s).

Secondary Care - Multi Disciplinary – Welsh Emergency Department System (WEDS)/Symphony:
Following the successful go live in Ysbyty Glan Clwyd (YGC) on the 30th March, the YGC Emergency Department (ED) project closure meeting is planned for June 2022 as the system moves into business as usual.

Engagement workshops have been held at Holywell and Denbigh Minor Injury Units (MIU's) to prepare for the next roll out.

There is a risk that BCUHB may not have the financial resources to undertake Phase 4 (fully integrated WEDS in June 2023) following an all Wales review on the Digital Priority Investment Fund (DPIF) which was funding this and therefore funding to support additional resources may need to be acquired through an approved Business Case.

Secondary Care - Multi Disciplinary - Endoscopy System:
The call off contract issues have resulted in a significant delay in signing the contract with the suppliers of the new system, MediLogik. As MediLogik do not have an accredited ISO Certificate, the Data Protection Impact Assessment (DPIA) has not been agreed with Information Governance. We have received assurance from MediLogik that the testing of v2 of their Endoscopy Management System (EMS) will conform to our requirements and therefore, we will be able to progress with the contract. This anticipated implementation date is now September.
Secondary Care - Multi Disciplinary – Results Management

The Project Board met on the 19th May and agreed the go live for Early Adopters in July 2022 with implementation in Respiratory and Clinical Pathology.

The lack of an existing standardised SOP for the current paper process could impact Clinical resources if not established prior to go live. Support is needed for initial implementation and being reviewed at programme manager level surrounding the best way to use existing resources effectively.

Secondary Care - Multi Disciplinary - WCCIS:
A paper was presented to the WCCIS Project Board on 12th May requesting permission to delay the planned June go-live due to a number of identified key issues. These included the delayed upgrade to the Welsh Demographic Server (WDS), the delay in the release of the mobile application and the lack of the Change Control Notice (CCN) from the supplier. The paper requested a revised go-live of September 2022.
Following the meeting, a go-live date of the weekend of 23rd September has been agreed with the National Team and all live authorities for the pilot in Llyn and Anglesey.

In autumn 2021, as a direct response to specific recommendations from the 2020 Audit Wales report and the Institute of Public Care report, the WCCIS Senior Responsible Officers (SRO's and Welsh Government commissioned Channel 3 to develop a clear and informed set of recommendations and options on how to take the programme forward. The review made the following recommendations:

1. Re-purposing and de-scoping the programme: simplifying the overarching purpose of WCCIS
2. Consider placing these 'de-scoped', works within sister program, where the work can be done best, and govern and manage interrelated delivery via formal portfolio management overseen by Welsh Government
3. Draft and sign up to some design principles to guide WCCIS design, and administer their use via a new design authority
4. Take a co-ordinated and consolidated set of actions to course correct the programme, then take advantage of technology and other opportunities now readily available
5. To take things forward at pace, several steps must be taken within 3 months of the review to maintain its momentum

Further detail of the recommendations can be found it the attached document in Appendix 1 and 2. The National Team are currently developing and agreeing an action plan to address these recommendations.

Details for all projects are included in the Digital Delivery plan for June 2022 shown in Appendix 3.

In addition to the above live projects, we are also currently working with partners and services through engaging, scoping, developing business cases and recruiting. Further details can be found in Appendix 4.

The DSCN and Impact Assessments can be found in Appendix 5.

Asesu a Dadansoddi / Assessment & Analysis

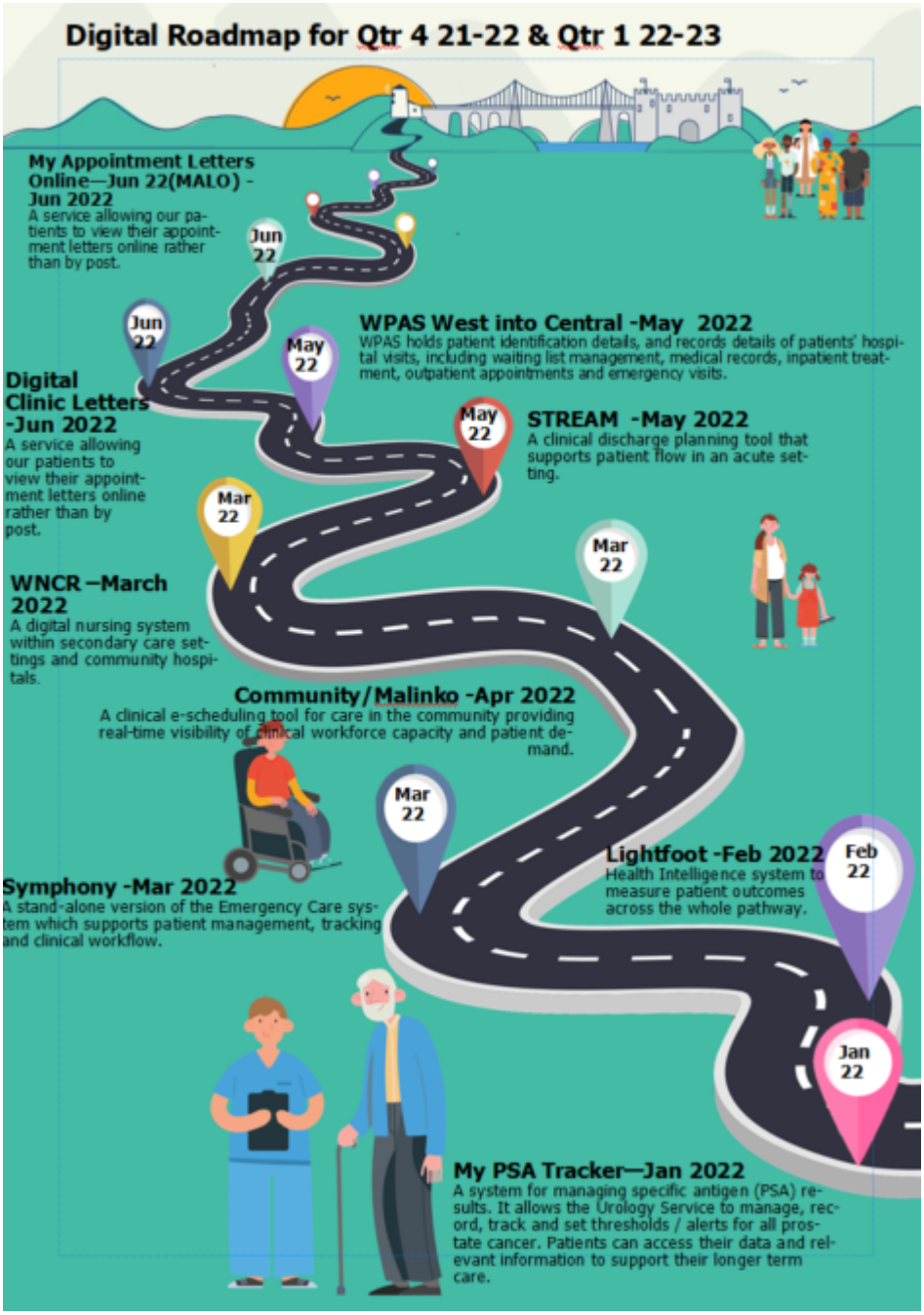
Goblygiadau Strategol / Strategy Implications The Health Boards Digital Strategy supports the delivery of our strategic priorities in Living Healthier, Staying Well and our Population and Organisational Outcomes.
Opsiynau a ystyriwyd / Options considered N/A
Goblygiadau Ariannol / Financial Implications Not all revenue and capital have been identified and will be subject to business cases and prioritisation. Some projects are being nationally led.
Dadansoddiad Risk / Risk Analysis *Risks are reported to RMG in detail.*
Cyfreithiol a Chydymffurfiaeth / Legal and Compliance None.
Asesiad Effaith / Impact Assessment N/A

Contents

1. Digital Delivery Plan Progress

1.1 The roadmap below (Figure 1) gives the implementation dates for projects that went live during quarter4 2021-202 2 & quarter 1 2022/2023. Appendix 6 sets out the maps during quarters 1, 2, 3 and 4 2022/23 and quarters 1, 2, 3 and 4 2023/26.

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



Internal Audit Reports

Business Continuity BCUHB 2020/21 Audit

A Business Continuity exercise took place on the 1st April in conjunction with the Emergency Preparedness & Resilience team with representation across Informatics. The exercise looked at providing staff with impact scenarios to deal with potential changes and to identify lessons to further improve Business Continuity response arrangements. Table 1 details the total number of recommendations provided and classifies their current position. The remaining two actions have now been implemented. This Audit will not be reported in future reports.

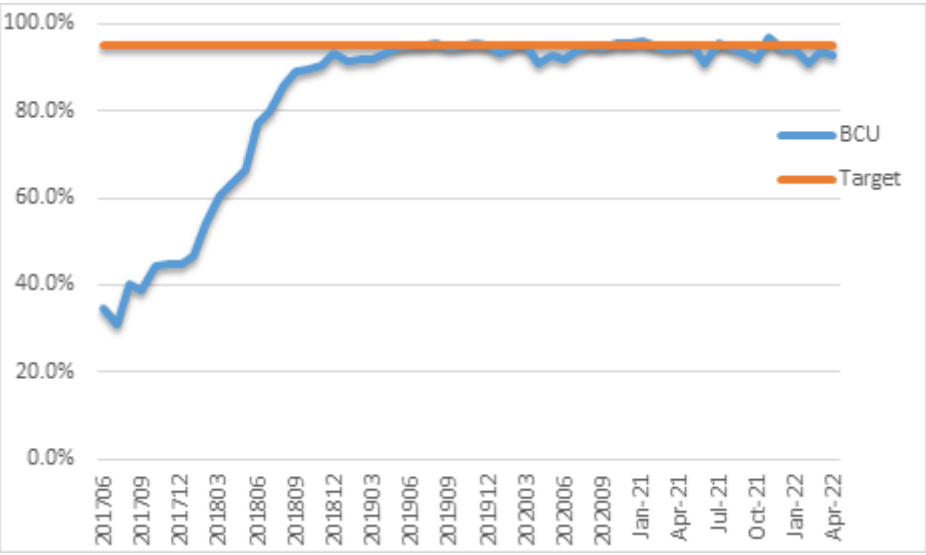
Table 1: Status of Business Continuity Audit recommendations

Summary of status	Total Number of Recommendations	Implemented	In Progress	Overdue
Qtr4	2	2	0	0

Compliance

National Coding Targets exist for clinical coding completeness and clinical coding accuracy. The coding completeness in BCUHB for March 2022 was 92.9% against the National target of 95%. (This target measures the percentage of clinically coded episodes within one1 month of episode end date). See Figure 2 for the Boards compliance since March 2017. A number of the Coding Department staff were involved in the WPAS implementation project during April and May, which impacted on the team's capacity during this time.

Figure 2: BCU's Coding Compliance



Operational Assurance

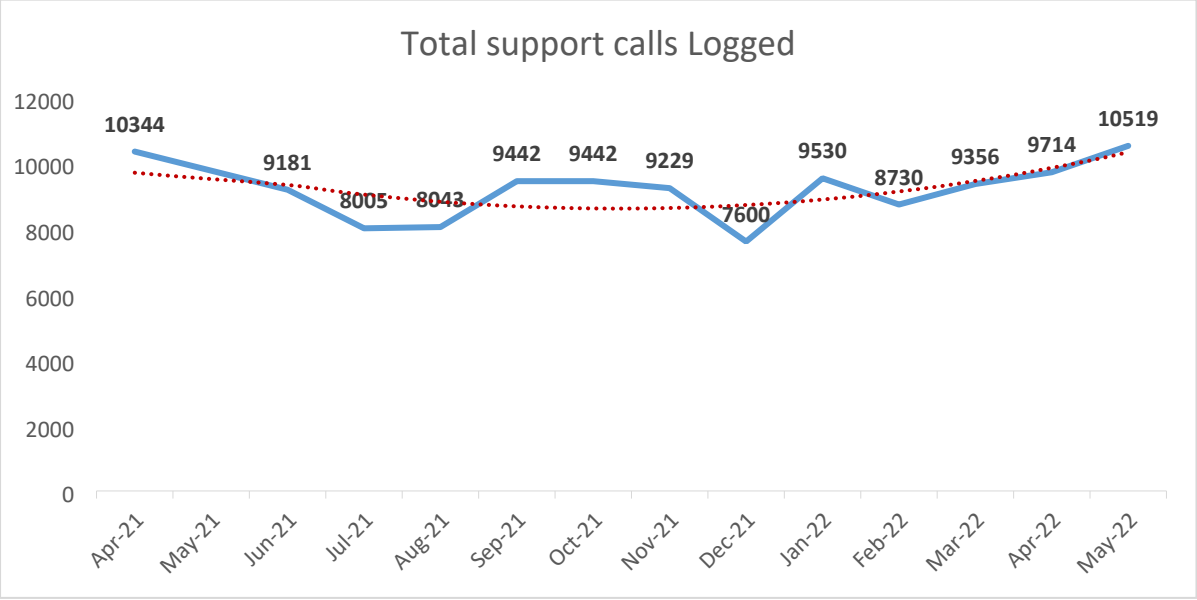
ICT Service Desk

19,233 Support Calls (web and phone) were recorded during the first two months of quarter 1, an increase of 0.2% on the previous time period for 2021 (19,202) and increase of 18% on the same period in 2020 (16,340).

Figure 3 below indicates that the increased call demands in May relates somewhat to the WPAS Go-Live and the need for initial additional support for Service Users.

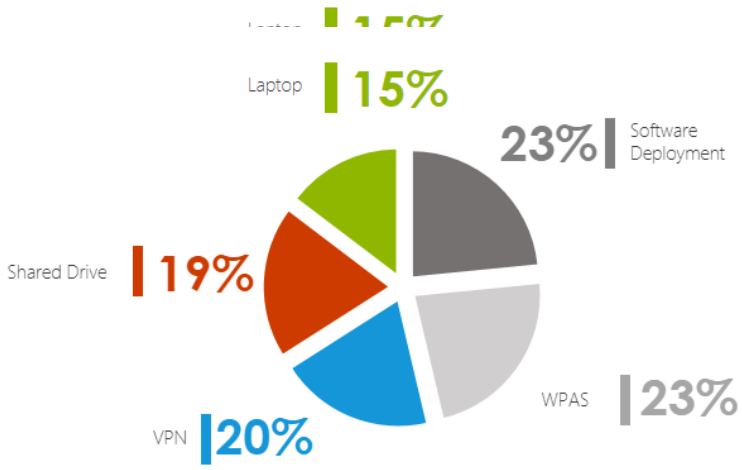
(Figure 2).

Figure 3 Monthly Service Desk calls logged



Top 5 Incidents

Figure 4: Top 5 Incidents logged

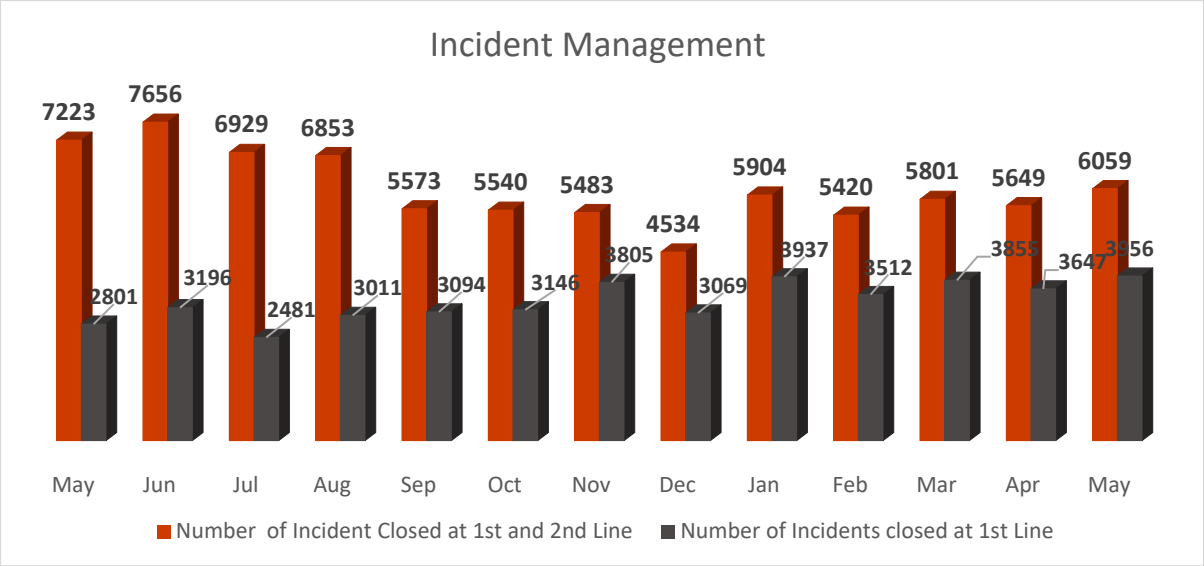


Software Deployment remains the top call type for both incidents and requests. Whilst WPAS was the second highest call type, this could be attributed to the West Go-Live during May. (Figure 4).

Incident Management

The first 2 months of quarter 1 has seen first time fix rates remain above the Key Performance Indicator (KPI) target of 50% with April 64.6% and May 65.3%. The average number of calls closed each month by ICT (1st & 2nd Line) for this period is reported at 5854 compared to an average of 5610 for the preceding two months, which is a 4% increase, this could be attributed to the WPAS West Go-Live during May.

Figure 5 Incidents closed at 1st and 2nd line



National and Local System Availability

National Systems

There was one incident of national system down time during the last quarter.

Planned Downtime – 2 Hours 00 Minutes

This was against the Welsh Clinical Portal (WCP), with the planned downtime (1 instance) for the WCP upgrade. Downtime was kept to a minimum and carried out outside of core hours.

Unplanned Downtime – 0 Hour 0 Minutes

Overall the National systems have a 97% compliance rating against the agreed Service Level Agreement (SLA) for incidents and service requests for quarter 4 2021/22. This is a one-percent decrease from quarter 3 2021-22. Of these, thirty-one

systems held a 100% compliance against the agreed SLA. Five systems fell below the SLA and accounted for a total of 45 breaches against the systems below:

- Health of Wales Information Service (HOWIS) and Related Web Apps – One breach
- Integration Services – One breach
- Laboratory Information Management System (LIMS) - Thirteen breaches
- Network Services – Three breaches
- Public Sector Broadband Aggregation – One breach
- ServicePoint – One breach
- Test Trace Protect – One breach
- Welsh Clinical Portal – One breach
- Welsh Clinical Portal Mobile Application – One breach
- Welsh Demographic Service
- Welsh Patient Administration System (WPAS) – Thirteen breaches

WPAS Availability

The WPAS Availability Dashboard was a time limited trial to see how DHCW could measure availability of WPAS across Wales. DHCW currently have capacity issues and can no longer support this trial and will be removing the dashboard. Due to this we cannot provide any updates moving forward.

Local Systems

There has been one incident of unplanned downtime during April 2022 to date.

Unplanned Downtime – 50 Minutes

This incident was against the Stream Patient Flow Application. Ward lists had stopped loading and users were unable to log into the boards; this was caused by the WPAS interface being down. The interface between WPAS and Stream had stopped working (cause has not been identified). This resulted in no admission or patient demographic data being sent over from WPAS, the interface was checked and restarted this restarted the flow of data back into stream. This issue impacted performances the system was slow due to the backlog of data.

WCCIS Strategic Review

Final report to the WCCIS Leadership Board

February 2021

Digital Health and Care Wales

Contents

Background and context

Background & context

The WCCIS programme is a foundational initiative whose work to digitise and connect care professionals will enable more seamless information sharing; a key tenet of better, more joined up care across Wales.

Description of review

Channel 3 have been jointly commissioned by the WCCIS SROs and Welsh Government to run an independent strategic review of this ground-breaking programme, to develop a clear and informed set of options and recommendations on how to take the programme forward.

This is an inflection point for the programme, supporting strategic decision-making at an unprecedented time in Health and Care globally.

If accepted, review recommendations and proposals will be taken back into the WCCIS programme, to plan a consolidated response, reshaping the programme as deemed fit.

Why this review is needed

It's good practice to for a national programme several years into delivery to assess delivery and its future direction of travel.

As a direct response to specific recommendation from the 2020 Audit Wales report and the Institute of Public Care Review, it's now time to 'take stock' of the WCCIS programme and its future.

How the review has been conducted

We have adapted the UK Government's *7 Lenses of Transformation* as the underpinning review framework, to develop a picture of this complex transformation, exploring a number of themes:

Themes explored

1. **Vision** – including the original vision, its evolution and its tie in to broader Health and Care aspirations across Wales.
2. **Design** – including Technical, Commercial, Service, and Programme Design.
3. **Plan** – including the roadmap, dependencies, flexibility, ownership, resources and capacity.
4. **Transformation Leadership** – including SME, risk appetite, coalition building, motivating action, supporting others.
5. **Collaboration** – including shared outcomes, incentives and structures of collaboration, and boundary spanning
6. **Accountability** – including defined and dedicated capacity, governance structures and decision-making, collaboration, openness and transparency.
7. **People** – including stakeholder management**,** communications planning, required skillsets, New Ways of Working, adaptive capacity, culture and behaviours.

In discussion with the review's sponsors, we have opted for an inclusive engagement approach, using rounds of engagement with national, regional and local stakeholders, taking time to understand learning points from review contributors and paying special attention to creative ideas on where to go next.

Over the course of just under two months, we've spoken to over 100 people and counting, with feedback taken to the WCCIS Leadership Boards on 17th Nov, 17th December and now 14th January. We've also met and shared our findings on a weekly basis with WCCIS SROs and Programme Director.

More information is provided in Appendices on who has been involved, review methods used, our schedule of activity and key sources of information.

Overview of this, the main report

This report is structured as follows:

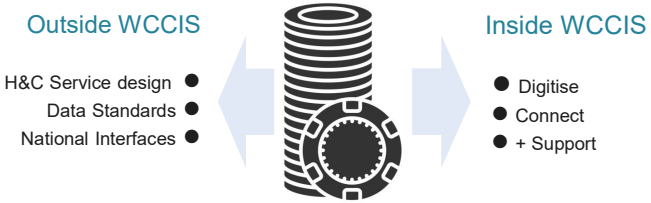
1. The main recommendations are provided first, so you get a clear picture of what we are proposing.
2. We then provide a stocktake of the programme in context of a changing landscape so you can see how we arrived at our recommendations. What's changed? How should the programme respond in that context? Are there different pathways to success?
3. We outline the key strategic risks as felt today that must be addressed, which the recommendations seek to target directly.
4. We then take you through our main recommendations in more detail, to formulate a consolidated and coherent response to mitigate risk, close the gaps and create pathways to programme success.
5. Lastly we outline recommended next steps – socialising this review report, developing new governance and teams arrangements and drafting a targeted quarterly master plan for the next two business quarters.

Main recommendations

The review recommends

1. Repurposing and descoping the programme: simplifying the overarching purpose of WCCIS

Provide a clear programme focus that is solution agnostic, that puts all effort into digitalising and connecting care professionals, whilst also providing some key related national support services [via DHCW] such as commercial management and service management. This descoping and repurposing will enable the SROs and Leadership Board to drive the programme in a more strategic direction moving forward.



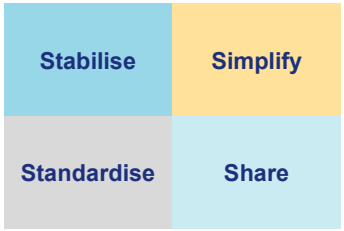
2. For areas of existing scope that are 'descoped', consider placing these works within sister programmes where the work can be done best, and govern and manage interrelated delivery via formal portfolio management overseen by Welsh Government

Redraw governance and senior accountabilities to meet these new arrangements, with WCCIS programme governance incorporated within broader portfolio arrangements overseen by Welsh Government in a new Sponsor Group. Said group will own the 'WCCIS requirement', provide its strategic direction and mandate the WCCIS SROs and Leadership Board to deliver the programme, driving its day-to-day delivery.

3. Draft and sign up to some design principles* to guide WCCIS design, and administer their use via a new design authority

Direct all design in the programme; using easily understood touchstones that everyone can use to ensure all work has common cause – whether people work in for example the technology, commercial or programme spaces - and that said design ties back to relevant national architectures.

4. Take a coordinated and consolidated set of actions to course correct the programme, then take advantage of technology and other opportunities now readily available



4a] Primacy of those set of actions should be work to stabilise the programme in the immediate term:

This is to provide live sites with the service they need, and give future sites the confidence to move into a programme that's robust. All sites need assurance the programme and its platform can operate 'at scale'.

4b] A second set of related actions should be taken to simplify the programme:

So that the scope of WCCIS can be delivered (removing aforementioned responsibilities the programme currently holds which it is not empowered to discharge), gaps in transformation can be closed, and it is clear who is responsible for the delivery of what.

4c] A third set of actions should be taken to leverage standards in the programme, making use of pervading / emerging standards across Wales:

To provide more enabling national guide rails to support consistent and efficient deployment and use of the existing platform, and provide Local Authorities and Health Boards with new options to deliver the programme vision.

Specifically, given the time remaining on the current contract, an options appraisal should also commence in the near term to fully consider whether the programme takes the strategic decision to move to version 6 of the current platform or seeks to procure an alternative solution[s]. This appraisal should be informed by a clearly defined solutions architecture, itself informed by available technical and data standards, plus a clear statement of user needs.

4d] A fourth set of actions should be taken to improve collaboration between all stakeholders so they can all share:

The work, using skills and experience from across Wales to strengthen design and delivery, and ways of working – as WCCIS success is a team sport, and will ultimately lead to programme success.

5 To take things forward at pace, several steps must be taken within 3 months of the review to maintain its momentum

In Q4 & Q1 review outputs should be clearly communicated, the coalition for change should be renewed, programme governance should be redrawn, a new blended WCCIS team should be created to drive delivery, and one 'Quarterly Master Plan' should be created to coordinate all work.

Review Analysis / Insights

Much has changed, it's time to take stock

Since WCCIS's inception in 2016, much has changed in the wider landscape and many lessons have been learned on the WCCIS journey, and by taking stock it would seem there is more than one pathway to programme success.

The changing landscape

There's a maturing policy landscape. "A Healthier Wales" now describes H&C working together, a shift to community care and at a high level what *integration* needs to look like – ready for care blueprints / New Models of Care [NMoC] and ways of working to be worked through.

There's today a better understanding of real costs of change brought on by a programme like WCCIS, and some early insight on the benefits.

The case for change gets stronger by the day to *deliver digitalised, connected care that supports joined-up care as people get older and live longer*, exacerbated by systems shocks such as the COVID-19 pandemic.

There are new and more mature technology options now available, and maturing market/vendor profiles.

There are new, innovative approaches to service and technology development ready to use, such as user-centred design, and agile iterative development.

And there's today a much better understanding of the importance and value of data as a key building block in a successful transformation.

Taking stock

By taking stock, we can ask some obvious questions of the programme, for example:

- Revisiting the vision – does it still hold true against this changed landscape?
- Is it time to look again at available technology options?
- Is it time to reconsider service design and its relationship with the programme?
- Should the current commercial and contract arrangements be re-assessed and re-drawn?
- Do today's programme management arrangements deliver what's needed, and if not, where not and what needs to change?
- Do today's governance and accountability arrangements pass tests when put under stress?

In all these areas and others, we have worked with the WCCIS Programme and key stakeholders to understand strategic risks against current arrangements and offer views on how to mitigate them.

Pathways to success

Our stocktake reveals a complicated set of challenges. It's our view that, as the programme is currently configured:

- Only in very favourable conditions would a large programme with a lot on its books, developing and deploying a single platform successfully engender the needed standardisation, interoperability and seamless information sharing to deliver on the ethos of WCCIS original vision.
- In reality, the programme has encountered more mixed conditions and lacked some key support struts, so in practice, work to digitalise workforces, standardise practices, connect systems and share information has often fallen to local organisations and individual care practitioners, culminating in many different flavours of one system, limiting H&C information sharing and joined up care practice from taking place as routine.

So, we think it's time to think again. To achieve the vision, one solution / one size is unlikely to fit all.

It's instead more useful to think about pathways to success, for example:

- How a reset of the vision can provide more room for innovation, enabling different options to be considered.
- How a set of enabling constraints / national guide rails might enable different stakeholders to move down pathways with support, while not restricting all movement.
- How the existing platform solutions can be made part of this future to optimise its value / sweat the asset, given the amount of time, energy, money and commitment already given over.

A good way to visual these findings is provided in the next slides where we consider:

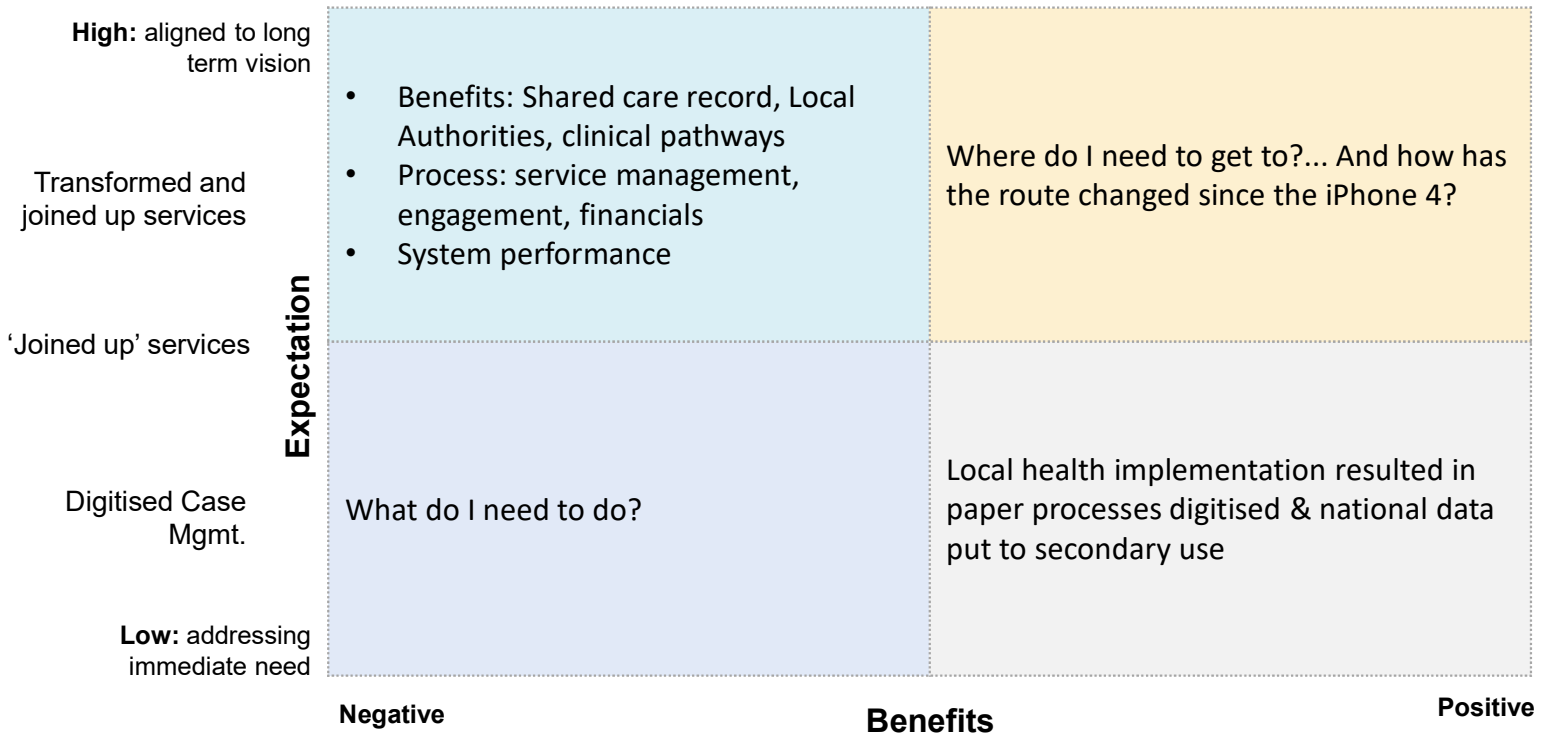
- Different key stakeholder perceptions of programme: often dependent on different local starting points, service aspirations and current platform frustrations.
- The current view of WCCIS platform take-up and local future plans.
- The changing tech and vendor landscape since 2016.
- And the WCCIS technology partner's take on the programme.

In our view, success means different things to different organisations, so pathways to success are likely to also be different.

Demand-side view : Understanding needs and forging pathways to success

From the review's discussions with key stakeholders a picture emerged of different levels of digital maturity, different expectations of what's needed and a spectrum of sentiment about what WCCIS has delivered against those expectations. To manage these interests, close gaps and deliver pathways to success, stakeholders are asking themselves:

- Could WCCIS be envisioned as a digital enabler and point of entry… 'getting to first base'?
- Could other digital programmes satisfy other unmet needs, working in partnership with WCCIS, playing into the interoperability and data sharing agendas?
    - Open standards in technology and data: doing the groundwork
    - Shared Care Records: connecting health and care
    - National Data Repository: national reporting/assets for commissioning, research and service improvement



WCCIS Users fall into different groups. Those that are the most positive had the lowest expectations. They experienced strong benefits, for example, in digitising paper processes. Those who gained the least benefits were more mature and the benefits of an integrated data system did not offset, for example, the loss of a highly customised local system.

How regional and local bodies feel about the programme: **Messages from our regional drop in sessions**

Are you bought into the WCCIS vision?

There is **genuine enthusiasm for WCCIS as a programme** and a real desire to see it work ,but **its trying to all things for everyone, its not a panacea** and some things need to be de-scoped

WCCIS has gotten very big, with lots of bolt ons, even doing things like financial transactions… **maybe one siloed system is just too big and complex** and we still don't get the complete view of an end user in community care

We **agree with the ethos of the original vision but it doesn't go far enough to drive a national direction** from Welsh Gov… at times we seem to be working to the opposite of the vision, so it can be hard to keep the faith

We need to revisit [the vision], as **we still don't have seamless info sharing across Wales**

The **vision should be sharp, easily quotable and universally understood**, underpinned by better information sharing supporting better care

There's a huge benefit for the region on one system… but why does this have to be a Welsh national system… **couldn't this be a regional, distributed system**, with interop between regions… **as long as we can share the information with agreed standards, we should consider any solution. We'd get there quicker**

A revised vision with an open architecture enabling systems interoperation with WCCIS as one of the tools is attractive… **we're not tied to Care Director, we need systems that function well and talk to one another across H&C boundaries, plus the likes of housing, probation etc.**

A standards approach should have driven the vision… standards are fundamental… you shouldn't need to 'relearn WCCIS' region to region

What do you think about the platform?

Some of the functionality is right, but **we need to get more of the basics right**

This year has been dreadful… **we haven't been able to use Beta environments or reporting environments**

Platform performance issues are blighting every operational discussion, sort this and the story of the programme will change

Performance issues have been devastating – a huge step backwards - we had lots of users… **its knocked our confidence and could create clinical risks**

Poor system performance is becoming a brand marker and yes we need to stabilise it… then focus on how to develop it… the potential is there and we want it to work, but by when?

Systems performance issues are really disturbing, circles of doom, freezes, system outages**… its affected frontline morale at a challenging time and we're fearful of any regulator inspections**

If the stability issues went away then **there remain challenges to deliver core functionality e.g. delivering the mobile app**

We're told constantly by Advanced that the platform will improve, but its got worse and **clinical risks are driving decision-making on whether to stay the course**

We need a system that's more stable: assured technology that works. **We can't just ditch it, we're fully committed so we have to get this right**

The platform isn't a great scheduling system, so **we have to use a different scheduling system**

Does the platform meet user needs?

The child disablement support **team are using the system and can share info with SC teams**. Conditions are in favour here, e.g. office-based work helps.

We need to work much more closely with the frontline…**be driven by these service users** and ultimately care outcomes – it's all about improving care

A user perspective still isn't understood – it should be at the heart of the programme – **it feels 'being done to'. We've got to get on a surer footing with our clinicians**

Only certain teams are using it since the update – it's gone backwards, performance slower, screens skip, some screens are locked etc. Community nurses holding out but dwindling.

If the platform was working then we wouldn't be looking at other options

Visibility of clinical notes to non-WCCIS users is an issue. So **we're dual running with paper**.

'Design' shouldn't start with the platform, it should **start with care practice and go from there**

A lack of standards [e.g. forms] and risk averse security models make **info sharing hard to do… e.g. users cant easily move from one region to the next and work easily on the platform**

Is the platform designed for social care [needs], healthcare or both? Feels like the former

Poor performance and connectivity… the new version is more time consuming for the frontline. **Certain system jobs now can't be done in working hours [9-5].**

The community nursing module is more affordable – but causes **issues across different attending clinicians who can and cant see the record**

How regional and local bodies feel about the programme: **Messages from our regional drop in sessions**

What's your take on programme planning and delivery?

***Planning from the supplier is poor**, resource goes up and down… key functionality is promised then not delivered*

*We need to go back to basics – **get the basics right first**: deliver a stable, well functioning platform, then look forward*

*We need to get stability then move forward, but how long will this take?... not confident that this performance will be maintained. In the background **all the other functionality should be prepped ready to go [in other environments] once stability found.***

*We know the end date for the Advanced contract and we need to **plan for what comes next now... possibly a delivery plan to systems interoperation?***

***Planning needs to take in much more than system deployment**: manging BAU, change requests, making improvements etc*

*The pace of adoption was overestimated creating unrealistic expectations – **we need a more realistic plan***

*On delivery, **if more is asked of the regions then money must follow**… and a cash reallocation to the regions from national*

***Deployment / roll out should be done service-by-service, or cross-region and incentivised,** rather than just a procurement driven, first-come, first-served approach*

*We need a **long term funding commitment from Welsh Gov** and use more than short fixed term contracts to get the right skilled people, especially regionally and locally*

*We need to be **more front footed and transparent on delivery milestones and benefits realisation**… benefits are not well described nor tracked*

Does programme leadership, governance and accountability motivate and enable change?

***National bodies don't own the programme**… **and no one seems to be held accountable for non-delivery**… it would be much clearer in Welsh Gov actively sponsored and directed the programme, working with he SROs, and DHCW provided more active assurance than only relying on gateway reviews*

*Regional and local voices often aren't heard, **we don't have seats at some key decision-making tables and the NPT can 'moderate' feedback to the supplier***

***A lack of design authority and direction on national standards + core functionality is a major issue** – without national direction we over-customise systems. Welsh Gov should do more to push standards adoption*

***Welsh Gov should be more directive asking us to conform** – that would have helped avoid 17 different versions of the system. Part of current performance issues is due to over customisation*

***We're trying to work towards national data standards but is it enough?** We need to work towards a more standard set of questions, forms etc. This can be user driven AND standardised if done right. National leadership and coordination is key to this and regional leadership can help to drive this through if resourced*

***National governance... where do escalations go?:** NPT, supplier, etc?. For most other IT systems we have, we have a contract manager. Do we talk to national team or the supplier…?*

***If the platform isn't stable, what are the penalties and consequences?** What contract leverage do we have to ensure Advanced get this right?*

***We shouldn't be designing for every instance**, e.g. there's one national pathway for children in care and based on an agreed framework we can design standard forms, flows etc… this could be driven regionally to agree pathway then report back to national for validation/assimilation*

*There should be a more coordinated approach to technical development, with **clear and transparent work prioritisation, driving a collective ask of the supplier, and keep them to account***

Are people in your organisations bought in, engaged and ready to change?

*Programme engagement is poor with no national comms plan – **we need a campaign to mobilise people ,keep them up to date and generally lower resistance***

*Communication needs to improve, **myths are perpetuating, people are disenfranchised, comms isn't getting to the frontline** – we need a new comms strategy and campaign to re-energise us*

*Deployment teams became more daunted to roll out as key functionality was missing… **its hard to sell / support and get teams bought in***

Is there active collaboration across groups, organisations, regions etc?

***Some of us in technical roles would like to be part of the solution[s]** going forward and feel our expertise could help.*

*There's **a strong regional collaborative… a small number of local people have made this happen**… If one local partner is struggling to get on is surprising… it will be devastating if health board don't get on*

***Without regional teams the WCCIS programme simply wouldn't be happening**. It relies on great joined-up working in and across regions.*

*When you 'go live' you're in your own little bubble – **we should be sharing of info with other live sites – community forums, communities of practice etc.***

*Local collaboration is good, it has overcome some issues… but **I neglect other areas of my job for WCCIS – this needs proper, funded local resourcing***

*National stakeholders/orgs need to support regions to develop, improve and standardise at a regional level, then **regions can take the change out to coordinate and drive delivery.***

Systems status & plans

Notwithstanding the success to deploy CareDirector in many areas of Wales, a picture of variable take-up and mixed messages on future plans again poses the question, is there more than one pathway to success for WCCIS?

Geographic coverage*

- CareDirector 'live' in 17 of 29 areas of Wales
- A further 4 areas moving on or towards deployment
- And 8 areas with no expressed plans to move to WCCIS

How 'live' is live

- 13,884 users*
- There's a question as to what 'live' means – re: the proportion of relevant clinical/care staff on the platform; proportion H&C services and organisational footprints on the platform?
- In some areas, 'live' could be @enterprise, whilst in others it could be in pockets based on more limited, phased deployments
- + In some areas, legacy or additional systems are still in use by care professionals, so we have dual running

Future plans

- We've also heard in at least two areas currently 'live', that plans are being reviewed locally as to whether to stay with CareDirector and the WCCIS programme

Region	Local Org	Live	DO signed/working towards DO	Nothing
North Wales				
	Betsi Cadwaladr UHB		Yes	
	Ynys Mon	21/08/2017		
	Gwynedd	07/08/2017		
	Conwy	30/11/2020		
	Denbighshire			
	Flintshire			
	Wrexham	11/11/2019		
CaV				
	Cardiff and Vale UHB			
	Cardiff			
	VoG	27/11/2017		
Gwent				
	Aneurin Bevan		Yes	
	Caerphilly	19/02/2018		
	Blaenau Gwent	15/05/2017		
	Torfaen	09/10/2017		
	Monmouthshire			
	Newport	12/03/2018		
West Glamorgan				
	Swansea Bay HB		No	
	Swansea	12/04/2021		
	Neath Port Talbot			
Cwm Taf Morgannwg				
	Cwm Taf Morgannwg UHB		No	
	Bridgend	26/04/2016		
	Rhonnda Cynon Taf	23/05/2018		
	Merthyr Tydfil	03/07/2017		
Powys				
	Powys THB	24/04/2017		
	Powys	24/04/2017		
West Wales				
	Hywel Dda UHB	09/12/2019		
	Ceredigion	08/08/2016		
	Pembrokeshire			
	Carmarthenshire			

* As of June 2021 data

The technology landscape has changed since the contract with CareWorks was let in 2016

The health-tech market changes at pace and in response to political drivers (such as to deliver joined up care), economic risk and opportunity (such as to commoditise IT using cloud), social factors such as increased demand on services and innovation in technology.

There are six key changes which may lead to the choice of a different platform / approach if WCCIS were to be procured today.

Some things have not changed. A market review of adult social care technology pointed to system performance, lack of interoperability, poor UX / design and poor programme execution as driving dissatisfaction with systems and causing clinical and operational challenges.

So, is the market any better than it was?

Mergers & Acquisitions
Advanced have bought CareWorks and Servelec have bought Liquid Logic. These are examples of a consolidation in the software market.

Shared Care Records
Integrated care systems of providers have taken different approaches to sharing data based on single platform, integration engine or standard-based approaches.

Multi-Agency Teams
It is now common for Mental Health & Community Teams to sit on the same platform. It is now common for primary and community to do this. Less so health and social care.

Surround Strategies
New market entrants are augmenting core electronic medical records systems and start-ups are proliferating. Organisations are investing in surrounding monolithic systems due to lack of vendor agility and value for money in delivering change.

Mobile
Community care workers need mobile platforms that support their daily, operational and clinical work. Mobile platforms have always been needed but now technology can deliver.

Expectations
The technology we use at home is a new benchmark for the technology we use at work, so we are often disappointed. Sometimes expectations are unrealistically high due to the constraints on public sector IT.

https://www.communitycare.co.uk/2019/06/07/60-social-workers-work-disrupted-every-week-case-management-system/

What the vendor landscape is like

We reviewed the vendor market at a very high-level and would recommend follow-on work if needed.

We considered the following vendors, with large market share in the out-of-hospital space, against the following 3 criteria:

- ✓ Have an integrated care platform
- ✓ Referenceable
- ✓ Already showing success in Wales

Our conclusions were:

- Only Advanced met all 3 criteria now
- Some referencability in other vendors emerging
- The landscape is likely to change again in the next few years
- Health systems integration is further along than health and social care

Servelec
Very strong in community and mental health based on adoption driven by the National Programme for IT in England (south) and a good reputation for fitness for purpose. Not known for social care use and not known for enabling health and care integration.

Emis
Very strong in primary care and growing install base in community, based on the same EmisWeb platform with different configurations. Widely used in Wales (GPs). No mental health or social care capability and so not known for integration.

TPP
Per Emis, except not yet present in Wales but have recently joined the GP framework and so may grow presence.

Advanced
Evolving product set from incumbent Welsh supplier with English customers using product for integrated health and care. Therefore, on the face it, the best fit to Welsh requirements.

InterSystems TrackCare
Well respected integrated health and social care platform with traction in Scotland where the health and care system most closely resembles the vision for Wales.

Conclusion
The Advanced offer fits the Welsh requirements at a high-level. However as the care landscape and the technology environment in Wales changes, it is worth re-looking at other vendors.

https://www.communitycare.co.uk/2019/06/07/60-social-workers-work-disrupted-every-week-case-management-system/

How do Advanced feel about the programme?

We interviewed Advanced to learn more about their perception of the programme, in terms of what had gone well, what could go better and what lessons can be learned from the work undertaken thus far.

We steered away from issues that are known and documented elsewhere, however

- there is recognition that the system has performance issues (from which it is recovering),
- Advanced are committed to delivering success in Wales,
- They are committed to having a competitive (in the market) platform and are keen to move forward with WCCIS.

But there is also a harsh reality that WCCIS is not a profitable venture for Advanced, the V5 software being deployed is non-strategic and will go end-of-life in the next few years and that the contract will need to be reset at some point, forcing a move to cloud.

Governance
The instruction given to Advanced from multiple sources can be confusing, late, changeable and often come from the wrong people, who's status is unclear. The governance is being reset, the problem is easing, but there is more to do.

Contractual
The contracts and deployment orders have created a complex web that is inhibiting the ability of Advanced to work in Wales, and the contract is seen as overly punitive. Advanced accept this is a legacy of the past but would like it to change.

Ways of Working
Operating such a huge programme during a pandemic presents challenges that are eased when working face to face. There seems to be an over-reliance on transactional e-mail stopping things getting done.

Versioning
V6 is different to V5 and it will be the offer to Wales, so everyone needs to be clear what moving to 6 means. Infrastructure, commercials, contracts, requirements, business change and the general work of clinical staff will all be impacted. We have 2 years to agree a plan.

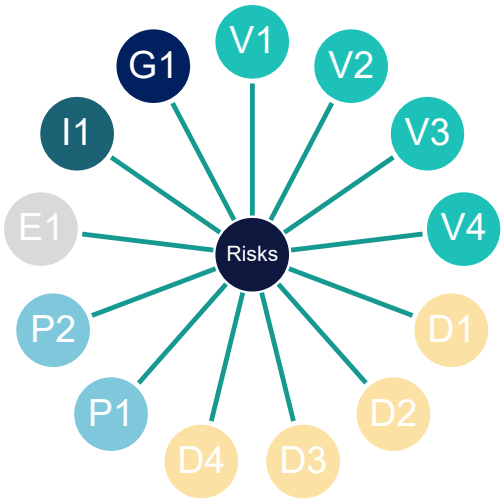
Local / Central
We need to agree what work is best placed with whom and how deltas from agreed service levels and functionality are to be managed and funded. Advanced are a software business that does not do custom development.

Successful Models Emerge
Advanced have successful models of other clients doing what WCCIS was designed to do. They would like to copy that model of system delivery, quality, contractual scope, APIs, and ways of working in Wales.

Strategic Risk Profile

Strategic risks* and issues that must be addressed

From our assessment, there are currently 13 risks or issues with a **high likelihood of happening now or in the near future with high negative impacts** on the programme, two thirds concerning programme vision and design, the remainder taking in planning, engagement and implementation.



More detailed review recommendations found later in this report address how to start closing specific gaps and de-risk the programme.

But for now – please note that, in light of this review's central recommendations to descope the programme and place some key transformation items in sister programmes, urgent work will be required to identify and transfer certain risk to new owners, should review recommendations be accepted.

	Top Risks and Issues 1-13
VISION	The vision isn't clear across all parties, tries to do too much and the strategy to implement the vision isn't universally agreed
	It is not possible to achieve one national way of working
	WCCIS is not operating as a programme within the overall care transformation portfolio
	WCCIS stakeholders have different expectations of the programme and different incentives for taking part
DESIGN	The technology solution does not fit the vision for WCCIS
	Data, technology, coding and interoperability standards have not been universally considered and/or adopted, driven by a design authority
	WCCIS is not delivering local operational efficiencies and value to local staff, and the platform has introduced clinical and reputational risks due to current performance issues
	Commercial and contracting arrangements do not facilitate achieving value from the supplier or clarify who is responsible for what
ENGAGEMENT & COLLABORATION	The programme's duration and its historic engagement approach has led to programme attrition, disengagement in some quarters and possible contract cancellation in some instances
GOV & ACCOUNTABILITY	A perceived lack of programme ownership at national level to drive a national direction, married to regional and local bodies feeling disempowered in major decision-making has created an accountability deficit, with many key stakeholders minded that no one is accountable or held accountable for delivery or non-delivery
PLANNING	The programme's plan is unrealistic, doesn't cover all required delivery, and doesn't allow enough flexibility to be adapted as transformation progresses
	WCCIS is under funded, has funding resting in the wrong places and funding is not released at the right time to support local deployments
IMPLEMENTATION / DEPLOYMENT	Platform deployment on an organisation-by-organisation 'first come, first served' basis misses opportunities for alternative strategies that may bear more fruit

* More information on these key risks can be found in the full Strategic Risk Profile and the full risk log, both held on file in the WCCIS Strategic Review MS Teams site

Resetting the programme & making it happen: Unpacking our main recommendations

Rec 1. Repurpose and descope: Simplify the purpose of WCCIS

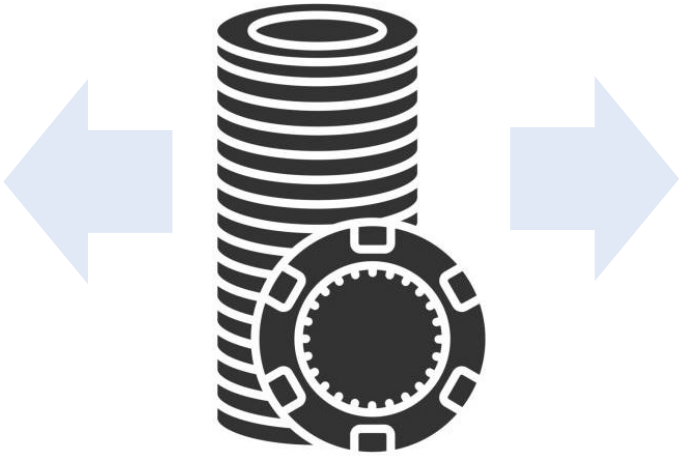
Everyone we've spoken to appears to agree with the WCCIS vision*: '*[Digitising and] connecting care professionals to support better joined up care*'

But the purpose and scope of the programme is unclear and there need to be some decisions on what's in and out of scope.

Outside WCCIS

**

- H&C service design - National service specs/blueprints/pathways, into regional deployment
- ***[National] data standards development
- National interfaces to national products like Spine / Portal / National Data Repository provided by DHCW & deployed locally with locally funded deviance from national spec
- Local - deployment orders, systems configuration, programme delivery, assurance to conform to national standard, account for WCCIS funding (manage their own local business cases)
- Local interface management
- National Service Management [capability]



Inside WCCIS

- Digitise - User-centred development of case management software for community care orgs in scope
- Digitise - Region led deployment of CM software
- Connect - Integrations with current CD platform
- Connect – [Open] Standards-based framework**** development, driven by tech design authority
- Digitise and connect - national procurement of additional systems (create call off for local deployment)
- + National commercial/contract management

* Further testing of this vision [statement] against a renewed programme purpose and scope is advisable as part of review output socialisation

** Broader transformation portfolio, also including WCCIS?

*** See appendix B for more information on a potential national data standards development programme

**** See next slide - slide 20 – for a definition of what we mean by 'open standards', from which a framework of pre-approved technology vendors could be drawn up

Rec 2. Draft and sign up to some design principles* and adhere to via design authority

The WCCIS vision can be usefully expressed in a set of design principles that act to direct all design in the programme; touchstones that everyone can use to ensure all work has common cause – whether people work in, for example, the technology, commercial or programme spaces.

We recommend that as part of revised governance arrangements, an agreed set of design principles [DPs] be drawn up and owned by a new design authority. We developed a DP starter-for-ten here, based on frequently used CDPS and Gov.uk digital standards.

#	Principle	What it means for WCCIS
1	Understand users and their needs	User needs drive all WCCIS design, and user journeys are addressed from start to finish
2	Provide a joined-up experience	Services and systems [e.g. CareDirector + integrations] work seamlessly across all channels/interfaces and across organisations so that users have a joined up and coherent experience
3	Make the service simple to use	Services and systems help users to do the thing they need to do as simply as possible so people succeed first time with the minimum of help, fuelled by great User Experience [UX] insights
4	Make sure everyone can use the service	Service and systems are designed to be inclusive, making sure anyone who needs to use them can do so as easily as possible, catering fully to Welsh language and DDA requirements. Designing with users who tend to be excluded in mind makes them better for everyone
5	Iterate and improve frequently	Use iterative, incremental, fast-paced development approaches to get working software into users' hands as early as possible, as often as possible; helping all teams involved in WCCIS delivery rapidly iterate, based on user feedback
6	Work in the open	As we develop a service and systems, WCCIS teams communicate in the open about the decisions they're making and what they are learning. They share code, patterns and insights as freely as possible to help others seeking to build excellent public services in Wales
7	Use and contribute to open standards**, common components and patterns	Use tool and technologies that meet open standards, are cloud-based, and that have widespread adoption and support, so WCCIS benefits from things that have already been extensively designed and tested, and don't burn time and resource either solving problems that have already been solved or trying to make systems "talk" to each other.
8	Use scalable technology	We select and use tools and technologies that work and don't lock us in, to create and operate good, cost effective services
9	Adopt, not adapt	WCCIS delivers system functionality with no local customisations [based on 80/20 principles – bought-in packaged solutions will not be customised], but with 'reach functionality' for local configuration and personalisation, making it easier and more cost effective to deploy and maintain the platform and change with the times

* 1-8 derived from the Centre for Digital Public Services [CDPS] and gov.uk respective Digital Service Standards

** 'Open standards' are a powerful tool to open up government/public services: 1] unlocking the power of open source software which makes 'government technology' open to all prospective suppliers who can *meet a standard*, 2] improving and enabling 'interoperation' between systems [how thy talk to one another] and 3] greatly improving transparency in how data is processed and used

Rec 3. Close the gaps: Coordinate action to Stabilise, Simplify, Standardise and Share

Four key themes arise from the review and could be used as a basis for setting the future course of WCCIS.

These can be run as a coordinated and consolidated set of activities:

- Driving the programme plan – phased in business quarters
- With each one run by a squad / tiger team*
- Activities, within reason, can be run in parallel, though we would suggest based on stakeholder feedback that the highest priority is to stabilise the programme

* NB some activity is required at portfolio level by sister programmes, should our recommendations be accepted

Stabilise

Stabilise the programme – working with what already exists in key areas so that:

- Current live sites get the service they need
- Future sites are assured they are moving into a programme that's robust
- All sites are assured that by moving to WCCIS at scale, daily operations and service management can bear the load

Simplify

Simplify the programme so that

- The scope of WCCIS can be delivered (removing some of the responsibilities the programme currently holds and which it is not empowered to discharge)
- Gaps in transformation can be closed
- It is clear who is responsible for the delivery of what

Standardise

Leverage standards in the programme, making use of pervading / emerging standards across Wales to

- Provide more enabling national guide rails to support consistent and efficient deployment and use of the platform
- And give Authorities and Boards new options to deliver the programme vision

Share

Improve collaboration between all stakeholders so they can all share:

- the workload, using skills and experience from across Wales to strengthen design and delivery
- ways of working – as WCCIS success is a team sport
- and ultimately lead to programme success.

The next 4 slides unpack these 4 themes to describe their underpinning rationale, key areas of work and specific ideas to take forward

Rec 4a] - Stabilise

To stabilise things, a set of consolidated actions, touching different work streams, can grouped into a targeted, timebound project – all contributing to the first key step to course correcting the programme

In our review meetings we heard that the current programme is unstable, flagging several issues, the key issues being*:

1. An unstable platform, impacting on direct care practice
2. Unstable commercial / contract positions putting a break on deployments or limiting vendor management
3. Unstable SM arrangements impacting on direct care practice
4. Unstable funding and resource positions, positions putting a break on deployments or creating uncertainty on support for live sites
5. A general lack of good communication creating uncertainty across stakeholders on day-to-day management and programme direction

This translated into several things that people would like to see fixed in the near term:

1. Platform performance
2. Commercial arrangements
3. Service Management
4. Business case and funding clarifications
5. National communications and engagement

We recommend that the programme:

1. Target platform performance [inc. load levelling] and developing a clear tech roadmap to move forward
2. Support imminent on-boarding once the platform is stable
3. Clarify key commercial terms and conditions to support programme client decision-making
4. Implement a new service management model for improved 1st, 2nd 3rd line response
5. Develop and launch a WCCIS comms plan and campaign
6. Revise the business case and establish future funding streams for call down

Rec 4b] - Simplify

To simplify things, a set of consolidate actions, touching different work streams, can be grouped into a targeted, timebound project – all contributing to the second key step to course correcting the programme

This 'second string' can operate while stabilising works are ongoing

NB: Certain works here are dependent on recommendations being accepted to develop a new portfolio with sister programmes

In our review meetings we heard that the current programme is overly complex, flagging several issues, the key issues being*:

1. The programme is trying to do too many things for too many people / interests
2. There should be a wider transformation portfolio of sister programmes
3. WCCIS should operate within that portfolio, only doing certain things, being driven by key outputs from the other programmes
4. WCCIS commercial arrangements are overly complex with master contract management done in the wrong place
5. Funding allocations need to be rebalanced and 'longer term'
6. Programme governance needs a clearer set of accountabilities
7. User needs should be stripped back to what's really important to support daily care practice
8. Programme delivery should break things down to bite size chunks and deliver little and often

This translated into several things that people would like to see fixed:

1. Programme design
2. Portfolio design
3. Portfolio Management
4. Commercial model
5. Financials: Funding allocations
6. Programme governance
7. User Experience
8. Agile Programme WoW

We recommend:

- Resetting the programme, decreasing and simplifying WCCIS scope
- Developing a broader integrated community care transformation portfolio, then positioning WCCIS within it
    - Separating responsibility for defining national service specifications / care pathways and data standardisation from the objectives for WCCIS
    - Mapping interdependent programmes to clarify respective responsibilities, connections, dependencies and drop-dead dates
- Simplify commercial arrangements inc. the formalisation of a national WCCIS commercial function
- Resize central resources to match the revised aspiration, de-scoping work and risk to live within the current central budget
- Separating budgets for centrally funded work to universally agreed standards and locally funded work for local implementation
- Adjust WCCIS op scope and governance for new landscape and put resources in the right places
- Redefine and simplify governance based on Welsh Gov's sponsor role, SRO delegated responsibilities, DHCW as Senior Supplier and NHS / LA's role as Senior Users
- Issue simple recs for those on 'standard build', 'local config builds', + those moving to V6 to box current Advanced customers, via WCCIS, into a manageable space
- Remedy some platform issues by focussing on user-centred design, simplifying interfaces, improving the user-experience of the software, reducing the number of workarounds, and taking advantage of functionality in newer versions
- Adopt modern agile, iterative development methods [bite size chunks] at scale across the NPT and approach Advanced for their views as part of contract discussions

Rec 4c] - Standardise

To standardise things, a set of consolidated actions, touching different work streams, can be grouped into a targeted, timebound project – all contributing to the third key step to course correcting the programme

This 'third string' comes into its own once stability is achieved and a more simple programme is built, though planning for it can commence 'reasonably' in parallel [dependent on resources]

In our review meetings we heard that more should be done to provide enabling guide rails, flagging several issues, the key issues being*:

1. The platform is over customised
2. Joined up care working is limited by over-customisation
3. Information sharing is limiting said customisation, plus a lack of agreed tech and data standards could be proliferating
4. Some current system performance issues must in part be due to over customisation
5. Service management is made much harder by these 17 versions of a system
6. There isn't enough Welsh Gov direction on minimum data standards, 'mandatory' forms
7. Other national guiderails / support mechanisms are missing that could really help regions and localities deploy and use systems in consistent and efficient ways
8. For those that haven't signed up to WCCIS in terms of taking CareDirector, what options do they have to contribute to the programme vision, if not 'one platform adoption?

This translates into several things that people would like to see fixed:

1. Technology – platform development
2. Enabling data standards and data quality
3. Enabling H&C service design
4. Standards-based interop model
5. Comms and engagement

We recommend:

Consolidated standardisation work completed by a newly scoped WCCIS programme working in partnership with sister programmes to:

- Issue new national guide rails for WCCIS based on agreed national standards, with local adherence to agreed 'enabling' standards made mandatory, and WCCIS software adheres to new standards
- Enable RPBs to generate best practice care pathways / NMoC [outside WCCIS] as part of a wider integrated care transformation programme to inform WCCIS going forward
- * DHCW facilitate the option to extend the WCCIS platform [on v6] or offer alternative technologies using via a new framework
- Develop a consistent and coherent WCCIS programme narrative to run comms and engagement campaigns
- Incorporate in programme planning specific objectives and activities to drive out greater levels of standardisation and quality, especially to mitigate clinical risk

* Specifically, given the time remaining on the current contract, an options appraisal should commence in the near term to fully consider whether the programme takes the strategic decision to move to version 6 of the current platform or seeks to procure an alternative solution[s]. This appraisal should be informed by a clearly defined solutions architecture, itself informed by available technical and data standards; plus a clear statement of user needs

Rec 4d] - Share

To share work, expertise, resource and great WoW, a set of consolidated actions, touching different work streams, can be grouped into another targeted, timebound project – all contributing to the final key step to course correcting the programme

This 'final string' again comes into its own once stability is achieved and a more simple programme is built, though planning for it can commence 'reasonably' in parallel [dependent on resources]

In our review meetings we heard that more should be done to collaborate and share, flagging several issues, the key issues being*:

1. National teams should do more to support the regions and local organisations
2. More emphasis should be put on strengthening the regions to coordinate programme activity and delivery
3. Approaches to platform/systems deployment should be more innovative, based on how best to get services and regions up and running, and running well on agreed standards
4. Regions and localities should make more practical connections between each other to foster networks of support and practice

This translated into several things that people would like to see fixed:

1. 'More enabling' national team[s]
2. Support to strengthen regional coordination
3. Novel systems deployment strategy
4. Networks/Communities of interest and support

We recommend:

- Revise the programme's engagement approach [strategy] creating an enabling central team [PMO, Commercials, Tech SME] and empower local teams to play more of a leading role in decisions and direction
- Boost regional capabilities and resources to operate as the fulcrum for successful delivery
- Work in each region to plan out all steps required to satisfy the WCCIS vision, leveraging the national team and filling gaps in local requirements
- Leverage new national standard guiderails specifying basic standards for data capture, sharing, usage at point-of-care, collection and analysis, specifying what this looks like and the Welsh Government should mandate adoption of the standards. DHCW will use Welsh Government funding to enable the standards to be supported, using technology.
- Share the load – Use a wider Integrated Care Transformation Portfolio to engage on inter-related matters of joined-up care pathways, sharing data for secondary uses etc.
- Run a more strategic pan-Wales analysis on how best to deploy the platform, considering other approaches such as
    - targeting areas of need,
    - deploying the platform of a service-by-service basis
    - deploying the platform on a regional basis
    - and if financial incentives can be used to support deployment [for example money4standards adoption]

+ Diving a little deeper – specific recommendations from some areas of the programme [noted in earlier slides] in need of urgent attention

Based on our findings from round 1 of engagement in the review, round 2 also dived deeper into certain areas of the programme to find out more – posing some hypotheses / provocations based on round 1 stakeholder feedback. These deeper dives have now concluded here initial discovery work, bringing back a set of specific recommendations that contribute to this review's overarching recommendations from previous slides. Here's a snapshot

	System development technical review	Commercials	Programme governance	Service management
Recommendations	1. As part of the Stabilisation: achieve (with supplier) jointly agreed re-baseline of how version 5.x complies with original specification, changes to original specification and in-service issues raised. Key to this is defining acceptance criteria 2. Agree test plans, including acceptance criteria, before new releases. Avoid planning to use live service to test and fix. Re-build working relationship with supplier and recognise WCCIS investment in testing. 3. Potential move to V6 (including move to cloud) is a major change. Develop WCCIS technology route map prior to evaluating V6 against WCCIS specification and future requirements aligned with DHCW route map(s) and Enterprise Architecture	1. Repair supplier management – make a fresh start moving from an adversarial to more collaborative approach 2. Contract management: establish consistent, robust and informed management of programme and operational commercials 3. Formalise authority by revisiting inter-authority agreement 4. Develop a negotiation strategy 5. Run options appraisal for V6 vs re-procure [once tech roadmap established, as per tech review]	1. Redraw governance to meet the programme's refreshed vision and de-scoped purpose 2. Incorporate new programme governance within a broader portfolio governance framework [comprising WCCIS and sister programmes] overseen by national sponsors and SROs 3. Establish new governance mechanisms for a 'WCCIS Sponsor Group' to provide strategic direction, and a 'WCCIS design authority' [tied to a broader DHCW design authority] guided by an agreed set of design principles 4. Repurpose the current WCCIS Leadership Board to drive day-to-day delivery, taking strategic direction from the Sponsor Group 5. Clearly demark in governance programme delivery from Live Service, with senior accountabilities and governance forum memberships following suit 6. Incorporate a WCCIS commercial management group drawn from the DCHW Commercial division that bridges programme delivery and live service/SM 7. Review and refresh where required governance forum memberships, ToRs, delegated accountabilities and decision rights to reflect above changes	1. Design and implement recommendations from the original WCCIS service management review, establishing a model across health and social care 2. Establish the required capacity within a service management function [potentially held within a DHCW live service division], operating to clear governance and delegated authority levels 3. Ensure the contractual position gives authority for a national service management function to effectively manage the relationship with Advanced 4. Establish the Service Management function for the life of the WCCIS platform 5. Formalise the relationship – through governance - between Service Management and Project Delivery

More information on the deep dive work and recommendations can be found in the sister report: WCCIS Future Programme Set-up, due for release wc.17.01.21

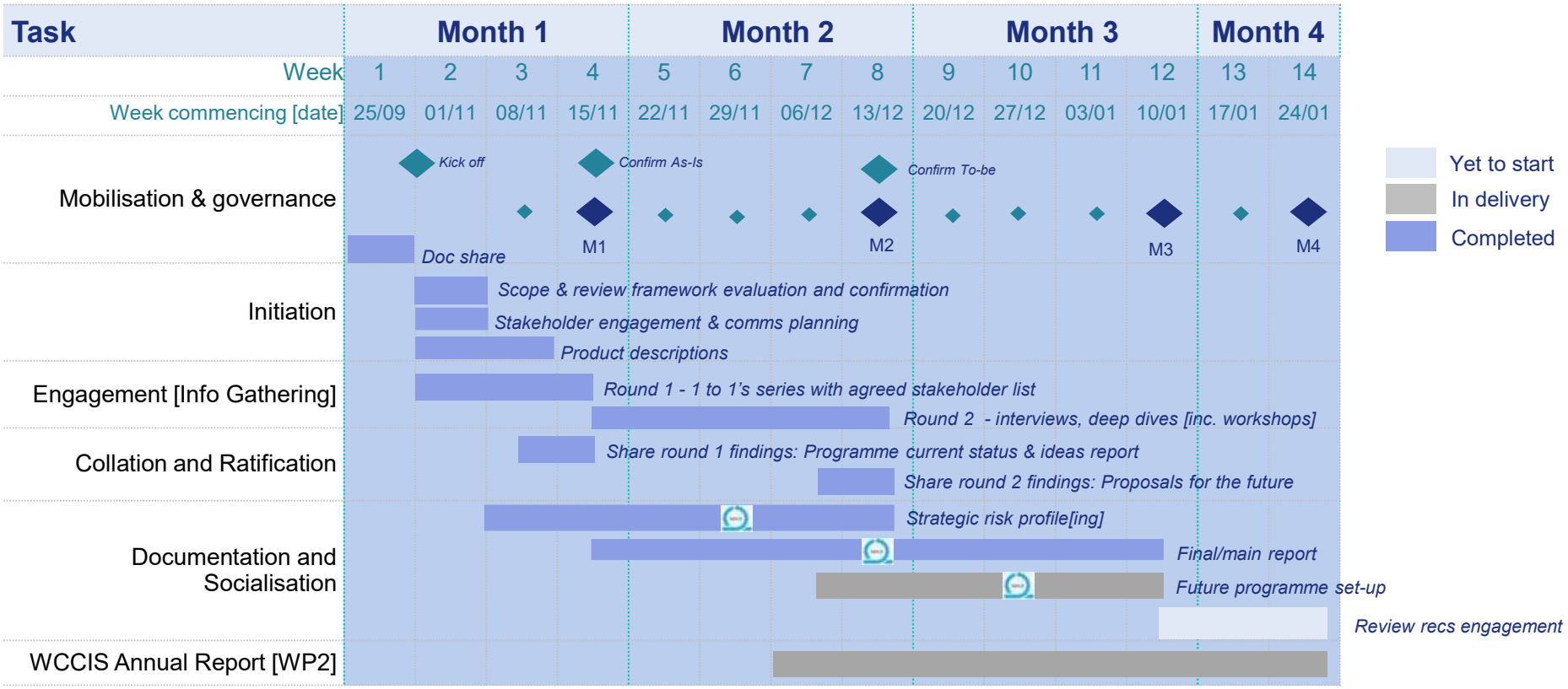
Appendices

A: How the review has been conducted

B: The basis of a new national data standards development programme

C: About Channel 3

How the review has been run – the project plan & schedule



Monthly input to DHCW Leadership Board

Weekly SRO catch-up

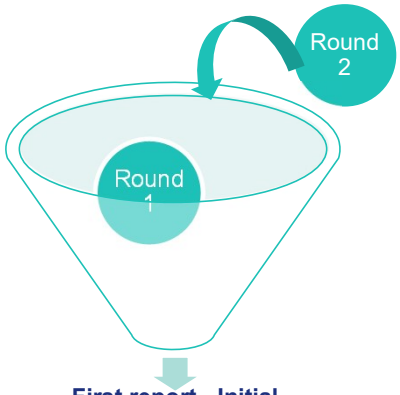
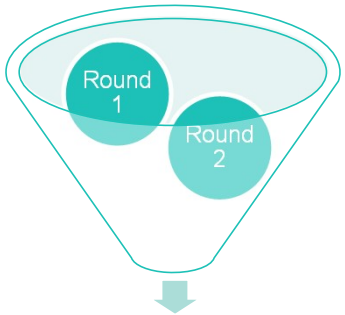
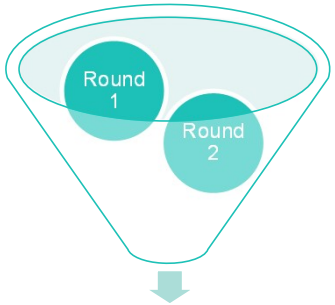
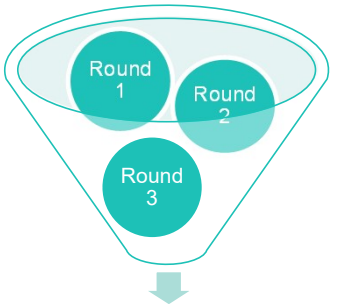
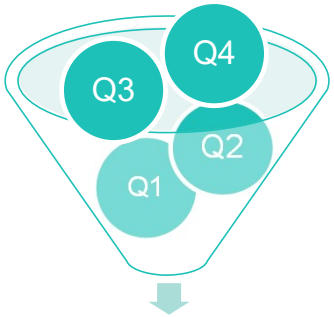
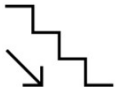
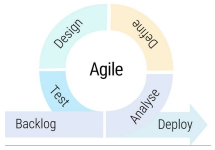
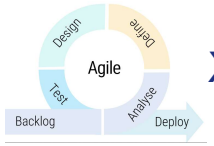
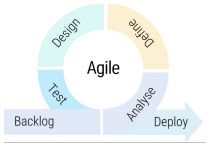
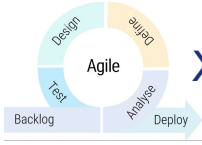
Governance milestones

M1 – 19/11/21: Review findings
M2 – 17/12/21: Review deliverables
M3 – 14/01/22: Review sign off – LB
M4 – c. 28/01/21: WCCIS review stakeholder acceptance

Product set:

- Programme current status report
- Strategic Risk Profile
- Technical review – future delivery options
- Final/Main report [inc. outline options appraisal]
- Future programme set-up report

How and who the review deliverables have been put together

Stage	1	2	2	3	3
Inputs					
Deliverable	**First report - Initial findings / current status**	**Strategic Risk Profile**	**Main report - Proposals / Options**	**Future Programme Set up**	**WCCIS Annual Report**
Drops/ iterations	 X 1[ish]	 X 2	 X 2/3	 X 3	 X 2
C3 Contributors	• Paul Henderson & Brian Roberts	• Paul Henderson, Brian Roberts & Hannah Plowman • Deep dive leads	• Paul Henderson, Brian Roberts & Deep dive leads	• Paul Henderson, Brian Roberts & Hannah Plowman • Deep dive leads	• Brian Roberts & Hannah Plowman

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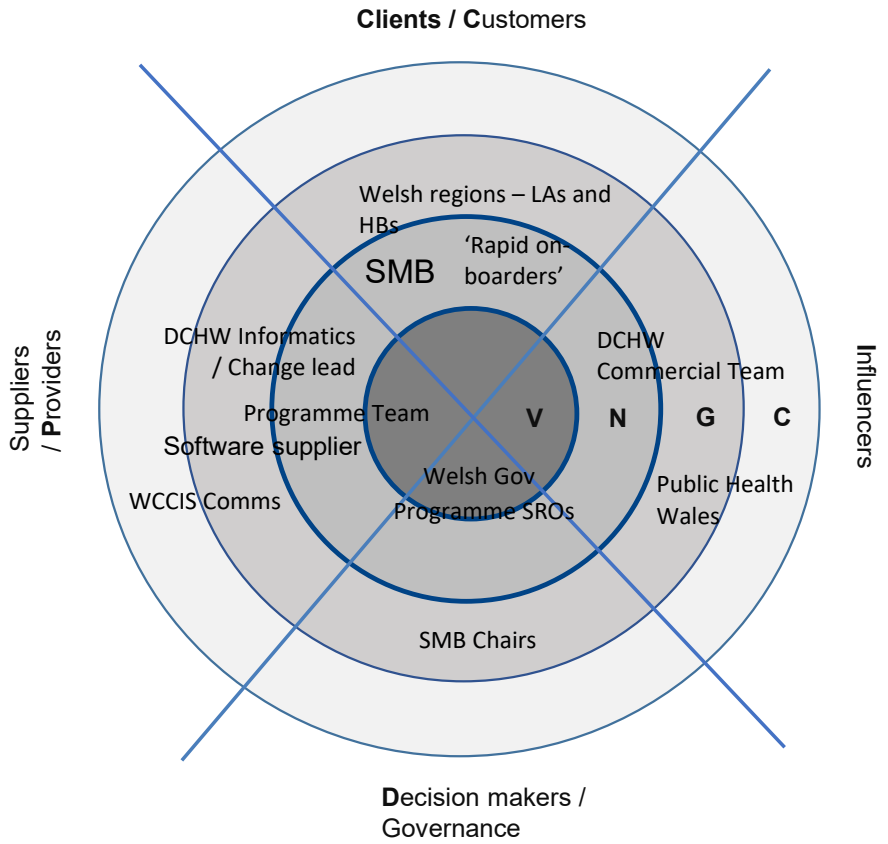
Who we've spoken to so far over the course of the review

- Charted here are stakeholder groups consulted so far – mapped onto the radar
- Over the course of two rounds of engagement we have met with
  - The programme's accountable officers and their organisations including Welsh Government as sponsors and the SROs
  - A large number of clients and customers of the programme, with recent 'drop ins' enabling conversations with stakeholders running into the 100s; plus we have met a multiple occasions with areas imminently intending to take on care Director
  - A range of suppliers for the programme, including the software supplier Advanced and a range of DHCW support services
  - Plus some other interested parties from other DHCW business functions and PHW.

WCCIS Strategic Review Stakeholder Map



Engagement level:
Vital to engage
Necessary to engage
Good to engage
Courtesy to engage

The basis for a community services service design programme

***Service design** is *the* foundation stone in the creation of integrated [aka 'joined up] community services in Wales. By focusing on workflows, care practices and procedures, the people involved and supporting tools end-to-end; service design bridges gaps between organisations, breaks down silos, overhauls redundant policies, irons out inconsistencies, removes duplication and builds up a required level of standardisation that enables services to be delivered consistently.

One of the biggest acknowledged sources of failure in service delivery [in this case that would be joined up H&C service delivery] is services designed in large part by the technology channel in which they are delivered [in this case the WCCIS platform], rather than by user and care professionals' needs and care practices.

It is the review's view that focused effort on the service design of integrated community health and care services should be the purview of a scoped sister programme, governed under the aforementioned portfolio, managed and appropriately resourced by relevant SME.

A new 'sister' service design programme would:

- Be driven by the Social Services & Wellbeing Act and *A Healthier Wales* policy for seamless H&C provision and integrated interventions etc.
- Be aligned to relevant Programme for Government commitments, such as:
  - Integrated models of care [e.g. home from hospital, D2RA]
  - New integrated H&SC centres [50 community hubs]
- Be guided by design principles for integrated people-centred health [and care] systems
- Contain a number of inter-related design workstreams such as
  - Shared governance arrangements – part 9 RPBs
  - Integrated assessment and care pathways
  - Integrated outcomes framework
  - Workforce strategy and plans [aka strategic workforce planning]
  - Shared finance arrangements – e.g. pooled budgets
- Inform thematic integrated community care service priorities such as
  - Older people inc. with dementia
  - Children and young people with complex needs
  - Learning disabilities and neurodevelopment conditions
  - Unpaid carers
  - Emotional and MH needs

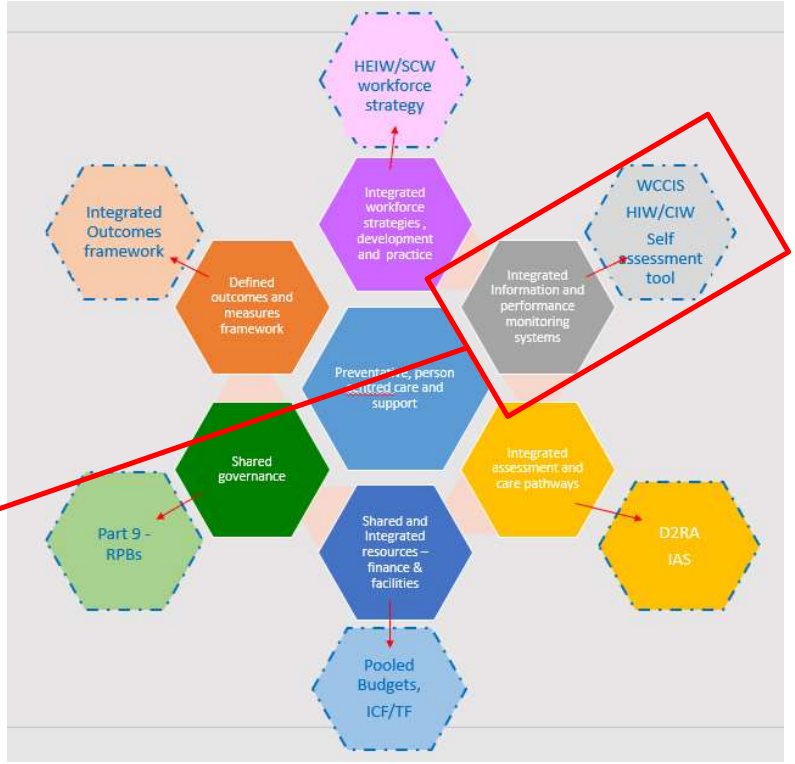
Relationship to WCCIS

It would then be for the WCCIS programme, operating within the same transformation portfolio, to act as a **customer of the community services service design programme,** adopting said service designs in its platform design and delivery to drive up consistency of processes, tools [e.g. forms], clinical practices / WoW and information flows.

Programmatic deployment of new WCCIS community services platform capabilities [on Care Director], based on new agreed service designs could be taken on a service-by service basis [as they roll off production] and could be deployed cross-region to maximise their utility to day-to-day care practice.

A new service design capability clearly demarked from a specific technical platform is also advantageous to 'WCCIS Futures', when a vendor/platform agnostic market appraisal may lead to a new supplier[s] and even the creation of a standards-based framework.

Fig 1. [Potential] integrated Community Care Service design workstreams [kindly supplied by Shelley Davies of Welsh Government]



*Defined as *the design, alignment and optimisation of organisations' operations to better support user journeys, [in this case health and care users] to improve the experiences of said users and care professionals, and enable better outcomes for end-users*

** Supported by data and technical standards in this case

*** Lou Downe, Good Services, 2020

The basis of a new national data standards development programme

Standard data sets are a proxy for consistency across people, processes and supporting technology. As has been acknowledged prior to and reconfirmed during the strategic review, they are a fundamental building block in the creation of efficient and effective national technology and data capabilities, and a key tenet of streamlined data sharing and joined up care practice

This and the following slide – kindly provided by Heidi Morris - show the current status of data standardisation for those community services in scope for WCCIS, plus relevant urgent and emergency care data standards.

It is the review's view that focused effort on the development of these data standards - aka turning reds and ambers to greens - in a prioritised plan should be the purview of a scoped sister programme, governed, driven and appropriately resourced by relevant SME.

It would then be for the WCCIS programme, operating within the same transformation portfolio to act as a customer, adopting said standards in its platform to drive up consistency of processes, tools [e.g. forms], clinical practices / WoW and information flows

Summarising this diagram, you can see that:

- national data standards have been developed (or are in the process) of being developed for 70% of the services.
- Of the 30% of services awaiting national data standards development, 6 relate to community nursing. Funding has been agreed by Welsh Government for additional resource to take forward the development of national data standards during 2022/23 for this service area.

In addition, there is a common demographic data set and unifying key across all the data sets, with:

- a DSCN has been issued to collect common demographic data, and
- a Welsh Health Circular advises that the NHS Number is the unique identifier across health and social care

Of the RAG rated data sets shown here, priority datasets for WCCIS to adopt [on the basis that they will provide glue between Authority and Board services] are

- Disabled and frail older people
- Safeguarding and Adult Protection

The basis of a new national data standards development programme [cont.]

Also, the development of the data standards and information for **goals 5 and 6** of the urgent and emergency care programme (shown here) is key.

This currently is at project initiation stage, the SRO is keen for the community information workstream to be involved, building on the Discharge to Recover and Assess work, which was mentioned in a presentation to the WCCIS Leadership Board by DHCW colleagues.

About Channel 3

At Channel 3 we support health and care organisations to use technology to transform patient care and improve ways of working.

Working exclusively in digital transformation, we're proud to bring our clients the expertise and passion it takes to succeed. Together we can make a fundamental difference to patient care.

Channel 3 CONSULTING

Achieving your digital ambitions

Wherever you are on your digital transformation journey, our services help you unlock the potential of technology to improve health and care.

Digital strategy and investment planning

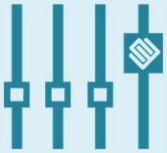
We help you explore your options and **build a digital strategy that meets your goals** and is backed by your teams.

Digital market insight and commercial services

We support you to **find and buy technology solutions** that are right for your clinical and business needs.

Implementation and digitally-enabled transformation

We bring together the clinical, business, and technical expertise needed to help you **deliver change and realise the benefits** of your digital investment.



Optimisation and recovery

We help you **take stock of your current position**, build a plan, and **start delivering the benefits** you seek for your workforce and the people they serve.

Channel 3 CONSULTING

Working with us

Channel 3 is a diverse team with a passion for making a difference. We combine experience and pragmatism with a bit of fun and love seeing our clients succeed.

A blended approach

We work in blended teams, rolling up our sleeves, sharing our experience and learning from yours.

Breadth and depth of knowledge

We understand the health and care ecosystem and offer you practical solutions.

A relentless focus on delivery

We thrive under pressure and always go the extra mile to ensure success.

We like to leave a legacy

We engage and upskill your teams so our impact can last long after we're gone.

Channel 3 CONSULTING

What we've achieved

We're proud of our achievements. Our people care deeply about making a difference and delivering outcomes for patients and the workforce.

Workforce

"Our staff were truly being listened to and respected, with their needs being put at the forefront of the transformation. We are sure we would not be able to work through this transformation without Channel 3. They were the right people to support us: compassionate, knowledgeable and patient."

Ifti Majid, Chief Executive, Derbyshire Healthcare NHS Foundation Trust

Patient care

"Channel 3 helped us ensure that those delivering care to patients had access to the information they needed in a format that was easy to use and secure. The project is already delivering the outcomes we intended."

Richard Banks, Director of Health Informatics, Rotherham, Doncaster & South Humber NHS FT

Organisational performance

"The expertise Channel 3 brought to our programme has been second to none. It has transcended our previous arrangements and enabled us to significantly accelerate our delivery."

Peter Gill, Director of Health Informatics,
The Royal Bournemouth & Christchurch Hospitals NHS FT

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WCCIS Programme - Strategic Review - Q+A

Q: Why was there a strategic review of the WCCIS programme?

A: It is considered good practice for a national programme several years along to assess its delivery. The strategic review has enabled a stocktake to take place to inform the direction of the next phase of the programme and was recommended in the 2020 Audit Wales report and the independent review and survey carried out by the Institute of Public Care (IPC).

It has explored options for the future to ensure the vision is right and deliverable and that the system is meeting end users' needs.

Q: Who commissioned the review?

A: The review was commissioned by the WCCIS Senior Responsible Officers (SROs) and WCCIS programme sponsors Welsh Government. It was important to appoint an independent body to carry out the review and following a tender exercise, Channel 3 were appointed and began work on the review on November 1, 2021.

Q: Who undertook it?

A: Independent reviewers Channel 3 Consulting undertook the review. Working exclusively in digital transformation, they support health and care organisations in their use of technology to transform patient care and improve ways of working.

Q: **Who did the review engage with, and how?**

A: Channel 3 opted for an inclusive engagement approach, using rounds of engagement with national, regional and local stakeholders, taking time to understand learning points from review contributors, and paying special attention to creative ideas on where to go next.

Over the course of approximately two months Channel 3 spoke to over 100 people from across Wales including:

- The sponsors Welsh Government and the Senior Responsible Owners (SROs)
- WCCIS users, including areas imminently intending to take on the system, late adopters of the system, and the National Programme Team
- Suppliers, including Advanced and various Digital Health and Care Wales (DHCW) support services
- Interested parties from other DHCW business functions and Public Health Wales.

Q: What did the review entail?

A: To develop a full picture, Channel 3 adapted the UK Government's 7 Lenses of Transformation as the underpinning review framework. This explored a number of themes:

1. Vision – including the original vision, its evolution and its tie into broader Health and Care aspiration across Wales

2. Design – including Technical Design, Commercial Design, Service Design, and Programme Design

3. Plan – including the roadmap, dependencies, flexibility, ownership, resources and capacity

4. Transformation Leadership – including SME, risk appetite, coalition building, motivating action, supporting others

5. Collaboration – including shared outcomes, incentives and structures of collaboration, and boundary spanning

6. Accountability – including defined and dedicated capacity, governance structures and decision-making, collaboration, openness and transparency

7. People – including stakeholder management, communications planning, required skillsets, New Ways of Working, adaptive capacity, culture and behaviours

Q: **What does the strategic review recommend?**

A: A number of key recommendations were made by the review which have been jointly signed off by the WCCIS SROs and the programme sponsor Welsh Government.

The strategic review recommends;

1. Stabilising the WCCIS programme and system so user experience is improved.
2. Repurposing and simplifying the WCCIS programme to enable it to focus on its key aim of providing a digital solution to connect community health and care professionals. This will include;

    - simplifying programme mechanisms including governance and ways of working
    - reviewing contractual and commercial arrangements to future proof service delivery
    - transitioning the ownership of operational management into Digital Health and Care Wales (DHCW)

3. Consideration to be given to moving some areas of the current WCCIS programme into a wider portfolio that would be overseen by Welsh Government. This could include areas that have a wider impact such as national data standards and national service design.
4. Creating a technology road map that supports standards based inter-operability between the WCCIS digital solution and other systems within health and care.
5. Standardising the approach by signing up to an agreed set of governing design principles so all work has a common objective and design correlates with relevant national digital architectures and standards.
6. Improving collaboration between stakeholders using the skills and experience across Wales to strengthen the future design and delivery of WCCIS.

Q: How can I get involved or get in touch?

A: A series of engagement sessions will be held over the course of the next few weeks where there will be opportunities to ask questions and discuss the recommendations along with what needs to be done to start implementing them.

Appendix 3 - Digital Delivery Plan Updates

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

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

	Specialty	Project / System	Description	Project Type	Go live	End Date	RAG
1	Urology	My Medical Record - PSA Tracker	A system for managing specific antigen (PSA) results. It allows the Urology Service to manage, record, track and set thresholds / alerts for all prostate cancer patients as well as allowing the patient to access their data and relevant information to support their longer term care.	Local	18/01/21	30/07/22	
	UPDATE – Project is in the closure phase of this National Pilot. Project closure report has been completed and will go to Urology Clinical meeting in July for approval and formal project closure. Project lead will continue to engage with wider Welsh Government initiative and feedback to BCU on future activities. This system allows the Urology Service to manage, record, track and set thresholds / alerts for all prostate cancer patients as well as allowing the patient to access their own data, track their own results and gain access to clinical staff before their conditions worsen.						
2	Health Intelligence	Lightfoot	Health Intelligence system to measure patient outcomes across the whole pathway.	Local	01/12/2021	12/02/24	
	UPDATE –The Lightfoot programme Board is being re-established where a clear work plan will be developed to review the requirements of the system and the needs of the Health Board against this system. The resources needed from Informatics to support Lightfoot with their data collection needs to be identified.						

3	Outpatients	Wellsky	Pharmacy stock management, dispensing and ordering system replacement (amazon for drugs)	DHCW	01/11/2021	31/05/22	
	UPDATE – The Project closure report has been distributed to the BCU WellSky Project Board membership and was agreed that the project can be closed. A post implementation group for additional work that requires project support will continue for the present.						
4	Secondary Care - Multi Disciplinary	My Appointment Letters Online (MALO)	A service allowing our patients to view their appointment letters online as an alternative to receiving them by post and is an extension to the centralised printing solution	Local	01/06/2022	TBC	
	UPDATE - Project is on hold due to funding and competing resource priorities linked to WPAS West implementation. The project will restart in June. The system has been built and tested. The security test (Pen test) has been completed. Supplier development funds have been spent and further investment is required by the Information team to complete final activities.						
5	Secondary Care - Multi Disciplinary	WEDS / Symphony	A stand-alone version of the Emergency Care system Symphony	Local	Phase 1- 30/03/22 Phase 2- 06/07/22 Phase 3- 06/09/22	30/09/2022	
	UPDATE – Following the successful go live in YGC on the 30th March the YGC ED Project Closure meeting is planned for June 2022 as the system moves into Business As Usual. Readiness / Engagement workshops have been held at Holywell and Denbigh Minor Injury Units (MIU's) during May 2022. Staff are now being asked to book onto Symphony training in readiness for Holywell go-live 6 July 22 and Denbigh go-live 6 September 2022. There is a risk that BCUHB may not have the resources to undertake Phase 4 (fully integrated WEDS in June 2023) and therefore funding to support additional resources would be required through an approved Business Case.						
6	Primary Care & Community	Community /Malinko	A clinical e-scheduling tool for care in the community providing real-time visibility of clinical workforce capacity and patient demand	Local	01/04/22	27/07/22	
	UPDATE –All smartphones have been issued to the District Nursing Teams as per the Malinko rollout plan. IT related issues have been highlighted to the Project Team, which relate to smartphones having poor data and network connectivity issues at some locations. These issues are being processed through the applicable ICT Teams and solutions are being worked through. The last Malinko project board is scheduled to take place on 27th July 2022.						
7	Endoscopy	Endoscopy System	Replacement of the endoscopy system to ensure	National Collaborative	01/09/22	31/12/2022	

			we comply with new national standards				
	UPDATE - The call off contract issues have resulted in a significant delay in signing the contract with the suppliers of the new system, MediLogik. Due to MediLogik not having an accredited ISO Certificate, the DPIA has not been agreed with Information Governance. We have received assurance from MediLogik that the testing of v2 of their EMS will conform to our requirements and therefore, we will be able to progress with the contract. Go live now anticipated to be September.						
8	Secondary Care - Multi Disciplinary	Stream	A clinical discharge planning tool that supports patient flow in an acute setting.	Local	27/05/22	25/08/23	
	UPDATE – Business Case for full rollout of STREAM is going through the approval process. The first project board took place on the 10th June 2022. The SRO has requested the Acute Medical Unit Short Stay Ward to be set up as a pilot which should be carried out by the end of June 2022. Following the approval process of the Business Case , a re-plan for the rollout will need to be undertaken. Funding has been secured for fixed term resources and the recruitment process is underway.						
9	Secondary Care - Multi Disciplinary	Digital Clinic letters	Key to moving from paper to digital patient records, this project involves digital dictation and speech recognition	Local	30/06/22	30/06/23	
	UPDATE – SLT have approved the extension of the -DDSR project for another 12 months. This extension will allow the team to complete a Speech Recognition pilot at each of the BCU sites and implement to interested teams. The EPRO Project team will continue to work with EPOC users in East in parallel to take them live with Digital Dictation once MTed is in a position to be deployed.						
10	Oncology	CaNISC Replacement	The replacement Cancer Information System will facilitate service transformation and standardisation of working practices across all of cancer care	National DHCW	28/08/21	03/03/23	
	UPDATE – The overall programme has been delayed with large portions of functionality being released in Nov 2022. Timescales for health board's to adopt with a DHCW supplier are still to be agreed. Planning for the functionality of palliative care, colposcopy and radiology referrals will be undertaken during June and July 2022 ready for November 2022. BCU are UAT testing the Multi-Disciplinary Team (MDT) outcome forms and will likely adopt functionality along with other health boards in August/September 2022. Formal Governance structure is yet to be agreed but the project is looking to report to and be accountable to the Cancer Partnership Board.						
11	Primary Care & Community	Office 365	Access to online Office applications and Microsoft Teams, enabling users to access work documents and emails remotely with access to better communication	National DHCW	01/01/20	01/09/22	

			tools, new Business and Task Management tools				
	UPDATE – One Drive wider rollout has commenced. Currently 75% of One Drive Migrations have been migrated to date (07/06/2022). Bulk of remaining migrations to be undertaken following provisioning by DHCW (in progress). Delay to Outlook migrations due to national firewall issue, additional SharePoint work required and lack of Project Manager for approximately~~.~~ 3 months has impacted timescales. Revised anticipated end date Sept 22. Programme Board agreed change to Board arrangements (will now become ICT led) as we begin transition to business as usual.						
12	Secondary Care - Multi Disciplinary	Welsh Patient Referral Service (WPRS)	This is the application in WCP that allows electronic referral of patients from primary care into secondary care outpatients.	National DHCW	01/09/22	01/02/23	
	UPDATE – The project is currently on track for phase 1 go live for 26/07/22 with Print and Post training completed, as of 27/5/22 a total of 156 users have attended training sessions. WAP lite training to commence on 06/06/22. The communication plan is in place and a BetsiNet project place will be created for the WPRS project for further engagement with staff. Ongoing testing is being carried out on the worklists.						
12	Secondary Care - Multi Disciplinary	Results Management	To improve the assurance for the management of results and deliver a fit for purpose solution that will improve patient safety and stop printed results.		01/07/22	TBC	
	UPDATE – The Project Board met on the 19th May and agreed the go live for Early Adopters in July 2022 with implementation in Respiratory and Clinical Pathology. Welsh Clinical Portal (WCP) Mobile will go live in August 2022 and Second Adopters Cancer Services and Dermatology in September 2022. Phase 2 will begin in October 2022 in all Hospital's across BCUHB over an 8-week period. The lack of an existing standardised SOP for the current paper process could impact Clinical resources if not established prior to go live. Support is needed for initial implementation and being reviewed at programme manager level surrounding the best way to use existing resources effectively.						
13	Secondary Care - Multi Disciplinary	WPAS	WPAS holds patient identification details, and records details of patients' hospital visits, including waiting list management, medical records, inpatient treatment, outpatient appointments and emergency visits.	National DHCW	02/04/15	20/05/23	
	UPDATE –Phase 3 - West into WPAS central instance was successfully implemented in May 2022. Go live support has now ended and support model has been move to business as usual approach for west services. The project is currently undertaking phase 3 closure and once completed the focus will be on final Phase 4 single instance. The team are currently awaiting confirmation of WPAS funding letter from DHCW and WG to support staffing in year 22/23 with regard to the integration of East into a single instance for North Wales in May 2023.						

14	Secondary Care - Multi Disciplinary	Welsh Nursing Care Record (WNCR)	A digital nursing system to replace paper nursing documentation within secondary care settings and community hospitals.	National	07/03/22	01/06/24	
	UPDATE – WNCR is now live in East Community and East Acute Surgical for the exception of ENT due to Wi-Fi issues. IT are exploring a temporary router to support with this issue. To date the Go Live has been very well received by staff and the daily benefits are already being acknowledged. Engagement work is currently taking place with Central HONs and dates have been tentatively arranged to visit site ahead of Pre-Go Live by the WNCR Team for the purpose of effective planning. ICT recruitment still to be completed to achieve full support resources.						
15	Eye care	Eye care Digitisation Programme	A clinical digital system, to allow patient information to be shared between primary care and secondary care	National	01/03/22	30/06/24	
	UPDATE – Key elements delaying go live for all trusts bar the hosts have been relayed to the national project team. Issues relating the interface have been highlighted and currently being looked into by the system supplier. Currently awaiting sign off of the 3x DPIA to initiate approval to use the 'OpenEyes' system within the Health board and local high street Opticians. Stakeholder engagement is continuing with the service and is very positive, as is the enthusiasm for system introduction.						
16	Primary Care & Community	Welsh Community Care Information System (WCCIS)	Shared system between Health and Social Care to support people in the community	National	23/09/22	31/12/25	
	UPDATE –A paper was presented to the WCCIS Project Board on 12th May requesting permission to delay the planned June go-live due to a number of identified key issues. These included the delayed upgrade to the Welsh Demographic Server (WDS), the delay in the release of the mobile application and the Change Control Notice (CCN) from the supplier. Following on from the meeting, we have now secured a go-live date of the weekend of 23rd September with the agreement of the National Team and all live authorities.						
17	Secondary Care - Multi Disciplinary	Medicines Transcribing and E-Discharge (MTeD)	MTeD system supports patients from admission to discharge; addressing poor quality discharge communication prescriptions, and enables efficient and accurate exchange of discharge information between Secondary and Primary Care.	National	30/07/22	01/12/24	
	UPDATE –Despite challenges with resources and the go-live of WPAS in the West, the project team saw a window of opportunity to deploy MTeD at Holywell Community Hospital on May 30th 2022. Engagement with West Mental Health clinical leads has started and a ward list review has been completed. Full roll out of MTed is due to occur in the West Summer/August 22, Central Autumn and East TBC.						

18	Secondary Care - Multi Disciplinary	Digital Health Record	A single digital view of the patient record supporting integration with local and national systems in Wales and beyond	Local	16/07/25	TBC	
	UPDATE – Successful implementation of Rheumatology West for priority eForms. The trial of iPads has commenced with Medical Photography. Access to Health Records have commenced the trial of uploading Mortality Review documents. Staffing resources remain critical. The Digital Health Record (DHR) Board has agreed to support a project pause to develop project delivery models to accommodate resources available and lessons learnt. We will review the Patient Records Programme in terms of its ability to deliver against the original expectations, and we are considering re-scoping into a wider programme of work to include effective use of paper records as well as digitisation.						
19	Secondary Care - Multi Disciplinary	Therapy Services System Replacement	Replacement/upgrade of the current Therapy system	Local	TBC	TBC	
	UPDATE – Outline Business case shared with the Project Board. Currently considering various existing systems in a 2-stage approach. Firstly, with an overview of each system and then, if it seems to be a viable solution, then a full-blown test of patient journeys will be carried out. Investigation into possible external solutions is also ongoing.						
20	Secondary Care - Multi Disciplinary	Single Sign on	Single sign-on is an authentication scheme that allows a user to log in with a single ID to any of several related, yet independent, software systems.	Local	TBC	TBC	
	UPDATE – The Business case, PID and high-level cost estimates have been drafted and shared with the Project board and team leads. The 3rd Party vendor is on-board and has resources available to assist. The suggested rollout strategy is to deploy to Bangor, Wrexham then Glan Clwyd. Local representatives are on the Project Board and actively participating. By July, it is expected that the initiation phase will be mature and a timeline for the project will be close to completion. Resource allocation may be a challenge due to competing with other projects.						

Project Pipeline

Service	Project Title	Update
Intensive Care	Welsh Critical Care Information System	Welsh Critical Care Information System- Local Project Board has now been developed and TOR established. A project manager has been identified and is due to commence late Summer. Go live dates for BCUHB sites have been agreed as December 2023 and January 2024. Site visits with Estates colleagues have commenced.
Radiology	Radiology Informatics System procurement (RISP)	User evaluations and early supplier engagement completed, long list of 6 potential suppliers have been scored and shortlisted to 3 potential suppliers – project on time with agreed timescales and progressing into supplier visits and competitive dialogue stages over the next few months. There will be a requirement for Informatics participation in some of the benefits and standardisation work streams over the coming months – candidates for this have been contacted.
Pharmacy	Medicine Management & E-Prescribing	Electronic Prescribing and Medicines Management- There has been a delay to the National Procurement Framework being finalised. Framework now expected to be in place from September 2022 rather than July 2022. A funding bid for the pre-implementation team has been drafted and will be submitted by June 15. If successful, work will commence on the recruitment of a range of posts to form the pre-implementation team who will be in post for a period of 12 months.
Obs & Gyn	Maternity Information System	The initial business requirements are being revised by the Digital Maternity Cymru project team. The team will be attending health boards multi-profession meeting to update the committee moving forward. The national team are now starting to arrange visits to Health Boards to gain a greater understanding from the service and clinical user's perspectives. Stakeholder engagement sessions are now starting to be planned to gather the requirements from women accessing services in North Wales.
Stroke Service	Stroke Service Transformation	Awaiting engagement from the Stroke Service.
Pathology	WLIMS (LINCS)	The LINC program is progressing at the national level, under the management of its deployment board. A new SRO has recently been appointed and significant effort across Wales is being invested to maintain the project. However,

		significant risk is being carried, though being managed carefully. A number of critical meetings are taking place over the following weeks, these will inform the decision of the local deployment board whether there is requirements to escalate risks internally within BCUHB. Please be assured that the board will be kept updated on this rapidly developing situation
Scheduled Care	Pre Op Assessment Clinic	Programme manager has been allocated and working collaboratively across North Wales. Funding to be secured and digital specification to be finalised.

Pre Project Pipeline

Service	Project Title	Update
Cardiology	HUMA	Pilot completed, awaiting benefits to be considered from Cwm Taf Morgannwg Health Board. Vicki Jenkins a nurse specialist in heart failure and echocardiography has been crowned Cardiovascular Nurse of the Year at this year's British Journal of Nursing Awards for her work with developing and trialling the Huma app that monitors cardiac patients at home via their mobile phone or tablet.
Information Team	Robotic Process Automation	A basic programme for ethnicity, disability and keynotes has been developed to identify the system capabilities. From these basic programmes the Team can identify potential strengths and weaknesses of RPA and apply to gain the best benefits. The team are currently looking into the use of a virtual machine and the possibilities of its use. The RPA could potentially have a role in supporting WPAS integration for a single instance through identifying data quality inaccuracies.
Oncology	Electronic Holistic Needs Assessment (Ehna)	On hold.
Emergency Care	Welsh Emergency Care Data (WECD)	Initial meeting has taken place with DHCW and looking how BCU get involved at National level and baselining current data out of Symphony.
Trauma and Orthopaedics, and Acute Medicine	Emergency Admission System (EAS)	On hold –Pending discussions with ICT colleagues surrounding alternative functionality.
Regional Treatment Centre's	Regional Treatment Centre's	Digital sub-group has now been formed and met twice. Scoping of Informatics requirements now underway.

DCSN New Releases

There was 1 new DSCN issued in quarter 1 2022-23, the details are shown in the table below:-

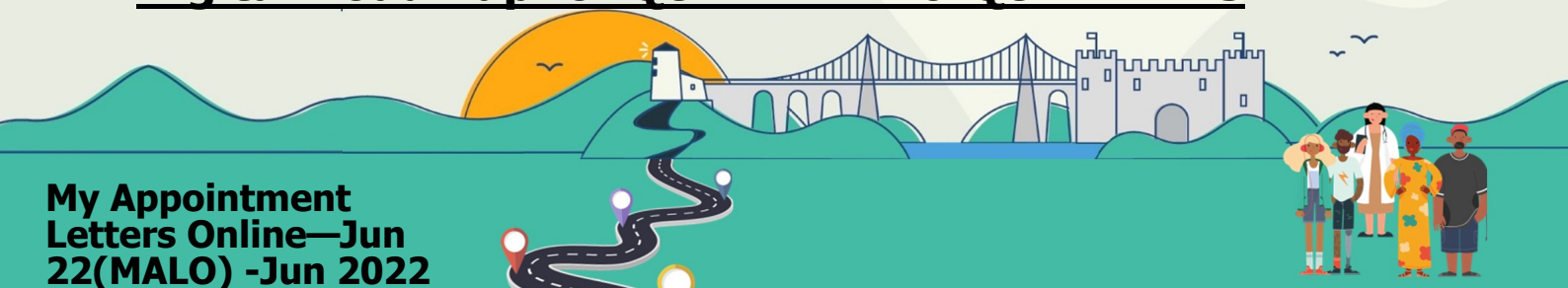
DSCN	Description	Issue Date	Implementation Date	Update	Status
2022/08	Core Reference Data Standards - Adding Title	30-May-22	01-Jun-22	New DSCN - the addition of a person's title as a data item into the Core Reference Data Standards. Effective from 1st June 2022 with a phased approach to implementation. BCU are working towards standardising East and Centre, however, the title requirements on both systems are currently different. The table is nationally managed by DHCW - BCU will raise this in the next CAB to understand how to achieve compliance.	Non-compliant

Impact Assessments (IA)

There was 1 new IA issued during quarter 1 2022-23, the details are shown in the table below:-

Issue Date	Impact Assessment Description	Deadline	Actual Submission Date	Update	Status
19-May-22	Outpatient Referrals	10-Jun-22	07-Jun-22	The Outpatient Referral Ds was originally created as the Outpatient activity which was captured locally did not reflect the Outpatient Ds scope. There was inconsistency across Health Boards in relation to the types of referrals being submited (i.e. Submissions for all nursing activity and not just independent nurse led activity, Primary Care Services, etc). Standardising a scope was crucial to allow the submitted data to be published and reflect the level and range of services provided by NHS Wales. A number of queries have been raised over recent weeks in relation to the scope of the Outpatient Referral Ds. This had lead to needing clarification from Health Boards on all aspects of how referrals in the OPR Ds are recorded. Gaining this clarrification will also help towards the ongoing Modernised Outpatient Data Set work and determine a defined scope for referrals moving forward.	Compliant

Digital Roadmap for Qtr 4 21-22 & Qtr 1 22-23



My Appointment Letters Online—Jun 22(MALO) -Jun 2022

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

Jun 22

Digital Clinic Letters -Jun 2022

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

Jun 22

WPAS West into Central -May 2022

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

May 22

STREAM -May 2022

A clinical discharge planning tool that supports patient flow in an acute setting.

May 22

WNCR –March 2022

A digital nursing system within secondary care settings and community hospitals.

Mar 22

Mar 22

Community/Malinko -Apr 2022

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

Mar 22

Symphony -Mar 2022

A stand-alone version of the Emergency Care system which supports patient management, tracking and clinical workflow.

Lightfoot -Feb 2022

Health Intelligence system to measure patient outcomes across the whole pathway.

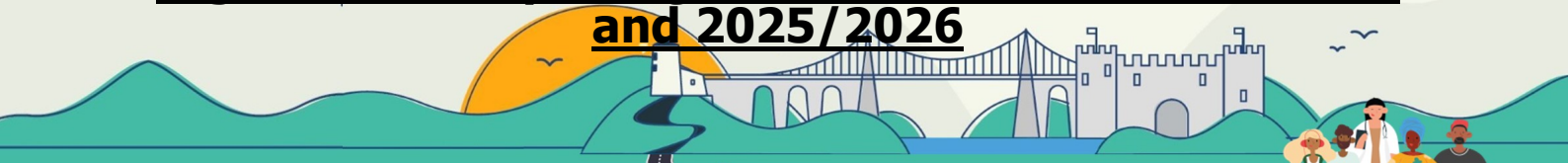
Feb 22

Jan 22

My PSA Tracker—Jan 2022

A system for managing specific antigen (PSA) results. It allows the Urology Service to manage, record, track and set thresholds / alerts for all prostate cancer. Patients can access their data and relevant information to support their longer term care.

Digital Roadmap for Qtr 2-4 2022/2023, 2023/2024 and 2025/2026



Digital Health Record - July 2025 -A single digital view of the patient record supporting integration with local and national

Jul 25

MTed—Dec 2024

Dec 24

DEC 24

The MTeD system supports patients from admission to discharge enables efficient and accurate exchange of discharge information between Secondary and Primary Care.

WCCIS - Dec 2024
Shared community system between Health and Social Care.

Jun 24

Eyecare Digitisation -Jun 2024
A Clinical digital system, to allow patient information to be shared between primary care and secondary care.

Sep 23

Integrated WEDS -Sep 2023
A stand-alone version of the Emergency Care system Symphony.

May 23

Wpas-May 2023—WPAS holds patient identification details, and records details of patients' hospital visits, including waiting list management, medical records, inpatient treatment, outpatient appointments and emergency visits.

Sept 22

Endoscopy –Sept 2022
Replacement of the endoscopy system to ensure we comply with new national standards.

Sept 22

Canisc –Sept 2022
The replacement Cancer Information System will facilitate service transformation and standardisation of working practices across all of cancer care.

July 22

Results Management-July 2022 Digitise Results Management through improving the assurance with an electronic test requesting service for the management of results that will improve patient safety.

Board/Committee report template

Cyfarfod a dyddiad: Meeting and date:	**PPPH**
Cyhoeddus neu Breifat: Public or Private:	**Public**
Teitl yr Adroddiad Report Title:	Well North Wales Annual Report 2021-22
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health
Awdur yr Adroddiad Report Author:	Glynne Roberts, Programme Director (Well North Wales)
Craffu blaenorol: Prior Scrutiny:	The report has come to PPPH, in line with previous reporting arrangements
Atodiadau Appendices:	Appendix 1: Well North Wales Annual Report 2021-22

Argymhelliad / Recommendation:

The Committee is asked to approve the report, and endorse the partnership approach taken to address the issue of health inequalities across North Wales

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**	√
If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.						**Y/N to indicate whether the Equality/SED duty is applicable**	**N**

Sefyllfa / Situation:

Well North Wales was initiated by the Health Board in 2016 to develop its role in supporting the health inequalities agenda in North Wales.

This Annual Report, covering the fifth full-year of the Well North Wales programme, highlights the number of successful partnerships created, and how the Health Board's links with organisations from across the public sector, third sector and housing providers has underpinned the health inequalities agenda across the region.

Against the difficult backdrop of operating through the pandemic, the Well North Wales programme has maintained a focus on specific areas where there was an identified need for:

a) Co-ordination of activities where the Health Board acts as a lead partner.
b) Identification of the Health Board's specific role in contributing to existing partnerships.

c) Opportunities for the Health Board, as a major employer, to identify an internal role to support the health inequalities agenda.

Cefndir / Background:

Well North Wales has four interwoven strands: Infrastructure and Networking; Homelessness and vulnerable groups; Social Prescribing, and Food Insecurity. These are inter-linked, and provide the foundations from which the overall programme has developed. The focus remains on addressing the social determinants, and working to build the network of relevant organisations to work with the Health Board in a co-ordinated programme to tackle health inequalities

The Well North Wales programme:

- Supports the strategic aims of the Health Board, reporting to the Population Health Group.
- Aims to provide local multi-agency partnerships to foster a culture of collaboration, shared objectives, and improved service delivery.
- Works as a partnership from a local, neighbourhood level, as well as with larger communities, to foster health and well-being initiatives that are aimed at tackling health inequalities.
- Integrates with, strengthens, and adds value to what is already going on at a local level, and informs the development of services to better meet local needs.
- Engages with local priority initiatives aimed at addressing locally-identified priorities.
- Leads for the Health Board on specific programmes that require regional co-ordination, e.g. social prescribing; homelessness, food poverty.
- Contributes at a national level to Welsh Government policy development (e.g. Homelessness Action group; All Wales Review of Social Prescribing), providing a positive profile for the Health Board with regard to national partnership working

Asesiad / Assessment & Analysis

Strategy Implications

Well North Wales addresses a number of key strategic areas:

i. The *Well-Being of Future Generations Act* (2015) , in particular the focus on the Act's priority areas:
   - Long-term
   - Prevention
   - Integration
   - Collaboration
   - Involvement

ii. The *Social Services and Wellbeing Act* (2014), specifically in relation to the development of social prescribing programmes.

iii. Welsh Government strategy:
   - *A Healthier Wales:* Aims to address the wider influences on health and wellbeing, tackling social and economic influences such as housing, parenting, education and employability.
   - *Building a Healthier Wales:* contains five key priority areas that span the breadth of greatest impact to transform health and well-being in Wales through a focus on prevention and early intervention. These are:
     1. Tackling the Wider Determinants
     2. Ensuring the Best Start in Life: Optimising our Early Years
     3. Enabling Healthy Behaviours
     4. Minimising the impact of Clinical Risk Factors and the Burden of Disease
     5. Enabling Transformational Change
   - In the Welsh Government's *Programme For Government 2021*, a number of the strategy's well-being objectives can be seen in the Well North Wales programme:

Welsh Government Wellbeing Objective	Well North Wales contribution to delivery
Provide effective, high quality and sustainable healthcare	- Penygroes Health and Wellbeing Centre - Bangor Health and Wellbeing Centre - Social prescribing programmes - Inverse Care Law - Community Support Hubs
Protect, re-build and develop our services for vulnerable people	- Bwyd Da Bangor - Bwyd Da Môn - Community Support Hubs - Social Prescribing programmes - Shotton Wellness Service - Plas Madoc Food Initiative
Build a stronger, greener economy as we make maximum progress towards decarbonisation	- Bryn y Neuadd Walled garden project. - Social prescribing links with outdoor providers and the green health agenda. - Bwyd Da Bangor - Bwyd Da Môn - Plas Madoc Food Initiative - Denbighshire Community Supermarket project.
Celebrate diversity and move to eliminate inequality in all its forms	- Shotton Wellness Project - Bwyd Da Bangor

	- Bwyd Da Môn - Links with homelessness projects
Make our cities, towns and villages even better places in which to live and work.	- Penygroes Health and Wellbeing Centre - Bangor Health and Wellbeing Centre - Community Support Hubs

Financial Implications
The core funding for the Well North Wales programme sits within the Public Health Directorate. Additionally, the programme benefited from Building a Healthier Wales monies during 2021-22, and some primary care pacesetter funding for social prescribing programmes.

There is an ongoing risk to the WNW work plan/programme given the fragile nature of the funding streams, which is often agreed on an annually recurring funding basis. The programme lead is monitoring the situation closely, given the fragility of the funding streams.

It is anticipated that the current Review of Social Prescribing in Wales being undertaken by Welsh Government will establish more robust and sustainable funding streams.

To replace the Building a Healthier Wales monies for health inequalities, funding has been allocated in the IMTP to ensure that the existing programmes can be maintained. However, if the health inequalities work is to succeed at scale, significant investment is required, not only from the Health Board, but also from other interested partner organisations, and regional partnership groups where resources are allocated for partnership projects.

Impact Assessment
As the programmes included within the report are based on partnership arrangements (formal and informal) with external organisations, many of the impact assessments reside within those partnerships, and are not directly attributable to the Health Board.

Appendix 1:

Gogledd Cymru Well North Wales

Well North Wales

Annual Report 2021-22

Contents

1. Background

"Health inequality is the result of many and varied factors. For too long, we have looked to the health service to address these challenges in isolation, but the NHS alone simply doesn't have the levers to make the changes we know are vital to creating the conditions necessary for good health. Meaningful progress will require coherent efforts across all sectors to close the gap."
NHS Confederation, Making the difference: tackling health inequalities in Wales, (November 2021)

1.1. The concept of Well North Wales was initiated by the Health Board in 2016 to develop its role in supporting the health inequalities agenda in North Wales. Well North Wales is managed within the Public Health Directorate, which has enabled the work to be closely aligned to the priorities of the Local Public Health Team, and contributing to the delivery of a number of core BCUHB strategies.

1.2. This Annual Report, covering the fifth full-year of the Well North Wales programme, highlights a number of successful partnerships created, and how the Health Board's links with organisations from across the public sector, community and voluntary groups and housing providers has underpinned the health inequalities agenda across the region. Given the issues thrown up by the pandemic over the last two years, the need to address health inequalities is greater than ever, demonstrating the need for the power of collaboration, shared agendas, and putting into practice local strategic aims. The complex web of inter-agency working weaving through the Well North Wales programme has brought together a number of productive partnership arrangements, many of which have come to fruition over the last 12 months.

1.3. In addition to fostering local connections, Well North Wales has also successfully linked up with national organisations and networks to ensure that North Wales benefits from the learning from these links, and to use the broader platform to highlight the work being undertaken in North Wales. Well North Wales has contributed to the development of a number of All Wales strategies, building on the successes identified within the region.

1.4. The four key strands of the Well North Wales programme – Infrastructure and networking; Housing and Homelessness; Social Prescribing, and Food Insecurity – are inter-twined, and provide the solid foundations from which the overall programme has been able to succeed. The focus remains on addressing the social determinants of health, and working to build the network of flourishing partnerships to work with the Health Board in a co-ordinated programme to tackle health inequalities.

1.5. In response to the actions identified in *A Healthier Wales*, Well North Wales can contribute on a number of fronts:

- Determinants of health:
  - Inequities - Drive good practice to reduce health inequities and outcomes with a focus on those brought to the forefront during the Covid-19 pandemic.

- Prevention – Build on the behaviours and personal responsibility demonstrated during the Covid-19 pandemic to help people stay well through an integrated approach to improving the nation's health and wellness. With a focus on rehabilitation, reablement and recuperation, provide active support to keep people healthy, maximise recovery and maintain independent living

➢ Engagement

- Promote understanding of A Healthier Wales within the health and social care workforce and provide practical examples to champion transformative, crosscutting change.
- Refocus our engagement with the public and patients on lessons learned from the Covid-19 pandemic including digital and new technologies, moving services away from hospitals, and prevention.

1.6. Over the next 12 months, the issues around health inequalities will become more prominent. The impact of Covid 19 is yet to be fully assessed, but the likelihood is that the number of individuals and families in poverty will increase significantly, and this will include a number of households who have not previously had to engage with the benefits system or sought external support.

1.7. A recent survey commissioned by the Royal College of Physicians found that over half those surveyed reported that their health has been negatively affected by the rising cost of living. Examples quoted included a patient being unable to afford to travel to hospital for lung cancer investigation and treatment, and a woman whose ulcers on her fingertips were made worse by her house being cold. The rising cost of living is therefore likely to have a direct impact on health status, and will exacerbate existing health inequalities.[1]

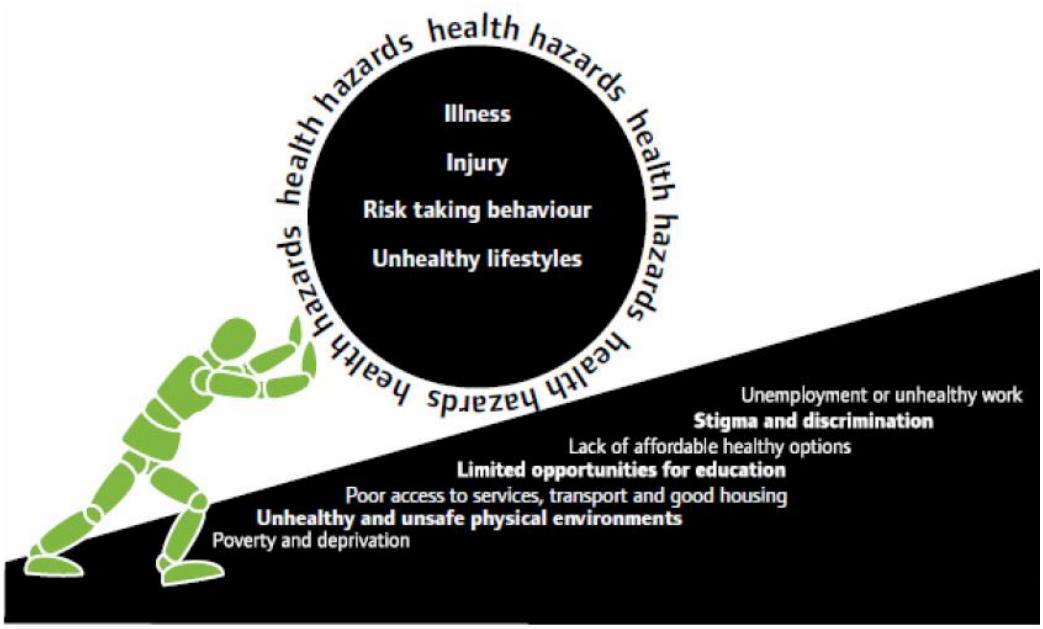
1.8. Therefore, a perfect storm of the after-effects of the Covid pandemic, inflation, increased energy costs, the invasion of the Ukraine, and the impact of interest rate and tax rises, is contributing to the "cost of living crisis" across the UK. To address the required responses to the emerging crisis, a multi-agency approach is required to ensure that individuals, families, and communities receive the level of support required, in a co-ordinated, equitable and accessible fashion. Well North Wales should play an active role in supporting a regional approach to combat an increase in health inequalities. As emphasised by Michael Marmot, director of the UCL Institute of Health Equity, "the cost of living crisis is damaging the perceived health and wellbeing of poorer people. The surprise is that people in above average income groups are affected, too. More than half say that their physical and mental health is affected by the rising cost of living, in particular food, heating, and transport."[2]

2. The importance of tackling health inequalities

[1] *BMJ* 2022; 377 doi: https://doi.org/10.1136/bmj.o1231 (Published 18 May 2022): BMJ 2022;377:o1231

[2] BMJ 2022;377:o1231

"Inequalities in health arise because of inequalities on society – through differences in which individuals are born, grow, live, work and age."
Marmot, M. Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010. (2010)



2.1. Health inequalities arise from a web of interrelated factors that largely fall outside the primary scope of the NHS. Health inequalities are largely preventable, and are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behaviours, such as their diet and how much they drink, smoke or exercise; and income levels.[3] These are the areas where Well North Wales operates, co-ordinating, shaping, and delivering across the North Wales region.

2.2. The gap in life expectancy between the most and least deprived parts of Wales increased in the years leading up to the COVID-19 pandemic. Women in the most deprived parts of Wales live around six years less (overall life expectancy 79 years) than those in the least deprived areas (85 years). For men, there was a seven-year gap between the most and least deprived areas (74 vs 81 years).[4]

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1 [3] *The Spirit Level*, R Wilkinson and K Pickett, Bloomsbury Press, 2009.

[4] J.Currie, et al, (2021) Life expectancy inequalities in Wales before COVID-19: an exploration of current contributions by age and cause of death and changes between 2002 and 2018 Public Health, Volume 193, Pages 48-56

2.3. On average, people living in our most deprived communities experience a 25% higher rate of emergency hospital admissions; there is a life expectancy differential of 7 years; and a poor health and disability differential of 14 years.

2.4. Tackling the problems most commonly associated with health inequalities can also help to reduce the direct costs to the NHS and wider societal costs. The work of Well North Wales, therefore, is to tackle the areas with poorest health in a way that harnesses the role of partner agencies, but which in turn allows those agencies to benefit from working with the Health Board.

2.5. In summary, Well North Wales:

- Supports the strategic aims of the Health Board through the Population Health Group working to the principles laid out in *Living Healthier Staying Well*.
- Provides local multi-agency infrastructure partnerships to foster a culture of collaboration, shared objectives, and improved service delivery.
- Integrates with, strengthens, and adds value to what is already going on at a local level, and informs the development of services to better meet local needs.
- Engages with local priority initiatives aimed at addressing locally-identified priorities.
- Leads for the Health Board on specific programmes that require regional co-ordination, e.g. social prescribing, homelessness prevention, food insecurity.
- Is constantly evolving, providing agile responses to a fast-moving agenda, building on a shared understanding, and developing an evidence-informed approach to developing new initiatives.

3. Infrastructure and networking

"Many people are unfortunately caught up in a complex web of health inequalities where the area you were born in can have a direct effect on how long they live. These inequalities have been long known but have been amplified by the recent pandemic. There is no escaping the fact that Covid 19 has hit the poorest neighbourhoods in Wales the hardest."
Institute of Welsh Affairs, Getting to the Roots of Health Inequality, (November 2021)

3.1. Well North Wales works effectively because of the enthusiasm and support of partner organisations, evidenced most ambitiously in the programme of work to develop health and wellbeing centres and a network of community support hubs. These centres are being developed across the region to address local requirements; build the necessary partnerships; and to develop realistic responses to the locally-identified needs. This strategic intent is set out in the Health Board's Estates Strategy (February 2019): *"The Health Board is committed to working with partner organisations, including local authorities*

and the voluntary sector, to develop integrated solutions that make the best use of our collective property assets irrespective of ownership".

3.2. Health and Wellbeing Centres:

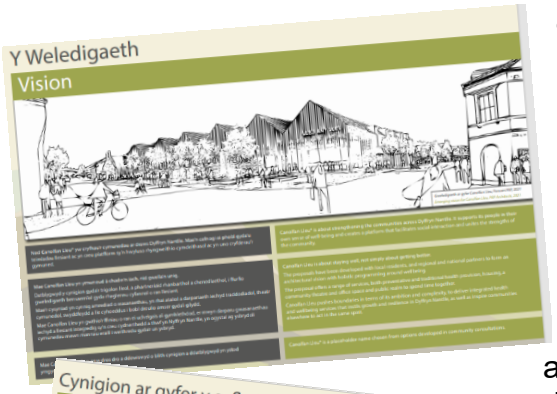
3.2.1. The development of health and wellbeing centres in some of the most disadvantaged areas in North Wales will facilitate a process whereby a range of services are located within communities, allowing individuals within those communities greater access to integrated services. The added benefit is that the centres will encompass a range of services drawn from across the community and statutory spectrum, and ensure that new ways of working are embedded into the planning stages.

3.2.2. The work with housing associations, in particular, is an important facet of the programme, given that their housing stock is often in the most deprived areas of North Wales, and that they have demonstrated a willingness to become actively involved in the health inequalities agenda. Working in particular with the 2025 movement, the housing sector is a key provider of health and wellbeing facilities, as well as broader initiatives that address the health inequalities agenda.

3.2.3. Penygroes: Of all the proposed health and wellbeing centre developments, the Penygroes scheme has made the most significant progress during 2021-22. Supported by the West Area Team, the scheme presents an opportunity to consolidate a range of health and wellbeing services onto one site, bringing together primary care, a new base for the Grwp Cynefin housing association, and a range of community and third sector services.

Progress to date:

- Location: A site has been purchased and cleared in Penygroes, and Grwp Cynefin have taken the lead to co-ordinate the different strands encompassed within the scheme.



- Continued stakeholder engagement with a broad range of community partners, with broad agreement that the hub would focus on at least four identified aspects:
  - A one-stop, integrated prevention service at primary care level, which would bring together a wide range of primary and, potentially, secondary prevention services. This would include GPs and community nurses, other health care providers, as well as a wider range of social prescribing, health literacy and rights-based services.
  - Video/ tele connections to external advice and diagnostic services as part of the hub-and-spoke link to more regional services.
  - A housing offer, to include extra-care models, within a broader mixed housing offer to suit the identified needs of an ageing population across the Nantlle Valley.
  - A local cultural offer, with support and links to other community enterprises in the area.

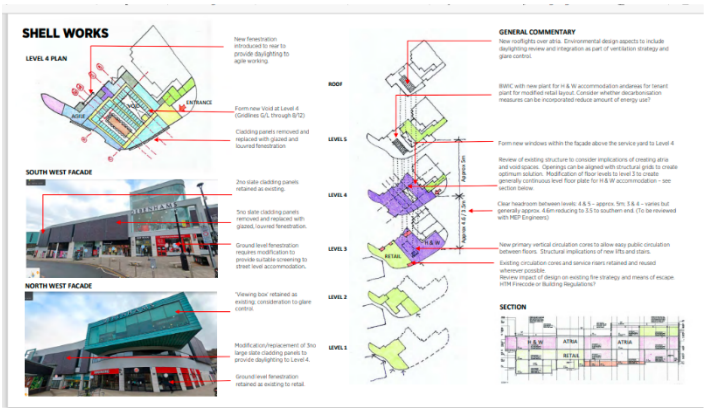
- Stakeholder support and funding: The outline proposals have been approved at Cabinet level within Gwynedd Council, and a significant capital allocation towards funding the project has been identified. To support the initiative, a number of project groups have been created.

3.2.4. Bangor: The proposals being developed in Bangor offer an opportunity to establish an innovative one-stop-shop facility in the city centre, which will encompass a number of health and wellbeing services. The Bangor scheme is being driven through the economic regeneration agenda and the Welsh Government priority to see services being located in town and city centres. Additionally, the project is closely aligned to a number of Welsh Government priority areas: quality health and social care facilities; synergy with the third sector; multi-agency integration and collaboration; and a broad wellbeing offer that will be a beacon for similar projects in years to come.

3.2.5. Prioritised by the Welsh Government's regeneration strategy, and therefore anchored in the economic regeneration proposals for the city, the health services that are under consideration for the proposal include:

- GPs and other primary care services – two large practices would be co-located.
- Therapy services that would be better suited to a community setting rather than an acute site – freeing up capacity on the Ysbyty Gwynedd site.
- Community dental services – who desperately need new accommodation.
- Community mental health services – currently located on the acute site.
- Community children's service – housed in accommodation that is not fit-for-purpose.
- Community Resource Team – who would benefit from being co-located with the other teams.

A broad-based wellbeing service, offering advice, information and access to 3rd sector organisations.



Progress to date:

- Location: In-depth analysis being undertaken for two city centre locations.
- Stakeholders: BCUHB, Gwynedd Council, Bangor University, Bangor City Council, Welsh Government.
- Progress: A strategic Outline Case has been produced, which will go to the main BCUHB Board in May 2022.
- Service requirements: Discussions with individual services around space, staffing, and new ways of working.

3.3. Community programmes

"Whatever place we happen to live in, the communities we belong to support and nurture our health. The evidence is stacking up that social relationships, norms and community networks – or the absence of them – have an impact on our health and wellbeing and on our resilience."
King's Fund: A Vision for Population Health

3.3.1. Community Support Hubs

Community Support Hubs in North Wales were initially set-up in June/July 2021 as *Covid Support Hubs* to address the crises experienced in some of our most vulnerable communities across North Wales. Using a combination of funding from the Welsh Government Hardship Fund and BCUHB, the number of hubs has increased from an initial pilot of six to 17 across the region, building an offer of a wide range of community support services located in one easily-accessible location. Equity of access to support in communities is a key driver and therefore there are no eligibility requirements for the hubs.

Community Support Hubs are located in 17 locations across North Wales and all are hosted by third sector organisations, primarily building on where there was an existing service, and utilising premises in that community. Hubs are currently located/hosted as follows:

County	Location	Host organisation
Isle of Anglesey	Holyhead	CAB
Gwynedd	Bangor (Maesgeirchen)	Maes Ni
	Caernarfon	Porth y Dre
	Penygroes	Siop Griffiths (Grwp Cynefin)
	Llanaelhaearn	Community Centre
	Pwllheli	Felin Fach
	Nefyn	Felin Fach
	Botwnnog	Congl Menciau
	Blaenau Ffestiniog	Y Dref Werdd
	Bala	Canolfan Henblas
Conwy	Colwyn Bay/county-wide	CVSC
	Llanddulas	Community Centre
Denbighshire	Denbigh	Hwb Dinbych
	Corwen	Canolfan Ni
Flintshire	Holywell	KIM-Inspire
	Shotton	Rivertown Church
Wrexham	Plas Madoc/Cefn Mawr	Splash Madoc Leisure Centre

Services offered: Building on the pilot phase where six core services were offered (LFD collection and support with food, debt, accommodation, mental health and digital inclusion), the hubs now offer a wide range of interventions both of a reactive and proactive nature.

Building on the initial success, the hubs have now evolved to offer a broad range of support mechanisms, including:
Legal advice (family, employment, civil matters); Fuel/heating support; Household goods (including white goods); family support; hospital to home; sensory support; domestic & substance abuse support; gender support; multi-lingual support; modern slavery & exploitation support; entry to employment/sustaining employment; social prescribing.

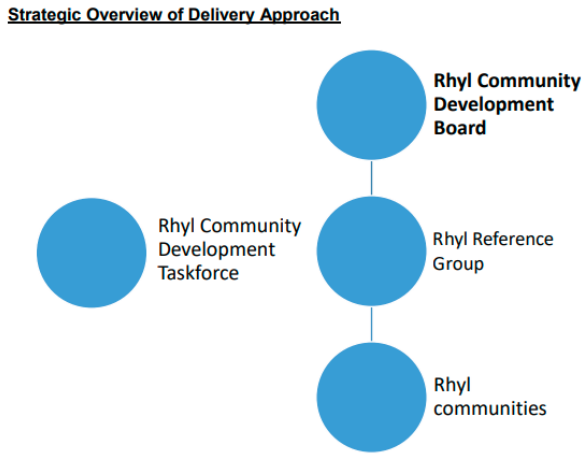
Services can be accessed in person, via email, telephone or virtually (using zoom, WhatsApp, FaceTime etc).

Support services are provided by over 200 third sector organisations from across the region, as well as some BCUHB services. This maximises opportunities for funding and service delivery efficiencies by not duplicating services already enabled by other funding streams

For the period of July 2021 – March 2022, community support hubs have achieved the following:

- Distributed 480,232 LFD tests.
- Engaged with 68,632 customers, each of whom have received information on services available via the hubs.
- Worked with 5,490 residents to provide multiple types of support.
- Worked with 1,570 residents to provide a single support intervention
- Support for food, debt, fuel/utilities, mental health, accommodation and family support have been the most requested types of support.

3.3.2. Rhyl Community Development Board



Well North Wales has represented both BCUHB operational services and the Public Health Directorate on the Rhyl Community Development Board, which was established to address the factors of deprivation that place seven of the 16 Lower Super Output Areas (LSOAs) in Rhyl in the top 10% of deprived LSOAs in Wales. The focus of the Board reflects the Welsh Index of Multiple Deprivation (WIMD), encompassing senior leaders in areas, which encompass income, employment, education, health, housing, community safety, access to services and

the physical environment. The Rhyl Community Development Board aims to work with public sector services in Denbighshire to achieve its outcomes, and is committed to driving change and delivering initiatives that will contribute to the long-term vision of Rhyl having a strong community and no longer featuring in the top 10% of the WIMD.

3.3.3. The Inverse Care Law Programme

The Inverse Care Law programme is built on the premise that people who experience the greatest inequalities are both most likely to need healthcare and support but least likely to receive it, lacking self-efficacy and living in challenging environments. The health gap is increasing between the most and least deprived, and there is a growing recognition that the different parts of the health, care and social economy need to work together more effectively to tackle inequalities. Primary Care Clusters potentially have a role in enabling the connections between different types of offer, across sectors and professional groups. The programme will support clusters and their partners in taking a systematic approach in tackling health inequalities by enabling teams to identify, target and intervene in defined areas within their local population.

With the appointment of a Programme Manager, work has started with clusters and their partners, developing the foundations needed to understand local inequalities and assets, engaging more broadly with other sectors to develop and implement interventions to address inequalities, and to embark on a journey of continuous improvement.

The work during 2022/23 will therefore focus on putting in place the foundations, support mechanisms and infrastructure to ensure that interventions addressing health inequalities can be sustainable, measured and evaluated.

Core concepts of the programme:

Cluster self-assessment tool

- Development, testing and refinement of a tool designed to support clusters assess themselves against factors needed to progress work in addressing inequalities and participation in community-based systems of support: transformational, transactional and individual factors.
- The intent is to generate appetite across clusters, signal where to focus attention, provide the means for continuous improvement, and support clusters as they grow into their role addressing population health.

Community of practice

- To establish and shape a community of practice to support clusters and their partners to progress work on addressing inequalities, supporting peer-to-peer learning and adaptive ongoing support.

Date informed interventions

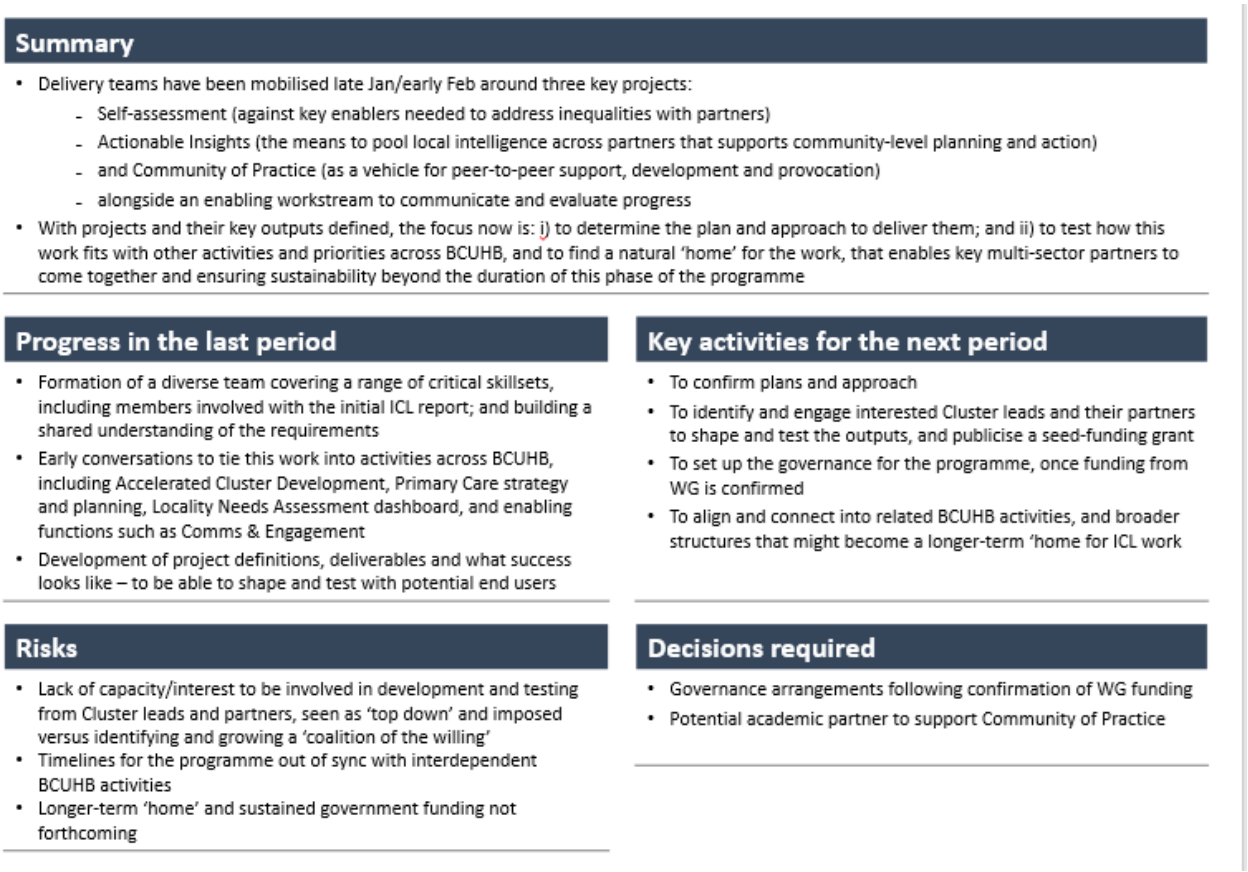
- To develop the means to put meaningful health and socio-economic community-level data on inequalities, need and local assets in the hands of clusters and their partners, to be able to focus efforts and resources, and thereby develop appropriately targeted interventions.

Partnership development

- Building the core infrastructure that will enable a longer-term broader, inclusive, and engaging programme, including programme management, action research and evaluation, communications and wider cluster engagement.

Initially looking at working with a number of innovator sites, the programme will work towards the delivery of a blueprint and best practice principles model by the end of 2023/24.

Progress by March 2022:



Summary

- Delivery teams have been mobilised late Jan/early Feb around three key projects:
  - Self-assessment (against key enablers needed to address inequalities with partners)
  - Actionable Insights (the means to pool local intelligence across partners that supports community-level planning and action)
  - and Community of Practice (as a vehicle for peer-to-peer support, development and provocation)
  - alongside an enabling workstream to communicate and evaluate progress
- With projects and their key outputs defined, the focus now is: i) to determine the plan and approach to deliver them; and ii) to test how this work fits with other activities and priorities across BCUHB, and to find a natural 'home' for the work, that enables key multi-sector partners to come together and ensuring sustainability beyond the duration of this phase of the programme

Progress in the last period

- Formation of a diverse team covering a range of critical skillsets, including members involved with the initial ICL report; and building a shared understanding of the requirements
- Early conversations to tie this work into activities across BCUHB, including Accelerated Cluster Development, Primary Care strategy and planning, Locality Needs Assessment dashboard, and enabling functions such as Comms & Engagement
- Development of project definitions, deliverables and what success looks like – to be able to shape and test with potential end users

Key activities for the next period

- To confirm plans and approach
- To identify and engage interested Cluster leads and their partners to shape and test the outputs, and publicise a seed-funding grant
- To set up the governance for the programme, once funding from WG is confirmed
- To align and connect into related BCUHB activities, and broader structures that might become a longer-term 'home for ICL work

Risks

- Lack of capacity/interest to be involved in development and testing from Cluster leads and partners, seen as 'top down' and imposed versus identifying and growing a 'coalition of the willing'
- Timelines for the programme out of sync with interdependent BCUHB activities
- Longer-term 'home' and sustained government funding not forthcoming

Decisions required

- Governance arrangements following confirmation of WG funding
- Potential academic partner to support Community of Practice

4. Homelessness and vulnerable groups

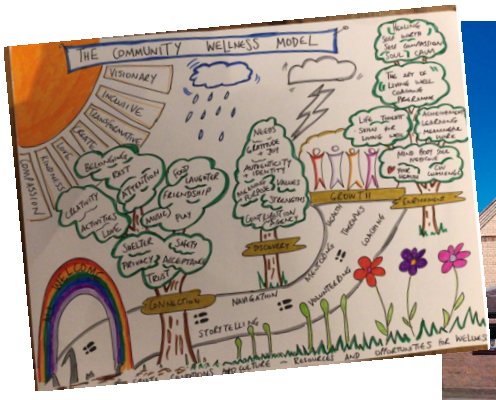
"The causes of homelessness extend well beyond access and availability of affordable homes. Ending homelessness is a cross-sector, cross-government priority relevant to health, social services, education, criminal justice, community services and our wider economy."
Welsh Government, Ending Homelessness Action Plan, (November 2021)

4.1. Effective healthcare interventions for homeless people present a significant opportunity to contribute to a reduction in health inequalities. Well North Wales has been actively supporting programmes around preventing homelessness and supporting vulnerable individuals at a local, regional and national level, aiming to facilitate a broader partnership approach.

4.2. Within North Wales, the impetus for developing local programmes came from an allocation made under the Building a Healthier Wales funding. Although only enabling a small number of projects to materialize, the funding nevertheless allowed programmes to move from concepts to reality, and to grow a local evidence base from which other projects can draw inspiration. In particular, three programmes were supported:

Denbighshire: Based on evidence from published studies[5] to assess the impact of physical exercise among individuals at risk of homelessness, Denbighshire County Council were commissioned to organise a programme of activity operated through homelessness support practitioners, along with leisure centre staff and fitness instructors, to facilitate peer support workshops, social support and interaction activities . Through this, a range of activities utilising the authority's leisure facilities were introduced. In addition, funding was also provided to those living in temporary accommodation to access laundry facilities, and also to enable these families to use leisure facilities and to develop cooking skills.

Shotton: Working out of the Community Support Hub in Rivertown Church, a community wellness service has commenced, focusing in particular on vulnerable and marginalised groups and those with complex needs. The individuals attending were offered Community Wellness days, addressing the wider determinants of health through the Asset-Based Community Development approach and Circles of Support. Community storytelling and Wellness assessments are used to support the work with individuals, their stories, challenges, unmet needs, as



[5] Stringer, C. et.al., (2019), Promoting physical activity in vulnerable adults 'at risk' of homelessness: a randomised controlled trial (British Medical Journal); Molden, S. et.al, (2019) Evaluation of an intervention to promote positive health behaviours and reduce social isolation in people experiencing homelessness, (Journal of Social Distress and the Homeless).

well as their skills, strengths, aspirations and desires. The programme is being underpinned by an evaluation framework being developed in collaboration with Bangor University.

By April 2022, between 30 and 50 individuals were attending the sessions each week, having expanded to work from four sites in Flintshire: Shotton, Mold, Glanrafon Homeless Hostel, and a programme with HMP Berwyn for Flintshire men

Bangor: A multi-agency partnership was established pre-Covid to develop facilities for the homeless, and had been prioritised for development by the Bangor Regeneration Partnership. Due to the impact of the pandemic, the programme scope was revisited and a revised programme developed, encompassing a food poverty programme (based on the successful Bwyd Da Môn scheme), and a training café where individuals who were coming through drug and alcohol rehabilitation, or were resident in the city's homeless facilities, could access training programmes linked to the café.

Working with Gwynedd Council, Bangor City Council, Bangor University, local housing associations (Adra and North Wales Housing), as well as the lead organisation – North Wales Recovery Communities – the training café opened in November 2021. In addition to the training programme in the café, opportunities will also be offered in horticulture.

4.3. In terms of developing strategy, Well North Wales was represented on the All Wales Homelessness Action Group, and within the region contributes to the county-based strategic groups in Wrexham and Ynys Môn. Work is on-going to develop new proposals, linking the different aspects of the Well North Wales programme, so that the partnership approach can enhance the focus on vulnerable groups, and create new opportunities in related programmes, such as those supporting the food poverty agenda.

4.4. Bryn y Neuadd Walled Garden Project: The rich history of the Bryn-y-Neuadd site is not widely recognised. Some elements of the site date back to the 1850s and are of historical significance. The site gardens are listed on the CADW Register of Landscapes Parks and Gardens of Special Historic Interest in Wales. In

the Victorian era, the site was serviced by a farm that adjoins the grounds, between which a walled garden and glasshouses provided an array of exotic fruit and vegetables for the wealthy owners, the Platt family. At its' peak the estate employed over 20 gardeners and surplus food was sent to hospitals along the North Wales coast. The current scheme looks to being back into use the sections where some of the glasshouses, sheds and livestock were kept.

This project forms part of the wider Bangor Food Initiative programme, which is seeking to draw together a number of current initiatives with a shared aim of tackling food poverty through innovative food production and food waste schemes. As part of this programme, fresh food produced by a range of groups will help sustain cooking skills workshops and a training café. Each stage in the cycle gives opportunities to enhance employment prospects through opportunities to volunteer, access vocational training, and gain permanent employment. The Bryn-y-Neuadd gardening scheme will provide opportunities to grow fresh produce, whilst promoting positive mental health and wellbeing, supporting rehabilitation and encouraging physical activity.

A number of services based at the Bryn y Neuadd site will benefit from accessing this new facility. They include clients at the Ty Llywelyn medium-secure unit, Learning Disabilities Service, the Brain Injury Service, and Staff Wellness Resource Centre.
Project themes:

- Social inclusion
- Positive mental health and wellbeing
- Physical activity
- Tackling fresh food availability and affordability
- Fostering gardening skills
- Enhancing cooking skills
- Contribute to the rehabilitation programmes being undertaken by site services.
- Link in with Learning Disability Services on the Bryn y Neuadd site.
- Link in with the ICAN programme being developed by Mental Health services.
- Heritage and regeneration
- Links with the local community

4.5. The 2025 Movement

2025 is a voluntary group of individuals and organisations working together with a shared purpose of tackling avoidable health inequality in North Wales. Well North Wales and the 2025 movement are working closely on a number of initiatives to ensure that the relative strengths of both are maximized.

Leading on from the excellent work of the 2025 “Just Do It” Groups, Well North Wales has been actively involved in the workstreams around homelessness, food poverty, and social prescribing, and is currently developing a shared vision to tackle the cost of living crisis.

The 2025 movement has demonstrated the importance of partnership working, and how the health inequalities agenda is influenced mainly by organisations that sit outside the traditional NHS model.

5. Social prescribing

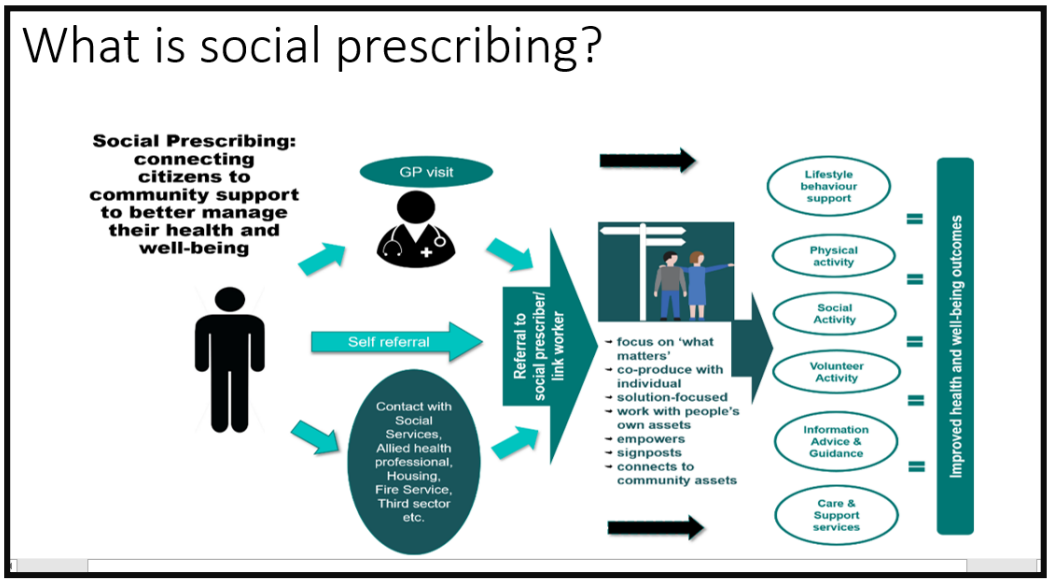
“*I have been worried for nearly a year about how we were going to cope, the situation was getting out of my control, I had no idea where to start to get help. Talking to you has put my mind at ease. You have referred and pointed me and my family in the right direction to get the help we need to get out of this black hole we have been living in.*
I cannot thank you enough".
Recipient of the Arfon Social Prescribing project

5.1. The last few years have seen a greater co-ordination of social prescribing programmes within North Wales, building a strong regional collaboration whilst maintaining the independence and community-based strengths of each programme.

5.2. Social Prescribing can require multiple organisations to work together to ensure a coherent, seamless model that meets both local and national population needs. The dominant model in Wales is holistic and person-centred. It is a relationship-based approach to empower individuals (the pathway user) and includes a few key stages such as referral, relationship building and maximising the agency of the pathway user through reconnecting them to their own community and improving their wellbeing[6].

[6] Wallace, C., et al, (2021) Understanding Social prescribing in Wales: A Mixed Methods Study. Wales School for Social Prescribing Research (WSSPR), University of South Wales, PRIME Centre Wales, Data Cymru, Public Health Wales.

5.3. All the existing North Wales programmes are reliant on short-term funding, and consequently lack the infrastructure to be stable and sustainable in the longer term. The Well North Wales Programme Director is a member of the All Wales Social Prescribing Review Group, which is working to develop a national framework. The lack of sustainable funding is an issue raised in the group, and will hopefully be addressed as the review concludes later in 2022.



5.4. The period under review has seen a significant increase in the level of interest in social prescribing, and in the broader agenda to link social prescribing to the wider health and wellbeing agenda. Across North Wales, this has been facilitated by:

- Facilitating practitioners: In conjunction with Glyndwr University, running the North Wales Community of Practice (CoP). Over the past year, four events have been held, with attendance ranging from 40-80. The CoP allows practitioners to network, share good practice, and identify their education and training needs. During the last two years, the CoP has been held via Teams, which has been a successful means of engaging with practitioners, exploring new approaches, and creating new partnerships.
- Building the evidence base: supporting programmes with research and evaluation, and linking with academic institutions to foster this relationship. In addition to local links, Well North Wales works with academics from across Wales as a member of the Wales School for Social Prescribing Research, which has recently forged links with successful programmes operating in Scotland and Northern Ireland via the “Irish Sea Platform”.
- Supporting other programmes: Well North Wales is represented on the Glyndwr University Social Prescribing Advisory Group, helping to facilitate an innovative programme focused on university students. This programme links in with the overall North Wales network, and is therefore able to gain peer support from other programmes across North Wales.

5.5. Commissioning programmes: Funding was secured for 2021-22 to maintain the existing programmes across North wales. The funded programmes differ from county-to-county, some providing mainly a signposting service, while others have taken on a more intensive case-holding role. Comparisons based purely on numbers seen are therefore unhelpful, although work has been undertaken to identify common outcomes across all programmes, building a common understanding around outcomes and reporting priorities:

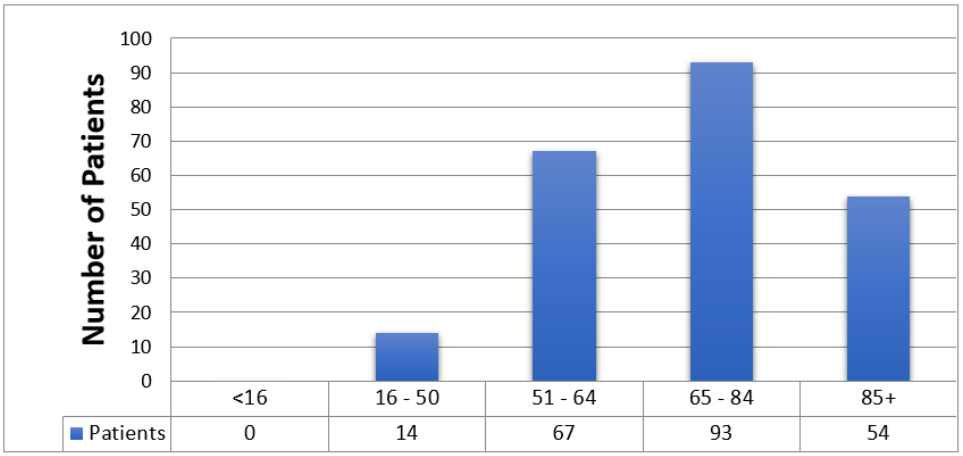
Gwynedd: The Arfon Community Link programme operated by Mantell Gwynedd. During the year (2021/22), a total of 190 individuals were referred into the scheme:

Referrals into the scheme – 01/04/2021-31/03/2022				
GP/Nurse	**Mental Health Team**	**3rd Sector**	**Sel-referral**	**Other**
41	**24**	**24**	**94**	**7**

Age of individuals:

Under 35	35-54	55-85+
26	**61**	**103**

Conwy: funding for the Conwy West Cluster to commission a programme delivered across the cluster area. Focusing primarily on older people, the project saw 228 individuals from April- September 2021:



Denbighshire: funding an Arts for Health programme in Denbigh. Because of the pandemic, the interventions have been conducted in small numbers to keep with social distancing guidelines and to ensure that individuals feel safe and comfortable attending the sessions. Based in the Grwp Cynefin facility, Hwb Dinbych, the programme ran 4 weekly art sessions, 1 sewing session and a walking group in partnership with Vale of Clwyd Mind, with regular attendees.

Between April - September 2021, a total of 130 sessions were held. Since the start of Arts for Health, 56 individuals have been supported through the programme, a number of whom have progressed onto employment, and others who have progressed to other activities.

During 2021, the project won the Excellence in Health & Wellbeing category in the Welsh Housing Awards

Wrexham: The Rainbow Foundation has operated a social prescribing progrmame across Wrexham, working closely with the existing work of the community agents.
During 2021, the service managed to maintain contact with those referred to it, seeing the following number:

Cases	293
Appointments	1,473
Contacts	1,754
Signposted	600

The programme aims to support patients directly with their mental health and wellbeing by delivering one-to-one support for approximately 3-8 sessions. The support offered includes:

- talking therapy, elements of CBT and Motivated Interviewing.
- guided support for; anxiety, depression, stress, loneliness and grief.
- addressing wider determinants of ill health, supporting care needs, finances, housing, and family relations.
- referrals and signposting to relevant services, groups and support.

Flintshire: The funding provided for Flintshire is utilised to support a wider team. This funding is used for the post of Third Sector Development Manager – Health and

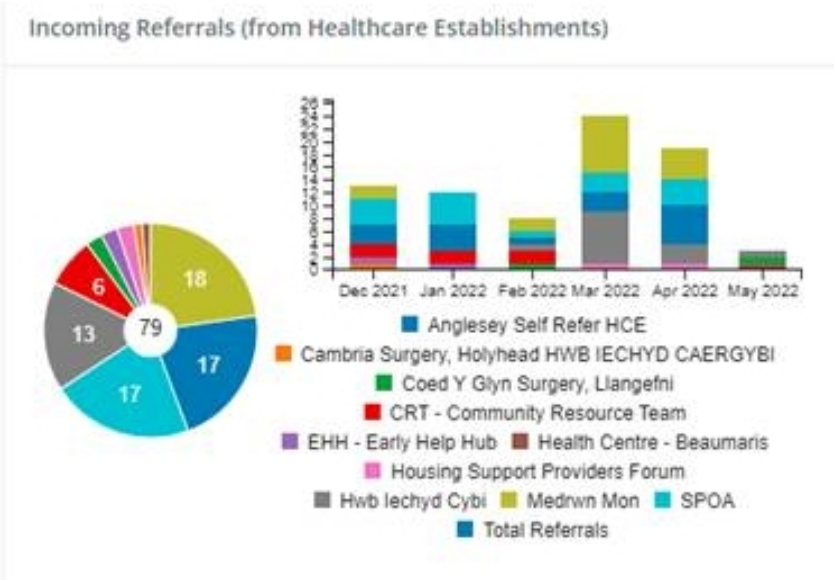
Social Care. The post works strategically with third sector and statutory partners to ensure the full potential of third sector support in the Health and Social Care sector is fulfilled. In addition, the post-holder manages the Wellbeing Team in FLVC, which hosts five third sector co-ordinators and an administrator. The team deliver a social prescribing service within a broader team, working to receive referrals from a range of partners including FCC SPOA, Early Help Hub and a range of primary care teams.

During the year, the service received 1,428 referrals, and issued 918 “prescriptions”. The services was also able to signpost 1,544 individuals (sometimes multiple times).

In addition to the support offered, the demands on the service outweigh capacity, and a number of areas have been flagged for future action:

- Addressing waiting lists to key third sector provision such as befriending, advocacy, counselling.
- The need for a ‘talking’ service for younger adults.
- Keeping partner organisations up to date with local activities and service provision as they open up to offer face-to-face activity.
- The lack of a service to support people with hoarding tendencies.

5.6. Co-ordination: To link all the commissioned programmes together, and to enable greater co-ordination with voluntary and community groups, a bespoke social prescribing software package – Elemental – has been purchased, which allows for individuals to be tracked through their social prescribing journey. The software also provides valuable outcome data, with North Wales being a pilot site for a dashboard development that captures relevant data. The example below is taken from the Anglesey project (which, although funded separately, is an intrinsic part of the coordinated approach across the region):



5.7. Integrating social prescribing into broader programmes of work: The Programme Director for Well North Wales chaired the sub-group of the Central Area Community Services Transformation & Integration Programme,

looking specifically at the Effectiveness of the Current Ways of Working. The group was tasked with ensuring that the Transformation Programme engagement approach successfully managed and implemented communication activities for health and social care integration, with a focus on target populations - citizens, current and future users of health and social care services, local communities and the care workforce. This included a review of social prescribing arrangements as part of the broader aims of the group:

- Review and give feedback on engagement processes to support Conwy County Borough Council, Denbighshire County Council and BCUHB to meet their legal duties in this respect, particularly with regard to seldom-heard groups.
- Provide feedback and help to shape stakeholder engagement plans.
- Identify solutions to the barriers that impact upon the delivery of the work stream aim and objectives.
- Foster a collaborative and partnership approach to manage and mitigate risks and issues;

5.8. In addition to the existing programmes, Well North Wales has led proposals to extend the social prescribing provisions across North Wales:

- Developing a business case for the introduction of a comprehensive social prescribing programme in HMP Berwyn.
- Working with Wrexham Glyndwr University to develop a framework for a social prescribing programme for children and young people.
- Working with Gwynedd Council to increase the provision of social prescribers, and integrate the new service model into a network of integrated community support hubs.

5.9. In drawing together the various strands of the wider North Wales programme, the anticipated outputs are:

- A consistent, equitable and practical approach to facilitate social prescribing across the whole of North Wales, building on local strengths.
- Constantly evolving the network, and seeking opportunities to integrate social prescribing into related community programmes (e.g. the community support hubs).
- Developing a range of opportunities for individuals that will alleviate some of the pressures on existing NHS services, particularly primary care.
- Building robust mechanisms to identify capacity issues for those organisations receiving referrals. This involves understanding the capacity of community and voluntary groups, and working through the County Voluntary Councils.
- Establishing and growing a system that can help monitor the impact and value for North Wales, with a focus on social value and economic benefits across all sectors, linked to robust evaluation. The involvement with the Wales School of Social Prescribing Research is essential in this respect.
- Building a system that links to primary care information systems and tracks outcomes for individuals.
- Development of a high quality educational framework and training programme for all aspects of the North Wales programme, based on

practitioner-identified priorities regardless of geography or organisational background.

- Opportunities for further research and evaluation, extension of the programme, and establishing North Wales as a centre of excellence.
- Sharing good practice both locally and further afield. Well North Wales has been asked to present on the North Wales achievements In the All Ireland Social Prescribing Conference in June 2022.

6. Food insecurity

"Food insecurity puts families under extreme mental stress and forces people to survive on the cheapest calories which lead to health problems. The situation is rapidly turning from an economic crisis to a health crisis."
The Food Foundation, 2022

6.1. The Well North Wales programme supports a number of food poverty initiatives, aiming to have at least one programme running in each local authority area across North Wales. These can only flourish when the proposals are linked to identified local needs, and robust partnership arrangements are in place. In a North Wales context, the co-ordination of food poverty programmes comes under the auspices of the North Wales Food Poverty Alliance, Home (nwfpa.wales), which facilitates the sharing of good practice.

6.3. Food poverty is underpinned by a number of different factors, which include affordability, availability, cooking skills and education.[7] Any comprehensive initiative, therefore, has to encompass each of these elements to fully address community needs.

6.2. Bwyd Da Môn: Based on the successful Port Grocery model, Bwyd Da Môn was established in Llangefni early in 2021. The model tackles a number of key themes, setting out a number of strategic aims that address a number of government priorities:

- Facilitating greater access to fresh, affordable food for those currently unable to access or afford this produce.
- Identify related community initiatives where the focus on eradicating food waste could become a core contributor in terms of linkages, minimising duplication, and maximising community assets
- Identify individuals, families and community groups who would benefit most from this intervention and integrated approach, utilising existing networks, e.g. Flying Start

[7] https://www.publichealthnetwork.cymru/en/social-determinants/poverty/food/

- Utilise the facilities and assets made available by the partner organisations – e.g. training kitchen through Coleg Menai or amenities at the Clwyd Alyn extra care facility.
- Develop a range of approaches aimed at improving cooking skills, to include the provision of appropriate equipment, e.g. slow cooker project.
- Reduce to zero food wastage from all participating supermarkets on Anglesey.

Bwyd Da Môn operates a membership scheme, where individuals sign up to paying £5.00 per week, but receive produce to the value of £20.00 in return. (www.facebook.com/BwydDaMon/videos/1531308097073840). With over 150 weekly members, some subsidised via the local authority, the scheme has quickly become established, and is looking to expand to other parts of Anglesey to ensure that the programme maximises its' reach.

6.3. Bwyd Da Bangor: Based on the Anglesey model, the Food Club is co-located with the training café, and offers the same weekly deal in terms of membership and payments. Encompassing a broad-based partnership[8], each of the organisations committed to supporting Bwyd Da Bangor initiative have a valuable contribution to make. The sum parts of these individual contributions will be more productive through working collaboratively, and the project was established with the aim of achieving the following 10 objectives:

- Fostering excellent partnership working between public, private and voluntary sector organisations, and aligning with local and national strategic priorities.
- Linking the eradication of food waste to the food poverty, cooking skills, and green health agenda by developing a comprehensive food initiative.
- Utilising the facilities, assets and resources made available by the partner organisations, to facilitate greater access to fresh, affordable food for those currently unable to access or afford this produce.
- Build on the success of the local food banks and other food poverty initiatives, but aim to provide greater accessibility to fresh food produce.
- Include strong links to associated programmes (e.g. Flying Start) to ensure that the health inequalities agenda is central to the proposals, and ensuring that the programme reach exceeds the food offer itself.
- Introduce a strong community education programme to supplement and support the food waste element, by developing a range of approaches aimed at improving cooking skills.

[8] The Bwyd Da Bangor Steering group comprises representatives drawn from BCU, Gwynedd Council, Bangor City Council, Adra Housing Association, North Wales Housing, Coleg Menai, Bangor University and the host organisation, North Wales Recovery Communities.

- Ensure that appropriate cooking equipment is made available.
- Through the food initiative, aim to create employment opportunities, and links to employability programmes as a result of the engagement with Bwyd Da Bangor.
- Developing the broader agenda of community resilience, tackling issues such as loneliness and isolation, and promoting positive mental health.
- Through a central location, contribute to the regeneration of the High Street by increasing footfall and utilising facilities that would otherwise have been empty.

6.4. Plas Madoc: The Plas Madoc project has delivered a number of food-related projects, but much of the work during 2021-22 was taken up with community engagement around the next steps, and the vision for the site based on locally-identified needs.

Many of the food initiatives delivered in Plas Madoc were developed as a response to the pandemic, ranging from holiday hunger programmes, slow cooker projects, food parcels, the neighbourly project and a fruit & vegetable scheme developed by the local community group We Are Pas Madoc (WAPM). During this period, the Wrexham Maelor Hospital catering team provided meals based on the "Wellbeing Wednesday" menus, demonstrating to local residents the possibilities around cooking healthily on a budget.

A partnership forged between WPM, the Plas Madoc Leisure Centre and Well North Wales commissioned a local needs assessment focusing on how to deliver ongoing food projects to address food poverty, reduce food waste, and opportunities for the wider health agenda.

Based on anecdotal and the lived experience of local staff, it was found that food poverty and food insecurity in Plas Madoc increased during the pandemic because of people shielding, being furloughed or being made redundant, with demand for food parcels and access to food banks rising. Similarly, support needed with utility bills, debt and for mental/physical health needs had increased.

As a result of the needs assessment, a comprehensive plan will be developed for Plas Madoc, to be implemented during 2022-23.

7. Conclusion

7.1. Despite – or possibly because of - the constraints of the Covid pandemic, partnership working has developed considerably, with a number of the elements encompassed within the Well North Wales programme coming to fruition during 2021-22.

7.2. With concerns around the increased cost of living, initiatives to tackle health inequalities are going to become more important and gain in prominence. The foundations laid for many of the Well North Wales initiatives will be essential in building additional and stronger alliances to support the most vulnerable individuals, families and communities.

7.3. Through the Population Health Group, the Health Board has clear visibility of the health inequalities programmes, and a direct line of accountability for the partnership arrangements that have been established. There is a huge appetite for partnership working, and for developing stronger working relationships between the public sector, voluntary and community groups.

7.4. Maintaining a regional approach is crucial. Well North Wales has been the vehicle to facilitate networking opportunities for individuals and agencies who would otherwise be unsighted on each other's work, and would not have had opportunities to work together. With so many examples of good practice within the region, Well North Wales has been the catalyst to cascade learning, facilitate innovative partnership arrangements, and build sustainable collaborations.

7.5. This report highlights the importance of developing initiatives where there was an existing desire to work in partnership, and to initiate local initiatives based on evidence from elsewhere. The focus should now be on scaling up good practice across the region, and ensuring that developments are targeted to areas of greatest need, working in tandem with related programmes such as the Inverse Care Law.

7.6. The various elements of Well North Wales have provided opportunities for blended learning, cross-thematic working, and opportunities to create different approaches. The issues addressed are often complex, and require multifaceted approaches to drive change. This needs to be maintained as partnerships evolve, and needs to be underpinned with a robust monitoring and evaluation framework.

7.7. BCUHB has a leading role to play in addressing health inequalities, and the focus for the next phase of Well North Wales should be on maximising the impact the Health Board can make in this arena, as an employer, commissioner, stakeholder, and influencer.

Report title:	Rapid Deep Dive Methodology and Planned Session		
Report to:	Partnership, People and Population Health Committee		
Date of Meeting:	Tuesday, 12 July 2022	Agenda Item number:	2.6 PP22/71
Executive Summary:	The purpose of this report is to set out an outline of a model methodology for Rapid Deep Dives to be undertaken within the Health Board. It confirms the plan to test this methodology using problem statements relating to the challenges experienced by the Health Board in relation to attraction and recruitment of staff in a session planned for the 18th August 2022.		
Recommendations:	The Committee is asked to: NOTE the plan to test the proposed methodology at a session on 18th August 2022		
Executive Lead:	Sue Green, Executive Director workforce & OD		
Report Author:	Sue Green, Executive Director Workforce & OD Nicky Callow, Independent Member		
Purpose of report:	For Noting ☒	For Decision ☐	For Assurance ☐

Assurance level:	Significant ☐ High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable ☐ General confidence/evidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence/evidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Link to Strategic Objective(s):	LHSW – Improve the safety and quality of all of our service IMTP Employer of Choice
Regulatory and legal implications	No direct implications arising from this report
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	CRR21-13 Nurse Staffing CRR21-17 CAMHS Out of Hours provision CRR22-18 IPC capacity CRR22-23 Unscheduled Care
Financial implications as a result of implementing the recommendations	No direct implications arising from this report
Workforce implications as a result of implementing the recommendations	No direct implications arising from this report

Feedback, response, and follow up summary following consultation	The Problem Statements have been linked to feedback from Board colleagues via previous meetings and email
Links to BAF risks: (or links to the Corporate Risk Register)	BAF21-18 Effective Alignment of Our People
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: • Subject to feedback from the Committee, circulate as part of Board Workshop on 4th August • Run Rapid Deep Dive Workshop on 18th August 2022	
List of Appendices: None	

Partnership, People and Population Health Committee
12 July 2022
Rapid Deep Dive Methodology

1. Introduction to Deep Dives

There is a place for a Board as the 'first line regulator' to undertake its own deep dives when there is a lack of capacity or independent assurance that management and/or clinical actions have been sufficient, timely or widespread. The process must be linked to the risk appetite of the Board and it's setting of tolerance of failure and escalation.

Research (e.g. Horton-Jones et al., 2019) guidance (e.g., https://www.good-governance.org.uk/wp-content/uploads/2017/04/What-is-a-deep-dive.pdf)
and examples (e.g.

- http://www.wales.nhs.uk/sitesplus/documents/863/TOR%20Review.pdf,
- https://q.health.org.uk/document/external-evaluator-synthesis-of-outcomes-for-a-new-model-of-care-programme-development-in-the-south-hampshire-mcp-vanguard-for-primary-and-community-care/?bp-attachment=170726-HBLC-Programme-Report-Appendix-FINAL.pdf)

highlight that different types of deep dive methodologies can be employed when seeking to understand a problem and working to solve it. Irrespective of methodology, from a governance perspective, it is reasonable to expect that a deep dive is:

- an investigation of something gone wrong, possibly not understood and/or where independent assurance is lacking
- something more than usual performance management, audit, assurance
- a limited exercise producing understanding, conclusions and actions

Note more recently deep dives are being purposively employed to support and provide direction for improvement purposes (e.g., Hibbert et al., 2021).

Further, when deciding on the methodology to employ for the deep dive there are a number of principles to consider:

- Purpose/scope – target area
- Audience
- Data, including engagement activity to support deep dive.
- Delivery date
- Outputs and outcomes
- Reporting mechanism

2. BCUHB Context

Although reviews that could be titled Deep Dives have been undertaken within the Health Board, the expectations and principles outlined above generally have not been applied prior to determining the most effective methodology for the issue under investigation.

To remedy this, and as part of our commitment to deploying evidence-based improvement, we are proposing to test the use of a methodology designed to enable and enhance engagement of clinical and operational teams in establishing a greater understanding and ownership of the issues, and as a consequence, individual/team responsibility and accountability for the agreed actions required through the organisation.

2.1 Purpose and Scope

Determine the issue or perceived issue drawing from evidence including:
- The Trigger:
- Significant and/or specific risks:

Using this evidence determine a small number of **Problem Statements** to begin with. In this methodology Problem Statements are used to focus on one problem (at a time). These problem statements are intended to clarify what the key problems are, the contributory factors including barriers and inhibitors and areas of effective practice/outcome before exploring whether the solutions already in place will actually address the problem, and if not what solutions need to be developed.

Purpose and scope for this deep dive: The risks relating to our **inability to attract, retain and align the workforce** required in order to meet our strategic objectives are recorded both specifically and as contributory factors to other wider risks in both the Board Assurance Framework and Corporate Risk register.

There are many factors influencing these risks. However, there has been a sustained and widespread belief and/or perception that this, in part, is due to the inefficiency of the Health Boards recruitment and on boarding processes.

To this end and following a specific request following the Board Workshop on 16th June, the first workshop will focus on a set of Problem Statements with the aim of ensuring that we fully understand whether:

a. the evidence supports this belief/perception and if so whether the Health Board is an outlier against peers and best practice;
b. the actions currently identified to continuously improve the efficiency of the processes are correctly focussed, adequate, comprehensive enough, timely enough, and
c. there are other factors impacting upon our ability to recruit effectively to the vacancies we have to be the focus of the next in a series of Deep Dives

In normal circumstances, a significant amount of detailed pre work would be undertaken to determine one Problem Statement to begin with. However, given the time constraints and as part of the learning in using this methodology, the first part of the workshop will be used to review the information to prioritise focus on one Problem Statement from the set agreed.

2.2 Audience

There are, potentially, multiple audiences for the output of this Deep Dive. However, initially, the specific audience for the output of this Deep Dive is Partnerships, People and Population Health (PPPH) and Performance, Finance and Information Governance (PFIG) Committees respectively. This is to enable each committee (aligned to the three lines of defence model) to provide assurance in respect of their remit to the Health Board.

2.3 Data

Examples of data for this deep dive:

Using the risks already documented and referenced, together with information held internally and externally e.g. benchmarking, performance reporting, outputs from improvement activity to date, we will establish agreed problem statements which will in turn inform the information required to support the Deep Dive. The purpose of which will be to test the problem statements and gain input into the solutions and action plan.

The Executive Director of Workforce and OD will lead this Deep Dive session, with facilitation from Transformation and Planning, Organisational Development and Resourcing Teams. The Office of the Board Secretary will support recording of the outputs.

The Chairs of each of the PPPH and PFIG Committees together with nominated Independent Members will attend the Deep Dive Session.

Colleagues invited to participate in the session will include a cross section of colleagues from clinical, operational and support teams, Trade Union partners, NWSSP, colleagues involved in the Recruitment Improvement Review and subsequent improvement activity as well as colleagues who expressed concern and frustration regarding the process but have been unable to participate in the improvement activity to date.

2.4 Outputs and Outcomes

The outputs from the deep dive will be clarity and agreement/acknowledgement of the actual contributory factors to the issue/problem together with a clear set of solutions with specific actions against them.

This enables either development or delivery of clear and measurable actions for the key services/teams/individuals engaged, all being clear on the impact of their action and conversely of any inaction.

Where the problem requires singular specific action, this can be managed in one stream and where there are multiple actions required that are interconnected but separate, these can be managed using work streams

Using the problem statement approach also facilitates the development of the outcome statement i.e. the opposite of the problem statement.

The output in product terms will be a detailed report out of the findings of the Deep Dive, immediate “in situ” improvements made, improvements to be made in the next 30, 60 and 90 days, together with the outcomes expected as a result of these improvements. In addition, this will include the next set of Problem Statements arising for the next Deep Dive in the series.
Finally, an initial evaluation of the session itself will be provided to form part of the overall evaluation of this model.

3. Budgetary / Financial Implications

3.1 There are no budgetary implications associated with this paper.

4. Risk Management

4.1 The focus of this session and methodology is risk based. However, there are no risks arising directly from this report.

5. Equality and Diversity Implications

There are no equality implications arising directly from this report

Report title:	People (Workforce) Performance Report		
Report to:	Partnerships, People & Population Health Committee		
Date of Meeting:	Tuesday, 12 July 2022	Agenda Item number:	PP22.72
Executive Summary:	The purpose of this report is to outline the current workforce performance position in relation to the People Strategy 2022-2025 - Delivery Plan (Year 1 2022/2023) and the Workforce Plan 2022/2023 (recruitment & commissioning) respectively.		
Recommendations:	The Committee is asked to NOTE the current performance position provided and agree the reporting format from this point forward.		
Executive Lead:	Sue Green , Executive Director of Workforce & OD		
Report Author:	Nick Graham, Associate Director Workforce Planning & Performance		

Purpose of report:	For Noting ☒	For Decision ☒	For Assurance ☐

Assurance level:	Significant ☐ High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable ☐ General confidence/evidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence/evidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Link to Strategic Objective(s):	LHSW – Improve the safety and quality of all of our service IMTP Employer of Choice
Regulatory and legal implications	Leadership is one of the domains for which the Health Board is subject to Targeted Intervention. The domains relating to Mental Health and Learning Disabilities, Glan Clwyd and Vascular Services are impacted by the workforce within these services.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	CRR21-13 Nurse Staffing CRR21-17 CAMHS Out of Hours provision CRR22-18 IPC capacity CRR22-23 Unscheduled Care
Financial implications as a result of implementing the recommendations	No direct implications arising from this report
Workforce implications as a result of implementing the recommendations	No direct implications arising from this report
Feedback, response, and follow up summary following consultation	An outline of the content and focus of this report has been discussed with Committee Chairs for PPPH and Performance, Finance and Information Governance Committee and

	agreement reached regarding the structure of the report to aid reporting to each committee. Agreement reached to review the effectiveness of this following three reporting cycles.
Links to BAF risks: (or links to the Corporate Risk Register)	BAF21-18 Effective Alignment of Our People
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: Workforce Performance reports to be provided in this format to the PPPH committee as per the reporting schedule outlined in this paper.	
List of Appendices: None	

Partnership, People and Population Health Committee
12 July 2022

Workforce Performance Report

1. Introduction/Background

The purpose of the report is to provide information and assurance to the committee on progress against all elements outlined in the sections below to ensure that the objectives for Year 1 of the People Strategy are delivered.

The report is set out into the following sections:

a) ***People Strategy 2022-2025 – Delivery Plan 2022/2023***: update against the year 1 deliverables laid out in the plan that outlines how the People Strategy programmes will be delivered across the organisation.

b) ***People Strategy 2022-2025– Workforce Plan 2022/2023***: update against the year 1 deliverables laid out in terms of recruitment and commissioning to support the organisation and the schemes laid out in the IMTP where workforce implications have been identified to successful delivery of the scheme.

c) ***Three Year Workforce Profile:*** update against the initial forecasts & trends seen across the organisation.

d) ***Ongoing reporting schedule:*** outline of how current and future reports will be presented to the committee.

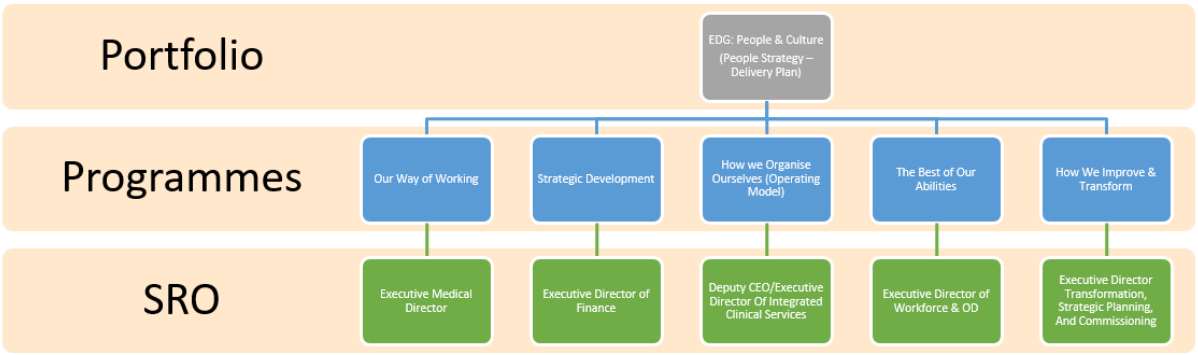
e) ***In depth reviews:*** a risk based approach to look at areas across workforce that hold significant risk to the organisation. The risks will be mitigated by taking a collaborative approach with workforce, clinical and operational teams working closely together and as a result each team being clear on their roles and responsibilities to ensure success across the relevant areas of the organisation.

The People and Culture (EDG) Executive Delivery Group chaired by the Executive Director for Workforce & OD oversees implementation of the delivery plan for the People Strategy and Plan 2022-25. Chairs Assurance Reports from this EDG are submitted through the Executive Team and in future this Committee and Performance, Finance and Information Governance Committee (PFIG). Whilst PPPH will remain the primary Committee, it is important that workforce performance information relevant to finance and importantly the ability of the organisation to meet its performance requirements is provided to PFIG. For ease at this stage, we have separated performance against the Strategy Delivery Plan for 2022/2023 and delivery of the People (Workforce Plan) into two sections with a view to Part 2 – Delivery of the People (Workforce Plan) being reviewed by PFIG.

2. People Strategy 2022 - 2025 – Delivery Plan 2022/2023

Delivery of the Strategy is being governed using Managing Successful Programmes (MSP) Methodology to ensure alignment and connectivity of work across our functions and services (i.e. delivered by and through the whole organisation, enabled and advised by the Workforce & Od (People) Service.

This Portfolio of work outlined in the delivery plan is split into five programmes of work under the banner of 'Strategic Themes'. Each of these themes are led by an Executive Senior Responsible Officer (SRO). The organogram below shows the structure of how the portfolio is setup and managed.



Within each programme are specific areas of focus which form the basis of the projects which will deliver the work required. A full list of programmes and project areas is listed below:

Strategic Themes - Five Programmes

- Our Way of Working
    - Values & Behaviours
    - Just and Learning Culture
    - Staff Support & Wellbeing
    - Engagement & Communications
- Strategic Deployment
    - Organisation Goals
    - Business Planning Mechanism
    - Information & Performance
    - Course Correction
    - Team & Personal Contribution
- How we Organise Ourselves (Operating Model)
    - Clinical, Operational & Corporate Service Design Standards
    - Decision Making Architecture
    - Roles & Responsibilities
- The Best of Our Abilities
    - Education & Learning
    - Talent & Career Development Framework
    - Workforce Planning & Commissioning

    - High quality, reliable enabling services
    - Safe environment
    - Improving the way we manage large-scale change
- How We Improve & Transform
    - Leadership & Management
    - Continuous improving and coaching skills
    - Digital Skills Development

The programmes report into the EDG: People & Culture on a monthly basis and through Highlight reports provides updates and exception reports against the identified project areas and the work streams that sit under them. Work against the programmes has commenced and there is an SRO workshop scheduled on the 7th July to align current progress against each programme, ensure cross dependencies are identified and understood and existing work in these areas is rationalised to ensure successful delivery across the programmes.

Programmes Update:

Our Way of Working – SRO – Executive Medical Director

- Values & Behaviours
- Just and Learning Culture
- Staff Support & Wellbeing
- Engagement & Communications

Achieved so far:

- Speak-Out-Safely response times have been reduced from 5 days to 3 days and this is being monitored for impact going forward.
- Common themes have been identified and this has led to further refinement of the Respect and Resolution and Speak-Out-Safely processes.
- SWSS user feedback has been received with mainly positive feedback with staff indicating the service has helped them improve their emotional wellbeing in work or return to work. This work will support the aim of a reduction in staff sickness due to stress/anxiety/depression by the end of 22/23.
- Work has commenced on the further development of the overall programme scope to ensure successful delivery of the other project areas within the programme. This will be further developed at the SRO workshop on the 7th July.

- **Strategic Deployment – SRO – Executive Director of Finance**
    - Organisation Goals
    - Business Planning Mechanism
    - Information & Performance
    - Course Correction
    - Team & Personal Contribution

Achieved so far:

- A new performance dashboard is being developed and will form part of the integrated performance reporting mechanism for the organisation going forward.

- A revised business planning mechanism is under development and timelines for delivery are currently being discussed and agreed.
- Work has commenced on the further development of the overall programme scope to ensure successful delivery of the other project areas within the programme. This will be further developed at the SRO workshop on the 7th July.

How we Organise Ourselves (Operating Model) – SRO - Deputy CEO/Executive Director of Integrated Clinical Services

- Clinical, Operational & Corporate Service Design Standards
- Decision Making Architecture
- Roles & Responsibilities

Achieved so far:

- All OCP consultation processes for senior posts are either underway or have been completed. Recruitment activity has commenced with start dates for new employees agreed.
- The review to ensure that the clinical effectiveness, quality and safety functions are aligned under the new structures and that the most effective use of resources is in place is underway.
- The revised SORD is complete and following feedback is being submitted to Audit Committee for final approval on the 30th June.
- The revised Operational Governance and Assurance Framework was agreed in principle by the board on 18th May 22. Further co-design and development is ongoing with the SRO and IMs and a completion date for this is being finalised.

The Best of Our Abilities – SRO - Executive Director of Workforce & OD

- Education & Learning
- Talent & Career Development Framework
- Workforce Planning & Commissioning
- High quality, reliable enabling services
- Safe environment
- Improving the way we manage large-scale change

Achieved so far:

- The development of baseline information for staff who share protected characteristics is underway, and this will support reporting to Welsh Government against the newly published Anti-Racist Action Plan. It will also inform the types of programmes the new Education & Learning Academy should deliver and the work required of the new senior leadership teams to ensure equality of opportunity and access for all staff across the Health Board.
- The service led Clinical Workforce Reviews are ongoing and reports across relevant services are being prepared. A benefits workshop will take place in early July to outline next steps across the reviews.
- The new case management system project is in build phase, and once implemented within workforce will reduce delays and streamline the process to ensure staff are supported in a timelier manner

- The security business case that considers the clinical model of security interventions providing evidence of reduced harm to staff and patients has been completed and will be presented to Executives by the end of quarter 1.
- Work is ongoing in delivery of Year 3 of the Strategic Equality Plan with all indicators currently green for quarter 1.
- A Race Action Plan has been developed by the Race Equality Action Group and is now live. An Executive Equality Champion for Race has been identified to support this work across the organisation. And this will be the Interim Executive Director Of Therapies & Health Sciences, Therapies & Health Science.

- The recruitment improvement review is ongoing and a detailed monthly report is provided to the EDG: People & Culture group for oversight and assurance. The improvement cycles for the review have commenced with improvements being completed across the four themes. These include:
    - Establishment Control – removing the need for DMT from specific vacancies, and streamlining the process for Head of Service (HoS) who initiate an EC form.
    - Creation and verification of vacancy – improving the way that Finance/ED Team and HoS work together to work concurrently rather than consecutively including software updates to unlock fields. Currently in User Acceptance Test phase.
    - Eliminated duplication between the teams involved in quality assuring vacancies prior to advert, standardising Band 5 nurses and Band 2/3 Healthcare Assistants and Administrative roles, introduced staff group/role grouping for approvals process.
    - Advert to offer – removed HR approval for approving adverts for 3-6 months, and reviewed all thresholds for re-advertising for permanent posts.
    - Offer stages to on-boarding – Widened the list of candidates where it is appropriate for them to complete an Occupational Health self-declaration form to remove delays in the hiring process, and developed mapping document to allow easier checks for equivalent qualification vs equivalent experience.
    - Improvements over the next 2 months will focus on the following areas;
        - New Starter form go live, making on boarding more streamlined for both candidate and recruiting manager
        - The applicant dashboard will come on stream for early access for candidates to mandatory training prior to start date
        - Training Suite for recruiting managers under development and will be completed by the end of July to allow new and existing managers easy access to all relevant information and training needed to support agile recruitment across the organisation

  The improvements made to date have had a positive impact on KPIs linked with these improvements as can be seen below when you compare the December 21 position when the review commenced to May 22. Also included in the table are the all Wales averages across the same period.

Recruitment KPI Metrics Average Times in Working Days	BCU Dec 21	BCU May 22	All Wales Average
T0a - Notice date to authorisation start date	51.6	42.7	49.5
T1a - Time to approve vacancy request	11.0	3.3	8.6
T4 – Time to shortlist	8.8	7.7	7.5
T12e – Checks ok to start date	27.6	17.9	24.4
T13 – Vacancy creation to offer	47.9	42.2	34.4

How We Improve & Transform – SRO - Executive Director Transformation, Strategic Planning, and Commissioning

- Leadership & Management
- Continuous improving and coaching skills
- Digital Skills Development

Achieved so far:

- The Leaving Well product is now in place to support staff leaving the organisation and this has been trialled with staff members leaving under the VERS scheme connected to the new Operating Model. Feedback is being provided to refine the product and plans are being developed to roll out across the organisation going forward.
- Work has commenced on the further development of the overall programme scope to ensure successful delivery of the other project areas within the programme. This will be further developed at the SRO workshop on the 7th July.

The portfolio is progressing and further refinement of the tracking and reporting mechanisms is underway and will be presented in the next report to the committee. Prioritisation of work across all programmes is ongoing and is being aligned with the current priorities across the Health Board, due to the ongoing operational and clinical pressures.

3. People Strategy – People (Workforce Plan) 2022/2023

The Workforce Plan supports both the People Strategy & Plan and the Integrated Medium Term Plan (IMTP) in terms of both recruitment and commissioning across all staff groups and the priority schemes identified with the IMTP that have workforce implications.

The plan has four elements and they are:

- Combined Workforce Plan
  - Overarching position in terms of additional recruitment (and retention) required net core national and local commissioning impact
- Bridging the Gap
  - Additional recruitment (and retention) activity required to close the vacancy gap across the existing workforce
  - Actual and projected output from national and local education commissioning
- IMTP Priorities
  - Additional recruitment required to support the delivery of the IMTP
    - Consolidated Schemes for 22/23

- Schemes Commencing in 22/23
- Planned Care Recovery Initiatives - 22/23 (Additional recruitment required to support and sustain planned care services)

- Primary Care Resilience
  - Additional recruitment (and retention) activity set to support workforce resilience in year 1 of the People Strategy & Plan whilst GP Workforce Recruitment and Retention Strategy finalised

Plan Reports:
Reports will be provided on progress against the relevant plans on a quarterly basis to the PPPH and PFIG Committees. The reports will cover 3 areas; Bridging the Gap, IMTP Priorities and Primary Care Resilience.

Bridging the Gap
The tables below outlines the initial position included in the plan for February 22 alongside May 22 actuals and a forecast for the end of quarter 1 which is to the end of June 22.

Table 1: Bridging the Gap – Actuals & Forecast

Staff Group	Febuary 2022 FTE Actual	May 2022 FTE Actual	Q1 (May) Net Gain/Loss FTE Actual	Q1 (June) Net Gain/Loss FTE Forecast	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
Add Prof Scientific and Technical	672.7	675.4	2.7	8.0	22.1	23.2
Additional Clinical Services	3534.5	3603.4	68.9	57.0	124.8	131.1
Administrative and Clerical	3342.7	3378.4	35.7	39.2	129.4	135.9
Allied Health Professionals	1109.4	1102.2	-7.2	2.0	68.4	71.8
Estates and Ancillary	1265.3	1302.1	36.7	17.0	-57.2	85.8
Healthcare Scientists	253.0	257.1	4.1	9.0	24.5	29.4
Medical and Dental	1524.9	1525.5	0.7	1.0	63.6	89.0
Nursing and Midwifery Registered	5268.1	5258.3	-9.8	37.0	284.2	397.9
	16970.5	**17102.4**	**131.9**	**170.2**	**659.9**	**964.1**

Table 1 shows the position across all staff groups in terms of actual staff in post for February and May 22 and the net gain/loss between the two points. This allows a position to be determined as to when all factors are considered such as starters, leavers and what is in the recruitment pipeline, if there has been an improvement in the actual number of FTEs recruited to the Health Board.

The table shows that there has been an actual net gain across all staff groups except AHPs and Nursing and Midwifery. This is in large part due to the reduced numbers of students coming through in March 22 as a result of them either delaying their start date or not gaining enough clinical hours as they were working as HCAs across the Covid period to support the pandemic response. This can be seen in the forecast for Nursing and Midwifery as there have been a

number of delayed starts and we are now seeing them coming through in the recruitment pipeline for a start by the end of June 22. Where students have not captured enough clinical hours their start date has been pushed back to September 22 and so we should see the overall trajectory met as shown in table 2 by the end 22/23. The forecast column has been RAG rated based on the position in the first quarter and on the assumption we will be able to recruit at the same rate across each quarter. On this basis those in green would hit the March 23 target if we recruited at the same rate across each quarter going forward. Those in amber are where we are off track but based on the current information regarding students forecasts are confident the targets can be met. The only red at this time is across the AHP staff group and this is based on the fact that the student numbers expected through the new Student Streamlining Process are lower than expected at this time.

Table 2: Bridging the Gap – Monthly Profiles

Staff Group	Monthly Workforce Profile as per Plan												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Add Prof Scientific and Technical	3	5	7	9	10	12	14	15	17	19	20	23	
Additional Clinical Services	43	64	85	107	128	131	131	131	131	131	131	131	
Administrative and Clerical	28	43	57	71	85	99	114	128	136	136	136	136	
Allied Health Professionals	35	55	72	72	72	72	72	72	72	72	72	72	
Estates and Ancillary	12	24	36	48	60	72	84	96	108	120	132	144	
Healthcare Scientists	4	6	8	9	11	15	17	19	21	23	24	29	
Medical and Dental	4	8	12	16	60	64	68	72	76	80	84	89	
Nursing and Midwifery Registered	96	104	111	119	127	154	162	170	177	185	193	398	

The monthly recruitment profiles shown in Table 2 are RAG rated against the June 22 forecast shown in Table 1 and against the original monthly profile shown in Table 2. As can be seen the main area of concern are AHPs. The AHPs can be explained by the previous information above. The areas highlighted in amber are behind plan but either have capacity in year to move back on trajectory or have intended recruitment in place to ensure they will get back on trajectory. The only area that is being looked at more closely is Medical and Dental due to a number of factors ranging from Junior Doctors in certain specialities moving over to the Single Lead Employer programme. This means that they are no longer counted in our actual FTE figures going forward although they will still be working for the Health Board, this issue in reporting is being resolved and will be reflected in the next report. There has also been a delay in the implementation of the BAPIO programme which was factored into the projections. Again there is capacity in the plan to achieve the profile outlined by year end 22/23. The realignment of Health Board priorities as we move through the year will also mean further realignment of the Bridging the Gap recruitment trajectories as required.

The commissioning picture has been described in the narrative above. Due to the previous and ongoing Covid pressures it is looking likely that there is a delay across a number of commissioned areas as to projected start dates, these as described above are mainly AHPs and Nursing and Midwifery. Due the complexity of the situation across a number of staff groups and specialities this is being looked into and a fuller position will be supplied with the next report to the committee.

IMTP Priorities

The reporting covers the 3 areas in the IMTP which are, Consolidated Schemes for 22/23, Schemes Commencing in 22/23 and Planned Care Recovery Initiatives in 22/23.

With ongoing and ever competing priorities, it has proved a far more complex piece of work to develop a process and system so that the identified IMTP priorities are tracked to ensure clear reporting. This process and system to track and monitor this is currently still in development and a more detailed position will be presented against the plans for the September committee report. This will align with the refresh of the IMTP priorities across the organisation in light of in-year priorities arising specifically in relation to the targeted intervention at YGC and Vascular Services. It also takes into account the steady rise in sickness/absence from 6.3% in March 22 to 6.5% as of May 22.

The workforce teams in conjunction with scheme leads have been fully engaged across the period with the primary focus on recruitment against the plans to support delivery around the consolidated schemes. This has seen a targeted approach to supporting activity across a number of priority schemes. Some of these are Stroke Services, Emergency Departments, CAMHS, Speak-Out-Safely, Staff Support and Wellbeing and Regional Treatment Centres. Work has also been ongoing with supporting the Operating Model recruitment plan to ensure continuity in the transition to the new operating model later in the year.

To date we have recruited the following to the above schemes against plan:

- In Stroke services the target for Q1 across all staff groups was 29 wtes in post to date 66% of those have been recruited to with the rest projected within the next 6 weeks.
- Across ED there was a target for Q1 of 22 wtes, to date 86% of those have been recruited to with plans in place for the rest being progressed.
- Across CAMHS of the 8 wtes identified to be recruited by Q1 72% have been recruited to with the outstanding posts out to advert.
- All posts across Speak-Out-Safely and Staff Support and Wellbeing are covered as at the end of Q1, and
- The Regional Treatment Centres posts 75% of the identified posts are covered as at the end of Q1.

Activity against the Schemes Commencing in 22/23 has commenced with specific activity aligned to the Diabetic Foot Pathway in terms of direct engagement with the recruitment and service teams, and the development of the relevant recruitment profiles required to meet the identified targets. This work in ongoing but slightly behind plan due to the inter connection of staff posts with Vascular Services.

The delay in the sign off process of the Planned Care Recovery Schemes has meant that work to align the identified workforce to the revised plans is underway and a more detailed position will be reported at the September committee once the workforce delivery mechanisms have

been finalised. This again aligns with the IMTP refresh in light of in year priorities as highlighted previously in the report and against the back drop

The above activity to support the IMTP has seen an overall increase in non-core pay spend from £11.6m in Apr 22 to £12.2m in May 22. This increase can be linked to ongoing transformation and improvement work being developed and delivered across the services alongside the transition resource brought in to support successful delivery of the new operating model.

Also with work commencing across the planned care recovery element of the IMTP and ongoing Covid pressures on unscheduled care work we have seen a significant rise in non-core spend across Nursing & Midwifery and Medical & Dental from £6.8m in Apr 22 to £7.8m in May 22. As recruitment moves forward across the IMTP schemes it is expected that this spend will reduce against the identified priorities with the IMTP.

Primary Care Resilience

Work has started on developing a GP Salary Scale for Health Board Managed Practices and other GP Health Board roles. The team are fully engaged with this work with Primary care colleagues and are developing the plan to come to the EDG: People & Culture towards the end of Q2 beginning of Q3. Primary Care colleagues continue to work on the development of the portfolio roles for GPs and are working with trainees who are qualified but require Tier 2 visa sponsorship to stay working in the UK. Teams are in contact with deaneries across the UK to highlight the programme and to offer support to trainees with any applications for Tier 2 Certificate of Sponsorship.

The GP recruitment website is now up and running and the team are working locally with the practices to improve adverts and to share vacancies on our social media platforms. The project is nearing a position that enables all Health Board Managed Practices in the East and West to have their own microsites. This will provide prospective applicants a positive feel for the practices and also allow the practices to really showcase any initiatives they are involved with.

The GP Workforce Recruitment & Retention Strategy is delivering at pace with work having just been completed around GP demographics in North Wales highlighting areas of risk due to factors such as the ageing GP population. This is being led by the Area Medical Director, Gareth Bowdler on behalf of the Executive Medical Director - Nick Lyons.

4. Three Year Workforce Profile

The three-year workforce profile has already been submitted as part of the Minimum Data Set alongside the IMTP. It aims to profile both Core Workforce which consists of permanent and fixed term staff, Variable Workforce which consists of bank workers, additional hours and overtime worked, and Agency and Locum workforce which consists of temporary workers outside the Health Boards direct employment.

High-level indicators across the profile as outlined in the report show current trends that highlight against the original forecasts made that we are currently behind with our recruitment projections as at the end of Q1. This can be explained by a number of factors already outlined in the report, and is predominantly linked to delays in student numbers coming into the Health Board. In addition, there has been a delay in recruitment activity against new IMTP schemes due to changing priorities across the Health Board such as the targeted intervention at YGC and the significantly higher than average number of leavers at the end of March 22 which was 282 WTEs across all staff groups compared with the monthly average of 146 WTEs throughout 22/23. This was in part driven by higher levels of retirement.

As a result of the reduced recruitment activity in Core Workforce, the Variable Workforce and Agency and Locum workforce has not reduced as expected with Variable Workforce and Agency and Locum actuals being higher than what was originally projected. This gives a forecast net positive position in resource being available to be utilised over the Q1 period. Whilst this provides some reassurance that the workforce whether core of variable is available and being utilised it emphasises the challenges faced to deliver a sustainable workforce without significant transformation across clinical services. The workforce team are working with transformation and service teams across the Health Board to look at new initiatives to enable the Health Boards current reliance on temporary staff be reduced over the next three years.

5. Ongoing Reporting Schedule

The reporting schedule outline below gives an indication of how the report will develop over the future reporting cycles. It is our intention that as the year progresses and the data becomes more extensive we will be able to build on this initial report with more quality data and soft intelligence.

Report Date	Report Scope
July 22	End of Q4 21/22 position (actual) – End of Q1 22/23 position (forecast)
September 22	End of Q1 22/23 position (actual) – End of Q2 22/23 position (forecast)
November 22	Exceptions only against plans
January 23	End of Q2 22/23 position (actual) – End of Q3 22/23 position (forecast), Draft plan 23/24
March 23	End of Q3 22/23 position (actual) – End of Q4 22/23 position (forecast), Final plan 23/24

6. In Depth Reviews/Deep Dives

In parallel to this report, there will be a number of deep dive sessions to look at areas in more detail to gain a better understanding of the challenges faced across key workforce areas and to develop focused solutions for improvement. This will take a risk-based approach and the initial areas described below suggest where the workforce currently risks sit, i.e. on the Board Assurance Framework or Corporate Risk.
The proposed methodology for these reviews is described in a separate paper on this agenda.

7. Budgetary / Financial Implications

There are no direct budgetary implications associated with this paper. Resources for maintaining compliance oversight are built into the workforce teams where collaborative working with finance, planning and transformation alongside service and scheme leads for the relevant areas of the People Strategy Delivery Plan and Workforce Plan is taking place.

8. Risk Management

Direct risks to the organisation are linked to the deep dive areas highlighted above. All programme risks are monitored through the programme risk logs and reported directly through to the EDG- People & Culture and to the Risk Management Group dependant on where the risk lies.

9. Equality and Diversity Implications

There are no direct equality and diversity implications associated with this paper. All implications associated to the Delivery Plan and the Workforce Plan are covered directly by EQIAs carried out on each of the plans.

Report title:	North Wales School of Medical & Health Sciences			
Report to:	Partnerships, People and Public Health Committee			
Date of Meeting:	Tuesday, 12 July 2022		Agenda Item number:	PP22.74
Executive Summary:	This paper is provides an update regarding the development of the independent North Wales Medical School			
Recommendations:	The Committee is asked to: Note the update provided			
Executive Lead:	Nick Lyons, Executive Medical Director			
Report Author:	Lea Marsden, Programme Director – North Wales Medical & Health Sciences School – Betsi Cadwaladr University Health Board Chris Drew – Head of Strategic Partnerships and Projects – Bangor University			
Purpose of report:	For Noting ☒	For Decision ☐	For Assurance ☒	
Assurance level:	Significant ☐ High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable ☐ General confidence/evidence in delivery of existing mechanisms / objectives	Partial ☒ Some confidence/evidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

The work described in this paper relating to placements and capital planning will mean that an acceptable assurance level will be achieved. This work is planned to continue over the summer and conclude in the autumn.

Link to Strategic Objective(s):	The School of Medical & Health Sciences is included in our Integrated Medium Term Plan (ref a.2022.27)
Regulatory and legal implications	There are no regulatory or legal implications for Betsi Cadwaladr University Health Board
In accordance with WP7 has an EqIA been identified as necessary and undertaken?	No Work to develop a North Wales Medical & Health Sciences School is progressing and, whilst Equality Impact Assessment will apply the assessments have not yet been undertaken. This will be completed as part of the ongoing work and submitted at the appropriate stage. This paper is provided as an update on progress rather than for decision at this stage

In accordance with WP68 has an SEIA identified as necessary been undertaken?	No Work to develop a North Wales Medical & Health Sciences School is progressing and, whilst a Socio-Economic Impact Assessment will apply, the assessments have not yet been undertaken. This will be completed as part of the ongoing work and submitted at the appropriate stage. This paper is provided as an update on progress rather than for decision at this stage
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	The main risks associated with this paper are outlined in section 4.
Financial implications as a result of implementing the recommendations	The financial implications, both revenue and capital, will be included in a business case which is currently in development. This paper is provided as an update on progress rather than for decision at this stage.
Workforce implications as a result of implementing the recommendations	The business case, once finalised, will outline the investment required into Medical Education structures and include long term workforce planning estimates.
Feedback, response, and follow up summary following consultation	This paper has been written specifically for the Partnerships, People and Public Health Committee
Links to BAF risks: (or links to the Corporate Risk Register)	A joint risk register has been developed between BU and BCUHB. This is currently held in excel and risks pertaining to BCUHB specifically will be managed through Datix from July 2022 so they can be managed in accordance with the Health Board's Risk Management Strategy
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: **Implementation of recommendations** The planned work described in this paper will be progressed over the summer for conclusion in the autumn.	
List of Appendices: Appendix 1 – Planning Timeline Appendix 2 – The Opportunity for Impact – regional approach to education sites.	

Partnerships, People and Public Health Committee
12th July 2022
North Wales School of Medical & Health Sciences

1. Introduction/Background

This paper is provided as an update on progress with regard to the establishment of the North Wales School of Medical and Health Sciences.

2. Update of Progress

Further to our last update in February 2022, Welsh Government (WG) formed a Programme Board to drive forward phase three of the work to develop an independent medical school in North Wales in April 2022. The Programme Board is chaired by the Vice-Chancellor of Bangor University (BU) and includes representatives of all medical schools in Wales and the Chief Executive of Betsi Cadwaladr University Health Board (BCUHB) as well as WG Officials and HEIW.

The work of this group is planned to be completed in July/August 2022 and it is expected that the outputs will address the following areas:

- Workforce planning to triangulate the numbers of medical students and foundation doctors
- Confirmation of undergraduate and graduate entry student numbers for the independent Medical School in light of the above
- An all-Wales approach to placements jointly endorsed by all Medical Schools in Wales

Work locally continues to be progressed through our joint Bangor University (BU) and Betsi Cadwaladr University Health Board (BCUHB) governance arrangements to ensure the development of the school progresses. Planning is currently based on assumptions agreed with WG that student numbers will be in the region of 110 undergraduate and 30 graduate entry. Phasing of the increases in student numbers means that we expect a total of 670 students to by studying medicine in North Wales by 2029. The planning timeline is included at Appendix 1.

Our focus since the establishment of the WG Programme Board has been to develop more detail of the curriculum and placement requirements and to commission external support to develop capital investment proposals to ensure the right accommodation can be provided.

This phase of work seeks to translate needs of the curriculum and placements into accommodation and staffing requirements and requires the development and analysis of detailed information. The work is progressing over the summer months and is expected to conclude in the autumn.

Placements

The development of the school will increase the placements required substantially between 2023 and 2029 due to the increase in student numbers. In terms of the approach, it is planned that there will be a Longitudinal Integrated Clerkship (LIC) in Primary Care during Year 3 and that placements in other years will be provided in Community Hospitals as well as Acute Hospitals.

We are also aspiring to provide a regional approach to teaching and education in the Medical School. Options for provision are currently being assessed across the region, the image at Appendix 2 demonstrates how this might look but the exact locations are yet to be determined.

This is a significant change to the current provision. Consequently, it is expected that the work to assess placement capacity will identify areas of opportunity as well as challenges but at this stage there is confidence that the increase in students can be accommodated.

Business Case & Capital

The development of a Strategic Outline Case (SOC) for the Medical School has been included in the Health Board's Integrated Medium Term Plan. A Business Case Scoping document, which will include a high-level estimate of capital requirements, is being developed as part of the process of business case development and will act as a precursor to the SOC. Submission of the scoping document will initiate the discussions with WG regarding capital investment. However, it is understood that there are limitations on capital investment nationally and therefore a risk to the delivery of the school may arise should capital funding not be available.

GMC Accreditation

The accreditation process with the GMC has begun with the submission of the preliminary questionnaire in April 2022. This has been acknowledged by the GMC and BU and BCUHB are working together to provide further information. A timeline for the accreditation process, appendix 1, has been developed and we anticipate that this will mean that students join courses under BU's GMC accreditation process in 2024.

3. Budgetary / Financial Implications

3.1 All budgetary / financial implications will be addressed through the business case development process.

4. Risk Management

4.1 A joint risk register has been developed between BU and BCUHB and is routinely reviewed through the governance meetings. This is currently held in excel and risks pertaining to BCUHB specifically will be managed through Datix from July 2022 so they can be managed in accordance with the Health Board's Risk Management Strategy.

4.2 The main risks for BCUHB are currently:

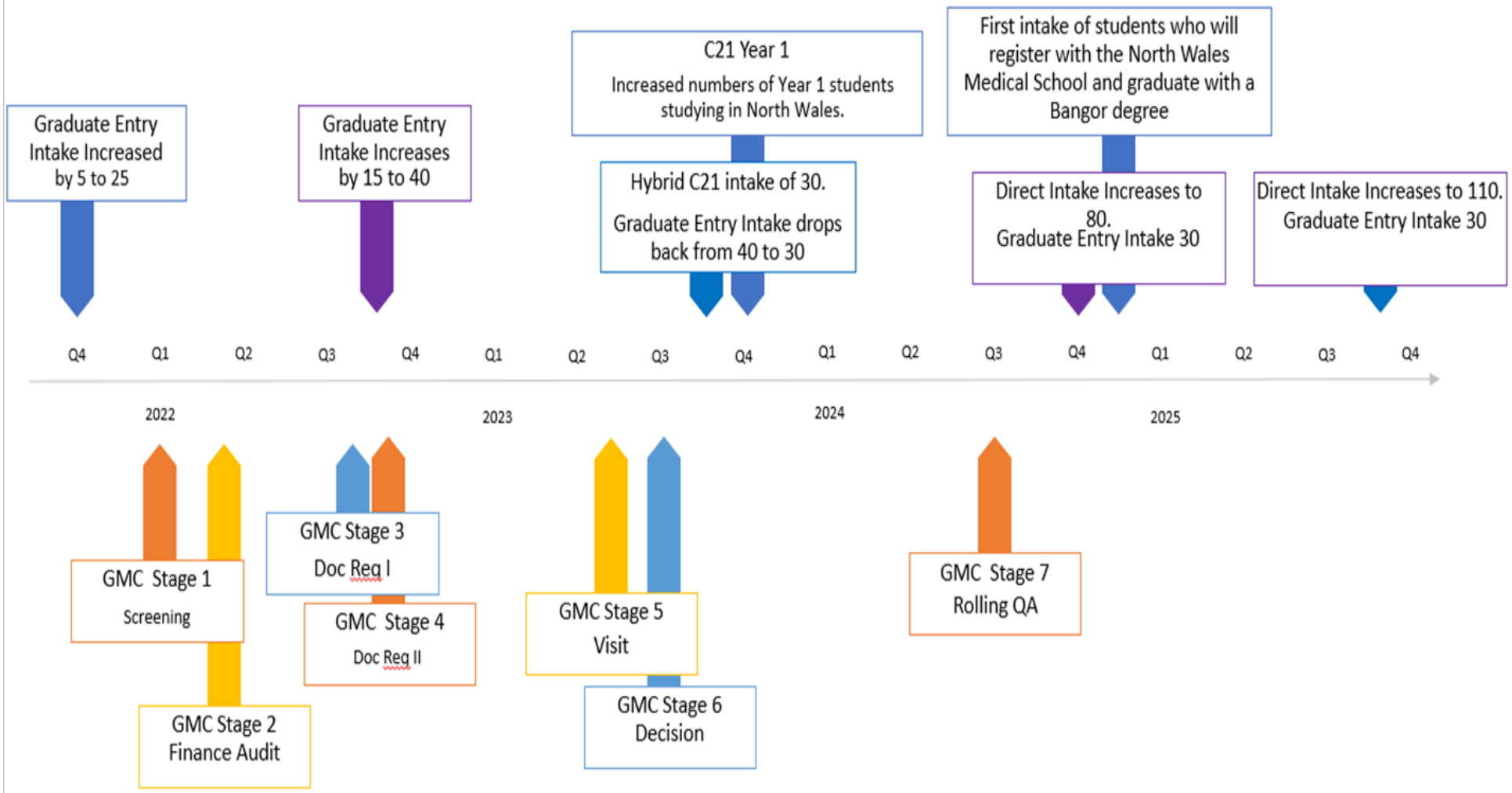
- 4.2.1 The substantial growth in student numbers will require additional educational and teaching space. Should capital not be available there is a risk that the provision of placements is not possible.
- 4.2.2 Estimated SIFT income for the SOC may change depending upon the outcome of a review at a national level.
- 4.2.3 Work with Primary Care has identified a range of resources required to support the LIC. Investment into primary care will be included in the SOC, however, if this is not available there is a risk that placements cannot be provided

5. Equality and Diversity Implications

5.1 This paper is provided as an update rather than for decision and so has no equality and diversity impacts. Appropriate assessments will be undertaken in conjunction with the development of the SOC.

Planning Timeline

Delivering an Independent Medical & Health Sciences School for North Wales



Ysgol Feddygol Gogledd Cymru

North Wales Medical School

The opportunity for impact

Ar hyn o bryd mae Prifysgol Bangor yn trefnu lleoliadau hyfforddiant clinigol i fyfyrwyr gofal iechyd gyda darparwyr ledled gogledd Cymru fel y dangosir uchod, a gyda Byrddau Iechyd Hywel Dda a Phowys.

Bangor University currently places healthcare students for clinical training at providers across the entire North Wales region as shown above, and with Hywel Dda and Powys Health Boards.

PRIFYSGOL BANGOR UNIVERSITY

Allwedd

- Safleoedd Addysg Brifysgol Ysgol Feddygol Gogledd Cymru
- Safleoedd addysg mewn ysbytai
- Safleoedd addysg mewn Ysbytai Cymunedol

Key

- North Wales Medical School University education sites
- Hospital education sites
- Community Hospital education sites

Partnerships, People and Population Health Committee 12.07.22	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board *To improve health and provide excellent care*

Committee Chair's Report

Name of Committee:	**Together 4 Mental Health Partnership Board (T4MHPB)**
Meeting date:	01.04.22
Name of Chair:	Lucy Reid - Health Board Vice Chair
Responsible Director:	Teresa Owen - Executive Director of Public Health
Summary of business discussed:	A range of topics were discussed at the meeting: **Patient Story -** It was agreed that the T4MHPB should receive 'patient stories' from a range of partners to help understand the support people require across North Wales. **Welsh Government Update -** Leon Reed attended to provide an update, and the "Liberty Protection consultation" was highlighted. **T4MH Strategy Renewal -** 'Do-Well' have been appointed as the facilitators for the planned workshops. **Refreshed Terms of Reference (ToR) - T**he ToRs have been strengthened to meet the requirements and ambition of the group **Update on the Health Board MHLD Improvement Plan -** Mike Smith presented an update to the Board. The slide set had previously been shared at the QSE committee in March 2022. The impact of continued vacancies and the COVID pandemic was noted. **MH Activity – Impact and Demand on NW Police -** Sophie Chance reported on the NW Police Control room activity. The data presented showed improvements in the 'diversion' activity. **Update on S12.2 Drs -** Dr. Alberto Salmoiraghi presented an update report, which was well received by members. **CAMHS Services Update Report -** The CAMHS representative reported on the coordinated approach to the targeted improvement programme, and the recent recruitment activity, which has been positive. **NW Suicide & Self Harm Group Update -** The T4MHPB was updated on a forthcoming workshop which will pull together the key themes related to this agenda, including support for all ages, and the signposting and access to other services

	North Wales Co-occurring Mental Health and Substance Misuse Implementation Group - A helpful update was provided on the Co-occurring framework and the governance arrangements in place. **Crisis Care Concordat Update -** Peter Martin attended to provide an update on the national board activity. The key discussion related to the meeting arrangements, identifying ongoing gaps and the need for a focus on solutions.
Key assurances provided at this meeting:	The committee welcomed the updates on the refreshed governance arrangements for key activities underway,
Key risks including mitigating actions and milestones	Given the demand in mental health issues, the key risks identified through the discussions - related to the system capacity and the pace of progress.
Targeted Intervention Improvement Framework Domain addressed	• Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners)
Issues to be referred to another Committee	• None.
Matters requiring escalation to the Board:	• None.
Well-being of Future Generations Act Sustainable Development Principle	The Board gave due regard to the principles of: 1. Balancing short term need with long term planning for the future; 2. Working together with other partners to deliver objectives; 3. Involving those with an interest and seeking their views; 4. Putting resources into preventing problems occurring or getting worse; and 5. Considering impact on all well-being goals together and on other bodies)
Planned business for the next meeting:	A range of regular reports are planned for T4MHPB.
Date of next meeting:	07.10.22

Partnerships, People and Public Health Committee *July 2022*	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board *To improve health and provide excellent care*

Committee Chair's Report

Name of Committee:	Executive Delivery Group - Transformation
Meeting date:	13th June 2022
Name of Chair:	Chris Stockport, Executive Director of Transformation, Strategic Planning and Commissioning
Responsible Director:	Paolo Tardivel, Director of Transformation
Summary of business discussed:	Monthly programme highlight reports are received from each of the sub-Groups and any issues are noted for progression / escalation, either to the Executive Team or to relevant individuals. The sub-Groups that report to the EDG are: • Unscheduled Care • Planned Care • RTC • CAMHS • Cancer • Mental Health • Planning Strategy Oversight • Capital Investment Group • Digital
Key assurances provided at this meeting:	The monthly programme highlight reports have been developed over the first few meetings of the EDG and are now moving forward in terms of maturity and structure. There is good engagement with the sub-Groups and the EDG is used as a forum for support. Updated guidance is being developed and will be issued to the sub-Groups relating to RAG rating and how to retire completed milestones.

Key risks including mitigating actions and milestones	N/A
Targeted Intervention Improvement Framework Domain addressed	• Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners)
Issues to be referred to another Committee	N/A
Matters requiring escalation to the PPPH Committee:	N/A
Well-being of Future Generations Act Sustainable Development Principle	The highlight reports received from the sub-Groups address the development of proposals considered by the Committee and give adequate consideration to the sustainable development principles, including: 1.Balancing short term need with long term planning for the future; 2.Working together with other partners to deliver objectives; 3. Involving those with an interest and seeking their views; 4.Putting resources into preventing problems occurring or getting worse; and 5.Considering impact on all well-being goals together and on other bodies)
Planned business for the next meeting:	The usual range of regular sub-Group highlight reports will be submitted and discussed. A rolling table of actions will also be discussed to ensure progress of actions in a timely manner.
Date of next meeting:	14th July 2022

Report title:	**Regional Partnership Board update**		
Report to:	Partnerships, People and Population Health Committee		
Date of Meeting:	Tuesday, 12 July 2022	Agenda Item number:	PP22/76a
Executive Summary:	The purpose of this paper is to provide an update to the Committee on the work programme of the Regional Partnership Board and to share the notes of recent meetings. A brief update on the Regional Integration Fund is included. A further update will be given at the PPPH Committee following the next RPB meeting on 8th July.		
Recommendations:	The Committee is asked to receive the paper, note the update provided and offer any comments on the updates provided.		
Executive Lead:	Dr Chris Stockport, Executive Director of Transformation, Strategic Planning And Commissioning		
Report Author:	Catrin Roberts, Head of Regional Collaboration Sally Baxter, Assistant Director – Health Strategy		
Purpose of report:	For Noting ☒	For Decision ☒	For Assurance ☒

Assurance level:	Significant ☐	Acceptable ☒	Partial ☐	No Assurance ☐
	High level of confidence/evidence in delivery of existing mechanisms / objectives	General confidence/evidence in delivery of existing mechanisms / objectives	Some confidence/evidence in delivery of existing mechanisms / objectives	No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
N/A	
Link to Strategic Objective(s):	The RPB supports the delivery of national and regional shared objectives for the Health Board and partners, to further progress the delivery of A Healthier Wales. The commitment to partnership working through the RPB is clearly set out in the HB strategy Living Healthier, Staying Well and in the IMTP.
Regulatory and legal implications	The HB as a public sector body has statutory duties under the Social Services and Well-being (Wales) Act 2014 to work in partnership through the RPB
In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N - this paper provides an update on the RPB work. EqIA will be undertaken on specific p[programmes and initiatives within the RPB as required
In accordance with WP68 has an SEIA identified as necessary been undertaken?	N - this paper provides an update on the RPB work. SEIA will be undertaken on specific p[programmes and initiatives within the RPB as required
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	There is a risk that the HB may fail to comply with the requirements of the SSWB Act
Financial implications as a result of implementing the recommendations	No specific financial requirements arising from this paper. An update will be given to the Committee meeting on the Regional

	Integration Fund and any implications arising from this.
Workforce implications as a result of implementing the recommendations	No specific workforce implications arising from this paper.
Feedback, response, and follow up summary following consultation	This paper provides an update for assurance purposes and has not been reviewed formally prior to submission to the Committee. RPB minutes are published and the work programme and reports are scrutinised by the HB members on the RPB.
Links to BAF risks: (or links to the Corporate Risk Register)	N/A
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: **Implementation of recommendations** - Provide further updates on the development of initiatives under the Regional Integration Fund - Contribute to the ongoing work programme within the RPB	
List of Appendices: Minutes of RPB meetings: - 8th April 2022 - 13th May 2022 - 10th June 2022	

MEETING IN PUBLIC
Tuesday 12th July

Regional Partnership Board update

1. Introduction/Background

The Health Board has a statutory duty to work in partnership through the Regional Partnership Board (RPB) to progress the duties under the Social Services and Well-being Act (Wales) 2014 (the SSWB Act.) There is an increasing emphasis on the role of the RPB in delivery of **A Healthier Wales** and developing integrated well-being and support services for the population. Regular updates on the work of the RPB are brought to the PPPH Committee to ensure a shared commitment to delivery of objectives for the population health, care and well-being needs and to provide appropriate scrutiny and reporting into the HB governance processes.

2. Body of report

The notes of the RPB meetings (attached) provide an update on progress within the RPB partnership work programme. Key issues discussed at the meetings held since the last PPPH Committee include the following:

8th April meeting
- Further discussion on the evaluation of the transformation programme
- Update on the Rebalancing Care and Support White paper
- Future funding update and sustainability planning
- BCUHB proposed new operating model
- Regional Social Value update

13th May meeting
- Regional investment Fund update
- BCUHB update
- Carer representative expressions of interest

10th June meeting
- Market Stability Report
- Annual Carers Grant year end Report
- A Healthier Wales transformation programmes Q4 reports
- North Wales Social Value Forum progress report
- 2021 Dementia progress report
- Future Funding update and sustainability planning
- BCUHB restructure
- Review of the RPB
- Membership of the Engagement and Voice T&F group

Regional Integration Fund

The Regional Integration Fund (RIF) is a key lever to drive change and transformation across the health and social care system and in doing so will directly support implementation of several key pieces of policy and legislation. Previous updates have been given to the Committee on the transition from the predecessor funds to the RIF.

The aim is that by the end of the five-year programme at least six new national models of integrated care will have been established and mainstreamed, so that citizens of Wales, where ever they live, can be assured of an effective and seamless service experience in relation to:

- Community based care – *prevention and community coordination*
- Community based care – *complex care closer to home*
- Promoting good emotional health and well-being
- Supporting families to stay together safely, and therapeutic support for care experienced children
- Home from hospital services
- Accommodation based solutions

In conjunction with partners, the regional team developed their own 6 models of care for North Wales as well as an additional Model of Care for Learning Disability in recognition of the importance of this area of work and the requirement to continue with the well-established programme which was developed under the previous transformation fund.

These were agreed by the RPB on the 10th June and have been submitted to Welsh Government.

All activity funded by the RIF must directly support the development and delivery of the six national models of integrated care. To support each model of care there is a programme of schemes for the regional fund. These are being finalised and will be presented to the RPB on the 8th July 2022.

An update will be given to the Committee at the meeting following this.

3. Budgetary / Financial Implications

No specific financial implications arising from this update paper. Implications arising from the RIF consideration will be noted at the PPPH Committee.

4. Risk Management

Risk analysis, mitigation and management are undertaken by each of the programmes within the RPB portfolio..

5. Equality and Diversity Implications

5.1 Equality Impact Assessment and SocioEconomic Duty Impact Assessment will be udnertaken for specific programmes and schemes as required.

CYDWEITHREDFA GWELLA GWASANAETHAU
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 April 2022

9:00 am – 12:00 pm

Via Zoom

Present:	Mary Wimbury (Chair), Alwyn Jones, Alison Kemp (in attendance for Bethan E Jones), Catrin Roberts, Cllr Bobby Feeley, Cllr John Pritchard, Delyth Lloyd-Williams, Dr Lowri Brown, Estelle Hitchon, Ffion Johnstone, Fôn Roberts, Helen Corcoran, Iwan Davies, Lucy Reid, Meinir Williams-Jones, Morwena Edwards, Neil Ayling, David Soley (in attendance for Nicola Stubbins), Ricki Owen, Shan Lloyd Williams, Teresa Owen.
Apologies:	Ann Woods, Bethan E Jones, Cllr Christine Jones, Cllr Cheryl Carlisle, Cllr Llinos Medi Huws, Cllr Dafydd Meurig, Chris Stockport, Dave Hughes, Jenny Williams, Jo Whitehead, Nicola Stubbins, Rob Smith, Sam Parry, Sian Tomos.
In Attendance:	Philip Provenzano, Assistant Director IPC (for agenda item 2) Matt Jenkins, Deputy Director, Partnership & Cooperation, Social Services & Integration Directorate, WG (for agenda item 3) Shelley Davies, Head of Partnerships and Integration, WG (for agenda item 3)

Item		Actions
1.	Welcome, introductions and apologies The chair welcomed everyone to the meeting and apologies were noted as above.	
2.	Evaluation of the Transformation Programme The board received an update on the final version of the North Wales Transformation Fund Programme. Following discussion at the March meeting, feedback and comments received have been incorporated in to the final report, the changes are highlighted below: • That the pooled budget arrangements within the Isle of Anglesey Learning Disability work-stream has been agreed • The Communities work-stream approach adopted in the West and Central areas utilised change agents across the region to support existing operational services to develop and deliver the required changes. The East area took a different approach and focussed upon directly enhancing operational services through the deployment of staff. • A change in terminology regarding Marleyfield house	

	• An update on the Grant Thornton work within the Communities work-stream, which is now complete. The NWRPB were in agreement (subject to confirmation from elected members) to endorse the final Transformation Evaluation Report, which will be submitted to Welsh Government by 30th April 2022 and an easy read version of the final report is produced and published.	Send report to WG - RW
3.	<u>Update on Rebalancing Care and Support</u> MJ and SD attended the board to provide an update on the Rebalancing Care and Support, originating from the WG White Paper consultation completed 6.4.2021. The Rebalancing Care and Support White Paper set out proposals to improve social care arrangements and individuals' well-being through strengthening partnership and integration of services set out in the SSWBA (2014), building on strong foundations of the Wellbeing of Future Generations Act (2015) and A Healthier Wales (AHW). The Rebalancing Programme is committed to creating a National Framework for commissioned care and support, establishing a National Office to oversee the implementation of this framework, and strengthening Regional Partnership Board arrangements so joint working delivers for local populations. MJ highlighted some of the national issues within the last 12 months: • A particularly difficult period for everyone, whilst dealing with the impact of Covid and labour market crisis, partners worked together to maximise resources and meet the needs of their population. • WG policy role has seen the completion of the consultation on the White Paper; the creation of a Health & Social Care levy through national insurance mechanism from April 2022; the final budget for new financial year delivering an 10% uplift for the health and social care sector; establishing the Chief Social Care Officer role for Wales and a national expert group established to take forward the development of a national care service, an ambitious policy agenda around children and LAC. • WG are progressing to create a new national framework for care and support that will focus on quality and value and a platform of the ambitious measures around the future workforce. • Working with new funding streams including the RIF Following feedback from statutory organisations the Ministers agreed WG would not establish the RPBs as legal corporate entities at this time, and WG will continue to engage with RPB's to support stronger partnership working. SD informed a Technical Group for the National Framework, alongside 5 Regional Task and Finish Groups which have been established to strengthen Regional partnership arrangements: • Planning and Performance will involve reviewing the self-assessment tools introduced for RPBs, study RPB's and partnership working, co-produce an annual planning cycle with a	

	greater alignment of planning at regional, local and cluster level to ensure each area informs one another. • Engagement and Voice – to review the challenges in engagement, strengthen engagement and clarifying roles and responsibilities, strengthen the guidance around embedding wider co-production through SSWAB (2014) and AHW. • Rebalancing the Social Care Market – focussing on eliminating profit from the care, concerning diversity and stability across the market, to give greater resilience and flexibility across the market. The NWRPB Market Stability Report will inform this area of work. • Integrated Service Delivery (ISD) will explore creating a blue print to respond to the theories and component part of an integrated system including workforce, digital, resourcing, governance, and outcomes framework. The ISD will also review pooled funds, taking the learning from smaller scale pooled budget and promote to joined up resourcing, whilst recognising the complexity and challenge around pooled fund arrangements. • Governance and Scrutiny will review and clarify the accountability and scrutiny arrangement of RPBs, being aware duty to co-operate and collaborate sits within both statutory partners, ensuring the RPB's have sufficient resources to enable delivery of all functions and this is part of the work through the RIF. The combination of the work on the above 5 areas would ultimately update the SSWBA (2014) Part 9 Statutory Guidance. SD acknowledged the support from the RPB leads and the commitment of time to design the RIF and Capital funds. Ministers are looking for a consistent national approach through the 6 national models of care, recognising delivery might look different from area to area. Over the 5-year period WG will be looking to work with RPB and partners to shape and embed the 6 national models into mainstream provision. Alongside the RIF the Capital programmes has been launched: • Integrated health and social care hubs and centres – WG are working on the wider guidance. In the meantime, WG have developed the pathfinder scheme to fast track applications to ensure schemes are fully delivered against 2022-23 financial year spend. • Rebalancing of the residential care market – will consider capital investment opportunities to rebalance the residential care sector. Finally, SD informed NWRPB have been allocated WG Relationship Managers and Shelley Davies and Richard Ellis will support with key aspects of the integrated services delivery including the RIF and Part 9 planning commissioning arrangements. During discussion the following points were raised: • How can we determine the system is optimised to achieving the desired outcome without disrupting existing governance structures, given the host of partnership boards already in existence – Public Service Boards (PSBs), RPBs and Integrated Service Boards (ISBs). *SD informed WG have undertaken a strategic review of the partnership landscape, some early findings verified certain local*	

	areas intended to consider this work rather than being prescriptive from WG. *RPB's are responsible for people's support needs, and the preventative work to address those needs. PSB's being responsible for considering broader well-being factors i.e. culture, environment, economy. Partners should consider the best value, avoiding duplication. WG welcome a discussion via the WG relationship managers to craft the landscape on this issue.* • How do we avoid the reliance on funding pots and shift core funding in to alternative models. *New opportunities within the RIF models of care will set aside a margin to enable a level of innovation. WG will be looking to taper the funding over a period of time and thus requiring statutory partner resources to become effective over the medium/long term.* • How do we ensure the Accelerated Cluster Development (ACD), being pivotal to the future planning and commissioning work has the right voice in the right place. *The Part 9 review will consider the roles, responsibilities and membership of the RPB, also ensuring Primary Care has a voice within the RPB to ensure the cluster and pan-cluster arrangements can effectively feed up. The engagement arrangement and RPB structure will ensure a golden thread mechanism between all groups.* • Social care and the national structure for care fees setting is in dire need of appropriate core funding, in advance, to assist with long term fee planning purposes *The funding context of social care has been challenging over many years, and whilst recognising a number of difficult years the current budget settlement uplift of 10%, the 3-year budget that would include a Social Care reform fund and capital opportunities, is a step forward in resources including £180M being put into the baseline of social care which covers Real Living Wage commitment. WG have listened to the RBB and moved from annual funding programme to a 5-year RIF programme, a big step forward given the volatility of WG budget within the comprehensive spending review.* • Questioned from a national level if the resources have been shared fairly between all sectors, and this issue has to be the main output of the national care work survey. A more beneficial use of funding would be to share the resources between the communities, housing sector, care homes and shift NHS further out to the communities. Although LA's have welcomed a better settlement this year, this does not provide LA's with the fundamental shift to the community. *WG would welcome exploring offline a re-set to the community provision to progress from old spending patterns and step up from transformation to the community.* Finally, WG affirmed recognition of difficult public sector settlements. Although not sufficient to encompass everything the sector would need, this is a step forward and a starting point for the sector.	

	The chair thanked MJ and SD for attending the MWRPB and the NWRPB look forward to working with SD and RE as relationship managers in the future.	
4.	<u>Future Funding update and sustainability planning</u> <u>Regional Governance Structure</u> CR provided a detailed report to agree the governance structure to support the Regional Infrastructure Fund (RIF), Housing with Care Fund (HCF) and Integration and Rebalancing Capital Fund (IRCF). The new RIF model and the HCF Capital Fund is centred on the WG 6 Models of Care (MoC). Welsh Government are keen to be able to demonstrate the difference made against each of these models and to establish as a standard across Wales. The current regional governance structure consists of the Communities Transformation Board, Learning Disability Transformation Board, Together 4 Mental Health Transformation Board and Children and Young People's Transformation Board. In addition, there is a steering group for Dementia, and strategic groups for the Integrated Autism Service (IAS) and ICF grants. This structure is well established and ensures all partners are included. The structure also lends itself to support the MoC and meets the need of WG outcomes and reporting structure. The proposed changes include: • Remove Communities Transformation Board and the work for the Community Based Care programme to be determined and managed at area ISB level. • Integrated Autism Strategic Group and Dementia Steering Group to be developed into Programme Boards • Review how the RIF element of the T4MH is managed under the existing board due to the remit of that board being wider than just the RIF. • Create a new Programme Board specifically for Capital due to the level and complexity of capital coming into the region. Each board will feed into the RPB with the exception of the Children's board which will feed in to the newly established Children's NWRPB sub-group. The NWRPB are asked to: 1. Approve the proposed governance structure for adoption, whilst recognising further work will be required on strengthening the links of the wider work of the regional collaboration team i.e. workforce, commissioning, RIC Hub etc whose work will support the work of the RIF. 2. That the structure be implemented and a review undertaken of each board during the period 1st April 2022 to 30th June 2022. Following the presentation, the following points were raised:	

	LR, as chair of the T4MH board wasn't aware of the work being considered and noted being uncomfortable in agreeing to the changes to the structure today based on the report. LR proposed the T4MH board members would require to discuss and understand the changes being proposed, having only recently approved their terms of reference (ToR). *CR confirmed the proposal under the RIF, to continue linking the Emotional Health and Wellbeing (EHWB) programme work into the T4MH board. The changes proposed will not affect the updated ToR, only the practicable working of the T4MH Board.* AK stressed the important to ensure a format for coordinating the work of services to Older People and the ACD to ensure the NWRPB have a regional oversight on the development of this work. *CR agreed, and once the structure presented today is agreed, regional support will be explored to assist the AISB's to manage this extensive work.* The regional team are currently in the process of completing the programme documentation for the new RIF: • Strategic Investment Plan • 7 Models of Care Plan (LD is in addition to the original 6 WG MoC): – Community based care – prevention and community coordination – Community based care – complex care closer to home – Promoting good emotional health and well-being – Supporting families to stay together safely, and therapeutic support for care experienced children – Home from hospital services – Accommodation based solutions – Learning Disability Once the MoC have been developed, the drafts will be shared with WG to reassure WG the NWRPB is progressing the work and to provide feedback on the documentation. The work is currently in draft form and will be shared with the NWRPB early next week. In order to provide NWRPB members with the level of detail required, three briefing sessions will be scheduled following Easter to discuss the documents in detail and allow members the opportunity to examine and question. Members would need to attend one of the sessions. The final draft will be presented for agreement at the NWRPB in May (subject to the meeting being quorate). The NWRPB were in agreement: • That the proposed governance structure is approved by the Regional Partnership Board for adoption, with the recognition the T4MH Partnership Board sits outside the oversight of the NWRPB. • That the structure be implemented with the recognition the T4MH Partnership Board sits outside the oversight of the NWRPB, and a review undertaken of each board during the period 1st April 2022 to 30th June 2022.	Briefing sessions to be arranged – RW CR/LR – to discuss T4MH governance

	• That work is undertaken to strengthen the links between the various boards and work-streams during the period 1st April 2022 to 30th June 2022, recognising the T4MH Partnership Board governance sits outside the remit of the NWRPB. <u>Regional Capital Funding</u> 2 Capital funds: 1. Housing with Care Fund (HCF) 4-year fund, £14.2M (50% increase from the previous ICF funding) confirmed annual allocated to North Wales based on the historical HB formula, 3 objectives: • Increase the existing stock of housing with care significantly • Increase the stock of intermediate and short-medium term care settings • Minor projects 2. Integration and Rebalancing Capital Fund (IRCF) 3-year fund allocated on a bidding process - £50M 22-23, £60M 23-24 and £70M 24-25, 2 priorities: • Development of integrated health and social care hubs and centres • To address the rebalancing of the residential care market CR informed there is considerable amount of work to plan for the duration of the 2 capital funds, also an urgent need to ensure the region is ready to access and spend the year 1 allocation. The final guidance has not yet been published for either schemes, and WG have developed a pathfinder project for the IRCF scheme to fast track applications whilst working up the wider guidance. Partners are working at the moment around developing the Programme Plan and Objective (PPO) documentation to identify their 10-year priorities. The regional team has met with LA Social Housing Lead Officers to understand potential schemes which could be included under the HCF in Year 1, to maximise the funding. Based on this information the regional team are also developing the outlining regional capital investment fund which will be presented to the May NWRPB for approval. WG panel to consider applications has already been arranged for May, June and July. The work is underway currently identifying viable schemes and collating for the pathfinder process, aiming to get at least one application by the deadline of 27.4.2022 to the first panel in May. Due to the urgency of NWRPB agreement prior to deadline of 27.4.2022, the applications will be forwarded via e-mail, although not the ideal way of agreement, elected members are still in post and quoracy issues can be avoided. The NWRPB were in agreement to: • Agree the wider capital programme – the full programme will be presented to the May NWRPB • Potential schemes to be presented to the pathfinder project to be circulated via e-mail in readiness for the 27.4.2022 deadline.	RIF ppt to be circulated-RW

5.	<u>BCUHB update - BCUHB Re-structure</u> TO presented on the BCUHB new operating 'Stronger Together' model. The Operating Model describes how the business of the Health Board is organised, who is responsible for what, who leads and manages and the processes which enables this to happen. The new Operating Model is guided by a host of principles; Clinical leadership and evidence approached with decisions made as close to the patient as possible, person centred, community focus with regional networks, consistent standards with equal access for our population effective partnership working and a compassionate, learning organisation The new model brings together Primary Care, Community Services, Secondary care (Acute) and Children's services into a Director led Health Community within the East, Central & West. Each of the Heath Communities will have an accountable Director as a point of contact with a structure underneath. Cancer, Women's Services, Diagnostic and Specialist Clinical Support, Mental Health and Learning Disabilities will remain pan North Wales services. The changes within the new model: • Health Communities will be accountable for ensuring a focus on population, prevention and public health • Health Communities will manage inpatient beds and theatres that are physically within their geography • Operational facilities management arrangements move to the Health Community • Single BCUHB wide waiting access and lists for care delivery will become the norm. • A unified, population based, commissioning function will be developed, bringing together all of the commissioning work • A holistic education function will be developed - bringing together all education & learning work • Corporate Functions will be re-named Service Support functions Work is continuing to appoint to new posts, supporting leavers and handover of responsibilities; providing development support for new leaders and their emerging teams and continuous co-design of structures, processes and governance & assurance framework including performance reports, with the Board making the final decision to 'Go-Live' in July. NWRPB member's discussion highlighted: • The existing partnership which already exists in the West, East and Central would continue with new posts in place • The voice of primary and community care will be strengthened • Health Board representatives on the NWRPB will be retained TO agreed to update the NWRPB again in June, when the structure between BCU and LA will be in place.	June agenda – RW

6.	Regional Social Value Progress Update – Neil Ayling NA informed the Social Value Forum Steering Group (SVFSG) continue to meet on a quarterly basis. The SVFSG membership has expanded to include statutory services and meetings are very well attended. Flintshire has taken over the chair following John Gallanders retirement at the end of December 2021. AN informed of the openness within the group and SVFSG members would welcome to hear from individuals, in both statutory and private organisations, their interest and ideas on undertaking social value with opportunities to engage in the future. The NWRPB noted the information within the report.	
7.	Minutes and actions of last meeting – March 2022 The minutes were agreed as an accurate record of the meeting. Matters arising: Review of the NWRPB – defer to June agenda	
8.	Any Other Business – nothing to report	
	Date of next meeting: Friday 13th May 2022, 9:00 – 12:00 noon	

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Minutes of the North Wales Regional Partnership Board Meeting

13th May 2022

9:00 am – 11:00 pm

Via Zoom

Present:	Mary Wimbury (Chair), Alwyn Jones, Alison Kemp (in attendance for Bethan E Jones), Ann Woods, Catrin Roberts, Estelle Hitchon, Ffion Johnstone, Fôn Roberts, Helen Corcoran, Meinir Williams-Jones, Morwena Edwards, Neil Ayling, Nicola Stubbins, Ricki Owen, Rob Smith, Sam Parry, Shan Lloyd Williams, Sian Tomos, Teresa Owen
Apologies:	Bethan E Jones, Chris Stockport, Cllr Bobby Feeley, Cllr Cheryl Carlisle, Cllr Christine Jones, Cllr Dafydd Meurig, Cllr John Pritchard, Cllr Llinos Medi Huws, Dave Hughes, Delyth Lloyd-Williams, Dr Lowri Brown, Iwan Davies, Jenny Williams, Jo Whitehead

Item		Actions
1.	Welcome, introductions and apologies The chair welcomed everyone to the meeting and apologies were noted as above. The chair informed the meeting will be utilised to inform on the Revenue Investment Fund (RIF Models of Care (MoC), due to not being quorate. The RIF MoC agenda item will be presented again in June for endorsement by the NWRPB.	
2.	Revenue Investment Fund (RIF) Draft Programme Investment Proposal for each Model of Care: Following the recent RIF high level briefings to NWRPB members, CR presented a separate summary for the Models of Care (MoC). Work is continuing with partners on the documentation; specifically, on the funding element and the schemes proposed to support each model, and this information will be available at the June NWRPB meeting. CR reported positive feedback has been received from WG on the RIF documentation and the overall work proposed. Further information has been requested on: • clarifying how the enablers will be managed and the expected outcomes to be achieved. • Identifying cross-overs for each MoC	

	• Clarifying how each MoC addresses points raised in the PNA CR summarised each MoC, focussing on the People Centred Outcomes, Key Points noted, the number of Population Groups and Key Enablers covered and lastly the Summary of Schemes included within each model. Work is continuing around collating which schemes support each MoC, with some schemes already identified. Members feedback on the MoC: 1. <u>Community based care – prevention and community coordination</u> • TO enquired if full consideration has been given to the sustainability of hubs within communities, with numerous hubs operating on short term grants, and offered to be part of the forum to discuss the detailed aspect of this work. TO also noted the majority of the work on this MoC focussed on the coordination, except the hubs which involved the preventative aspect. TO also offered to be involved with discussions on the preventative agenda throughout this work. *CR informed sustainability is key and an underline theme to all the RIF work, the ultimate aim being a sustainable model to embed into core services at the end of the 5-year period. Once the MoC document and the schemes which support each MoC are determined, discussions will start with partners on working towards a sustainable model.* • The importance of ensuring learning is embedded across the region, and this to be a key driver for all models. 2. <u>Community based care – complex care closer to home</u> • The role of the Community Pharmacy to be significant in the future and unclear if the Community Pharmacy should be categorised under the earlier MoC and the preventative agenda. *CR agreed to review the schemes and overlap of work and reassess the categorisation of the specialist community pharmacy.* • Significant funding has been invested in services established over the last 5 years. Proposed consideration is given to transfer some resource within the future funding, whilst being aware BCU Central also have an impending proposal to WG around Hospital at Home, that would need to be discussed as part of the MoC 'Community based care – complex care closer to home'. • EH offered to share a presentation on WAST evolving long term strategy to consider synergies and opportunities and how this would fit into further development of the RIF MoC work	WAST presentation - RW

	• Essential that commissioned services are also included in to the work on workforce and integrated roles, to stabilise and future proof the domiciliary care market. • RS noted some work included in the presentation has already progressed in the East and the funding is valued to i.e. improvements to Home First and D2RA services and the funding is welcome to create improvements and sustainable services. • Consider how the domiciliary sector could also provide services to promote sustainability i.e. community navigation, falls prevention etc. 3. <u>Home from Hospital Services</u> • CVC's would be interested in the review of the Singe Point of Access and developing the links with the third sector and the increased investment in social prescribing. • The section on training care home staff on falls prevention and dysphagia to be reconsidered – change to further training or upskilling • SUSD provision to be considered and discussed further and for everyone to be aware of all options 4. <u>Supporting families to stay together safely, and therapeutic support for care experienced children</u> • RO noted identification throughout Wales that rehabilitation services are not being sufficiently provided for children with vision impairment, and asked is there was sufficient service provision across the region and if this is an area of interest for improvement/re-structure. *FR agreed to explore and discuss this further with RO outside of the NWRPB.* • How this MoC is linked to the NWRPB Children's priorities in general, and the importance of ensuring priority is given to all Children's work and to understand and consider in detail how the work can be consolidated. • Consideration to be given to meet the needs of young people (16-25 years), who often fall in between children and adult's services in particular with regards to mental health (Transition). *CR informed the 'No Wrong Door' Strategy (NWD) is the principal strategy in terms of Children. Work has already started and is progressing through the Children's NWRPB sub-group to consider in detail and shape the identified priorities from the Population Needs Assessment (PNA) which are required under the NWD and subsequently the RIF MoC. The NWD work will ultimately aim to deliver one integrated piece of work.*	

	5. <u>Promoting good emotional health and well-being</u> • Overlaps identified with the preventative arena with further work required i.e. healthy ageing, well-being and welfare in general and TO welcome to discuss further for additional input. *CR welcome the opportunity to discuss this MoC further* 6. <u>Accommodation based solutions</u> • The section on Health & Safety for Care Homes under objective 1 to be reviewed. • Homelessness - where the work on homelessness fits into the guidance from WG and the MoC and the Housing Sector, which is also part of the PNA *CR agreed to contact TO re homeless and capital schemes following the meeting*. 7. <u>Learning Disability</u> CR informed regional outcomes have been created for the LD MoC as this is not a WG mandated MoC. General comments on the Models of Care : • The Welsh language to be featured throughout the models, and incorporate a golden thread into the overarching work. • The schemes considered below the MoC are mainly programmes already in existence under the Transformation Programmes (TP) and the Integrated Care Fund (ICF). Once this work has been completed, the remainder of the funding will be informed to explore new schemes. All programmes will evolve during the 5-year period with an opportunity to include new schemes and amend existing schemes. The ultimate goal will be to have a final MoC in place at the end of the 5-year funding. • The ppt to be shared with NWRPB members, for wider discussion within organisations to raise awareness and highlight main points within the plan. <u>Draft Strategic Investment Plan (SIP)</u> CR informed the SIP supports the RIF 7 MoC, detailing the infrastructure required in the Regional Partnership team, to support the RIF and the wider responsibilities of the SSWBA Part 9 guidance. There is a significant role for the Regional Engagement Strategy and the Engagement and Communication Plan will set out to strengthen engagement, working with partners to provide the best services possible. The appointment of an evaluation officer will have responsibility for the ongoing evaluation of each of the schemes of MoC with a view to raising awareness across the region of the ongoing work and support the final evaluation.	Ppt to be circulated.

	Communities of practice will also be developed to inform on activity, and considering schemes to be developed in other areas or regional projects. MW-J noted 3 challenges: • The option of re-investing of funding in the future as a result of changes to assessments • Safeguarding the continuity of match funding, especially during the current climate and sustainability • Incorporate Social Value sector activities into all activity CR recapped the new 5-year revenue investment fund will build on the work and learning of the Integrated Care Fund and Transformation fund to date. The funding elements from WG will each attract a different percentage of match-funding as projects move from one stage o another: Acceleration Projects 10%; Embedding Projects 30% and Core Projects 50%, ensuring schemes continue to be funded in the region. The match funding element cannot be underestimated and discussions with partners have worked positively in identifying the match funding/resources, also being aware of the risk a this may change and continuous discussions with partners will be required.	MoC summary to be circulated - RW
3.	<u>BCUHB update</u> • Covid – continuing, although from a PHW perspective, a slight improvement seen • Booster Programme – acknowledge the significant co-operation from all partners to undertake the BCUHB immunization programme, with over 1.6M of vaccinations administered to date. Spring booster underway with further guidance awaited from the Joint Committee on Vaccination and Immunisation (JCVI) for the Autumn booster programme. • Continued significant pressure seen within the ED, WAST waiting and response times • BCUHB re-structure ongoing and further update will be provided at the June NWRPB • Cyber attach e-learning is now mandatory for all BCU staff	
4.	<u>RPB member - Carer Representative Expressions of Interest</u> MW informed of a recent peer panel convened to discuss the expression of interest applications for the second carer representative on the NWRPB. Three applications were received and the top scoring candidate has agreed to take the seat from the June NWRPB. The NWRPB were in agreement to note the report.	
5.	<u>Minutes and actions of last meeting – April 2022</u> The minutes 8.4.2022 were agreed as an accurate record of the meeting with all actions completed.	
6.	<u>Any other business</u> NA and AJ noted concern to future continuity of the proactive development work within the East Area, with current work at a critical point for progressing and senior BCU colleagues, who have been	

	instrumental to this work, departing from their roles. RS reassured colleagues that interim arrangements are currently being put in place to provide continuity in the short term. An update on the BCUHB re-structure will be provided at the June NWRPB, and further details of the interim posts will be provided at that time. TO agreed to discuss with Jo Whitehead and Helen Steven-Jones the importance of keeping the NWRPB updated on all developments. The chair thanked BCU colleagues for their contribution to the NWRPB over the years and wished them well for the future.	BCUHB re-structure update – June agenda
	Date of next meeting: Friday 10th June 2022, 9:00 – 12:00 noon	

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Minutes of the North Wales Regional Partnership Board Meeting

10th June 2022

9:00 am – 12:00 pm

Via Zoom

Present:	Mary Wimbury (Chair), Alwyn Jones (attended from 10;00 am), Alison Kemp, Andres Hughes, Ann Woods, Catrin Roberts, Cllr Elen Heaton, Cllr Dilwyn Morgan, Cllr Alun Roberts, Delyth Lloyd-Williams, Estelle Hitchon, Ffion Johnstone, Fôn Roberts, Helen Corcoran, Iwan Davies, Jenny Williams, Jo Whitehead (attended until 11:30 am), Morwena Edwards, Nicola Stubbins, Ricki Owen, Sian Tomos, Teresa Owen, Trudy Ellis
Apologies:	Chris Stockport, Cllr Christine Jones, Cllr John Pritchard, Cllr Liz Roberts, Dave Hughes, Dr Lowri Brown, Meinir Williams-Jones, Neil Ayling, Sam Parry, Shan Lloyd Williams
Observing:	Helen Stevens-Jones, BCUHB Director of Partnerships, Engagement and Communications and Alan Morris, BCUHB Interim Assistant Director of Public Affairs and Partnerships

Item		Actions
1.	Welcome, introductions and apologies The chair welcomed everyone to the meeting and apologies were noted as above. The chair welcomed new NWRPB members; Trudy Ellis (Carer representative), Cllr Elen Heaton (Elected Members DCC), Cllr Alun Roberts (Elected Members IACC), Cllr Dilwyn Morgan (Elected Members GC) and Cllr Liz Roberts (Elected Members CCBC); and took the opportunity to thank all departing elected members following the recent local elections. The chair also thanked BCUHB colleagues Bethan E Jones and Rob Smith for their contribution to the NWRPB and welcomed Alison Kemp (Interim Area Director Central) and Andrea Hughes (Interim Area Director East).	
2.	Presentation on the Market Stability Report - Catrin Perry CP provided an overview of the Market Stability Report (MSR), the requirements and purpose, key themes, expectation and next steps. The WG requirement requests LA's and LHB to work in	

	partnership to prepare and publish the MSR based on data for each local authority area as well as an aggregated version on an RPB footprint. The report will inform both regional and local decision-making around commissioning care and support (especially, but not exclusively, regulated services), feeding into the strategic area plan for the RPB area and helping shape local and regional commissioning strategies. CP noted, the MSR has been a significant undertaking by the regional team, requiring to take consideration of the demand and detail within the Population Needs Assessment (PNA), and demonstrate how those needs will be achieved. The work has been undertaken, following RPB request, by the RCB task and finish group, which led on the PNA and MSR, due to the strong links between the work. LA, BCU and other representative colleagues have managed the collation of the local and regional data into a report to comply with the CoP. Current MSR draft details the following key themes for the area plan to focus on: • Social Care Workforce • Residential Services/Care Homes [adults • Domiciliary Care • Residential Services/Care Homes [children] • Fostering and Adoption and the RCB task & finish group will continue to ensure the key themes agreed in the MSR are being actioned. The WG original deadline of 1.6.2022 has not been achieved due to the local election, and the requirement of the report to be presented through the political governance process of each partner. The MSR will be finally endorsed at the NWRPB November 2022 meeting having been prior endorsed by each partner. Comments received in the meantime will be taken into account. The final draft document, caveated, will be forwarded to WG end of June. JW acknowledged the significant work undertaken by the RCB Steering Group and regional colleagues and reinforced that early intervention and prevention agenda also includes the enablement of flow throughout the system. JW also cited the Children's Placement and Commissioning Strategy being completed currently by LA, and to ensure a link is made between these two piece of work. The draft MSR document will be circulated out to the NWRPB members following this meeting for return of comments asap, by 22.6.2022 in readiness for the final draft document by the 27.6.2022. The NWRPB were also informed the MSR is a live piece of work and there will be opportunities to inform and update throughout the life of the document.	

	Once the final document has been endorsed in November, an executive summary will be provided. The NWRPB were in agreement to endorse the draft overview.	
3.	<u>Annual Carers Grant Year End 2021-22 Report – Ffion Johnstone</u> The board received an update from FJ on the final WG Annual Carers Grant Year End 2021/22 Report. The report details the full utilisation of the WG annual carers grant funding for 2021/22 (£213k), allocated to BCUHB to enhance the lives of carers in line with the national priorities: 1. Supporting life alongside caring 2. Identifying and recognising Carers 3. Providing information, advice and assistance and the strategic objectives of the new national plan for carers. The funding has been utilised in the following way: • Supporting GP practices to develop Carer Awareness and ways of working to support carers – Primary Care Facilitators • Support for carers in relation to the discharge planning from hospital of their cared for person/s – Secondary Care Facilitators Case studies have been included and lessons learned as a result of the pandemic. BCUHB are also considering implementing an accreditation scheme across North Wales, having explored Hywel Dda's successful Investors in Carers model, on the requirements of Primary and Secondary Care staff and unpaid Carers. The NWRPB were in agreement to endorse the final Annual Carers Grant Year End Report 2021-22 and noted future reporting on Carers would be through the new RIF reporting mechanisms. The report will be submitted to WG by 30.6.2022.	
4.	<u>AHW Transformation Programmes Quarter 4 2021-2022 reports</u> CR presented a collective overview of the quarter 4 2021-22 Transformation Programme and RIIC Hub reports: • Together 4 Mental Health TP • Community Services TP • Children & Young People TP • Learning Disability TP • RIIC Hub Each programme has now either concluded or transferred to the new RIF funding. The individual reports note the achievements of each programme within the last quarter, in addition to the detail provided within the TP evaluation report, recently endorsed by the NWRPB. The funding allocation for each programme is fully spent with all claims submitted to WG. The NWRPB were in agreement to endorse the four Transformation Programmes and RIIC Hub report.	

5.	<u>RIIC Hub Annual Report – Morwena Edwards</u> The board received an overview of the Regional RIIC Hub Annual report from ME, which provides clear and detailed information on the activity undertaken within the last 12 months. ME acknowledge the work completed by the small regional team who are instrumental to the additional extensive work ongoing in the region; the RIIC Hub having assisted colleagues with work to progress all transformation programs, completion of the PNA and significantly contributed to the MSR work. A substantial amount of work by the RIIC team is completed in the background, and partners are reminded to use the hub and promote its' existence within organisations and teams. The NWRPB were in agreement to note the RIIC Hub Annual Report.	
6.	<u>North Wales Social Value Forum (NWSVF) Progress Update Report – Catrin Roberts</u> The board received an update from CR on the Social Value Forum Progress Update Report. Each Social Value Forum (SVF) is expected to publish a triennial report to WG on the activities and achievements of the SVF and how it has contributed to the delivery of the duties under Section 16 of the SSWBA. The Forum, stepped down during the pandemic, re-established late 2021, with a review of the terms of reference and new extended membership identified in relation to their knowledge, experience and interest on social value. The focus of the group has been reconsidered, and the group now focus on: • embedding social value into the wider RIF in North Wales, • linking into the PNA and MSR, ensuring social value is fully incorporated • developing a consistent way of measuring the impact of SV across NW • acting as peer support network for SV leads across NW • external and internal funding with third sector projects The forum's quarterly meetings have now been aligned to the Mantell Gwynedd's North Wales Social Value Network's meetings and information is cascaded to LA's and community organisation's through the forum's representatives. TO enquired if the work, discussed previously at the NWRPB, of considering the social value work being delivered in Manchester has been progressed and whether this is a possibility for progressing this year. NWRPB members were reminder social value is everyone's responsibility to deliver social benefits to residents and part of the CVS role it to support third sector organisations on the social return on their investment. CR closed discussion informing the board the NWSVSG/NWRCB propose to hold a future workshop to consider how to involve social value into everyday business	CR to provide an update.

	The NWRPB were in agreement to endorse the Social Value Forum Progress Update Report.	
7.	<u>2021 Dementia Progress Report – Catrin Roberts</u> The board received an update report from CR on the main activities and achievements during 2021-22 against the 4 main regional work-streams which meet the All Wales Dementia Action Plan for Wales 2018-22. 1. North Wales RPB Dementia Strategy Action Plan Implementation: – From the 33 priority areas for development identified, 12 were prioritised to take forward in 2021-22 and 6 were fully delivered with good progress on the other 6 – 4 Local Authorities have achieved Dementia Friendly status with plans in place for the remaining 2 authorities. 2. Highlights from the 3-part regional Memory Assessment Service (MAS) Pathway Improvement include: – Part 1 – The Alzheimer's Society have been commissioned to deliver education and support services from 1.4.2022. – Part 3- The Alzheimer's Society, Carers Trust, Carers Outreach and NEWCIS have been commissioned to deliver the post diagnostic support from 1.4.2022, with partners working to identify locations for 6 dementia centres across the region as part of this work. – Part 2 – the demand and capacity modelling is progressing – for Memory Clinics and waiting list back log clearance plans are being developed. 3. All Wales Dementia Standards Implementation and Readiness, even though the work was paused for 6 months due to Covid, winter pressure and ongoing pressure on health and social care. Significant progress has been made on the: 4. Dementia Service provision in the medium of Welsh and in Rural areas, a joint piece of work with Powys RPB funded from the 'National' Dementia Funding to understand the Dementia services in rural areas and in Welsh. During the discussion the following points were noted: • The Mwy Na Geiriau Forum agreed at a recent meeting to take the recommendations forward and include these in each LA's action plans for Welsh Language, Transport and Digital Inclusion. The Mwy Na Geiriau Forum would hold the overview of the actions to report back to the Dementia Project. • A proposal for the MAS title to be amended to be more accessible, as Dementia is linked to broader cognitive functions. *CR agreed to refer this request to the Dementia Steering Group for discussion* *CR also confirmed future monitoring of the Dementia work-stream will become part of the overall RIF monitoring mechanism and the reports will be presented to the NWRPB on a quarterly basis*. The NWRPB were in agreement to endorse the progress achieved in 2021-22 and the priorities for 2022-23. The NWRPB were in agreement to endorse the development of a detailed delivery plan to address service provision issues for Welsh speakers and in rural areas	

8.	<u>Future Funding update and sustainability planning - Catrin Roberts</u> Regional Integration Fund (RIF) Models of Care (MoC) CR presented the RIF report, to gain approval for all programme documentation required by WG, namely the Strategic Plan and the 7 Models of Care, required to deliver the RIF in North Wales 2022 - 27. Following extensive discussion at the May NWRPB, a number of amendments have been incorporated into the report presented. A proposal to also identify standing working areas, which overlapped more than one work model have also been included, and a primary MoC identified and listing the cross-over i.e. Welsh Language, Commissioning, Workforce etc. The MoCs will continue to evolve over the life time of the RIF, and there will be a further opportunity to review the document in readiness for the start of the 2nd year of funding. Further amendments may also be required over the next few months as a result of WG feedback. CR informed work is ongoing to finalise the funding table displaying the overall programme costs, match funding projection, and this will be completed in readiness for discussion at the July NWRPB meeting. The final RIF Strategic Plan, also discussed at the June NWRPB, is also being presented to gain approval from the NWRPB prior to forwarding all documentation (to include caveats) to WG. JoW took the opportunity to inform RPB members of the Ministers expectation regarding aspects of the RIF, to continue to main-stream work previously funded, to consider the MoC we already have in place and to utilise the resources to support adequate short term capacity over all types of care over the winter months, given the all Wales aspiration to increase bed capacity by 1000 by October. Comments and observations were invited, and the following were noted: • Cllr AR enquired on what basis have the different % been allocated to the funding table. *CR confirmed the allocation of funding has been discussed and endorsed at an earlier NWRPB meeting. The agreement at that time was to top-slice to fund the national and regional schemes – Dementia, IAS, Children, LD and EH&W-B with allocation of the remainder on the same historical basis as the ICF funding.* • AH acknowledged this significant piece of work, and noted the challenge would be the workforce element – and proposed the North Wales Workforce Board (NWWB) has a fundamental part in recruiting, training and retaining a competent workforce to underpin the RIF. *CR confirmed that the workforce element is a common theme in all models of care and this work will feed into the NWWB for measures to address the concern, which applies to all areas.*	

	LR enquired how the RIF work will be balanced and duplication avoided alongside current work undertaken by partners on recovering to a pre-pandemic position, alongside workforce limitations and increased referrals seen in the system. *CR clarified WG have provided dedicated resource to build a regional team to assist partners to deliver the RIF. In terms of linking in to the work already taking place by partners, there is an opportunity for a regional piece of work to understand the broader improvement work already happening and linking up schemes*. The NWRPB were in agreement to endorse the Strategic Plan and the 7 Models of Care, which will be submitted to Welsh Government as the agreed programmes of work for the North Wales Region to deliver the Regional Integration Fund for the period 01/04/22 – 31/03/27.	
9.	<u>BCUHB Re-structure</u> The board received an update from Jo Whitehead on the progress of the BCUHB re-structure. The re-structure provided BCUHB with an opportunity to develop a stronger focus on population health prevention, public health as well as service provision, GPs, dentist, pharmacists, optometrists, community hospital secondary care and working in partnership with the third sector and LA. Following engagement and consultation with staff and partners, feedback received favored a place based services approach. The new structure brings together: • Primary Care, Community Services, Secondary care (Acute) and Children's services into 3 Health Communities - East, Central & West, reporting daily to the Health Community Director and professional leads within their professional areas i.e. nursing, therapies etc, also linking into the pan-services and support services • Cancer, Women's Services, Diagnostic and Specialist Clinical Support, MH and LD will remain as pan North Wales Services • Corporate Governance and Services Support functions will wrap around all services BCUHB are currently supporting leadership and emerging teams through the change management process and continue to work on the governance and processes to give safe flexibilities and accountability to place based structure to work strongly on a locality footprint. JoW confirmed BCUHB is committed to ensure the focus on partnership work will be strengthened by the changes, without a reduction in the number of leadership capability, and being confident of being able to balance responsibilities across each acute, primary, community and population health area. NS noted from an operational and strategic perspective, the benefits of having continuity within area structures in relation to the organisational knowledge and information being crucial, i.e. earlier RIF discussion,	

	and understanding the work progressed regionally in recent years. NS also noted concern to broader capacity issues in the long run, with LA also seeing issues of recruitment and retention, in H&SC as well as across broader LA corporate services, and the concern to the speed at which the crucial posts will be recruited on a permanent basis. *JoW confirmed some posts have already been recruited and existing reablement schemes will continue. The re-structure will maintain the number of staff, only giving primacy of the importance to a place based approach, and will simplify processes and management across the organization.* ME noted 2 points: • While understanding the decision to retain some services as a pan North Wales service, would prefer to see MH and LD move to local arrangements i.e. MH being an integral part of clusters, community work and LA. *JoW confirmed retaining consistency is vitally important to MH and LD services during the ongoing changes to the re-structure, and the proposal is to strive through the integrated Health Communities to work to embed NW wide services into the integrated communities across East, Central and West, when clinically appropriate to do so*. • Would like to see BCU developing internal talent and leadership on a local level, especially in relation to the Welsh speakers, to take up leadership roles in the future. *JoW agreed, with BCU planning to support the immense talent already seen across North Wales.* <u>BCUHB update</u> • Covid patients continue to be treated in ITU but the illness is not as severe, with patients being able to be supported in a way which does not have an impact on BCU system as earlier on in the pandemic • Hospital and health settings are now able to accept visitors across all sites and relaxing of social distancing within treatment areas, outpatients and diagnostics. • Guidance is awaited from the JCIV on the future vaccination programme and the future merging flu and covid vaccination • Elective surgery in outpatients and diagnostic tests will resume, aiming towards 100% capacity to tackle the waiting lists, with additional services commissioning from external sources. All work is progressing, whilst also acknowledging, at any time, there may possibly be a need to change as speed, to a response mode.	
10.	<u>Review of the NWRPB – Catrin Roberts</u> Following discussion at the March NWRPB meeting, it is proposed that a survey is circulated following today's meeting to gauge members' views in relation to: • Reviewing the Terms of Reference – do they reflect the purpose of the RPB • Priority setting for the RPB • Forward work planning for RBP	

	• Any other items requested by RBP CR informed the views of NWRPB members would be welcome to improve the mechanism of the NWRPB over the next couple of months The chair proposed a face to face strategy planning meeting is arranged in July to discuss the survey results and potential actions. ID proposed the questionnaire is also circulated to recently departed elected members for their perspective of the board during their time as members. MW informed that the vice-chair seat is also empty, and this will be on the agenda for discussion in July. ME reminded of the Audit Wales Office report relating to commissioning work; one of the recommendations stated the RPB did not have sufficient links to scrutiny and sufficient accountability for decisions. This may be a chance to reflect on missed opportunities and for everyone to input into the ToR. The NWRPB were in agreement to note the report and discussion on the results of the survey will be on the July agenda.	Details to be circulated - RW
11.	<u>Membership of Engagement and Voice T&F Group - service user, carer and third sector nominations – Catrin Roberts</u> The chair informed of a request from WG for NWRPB service user, carer and third sector nominations on the Engagement and Voice Task & Finish Group, as part of the Rebalancing Care and Support Programme. The purpose of this group will be to develop and oversee delivery of a programme of work to strengthen citizen engagement and voice mechanisms within RPBs, strengthen engagement with the third sector and community groups, and (where appropriate) care and support providers. RO agreed to be a representative on behalf of the NWRPB. Additional nominations to contact RW.	Advise RW of additional nominations
12.	<u>Minutes and actions of last meeting – May 2022</u> The minutes 13.5.2022 were agreed as an accurate record of the meeting with all actions completed.	
13.	<u>Any other business</u> – nothing to report	
14.	The following were included in the pack for information: • PAPAC - Letter to North Wales Regional Partnership Board on Care Home Commissioning in Wales • The Impact of Employment Against Caring Responsibilities - Survey Results Summary • RIF overview of process – 1st transitional year • RIF Relationship Manager letter – North Wales	
	Date of next meeting:	

	Friday 10th June 2022, 9:00 – 12:00 noon	

Report title:	Corporate Risk Register Report		
Report to:	Partnerships, People and Population Health (PPPH) Committee		
Date of Meeting:	Tuesday, 12 July 2022	Agenda Item number:	QS22.
Executive Summary:	The purpose of this standing agenda item is to highlight the discussions which took place during the Risk Management Group meeting on the 5th April and 31st May 2022 and to note the progress on the management of the Corporate Risk Register and the new escalated risk aligned to the Committee.		
Recommendations:	The Committee is asked to: Review and discuss the report.		
Executive Lead:	Nick Lyons, Executive Medical Director		
Report Author:	Justine Parry, Assistant Director of Information Governance and Risk		
Purpose of report:	For Noting ☒	For Decision ☐	For Assurance ☒

Assurance level:	Significant ☐	Acceptable ☒	Partial ☐	No Assurance ☐
	High level of confidence/evidence in delivery of existing mechanisms / objectives	General confidence/evidence in delivery of existing mechanisms / objectives	Some confidence/evidence in delivery of existing mechanisms / objectives	No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Link to Strategic Objective(s):	See the individual risks for details of the related links to Strategic Objectives.
Regulatory and legal implications	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.
Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)	See the individual risks for details of the related links to the Board Assurance Framework.
Financial implications as a result of implementing the recommendations	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.
Workforce implications as a result of implementing the recommendations	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Feedback, response, and follow up summary following consultation	The Risk Management Group met on the 5th April and 31st May 2022 and further updates to the risks have been incorporated. Please see the individual progress notes on each risk.
Links to BAF risks: (or links to the Corporate Risk Register)	See the individual risks for details of the related links to the Board Assurance Framework.

Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: The Risk Management Group will be meeting on the 2nd August 2022, therefore an updated position of the risks will be presented during the Partnerships, People and Population Health (PPPH) Committee on the 13th September 2022.	
List of Appendices: Appendix 1 – Partnerships, People and Population Health (PPPH) Committee Corporate Risk Register Report Appendix 2 - Full List of All Corporate Risk Register Risks, including Executive Lead and Current Risk Score Appendix 3 - Corporate Risk Register Key Field Guidance/Definitions of Assurance Levels	

Partnerships, People and Population Health (PPPH) Committee
12th July 2022
Corporate Risk Register Report

1. Introduction/Background

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

(NB Work is underway to redesign Committee Risk and Board Assurance Framework reports as part of the new, incoming Once for Wales RL Datix Cloud IQ Risk Module developments)

2. Body of report

2.1 The Risk Management Group met on the 5th April and 31st May 2022 to review the Corporate Risk Register which included a "deep dive" into the risks as a tool for driving learning, sharing best practice and enhancing the Health Board's risk management footprint. For example, members noted that controls when expressed as `…policy in place` or `business case in place` were not properly articulated. They then advised that such controls be refreshed to focus on their implementation as neither a policy nor a business case in itself can mitigate a risk.

2.2 The Group also agreed that once Executive Directors have approved risks, there was no need to present them to the RMG, ET or Committees for further approval as this doesn`t align with best practice and the dynamic and timely escalation of risks. This aligns with the UK Code 2018 and the FRC Risk Guide 2014, which advise that Committees should focus on their `oversight function` and not to get involved in `risk management` by satisfying themselves that Executive Directors are consistently mitigating and managing risks in line with best practice. This will be reflected in the updated Risk Management Strategy to be presented to the Board in July 2022 for approval.

2.3 The following risk has been escalated and incorporated onto the Corporate Risk Register:

- CRR22-24 – Potential gap in senior leadership capacity / capability during transition to the new Operating Model.

2.4 The following table highlights the distribution and throughput of risks by Tier currently recorded within Datix, providing a snap shot view across BCUHB. Work continues to support the development of the Once for Wales RL Datix Cloud IQ Risk Module which will include the development of reporting the breadth and categories of risks recorded in a meaningful and consistent way:

Risk Tier (and risk score: NB Consequence x Likelihood = Risk Score)	Total number of live risks on registers	Number of risks held as 'Being Developed' (not yet live)	Number of live risks added in the last 6 months (not via escalation)	Number of risks closed in the last 6 months (not via de-escalation)
Tier 1 (15-25)	20	0	2	1
Tier 2 (9-12)	386	92	94	95
Tier 3 (1-8)	239	88	47	110

3. Budgetary / Financial Implications

3.1 There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by the Risk Management Group.

4. Risk Management

4.1 See the full details of individual risks in Appendix 1.

5. Equality and Diversity Implications

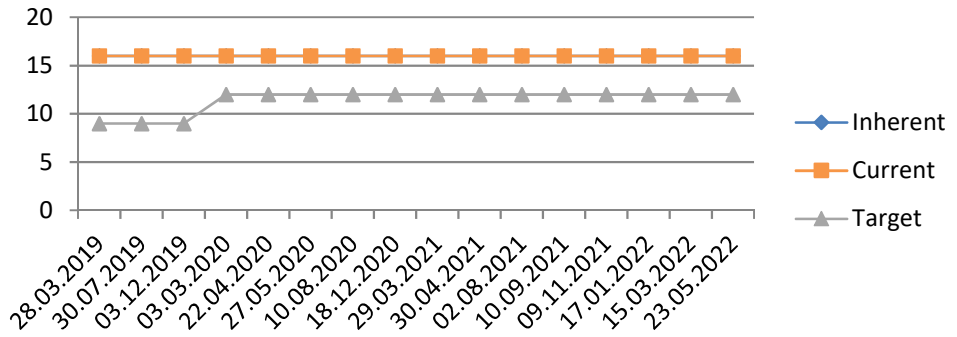
5.1 A full Equality Impact Assessment has been completed in relation to the new Risk Management Strategy to which CRR reports are aligned.

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

Appendix 1 - CRR

CRR20-06	**Director Lead:** Chief Digital and Information Officer	**Date Opened:** 28 March 2019
	Assuring Committee: Partnership, People and Population Health Committee	**Date Last Reviewed:** 23 May 2022
	Risk: Informatics - Patient Records pan BCUHB	**Date of Committee Review:** 20 May 2022
		Target Risk Date: 30 September 2024

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



	Impact	Likelihood	Score
Inherent Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Moderate level		9-12
Movement in Current Risk Rating Since last presented to the Board in January 2022	Unchanged		

Controls in place	**Assurances**
1. Informatics Strategy in place, with regular reporting to Partnership, People and Population Health Committee. 2. Corporate and Health Records Management policies and procedures are in place pan-BCUHB and monitored via the Patient Records Group. 3. iFIT Radio-Frequency Identification (RFID) casenote tracking software and asset register in place to govern the management and movement of patient records. 4. Key Performance Indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group). 5. Centralised Team to manage 'Subject Access Requests' for Patient Records pan-BCUHB established with project complete March 2021, ensuring compliance with legislation and supporting the rectification of commingling within patients clinical notes. 6. Standard Operating Procedure in place pan-BCUHB and off-site storage secured to manage the increased storage demands in response to the embargo on the destruction of patient records (in line with retention) due to the Infected Blood Inquiry.	1. Chairs reports from Patient Record Group presented to Information Governance Group. 2. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee. 3. Information Commissioners Office Audit.

7. Medical Examiners Service (MES) support teams established on each site to respond to the new requirements for providing scanned patient records to the MES in line with their standard operating procedures. 8. Baseline audit undertaken in acute mental health and Children and Adolescent Mental Health Service (CAMHS) with monitoring and oversight by the patient record group reporting to the Information Governance Group.	

Gaps in Controls/mitigations
1. Lack of ability of project resources to be able to digitalise all specialties within 4 years. Phased approach for digital implementation introduced. 2. Fit for purpose on site estate to hold physical records with the lack of current plans to scan records. The estate to hold physical records requires upkeep, current off site storage in place.

Progress since last submission
1. Controls in place reviewed to ensure relevance with current status of the risk. 2. Gaps in controls reviewed to ensure relevance with current risk position. 3. Action ID 12425 – Proposal to the Risk Management Group for an extension of the action due date from the 30/06/2022 to the 31/12/2022 due to a delay in the start of the Medical Transcribing Electronic Discharge project due to the inability to recruit resources for the project. 4. Action ID 12423, 12424 and 12429 – Action Lead/Owner updated to reflect current position.

Links to	
Strategic Priorities	**Principal Risks**
Making effective and sustainable use of resources (key enabler) Transformation for improvement (key enabler)	BAF21-16 BAF21-21

Risk Response Plan	**Action ID**	**Action**	**Action Lead/ Owner**	**Due date**	**State how action will support risk mitigation and reduce score**	**RAG Status**
Actions being implemented to achieve target risk score	12423	Development of a local Digital Health Records system.	Mrs Nia Aspinall - Head of Patient Records and Digital Integration	30/09/2024	Vascular Multi Disciplinary Team eForm and process has finished redesign and is in second stage of testing. Site visits have taken place with process mapping to follow for Central and West Health Records. Initial engagement continues with	On track

					Lung Cancer Nurses Central and Rheumatology with progress on their eForms. Risk Sub-Group and Project Board remain updated via e-mail as unable to meet due to Covid pressures on key attendees. Phase 3.0 – Scanning & Upload Interviews and scoring concluded, panel have agreed to proceed with Supplier. Contract Award is pending sign off and will require Welsh Government approval. 2 Compliance & Assurance roles are with job evaluation and Work Package commenced to review new working processes and regulatory compliance. Phase 4.0 – 3rd Party Integrations EPRO can now open within Cito, testing is underway. Ingestion of 750,000 historical clinical letters has commenced. Digital Health Care Wales have acknowledge receipt of request made Summer 2021, no timescales have been provided.	
	12425	Digitise the clinic letters for outpatients.	Mrs Nia Aspinall - Head of Patient Records and Digital Integration	30/06/2022	Central – Phase 3 Completed. East - Phase 4; The following departments are now live on EPRO, Long Covid Service, CMATS, Paediatrics, Vascular, Breast, Palliative Care. Planning is underway with the remaining departments keeping the project on track for	On track

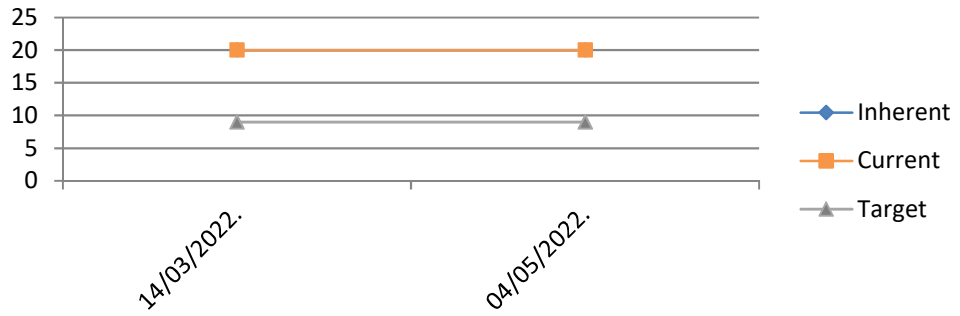
					completion June 2022. May 2022 progress update - Proposal to the Risk Management Group for an extension of the target action due date from the 30/06/2022 to the 31/12/2022 due to a delay in the start of the Medical Transcribing Electronic Discharge project due to the inability to recruit resources for the project.	
	12426	Digitise nursing documentation through engaging in the Welsh Nursing Care Record.	Jane Brady, Assistant Business Support Manager	30/09/2024	Business Case still not formally approved and is currently with Executive Director of Finance. Plan formalised for continued roll-out Pan-BCU dependant on business case approval, in order to recruit into posts required for full implementation.	On track
	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.	Mrs Nia Aspinall - Head of Patient Records and Digital Integration	31/01/2023	ON HOLD until the Mental Health Business Case is progressed with the Welsh Government (5 case business cases) – break ground circa 2023, we will not be able to start the work to explore if the Ablett can be retained and redesigned for health records until the business cases are signed off. The date for the Mental Health Full Business Case is September 2022.	On track

CRR22-20	**Director Lead:** Executive Director of Public Health	**Date Opened:** 26 November 2021
	Assuring Committee: Partnership, People and Population Health Committee	**Date Last Reviewed:** 04 May 2022
	Risk: There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants	**Date of Committee Review:** New Risk
		Target Risk Date: 31 December 2025

There is a risk that residents in North Wales may be unable to achieve a healthy weight and may become overweight and obese.

This may be caused by behaviours involving food intake, current circumstances, lack of physical activities, the living environment, food production and consumption, socio-economic factors and a lack of engagement with health professionals.

This may have an impact on or lead to unhealthy weight and obesity and place them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	3	3	9
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	**Assurances**
1. Continue to take a life course approach to implementing prevention based healthy weight initiatives which will report progress via a number of routes including the Healthy Weight Healthy Wales National Group, the BCU Population Health Group, and the Regional Partnership Group. 2. The continuation and further targeted development of 'Healthy Start' which provides vouchers for pregnant women and eligible families to buy milk, fruit, vegetables and pulses in local shops. 3. Continuation and further development of Maternity and Healthy Visiting Services supporting breastfeeding and weaning to support the Infant feeding Strategy, monitored via the North Wales Strategic Infant Feeding Group. 4. Community Dietetics Services will work with childcare provision embedding 'Tiny Tums' programme across all Early Years settings to encourage healthy, nutritious eating habits from early years.	1. Building a Healthier Wales Programme and Healthy Weight Healthy Wales Programme (both nationally funded). 2. Reporting progress to National team (Public Health Wales/Welsh Government/Regional Partnership Board). 3. Progress on mitigating and managing risks reviewed locally via the Public Health Team and Health Improvement

5. Further supporting schools to take a 'whole schools' approach to health and wellbeing with a particular focus on diet through initiatives such as Come and Cook with your child and considerations regarding developing healthy eating habits and increased physical activity. 6. Lets Get Moving North Wales - a continuing programme encouraging residents of North Wales to move more often will operate alongside Sport North Wales, physical literacy development in schools and communities. 7. Continue to support the workforce to make healthy choices such as a balanced diet, active travel and moving more often through targeted campaigns and supportive services/infrastructure. Working with catering, dieticians, estates and occupational health colleagues to contribute to planning which considers these factors. 8. Further develop the whole system partnership approach to tackle risk factors through influencing priorities such as environmental planning and design, access to healthy food and active travel. 9. Further develop the links and access to Social Prescribing that encourages physical activity through partnership working with Primary Care, Local Authorities and Third Sector. Developing North Wales planned approaches and accessing intelligence regarding access and uptake via the Elemental software. Progress will be reported via the Population Health Group, Primary Care groups and via the Well North Wales Programme (including Partner organisations).	and Reducing inequalities Group (chaired by DoPH). 4. Work plans are reflected in Health Board Annual Operating Plan, Living Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).

Gaps in Controls/mitigations
1. The risk requires System-wide approach to tackling the wider determinants of health. 2. The current Health Board provision is not operating at scale to meet the current and forecast needs of the population. 3. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years as is well documented through evidence and research. As a Health Board we will work with partners to implement the approaches (many of which are long term approaches) which support the strongest evidence base for success.

Progress since last submission
New Risk

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus	BAF21-02

Risk Response Plan Actions being implemented to achieve target risk score	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
	22372	Whole system approach to healthy weight.	Teresa Ann Owen, Executive Director of Public Health	31/03/2025	Taking a whole system approach to healthy weight will ensure that all partners are prioritising the issue of healthy weight and considering the impact of their decision-making on the populations' ability to achieve a healthy weight. Obesity is a complex multi-factorial problem that requires a whole system approach. Key partners that are crucial to this work include spatial planners, transport providers, education providers, food providers, leisure providers etc.	On track
	22373	Healthy Choices in the workplace.	Teresa Ann Owen, Executive Director of Public Health	31/03/2023	The working age adult population spend a significant amount of their time in the workplace. As a result it is crucial that we support workplaces to be health promoting. This means ensuring staff have access to healthy food choices, equipment to make healthy meals, enough time away from work to prepare and eat a healthy meal. It is also crucial that the workplace supports their staff to remain active while at work as both diet and physical activity are crucial to achieving a healthy weight.	On track
	22374	Spatial planning and public health.	Teresa Ann Owen, Executive Director of Public Health	01/09/2022	The environment that we live in has a significant impact on our health and wellbeing. A range of factors that impact on obesity are within the control of spatial planners including, the number of food outlets in an	On track

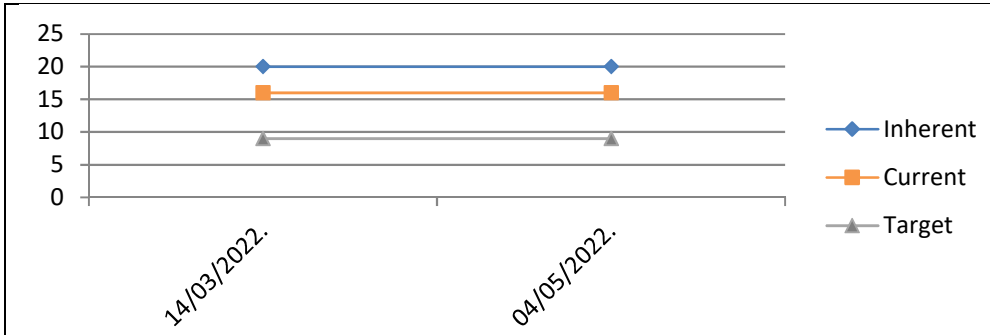
					area, the design of homes we live in, the design of roads to enable active travel (pavements for walkers and cycle paths for cyclists). Having access to green spaces and play environments are crucial to ensuring people are given opportunities to remain active. Working with spatial planners to understand this and their role in taking a public health perspective across their work is crucial to reducing obesity.	
	22375	Social prescribing.	Teresa Ann Owen, Executive Director of Public Health	01/11/2022	Increasing physical activity levels is crucial in supporting people to achieve and maintain a healthy weight. One way that we can support people to do this for free is by promoting access to the natural environment. By doing this will also improve people's mental health as well as their physical health. This approach will also develop peoples appreciation for nature and the need to protect it. One way of doing this is to optimise access through social prescribing.	On track
	22376	Pre-diabetes programme.	Teresa Ann Owen, Executive Director of Public Health	31/03/2025	By identifying patients who are at risk of developing diabetes and supporting them to access specialist weight management services we are taking a teachable moment opportunity and ensuring the patient is supported to improve their health and wellbeing. Primary care brief interventions are crucial in motivating people to change by implementing this programme	On track

					across North Wales it is hoped more of the population who are overweight or obese will seek support to achieve and maintain a healthy weight.	
	22377	Weight management services.	Teresa Ann Owen, Executive Director of Public Health	31/03/2023	By ensuring those residents in North Wales who are overweight or obese can effectively access and engage with specialist weight management services working alongside the remaining whole system approach we will start to reduce the overall prevalence of overweight and obesity in North Wales.	On track

CRR22-21	**Director Lead:** Executive Director of Public Health	**Date Opened:** 26 November 2021
	Assuring Committee: Partnership, People and Population Health Committee	**Date Last Reviewed:** 04 May 2022
	Risk: There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors.	**Date of Committee Review:** New Risk
		Target Risk Date: 31 December 2025

There is a risk that adults who are a overweight or obese will not achieve a healthy weight due to non-engagement with services or demand for services exceeding capacity.

This could impact on the health outcomes for these individuals by placing them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	3	3	9
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	Assurances
1. Healthy Weight Healthy Wales funding to support with the implementation of the All Wales Adults Weight Management Pathway. 2. Additional investment in Foodwise for life for those residents with a BMI of 25-35. 3. The establishment of Level 2 weight management services through Foodwise for residents with a BMI of 25-35 and Slimming World vouchers for residents with a BMI of 30-35 with certain health conditions. 4. The establishment of a Level 3 weight management service KindEating programme for residents with a BMI of between 35-45. 5. Investment in dedicated obesity leads within each of the LA National Exercise Referral programmes. 6. The establishment of a BCU Healthy Weight Healthy North Wales group to oversee the delivery of specialist weight management services.	1. Building a Healthier Wales Programme and Healthy Weight Healthy Wales Programme (both nationally funded). 2. Reporting progress to National team (Public Health Wales/Welsh Government/Regional Partnership Board). 3. Progress on mitigating and managing risks reviewed locally via the Public Health Team and Health Improvement and Reducing inequalities Group (chaired by DoPH). 4. Work plans are reflected in Health Board Annual Operating Plan, Living

	Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).

Gaps in Controls/mitigations
1. The current provision does not meet the scale required to address current or forecast North Wales population requirements. 2. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years based on evidence and research. As a Health Board we will work with partners to implement the approaches which support the strongest evidence base for success.

Progress since last submission
New Risk

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus	BAF21-02

Risk Response Plan	**Action ID**	**Action**	**Action Lead/ Owner**	**Due date**	**State how action will support risk mitigation and reduce score**	**RAG Status**
Actions being implemented to achieve target risk score	22357	Insight work.	Steven Grayston, Assistant Area Director of Therapies (Central)	31/03/2023	Insight work will enable us to improve outcomes for patients who were identified as overweight or obese. factors that will be considered will include how patients access services, the intervention they receive and the factors that led to then disengaging. This information will allow us to design our weight management services to meet the needs of patients achieve better outcomes i.e. patients achieving a healthy weight and adopting healthy behaviours	On track

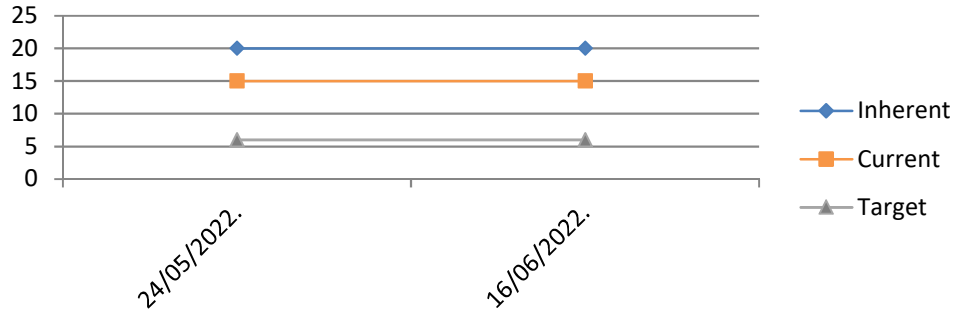
	22358	Pregnancy weight management service.	Steven Grayston, Assistant Area Director of Therapies (Central)	31/12/2023	providing a weight management service during pregnancy will ensure that women are able to achieve a healthy weight during and after pregnancy and maintain their healthy behaviour postnatally.	On track
	22359	Performance management dashboard.	Steven Grayston, Assistant Area Director of Therapies (Central)	31/03/2023	Developing a performance management dashboard will ensure that we are able to monitor the uptake of the service by population groups that are at increased risk of adverse outcomes from obesity. The dashboard will enable us to monitor both uptakes and outcomes by ethnicity, gender and deprivation decile.	On track
	22943	Implement Healthy Weight Healthy Wales Programme Plan.	Steven Grayston, Assistant Area Director of Therapies (Central)	31/03/2024	Funded activity targeted at improving healthy eating habits and tackling obesity.	On track

CRR22-24	**Director Lead:** Executive Director of Workforce and Organisational Development	**Date Opened:** 04 April 2022
	Assuring Committee: Partnership, People and Population Health Committee	**Date Last Reviewed:** 16 June 2022
	Risk: Potential gap in senior leadership capacity/capability during transition to the new Operating Model.	**Date of Committee Review:** New Risk
		Target Risk Date: 31 October 2022

There is a risk of senior leadership capacity & capability gaps during the transition to the new Operating Model as people depart the organisation through the VERS process and the challenges recruiting people to new posts (internally and externally)in readiness for the yet to be agreed go-live date.

This has been caused by the delay to the organisational change process resulting in a divergence of parallel actions relating to those individuals leaving the organisation via VERS, the subsequent vacant posts and the recruitment to the new posts. The default position is to use the mechanism of internal backfill. Where a suitable individual cannot be identified then the posts will need to fill by external subject matter experts on an interim basis.

This may lead to a slowdown in the decision making processes as decision and action delivery defaults up to the next level in the responsibility and accountability framework.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	3	5	15
Target Risk Score	3	2	6
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	Assurances
1. For the small number of posts which will become vacant the default option will be to look internally for people who can step-up on a short-term interim basis. Acting arrangements being agreed with Executives as a mitigation. Where this is not possible we will then look to use to experienced external interims. 2. The management oversight of the transition for those and induction of new teams members is a critical role of the programme of work called: How We Organise Ourselves and the project group called the roles and the people. Arrangements have developed for these leaving us including the	1. Risks are reviewed every 8 weeks by the Risk Management Group (Board and Director level).

Operational transition plan and Leaving Well Handover Guide & Repository. These products along with a suite of induction and network products will support new people and emerging teams with knowledge transfer. 3. The transition of affected departments will be overseen by Executive Directors between April and September 2022. There will be additional management oversight of the How We Organise Ourselves programme, as well as the 'Roles and People' project team.	

Gaps in Controls/mitigations
1. Capacity of Executive Directors to respond to rapid decision making requirements. How We Organise Ourselves now has regular weekly slot on the Executive agenda. 2. The management of the East, Central and West IHC Operational Transition project plans through weekly status meetings and the connectivity to the Programme Leader Group provides a route for rapid escalation of possible gaps. 3. Demand for interim roles across the UK health sector could out-strip supply. 4. An early go-live date could result in vacant new posts where backfill arrangements are not appropriate as those who are acting up into existing posts will have been appointed to their new role and the interim contract period could be too short to attract interested parties.

Progress since last submission
New Risk

Links to	
Strategic Priorities	**Principal Risks**
Effective alignment of our people (key enabler)	BAF21-18

Risk Response Plan Actions being implemented to achieve target risk score	**Action ID**	**Action**	**Action Lead/ Owner**	**Due date**	**State how action will support risk mitigation and reduce score**	**RAG Status**
	23233	Inform relevant groups of interim backfill arrangement opportunities - current structure	Gill Harris, Deputy CEO/Executive Director of Integrated Clinical Services	03/06/2022	Action completed 20/06/2022. No gaps in senior leadership roles	Completed

	23234	Equitable backfill selection process	Lesley Hall, Assistant Director – Employment Strategies & Practices	03/06/2022	Action Completed 31/05/2022 No gaps in senior leadership roles	Completed
	23236	Recruitment agencies on standby if required	Mr Steven Gregg-Rowbury, Head of Resourcing	03/06/2022	Action Completed 16/06/2022 No gaps in senior leadership roles	Completed
	23319	Search and selection agencies on standby once the outcome of the preference processes are complete	Mr Steven Gregg-Rowbury, Head of Resourcing	03/06/2022	Action Completed 16/06/2022 No gaps in senior leadership roles	Completed
	23332	Set-up internal selection process for Senior Management posts (format, panel representation)	Lesley Hall, Assistant Director – Employment Strategies & Practices	27/06/2022	No gaps in senior leadership roles.	On track
	23333	Set-up external selection process for Senior Management posts (format, panel representation) (If required)	Lesley Hall, Assistant Director – Employment Strategies & Practices	25/07/2022	No gaps in senior leadership roles.	On track
	23334	Set-up internal selection process for Senior Nursing posts (format, panel representation)	Lesley Hall, Assistant Director – Employment Strategies & Practices	27/06/2022	No gaps in senior leadership roles.	On track
	23335	Set-up internal selection process for Senior Medical posts (format, panel representation)	Lesley Hall, Assistant Director – Employment	18/07/2022	No gaps in senior leadership roles.	

			Strategies & Practices			
	23336	Set-up external selection process for Senior Nursing posts (format, panel representation) (If required)	Lesley Hall, Assistant Director – Employment Strategies & Practices	01/08/2022	No gaps in senior leadership roles.	On track
	23337	Set-up external selection process for Senior Medical posts (format, panel representation) (If required)	Lesley Hall, Assistant Director – Employment Strategies & Practices	22/08/2022	No gaps in senior leadership roles.	On track

Appendix 2 - Full list of all Corporate Risk Register (CRR) Risks including Current Risk Score

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR20-01	Asbestos Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-02	Contractor Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-03	Legionella Management and Control.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-04	Non-Compliance of Fire Safety Systems.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-05	Timely access to care homes.	Executive Director Transformation, Strategic Planning, And Commissioning	Quality, Safety and Experience	20
CRR20-06	Informatics - Patient Records pan BCU.	Chief Digital and Information Officer	Partnerships, People and Population Health	16
CRR20-07	Informatics infrastructure capacity, resource and demand – Risk entry closed by Partnerships, People and Population Health Committee			
CRR20-08	Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	20
CRR20-09	Potential harm to patients arising from delays in patient IVT Treatment - Not approved for escalation by QSE Committee, risk being managed at Tier 2			
CRR20-10	GP Out of Hours IT System - De-escalated by DIG Committee, risk being managed at Tier 2			

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-11	Potential Exposure to RansomWare and Zero-day Cyber Risks Attacks.	Chief Digital and Information Officer	Partnerships, People and Population Health	20
CRR21-12	National Infrastructure and Products	De-escalated by Partnerships, People and Population Health Committee, risk being managed at Tier 2		
CRR21-13	Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce).	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR21-14	There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Mental Health and Capacity Compliance	20
CRR21-15	There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Quality, Safety and Experience	16
CRR21-16	Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients.	Executive Director of Workforce and Organisational Development	Quality, Safety and Experience	16
CRR21-17	The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours.	Executive Director Transformation, Strategic Planning, And Commissioning	Quality, Safety and Experience	16
CRR21-18	Inability to deliver timely Infection Prevention & Control services due to limited capacity.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	15
CRR21-19	Potential that medical devices are not decontaminated effectively so patients may be harmed.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-20	There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinents.	Executive Director of Public Health	Partnerships, People and Population Health	20
CRR21-21	There is a risk that adults who are a overweight or obese will not achieve a healthy weight due to engagement & capacity factors	Executive Director of Public Health	Partnerships, People and Population Health	16
CRR21-22	Delivery of safe & effective resuscitation may be compromised due to training capacity issues.	Executive Medical Director	Quality, Safety and Experience	20
CRR22-23	Inability to deliver safe, timely and effective care.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	20
CRR22-24	Potential gap in senior leadership capacity/capability during transition to the new Operating Model.	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health	15

Appendix 3 - Risk Key Field Guidance / Definitions of Assurance Levels V2

BAF / Risk Template Item	Please refer to the Risk Management Strategy for further detailed explanations	
Risk Reference	Definition	Reference number, allocated by the Board Secretary for the Board Assurance Framework (BAF) or the Corporate Risk Team for the Corporate Risk Register (CRR)
Risk Description	Definition	A summary of what may happen that could have an impact on the achievement of the Health Board's Priorities or an adverse high level effect on the operational activities of the Health Board. There are 3 main components to include when articulating the risk description (event, cause and effect):
		- There is a risk of / if ….
		- This may be caused by ….
		- Which could lead to an impact / effect on ….
Risk Ratings	Inherent	Without taking into consideration any controls that may be in place to manage this risk, what is the likelihood that this risk will happen, and if it did, what would be the consequence.
	Current	Having considered the key controls and key mitigation measures in place, indicate what the current risk grading is. Note – this should reduce as action is taken to address the risk.
	Target	This is the level of risk one would expect to reach once all controls and key mitigation measures are in place and actions have been completed. This would normally align to the risk appetite, however when new controls / mitigations will take longer than 12 months to achieve, an interim target may be used (see Target Risk Date).
Risk Impact	Definition	The consequence (or how bad it would be) if the risk were to happen; in line with the National Patient Safety Agency (NPSA) Grading Matrix, an impact of 1 is Negligible (very low), and 5 is Catastrophic (very high).
Risk Likelihood	Definition	The chance that the risk will happen. In line with the NPSA Grading Matrix a likelihood of 1 means it will never happen / recur, and a 5 means that it will undoubtedly happen or recur, possibly frequently.
Risk Score	Definition	Impact x Likelihood of the risk happening, using the 5 x 5 Risk Scoring Matrix.
Target Risk Date	Definition	This is the date by which the target score will be achieved. It may indicate a stepping stone to achieve the risk appetite. Where the target risk score is outside the risk appetite, this field should also include the date by which the risk appetite will be achieved.
Risk Appetite	Definition	The amount and level of risk that the Health Board is willing to tolerate or accept in order to achieve its priorities. This could vary depending on the type of risk. The Board will review the risk appetite on a regular basis, and have implemented a Risk Appetite Framework to allow for exceptional circumstances.
	Low	Cautious with a preference for safe delivery options.

Appendix 3 - Risk Key Field Guidance / Definitions of Assurance Levels V2

	Moderate	Prepared to take on, pursue, or retain some risks for the Health Board to maximise opportunities to improve quality and safety of services.
	High	Open or willing to take on, pursue, or retain risks associated with innovation, research, and development, consistent with the Health Board's Priorities.
Controls	Definition	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. 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]. A measure that maintains and/or modifies risk (ISO 31000:2018(en)).
	Examples include, but are not limited to	- 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	- 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.